

Committee: Community Service
Date: 9-2-15 Committee Date: 9-14-15

Author: Jerry Snell
Sponsors: V. Vazquez, D. Lay, J. Byrd, F. Hargis, J. Baker,
D. Walkingstick, R. Jordan, S. Crittenden, D. Garvin,
B. Warner, H. Buzzard, C. Snell, J. Taylor, K. Austin,
B. Anglen, W. Hatfield

RESOLUTION NO. 61-15

COUNCIL OF THE CHEROKEE NATION

A RESOLUTION AUTHORIZING THE SUBMISSION OF AN APPLICATION TO THE UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES FOR FY16 FUNDING FOR LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

WHEREAS, the Cherokee Nation since time immemorial has exercised the sovereign rights of self-government in behalf of the Cherokee people;

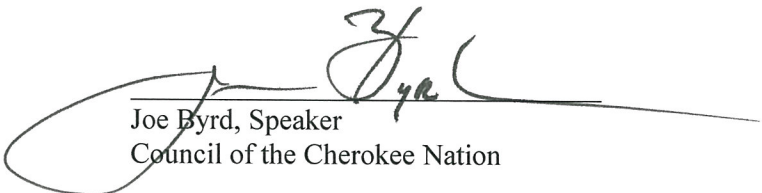
WHEREAS, the Cherokee Nation is a federally recognized Indian Nation with a historic and continual government to government relationship with the United States of America;

WHEREAS, the Cherokee Nation has had extensive experience administering energy assistance programs for low-income households.

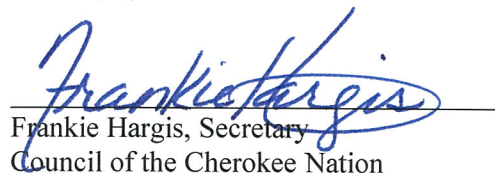
BE IT RESOLVED BY THE CHEROKEE NATION, that the Cherokee Nation Tribal Council authorizes Bill John Baker, Principal Chief and/or his authorized delegate(s) to negotiate all contract(s) and any amendments thereto.

CERTIFICATION

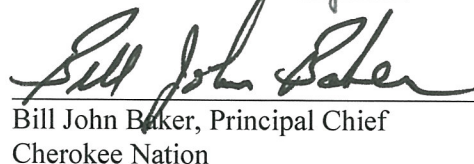
The foregoing Resolution was adopted by the Council of the Cherokee Nation at a duly called meeting thereof on the 14th day of September 2015, having 16 members present, constituting a quorum, by a vote of 16 yea 0 nay; and 0 abstaining.


Joe Byrd, Speaker
Council of the Cherokee Nation

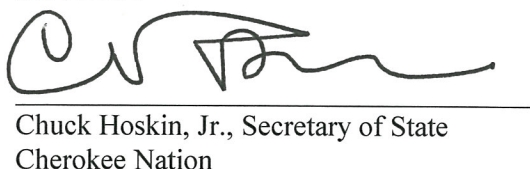
ATTEST:


Frankie Hargis, Secretary
Council of the Cherokee Nation

Approved and signed by the Principal Chief this 15 day of September 2015.


Bill John Baker, Principal Chief
Cherokee Nation


ATTEST:


Chuck Hoskin, Jr., Secretary of State
Cherokee Nation

Cherokee Nation Act/Resolution Proposal Form

ADMINISTRATIVE CLEARANCE:

Program/Project Manager:
 8-10-15
 Signature Date

Department Director:
 8-10-15
 Signature Date

Executive Director:
 8-10-15
 Signature Date

Controller (if needed):
 8-28-15
 Signature Date

Government Resources Group:

 Signature Date

Administration Approval:

 Signature Date

Act Resolution

TITLE: Low Income Energy Assistance Program

Department Contact: Jerry D. Snell, Director, Family Assistance Department

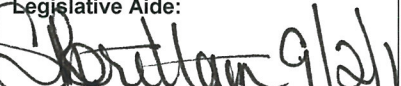
Resolution Presenter: Jerry D. Snell

Sponsor: *Victoria Vazquez*

NARRATIVE:
(See Attached Outline for Information Needed)

The LIHEAP will provide residential heating assistance payments for approximately 2200 low income Tribal households. The program will also provide crisis assistance for 900 eligible households. If funding permits, cooling assistance payments will be provided for approximately 1600 households. The cooling assistance benefits will only be available for elderly and disabled households that received heating assistance during the FY '15 heating season.


LEGISLATIVE CLEARANCE

Legislative Aide:
 9/2/15
 Signature/Initial Date

Standing Committee:
Community Service

9-14-15

Next Meeting Date

Chairperson:

 Signature/Initial Date

Returned to Presenter: _____
 Date

02-09-15P03:19 RCVD

CHEROKEE NATION GRANT/CONTRACT CLEARANCE FORM

** All Fields Are Required, if necessary attach additional sheets*

1. Check One: Grant Contract Other 2. Due Date & Time: 09/01/2015
3. Requesting CN Program: Family Assistance Department Contact Person: Jerry D. Snell
4. Program Title (Grantor Title) Low Income Home Energy Assistance Program
5. CFDA # 93.568 6. Opportunity # _____
7. Funding Agency: Department of Health and Human Services
8. Federal Register Date: _____ 9. Resolution Required: Yes No
10. Is there a matching requirement? Yes (answer 11. and/or 12.) No (go to question 13)
11. In-Kind Match: Yes, attach description and source for all No
12. Cash Match: Yes, attach description and source for all No
13. Grant/Contract Award Amt.*: \$1,613,186.00 14. Estimated Total Project Cost: \$1,613,186.00

**attach specifics of grant amounts terms*

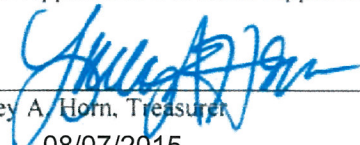
15. Multi-Year funding? Yes, how many years? _____ yrs. No
16. Is CN a Sub-recipient? Yes, from: _____ No
17. Sub-recipients from grant: Yes, to: _____ No
18. Limitation on IDC: Yes, limit: _____ or 0.00% No
19. Administrative Cost Cap: Yes, limit: \$161,319.00 No
20. New Staff (Existing vs. New to Grant/Contract): Yes, attach description No

(All new staff to be hired is subject only to availability of funding. Existing staff will be used for short term funding)

21. Coordination/Partnership with Internal and/or External Programs: Yes No
- (Attach Letters of commitment from Internal and/or External entities to verify coordination/partnership)*
22. Existing AU for this program? Yes, AU number: 341700 No

23. Program Description: *(In an attachment, briefly describe what you will do)*
24. Outcome expressed numerically: *(explain mechanism to capture this data and attach)*

Grant Application Submittal Approved:


Lacey A. Horn, Treasurer
08/07/2015


Reva Crawford, Grant Services
08/09/2015