

**RESOLUTION NO. 89-09**

**COUNCIL OF THE CHEROKEE NATION**

**A RESOLUTION AUTHORIZING THE SUBMISSION OF AN APPLICATION TO THE UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES FOR FY2010 FUNDING FOR A 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.

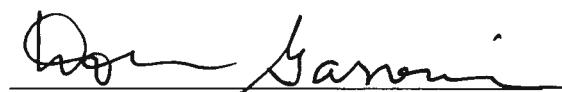
**BE IT RESOLVED BY THE CHEROKEE NATION**, that the Tribal Council hereby authorizes an application be submitted to the U.S. Department of Health and Human Services for FY2010 funding for a Low Income Home Energy Assistance Program (LIHEAP), and that Chad Smith, Principal Chief, and/or his authorized delegate(s) shall be authorized 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 on the 10<sup>th</sup> day of August, 2009, having 17 members present, constituting a quorum, by the vote of 17 yea; 0 nay; 0 abstaining.

  
Meredith A. Frailey, Speaker  
Council of the Cherokee Nation

**ATTEST:**


  
Don Garvin, Secretary  
Council of the Cherokee Nation

Approved and signed by the Principal Chief this 12<sup>th</sup> day of August, 2009.



Chadwick Smith, Principal Chief  
Cherokee Nation

**ATTEST:**

  
\_\_\_\_\_  
Melanie Knight, Secretary of State  
Cherokee Nation

**ADMINISTRATIVE CLEARANCE:**

Program/Project Manager:

Manda Lamb 6-26-09  
Signature Date

Department Director:

[Signature] 6-26-09  
Signature Date

Executive Director:

Norma Merri 6/26/09  
Signature Date

Controller (if needed):

Signature Date

Government Resources Group:

[Signature] 6/29/09  
Signature Date

Administration Approval:

[Signature] 6/29/09  
Signature Date

**Cherokee Nation  
Act/Resolution Proposal Form**

Act

Resolution

**TITLE:** Low Income Home Energy Assistance Program (LIHEAP)

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

Resolution Presenter: Jerry D. Snell

Sponsor: Harley Buzzard

**NARRATIVE:**

*(See Attached Outline for Information Needed)*

The LIHEAP Program will provide residential energy assistance payments to approximately 1400 low income Tribal households with children under the age of six. The program will also provide 425 households with emergency payments for residential energy related crisis.

**LEGISLATIVE CLEARANCE**

Legislative Aide:

Shelli Brittain 6/29/09  
Signature/Initial Date

Standing Committee:

Community Service

7-14-09

Next Meeting Date

Chairperson:

Buzzard  
Signature/Initial Date

Returned to Presenter: \_\_\_\_\_  
Date

06-29-09A10:29 RCVD [Signature]

06-29-09P04:43 RCVD

**Cherokee Nation  
Outline For Act/Resolution Justification Form**

I. PURPOSE: Authorizing the Family Assistance Department to submit an application to the U.S. Department of Health & Human Services for FY '2010 Low Income Home Energy Assistance Programs (LIHEAP) funding.

II. FUNDING REQUIRED / SOURCE OF FUNDS:

Funding Contract Amount: \$580,000

Cash Match (*If applicable*): Amount -0- Source: \_\_\_\_\_

In – Kind (*If applicable*): Amount -0- Source: \_\_\_\_\_

Date Available: October 1, 2009

General fund: -0-

Motor fuels: -0-

Other (*Specify*): -0-

Attach Budget Justification Forms: N/A  
(*If the Request Requires Revisions of the Current Budget*)

III. CAPABILITY TO PERFORM IF APPROVED:

A. Organizational Responsibility: Division: Human Services Department: Family Assistance

B. Staffing Required: Existing staff will be used

C. Will Any of the Services Be Outsourced or Contracted? \$Amount -0-

D. Space Required: None Location: \_\_\_\_\_

E. Service Area (*counties etc.*): Cherokee Nation Jurisdictional Boundaries

IV. IDENTIFY EXTERNAL –GOVERNMENT AGENCIES:

(*Any Contact or Involvement such as BIA, IHS, etc. and the staff contact*)

A. Agency: U.S. Department of Health & Human Services Division of Energy Assistance

B. Staff Person: Nick St. Angelo