LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS
7500 Odawa Circle
Harbor Springs, MI 49740

CERTIFIED MOTION # 050414-07

Funding from the U.S. Department of Health and Human Services
Indian Health Service
Little Traverse Bay Bands of Odawa Indians
Annual Funding Agreement, Award Increase

WHEREAS the Waganakising Odawak, known in English as Little Traverse Bay Bands of Odawa Indians is a nation of citizens with inherent sovereignty and right to self-governance and;

WHEREAS the Little Traverse Bay Bands of Odawa Indians ("LTBB") is a federally recognized Indian Tribe under Public Law 103-324, and is a party to numerous Treaties with the United States the most recent of which being the Treaty of Washington of March 28, 1836 (7 Stat. 491) and the Treaty of Detroit of 1855 (11 Stat. 621);

WHEREAS the Little Traverse Bay Bands of Odawa Indians Tribal Council is the elected legislative body of the Tribe;

WHEREAS the Tribe places a high priority on the health and welfare of all Tribal members;

WHEREAS promotion of the health of Tribal members and members of other tribes eligible for services provided by the Little Traverse Bay Bands of Odawa Indians under laws and regulations governing recipients of Indian Health Services funding is a central mission of the Tribe;

WHEREAS the Tribal Health Department receives an Indian Health Service budget annually that supports the delivery of health services to Indians, including the administrative activities at the Area and Headquarter levels, that are supporting of, but not included as part of, the service delivery programs already contracted under the Indian Health Services 638 Contract;

WHERAS the Contract Number 239-14-0011 has been modified by the Indian Health Services for a funding increase in the amount of $5,758.

THEREFORE BE IT RESOLVED that the Tribal Council of the Little Traverse Bay Bands of Odawa Indians supports and authorizes the acceptance of funds in the amount of $5,758 from the Indian Health Service for the Little Traverse Bay Bands of Odawa Indians annual funding contract number 239-14-0011;

FURTHER RESOLVED, that the LTBB Tribal Chairperson, Vice Chairperson, Tribal Administrator, or another designee from the Tribal Chairperson is authorized to execute any documents necessary to apply for, receive, and administer funds under the grant.

CERTIFICATION

Received by the Executive Office on 4/29/14 by PA

The Executive concurs and recommend this action of the Tribal Council.

Date: 4/30/14

Executive, Tribal Chair/Vice Chair

Received by the Legislative Office on 4.30.14 by

As Tribal Council Legislative Leader and Tribal Council Secretary, we certify that this Certified Motion was duly approved by the Tribal Council of the Little Traverse Bay Bands of Odawa Indians at a regular meeting of the Tribal Council held May 04, 2014 at which a quorum was present, by a vote of 9 in favor, 0 opposed, 0 abstentions, 0 absent as recorded by this certification as an official action on behalf of Little Traverse Bay Bands of Odawa Indians.

Date: 5-1-14

Regina Gasco Bentley, Legislative Leader

Date: 5-1-14

Julie Shananaquet, Secretary

Date: 05/01/14

LTBB TRIBAL COUNCIL PHONE POLL

Reason for Phone Poll: Motion to approve Certified Motion # 050414-07 Funding from the U.S. Department of Health and Human Services Indian Health Service Little Traverse Bay Bands of Odawa Indians Annual Funding Agreement, Award Increase.

Authorization: Legislative Leader Regina G. Bentley
Phone Poll Conducted by: Legislative Branch Admin Asst Michael Smith

Council Members:

John Keshick III	**Yes** X	**No** ____	**Date/Time Called:** ____	**# of attempts:** ____
Bill A. Denemy	**Yes** X	**No** ____	**Date/Time Called:** ____	**# of attempts:** ____
Winnay Wemigwase	**Yes** X	**No** ____	**Date/Time Called:** ____	**# of attempts:** ____
Aaron Otto	**Yes** X	**No** ____	**Date/Time Called:** ____	**# of attempts:** ____
Michael Naganashe	**Yes** X	**No** ____	**Date/Time Called:** ____	**# of attempts:** ____
Beatrice A. Law	**Yes** X	**No** ____	**Date/Time Called:** ____	**# of attempts:** ____
Marcella Reyes	**Yes** X	**No** ____	**Date/Time Called:** ____	**# of attempts:** ____
Julie Shananaquet	**Yes** X	**No** ____	**Date/Time Called:** ____	**# of attempts:** ____
Regina Bentley	**Yes** X	**No** ____	**Date/Time Called:** ____	**# of attempts:** ____

Phone Poll Vote:

VOTE: 9 **Yes** 0 **No** 0 **Abstained** 0 **Absent**

Comments:

John Keshick III _____

Bill A. Denemy _____

Winnay Wemigwase _____

Aaron Otto _____

Michael Naganashe _____

Beatrice A. Law _____

Marcella Reyes _____

Julie Shananaquet _____

Regina Bentley _____

The Legislative Office Manager or Administrative Assistance in accordance with policy certifies the results of this Phone Poll and that the results of the phone poll were sent via e-mail to Tribal Council:

Michael Smith 05-01-14

Michael Smith Legislative Branch Admin Asst Date:

In accordance with the Tribal Council Phone Poll Policy approved on May 6, 2012, the action approved, the Tribal Council Member's vote, and the results of the vote of the phone poll shall be announced by the Secretary at the next meeting and recorded in the Minutes. The Legislative Office shall maintain the certified record of the phone poll on file.