

**BOARD OF DIRECTORS REGULAR MEETING
KEWADIN CASINO AND CONVENTION CENTER
SAULT STE. MARIE, MICHIGAN
JULY 1, 2014
6:00 P.M.**

- I. CALL TO ORDER
- II. INVOCATION: Prayer, Smudging, Presentation of Grandfathers
- III. ROLL CALL
- IV. PRESENTATION:
- V. MINUTES:

- VI. RESOLUTIONS: Support Honoring Our Children Initiative
 Con. Approval Emergency Shelter Generator THSGP
 Sick Leave Policy
 Bud Mod:
 Fisheries – Nunn’s Creek Rehab Hatchery
 Fisheries – Nunn’s Creek Fisheries
 USDA NSIP Grant
 Elder Transportation, Elder Health Care, Title VI
 Funds - BIA
 Health Center –Pharmacy
 Family Spirit Grant

- VII. NEW BUSINESS:

- VIII. ADJOURN TO EXECUTIVE SESSION:

- IX. RECONVENE AND REAFFIRM

- X. ADJOURN

RESOLUTION NO: _____

**SUPPORT AND CONTINUATION OF W. K. KELLOGG FOUNDATION
HONORING OUR CHILDREN INITIATIVE**

WHEREAS, the Sault Ste. Marie Tribe of Chippewa Indians is a federally recognized Indian Tribe organized under the Indian Reorganized Act of 1934, and

WHEREAS, the Sault Ste. Marie Tribe is a member of the Inter-Tribal Council of Michigan, Inc., a tribal organization and a duly organized Non-profit corporation under State Charter filed April 16, 1968; and

WHEREAS, Articles II of the Articles of Incorporation established Inter-Tribal Council of Michigan as a Joint Tribal Organization (tribal consortium) comprised of eleven (11) federally recognized reservations in Michigan, these being the Bay Mills Indian Community, Grand Traverse Band of Ottawa and Chippewa Indians, Hannahville Indian Community, Keweenaw Bay Indian Community, Saginaw Chippewa Indian Tribe, Sault Ste. Marie Tribe of Chippewa Indians, Lac Vieux Desert Band of Lake Superior Chippewa Indians, Little Traverse Bay Bands of Odawa Indians, Match-e-be-nash-she-wish Band of Potawatomi, Nottawaseppi Huron Potawatomi Nation, and Pokagon Band of Potawatomi; and

WHEREAS, Inter-Tribal Council of Michigan, Inc. was awarded funds by the W. K. Kellogg Foundation in order to facilitate the Honoring Our Children Initiative which intends to increase collaboration across tribal departments to support high quality services and education by working to engage the community to improve the infrastructure of the tribal early childhood system, increase capacity of tribal families through communication, enrichment, and leadership, to raise awareness and support for early childhood success, and increase capacity for tribal communities to collectively and/or independently work with W.K. Kellogg Foundation to address priority needs; and

WHEREAS, the Sault Ste. Marie Tribe supports the Honoring Our Children Initiative to move beyond planning to start implementing a systemic integrated comprehensive approach to family engagement for tribal children 0-8 through technical assistance support and community wide enrichment activities that builds community wide awareness of early childhood development, strengthens program quality, aligns resources and policies across Tribal governments, and empowers families to ensure early child readiness to learn and success in school and life.

Res. No: _____
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BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians here by approves the support and continuation of W. K. Kellogg Foundation Honoring Our Children Initiative, by joining the Inter-Tribal Council of Michigan, Inc. as a collaborative member of the Honoring Our Children Initiative. As a participating member the Tribe will: 1) assist in the appointment of department/community representatives to participate on the steering committee, 2) assist in the appointment of a representative to serve on the Technical Assistance team, 3) receive technical support and consultation for meeting the goals and objectives outlined in the program, and 4) agree to participate in activities, gathering community input and information collection activities per the grant agreement.

C E R T I F I C A T I O N

We, the undersigned, as Chairperson and Secretary of the Sault Ste. Marie Tribe of Chippewa Indians, hereby certify that the Board of Directors is composed of 13 members, of whom _____ members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the _____ day of _____ 2014; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of _____ members for, _____ members against, _____ members abstaining, and that said resolution has not been rescinded or amended in any way.

Aaron A. Payment, Chairperson
Sault Ste. Marie Tribe of
Chippewa Indians

Cathy Abramson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

**FY2011 TRIBAL HOMELAND SECURITY GRANT PROGRAM (THSGP)
CONTRACTOR APPROVAL FOR MANISTIQUE AND MUNISING
EMERGENCY SHELTER GENERATORS**

WHEREAS, the Sault Ste. Marie Tribe of Chippewa Indians is a duly organized Indian Tribe under the Indian Reorganization Act of June 15, 1934 (48 stat. 37); and

WHEREAS, Sault Tribe has been awarded the Tribal Homeland Security Grant Program (THSGP) 2011, which is providing funding for the installation of Emergency Shelter Generators; and

WHEREAS, the Sault Tribe Purchasing Department has conducted procurement of a qualified electrical contracting firm to perform the grant-funded generator installation and associated equipment at Manistique and Munising Tribal Centers that have been designated as sheltering locations; and

WHEREAS, Sault Tribe Purchasing reviewed all bids received and based on their review, has recommended that _____ provided the most comprehensive bid.

NOW, THEREFORE, BE IT RESOLVED, that the Sault Ste. Marie Tribe of Chippewa Indians hereby authorizes the Sault Tribe Purchasing Department to award the contract for the Emergency Shelter Generator Project to _____.

BE IT FURTHER RESOLVED, that the Chairperson of the Tribe, or his designee, is authorized to execute, amend, and negotiate all documents relating to the Emergency Shelter Generator Project installation contract award.

C E R T I F I C A T I O N

We, the undersigned, as Chairperson and Secretary of the Sault Ste. Marie Tribe of Chippewa Indians, hereby certify that the Board of Directors is composed of 13 members, of whom _____ members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the _____ day of _____ 2014; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of _____ members for, _____ members against, _____ members abstaining, and that said resolution has not been rescinded or amended in any way.

Aaron A. Payment, Chairperson
Sault Ste. Marie Tribe of
Chippewa Indians

Cathy Abramson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

SICK LEAVE POLICIES

WHEREAS, the Sault Ste. Marie Tribe of Chippewa Indians is a federally recognized Indian Tribe organized under the Indian Reorganization Act of 1934, 25 U.S.C. 467 et seq; and

WHEREAS, the Board of Directors has previously approved Sick Leave policies for governmental, enterprise and casino team members; and

WHEREAS, the specific modifications to the respective sections of the governmental, enterprise, and casino Sick Leave policies are as attached on the first page.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors hereby enacts the attached revisions to the casino, government and enterprise Sick Leave policies as attached, beginning on August 1, 2014. All other sick leave policies are hereby rescinded.

C E R T I F I C A T I O N

We, the undersigned, as Chairperson and Secretary of the Sault Ste. Marie Tribe of Chippewa Indians, hereby certify that the Board of Directors is composed of 13 members, of whom _____ members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the _____ day of _____ 2014; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of _____ members for, _____ members against, _____ members abstaining, and that said resolution has not been rescinded or amended in any way.

Aaron A. Payment, Chairperson
Sault Ste. Marie Tribe of
Chippewa Indians

Cathy Abramson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

SICK LEAVE POLICY

Purpose: The purpose of this policy is to define the requirements for use and eligibility of sick leave and sick leave donations. Sick leave is designed to provide income protection for team members who, for medical reasons, are temporarily absent from work for limited periods.

Scope: This policy applies to all regular team members as defined in the Benefit Premium/Eligibility Sheet.

Policy: Sick leave can be used for optical, dental, medical, behavioral health and bereavement (see bereavement policy). Sick leave usage may also be used when someone in your care is ill. Sick leave is subject to management approval.

This policy also allows team members to help other team members who are having a health crisis by allowing team members to donate or transfer up to the amount that they normally accrue during one-year to a leave bank each year of their employment.

Procedures:

A. Sick Leave Requests:

1. Requests to use sick leave shall be made utilizing the Leave and Approval Form.
2. Requests for appointments must be made in advance.
3. If you are unable to complete a sick leave form, because of extenuating circumstances, your supervisor will complete the form on your behalf.
4. Approval of sick leave is for compensation purposes only. See the attendance policy regarding unexcused absences.
5. When a team member brings in a medical certification either on his/her own behalf or at management's request, the supervisor shall approve the sick leave, if sick time is available. The medical certification must specifically excuse the requested time off.
6. When you are hired into a new home company, you will not be allowed to carry over any unused accrued sick leave without prior approval from the new home company you are going to. To request transfer of your accrued sick hours, you will need to utilize the Vacation and Sick Leave Transfer Form.
7. Unused sick leave hours will not be paid out upon termination (voluntary or involuntary) of your employment or if you are not approved to carry over accrued sick leave hours to a new home company.
8. If the team member qualifies for FMLA, the supervisor must contact Human Resources (see Family and Medical Leave Act section).

B. Amount of Benefit:

1. Regular team members accrue sick leave at a rate that is designated to the entity in which he/she works. (See benefit premium/eligibility sheet)
2. Sick Leave accrual rates are based on a 2080-hour work year. Regular team members are entitled to a proportionate sick leave allowance, based on hours worked less than 2080 hours.

C. Donating or transferring Sick Time:

1. Team members may donate or transfer up to the amount that they normally accrue during one-year to a leave bank each year of their employment, but must maintain a balance of 20 hours of sick leave after the donation has been completed. The bank will be maintained for the use of team members.

BX2

Updated August 1, 2014 per resolution 2014-XX

2. If the donation is designated for a specific team member then the donation can occur at the time of the need or for the team member to use within the approved medical or FMLA leave. However, the actual transfer of hours will not occur until the accepting team member has met the criteria listed in section D below.

3. Team members may also elect to convert vacation time to sick time in order to donate sick time to an individual. The conversion will occur on a 1:1 basis. This conversion can only occur when a team member designates a specific individual.

D. Accepting Sick Leave Donations:

A team member may accept sick leave donations if the following criteria are met:

1. Non-Designated request must be submitted in writing.

2. This transaction is only available for individuals who are on an approved medical or FMLA leave. The recipient must have exhausted all of his/her accrued paid leave; i.e., vacation, sick and personal days.

3. A team member can receive a maximum of 160 non-designated sick leave hours from the leave bank per year. However, team members can receive additional sick leave donations when the donations is/are specifically designated for that individual.

4. A team member is not eligible to receive sick leave donations from the leave bank, if he/she is not eligible to use sick leave.

E. DECLARED EMERGENCY EXCEPTIONS

1. During periods of federal, state and tribal declarations of emergency the Tribe recognizes the need to protect the well-being of its members, employees, patients and patrons. In the event of any declared emergency, management may modify the manner of implementation of this policy to grant leniency.

RESOLUTION NO: _____

**FISHERIES – NUNN’S CREEK REHAB HATCHERY
FY 2014 BUDGET MODIFICATION**

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians here by approves the FY 2014 budget modification to Nunn’s Creek Fisheries for an increase in Federal BIA Revenues of \$65,000.00. No effect on Tribal Support.

C E R T I F I C A T I O N

We, the undersigned, as Chairperson and Secretary of the Sault Ste. Marie Tribe of Chippewa Indians, hereby certify that the Board of Directors is composed of 13 members, of whom _____ members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the _____ day of _____ 2014; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of _____ members for, _____ members against, _____ members abstaining, and that said resolution has not been rescinded or amended in any way.

Aaron A. Payment, Chairperson
Sault Ste. Marie Tribe of
Chippewa Indians

Cathy Abramson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

**FISHERIES – NUNN’S CREEK FISHERIES
FY 2014 BUDGET MODIFICATION**

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians here by approves the FY 2014 budget modification to Nunn’s Creek Fisheries for an increase in Federal BIA Revenues of \$55,759.37 and a decrease in Other Revenues of \$55,959.21. No effect on Tribal Support.

C E R T I F I C A T I O N

We, the undersigned, as Chairperson and Secretary of the Sault Ste. Marie Tribe of Chippewa Indians, hereby certify that the Board of Directors is composed of 13 members, of whom _____ members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the _____ day of _____ 2014; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of _____ members for, _____ members against, _____ members abstaining, and that said resolution has not been rescinded or amended in any way.

Aaron A. Payment, Chairperson
Sault Ste. Marie Tribe of
Chippewa Indians

Cathy Abramson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

**USDA NSIP Grant
FY 2015 BUDGET MODIFICATION**

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians here by approves the FY 2015 budget modification to USDA NSIP Grant to increase Federal USDA monies \$6,209. No effect on Tribal Support.

C E R T I F I C A T I O N

We, the undersigned, as Chairperson and Secretary of the Sault Ste. Marie Tribe of Chippewa Indians, hereby certify that the Board of Directors is composed of 13 members, of whom _____ members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the _____ day of _____ 2014; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of _____ members for, _____ members against, _____ members abstaining, and that said resolution has not been rescinded or amended in any way.

Aaron A. Payment, Chairperson
Sault Ste. Marie Tribe of
Chippewa Indians

Cathy Abramson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

**ELDER TRANSPORTATION AND ELDER HEALTH CARE
FY 2014 BUDGET MODIFICATIONS
TITLE VI ELDERLY
FY 2015 BUDGET MODIFICATION**

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians here by approves the FY 2014 budget modifications to Elder Transportation and Elder Health Care for changes to the Personnel Sheet and a reduction to Tribal Self Sufficiency funds of \$6,432.64.

BE IT FURTHER RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians here by approves the FY 2015 budget modification to Title VI Elderly for changes to the Personnel Sheet, increase in Federal HHS monies \$34,964.50 and Other Revenue \$8.63, and the reeducation of Tribe Support of \$7,654.81.

C E R T I F I C A T I O N

We, the undersigned, as Chairperson and Secretary of the Sault Ste. Marie Tribe of Chippewa Indians, hereby certify that the Board of Directors is composed of 13 members, of whom _____ members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the _____ day of _____ 2014; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of _____ members for, _____ members against, _____ members abstaining, and that said resolution has not been rescinded or amended in any way.

Aaron A. Payment, Chairperson
Sault Ste. Marie Tribe of
Chippewa Indians

Cathy Abramson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

**FUNDS - BIA
FY 2014 BUDGET MODIFICATION**

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians here by approves the FY 2014 budget modification to BIA for an increase in Federal BIA Revenues of \$6,000. No effect on Tribal Support.

C E R T I F I C A T I O N

We, the undersigned, as Chairperson and Secretary of the Sault Ste. Marie Tribe of Chippewa Indians, hereby certify that the Board of Directors is composed of 13 members, of whom _____ members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the _____ day of _____ 2014; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of _____ members for, _____ members against, _____ members abstaining, and that said resolution has not been rescinded or amended in any way.

Aaron A. Payment, Chairperson
Sault Ste. Marie Tribe of
Chippewa Indians

Cathy Abramson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

**HEALTH CENTER – PHARMACY
FY 2014 BUDGET MODIFICATION**

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians here by approves the FY 2014 budget modification to Health Center – Pharmacy for changes to the Personnel Sheet. No effect on Tribal Support.

C E R T I F I C A T I O N

We, the undersigned, as Chairperson and Secretary of the Sault Ste. Marie Tribe of Chippewa Indians, hereby certify that the Board of Directors is composed of 13 members, of whom _____ members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the _____ day of _____ 2014; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of _____ members for, _____ members against, _____ members abstaining, and that said resolution has not been rescinded or amended in any way.

Aaron A. Payment, Chairperson
Sault Ste. Marie Tribe of
Chippewa Indians

Cathy Abramson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

**FAMILY SPIRIT GRANT
FY 2014 BUDGET MODIFICATION**

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians here by approves the FY 2014 budget modification to the Family Spirit Grant for changes to the Personnel Sheet and reallocation of expenses. No effect on Tribal Support.

C E R T I F I C A T I O N

We, the undersigned, as Chairperson and Secretary of the Sault Ste. Marie Tribe of Chippewa Indians, hereby certify that the Board of Directors is composed of 13 members, of whom _____ members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the _____ day of _____ 2014; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of _____ members for, _____ members against, _____ members abstaining, and that said resolution has not been rescinded or amended in any way.

Aaron A. Payment, Chairperson
Sault Ste. Marie Tribe of
Chippewa Indians

Cathy Abramson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

BOARD OF DIRECTORS REGULAR MEETING

JULY 1, 2014

Sponsor's List

RESOLUTIONS:

Support Honoring Our Children Initiative –Tiffany Menard/Anne Suggitt
Con. Approval Emergency Shelter Generator THSGP- Matt Carpentier/Robert Marchand
Sick Leave Policy- Christine McPherson

Bud Mod:

Fisheries – Nunn's Creek Rehab Hatchery-Tom Gorenflo
Fisheries – Nunn's Creek Fisheries-Tom Gorenflo
USDA NSIP Grant – Cheri Goetz
Elder Transportation, Elder Health Care, Title VI – Cheri Goetz
Funds – BIA – Bill Connolly
Health Center –Pharmacy – Tony Abramson
Family Spirit Grant –Tony Abramson

MEMORANDUM

TO: Board of Directors
FROM: Joanne Carr, Board Secretary
DATE: June 26, 2014
RE: Workshop Agenda for July 1, 2014

AGENDA

Morning Closed Session

9:00 a.m. – Enrollment Committee
10 a.m. - Legal

Lunch

1:00 p.m. – Partial Waiver

1:30 p.m. – Golf Scholarship Committee

2:00 p.m. – Delegation of Authority Resolution

3:30 p.m. – Review of the Agenda

5:00 p.m. – Matters Raised by the Membership

6:00 p.m. – Regular Meeting of the Board of Directors