

# ROLL CALL MATRIX

Meeting Date: 9-27-11

P	A	Res. Number	203	204	205	206	207	208	209	210
		2011								
		Unanimous	U	U			U	U	U	U
✓		Cathy Abramson		1	A	N	2			
✓		Deb Pine			Y	Y				
✓		Bernard Bouschor			Y	2Y				2
✓		DJ Malloy	<del>_____</del>							
✓		Lana Causley		2	Y	N			1	
✓		Cath Hollowell	2		Y	Y				
✓		Keith Massaway			2Y	Y		2	2	
✓		Pat Rickley	1		1Y	1Y	1	1		1
✓		Denise Chase			Y	Y				
✓		Tom Miller	<del>_____</del>							
✓		Joan Anderson			Y	Y				
✓		Joe Eitrem								

- 1 = Made Motion
- Y = Voted Yes
- A = Abstained
- S = Sponsored by Board Member
- 2 = Second/Support Motion
- N = Voted No
- U = Unanimous



RESOLUTION NO: 2011-203

**AUTHORIZATION TO OPEN TRUST ACCOUNT  
WITH HUNTINGTON BANK FOR  
LAND CLAIMS INTEREST  
FUNDS**

**Min Waban Dan  
Administrative  
Office**

523 Ashmun Street  
Sault Ste. Marie  
Michigan  
49783

**Phone**

906.635.6050

**Fax**

906.635.4969

**Government  
Services**

**Membership  
Services**

**Economic  
Development  
Commission**

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.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors hereby authorizes the CFO or his designee to open a checking account with Huntington Bank for the receipt and maintenance of the Land Claims interest and earnings funds. This account will also be used to distribute annual payments of said earnings to the Tribal Elders each January.

Signatures of the following are required to transact any activity on said checking Account:

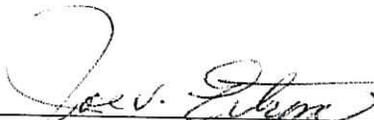
Joe V. Eitrem, Chairman  
Cathy Abramson, Secretary  
Victor Matson, Jr., CFO

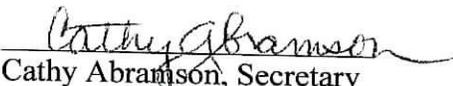
Lana Causley, Vice Chairwoman  
Keith Massaway, Treasurer  
William P. Connolly, Comptroller

Said accounts will require the signatures of two of the above signatories.

**CERTIFICATION**

We, the undersigned, as Chairman 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 10 members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the 27 day of September 2011; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of 9 members for, 0 members against, 0 members abstaining, and that said resolution has not been rescinded or amended in any way.

  
\_\_\_\_\_  
Joe V. Eitrem, Chairman  
Sault Ste. Marie Tribe of  
Chippewa Indians

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



RESOLUTION NO: 2011-204

**MICHIGAN INDIAN FAMILY PRESERVATION ACT  
(MIFPA)**

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

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WHEREAS, there is no resource that is more vital to the continued existence and integrity of the Sault Ste. Marie Tribe of Chippewa Indians than our children; and

WHEREAS, the Sault Ste. Marie Tribe of Chippewa Indians believes the federal Indian Child Welfare Act of 1978 ("ICWA") is not necessarily comprehensible or comprehensive and there are several issues for which ICWA does not provide adequate explanation or instruction; and

WHEREAS, in the Sault Ste. Marie Tribe of Chippewa Indians experience, ICWA is not followed consistently across the State of Michigan; and

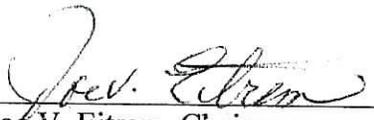
WHEREAS, the Michigan Indian Family Preservation Act ("MIFPA") has been drafted to clarify and heighten the awareness of ICWA in the State of Michigan; and

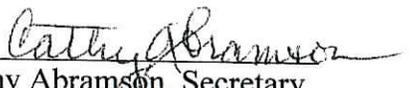
WHEREAS, the Sault Ste. Marie Tribe of Chippewa Indians believes the passage of MIFPA into state law will increase compliance with the federal law.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians hereby declare that they support the passage of the proposed Michigan Indian Families Preservation Act into State Law.

**CERTIFICATION**

We, the undersigned, as Chairman 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 10 members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the 27 day of September 2011; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of 9 members for, 0 members against, 0 members abstaining, and that said resolution has not been rescinded or amended in any way.

  
Joe V. Eitrem, Chairman  
Sault Ste. Marie Tribe of  
Chippewa Indians

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



RESOLUTION NO: 2011-205

**ACCEPTANCE - 2012 INDIAN HOUSING PLAN**

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, the Sault Ste. Marie Tribe of Chippewa Indians Housing Authority, is organized by Tribal Ordinance; and

WHEREAS, Section 102 of the Native American Housing Assistance and Self-Determination Act (NAHASDA) requires the submission of an Indian Housing Plan for guiding and accomplishing housing activities to meet community needs; and

WHEREAS, there are funds made available through the U. S. Department of Housing and Urban Development Office of Native American Programs to meet the needs according to the Indian Housing Plan; and

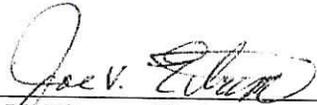
WHEREAS, the Sault Tribe Board of Directors does hereby concur with the Housing Board of Commissions approval and submission of 2012 Indian Housing Plan, Grant No. 12-IH-265480 to the U. S. Department of Housing and Urban Development.

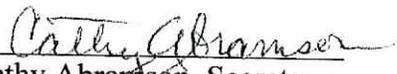
NOW, THEREFORE, BE IT RESOLVED, the Sault Tribe Board of Directors approves the 2012 Indian Housing Plan, Grant No. 12-IH-265480, as presented and does hereby request funding from the U. S. Department of Housing and Urban Development.

BE IT FURTHER RESOLVED, the Sault Ste. Marie Tribe of Chippewa Indians Board of Directors does agree to follow the HUD approved Indian Housing Plan in order to provide housing opportunities.

**CERTIFICATION**

We, the undersigned, as Chairman 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 10 members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the 27 day of September 2011; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of 8 members for, 0 members against, 1 members abstaining, and that said resolution has not been rescinded or amended in any way.

  
\_\_\_\_\_  
Joe V. Eitrem, Chairman  
Sault Ste. Marie Tribe of  
Chippewa Indians

  
\_\_\_\_\_  
Cathy Abramson, Secretary  
Sault Ste. Marie Tribe of  
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**Government Services**

**Membership Services**

**Economic Development Commission**



RESOLUTION NO: 2011-206

**AMENDING THE POLICY AND PROCEDURE OF THE  
ELDER HEALTH FUND**

WHEREAS, the Elder Service Division recommended that this Board of Directors modify the attached Elder Health Fund Policy to implement the cost savings strategies mandated by the budget.

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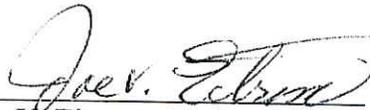
**Economic  
Development  
Commission**

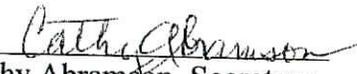
NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians hereby authorizes implementation of said revision of the Elder Health Fund Policies and Procedures, in the form attached, effective immediately.

BE IT FURTHER RESOLVED, that the Elder Division, is further authorized to make such future changes to these Policies and Procedures, as may be required, to operate this program within the yearly budgets, which the Board of Directors shall review and approve.

**CERTIFICATION**

We, the undersigned, as Chairman 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 10 members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the 27 day of September 2011; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of 7 members for, 2 members against, 0 members abstaining, and that said resolution has not been rescinded or amended in any way.

  
\_\_\_\_\_  
Joe V. Eitrem, Chairman  
Sault Ste. Marie Tribe of  
Chippewa Indians

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



# Sault Ste. Marie Tribe of Chippewa Indians

## Elder Health Care Fund

### 2012

## Policy and Procedure

### *Section 1. Eligibility*

All duly enrolled members of the Sault Ste. Marie Tribe of Chippewa Indians, Sixty (60) years of age and older, as certified by the Registrar of the Tribal Enrollment Department, shall be eligible for health needs assistance from the Sault Tribe Elder Health Care Fund. Optical and Dental services covered under the Elder Health Care Fund **must** be received at Sault Tribe Health Facilities. Durable Medical equipment **is only for elders living outside of the seven county service area** and will be with your primary physician. The Elder Health care Fund pays after insurance, elders must supply Elder Care Services with an Explanation of Benefits. Elder Health Fund is a payer of last resort.

**Must fill out an application yearly and submit all household income before payment can be made or services rendered.**

Income Eligibility and Standards of Assistance  
Total Gross Income  
130% Federal Registry Poverty Guidelines  
(Federal Registry Updates yearly)

Household Size	Gross Annual Income	Percentage Elder Health Fund Pays
1	\$14,079.00	95%
2	\$18,941.00	80%
3	\$23,803.00	60%
4	\$28,655.00	40%
5	\$33,527.00	20%
6	\$38,389.00	10%

### *Section 2. Assistance Level*

#### **For Elders requesting Dentures, Eyeglasses and Life Line**

It is always best to contact each department directly to make appointments. Each department will inform the elder of their co-pay and collection process. Individuals shall be eligible for up to the following amounts:

## I. DENTAL BENEFITS

Service	Allowable	Lab Fees
Dentures per arch	Every 5 years only	\$525.70
Denture, Partial per arch	Every 5 years only	\$625.60
Denture Reline per arch	Every 3 years only	\$130.00
Denture Repair as Needed	By the case	\$120.00
Oral Surgery	Lifetime	\$4000.00
Crown-PFM (tooth colored)	As needed	\$246.00
Crown- Gold	As needed	\$286.00

All services and referrals must be by Tribal Dentist and are subject to fee limits.

Sault Tribe Dental Department  
906-632-5260 or 1-877-256-0009

Lambert Center Dental Department  
906-643-7202 or 1-877-256-0135

## II. OPTICAL BENEFITS

Service	Allowable	Maximum Amounts
Eyeglasses – One Pair	Every 2 years only (regardless of prescription changes or lost or broken glasses.)	up to \$150
Magnifier	Optical low vision devices	from \$40.00 to \$70.00
Telescope attachment to glasses	Optical low vision devices	up to 300.00 (only 10 cases per year)

All glasses will be provided at the Optical Department and are subject to fee limits.

Sault Tribe Optical Department  
906-632-5218 or 1-877-256-0009

Manistique Tribal Clinic  
906-341-8469 or 1-866-401-0043

Lambert Tribe Optical Department  
906-643-8689 or 1-877-256-0135

Munising Tribal Clinic  
906-387-4614 or 1-800-236-4705

### III. MEDICAL EQUIPMENT AND OTHER BENEFITS

Must be deemed "MEDICALLY NECESSARY FOR QUALITY OF LIFE" by a Physician and comply with Medicare standards. Eldercare Service Division has the right to have their Registered Nurse evaluate the elder for Quality Of Life and Activities of Daily Living to make a determination of benefits. Eldercare Service Division has the right to have their Registered Nurse evaluate the Quality Of Life of all used medical equipment before making a determination of benefits.

*The Elder Health Fund covers Durable Medical Equipment for elders living outside the seven county service areas only.*

**To obtain equipment or other health items:**

- ◆ OBTAIN A PRESCRIPTION FROM THE DOCTOR FOR THE EQUIPMENT REQUESTED. Eldercare will not be able to provide reimbursement unless a doctor deems necessary for quality of life.
- ◆ Contact the Elder Service Division and provide the doctor's prescription to the Elder Service Division for prior approval.
- ◆ Equipment **must be purchased by the elder**, at a pharmacy, medical equipment supply company or store of their choice, which participates with Medicare. Equipment must be billed to the elders' insurance company and have a copy of the explanation of benefits, along with an original receipt for reimbursement.
- ◆ **Elders will be reimbursed from the Elder Health Care Fund up to the dollar amount stated in the policy.**

#### MISCELLNEOUS EQUIPMENT & SUPPLIES (quality of life of equipment)

Hand Held Shower	\$44.00
Transfer Bench/Unpadded	\$140.00
Shower Seat W/Back	\$68.00
Transfer Tub Rail Attch	\$44.82
Grab bars (maximum of two)	\$15 each
Raised Toilet seat	\$35.00
Commode Bedside	\$110.00
Commode-Stationary W/fixed arms	\$102.00
Commode-Stationary W/detach arms	\$224.40
Crutches	\$30.00
Canes all materials	\$17.34
Quad Cane heavy duty	\$49.00

Cane, Quad three prong	\$39.78
2" Cushion	\$48.96
3" Cushion	\$57.12
4" Cushion	\$65.28
Roho Air Cushion	\$387.60
Jay Gel Cushion	\$387.60
Extended Reacher	\$16.00
Gravity Feeding Set	↓ \$150.00 per month
Tens Unit supplies - 2 lead, monthly	\$29.95
Digital Blood Pressure Cuff	Decreased price \$50.00

**HOSPITAL BED** one a lifetime

Hospital Bed W/Matt	\$667.00
Bed Monthly Rental	\$66.00
Hospital Bed Semi-Electric	\$1,224.00
Mattress	\$122.00
Trapeze Attch to Bed	\$119.00
Trapeze Attch to Bed (Rent)	\$11.99
Special Half Rail	\$150.00
Special Half Rail (Rental)	\$20.00

**WALKER** every five years

Rigid	\$34.68
Folding	\$71.40
Wheeled/No Seat	\$57.12
Rigid, Wheeled Seat	\$60.18
Folding, Wheeled no seat	\$102.00
Glide Braked	\$38.76
Platform, Forearm Crutch	\$51.00
Platform Walker	\$51.00
Wheel Rigid #Walker	\$68.85
Rollator Walker	New Item \$145.00

**WHEELCHAIR** quality of life of equipment

Standard	\$342.72
(Rental Monthly)	\$34.27
Standard Hemi	\$466.65
(Rental Monthly)	\$46.65
Lightweight	\$841.50
(Rental Monthly)	\$84.15
High Strength/LT.W	\$478.88
(Rental Monthly)	\$47.88
Heavy Duty	\$650.25

(Rental Monthly)	\$65.02
Extra Heavy Duty	\$960.84
(Rental Monthly)	\$96.08
HS LTWT W/Det Arm. ELR	\$640.35
(Rental Monthly)	\$64.03
HS LTWT/Det Arm Det Ft	\$1,008.78
(Rental Monthly)	\$100.87

### **RESPIRTORY SUPPLIES (quality of life of equipment)**

Nebulizer/Compressor	\$160.00
Nebulizer/Ultrasonic	\$586.50
Albuteral .083% 3ML	\$1.36
Circuit	\$8.00
Suction Machine	\$428.40
(Rental Monthly)	\$42.84
Filter, non-disposable	\$16.00
Virtuoso LX Smart CPAP	\$1,020.00
(Rental Monthly)	\$200.00
C-PAP Mirage Mask	\$61.20
Headgear Only	\$35.70
Tubing, ext	\$40.80
Chin Strap	\$16.00
Filters (Disposable @ 8)	\$30.60

### **PROTHESTIC DEVICES (quality of life of equipment)**

Knee-Hi Pres Grad.Hose (2 a year)	\$30.60
Thoracic, Rib Belt	\$20.40
Torso Support	\$26.52
Ko, Elastic Knee Cap	\$34.68
Lift, elevation, heel	\$25.70
Who, wrist splint	\$51.00
Breast Proth, Bra (2 a year)	\$62.22
Breast form	\$131.58
Breast Proth, Silicon	\$209.10
Lymph Sleeve, Axilla	\$52.53

### **OSTOMY SUPPLIES**

Urinary Drainage Bag	\$12.24
Urinary Leg Bag	\$14.28
Ostomy Faceplate	\$3.57
Skin barrier: solid, four by four	\$2.04
Ostomy Adhes. Per oz	\$4.08

Adhes Remov Wipes 50	\$14.28
Ostomy Belt	\$7.14
Ostomy Skin Bar, Liq	\$5.10
Ostomy Skin Bar Past	\$7.65
Ostomy Skin Bar, Pwdr	\$5.10
Skin Bar, 4x4, Convex	\$4.94
Skin Bar, W/Flang, Con	\$8.16
Skin Bar, W/Flang, Ext	\$10.20
Skin Bar, 4x4, W/O Con	\$4.59
Skin Bar, W/Flang, EXT	\$5.86
Pouch, Drain, Ext	\$5.61
Pouch, Drain, W/Facepl	\$17.85
Pouch, Urinary, Ext	\$7.90
Pouch, Urinary, Standa	\$9.18
Pouch, Urinary, Ext	\$10.71
Irrigation Sleeve	\$4.21
Irrigation Bag, Each	\$12.64
Irriga Cone/Cath, Bru	\$13.15
Irrigation Set	\$25.50
Ostomy Lubricant oz	\$4.08
Ostomy Ring, Each	\$2.55
Pouch, Closed W/Barri	\$2.13
Pouch, Closed, W/O Bar	\$1.84
Pouch, Closed, Barrier	\$1.09
Stoma Cap	\$1.53
Pouch, Drain W/Barrier	\$4.50
Pouch, Drain W/O Bar	\$3.61
Pouch, Drainable	\$2.81
Pouch, Colostomy	\$5.61
Pouch, Urinary W/Bar	\$5.84
Pouch, Urinary	\$5.65
Ostomy Plug	\$1.85
Convex Insert	\$28.86
Skin Barrier Wipe 50	\$10.91
Skin Bar, Solid 6x6	\$3.57
Durahesive Wafer	\$4.95

#### **IV. OTHER BENEFITS**

## LIFE LINE\*

Must have applied for <b>Free Lifeline Cell Phone Service in Michigan</b>	<a href="http://www.safelinkwireless.com">www.safelinkwireless.com</a>
*Determined by Primary Provider Physician must submit a Certificate of Need on behalf of the patient application for lifeline, Geriatric Team must approve	
Telemergency Unit	\$100.00
Installation Fee-Sault Tribe pays for (up to \$50.00)	Elders pays monthly rental fee

### **Section 3 Application**

- I For dentures, eyeglasses, and durable medical equipment.
  - A. Individuals shall utilize the tribal health clinics/facilities as usual. Individuals are responsible for making appointments with the appropriate health providers.
  - B. Individuals who want durable medical equipment must provide a medical prescription from a primary health care provider to verify that the equipment is medically necessary for quality of life.
  - C. Program Staff are responsible for recording services provided by the Elder Health Care Fund.
  
- II For individual seeking reimbursement:
  - A. This policy was enacted on April 7, 1998 when the Sault Tribe Board of Directors passed Resolution 98-49, 98-130.
  - B. Reimbursements are limited to the dollar amounts listed on the policy for sliding fee scales. Sault Tribe is not responsible for any balance, which exceeds the stated dollar limits.
  - C. Individuals seeking reimbursement for Medical Equipment and items in Section IV must provide the following items to Elder Service Division.
    - 1. Itemized invoice of health care items(s) needed.
    - 2. Primary care provider's statement of need or prescription for Lifeline.
    - 3. Receipt of payment made to health provider/vendor.

**Section 4 Denial Policy:** The Sault Tribe Elder Health Care Fund may deny requests for the following reasons:

- I. Overall
  - A. Individual's does not meet age requirement and tribal membership requirement.
  
- II. Dentures
  - A. Individual has already received dentures through the Elder Health Care Fund within the past five years.
  - B. Dentures are requested purely for cosmetic/esthetic reasons.
  - C. Individual has already received a denture reline through the Elder

- Health Care Fund within the past three years.
- D. Dentures has been lost or misplaced by individual.

### III. Eyeglasses

- A. Individual has received a new pair of glasses within the past two years.
- B. Glasses have been lost or misplaced by individual.

### IV. Lifeline

- A. Failure to provide physician/provider's proof that medical equipment is necessary.
- B. Lifeline equipment has been lost or misplaced by individual. If a request is denied, the health care provider will explain to the patient why the request was denied.

## ***Section 5 Appeal Policy***

Any individual who disagrees with a decision regarding the Elder Health Care Fund may appeal the decision. The appeal shall be heard by an Appeal Panel. The Appeal Panel shall consist of the Elder Service Division Director, the Elder Service Division Nurse, and an Elder Health Care Fund Coordinator. All decisions of the Appeal Panel shall be final. Requests for an appeal shall be made in writing and sent to the Elder Service Division, 2076 Shunk Rd., Sault Ste. Marie, Michigan 49783.

**For Information or to make a request for Medical Equipment or Health Items from the Elder Health Care Fund Contact the Elder Service Division at:**

- ◆ (906) 635-4971
- ◆ (888) 711-7356 Toll Free

**Remember! THE ELDER MUST BE:**

- ◆ **A Sault Tribe Member**
- ◆ **Over 60 Years Old**

**Summary of the Process:**

- ◆ Elder Services Division receives a request.
- ◆ Elder obtains a prescription from the doctor and bring to Eldercare Service Division.
- ◆ Coordinator assists elder to locate equipment or other providers of equipment.
- ◆ Insurances are always billed first. (i.e. Medicare, Medicaid, and others) must submit explanation of benefits and an original receipt for reimbursement.
- ◆ The Elder Health Care Fund pays after insurances.
- ◆ Elder Health Fund is a payer of last resort.



RESOLUTION NO: 2011-207

**NATIVE NAVIGATORS/CANCER CONTINUUM  
FY 2012 BUDGET MODIFICATION**

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Development  
Commission**

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians here by approves the FY 2012 budget modification to establish a budget for Native Navigators/Cancer Continuum with Inter Tribal Council monies of \$4,000. There is no effect on tribal support.

**CERTIFICATION**

We, the undersigned, as Chairman 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 10 members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the 27 day of September 2011; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of 9 members for, 0 members against, 0 members abstaining, and that said resolution has not been rescinded or amended in any way.

Joe V. Eitrem, Chairman  
Sault Ste. Marie Tribe of  
Chippewa Indians

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



RESOLUTION NO: 2011-208

**SMOKE FREE HOUSING  
FY 2012 BUDGET MODIFICATION**

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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 FY 2012 budget modification to establish a budget for Smoke Free Housing with Michigan Department of Community Health monies of \$10,000. There is no effect on tribal support.

**CERTIFICATION**

We, the undersigned, as Chairman 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 10 members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the 27 day of September 2011; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of 9 members for, 0 members against, 0 members abstaining, and that said resolution has not been rescinded or amended in any way.

Joe V. Eitrem, Chairman  
Sault Ste. Marie Tribe of  
Chippewa Indians

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



RESOLUTION NO: 2011-209

**ACFS – VICTIM'S ASSISTANCE  
FY 2012 BUDGET MODIFICATION**

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians here by approves the FY 2012 budget modification to Victim's Assistance to decrease State Revenue monies \$4,201.46 and Tribal Support \$229.78. This budget modification will change and correct the personnel sheet.

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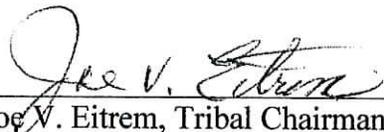
**Government  
Services**

**Membership  
Services**

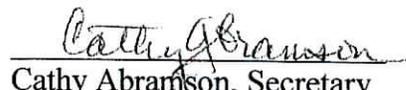
**Economic  
Development  
Commission**

**CERTIFICATION**

We, the undersigned, as Chairman 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 10 members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the 27 day of September 2011; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of 9 members for, 0 members against, 0 members abstaining, and that said resolution has not been rescinded or amended in any way.

  
\_\_\_\_\_  
Joe V. Eitrem, Tribal Chairman

Sault Ste. Marie Tribe of  
Chippewa Indians

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



RESOLUTION NO: 2011-210

**ELDER HEALTH CARE  
FY 2011 BUDGET MODIFICATION**

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians here by approves the FY 2011 budget modification to Elder Health Care to increase Trust Fund Revenue monies \$99,400.00. These funds will be drawn from the Elder Health Care Trust Fund Principal/Fund Balance. This budget modification will increase the amount of direct services to elders.

**Min Waban Dan**

**Administrative  
Office**

523 Ashmun Street

Sault Ste. Marie

Michigan

49783

**Phone**

906.635.6050

**Fax**

906.635.4969

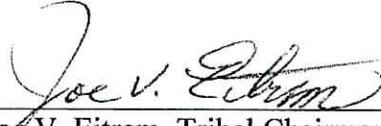
**Government  
Services**

**Membership  
Services**

**Economic  
Development  
Commission**

**CERTIFICATION**

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\_\_\_\_\_  
Joe V. Eitrem, Tribal Chairman  
Sault Ste. Marie Tribe of  
Chippewa Indians

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