

**BOARD OF DIRECTORS SPECIAL MEETING
KEWADIN CASINO AND CONVENTION CENTER
SAULT STE. MARIE, MICHIGAN**

July 6, 2020

12 p.m.

- I. CALL TO ORDER
- II. INVOCATION: Prayer, Smudging, Presentation of Grandfathers
- III. ROLL CALL
- IV. PRESENTATION:
- V. MINUTES:
- VI. RESOLUTIONS: Budget Mod:
 - Health Sault Housekeeping Maintenance
 - Alcohol and Substance Abuse Grant
 - Special Diabetes 3rd Party
 - ACFS – General Assistance
 - Health-IHS Maintenance&Improvements
 - Health – IHS Third Party Revenue
 - Health – IHS COVID Testing
 - Health – IHS COVID Funds
 - Health – IHS Medical Equipment
 - Federal Cares Act – Direct Services
 - Federal Cares Act – Governmental Programs
 - Federal Cares Act – Tribally Owned Businesses
 - Sault Walk in Clinic
 - Strategic Plan – COVID 19
- VII. NEW BUSINESS: Research Paper
 Board Concerns
- VIII. ADJOURN TO EXECUTIVE SESSION:
- IX. RECONVENE AND REAFFIRM
- X. ADJOURN

RESOLUTION NO: _____

ACFS – GENERAL ASSISTANCE

FY 2020 BUDGET MODIFICATION

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians hereby approves the FY 2020 budget modification to General Assistance to increase Federal BIA monies \$480,671.00. No effect on Tribal Support. These funds are from CARES ACT.

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 _____ 2020; 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vote of _____ members for, _____ members against, _____ members abstaining, and that said resolution has not been rescinded or amended in any way.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

Bridgett Sorenson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

**FEDERAL CARES ACT – DIRECT SERVICES
ESTABLISHMENT OF FY 2020 BUDGET**

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians hereby approves the establishment of a FY 2020 budget for Direct Services with Federal CARES Act monies of \$3,500,000.00. 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 _____ 2020; 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

Bridgett Sorenson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

**FEDERAL CARES ACT – GOVERNMENTAL PROGRAMS
ESTABLISHMENT OF FY 2020 BUDGET**

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians hereby approves the establishment of a FY 2020 budget for Governmental Programs with Federal CARES Act monies of \$18,194,000.00. 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 _____ 2020; 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

Bridgett Sorenson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

**FEDERAL CARES ACT – TRIBALLY OWNED BUSINESSES
ESTABLISHMENT OF FY 2020 BUDGET**

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians hereby approves the establishment of a FY 2020 budget for Tribally Owned Businesses with Federal CARES Act monies of \$1,500,000.00. 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 _____ 2020; 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

Bridgett Sorenson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

HEALTH - IHS COVID TESTING

ESTABLISHMENT OF FY 2020 BUDGET

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians hereby approves the establishment of a FY 2020 budget for IHS COVID Testing with Federal IHS monies of \$300,637.00. No effect on Tribal Support. These funds are from CARES ACT.

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 _____ 2020; 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

Bridgett Sorenson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

HEALTH - IHS COVID FUNDS

ESTABLISHMENT OF FY 2020 BUDGET

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians hereby approves the establishment of a FY 2020 budget for IHS COVID Funds with Federal IHS monies of \$3,161,362.00. No effect on Tribal Support. These funds are from CARES ACT.

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 _____ 2020; 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

Bridgett Sorenson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

HEALTH - IHS MAINTENANCE & IMPROVEMENTS

ESTABLISHMENT OF FY 2020 BUDGET

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians hereby approves the establishment of a FY 2020 budget for IHS COVID Maintenance & Improvements with Federal IHS monies of \$171,780.00. No effect on Tribal Support. These funds are from CARES ACT.

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 _____ 2020; 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

Bridgett Sorenson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

HEALTH - IHS MEDICAL EQUIPMENT

ESTABLISHMENT OF FY 2020 BUDGET

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians hereby approves the establishment of a FY 2020 budget for IHS Medical Equipment with Federal IHS monies of \$548,907.00. No effect on Tribal Support. These funds are from CARES ACT.

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 _____ 2020; 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

Bridgett Sorenson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

HEALTH - THIRD PARTY REVENUE

FY 2020 BUDGET MODIFICATION

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians hereby approves the FY 2020 budget modification to Health Third Party Revenue for an increase in Federal HRSA monies of \$4,163,253.55 and State of Michigan HHS monies of \$60,773 and to decrease Other Revenue \$4,224,026.55. No effect on Tribal Support. These funds are from CARES ACT.

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 _____ 2020; 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

Bridgett Sorenson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

**HEALTH SAULT HOUSEKEEPING MAINTENANCE
FY 2020 BUDGET MODIFICATION**

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians hereby approves the FY 2020 budget modification to Health Sault Housekeeping Maintenance to change the personnel sheet and reduce Federal IHS monies \$42,323.29. 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 _____ 2020; 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

Bridgett Sorenson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

**SAULT WALK IN CLINIC AND THIRD PARTY REVENUE
FY 2020 BUDGET MODIFICATIONS**

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians hereby approves the FY 2020 budget modification to Sault Walk in Clinic to change the personnel sheet, reallocate expenses, and increase Other Revenue Third Party monies \$455,559.36.

BE IT FURTHER RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians hereby approves the FY 2020 budget modification to Third Party Revenue monies \$455,559.36.

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 _____ 2020; 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

Bridgett Sorenson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

**SPECIAL DIABETES 3RD PARTY
FY 2020 BUDGET MODIFICATION**

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians hereby approves the FY 2020 budget modification to Special Diabetes 3rd Party to eliminate the budget, reducing the need for Third Party revenue \$166,207.60. 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 _____ 2020; 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

Bridgett Sorenson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

RESOLUTION NO: _____

**ALCOHOL AND SUBSTANCE ABUSE GRANT
FY 2020 BUDGET MODIFICATION**

BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians hereby approves the FY 2020 budget modification to Alcohol and Substance Abuse Grant to change the personnel sheet, reallocate expenses, and decrease Federal DOJ monies \$78,396.32. 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 _____ 2020; 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

Bridgett Sorenson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians

BOARD OF DIRECTORS SPECIAL MEETING

July 6, 2020

Sponsor's List

RESOLUTIONS:

Budget Mod:

Health Sault Housekeeping Maintenance – Leo Chugunov

Alcohol and Substance Abuse Grant– Leo Chugunov

Special Diabetes 3rd Party– Leo Chugunov

ACFS – General Assistance – Juanita Bye

Health-IHS Maintenance&Improvements– Leo Chugunov

Health – IHS Third Party Revenue– Leo Chugunov

Health – IHS COVID Testing– Leo Chugunov

Health – IHS COVID Funds– Leo Chugunov

Health – IHS Medical Equipment– Leo Chugunov

Federal Cares Act – Direct Services- Christine McPherson

Federal Cares Act – Governmental Programs-Christine McPherson

Federal Cares Act – Tribally Owned Businesses-Christine McPherson

Sault Walk in Clinic – Leo Chugunov

Strategic Plan – COVID 19 –Placeholder Christine McPherson

NEW BUSINESS:

Research Paper

Board Concerns