SUSANVILLE INDIAN
RANCHERIA

BURIAL FUND ORDINANCE

ORDINANCE NO. 2005-003 Revision F

Section 1. Policy.

This Ordinance is adopted by the Tribal Business Council, pursuant to its authority granted under the Tribe's Constitution; for the purpose of addressing the unexpected financial need Susanville Indian Rancheria (SIR) families suffer at the time of a family member's death. The SIR desires to provide some assistance to SIR families with the costs of funerals and shall reserve funds, within the General Fund, on an annual basis for the purpose of providing burial funds to SIR families.

Section 2. Purpose.

These reserve funds will provide burial benefits to those SIR families who present requests for assistance and will only be made available to the designated funeral home. Because a member or member's family may not be aware of the tribe's policy to provide these burial benefits to the funeral home until after the funeral has been paid for, these reserve funds may be paid to the individual that paid for the burial benefits if a receipt is provided from the funeral home and the funeral home confirms that the account has been paid in full. Note: Funeral benefits paid to an individual can only be paid if the burial assistance request has been submitted within thirty (30) days of payment to the funeral home.

Section 3. Scope.

This ordinance will apply to all SIR enrolled members and their families. Any burial assistance request that does not fall within the scope of this ordinance will not be considered.

Section 4. Definitions.

For the purposes of this Ordinance, the following definitions shall apply:

4.1 **Appeals.** No request for burial assistance that exceeds the monetary limit or does not meet the eligibility requirements may be appealed to the Tribal Business Council.

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4.2 **Burial Benefit or Benefit.** Benefit established by the Tribal Business Council to assist with the costs incurred for funeral services and burial of tribal members and their non-member minor children, parent (if the tribal member is a minor and the parent is not a tribal member), widows/widowers of deceased tribal members, legally married spouse, and those in a spouse-like relationship.

4.3 **Burial Fund or Fund.** The reserve funds established by the Tribal Business Council from which burial benefits are paid.

4.4 **Tribal Member.** An enrolled member of the Susanville Indian Rancheria.

4.5 **Tribe.** The Susanville Indian Rancheria.

Section 5. Procedures.

Any tribal member, spouse, or parent of a tribal member may apply for payment of a burial benefit for any deceased tribal member. Any tribal member may apply for payment of a burial benefit for their deceased legally married spouse, for their deceased minor children, for a deceased parent if the tribal member is a minor and the parent is not a tribal member, or for a deceased parent if they are a widow or widower of a tribal member.

Section 6. Monetary Limits.

The maximum amount allowed by the tribe is $2,500 towards burial costs and $300 towards flower arrangements.

Section 7. Application Process.

7.1 To obtain payment of a burial benefit, the SIR family requesting assistance must complete the required application form (Burial Assistance Request Form, Exhibit A) and return it to the SIR tribal office for processing. Copies of the Burial Assistance Request Form are available in the SIR tribal office.

7.2 The SIR tribal office will review the burial assistance request for completeness. If the request is incomplete, the request will be returned to the requester to complete the required information. If the request is complete, it will be forwarded to the Tribal Administrator and Fiscal Controller for approval/disapproval. All burial assistance requests must include the following:

a) Name, address and telephone number of the contact person.
b) Identification as to who the deceased individual is and the amount requested.

c) Name, address, and telephone number of designated funeral home.
d) Date of wake/funeral.
e) Any other relevant information.

7.3 The Tribal Administrator and Fiscal Controller will approve or disapprove all burial assistance requests based on the policies of this ordinance.

7.4 Once a decision has been made on the burial assistance request, the requester will be notified that their request has been approved or disapproved.

7.5 The Tribal Administrator will direct the tribal office to order flowers for the wake/funeral on all approved burial assistance requests. Families may pick out the flower arrangement at a cost not to exceed $300.

7.6 The tribal office will contact a flower shop close to the vicinity of the designated funeral home to order the flowers and have them delivered in time for the wake/funeral. A supply requisition will be filled out and turned into the Fiscal Department for processing once the flowers have been ordered.

7.7 All approved burial assistance requests will be sent to the Fiscal Department for processing. Payments will be processed on Wednesdays of each week (excluding holidays) and the Fiscal Department will mail the check to the designated funeral home/individual.

Section 8. **Effective Date**.

This Ordinance shall be effective April 19, 2016.

CERTIFICATION

We, hereby certify that the Susanville Indian Rancheria Burial Fund Ordinance was adopted by the Susanville Indian Rancheria Tribal Business Council at a duly called meeting held April 19, 2016 with a vote of 6 for, 0 against, 0 abstain.

ATTEST;

Aaron Dixon, Sr.
Secretary/Treasurer

Brandon Guitierez
Tribal Chairman

Burial Assistance Request Form

Name of Deceased Individual _____

Enrollment Number _____

Amount Requested

$ _____

Date of Wake / Funeral _____

Contact Person: _____

Enrollment Number: _____

Mailing Address: _____

_____

Contact Number: ( ) _____

Designated Funeral Home:

Contact Person: _____

Contact Number: ( ) _____

Mailing Address: _____

_____

Any other relevant information: _____

_____

_____

Signature of Applicant: _____ Date: _____

For Office Use Only

Enrollment Verified By: _____ Date: _____

Approved: Yes No Signature of Tribal Administrator: _____

Approved: Yes No Signature of Fiscal Controller: _____

Amount Approved: $ _____ Funding Source: _____

Date Check Issued: _____ Processed By: _____