



SUSANVILLE INDIAN RANCHERIA

MEMBER DONATION ORDINANCE

ORDINANCE NO. 2005-004 Amendment 11

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 donation requests submitted to the Susanville Indian Rancheria (SIR). The SIR shall reserve funds on an annual basis for the purpose of providing donations to tribal members on a discretionary basis. **Requests for a member donation to recoup money for past events, etc., will not be considered.** The Donation Request Form must be turned in to the Tribal Office **as soon as possible PRIOR to the date of need.** SIR apologizes for any inconvenience this may cause, but due to the time it takes for approval by the Donation Committee, lead-time is important. If your member donation request does not follow policy requirements, your request will not be considered and is not eligible to be appealed. Please do not assume that if your request was funded in the previous year that it will be funded again in the current year.

All member donation requests **MUST** be reviewed by the Donation Committee, regardless if the request falls within the guidelines of this ordinance. The Tribal Business Council **WILL NOT** review or approve a member donation request that has been denied by the Donation Committee.

Section 2. Purpose.

The Susanville Indian Rancheria recognizes that there are occasions when a member or member family may be at a point in their lives where they need assistance. These reserve funds will provide direct benefits to those SIR members who present requests for assistance in coping with unforeseeable emergencies. Because funding is limited, attempts should be made to seek alternate resources. The member donation request can be for only one item (i.e.; Emergency Need or Emergency Travel). If a member donation request has multiple items requested, the individual submitting the request will be contacted for clarification on which single item they wish to apply for.

Section 3. Scope.

This ordinance will apply to all individuals seeking funds from the SIR.

Section 4. Definitions.

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

- 4.1 **Appeal.** All decisions of the Donation Committee are final and cannot be appealed.
- 4.2 **Individual.** An enrolled member of the Susanville Indian Rancheria.
- 4.3 **Immediate Family** The grandparent, parent, child or sibling of an enrolled tribal member.
- 4.4 **Donation Committee.** A group of individuals established by the Tribal Business Council to review all donation requests. This group will consist of a member of the Tribal Business Council and at least three of the following: the Tribal Administrator, the Health Clinic Chief Operating Officer, the Tribal Office Manager, or the Fiscal Controller.
- 4.5 **Natural Catastrophic Event.** Examples may include, but not be limited to, earthquakes, fires, floods, hurricanes, or tornadoes

Section 5. Procedures.

- 5.1 Any individual that meets the definition above may submit a donation request by completing the member donation request form available at the SIR Tribal Office or on the tribe's website (www.sir-nsn.gov).
Member donation funds cannot be used to pay for deposits or any personal debt.
- 5.2 Member donation requests will be considered for the following purposes:
 - a) Emergency need (i.e.; expenses due to a natural catastrophic event). Proof of expense need must be submitted.
 - b) Emergency travel (i.e.; attend the funeral of an immediate family member, transport or visit a seriously ill immediate family member who will be or is receiving emergency medical treatment or hospitalized (PRC levels I or II). Verification of medical treatment or hospitalization must be submitted with the request. Reimbursement rates for mileage/lodging/meals will be at the approved GSA rates in effect at the time the donation request is submitted.
- 5.3 If an individual has any delinquent account with the SIR, he or she will not be eligible for a member donation. In the case of a member donation request on behalf of a minor, the household requesting the

donation must not have any delinquent account with the SIR in order to be eligible for a donation.

- 5.4 **The SIR will not consider member donation requests to pay personal debts** (i.e.; house payments, rent, deposits, water bills, sewer bills, food, clothing, utility bills (excluding those defined in Section 4.7 of the Tribal Member Assistance Ordinance), telephone bills, cell phone bills, vehicle repairs or replacements, home repairs or replacement, cable TV bills, dental bills, court fines, child support, other forms of court-ordered restitution, fees associated with filing court paperwork, credit card payments, car repairs, car payments, or other auto related costs, loan payments, etc.). If this type of member donation request has been submitted, the Tribal Office will refer the requester to the California Tribal TANF Program (CTTP) at (530) 252-4112; the California Indian Manpower Consortium (CIMC) at (916) 564-4053; or Crossroads Ministries at (530) 251-0701, or encourage out of Lassen County tribal members to seek help through their local resources.
- 5.5 **THIS IS NOT A REIMBURSEMENT PROGRAM.** SIR will not reimburse monies paid prior to the tribal member request.
- 5.6 All member donation recipients must submit receipts and/or documentation that the money was used for the intended purpose within thirty (30) days of receiving the funds. All receipts must be turned into the Susanville Indian Rancheria Tribal Office. Failure to use a member donation for the purpose represented to the Donation Committee will result in one or more of the following consequences:
- You will be considered a member “**NOT** in good standing” as you will have an outstanding debt to the tribe and will not be eligible for the Annual Distribution.
 - As a member “**NOT** in good standing”, you will not be eligible to utilize the sponsorship, donation, or tribal member assistance fund programs until such time as the debt owed to the tribe is paid in full.
- 5.7 In January of the following year, a 1099 will be mailed to the recipient of the member donation, provided it meets the threshold amount established by the Internal Revenue Service.

Section 6. Monetary Limits.

Individuals are eligible to apply for a member donation of up to \$500 per household per calendar year. Individuals may apply for more than one member donation request per calendar year as long as the total amount requested for that year does not exceed \$500 for the household. Reimbursement rates for mileage/lodging/meals will be at the approved GSA rates in effect at the time the member donation request is submitted.

Section 7. Application Process.

- 7.1 Each individual requesting a member donation from the SIR must complete the Member Donation Request Form, which is available at the SIR Tribal Office or on the tribe's website (www.sir-nsn.gov) and return it to the SIR Tribal Office for processing.
- 7.2 The SIR Tribal Office staff will review the Member Donation for completeness. All areas must be completely filled out. 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 Donation Committee for approval/disapproval.
- 7.3 The Donation Committee will approve or disapprove all member donation requests based on the policies of this ordinance. The approval of a member donation request is subject to available funding, i.e.; **once the funding set aside for the year has been expended, no further member donation requests will be approved by the Donation Committee.**
- 7.4 Member donation requests will only be approved for the amount authorized per household.
- 7.5 If the request is denied by the Donation Committee the requester will be notified in writing by the Tribal Office staff.
- 7.6 All approved member donation requests will be sent by the Tribal Office staff to the Fiscal Department for processing. Payments will be processed on Wednesdays of each week (excluding holidays) and the Fiscal Department will return the check to the Tribal Office who will notify the requester when their payment is ready to be picked up. Emergency donation requests will be processed as quickly as possible.

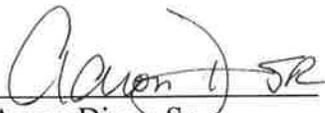
Section 8. Effective Date.

This Ordinance shall be effective from the date of its approval by the Tribal Business Council.

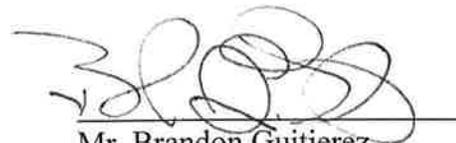
CERTIFICATION

We, hereby certify that the Susanville Indian Rancheria Donation Ordinance was adopted by the Susanville Indian Rancheria Tribal Business Council at a duly called meeting held March 01, 2016 with a vote of 7 for, 0 against, 0 abstain.

ATTEST;



Mr. Aaron Dixon Sr.
Secretary/Treasurer



Mr. Brandon Gutierrez
Tribal Chairman

MEMBER DONATION REQUEST FORM



Name of Tribal Member / Enrollment#:

Amount Requested:

\$ _____

If request if for a minor Tribal Member

Name of Parent Responsible / Enrollment #:

Type of Donation:

Purpose:

Individual

Emergency Travel

Emergency Need

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

If approved, make check(s) payable to: _____

Mailing Address: _____

By my signature below, I agree to keep and turn in all receipts to the Tribal Office within thirty (30) days of receiving the funds for which the intended purpose of the approved member donation funds are used in order to show how the funds were spent. I agree to return any unspent funds to the Tribal Office for receipt. Failure to turn in receipts and/or returning monies not spent will result in the denial of my Annual Distribution check until the debt has been collected in full. I also acknowledge that my failure to turn in receipts to the Tribal Office will make me ineligible to utilize the sponsorship, tribal member assistance, or donation fund programs until such time as the debt is paid in full.

Signature of Applicant: _____ Date: _____

For Donation Committee Use Only

Verified Enrollment (Initial): _____

Date Reviewed: _____ Approved: Denied:

Outstanding Debt: YES NO (Initial by Fiscal Department)

Reviewed by: _____

Committee Comments:

Meets "Need Based" criteria (Income verification MUST be attached)

For Fiscal Use Only

Account Code #: _____

Travel Calculations: \$ _____ Per Diem (_____ days @ \$ _____)

Processed By: _____

\$ _____ Mileage (_____ miles @ \$ _____)

Date Check Issued: _____

\$ _____ Lodging (_____ days @ \$ _____)

\$ _____ Other _____

\$ _____ Total Travel

Verified By: _____

Date: _____

Fiscal Controller/Fiscal Dept. Supervisor

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

| | | |
|---|--|--|
| Print or type See Specific Instructions on page 2. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> |
| | 5 Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | 6 City, state, and ZIP code | |
| | 7 List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| | | | | | | | | | |
|---------------------------------------|--|--|--|---|--|--|---|--|--|
| Social security number | | | | | | | | | |
| | | | | - | | | - | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | - | | | | | |

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.