



SUSANVILLE INDIAN RANCHERIA

SIR YOUTH SCHOOL CLOTHES / SUPPLIES PROGRAM ORDINANCE

ORDINANCE NO. 2013-003

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 providing assistance to enrolled SIR youths with the cost of purchasing school clothes / supplies.

Section 2. Purpose.

These funds will provide monetary reimbursement for school clothes / school supplies necessary for compulsory school age tribal members.

Section 3. Scope.

This Ordinance will apply to all enrolled SIR youth that are of compulsory school age seeking funds from the Susanville Indian Rancheria.

Section 4. Definitions.

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

- 4.1. **Allowable Time Frame Guidelines.** All receipts submitted must be no more than 30 calendar days from the date of purchase. All approved reimbursement requests will be processed by the Tribal Office staff within two (2) weeks of submission.
- 4.2. **Compulsory School Age.** Children that are attending Grades K-12.
- 4.3. **Custodial Parent.** The parent with whom the child resides for a majority of the time.
- 4.4. **Individual.** Susanville Indian Rancheria enrolled tribal youth.

- 4.5. **Individual (s) Address.** The address of which the individual resides more than 50% of the time. In the event where both parents have joint custody of the individual, the reimbursement will be distributed to the individual's mailing address of record as identified through court documents.
- 4.6. **Legal Guardian.** A person who has been appointed by a judge to take care of a minor child.

Section 5. Procedure.

The custodial parent or legal guardian may request reimbursement for receipts for their child(s) school clothes / school supplies. The individual must be of compulsory school age. All receipts submitted must be within the allowable time frame guidelines. A request received in the Tribal Office that has receipts older than 30 days will be returned to the requester and the request will be denied. **There will be NO EXCEPTIONS.**

Section 6. Monetary Limits.

Each individual that is of compulsory school age is eligible for \$100 reimbursement per calendar year.

Section 7. Application Process.

- 7.1. To obtain reimbursement, the custodial parent or legal guardian of the individual, must complete and return the required reimbursement request form (available at the Tribal Office, or on the tribe's website (www.sir-nsn.gov)). All receipts must be attached pursuant to Section 5 of this Ordinance.
- 7.2. Once the reimbursement request form and original receipts have been submitted, the SIR Tribal Office staff will review the reimbursement request form for completeness. If the request is incomplete, the request will be returned to the requester to complete the required information. If the required receipt(s) is (are) not within 30 days of purchase, it will be denied and returned to the requester.
- 7.3. All approved requests will be sent to the Fiscal department for processing by the Tribal Office. 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 then notify the requester when their payment is ready to be picked up. For those individuals that reside out of Lassen County, the Tribal Office will mail the check to the individual the next working day.

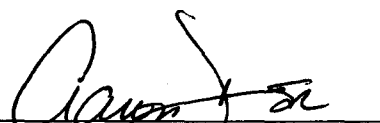
Section 8. Effective Date.


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 SIR Youth Sports Program Ordinance was adopted by the Susanville Indian Rancheria Tribal Business Council at a duly called meeting held March 19, 2013 with a vote of 5 for, 0 against, 0 abstain.

ATTEST;


Mr. Aaron Dixon, Sr.
Secretary / Treasurer


Mr. Stacy Dixon
Tribal Chairman



**Susanville Indian Rancheria
Tribal Youth Program Reimbursement Form**

Child's Name: _____ **Enrollment #:** _____

Type of Request:

- Sports/Extra Curricular Event
 School Clothes/Supplies
 Jr. High Diploma
 High School Diploma
 Senior Year High School Assistance

Total Reimbursement Requested: \$ _____

Total Monthly Family Income: \$ _____ **Family Size:** _____

Make Check Payable to: _____

Mail to: _____

Custodial Parent / Guardian Signature

Parent Enrollment #

Tribal Office Use Only	
Has child had previous reimbursement in the above selected category? Yes No	
Total Previous Amount \$ _____	
Amount Authorized to Pay: \$ _____	
Billing Account Code: _____	
Meets "Need Based" income eligibility requirements?	<input type="checkbox"/> YES (Income verification attached) <input type="checkbox"/> NO (Income not attached)
<input type="checkbox"/> By my signature, I have verified this child is eligible for the amount/program listed above	
_____ Tribal Office Staff	_____ Date
_____ Tribal Office Manager's Approval	_____ Date