



SUSANVILLE INDIAN RANCHERIA

TRIBAL MEMBER DONATION ORDINANCE ORDINANCE NO. 2019-005

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 tribal member donation requests submitted to the Susanville Indian Rancheria (SIR). The SIR shall reserve funds on an annual basis for the purpose of providing donation funds to tribal members for matters that may otherwise go as an unmet need. The Tribal Member Donation Form must be turned into 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 tribal 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 tribal 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 tribal 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 submit requests for assistance in meeting unmet needs. Because funding is limited, attempts should be made to seek alternate resources. For example, if a SIR tribal member is seeking assistance, documentation must be provided that alternate resources have been applied for and either accepted or denied. *The tribal member donation request can only be used for one item.* If a tribal 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 children, spouse, sibling, parents, grandparents, grandchildren or significant other of an enrolled tribal member.
- 4.4 **Donation Committee.** A group of individuals established by the Tribal Business Council to review all tribal member donation requests. This group will consist of a member of at least three of the following: Tribal Business Council member(s) (at least one is mandatory), Tribal Administrator, the Health Clinic Chief Operating Officer, or the Chief Financial Officer.
- 4.5 **Household Repair Health Need.** Any household repair that directly affects the health and safety of a tribal member.
- 4.6 **Lassen County Elder Energy Donation Need.** Energy donation such as electric, natural gas, propane, oil, kerosene, or wood. This donation is only for tribal elders 65 years of age or older and/or those tribal members with a documented permanent disability. In order to receive this donation, the tribal member must currently reside in Lassen County.
- 4.7 **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 tribal member donation request by completing the Tribal Member Donation Request Form available at the SIR Tribal Office or on the tribe's website (www.sir-nsn.gov). If the nature of the medical or safety need prevents the tribal member from applying, an immediate family member may apply for this donation on behalf of the tribal member. **Tribal member donation funds cannot be used to pay for deposits or any personal debt.**

5.2 Tribal 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 and documentation of the natural catastrophic event must be submitted with the request.
- 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 request is submitted.
- c) Household Repair Need (household repairs that directly affect the health and safety of the tribal member). Lassen County tribal members requesting monies for a household repair must contact the SIR Public Works or SIR Maintenance Department and submit their written statement and estimate with the request. For tribal members who reside outside of Lassen County, a written estimate from a licensed contractor must accompany the tribal member request at the time of submission.
- d) Lassen County Elder Energy Donation Need (i.e.; expenses related to energy donation as defined in Section 4.6) to assist local tribal elders 65 years of age or older / disabled tribal members with their energy costs. A copy of the energy bill must accompany the member donation request. Lassen County disabled tribal members must include a copy of their documented permanent disability paperwork with each request. This donation is only for Lassen County tribal members that are elders 65 years of age or older / disabled tribal members and cannot be used to pay for water or sewer costs.

5.3 If an individual has any delinquent accounts with the SIR, he or she will not be eligible for tribal member donation funds. In the case of a tribal member donation request on behalf of a minor, the household requesting the tribal member donation must not have any delinquent account with the SIR in order to be eligible for tribal member donation funds.

5.4 **The SIR will not consider tribal 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

4.6), telephone bills, cell phone bills, 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 loan payments, etc.). If this type of tribal 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 donation request.

5.6 All tribal 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 SIR Tribal Office. Failure to use the funds for the purpose represented to the Donation Committee will result in the following consequences:

- You will be considered a member “**NOT** in good standing” as you will have an outstanding debt owed to the tribe and will not be eligible for the Annual Distribution (for requests made on behalf of a minor, the person submitting the request will be considered a member “**NOT** in good standing” and the minor child will be eligible to receive their Annual Distribution).
- As a member “**NOT** in good standing”, you will not be eligible to utilize the Sponsorship, Donation or Member Assistance 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 Tribal Member Donation funds, provided it meets the threshold amount established by the Internal Revenue Service, and the tribal member is not determined economically disadvantaged according to the Federal Poverty Guidelines.

Section 6. Monetary Limits.

Individuals are eligible to apply for up to \$500 per household per calendar year. Individuals may apply for more than one donation request per calendar year as long as the total amount requested for that year does not exceed \$500 for the household.

Section 7. Application Process.

- 7.1 Individuals requesting a tribal member donation from SIR must complete the Tribal 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 tribal member donation request 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 tribal member donation requests based on the policies of this ordinance. The approval of a tribal member donation request is subject to available funding, i.e.; **once the funding set aside for the year has been expended, no further tribal member donation requests will be approved by the Donation Committee.**
- 7.4 Tribal member donation requests will only be approved for the amount authorized per household.
- 7.5 If a request is denied by the Donation Committee, the requester will be notified in writing by the Tribal Office staff.
- 7.6 All approved tribal 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). 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 checks will be processed as quickly as possible.

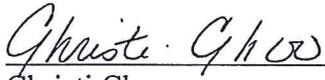
Section 8. Effective Date.

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

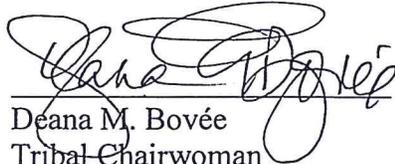
CERTIFICATION

We hereby certify that the Susanville Indian Rancheria Tribal Member Donation Ordinance was adopted by the Susanville Indian Rancheria Tribal Business Council at a duly called meeting held June 18, 2019 with a vote of 7 Yes, 0 No, 0 Abstained.

ATTEST;



Christi Choo
Secretary/Treasurer



Déana M. Bovée
Tribal Chairwoman



TRIBAL MEMBER DONATION REQUEST FORM

Name of Tribal Member / Enrollment #:

Amount Requested:

_____ / _____

\$ _____

If request is for a minor tribal member, Name of Parent Responsible / Enrollment #:

_____ / _____

Purpose:

Emergency Need

Emergency Travel Need

Household Repair Need

Lassen County Elder Energy Donation 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 tribal 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 donation, 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:

Reviewed by: _____

Committee Comments:

For Fiscal Use Only

Outstanding Debt: YES NO _____ (Initial by Fiscal Department)

Account Code #: 12-890-6112-6975

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

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

Processed By: _____

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

Date Check Issued: _____

\$ _____ Other _____

\$ _____ Total Travel

Verified By: _____
Chief Financial Officer/Fiscal Dept. Supervisor

Date: _____

