

RESOLUTION OF THE
WHITE MOUNTAIN APACHE TRIBE OF THE
FORT APACHE INDIAN RESERVATION

WHEREAS, the Tribal Council of the White Mountain Apache Tribe is the Governing Body, and

WHEREAS, the Tribal Council desires to apply for a grant in the amount of \$594,436.00 for a three-year period for the benefit of the Tribal Skill Center; said application to be made to the U. S. Department of Education through the Assistant Secretary for Vocational and Adult Education, and

WHEREAS, the Tribal Council hereby authorizes the Tribal Chairman to negotiate and execute the grant and amendments thereto.

BE IT RESOLVED by the Tribal Council of the White Mountain Apache Tribe that the Tribal Education Office is hereby authorized to develop the necessary documents for the Tribal Chairman's signature and all documents necessary to consummate the grant.

The foregoing resolution was on September 07, 1983 duly adopted by a vote of 10 for and 0 against by the Tribal Council of the White Mountain Apache Tribe, pursuant to authority vested in it by Article V, Section 1 (i) of the Amended Constitution and By-Laws of the Tribe, ratified by the Tribe June 27, 1958 and approved by the Secretary of the Interior on May 29, 1958, pursuant to Section 16 of the Act of June 18, 1934 (48 Stat. 984).



Chairman of the Tribal Council

RECEIVED

SEP 12 1983

FORT APACHE INDIAN
AGENCY
WHITERIVER, ARIZ



Secretary of the Tribal Council

FEDERAL ASSISTANCE		2. APPLICANT'S APPLICATION	a. NUMBER	3. STATE APPLICATION IDENTIFIER	a. NUMBER																		
1. TYPE OF ACTION <input type="checkbox"/> PREAPPLICATION <input checked="" type="checkbox"/> APPLICATION <small>(Mark appropriate box)</small> <input type="checkbox"/> NOTIFICATION OF INTENT (Opt) <input type="checkbox"/> REPORT OF FEDERAL ACTION		b. DATE Year month day 19			b. DATE ASSIGNED Year month day 19																		
4. LEGAL APPLICANT/RECIPIENT a. Applicant Name : WHITE MOUNTAIN APACHE TRIBE b. Organization Unit : VOCATIONAL SKILL CENTER c. Street/P.O. Box : P.O BOX 1706 d. City : WHITERIVER e. County : f. State : ARIZONA g. ZIP Code : h. Contact Person (Name & telephone No.) : WESLEY BONITO/G. BRIAN PATRICK (602)-338-5113		5. FEDERAL EMPLOYER IDENTIFICATION NO. 86-0092030		6. PROGRAM (From Federal Catalog) a. NUMBER 8 4 * 1 0 1 b. TITLE Vocational Education Program for Indian Tribes & Indian Organizations																			
7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT ADULT VOCATIONAL EDUCATION FOR INDIAN TRIBES AND INDIAN ORGANIZATIONS. Vocational Skill TRaining in: Bussiness, Construction Logging; GED and Adult Basic Education		8. TYPE OF APPLICANT/RECIPIENT A-State B-Interstate C-Substate District D-County E-City F-School District G-Special Purpose District H-Community Action Agency I-Higher Educational Institution J-Indian Tribe K-Other (Specify):		9. TYPE OF ASSISTANCE A-Basic Grant B-Supplemental Grant C-Learn D-Insurance E-Other Enter appropriate letter(s) AA																			
10. AREA OF PROJECT IMPACT (Names of cities, counties, States, etc.) FORT APACHE INDIAN RESERVATION		11. ESTIMATED NUMBER OF PERSONS BENEFITING 8,134		12. TYPE OF APPLICATION A-New B-Renewal C-Revision D-Continuation E-Augmentation Enter appropriate letter A																			
13. PROPOSED FUNDING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. FEDERAL</td> <td>\$ 594,326</td> <td>.00</td> </tr> <tr> <td>b. APPLICANT</td> <td></td> <td>.00</td> </tr> <tr> <td>c. STATE</td> <td></td> <td>.00</td> </tr> <tr> <td>d. LOCAL</td> <td></td> <td>.00</td> </tr> <tr> <td>e. OTHER</td> <td></td> <td>.00</td> </tr> <tr> <td>f. TOTAL</td> <td>\$ 594,326</td> <td>.00</td> </tr> </table>		a. FEDERAL	\$ 594,326	.00	b. APPLICANT		.00	c. STATE		.00	d. LOCAL		.00	e. OTHER		.00	f. TOTAL	\$ 594,326	.00	14. CONGRESSIONAL DISTRICTS OF: a. APPLICANT RUDD b. PROJECT RUDD		15. TYPE OF CHANGE (For 12c or 12e) A-Increase Dollars B-Decrease Dollars C-Increase Duration D-Decrease Duration E-Cancellation F-Other (Specify): N/A Enter appropriate letter(s)	
a. FEDERAL	\$ 594,326	.00																					
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c. STATE		.00																					
d. LOCAL		.00																					
e. OTHER		.00																					
f. TOTAL	\$ 594,326	.00																					
16. PROJECT START DATE Year month day 19 83/10/3		17. PROJECT DURATION 36 Months		18. ESTIMATED DATE TO BE SUBMITTED TO FEDERAL AGENCY Year month day 19 83 9 9																			
19. EXISTING FEDERAL IDENTIFICATION NUMBER N/A		20. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code) U.S. Department of Education, Application Control Center, Washington, D.C. 20202		21. REMARKS ADDED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
22. THE APPLICANT CERTIFIES THAT		a. To the best of my knowledge and belief, data in this preapplication/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is approved.		b. If required by OMB Circular A-95 this application was submitted, pursuant to instructions therein, to appropriate clearinghouses and all responses are attached:																			
		(1) AZ. State Dept. Vocational Ed. <input checked="" type="checkbox"/> <input type="checkbox"/> (2) Bureau of Indian Affairs <input checked="" type="checkbox"/> <input type="checkbox"/> (3) <input type="checkbox"/> <input type="checkbox"/>		No response attached																			
23. CERTIFYING REPRESENTATIVE Ronnie Lupe, Tribal Chairman		a. TYPED NAME AND TITLE		b. SIGNATURE																			
				c. DATE SIGNED Year month day 19 83 9																			
24. AGENCY NAME		25. APPLICATION RECEIVED Year month day 19		26. ORGANIZATIONAL UNIT																			
27. ADMINISTRATIVE OFFICE		28. FEDERAL APPLICATION IDENTIFICATION		29. ADDRESS																			
30. FEDERAL GRANT IDENTIFICATION		31. ACTION TAKEN		32. FUNDING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. FEDERAL</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>b. APPLICANT</td> <td></td> <td>.00</td> </tr> <tr> <td>c. STATE</td> <td></td> <td>.00</td> </tr> <tr> <td>d. LOCAL</td> <td></td> <td>.00</td> </tr> <tr> <td>e. OTHER</td> <td></td> <td>.00</td> </tr> <tr> <td>f. TOTAL</td> <td>\$</td> <td>.00</td> </tr> </table>		a. FEDERAL	\$.00	b. APPLICANT		.00	c. STATE		.00	d. LOCAL		.00	e. OTHER		.00	f. TOTAL	\$.00
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f. TOTAL	\$.00																					
<input type="checkbox"/> a. AWARDED <input type="checkbox"/> b. REJECTED <input type="checkbox"/> c. RETURNED FOR AMENDMENT <input type="checkbox"/> d. DEFERRED <input type="checkbox"/> e. WITHDRAWN		33. ACTION DATE Year month day 19		34. STARTING DATE Year month day 19																			
35. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)		36. ENDING DATE Year month day 19		37. REMARKS ADDED <input type="checkbox"/> Yes <input type="checkbox"/> No																			
38. FEDERAL AGENCY A-95 ACTION		a. In taking above action, any comments received from clearinghouses were considered. If agency response is due under provisions of Part 1, OMB Circular A-95, it has been or is being made.		b. FEDERAL AGENCY A-95 OFFICIAL (Name and telephone no.)																			

SECTION I - APPLICANT/RECIPIENT DATA

SECTION II - CERTIFICATION

SECTION III - FEDERAL AGENCY ACTION