



## Oneida Business Committee

Regular Meeting  
8:30 AM Wednesday, June 09, 2021  
BC Conference Room, 2nd floor, Norbert Hill Center

### Agenda

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Meeting agenda is available here: [oneida-nsn.gov/government/business-committee/agendas-packets/](https://oneida-nsn.gov/government/business-committee/agendas-packets/). Materials for the "General Tribal Council" section of the agenda, if any, are available to enrolled members of the Oneida Nation; to obtain a copy, visit the BC Support Office, 2nd floor, Norbert Hill Center and present a valid Tribal I.D. or go to <https://goo.gl/uLp2jE>. Scheduled times are subject to change.

#### NOTICE

In accordance with the OBC Virtual meeting standard operating procedure, due to the Public Health State of Emergency the OBC meeting will be held virtually through Microsoft Teams and therefore be closed to the public. Any person who has comments or questions regarding open session items may submit them to [Secretary@oneidanation.org](mailto:Secretary@oneidanation.org) no later than the close of business the day before the OBC meeting. Any comments or questions received shall be noticed to the OBC and entered into the record as a handout by the Business Committee Support Office. A recording of the virtual meeting shall be made available on the Nation's website.

#### **I. CALL TO ORDER**

#### **II. OPENING**

#### **III. ADOPT THE AGENDA**

#### **IV. OATH OF OFFICE**

- A. Pardon and Forgiveness Screening Committee - Sandra Skenadore**  
Sponsor: Lisa Liggins, Secretary

#### **V. RESOLUTIONS**

- A. Adopt resolution entitled Approval of Use of Economic Development, Diversification and Community Development Fund for Transfer of \$2.4 Million to the Oneida Land Commission**  
Sponsor: Justin Nishimoto, Strategic Planner

- B. Adopt resolution entitled Setting Goals for Application of Funding from the American Rescue Plan Act of 2021 to Direct Support to Individuals, Families, Community and the Oneida Nation**  
Sponsor: Jo Anne House, Chief Counsel
- C. Adopt resolution entitled Face Masks Updated – COVID-19 Pandemic**  
Sponsor: Jo Anne House, Chief Counsel

## **VI. STANDING COMMITTEES**

### **A. COMMUNITY DEVELOPMENT PLANNING COMMITTEE**

- 1. Accept the March 4, 2021, regular Community Development Planning Committee meeting minutes**  
Sponsor: Brandon Stevens, Vice-Chairman
- 2. Accept the April 8, 2021, regular Community Development Planning Committee meeting minutes**  
Sponsor: Brandon Stevens, Vice-Chairman

### **B. LEGISLATIVE OPERATING COMMITTEE**

- 1. Accept the May 19, 2021, regular Legislative Operating Committee meeting minutes**  
Sponsor: David P. Jordan, Councilman
- 2. Adopt amendments to Community Support Fund Law rules #1-#18 – Community Support Fund (a.k.a Community Support Handbook)**  
Sponsor: David P. Jordan, Councilman

### **C. QUALITY OF LIFE COMMITTEE**

- 1. Accept the April 15, 2021, regular Quality of Life Committee meeting minutes**  
Sponsor: Marie Summers, Councilwoman

## **VII. NEW BUSINESS**

- A. Approve the Behavioral Health request to post one (1) grant funded Clinical Substance Abuse Counselor**  
Sponsor: Geraldine Danforth, Area Manager/Human Resources
- B. Approve the Behavioral Health request to post four (4) grant funded Psychotherapists**  
Sponsor: Geraldine Danforth, Area Manager/Human Resources
- C. Approve the Behavioral Health request to post two (2) grant funded Social Workers**  
Sponsor: Geraldine Danforth, Area Manager/Human Resources



- D. **Approve the Eco Services request to post one (1) grant funded Resource Conservationist Project Manager**  
Sponsor: Geraldine Danforth, Area Manager/Human Resources
- E. **Approve the Land Management request to post one (1) grant funded Project Manager**  
Sponsor: Geraldine Danforth, Area Manager/Human Resources
- F. **Approve the Land Management request to post one (1) grant funded Title Examiner**  
Sponsor: Geraldine Danforth, Area Manager/Human Resources
- G. **Review Public Health Officer recommendation regarding General Tribal Council meetings and determine next steps**  
Sponsor: Tehassi Hill, Chairman
- H. **Approve the Economic Support request to post three (3) LTE Community Support Case Workers**  
Sponsor: Mark W. Powless, General Manager
- I. **Direct the Law Office to draft to a legal opinion regarding mandatory vaccination options**  
Sponsor: Lisa Liggins, Secretary

## VIII. REPORTS

### A. OPERATIONAL

- 1. **Accept the Public Works Division FY-2021 2nd quarter report**  
Sponsor: Jacque Boyle, Division Director/Public Works

### B. CORPORATE BOARDS

- 1. **Accept the Bay Bancorporation Inc. FY-2021 2nd quarter report**  
Sponsor: Jeff Bowman, President/Bay Bank
- 2. **Accept the Oneida ESC Group, LLC FY-2021 2nd quarter report**  
Sponsor: John L. Breuninger, Chairman/Oneida ESC Group, LLC
- 3. **Accept the Oneida Airport Hotel Corporation FY-2021 2nd quarter report**  
Sponsor: Kathy Hughes, Chairwoman/Oneida Airport Hotel Corporation
- 4. **Oneida Golf Enterprise FY-2021 2nd quarter report (not submitted)**  
Sponsor: James Petitjean, Agent/Oneida Golf Enterprise

**IX. EXECUTIVE SESSION****A. REPORTS**

1. **Accept the April 2021 Treasurer's report (11:00 a.m.)**  
Sponsor: Tina Danforth, Treasurer
2. **Accept the Bay Bancorporation Inc. FY-2021 2nd quarter executive report (1:30 p.m.)**  
Sponsor: Jeff Bowman, President/Bay Bank
3. **Accept the Oneida ESC Group, LLC FY-2021 2nd quarter executive report (2:00 p.m.)**  
Sponsor: John L. Breuninger, Chairman/Oneida ESC Group, LLC

*The Oneida Business Committee will recess at 2:30 p.m. for 30 minutes.*

4. **Accept the Oneida Airport Hotel Corporation FY-2021 2nd quarter executive report (3:00 p.m.)**  
Sponsor: Kathy Hughes, Chairwoman/Oneida Airport Hotel Corporation
5. **Oneida Golf Enterprise FY-2021 2nd quarter executive report (not submitted)**  
Sponsor: James Petitjean, Agent/Oneida Golf Enterprise
6. **Accept the Chief Counsel report**  
Sponsor: Jo Anne House, Chief Counsel
7. **Joint Marketing 2nd quarter report (not submitted)**  
Sponsor: Lisa Liggins, Secretary

**B. AUDIT COMMITTEE**

1. **Accept the April 15, 2021, regular, Audit Committee meeting minutes**  
Sponsor: David P. Jordan, Councilman
2. **Accept the Bingo compliance audit and lift the confidentiality requirement**  
Sponsor: David P. Jordan, Councilman
3. **Accept the Gaming Promotions and Player Tracking Systems compliance audit and lift the confidentiality requirement**  
Sponsor: David P. Jordan, Councilman
4. **Accept the Blackjack Rules of Play compliance audit and lift the confidentiality requirement**  
Sponsor: David P. Jordan, Councilman
5. **Accept the Gaming-Profits performance assurance audit and lift the confidentiality requirement**  
Sponsor: David P. Jordan, Councilman

6. **Accept the Land Commission performance assurance audit and lift the confidentiality requirement**  
Sponsor: David P. Jordan, Councilman

**C. NEW BUSINESS**

1. **Approve one (1) new enrollment**  
Sponsor: Debbie Danforth, Chair/Trust Enrollment Committee
2. **Adopt resolution entitled Regarding Pardon of Dolores M. Denny**  
Sponsor: Lisa Liggins, Secretary
3. **Adopt resolution entitled Regarding Pardon of Rebecca L. Selwyn**  
Sponsor: Lisa Liggins, Secretary
4. **Review and determine next steps regarding 2021 Annual Project/Goal #3 for BCDR10**  
Sponsor: Melinda J. Danforth, Director/Intergovernmental Affairs
5. **Review BC Officer recommendations regarding NG-020-036-OIA and determine next steps**  
Sponsor: Lisa Liggins, Secretary
6. **Review recommendation regarding GMDR08 reporting structure and determine next steps**  
Sponsor: David P. Jordan, Councilman & Marie Summers, Councilwoman

**X. ADJOURN**

Posted on the Oneida Nation's official website, [www.oneida-nsn.gov](http://www.oneida-nsn.gov) pursuant to the Open Records and Open Meetings law (§ 107.14.)

The meeting packet of the open session materials for this meeting is available by going to the Oneida Nation's official website at: [oneida-nsn.gov/government/business-committee/agendas-packets/](http://oneida-nsn.gov/government/business-committee/agendas-packets/)

For information about this meeting, please call the Business Committee Support Office at (920) 869-4364 or (800) 236-2214

Pardon and Forgiveness Screening Committee - Sandra Skenadore

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**Business Committee Agenda Request****1. Meeting Date Requested:** 06/09/21**2. General Information:**Session: ☒ Open ☐ Executive – must qualify under §107.4-1.Justification: *Choose reason for Executive.***3. Supporting Documents:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bylaws                    | <input type="checkbox"/> Fiscal Impact Statement | <input type="checkbox"/> Presentation           |
| <input type="checkbox"/> Contract Document(s)      | <input type="checkbox"/> Law                     | <input type="checkbox"/> Report                 |
| <input checked="" type="checkbox"/> Correspondence | <input type="checkbox"/> Legal Review            | <input type="checkbox"/> Resolution             |
| <input type="checkbox"/> Draft GTC Notice          | <input type="checkbox"/> Minutes                 | <input type="checkbox"/> Rule (adoption packet) |
| <input type="checkbox"/> Draft GTC Packet          | <input type="checkbox"/> MOU/MOA                 | <input type="checkbox"/> Statement of Effect    |
| <input type="checkbox"/> E-poll results/back-up    | <input type="checkbox"/> Petition                | <input type="checkbox"/> Travel Documents       |
| <input type="checkbox"/> Other: <i>Describe</i>    |  |   |

**4. Budget Information:**


- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Budgeted                  | <input type="checkbox"/> Budgeted – Grant Funded | <input type="checkbox"/> Unbudgeted |
| <input checked="" type="checkbox"/> Not Applicable | <input type="checkbox"/> Other: <i>Describe</i>  |                                     |

**5. Submission:**Authorized Sponsor: Lisa Liggins, SecretaryPrimary Requestor: Brooke Doxtator, BCC SupervisorAdditional Requestor: (Name, Title/Entity)Additional Requestor: (Name, Title/Entity)Submitted By: BDOXTAT1



## Memorandum

TO: Oneida Business Committee

FROM: Brooke Doxtator, BCC Supervisor 

DATE: June 1, 2021

RE: Oath of Office – Pardon and Forgiveness Screening Committee

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### Background

On May 26, 2021 the Oneida Business Committee appointed Sandra Skenadore to the Pardon and Forgiveness Screening Committee.

**Oneida Business Committee Agenda Request**

Adopt resolution entitled Approval of Use of Economic Development, Diversification and Community...

**1. Meeting Date Requested:** 06 /     / 21**2. General Information:**Session: ☒ Open ☐ Executive - See instructions for the applicable laws, then choose one:Agenda Header: ☐ Accept as Information only☒ Action - please describe:**3. Supporting Materials**☐ Report ☒ Resolution ☐ Contract☒ Other:1. 3. 2. 4. ☐ Business Committee signature required**4. Budget Information**☒ Budgeted - Tribal Contribution ☐ Budgeted - Grant Funded ☐ Unbudgeted**5. Submission**Authorized Sponsor / Liaison: 

Primary Requestor/Submitter:

Additional Requestor:

Additional Requestor:

## Oneida Business Committee Agenda Request

### 6. Cover Memo:

Describe the purpose, background/history, and action requested:

This is a follow-up from agenda item VI(B) from the May 26, 2021 Oneida Business Committee meeting. The resolution was directed to be revised to include specific uses of the funds by percentage and clarification of the responsible parties for fund use authorization. The corrected resolution was directed to be placed on the next Oneida Business Committee meeting agenda if the corrections could not be completed before the end of the May 26, 2021 meeting.

As a result of adoption of resolution # BC-05-26-2021-\_\_\_, "Economic Development, Diversification and Community Development Fund - Updating Review and Recommendation Responsibilities", this resolution requires a joint recommendation from the Review Team made up of the Business Analyst, Budget Analyst and Strategic Planner. A memo was sent on May 27, 2021 to all the Business Analyst and Budget Analyst requesting the joint recommendation to be submitted for the June 9, 2021 Oneida Business Committee meeting. The Strategic Planner had not yet started when the memo was sent. The memo requested the Strategic Planner be included in the joint recommendation if available before the June 9th meeting date.

As a result of the revisions made to the resolution a revised Statement of Effect has been requested.

1) Save a copy of this form for your records.

2) Print this form as a \*.pdf OR print and scan this form in as \*.pdf.

3) E-mail this form and all supporting materials in a **SINGLE** \*.pdf file to: BC\_Agenda\_Requests@oneidanation.org

Jo Anne House, PhD | Chief Counsel  
James R. Bittorf | Deputy Chief Counsel  
Kelly M. McAndrews | Senior Staff Attorney

Carl J. Artman  
Krystal L. John  
Peggy A. Schneider  
Lydia M. Witte

Law Office



## MEMORANDUM

**TO:** Justin Nishimoto, Business Analyst  
Rae Skenandore, Budget Analyst

**FROM:** Jo Anne House, Chief Counsel

**DATE:** May 27, 2021

**SUBJECT:** Review Team Recommendation Request - Setting Goals for Application of Funding from the American Rescue Plan Act of 2021

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The Oneida Business Committee directed the proposed resolution transferring \$2.4 million from the Economic Development, Diversification and Community Development Fund to the Land Commission to be brought back to its June 9, 2021 agenda for consideration. The resolution proposes transfer of funds for three purposes:

- (a) to support the implementation of the Homeownership by Independent Purchase (HIP) and Tribal Housing Reacquisition of Individual Fee and Trust Title (THRIFTT) programs, both of which permit the Nation to buy the land the improvements sit upon in exchange for a residential lease with the homeowner (50% of the \$2.4 Million);
- (b) for acquiring a landlocked parcel (20% of the \$2.4 Million); and
- (c) for the repairs and improvements needed to get the current residential sale inventory ready for sale and to support demolition of buildings determined to be uninhabitable (30% of the \$2.4 Million).

At the May 26, 2021 meeting, the Oneida Business Committee also adopted resolution # BC-05-26-21-\_\_\_, *Economic Development, Diversification and Community Development Fund – Updating Review and Recommendation Responsibilities*. This resolution contained the following language.

**WHEREAS,** the Oneida Business Committee created the Economic Development and Community Development Fund (EDD&CD Fund) in 2016 to hold returns on investment in specific corporate entities created by the Oneida Nation; and

**WHEREAS,** the EDD&CD Fund holds returns on investment received by the Oneida Nation from Oneida ESC Group and BayBank Corporation; and

**WHEREAS,** resolution # BC-01-23-19-C updated the EDD&CD Fund processes to access the fund which requires a review and recommendation regarding any requests by the Community and Economic Development Division Director; and



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**WHEREAS,** since creation of the EDD&CDS Fund, the Oneida Nation has undergone re-organization such that a more appropriate review and recommendation should come from the Business Analyst, Job # 03029; and

**NOW THEREFORE BE IT RESOLVED,** that “Community and Economic Development Division Director” is replaced with “Review Team” in every place it occurs in resolution # BC-01-23-19-C. The Review Team shall be made up of the Strategic Planner, job description # 03106, the Business Analyst, job description # 03029, and the Budget Analyst, job description # 03103 who shall provide a joint recommendation.

The transfer from the Economic Diversification, Development and Community Development Fund requires a joint recommendation from the Review Team. The Strategic Planner is not yet brought on board, however, is expected to begin prior to the June 9<sup>th</sup> Oneida Business Committee meeting. I leave it to your discretion to include this individual in your joint recommendation if time allows.

As requested by the Oneida Business Committee, please have a joint recommendation available at the June 9, 2021 Oneida Business Committee meeting. Because of the need for a quick response, you may want to contact Chad Wilson, Spec-Senior Information Management to request additional time to complete this Oneida Business Committee directive.

If you have any questions about the resolution or its intent, please contact Pat Pelky, Division Director.



## ***MEMORANDUM***

**To:** Oneida Business Committee  
**From:** Economic Development, Diversification and Community Development Fund Review Team  
Rae Skenandore, Budget Analyst  
Justin Nishimoto, Business Analyst  
**cc:** Mark Powless, General Manager  
Pat Pelky, EHS&L Director  
**Date:** June 2, 2021  
**Re:** Resolution #BC-05-26-21-\_\_\_ Economic Development, Diversification and Community Development Fund –Updating Review and Recommendation Responsibilities.

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This memo is in response to Resolution #BC-05-26-21-\_\_\_ Economic Development, Diversification and Community Development Fund –Updating Review and Recommendation Responsibilities delegating a review team made up of the Strategic Planner, job description #03106, the Business Analyst, job description # 03029, and the Budget Analyst, job description #03103 to provide a joint recommendation on the use of the Economic Development, Diversification and Community Development Fund. Only two members listed in the above resolution were available to develop this recommendation.

The Oneida Land Commission and the Oneida Business Committee staff presented recommendations for use of the remaining \$2.4 million in land acquisition funds deriving from the Economic Development, Diversification and Community Development Fund budgeted for fiscal year 2021. This included funding to support the implementation of the Homeownership by Independent Purchase (HIP) and Tribal Housing Reacquisition of Individual Fee and Trust Title (THRIFTT) programs, acquiring a landlocked parcel, and for repairs and improvements needed to get the current residential sale inventory ready for sale and to support demolition of buildings determined to be uninhabitable.

The resolution identifies the following:

- a) 50% of the total \$2.4 or \$1.2 million for the Homeownership by Independent Purchase (HIP) and Tribal Housing Reacquisition of Individual Fee and Trust Title (THRIFTT) programs.
- b) acquiring a landlocked parcel for 20% of the \$2.4 Million, or \$480,000.

- c) for the repairs and improvements needed to get the current residential sale inventory ready for sale and to support demolition of buildings determined to be uninhabitable for 30% of the \$2.4 Million, or \$720,000.

A review of the information provided reveals the following:

- a) The HIP program is a proven and very successful program implemented through Bay Bank utilizing the U.S. Department of Housing and Urban Development Section 184 Indian Home Loan Guarantee Program. Title 6. Property and Land – Chapter 601 REAL PROPERTY Rule # 1 – Homeownership by Independent Purchase (HIP) identifies the Purpose and Policy, Adoption and Authority, Definitions, General, Eligible Buyers, Eligible Properties, and Required Process.
- b) Beyond the language in the resolution that states Tribal Housing Reacquisition of Individual Fee and Trust Title (THRIFTT) program permits the Nation to buy the land that improvements sit upon in exchange for a residential lease with the homeowner, there is no information available or provided on the purpose and policy of a THRIFTT Program.
- c) The resolution states \$480,000 has been identified for acquiring a land locked parcel. The review team is assuming that this is a misstatement and the purpose is to acquire a parcel which would then provide legal access to a land locked parcel. The team could also assume that one or both parcels would then be offered for HBO sites. However, this information has not been provided. There is no intended use beyond the assumed intent to unlock a land locked parcel. There is also no indication if the \$480,000 is sufficient for the acquisition of this parcel or what the process is for returning any remaining funds or requesting additional funds if the identified \$480,000 is not sufficient.
- d) The list of Oneida Residential Properties Needed Repairs/Demolition was presented to the review team as part of the resolution information. The list only identifies three homes in need of \$162,417 in repairs & remodeling. \$557,583 remains to address unidentified costs of demo's and repairs with the future use of the parcels listed as undetermined.
- e) If the site is not appropriate for residential development, no other uses have been identified. More specifically, is there a LUTU (Land Use Technical Unit) review available on the properties?
- f) There is no indication of what will be done with the proceeds from the sale of repaired and remodeled homes.
- g) There is no indication if the two scheduled demos are included in the 2021 budget or if these are additional demos.

The 2014 Comprehensive Plan was created as a resource to provide guidance to Tribal leaders, departments, and members. The Plan is a framework for making daily and long-term decisions pertaining to the Oneida Community. Goals and objectives were identified and tracked relating to the following Planning Elements:

- Health Care
- Public Safety
- Education
- Government Coordination and Regulations
- Housing

- Economic Development
- Community Design
- Agriculture
- Parks and Recreation
- Natural Resources
- Utilities
- Environmental Protection
- Community Facilities
- Cultural Resources
- Transportation
- Land Policy

Most of these Plan Elements would be considered Economic Development, Diversification and Community Development that provide goals that would fit within the assumed definition of projects of initiatives available for the use of this fund and therefore the review team utilized this document as a framework. For example, the primary goal of the Tribal Housing Entities is to provide multiple and affordable housing options for the citizens of our community.

The following joint recommendation were developed based on and utilizing the approved Comprehensive Plan as a framework and the information provided to the team.

- a) To approve \$1.2 million for the HIP program.
- b) To approve \$162,417 for home remodel and repairs to offer the homes for sale to the membership.
- c) All proceeds for home sales to be utilized only for housing repair, remodel, or demolition specifically to housing offerings for the membership.
- d) All other funds be held within the Economic Development, Diversification, and Community Development Fund until a specific program is developed, costs, and intended use of parcels can be specified to fit within the intended use of the funding.

# Oneida Nation

Post Office Box 365

Phone: (920)869-2214



Oneida, WI 54155

## BC Resolution #

### Approval of Use of Economic Development, Diversification and Community Development Fund for Transfer of \$2.4 Million to the Oneida Land Commission

**WHEREAS,** the Oneida Nation is a federally recognized Indian government and a treaty tribe recognized by the laws of the United States of America; and

**WHEREAS,** the Oneida General Tribal Council is the governing body of the Oneida Nation; and

**WHEREAS,** the Oneida Business Committee has been delegated the authority of Article IV, Section 1, of the Oneida Tribal Constitution by the Oneida General Tribal Council; and

**WHEREAS,** the Economic Development, Diversification and Community Development Fund was created by resolutions # BC-09-28-16-B, BC-07-12-17-A, and BC-01-23-19-D and the procedures for use of the fund set forth in resolution # BC-12-12-18-B and BC-01-23-19-C, *Updating and Clarifying Access to the Economic Development, Diversification and Community Development Fund As Amended*; and

**WHEREAS,** the Oneida Land Commission is responsible for evaluating and deciding on the acquisition of land on behalf of the Oneida Nation; and

**WHEREAS,** upon request from the Oneida Land Commission and the Oneida Business Committee staff presented recommendations for use of the remaining approximate \$2.4 million in land acquisition funds deriving from the Economic Development, Diversification and Community Development Fund budgeted for fiscal year 2021, which include funding to support the implementation of the Homeownership by Independent Purchase (HIP) and Tribal Housing Reacquisition of Individual Fee and Trust Title (THRIFTT) programs, acquiring a landlocked parcel, and for repairs and improvements needed to get the current residential sale inventory ready for sale and to support demolition of buildings determined to be uninhabitable; and

**WHEREAS,** the recommendation from staff were supported by the Oneida Land Commission at the April 26, 2021 Oneida Land Commission meeting; and

**WHEREAS,** the funding for land acquisition for Fiscal Year 2021 is identified as deriving from the Economic Development, Diversification and Community Development Fund; and

**WHEREAS,** utilizing the Economic Development, Diversification and Community Development Fund to as outlined above is supporting a "community project which nurture and sustain Oneida families" by ensuring housing is available and unsafe structures are demolished; and

**NOW THEREFORE BE IT RESOLVED**, the Oneida Business Committee does approve the allocation of \$2.4 million from the Economic Development, Diversification and Community Development Fund for the purposes of supporting the housing resources by transferring funding for the purposes of –

- (a) to support the implementation of the Homeownership by Independent Purchase (HIP) and Tribal Housing Reacquisition of Individual Fee and Trust Title (THRIFTT) programs, both of which permit the Nation to buy the land the improvements sit upon in exchange for a residential lease with the homeowner (50% of the \$2.4 Million);
  - (b) for acquiring a landlocked parcel (20% of the \$2.4 Million);
  - (c) for the repairs and improvements needed to get the current residential sale inventory ready for sale and to support demolition of buildings determined to be uninhabitable (30% of the \$2.4 Million); and
- identifies the Oneida Land Commission as the responsible party for authorization of expenditure of these funds.

**BE IT FINALLY RESOLVED**, that the Comprehensive Housing Division and the Land Management Department shall report to the Oneida Business Committee the status of the funds at the close of fiscal year 2021; any funds not spent by the close fiscal year 2021 shall roll over into the fiscal year 2022 Land Acquisition Fund, provided that such funds must be allocated in accordance with this resolution.

## List of Oneida Residential Properties Needed Repairs/Demolition

	Property	Status
	<b>Properties Managed by CHD</b>	
1	W882 Bain Road	Approximately \$36,467 in repairs needed (\$1,475 required by home inspection and \$35,000 for remodeling)
2	2860 West Mason	Approximately \$78,450 in repairs needed (\$28,450 required by home inspection and \$50,000 for remodeling)
3	W788 Country Road VV	Approximately \$47,500 in repairs needed (\$10,500 required by home inspection and \$37,000 for remodeling)
4	W386 Crook Road	Acquired through foreclosure 8/11/2020 and not been assessed by CHD yet
5	2458 County Road EE	Demolition recommended by Team
6	1156 Riverdale Drive	Demolition recommended by Team
7	1160 Riverdale Drive	Demolition recommended by Team
8	3140 Jonas Circle	Demolition recommended by Team
9	1329 Onu-U-Sla Way	Acquired through lease enforcement 3/12/2021 – plans to rehab using HUD funds and offer as a rental or rent-to-own
10	602 Florist Drive	Acquired through lease enforcement 4/9/2021 – potential to sell to a family member to keep the plot in the family
	<b>Properties Managed by Land Management</b>	
11	N6522 County Road E	LC approved demolition on 10-1-2020 as a priority
12	1200 Orlando	Scheduled for CIP Demos
13	894 Riverdale	Intended use may not be residential, if use cannot be determined will be scheduled for CIP demo
14	1071 Riverdale	Scheduled for CIP Demos
15	223 Crook Road	Land Management wants to transfer to CHD, CHD does not want to accept transfer because no funds to repair – home inspection showed \$22,000 in needed repairs and would require extensive updates to bring to a selling standard.
16	431 Hillcrest	\$26,500 in repairs required by home inspection and additional updates to be assessed – intended use may <b>not</b> be residential
17	N7890 Cooper Road	Should be demolished
18	W132 Service Road	Was the old post office – use is not yet determined
19	4045 Hillcrest	In Hobart waiting on legal from court case
20	2310 S. Overland	Log home – intended use it not decided, may <b>not</b> be residential
21	3757 Hillcrest Dr	Former language house – future use is not yet determined, may <b>not</b> be residential





**Oneida Nation**  
 Oneida Business Committee  
 Legislative Operating Committee  
 PO Box 365 • Oneida, WI 54155-0365  
[Oneida-nsn.gov](http://Oneida-nsn.gov)



### **Statement of Effect**

*Approval of Use of Economic Development, Diversification and Community Development Fund for Transfer of \$2.4 Million to the Oneida Land Commission*

### **Summary**

The resolution approves an allocation of two million and four hundred thousand dollars (\$2,400,000) from the Fund for the purposes of supporting the housing resources by having funding available to support the implementation of the Homeownership by Independent Purchase (HIP) and Tribal Housing Reacquisition of Individual Fee and Trust Title (THRIFTT) programs, acquire a landlocked parcel, and conduct repairs and improvements needed to get the current residential sale inventory ready for sale and to support demolition of buildings determined to be uninhabitable.

*Submitted by: Clorissa N. Santiago, Senior Staff Attorney, Legislative Reference Office*  
*Date: June 3, 2021*

### **Analysis by the Legislative Reference Office**

The Oneida Business Committee has adopted resolutions which set aside funds disbursed from corporations to the Nation in an Economic Development, Diversification and Community Development fund (“the Fund”) and describes the process for accessing those funds. [Resolutions BC-09-28-16-B, BC-07-12-17-A, BC-12-12-18-B, BC-01-23-19-C, BC-01-23-19-D, and BC-05-26-21-B]. When a request to utilize monies from the Fund is received, the Review Team, comprised of the Strategic Planner, Business Analyst and the Budget Analyst, review the request for use of the Fund and determines if the proposed use is consistent with the Fund. The Review Team is then required to provide a written recommendation to the Oneida Business Committee regarding whether to authorize the allocation from the Fund to a specific project identified by a contract number, CIP number, economic development opportunity number or other easily trackable number or designation. The Oneida Business Committee is then responsible for authorizing use of the Fund by a resolution clearly identifying the amount of funds authorized and purpose of the funds, which may be identified by a contract number, CIP number, economic development opportunity number or other easily trackable number or designation, and the employee responsible for authorizing expenditures of the authorized amount.

A recommendation for this request for use of the Fund has been requested from the Review Team. Through the adoption of this resolution the Oneida Business Committee would be approving an allocation of two million and four hundred thousand dollars (\$2,400,000) from the Fund for the purposes of supporting the housing resources by transferring funding for the purposes of:

- supporting the implementation of the Homeownership by Independent Purchase (HIP) and Tribal Housing Reacquisition of Individual Fee and Trust Title (THRIFTT) programs, both of which permit the Nation to buy the land the improvements sit upon in exchange for a residential lease with the homeowner (50% of the \$2.4 Million);



- acquiring a landlocked parcel (20% of the \$2.4 Million); and
- conducting repairs and improvements needed to get the current residential sale inventory ready for sale and to support demolition of buildings determined to be uninhabitable (30% of the \$2.4 Million).

This resolution provides that utilizing the Fund for land acquisition supports a “*community project which nurture and sustain Oneida families*” by ensuring housing is available and unsafe structures are demolished. The Oneida Land Commission is identified as the responsible party for the expenditure of these funds.

This resolution also directs that the Comprehensive Housing Division and the Land Management Department report to the Oneida Business Committee on the status of the funds at the close of Fiscal Year 2021, and that any funds not spent by the close Fiscal Year 2021 shall roll over into the Fiscal Year 2022 Land Acquisition Fund, provided that such funds must be allocated in accordance with this resolution.

### ***Conclusion***

Upon recommendation from the Review Team that the requested use of two million and four hundred thousand dollars (\$2,400,000) for the purposes of supporting the housing resources is consistent with the purpose of the Fund, adoption of this resolution would not conflict with any of the Nation’s laws.

**Oneida Business Committee Agenda Request**

Adopt resolution entitled Setting Goals for Application of Funding from the American Rescue Plan Act of...

**1. Meeting Date Requested:** 06 /     / 21**2. General Information:**Session: ☒ Open ☐ Executive - See instructions for the applicable laws, then choose one:Agenda Header: ☐ Accept as Information only☒ Action - please describe:**3. Supporting Materials**☐ Report ☒ Resolution ☐ Contract☒ Other:1. 3. 2. 4. ☐ Business Committee signature required**4. Budget Information**☐ Budgeted - Tribal Contribution ☐ Budgeted - Grant Funded ☐ Unbudgeted**5. Submission**Authorized Sponsor / Liaison: 

Primary Requestor/Submitter:

Additional Requestor:

Additional Requestor:

## Oneida Business Committee Agenda Request

### 6. Cover Memo:

Describe the purpose, background/history, and action requested:

This is a follow-up from agenda item VI(C) from the May 26, 2021 Oneida Business Committee meeting. The Oneida Business Committee, in a work session on May 25, 2021, met to finalize the original resolution presented when it was identified an alternative process would allow greater impact on how the federal funds would be used and a more efficient process for tracking use of the funds for auditing purposes.

As a result of that work session and information, the original resolution was deferred and amendments were directed to be presented at the June 9th Oneida Business Committee meeting. An e-mail was sent to Larry Barton, Chief Financial Officer, RaLinda Ninham-Lamberies, Assistance Chief Financial Officer, and Mark Powless, General Manager on May 27th which included the proposed resolution and spreadsheet to review and recommend edits by Thursday June 3rd. An e-mail was also sent to Oneida Business Committee members with the resolution and spreadsheet as information on the same day. Responses were received from Attorney Artman, CFO Barton and ACFO Ninham-Lamberies.

I have attached the first re-drafted resolution and the final edited re-drafted resolution as information. In addition, the spreadsheet referenced in the resolution is also attached. It will be necessary to finalize the percentages in each of the three Fiscal Year columns. Note, this can be updated for FY2022 and FY2023 if modifications are needed.

In summary, the Oneida Nation will utilize all ARPA FRF for lost revenue in each fiscal year. Although the funds are received up front in Fiscal Year 2021 and interest income will be assigned in the following two fiscal years. Overall, the funds are divided into thirds (with interest income added to the subsequent year) and allocated by percentages to one of eight different categories. The categories based on the Oneida Business Committee's Broad Goals adopted on May 26, 2021, with a substitution of "Direct Membership Assistance" for Health and Safety Goals. The Health and Safety Goals have significant independent ARPA funds already allocated. These categories have been reviewed and identified as fitting within the ARPA FRF application requirements.

Processes for utilization of the funds will require application and approval by resolution to ensure the percentages assigned to the categories are being met, can be tracked and reported to the membership. It may be necessary to take further action to identify the application process.

- 1) Save a copy of this form for your records.
- 2) Print this form as a \*.pdf OR print and scan this form in as \*.pdf.
- 3) E-mail this form and all supporting materials in a **SINGLE** \*.pdf file to: [BC\\_Agenda\\_Requests@oneidanation.org](mailto:BC_Agenda_Requests@oneidanation.org)

# Oneida Nation

Post Office Box 365

Phone: (920)869-2214



Oneida, WI 54155

## BC Resolution #

### Setting Goals for Application of Funding from the American Rescue Plan Act of 2021 to Direct Support to Individuals, Families, Community and the Oneida Nation

- WHEREAS,** the Oneida Nation is a federally recognized Indian government and a treaty tribe recognized by the laws of the United States of America; and
- WHEREAS,** the Oneida General Tribal Council is the governing body of the Oneida Nation; and
- WHEREAS,** the Oneida Business Committee has been delegated the authority of Article IV, Section 1, of the Oneida Tribal Constitution by the Oneida General Tribal Council; and
- WHEREAS,** the world has been impacted by the negative effects of the COVID-19 pandemic; and
- WHEREAS,** President Biden signed into law the American Rescue Plan Act of 2021 (*ARPA*) which provides direct financial assistance to tribal nations to assist in recovering from the health, financial and social impacts of this pandemic; and
- WHEREAS,** the Oneida Nation will receive three tranches of Federal Relief Funds (*ARPA FRF*) to be obligated for recovery activities by December 31, 2024; and
- WHEREAS,** the Oneida Business Committee has determined identifying the general purpose of the funding provides guidance to the Oneida Nation organization and awareness to the membership, of how these funds are being used to help the Oneida Nation; and
- WHEREAS,** the Oneida Business Committee adopted *Broad Goal Statements* at its May 26, 2021 regular meeting to provide guidance to the organization in programming and budgeting for the next three years; and
- WHEREAS,** the Oneida Business Committee believes the *Broad Goal Statements* will provide a sound basis for utilization of the ARPA FRF and that percentages of allocations assigned to each goal will help meet those individual, family, community and Nation needs to emerge stronger from this pandemic;
- WHEREAS,** the Oneida Business Committee, with advice and recommendation from the Finance Office, has determined that utilizing the ARPA FRF for the provision of government services to the extent of a reduction in the Oneida Nation's general revenue, calculated in accordance with 42 U.S.C 801 *et seq.* and 31 C.F.R. PART 35, will provide the best use of the funds;

## GENERAL APPLICATION OF ARPA FRF

BC Resolution # \_\_\_\_\_

**Setting Goals for Application of Funding from the American Rescue Plan Act of 2021 to Direct  
Support to Individuals, Families, Community and the Oneida Nation**  
Page 2 of 3

(R1) **NOW THEREFORE BE IT RESOLVED**, the Oneida Business Committee adopts the following general guidelines for use of the ARPA Section 9901 FRF which is set forth in the new 42 U.S.C. s. 801 *et seq.* (ARPA FRF).

1. to respond to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) or its negative economic impacts, including assistance to households, small businesses, and nonprofits, or aid to impacted industries such as tourism, travel, and hospitality;
2. to respond to workers performing essential work during the COVID-19 public health emergency by providing premium pay to eligible workers of the Oneida Nation performing such essential work; for the provision of government services to the extent of the reduction in the revenue of Oneida Nation prior to the emergency; or
4. to make necessary investments in water, sewer, or broadband infrastructure.

(R2) **BE IT FURTHER RESOLVED**, the Oneida Business Committee directs that ARPA FRF shall be primarily allocated to section 3, "for the provision of government services to the extent of the reduction in the revenue of Oneida Nation prior to the emergency."

**RESPONSIBLE PARTIES FOR ARPA FRF CALCULATIONS AND APPLICATION**

(R3) **BE IT FURTHER RESOLVED**, the Oneida Business Committee directs the following actions regarding ARPA FRF.

1. The Finance Office shall be responsible for calculating the value of lost revenue under ARPA FRF and obtaining a legal opinion from the Law Office regarding the use and allocations of lost revenue.
2. Upon calculation of the value of lost revenue, the Finance Office shall take such steps to identify application of lost revenue within the current year (FY2021) or future draft budgets (FY2022 and FY2023) to the greatest extent possible.
3. All lost revenue application shall be placed in the Investment Report in a line titled "ARPA FRF LR".
4. ARPA FRF shall have pro rata share of interest income assigned each year to the remainder of the fund balance.
5. The Finance Office shall report annually to the Oneida Business Committee regarding the value of the fund, interest income, and the obligation to projects approved to be funded in a manner that confirms the funds are being allocated as identified in Resolve # 4.
6. The Finance Office shall report to the Oneida Business Committee concluding reports on two occasions – within 30 days of when the deadline for approval of projects and obligation of funding has passed and within 30 days of when the deadline for expenditure of funding has passed.

**ALLOCATION OF PERCENTAGE APPLICATION OF ARPA FRF EACH FISCAL YEAR**

(R4) **BE IT FURTHER RESOLVED**, the Oneida Business Committee sets the following use and purpose of the ARPA FRF as guidance over the next three years in providing services; creating individual opportunities to increase health, living and economic standards; and, building or developing infrastructure to strengthen the Oneida Nation as set forth in the attached spreadsheet which may be amended from time to time by the Oneida Business Committee to clarify application or meet emerging needs.

**APPLICATION FOR USE OF ARPA FRF**

(R5) **BE IT FURTHER RESOLVED**, the Oneida Business Committee directs an Oneida Nation ARPA FRF Program office (FRF Program Office) be created within the Accounting Department which is responsible for the following tasks.

1. Identifying a tracking system that requires all projects to have a project title and an identifier number for tracking which shall be placed on the application after received and be placed on all contracts,

BC Resolution # \_\_\_\_\_

**Setting Goals for Application of Funding from the American Rescue Plan Act of 2021 to Direct  
Support to Individuals, Families, Community and the Oneida Nation**  
Page 3 of 3

purchase orders, invoices, and other documentation and included in all on-line documents, files, and related information. A “project” in the Oneida Nation ARPA FRF Program means any application presented for the use of FRF with a tracking number and project title.

2. Developing accounting processes to manage funding and expenditures attributed to approved projects with the Project Owner.
3. Develop an on-line system for accepting project applications and related documentation with the assistance of appropriate departments.
4. Develop and draft minimum Standard Operating Procedure(s) meeting regulatory requirements.
5. Develop and submit reporting to federal agency regarding FRF.

(R6) **BE IT FURTHER RESOLVED**, the Oneida Business Committee adopts the following project approval process which shall be supplemented with needed Standard Operating Procedures approved by the FRF Program Office.

1. Applications are reviewed by the FRF Program Office for compliance with the allocation of percentages set forth in *Resolve #4, Allocation Of Percentage Application Of ARPA FRF Each Fiscal Year*, and completeness of information provided, and, if necessary approved by the Review Team for compliance with the four broad categories.
2. The FRF Program Office places the project on the Oneida Business Committee agenda for approval, denial, or returned to project owner with suggested amendments.
3. Expenditures under approved projects, which shall be treated as budgeted projects, shall be authorized by the Project Owner in accordance with approved expenditure sign-off levels as identified in the Sign-Off Authority form developed for each budget cycle.
4. The project owner shall provide monthly reporting to the Oneida Business Committee on project status and a final project report identifying, at minimum – total cost and both tangible and intangible benefits to the Oneida Business Committee work session.

**APPROVAL FOR APPLICATION OF ALL OTHER ARPA FUNDS**

(R7) **BE IT FINALLY RESOLVED**, all funds allocated under ARPA that are not included in ARPA FRF shall be presented to the Oneida Business Committee for approval by resolution and managed through the Grants Office, or when deriving from a self-governance contract through the Self-Governance Office.

# Oneida Nation

Post Office Box 365

Phone: (920)869-2214



Oneida, WI 54155

## BC Resolution # Leave this line blank

### Setting Goals for Application of Funding from the American Rescue Plan Act of 2021 to Direct Support to Individuals, Families, Community and the Oneida Nation

- 1  
2  
3  
4 **WHEREAS,** the Oneida Nation is a federally recognized Indian government and a treaty tribe  
5 recognized by the laws of the United States of America; and  
6  
7 **WHEREAS,** the Oneida General Tribal Council is the governing body of the Oneida Nation; and  
8  
9 **WHEREAS,** the Oneida Business Committee has been delegated the authority of Article IV, Section 1,  
10 of the Oneida Tribal Constitution by the Oneida General Tribal Council; and  
11  
12 **WHEREAS,** the world has been impacted by the negative effects of the COVID-19 pandemic; and  
13  
14 **WHEREAS,** President Biden ~~has~~ signed into law the American Rescue Plan Act of 2021 (ARPA) which  
15 provides direct financial assistance to tribal nations to assist in recovering from the health,  
16 financial and social impacts of this pandemic; and  
17  
18 **WHEREAS,** ~~there are three groups the Oneida Nation will receive three tranches~~ of Federal Relief  
19 Funds (ARPA FRF) ~~that will be received by the Oneida Nation to be obligated~~ for recovery  
20 ~~projects activities over the next three years by December 31, 2024;~~ and  
21  
22 ~~**WHEREAS,** the Oneida Business Committee has adopted resolution # BC-05-26-2021, Process for~~  
23 ~~Authorization and Use of the American Rescue Plan Act of 2021 Federal Relief Funds,~~  
24 ~~which is intended to approve, track and report on the use of ARPA FRF; and~~  
25  
26 **WHEREAS,** the Oneida Business Committee has ~~also~~ determined ~~that~~ identifying the general purpose  
27 of the funding ~~will provide~~ guidance to the Oneida Nation organization and awareness to  
28 the membership, of how these funds are being used to help the Oneida Nation ~~and all of~~  
29 ~~us emerge stronger from this pandemic;~~ and  
30  
31 **WHEREAS,** the Oneida Business Committee ~~has~~ adopted *Broad Goal Statements* at its May 26, 2021  
32 regular meeting which are intended to provide guidance to the organization in programming  
33 and budgeting for the next three years; and  
34  
35 **WHEREAS,** the Oneida Business Committee believes the *Broad Goal Statements* will provide a sound  
36 basis for utilization of the ARPA FRF and that percentages of allocations assigned to each  
37 goal will help meet those individual, family, community and Nation needs to emerge  
38 stronger from this pandemic;  
39  
40 **WHEREAS,** the Oneida Business Committee, with advice and recommendation from the Finance  
41 Office, has determined that utilizing the ARPA FRF for Replacement Revenue lost revenue  
42 to funding government operations will provide the best use of the funds ~~and allow the~~  
43 ~~Oneida Business Committee a greater opportunity to allocation available Tribal~~



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Setting Goals for Application of Funding from the American Rescue Plan Act of 2021 to Direct Support to Individuals,  
Families, Community and the Oneida Nation  
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~~Contribution Replacement Funds to meet direct membership needs, infrastructure development such as apartments, food production facilities, water/sewer lines, as examples;~~

**GENERAL APPLICATION OF ARPA FRF**

(R1) **NOW THEREFORE BE IT RESOLVED**, the Oneida Business Committee adopts the following general guidelines for use of the ARPA Section 9901 FRF which is set forth in the new 42 U.S.C. s. 602 (ARPA FRF).

1. to respond to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) or its negative economic impacts, including assistance to households, small businesses, and nonprofits, or aid to impacted industries such as tourism, travel, and hospitality;
2. to respond to workers performing essential work during the COVID-19 public health emergency by providing premium pay to eligible workers of the Oneida Nation performing such essential work;
- ~~3.~~ for the provision of government services to the extent of the reduction in the revenue of Oneida Nation prior to the emergency; or
4. to make necessary investments in water, sewer, or broadband infrastructure.

(R2) **BE IT FURTHER RESOLVED**, the Oneida Business Committee directs that ARPA FRF shall be primarily allocated to section 3, "for the provision of government services to the extent of the reduction in the revenue of Oneida Nation prior to the emergency."

**RESPONSIBLE PARTIES FOR REPLACEMENT REVENUE CALCULATIONS AND APPLICATION**

(R3) **BE IT FURTHER RESOLVED**, the Oneida Business Committee directs the following actions regarding ARPA FRF.

1. The Finance Office shall be responsible for calculating the value of ~~replacement revenue~~~~lost revenue~~ under ARPA FRF and obtaining a legal opinion from the Law Office regarding the use and allocations of ~~replacement revenue~~~~lost revenue~~.
2. Upon calculation of the value of ~~replacement revenue~~~~lost revenue~~, the Finance Office shall take such steps to identify application of ~~replacement revenue~~~~lost revenue~~ within the current year (FY2021) or future draft budgets (FY2022 and FY2023) to the greatest extent possible.
3. ~~All replacement revenue application shall have such Tribal Contribution dollars transferred to the Owners Report under a line titled "Tribal Contribution Replacement Fund" and the Finance Office shall develop a memorandum opinion which identifies the applicable regulations and agency FAQs regarding revenue replacement funds and outlines the broad parameters regarding how the Tribal Contribution Replacement funds may be used in accordance with ARPA to provide guidance to any programming requests. All lost revenue application shall be placed in the Investment Report in a line titled "ARPA FRF LR".~~
4. Tribal Contribution Replacement Funds shall have pro rata share of interest income assigned each year to the remainder of the fund balance.
5. The Finance Office shall report annually to the Oneida Business Committee regarding the value of the fund, interest income, and the obligation to projects approved to be funded in a manner that confirms the funds are being allocated as identified in Resolve # 4.
6. The Finance Office shall report to the Oneida Business Committee concluding reports on two occasions – within 30 days of when the deadline for approval of projects and obligation of funding has passed and within 30 days of when the deadline for expenditure of funding has passed.

**ALLOCATION OF PERCENTAGE APPLICATION OF TRIBAL CONTRIBUTION REPLACEMENT FUNDS EACH FISCAL YEAR**



(R4) **BE IT FURTHER RESOLVED**, the Oneida Business Committee sets the following use and purpose of the Tribal Contribution Replacement Funds as guidance over the next three years in providing services; creating individual opportunities to increase health, living and economic standards; and, building or developing infrastructure to strengthen the Oneida Nation as set forth in the attached spreadsheet which may be amended from time to time by the Oneida Business Committee to clarify application or meet emerging needs.

#### **APPLICATION FOR USE OF TRIBAL CONTRIBUTION REPLACEMENT FUNDS**

(R5) **BE IT FURTHER RESOLVED**, the Oneida Business Committee directs an Oneida Nation ARPA FRF Program office (FRF Program Office) be created within the Accounting Department which is responsible for the following tasks.

1. Identifying a tracking system that requires all projects to have a project title and an identifier number for tracking which shall be placed on the application after received and be placed on all contracts, purchase orders, invoices, and other documentation and included in all on-line documents, files, and related information. A "project" in the Oneida Nation ARPA FRF Program means any application presented for the use of FRF with a tracking number and project title.
2. Developing accounting processes to manage funding and expenditures attributed to approved projects with the Project Owner.
3. Develop an on-line system for accepting project applications and related documentation with the assistance of appropriate departments.
- ~~4. Develop an on-line accessible library containing all applications, monthly reports, and final reports with the assistance of appropriate departments.~~
- ~~5. Develop and draft minimum Standard Operating Procedure(s) meeting regulatory requirements.) regarding:~~
  - ~~a. Describes tracking identifier system and project title tracking system.~~
  - ~~b. Project application requirements which includes the minimum requirements of an identified owner, description of purpose within the allocation percentages listed in Resolve # 4, time frame for project start and completion, expected project costs, and expected project benefits.~~
  - ~~c. Documentation requirements, for example invoices, purchase orders, and contracts.~~
  - ~~d. Accounting systems business unit development to track funding use within projects and across projects.~~
  - ~~e. Process for review of applications, including identifying a Review Team made up of a minimum of FRF Program Office staff to present the application, a representative from the Finance Office, the direct report to the Oneida Business Committee under which the application will be conducted (i.e. General Manager, Gaming General Manager, Retail General Manager, non-divisional, etc.), and the Attorney assigned by Chief Counsel. Alternates in the event of a conflict of interest shall be identified by the FRF Program Office staff.~~
  - ~~f.a. Monthly reporting to the Oneida Business Committee by the FRF Program Office on approved projects, applications and remaining FRF balance.~~
- ~~6.4. Develop and submit reporting to federal agency regarding FRF.~~

(R6) **BE IT FURTHER RESOLVED**, the Oneida Business Committee adopts the following project approval process which shall be supplemented with needed Standard Operating Procedures approved by the FRF Program Office.

1. Applications are reviewed by the FRF Program Office for compliance with the allocation of percentages set forth in Resolve #4, *Allocation Of Percentage Application Of Tribal Contribution Replacement Funds Each Fiscal Year*, and completeness of information provided, and, if necessary approved by the Review Team for compliance with the four broad categories.

BC Resolution # \_\_\_\_\_

Setting Goals for Application of Funding from the American Rescue Plan Act of 2021 to Direct Support to Individuals,  
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Page 4 of 4

2. The FRF Program Office places the project on the Oneida Business Committee agenda for approval, denial, or returned to project owner with suggested amendments.
3. Expenditures under approved projects, which shall be treated as budgeted projects, shall be authorized by the Project Owner in accordance with approved expenditure sign-off levels as identified in the Sign-Off Authority form developed for each budget cycle~~for budgeted activities~~.
4. The project owner shall provide monthly reporting to the Oneida Business Committee on project status and a final project report identifying, at minimum – total cost and both tangible and intangible benefits to the Oneida Business Committee work session.

**APPROVAL FOR APPLICATION OF ALL OTHER ARPA FUNDS**

(R7) **BE IT FINALLY RESOLVED**, all ~~applications for~~ funds allocated ~~for specific programming~~ under ARPA that are not included in ARPA FRF shall be presented to the Oneida Business Committee for approval by resolution and managed through the Grants Office, or when deriving from a self-governance contract through the Self-Governance Office.

RaLinda Ninham Lamberies recommendations.

Carl Artman recommendations.

Larry Barton – no recommended changes.



Oneida Nation  
Oneida Business Committee  
Legislative Operating Committee  
PO Box 365 • Oneida, WI 54155-0365  
[Oneida-nsn.gov](http://Oneida-nsn.gov)



### **Statement of Effect**

*Setting Goals for Application of Funding from the American Rescue Plan Act of 2021 to Direct Support to Individuals, Families, Community and the Oneida Nation*

### **Summary**

The resolution sets forth a process for the authorization and use of the American Rescue Plan Act of 2021 Federal Relief Funds.

*Submitted by: Clorissa N. Santiago, Senior Staff Attorney, Legislative Reference Office*  
*Date: June 4, 2021*

### **Analysis by the Legislative Reference Office**

The Oneida Nation and its members have been severely impacted by the COVID-19 pandemic. The United States government has developed and adopted the American Rescue Plan Act of 2021 (ARPA) which provides direct financial assistance to tribal nations to assist in recovering from the health, financial, and social impacts of this pandemic. The Oneida Nation will receive three (3) tranches of Federal Relief Funds (ARPA FRF) to be obligated for recovery activities by December 31, 2024. This resolution provides that the Oneida Business Committee determined identifying the general purpose of the funding provides guidance to the Oneida Nation organization and awareness to the membership, of how these funds are being used to help the Nation.

On May 26, 2021, the Oneida Business Committee adopted *Broad Goal Statements* to provide guidance to the organization in programming and budgeting for the next three (3) years. The Oneida Business Committee believes the *Broad Goal Statements* will provide a sound basis for utilization of the ARPA FRF and that percentages of allocations assigned to each goal will help meet those individual, family, community, and Nation needs to emerge stronger from this pandemic. The Oneida Business Committee, with advice and recommendation from the Finance Office, has determined that utilizing the ARPA FRF for the provision of government services to the extent of a reduction in the Oneida Nation's general revenue, calculated in accordance with 42 U.S.C 801 et seq. and 31 C.F.R. PART 35, will provide the best use of the funds.

Through the adoption of this resolution the Oneida Business Committee adopts general application guidelines for use of the ARPA FRF and directs that ARPA FRF shall be primarily allocated for the provision of government services to the extent of the reduction in the revenue of the Nation prior to the emergency. This resolution then identifies the responsible parties, the Finance Office and Oneida Law Office, for ARPA FRF calculations and application, and bestows upon those parties various responsibilities and directives.

This resolution then sets forth, in an attached spreadsheet, use and purpose of the ARPA FRF as guidance over the next three (3) years, in regard to the allocation of percentage application, for providing services; creating individual opportunities to increase health, living and economic standards; and, building or developing infrastructure to strengthen the Oneida Nation. The

resolution provides that the attached spreadsheet may be amended from time to time by the Oneida Business Committee to clarify application or meet emerging needs.

Through this resolution the Oneida Business Committee directs an Oneida Nation ARPA FRF Program office (FRF Program Office) be created within the Accounting Department and provides the specific tasks and responsibilities that the FRF Program Office will be responsible for. This resolution also provides the project approval process which shall be supplemented with necessary standard operating procedures approved by the FRF Program Office.

The resolution then provides that all funds allocated under ARPA that are not included in ARPA FRF shall be presented to the Oneida Business Committee for approval by resolution and managed through the Grants Office, or when deriving from a self-governance contract through the Self-Governance Office.

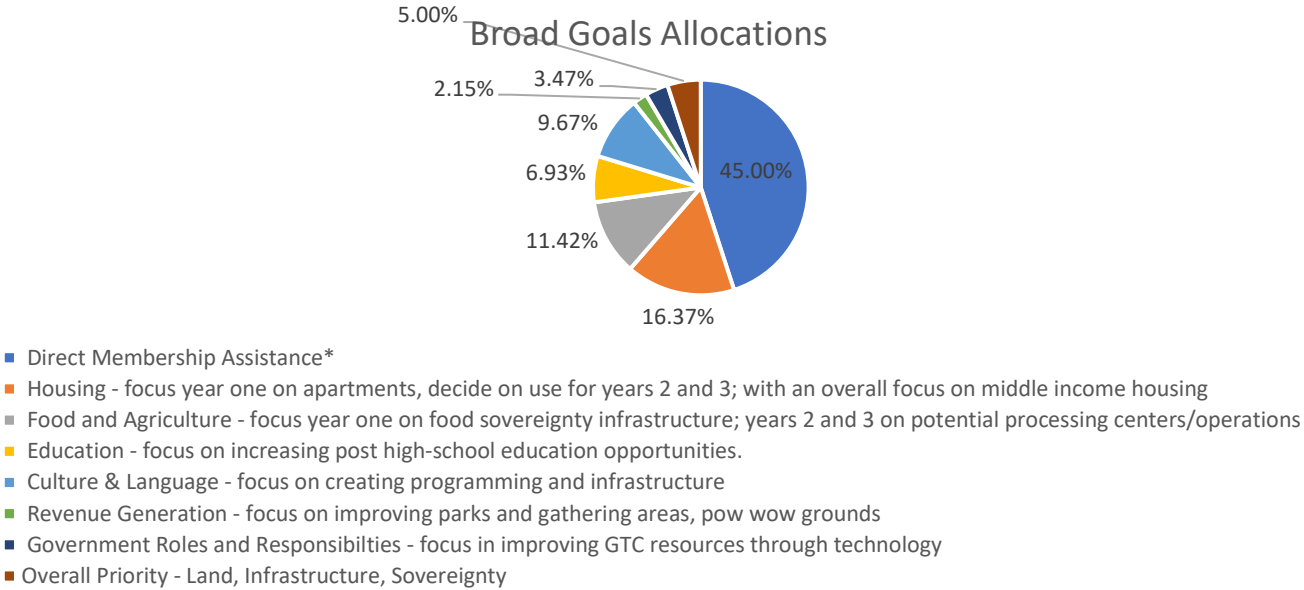
### ***Conclusion***

Adoption of this resolution would not conflict with any of the Nation's laws.

FRF Funds Received		American Recovery Plan Act - FRF; Lost Revenue				
		Total Allocations		Fiscal Year 2021		Fiscal Year 2022
		Proposed ARPA FRF LR Funds Use Categories Based on Broad Goals - Focus	% Allocation	\$ based on % in Total Funding Received	% Allocation - FY2021 Fiscal Year 2021 Allocation	% Allocation - FY2022
Formula - Pro rata share of \$1 billion	\$ 1,742,160.27	Direct Membership Assistance*	45.00%	\$ 58,075,714.36	45.00% \$ 17,828,308.32	45.00%
Formula - 65% of FRF - Enrollment	\$ 82,113,228.55	Housing - focus year one on apartments, decide on use for years 2 and 3; with an overall focus on middle income housing	16.37%	\$ 21,126,545.36	20.00% \$ 7,923,692.59	20.00%
Formula - 35% of FRF - Employment - Estimated May 27, 2021	\$ 35,000,000.00	Food and Agriculture - focus year one on food sovereignty infrastructure; years 2 and 3 on potential processing centers/operations	11.42%	\$ 14,738,068.21	20.00% \$ 7,923,692.59	5.00%
Total Funding Received and Allocated to Lost Revenue	\$ 118,855,388.82	Education - focus on increasing post high-school education opportunities.	6.93%	\$ 8,943,868.01	0.00% \$ -	10.00%
Potential one year interest income on the remaining of FRF Funds after first year. Example calculation of simple interest on \$79.2 million at 5%.	\$ 5,942,769.44	Culture & Language - focus on creating programming and infrastructure	9.67%	\$ 12,479,815.83	10.00% \$ 3,961,846.29	9.00%
Remainder allocated for FY2022 (Total Less Fiscal Year 2021) Plus Interest Income	\$ 85,179,695.32	Revenue Generation - focus on improving parks and gathering areas, pow wow grounds	2.15%	\$ 2,768,340.10	0.00% \$ -	1.00%
Potential one year interest income on the remaining of FRF Funds after second year. Example calculation of simple interest on \$39.2 million at 5%.	\$ 4,258,984.77	Government Roles and Responsibilities - focus in improving GTC resources through technology	3.47%	\$ 4,471,934.00	0.00% \$ -	5.00%
Remainder allocated for FY2023 (Less Fiscal Year 2021 and Fiscal Year 2022)+ Interest Income	\$ 46,848,832.43	Overall Priority - Land, Infrastructure, Sovereignty	5.00%	\$ 6,452,857.15	5.00% \$ 1,980,923.15	5.00%
		Total Uses	100%	\$ 129,057,143.03	100% \$ 39,618,462.94	100%
NOTE: PERCENTAGES IDENTIFIED IN FY2021 ARE FROM WORK SESSION, PERCENTAGES IDENTIFIED IN FY2022 AND 2023 ARE EXAMPLES ONLY. The percentages are subject to change.						

General Flow
ARPA FRF 100% Lost Revenue Allocation of TC each Fiscal Year
TC will go to ARPA FRF LR Investments
Funds from ARPA FRF LR Investments will then be allocated via projects approved by the Oneida Business Committee

- NOTES:
1. Review "Description" column to ensure it contains sufficient examples to provide guidance.
  2. Identify % allocations in unshaded purple cells - must equal to 100%.
  3. Review to ensure total dollars are equal to total funds received (green cells).
  4. The pie chart will automatically update with any changes in percentages based on total uses over three years.
  5. The receipt of the 35% Employment Formula FRF will automatically update all the dollar figures in the allocations.
  6. \*Direct Membership Assistance has been substituted for Health and Safety as significant direct funding under ARPA is received for these
  7. Lines in italics under FRF Funds Received chart are estimates and should be corrected when actual amounts are identified. There may be two more additional years of interest (Years 4 and 5) based on obligated by unexpended funds.



Revenue; ARPA FRF LR Investments

ear 2022	Fiscal Year 2023		Description - Examples of activities within ARPA FRF Guidelines	Justification	Notes
Fiscal Year 2022 Allocation	% Allocation - FY2023	Fiscal Year 2023 Allocation			
\$ 19,165,431.45	45.00%	\$ 21,081,974.59	Economic relief payments, home repairs, food and health assistance, home/rental assistance, vaccine Incentive \$500/member + children	42 USC 602(c)(1)(A); 31 CFR 35.6 (b)(12)(ii); 31 CFR 35.6 (b)(8)	Part of "Disproportionately impacted communities"; May also find funds from ARPA Homeowners Assitance Fund (HAF) -- \$10B set aside for these sorts of programs- not part of FRF
\$ 8,517,969.53	10.00%	\$ 4,684,883.24	All income levels and family sizes affordable housing; multifamily housing; meeting all housing needs by fully funding existing and future programs	42 USC 602(c)(1)(A); 31 CFR 35.6 (b)(12)(ii); 31 CFR 35.6 (b)(8)	Will be limited on future funding -- not beyond 12/2024; HAF funding may be used for these programs as well.
\$ 2,129,492.38	10.00%	\$ 4,684,883.24	Food and resources that include cash cropping, providing medicines, and creating a sustainable food system; improving existing structures; and continuing to explore hemp	31 CFR 35.6 (b)(6), id at (7), id at (12)	This may be shoehorned into providing assistance to non-profits, aid to impacted industries, or impacted community needs. This may take organizational realignment to show Hemp and Ag as impacted businesses. Sustainable food industry will fall under imapcted communities.
\$ 4,258,984.77	10.00%	\$ 4,684,883.24	Duplicate degrees, certifications, licenses, and through nonconventional ways.	31 CFR 35.6 (b)(12)(iii)	
\$ 3,833,086.29	10.00%	\$ 4,684,883.24	Increased educational opportunities across the organization, in school systems, offices, the community and in homes; and support our language immersion program	42 USC 602 (c)(1)(D); 42 USC 602(c)(1)(A); 31 CFR 35.6 (b)(12)(iii); 31 CFR 35.6 (e)(2)	42 USC 602 (c)(1)(D) and 31 CFR (e)(2) are refernces to broadband expansion.
\$ 425,898.48	5.00%	\$ 2,342,441.62	Improve tourism revenue opportunities through agriculture, golf, entertainment, pow wow, Applefest; managing employee wages to meet economic and market changes	42 USC 602(c)(1)(A); Fact Sheet, p. 4, Sect. 2; 31 CFR 35.6 (b)(9)	
\$ 2,129,492.38	5.00%	\$ 2,342,441.62	Improving GTC meeting space; enhance the government structure to increase effectiveness and efficiency; create opportunities through technology to improve interaction with membership and incorporation of membership voice in governmental actions	31 CFR 35.6 (d)	The allocation for provision of government services in the referenced CFR section must adhere to the calculation fpr a reduction in the Nation's reduction in its general revenues in 31 CFR (d)(2)
\$ 2,129,492.38	5.00%	\$ 2,342,441.62	Land, infrastructure	42 USC 602(c)(1)(D); 31 CFR 35.6 (e)	Infrastructure -- water, sewer, and broadband. Land substantially more difficult to justify, if not not bordering on not justifiable.
\$ 42,589,847.66	100%	\$ 46,848,832.43			

Percentages are set up so projects that take longer are funded earlier to avoid not meeting spending/completion deadlines.

"Final will be submitted as a handout"



**Oneida Business Committee Agenda Request**

Adopt resolution entitled Face Masks Updated – COVID-19 Pandemic

**1. Meeting Date Requested:** 06 /    / 21**2. General Information:**Session: ☒ Open ☐ Executive - See instructions for the applicable laws, then choose one:Agenda Header: ☐ Accept as Information only☒ Action - please describe:**3. Supporting Materials**☐ Report ☒ Resolution ☐ Contract☒ Other:1. 3. 2. 4. ☐ Business Committee signature required**4. Budget Information**☐ Budgeted - Tribal Contribution ☐ Budgeted - Grant Funded ☒ Unbudgeted**5. Submission**Authorized Sponsor / Liaison: 

Primary Requestor/Submitter:

Additional Requestor:

Additional Requestor:

## Oneida Business Committee Agenda Request

### 6. Cover Memo:

Describe the purpose, background/history, and action requested:

The Oneida Business Committee requested development of a resolution which would reflect the changes approved by the Centers for Disease Control regarding face masking. This resolution amends the Staying Safer at Home Policy and the Safe Re-Opening of Government Offices Policy. This resolution also supersedes the Employee Face Coverings SOP.

Comments were received from Attorney Carl Artman, Secretary Lisa Liggins, Public Health Officer Michelle Myers, and General Manager Mark Powless.

- 1) Save a copy of this form for your records.
- 2) Print this form as a \*.pdf OR print and scan this form in as \*.pdf.
- 3) E-mail this form and all supporting materials in a **SINGLE** \*.pdf file to: [BC\\_Agenda\\_Requests@oneidanation.org](mailto:BC_Agenda_Requests@oneidanation.org)



# Oneida Nation

Post Office Box 365

Phone: (920)869-2214



Oneida, WI 54155

## **BC Resolution # Leave this line blank Face Masks Updated – COVID-19 Pandemic**

**WHEREAS,** the Oneida Nation is a federally recognized Indian government and a treaty tribe recognized by the laws of the United States of America; and

**WHEREAS,** the Oneida General Tribal Council is the governing body of the Oneida Nation; and

**WHEREAS,** the Oneida Business Committee has been delegated the authority of Article IV, Section 1, of the Oneida Tribal Constitution by the Oneida General Tribal Council; and

**WHEREAS,** the Oneida Nation and the world have been impacted by the COVID-19 pandemic since December of 2019 for the world and for the Oneida Nation since the adoption of the first notice of public health emergency in March of 2020; and

**WHEREAS,** since March of 2020, emergency declarations adopted by the COVID-19 Core Decision Making Team, created and delegated authority by emergency amendments to the Emergency Management and Homeland Security Law, have been amended by the COVID-19 Core Decision Making Team and the Oneida Business Committee under authority granted the Emergency Management and Homeland Security Law and most recently by the Oneida Business Committee by authority granted in the Emergency Management Law; and

**WHEREAS,** the Oneida Business Committee revised its recommendations and requirements regarding the Nation's response to the COVID-19 pandemic and the changing landscape resulting from increasing numbers of individuals receiving the approved vaccines through adoption of resolution # BC-05-12-21-B, *Staying Safer at Home Policy – COVID-19 Pandemic* and resolution # BC-05-12-21-I, *Safer Re-opening of Government Offices – COVID-19 Pandemic*, which loosen prior restrictions; and

**WHEREAS,** the Oneida Business Committee retains the authority during the public health state of emergency should continue to direct or allow the Oneida Business Committee and Oneida Nation organization to react quickly and properly to conditions which may result in increasing pandemic risk through increased spread resulting from removing and lowering restrictions; and

**WHEREAS,** the Oneida Business Committee believes the roll-out of vaccines, reduction in high risk infections resulting in death or hospitalization, conformance to Centers for Disease Control standards related to the COVID-19 pandemic, and loosening face masking requirements is permitted and safe at this juncture;

**NOW THEREFORE BE IT RESOLVED,** that resolution # BC-05-12-21-B, *Staying Safer at Home Policy – COVID-19 Pandemic* and resolution # BC-05-12-21-I, *Safer Re-opening of Government Offices – COVID-19 Pandemic*, are amended as follows.

1. Enterprise and business operations shall utilize best practices set forth by the Centers for Disease Control.
2. Customers, clients, patrons and others are highly recommended to wear face masks if the Centers for Disease Control lifts the recommendation for required face masking, and visible signage shall summarize recommendations.
3. The Comprehensive Health Center, Anna John Resident Centered Care Community, and Aging and Disability Services Programs shall maintain masking requirements; all other programs and enterprises shall set forth clear signage regarding face masking requirements.
4. Employees are no longer required to wear face masks if vaccinated, provided that all programs and enterprises shall allow employees to wear face masks if they wish to continue during the public health state of emergency.

**BE IT FURTHER RESOLVED**, that employees shall continue to be required to take temperature checks upon entering or re-entering a Nation building; and, programs and enterprises are encouraged to continue requiring customers, clients, patrons, and others to undergo temperature checks upon entering or re-entering a Nation building.

**BE IT FURTHER RESOLVED**, that this resolution shall supersede any Standard Operating Procedures regarding face masking requirements, specifically the "*Employee Face Coverings in the Workplace*" SOP.

**BE IT FINALLY RESOLVED**, that the Public Health Officer remains authorized under the Emergency Management Law to issue an updated face masking order or other health safety order in the event a change in the rate of positive COVID-19 cases, hospitalizations or morbidity arises after adoption of this resolution to protect the health and safety of all persons on the Oneida Reservation.



**Oneida Nation**  
 Oneida Business Committee  
 Legislative Operating Committee  
 PO Box 365 • Oneida, WI 54155-0365  
[Oneida-nsn.gov](http://Oneida-nsn.gov)



## **Statement of Effect** *Face Masks Updated – COVID-19 Pandemic*

### **Summary**

This resolution amends Oneida Business Committee resolutions BC-05-12-21-B and BC-05-12-21-I to update the Nation's policy on face mask requirements.

*Submitted by: Clorissa N. Santiago, Senior Staff Attorney, Legislative Reference Office*  
*Date: June 4, 2021*

### **Analysis by the Legislative Reference Office**

The Emergency Management law, formally known as the Emergency Management and Homeland Security law, provides for the development and execution of plans for the protection of residents, property, and the environment in an emergency or disaster; provides for the direction of emergency management, response, and recovery on the Reservation, as well as coordinating with other agencies, victims, businesses, and organizations; establishes the use of the National Incident Management System (NIMS); and designates authority and responsibilities for public health preparedness. [3 O.C. 302.1-1].

Under the Emergency Management law, the Oneida Business Committee is delegated the responsibility to proclaim or ratify the existence of a public health emergency. [3 O.C. 302.8-1]. A public health emergency means the occurrence or imminent threat of an illness or health condition which is a quarantinable disease; and which poses a high probability of a large number of deaths or serious or long-term disability among humans. [3 O.C. 302.3-1(p)]. No proclamation of an emergency by the Oneida Business Committee may last for longer than sixty (60) days, unless renewed by the Oneida Business Committee. [3 O.C. 302.8-2].

As a result of the COVID-19 pandemic, in accordance with the authority granted to the Oneida Business Committee through the Emergency Management law, on March 12, 2020, Chairman Tehassi Hill signed a “*Declaration of Public Health State of Emergency*” which sets into place the necessary authority should action need to be taken, and allows the Oneida Nation to seek reimbursement of emergency management actions that may result in unexpected expenses. [3 O.C. 302.8-1]. The Oneida Business Committee has extended this Public Health State of Emergency until May 12, 2021, through the adoption of the following resolutions: BC-03-26-20-A, BC-05-06-20-A, BC-06-10-20-A, BC-07-08-20-A, BC-08-06-20-A, BC-09-09-20-A, BC-10-08-20-A, BC-11-10-20-A, BC-12-09-20-D, BC-01-07-21-A, BC-02-10-21-A, BC-03-10-21-D, and BC-05-12-21-A. [3 O.C. 302.8-2].

On March 17, 2020, the Oneida Business Committee adopted emergency amendments to the Emergency Management law through resolution BC-03-17-20-E to create and delegate authority to a COVID-19 Core Decision Making Team so that upon the declaration of a public health emergency, the COVID-19 Core Decision Making Team would have the authority to declare

exceptions to the Nation's laws, policies, procedures, regulations, or standard operating procedures during the emergency period which will be of immediate impact for the purposes of protecting the health, safety, and general welfare of the Nation's community, members, and employees. [3 O.C. 302.9-2]. These declarations remain in effect for the duration of the Public Health State of Emergency, unless identified to be effective for a shorter period of time. [3 O.C. 302.9-4]. The Oneida Business Committee then permanently adopted amendments to the Emergency Management law through resolution BC-03-10-21-A which incorporated the authority of an Emergency Core Decision Making Team to make declarations.

On March 24, 2020, the Nation's COVID-19 Core Decision Making Team issued a "*Safer at Home*" declaration which prohibits all public gatherings of any number of people and orders all individuals present within the Oneida Reservation to stay at home or at their place of residence, with certain exceptions allowed. On April 21, 2020, the COVID-19 Core Decision Making Team issued an "*Updated Safer at Home*" declaration which allowed for gaming and golf operations to resume. Then on May 19, 2020, the COVID-19 Core Decision Making Team issued a "*Safer at Home Declaration, Amendment, Open for Business*" which directs that individuals within the Oneida Reservation should continue to stay at home, businesses can re-open under certain safer business practices, and social distancing should be practiced by all persons. On June 10, 2020, the COVID-19 Team issued a "*Stay Safer at Home*" declaration which lessened the restrictions of the "*Safer at Home Declaration, Amendment, Open for Business*" while still providing guidance and some restrictions. Then on July 17, 2020, the "*Safe Re-opening Governmental Offices*" declaration was issued which provides guidance on how buildings will be safely re-opened to the public.

The Emergency Management law allows the Oneida Business Committee to modify, extend, or repeal any declaration or emergency action taken by an Emergency Core Decision Making Team. [3 O.C. 302.9-6]. On May 12, 2021, the Oneida Business Committee adopted resolution BC-05-12-21-B entitled, "*Staying Safer At Home Policy – COVID-19 Pandemic*" which modified the "*Stay Safer at Home*" declaration and adopted an updated "*Staying Safer at Home Policy*" for immediate implementation and lasting until the conclusion of the Public Health State of Emergency regarding the COVID-19 Pandemic superseding any prior declaration that conflicts with this policy. The Oneida Business Committee also adopted resolution BC-05-12-21-I entitled, "*Safer Re-Opening of Government Offices – COVID-19 Pandemic*" which modified the modified the "*Safe Re-Opening Governmental Offices*" declaration and adopted an updated "*Safer Re-Opening of Government Offices Policy*" for immediate implementation and lasting until the conclusion of the Public Health State of Emergency regarding the COVID-19 Pandemic superseding any prior declaration that conflicts with this policy.

This resolution provides that the Oneida Business Committee has determined that based on the roll-out of vaccines, reduction in high risk infections resulting in death or hospitalization, conformance to Centers for Disease Control standards related to the COVID-19 pandemic, the loosening of face masking requirements is permitted and safe at this juncture.

This resolution updates the Nation's policy on face mask requirements and amends resolutions BC-05-12-21-B and BC-05-12-21-I in the following manners:

- Enterprise and business operations shall utilize best practices set forth by the Centers for Disease Control.

- Customers, clients, patrons and others are highly recommended to wear face masks if the Centers for Disease Control lifts the recommendation for required face masking, and visible signage shall summarize recommendations.
- The Comprehensive Health Center, Anna John Resident Centered Care Community, and Aging and Disability Services Programs shall maintain masking requirements; all other programs and enterprises shall set forth clear signage regarding face masking requirements.
- Employees are no longer required to wear face masks if vaccinated, provided that all programs and enterprises shall allow employees to wear face masks if they wish to continue during the public health state of emergency.

This resolution also directs that employees shall continue to be required to take temperature checks upon entering or re-entering a Nation building; and, programs and enterprises are encouraged to continue requiring customers, clients, patrons, and others to undergo temperature checks upon entering or re-entering a Nation building. This resolution supersedes any standard operating procedures regarding face masks requirements, specifically the “*Employee Face Coverings in the Workplace*” standard operating procedure.

The resolution then goes on to clarify that the Public Health Officer remains authorized under the Emergency Management law to issue an updated face masking order or other health safety order in the event a change in the rate of positive COVID-19 cases, hospitalizations or morbidity arises after adoption of this resolution to protect the health and safety of all persons on the Oneida Reservation. [3 O.C. 302.7-4].

### ***Conclusion***

Adoption of this resolution would not conflict with any of the Nation’s laws.

Accept the March 4, 2021, regular Community Development Planning Committee meeting minutes

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## Business Committee Agenda Request

1. Meeting Date Requested: 06/09/21

2. General Information:

Session: ☒ Open ☐ Executive – must qualify under §107.4-1.

Justification: *Choose reason for Executive.*

3. Supporting Documents:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bylaws                 | <input type="checkbox"/> Fiscal Impact Statement | <input type="checkbox"/> Presentation           |
| <input type="checkbox"/> Contract Document(s)   | <input type="checkbox"/> Law                     | <input type="checkbox"/> Report                 |
| <input type="checkbox"/> Correspondence         | <input type="checkbox"/> Legal Review            | <input type="checkbox"/> Resolution             |
| <input type="checkbox"/> Draft GTC Notice       | <input checked="" type="checkbox"/> Minutes      | <input type="checkbox"/> Rule (adoption packet) |
| <input type="checkbox"/> Draft GTC Packet       | <input type="checkbox"/> MOU/MOA                 | <input type="checkbox"/> Statement of Effect    |
| <input type="checkbox"/> E-poll results/back-up | <input type="checkbox"/> Petition                | <input type="checkbox"/> Travel Documents       |
| <input type="checkbox"/> Other: <i>Describe</i> |  |   |

4. Budget Information:

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Budgeted                  | <input type="checkbox"/> Budgeted – Grant Funded | <input type="checkbox"/> Unbudgeted |
| <input checked="" type="checkbox"/> Not Applicable | <input type="checkbox"/> Other: <i>Describe</i>  |                                     |

5. Submission:

Authorized Sponsor: Brandon Stevens, Vice-Chairman

Primary Requestor: Brooke Doxtator, BCC Supervisor

Additional Requestor: (Name, Title/Entity)

Additional Requestor: (Name, Title/Entity)

Submitted By: BDOXTAT1

# Community Development Planning Committee



Regular Meeting  
9:00 a.m. Thursday, March 4, 2021  
Teleconference

## Minutes

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### Regular Meeting

**Present:** Chairman Brandon Stevens, Kirby Metoxen, Marie Summers

**Not Present:** Tehassi Hill

**Arrived at:** Vice Chairman Daniel Guzman King 10:39 a.m.

**Others Present:** Patrick Pelky, Kristal Hill, James Petitjean, Rhiannon Metoxen, Larry Barton, Nicole Rommel, Rae Skenandore, David Jordan, Debbie Thundercloud, Jacque Boyle, Jeffrey House, Nancy Barton, Brooke Doxtator, Paul Witek

### **I. CALL TO ORDER AND ROLL CALL**

*Meeting called to order by Chairman Brandon Stevens at 9:01 a.m.*

### **II. ADOPT THE AGENDA**

Motion by Marie Summers to adopt the agenda, seconded by Kirby Metoxen. Motion carries.

Ayes: Kirby Metoxen, Marie Summers

### **III. MEETING MINUTES**

#### **A. Approve February 4, 2021 Meeting Minutes**

Sponsor: Brandon Stevens

Motion by Marie Summers to approve the February 4, 2021 meeting minutes, seconded by Kirby Metoxen. Motion carries.

Ayes: Kirby Metoxen, Marie Summers

### **IV. UNFINISHED BUSINESS**

#### **A. Review and Revise CDPC Charter**

Sponsor: Brandon Stevens (James Petitjean)

*EXCERPT FROM FEBRUARY 4, 2020: Motion by Daniel Guzman King to table review and revise CDPC Charter till the end of the agenda, seconded by Marie Summer. Motion carried.*

Motion by Kirby Metoxen to accept the update and move this item to a work meeting, seconded by Marie Summers. Motion carries.

Ayes: Kirby Metoxen, Marie Summers



**V. NEW BUSINESS****A. Accept Neighborhood Development Plan Update**

Sponsor: Debbie Thundercloud

Motion by Kirby Metoxen to accept the neighborhood development plan update, seconded by Kirby Metoxen. Motion carries.

Ayes: Kirby Metoxen, Marie Summers

**VI. STANDING UPDATES**

*Daniel Guzman-King arrived at 10:39 a.m.*

**A. CEMETERY****1. Accept #14-002 Cemetery Improvement Project Status Report**

Sponsor: Debbie Thundercloud

Motion by Marie Summers to accept #14-002 cemetery improvement project status report, seconded by Kirby Metoxen. Motion carries.

Ayes: Kirby Metoxen, Marie Summers

Opposed: Daniel Guzman-King

**2. Accept Oneida Nation Burial Ground Maintenance and Plot Availability Report**

Sponsor: Debbie Thundercloud

Motion by Kirby Metoxen to direct the CDPC Chair to submit a request to the Treasurer to find the funds to move the project forward, seconded by Marie Summers. Motion carries.

Ayes: Daniel Guzman King, Kirby Metoxen, Marie Summers

Motion by Kirby Metoxen to accept the Oneida Nation Burial Ground maintenance and plot availability report, seconded by Marie Summers. Motion carries.

Ayes: Daniel Guzman-King, Kirby Metoxen, Marie Summers

**VII. ADJOURNMENT**

Motion by Marie Summers to adjourn at 11:21 a.m., seconded by Daniel Guzman-King. Motion carries.

Ayes: Daniel Guzman-King, Kirby Metoxen, Marie Summers

Minutes prepared by Brooke Doxtator, Boards, Committees, and Commissions Supervisor  
Minutes approved as presented/corrected on April 8, 2021.

(Signature Pending)  
\_\_\_\_\_  
Brandon Stevens, Chair  
Community Development Planning Committee



Accept the April 8, 2021, regular Community Development Planning Committee meeting minutes

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## Business Committee Agenda Request

1. Meeting Date Requested: 06/09/21

2. General Information:

Session: ☒ Open ☐ Executive – must qualify under §107.4-1.

Justification: *Choose reason for Executive.*

3. Supporting Documents:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bylaws                 | <input type="checkbox"/> Fiscal Impact Statement | <input type="checkbox"/> Presentation           |
| <input type="checkbox"/> Contract Document(s)   | <input type="checkbox"/> Law                     | <input type="checkbox"/> Report                 |
| <input type="checkbox"/> Correspondence         | <input type="checkbox"/> Legal Review            | <input type="checkbox"/> Resolution             |
| <input type="checkbox"/> Draft GTC Notice       | <input checked="" type="checkbox"/> Minutes      | <input type="checkbox"/> Rule (adoption packet) |
| <input type="checkbox"/> Draft GTC Packet       | <input type="checkbox"/> MOU/MOA                 | <input type="checkbox"/> Statement of Effect    |
| <input type="checkbox"/> E-poll results/back-up | <input type="checkbox"/> Petition                | <input type="checkbox"/> Travel Documents       |
| <input type="checkbox"/> Other: <i>Describe</i> |  |   |

4. Budget Information:

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Budgeted                  | <input type="checkbox"/> Budgeted – Grant Funded | <input type="checkbox"/> Unbudgeted |
| <input checked="" type="checkbox"/> Not Applicable | <input type="checkbox"/> Other: <i>Describe</i>  |                                     |

5. Submission:

Authorized Sponsor: Brandon Stevens, Vice-Chairman

Primary Requestor: Brooke Doxtator, BCC Supervisor

Additional Requestor: (Name, Title/Entity)

Additional Requestor: (Name, Title/Entity)

Submitted By: BDOXTAT1

## Community Development Planning Committee



Regular Meeting  
9:00 a.m. Thursday, April 8, 2021  
Teleconference

### Minutes

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#### **Regular Meeting**

**Present:** Chairman Brandon Stevens, Vice Chairman Daniel Guzman King, Tehassi Hill, Kirby Metoxen, Marie Summers

**Others Present:** Kristal Hill, Rhiannon Metoxen, Larry Barton, Paul Witek, Nicole Rommel, Rae Skenandore, Debbie Thundercloud, Jacque Boyle, Jeffrey House, Nancy Barton, Brooke Doxtator, Jason Doxtator, Glenn Fishbine, Mariel Triggs, Jonas Hill, Mark A. Powless, Michelle Braaten, Bill Cornelius

#### **I. CALL TO ORDER AND ROLL CALL**

*Meeting called to order by Chairman Brandon Stevens at 9:01 a.m.*

#### **II. ADOPT THE AGENDA**

Motion by Marie Summers to adopt the agenda, seconded by Daniel Guzman King. Motion carries.

Ayes: Daniel Guzman King, Tehassi Hill, Kirby Metoxen, Marie Summers

#### **III. MEETING MINUTES**

##### **A. Approve March 4, 2021 Meeting Minutes**

Sponsor: Brandon Stevens

Motion by Marie Summers to approve March 4, 2021 meeting minutes, seconded by Daniel Guzman King. Motion carries.

Ayes: Daniel Guzman King, Kirby Metoxen, Marie Summers

Abstained: Tehassi Hill

#### **IV. UNFINISHED BUSINESS**

#### **V. NEW BUSINESS**

*Tehassi Hill left at 9:26 a.m.*

*Tehassi Hill returned at 9:41 a.m.*

*Marie Summers left at 9:55 a.m.*

*Marie Summers returned at 9:57 a.m.*

**A. Determine next steps regarding Oneida Nation Broadband Initiatives – MuralNet/GEO Partners Presentation**

Sponsor: Debbie Thundercloud

Motion by Daniel Guzman King to forward the Oneida Nation Broadband Initiative to the April 20, 2021 BC Work Session, seconded by Tehassi Hill. Motion carries.

Ayes: Daniel Guzman King, Tehassi Hill, Kirby Metoxen, Marie Summers

*Item VI.A. addressed next*

**B. Approve Facilities Management Team Recommendation – Oneida Gaming Commission Relocation**

Sponsor: Debbie Thundercloud

Motion by Tehassi Hill to submit this project to CIP process, seconded by Kirby Metoxen. Motion carries.

Ayes: Tehassi Hill, Kirby Metoxen, Marie Summers

Opposed: Daniel Guzman King

**VI. STANDING UPDATES**

**A. CEMETERY**

**1. Accept Oneida Nation Burial Ground Maintenance and Utilization Monthly Report**

Sponsor: Debbie Thundercloud

Motion by Tehassi Hill to accept the Oneida Nation Burial Ground Maintenance and Utilization monthly report, seconded by Daniel Guzman King. Motion carries.

Ayes: Daniel Guzman King, Tehassi Hill, Kirby Metoxen, Marie Summers

**2. Accept #14-002 Cemetery Improvement Project Status Report**

Sponsor: Debbie Thundercloud

Motion by Marie Summers to accept #14-002 Cemetery Improvement Project status reports, seconded by Kirby Metoxen. Motion carries.

Ayes: Daniel Guzman King, Tehassi Hill, Kirby Metoxen, Marie Summers

*Item V.B. addressed next*

**VII. ADJOURNMENT**

Motion by Tehassi Hill to adjourn at 11:46 a.m., seconded by Marie Summers. Motion carries.

Ayes: Daniel Guzman King, Tehassi Hill, Kirby Metoxen, Marie Summers

Minutes prepared by Brooke Doxtator, Boards, Committees, and Commissions Supervisor  
Minutes approved as presented/corrected on May 6, 2021.

(Signature pending)  
\_\_\_\_\_  
Brandon Stevens, Chair  
Community Development Planning Committee

**Oneida Business Committee Agenda Request**

Accept the May 19, 2021, regular Legislative Operating Committee meeting minutes

**1. Meeting Date Requested:** 6 / 9 / 21**2. General Information:**Session: ☒ Open ☐ Executive - See instructions for the applicable laws, then choose one:Agenda Header: ☐ Accept as Information only☒ Action - please describe:**3. Supporting Materials**☐ Report ☐ Resolution ☐ Contract☒ Other:1. 3. 2. 4. ☐ Business Committee signature required**4. Budget Information**☐ Budgeted - Tribal Contribution ☐ Budgeted - Grant Funded ☐ Unbudgeted**5. Submission**Authorized Sponsor / Liaison: Primary Requestor/Submitter:   
Your Name, Title / Dept. or Tribal MemberAdditional Requestor:   
Name, Title / Dept.Additional Requestor:   
Name, Title / Dept.



**Oneida Nation**  
 Oneida Business Committee  
 Legislative Operating Committee  
 PO Box 365 • Oneida, WI 54155-0365  
[Oneida-nsn.gov](http://Oneida-nsn.gov)



**LEGISLATIVE OPERATING COMMITTEE MEETING MINUTES**  
 Oneida Business Committee Conference Room-2<sup>nd</sup> Floor Norbert Hill Center  
 May 19, 2021  
 9:00 a.m.

**Present:** David P. Jordan, Kirby Metoxen Jennifer Webster, Marie Summers, Daniel Guzman King

**Others Present:** Clorissa N. Santiago, Kristen Hooker, Kristal Hill, Brooke Doxtator, Lawrence Barton, Debbie Melchert (Microsoft Teams), Geraldine Danforth (Microsoft Teams), Justin Nishimoto (Microsoft Teams), Susan House (Microsoft Teams), Kelly McAndrews (Microsoft Teams), Matthew Denny (Microsoft Teams), Michelle Myers (Microsoft Teams), Nic Reynolds (Microsoft Teams), Jo Anne House (Microsoft Teams), Josh Cottrell (Microsoft Teams), Rhiannon Metoxen (Microsoft Teams).

**I. Call to Order and Approval of the Agenda**

David P. Jordan called the May 19, 2021, Legislative Operating Committee meeting to order at 9:03 a.m.

Motion by Marie Summers to adopt the agenda as is; seconded by Jennifer Webster. Motion carried unanimously.

**II. Minutes to be Approved**

**1. May 5, 2021 LOC Meeting Minutes**

Motion by Kirby Metoxen to approve the May 5, 2021 LOC meeting minutes and forward to the Oneida Business Committee; seconded by Jennifer Webster. Motion carried unanimously.

**III. Current Business**

**IV. New Submissions**

**V. Additions**

**VI. Administrative Items**

**1. Legislative Operating Committee Fiscal Year 2021 Second Quarter Report**

Motion by Marie Summers to approve the Legislative Operating Committee Fiscal Year 2021 Second Quarter Report and forward to the Oneida Business Committee; seconded by Jennifer Webster. Motion carried unanimously.

**2. E-Poll Results: Approval of the Oneida Worker's Compensation Law Emergency Amendments Adoption Packet**

Motion by Jennifer Webster to enter into the record the results of the May 11, 2021, e-poll entitled, "Approval of the Oneida Worker's Compensation Law Emergency Amendments Adoption Packet;" seconded by Kirby Metoxen. Motion carried unanimously.



**3. E-Poll Results: Approval of the Early Return to Work Law Emergency Amendments Adoption Packet**

Motion by Jennifer Webster to enter into the record the results of the May 11, 2021, e-poll entitled, “Approval of the Early Return to Work Law Emergency Amendments Adoption Packet;” seconded by Daniel Guzman King. Motion carried unanimously.

**VII. Executive Session**

**VIII. Adjourn**

Motion by Marie Summers to adjourn at 9:18 a.m.; seconded by Kirby Metoxen. Motion carried unanimously.

**Oneida Business Committee Agenda Request**

Adopt amendments to Community Support Fund Law rules #1-#18 – Community Support Fund (a.k.a...

**1. Meeting Date Requested:** 6 / 9 / 21**2. General Information:**Session: ☒ Open ☐ Executive - See instructions for the applicable laws, then choose one:Agenda Header: ☐ Accept as Information only☒ Action - please describe:**3. Supporting Materials**☐ Report ☐ Resolution ☐ Contract☒ Other:1. 3. 2. 4. ☐ Business Committee signature required**4. Budget Information**☐ Budgeted - Tribal Contribution ☐ Budgeted - Grant Funded ☐ Unbudgeted**5. Submission**Authorized Sponsor / Liaison: Primary Requestor/Submitter:   
Your Name, Title / Dept. or Tribal MemberAdditional Requestor:   
Name, Title / Dept.Additional Requestor:   
Name, Title / Dept.



Oneida Nation  
Oneida Business Committee  
Legislative Operating Committee  
PO Box 365 • Oneida, WI 54155-0365  
Oneida-nsn.gov



TO: Oneida Business Committee  
FROM: David P. Jordan, Legislative Operating Committee Chairman  
DATE: June 2, 2021  
RE: Certification of the Community Support Fund Law Rule Handbook Amendments

The Legislative Operating Committee (LOC) has reviewed and certified the proposed amendments to the Community Support Fund Law Rule Handbook ("Rule Handbook") provided by the Economic Support Services Department.

The Community Support Fund law delegates administrative rulemaking authority to the Fund Operator, which has been identified as the Economic Support Services Department, to promulgate rules for the administration of the Community Support Fund. [1 O.C. 124.4-1(a), 121.3-1(i)]. The Rule Handbook provides guidance on how the Community Support Fund is utilized so that the Nation can assist the greatest number of members of the Nation who apply for assistance to the Community Support Fund in times of a catastrophic event, illness, injury or emergency event when no other resources for assistance exist. Amendments to the Rule Handbook were sought to bring the Rule Handbook into compliance with the Community Support Fund law as amended by the Oneida Business Committee on March 10, 2021, through the adoption of resolution BC-03-10-21-C.

The Administrative Rulemaking law requires that the Legislative Operating Committee be responsible for certifying that a proposed rule meets the following requirements:

- that promulgation of the rule complies with the procedural requirements;
- that the administrative record is complete; and
- that the rule does not exceed its rulemaking authority or conflict with any other law, policy, rule or resolution of the Nation. [1 O.C. 106.7-2].

The Legislative Operating Committee has determined that the Economic Support Services Department has complied with the certification requirements of the Administrative Rulemaking law in the promulgation of the amendments to the Rule Handbook. The proposed amendments to the Rule Handbook are now ready for consideration for adoption by the Oneida Business Committee.

### **Requested Action**

Consider the adoption of the amendments to the Community Support Fund Law Rule Handbook.



A good mind. A good heart. A strong fire.

**MEMORANDUM:**

**To:** Oneida Nation LRO

**From:** Delia Smith, Community Economic Support Director

**Date:** May 13, 2021

**Subject:** Community Support Handbook Amendments

Delia  
SmithDigitally signed by  
Delia Smith  
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Economic Support has completed the proper rule amendment process to update the Community Support Handbook. The amendments were a result of the approved amendment of the Community Support Law on 3/10/2021. The Handbook is now in align with the law that includes the following changes:

Rule 4-Allowing for fuel/transportation assistance for applicants with local medical appointments;  
Rule 9-Increasing the amount of assistance for Medical Related Equipment, supplies, or Furniture;  
Rule 13-Increasing amount allowable for shelter assistance;  
Rule 14- Removing the requirement for funerals for out of state only, allowing for funeral assistance for in state as long as the funeral is more than 40 miles from current residence;  
Rule 16- Eliminate the restriction of Wisconsin being the only state for assistance, opening to any state within the United States. Eliminate repayment of program paid Security Deposit Assistance;  
Rule 17- Decrease Rent/Mortgage assistance to 12 months from 24 months.

The following procedural process and timeline was followed for the amendment;

- Public Meeting Notice published in the Kalihwisaks on 4/21/2021,
- Public Meeting via Teams 5/3/2021- No comments
- Waited for written comment until 5/10/2021- No written comments

There is no oral or written public comments and no sign in sheet to submit for review. Therefore, Economic Support is requesting the proposed Community Support rules and Handbook changes be approved accordingly.

Attached you will find the signed approved Rules Handbook amendment from the Governmental Services Director.



Title 1. Government and Finances – Chapter 125  
Community Support Fund  
Rule Nos. 1 through 18

9

10 **I. Purpose, Delegation, Adoption, Amendment and Repeal**

11 1-1. *Purpose.* The purpose of the Community Support Fund rules is to provide guidance on how  
12 the Community Support Fund is utilized so that the Nation can assist the greatest number of  
13 members of the Nation who apply for assistance to the Fund in times of a catastrophic event,  
14 catastrophic illness or injury, or emergency event when no other resources for assistance exist.

15 1-2. *Authority.* The Community Support Fund Law, Chapter 125, delegates rulemaking authority  
16 to the Fund Operator pursuant to the Administrative Rulemaking law (Chapter 106 Oneida Code  
17 of Laws).

18 1-3. These rules were adopted by the Economic Support Department of the Social Services Area  
19 of the Government Services Division in accordance with the procedures of the Administrative  
20 Rulemaking law.

21 1-4. These rules may be amended or repealed by the Economic Support Department and/or the  
22 Oneida Business Committee pursuant to the procedures set out in the Administrative Rulemaking  
23 Law. For the purpose of future amendments to these rules, each article is a separate rule and may  
24 be amended as such.

25 1-5. Should a provision of these rules or the application thereof to any person or circumstances be  
26 held as invalid, such invalidity shall not affect other provisions of these rules which are considered  
27 to have legal force without the invalid portions.

28 1-6. In the event of a conflict between a provision of these rules and a provision of another rule,  
29 internal policy, procedure, or other regulation; the provisions of these rules shall control.

30 1-7. These rules supersede all prior rules, regulations, internal policies or other requirements  
31 relating to the Community Support Fund.

32 1-8. This Article applies to each subsequent rule listed herein.

33  
34 **II. Definitions**

35 2-1. This section shall govern the definitions of words and phrases used within this rule. All  
36 words not defined herein shall be used in their ordinary and everyday sense.

37 (a) “Applicant” means the subject of the application for assistance.

38 (b) “Business day” means Monday through Friday from 8:00 a.m. to 4:30 p.m., excluding  
39 holidays of the Nation.

40 (c) “Caregiver” means the person who assists an ill or incapacitated immediate family  
41 member that is in need of twenty-four (24) hour per day, seven (7) days a week care.

42 (d) “Case manager” means an employee within the Fund operator responsible for  
43 administering Fund benefits.

44 (e) “Catastrophic event” means a natural or man-made incident, which results in a  
45 substantial damage or loss requiring major financial resources to repair or recover.  
46 Including, but is not limited to, a house fire, tornado, flood, or other disaster.

- (f) “Catastrophic illness/injury” means a serious debilitating illness, injury, impairment, or mental or physical condition that involves:
- (1) In-patient care;
  - (2) A period of continuing treatment due to a chronic serious health condition, including, but not limited to, chemotherapy, radiation, dialysis, and daily or weekly therapy resulting from trauma;
  - (3) A period of illness or injury that is long-term due to a condition for which treatment may be ineffective including, but not limited to, stroke or terminal disease or;
  - (4) Multiple treatments either for restorative surgery after an accident or other injury, or for a chronic condition, including, but not limited to cancer or kidney disease.
- (g) “COBRA” means the Consolidated Omnibus Budget Reconciliation Act of 1985 also known as continued group health care coverage costs under an employer’s plan.
- (h) “Cosmetic” means any medical service provided with the intent to enhance a person’s appearance, including, but not limited to, braces, veneers, teeth whitening, implants, or other plastic surgery.
- (i) “Critical Medical” means professionally delivered care or treating a life threatening illness which requires immediate or regularly scheduled monitored medical care, which includes, but is not limited to dialysis, chemotherapy, radiation, daily/weekly therapy resulting from trauma. This does not include routine annual or semi-annual appointments.
- (j) “Emergency event” means a situation that poses an immediate risk to health, life, safety, property or environment. Emergencies require urgent intervention to prevent further illness, injury, death, or other worsening of the situation.
- (k) “Emergency medical travel” means an unexpected serious health situation or occurrence requiring the immediate presence of immediate family. This includes, but is not limited to, end of life situations, and/or an immediate family member is placed on life support.
- (l) “Eviction” means the legal notice received from a landlord or mortgage holder that orders the tenant(s) to vacate the property.
- (m) “FMLA” means the Family Medical Leave Act, a Federal law authorizing temporary time off from an employment position to provide direct care to a family member, without losing their employment status.
- (n) “Fund” means the Community Support Fund.
- (o) “Fund Operator” means the Economic Support Department, or other area within the Governmental Services Division designated authority over the operation of the Fund.
- (p) “Garnishment” means a legal action that directs that money owed be seized to satisfy a debt.
- (q) “Household” means all persons who reside together at the same residence.
- (r) “Immediate family” means an applicant’s husband, wife, mother, father, son, daughter, brother, sister, grandparent, grandchild, aunt, uncle, niece, nephew, cousin, and any of these relations attained through marriage or legal adoption, as well as a person who has legal responsibility for the applicant, or a person the applicant has legal responsibility of.
- (s) “Incapacitation” means a state in which a person is temporarily or permanently impaired by mental and/or physical deficiency, disability, illness or injury.

(t) “Income” means a measurement including, but not limited to, a combination of salaries, wages, retirement pension, disability income, government benefits, and unemployment of all people sharing a particular household/residence.

(u) “Legal guardian” means a person who has the legal authority to care for the personal and property interests of another person granted through a Court order.

(v) “Legal responsibility” means specific duties imposed upon a person to care or provide for another including liability for personal obligations as granted through a Power of Attorney or Court order.

(w) “Major medical surgery” means a surgical procedure that carries a degree of risk to the patient’s life, or the potential for severe disability if something goes wrong during surgery. It is a surgical procedure that usually requires a patient to be put under general anesthesia and given respiratory assistance because he or she cannot breathe independently.

(x) “Nation” means the Oneida Nation.

(y) “Public health emergency” means the occurrence or imminent threat of an illness or health condition which:

(1) is a quarantinable disease, or is believed to be caused by bioterrorism or a biological agent; and

(2) poses a high probability of any of the following:

(A) a large number of deaths or serious or long-term disability among humans; or

(B) widespread exposure to a biological, chemical, or radiological agent that creates a significant risk of substantial future harm to a large number of people.

(z) “Non-medical” means necessary intervention to support a patient with an on-going medical illness, injury or potential life threatening illness, and requires further testing or consultation with a specialist.

(aa) “Reimbursement” means to make repayment for expense(s) or a loss that incurred.

(bb) “Routine Exam” means an annual or semi-annual health exam provided by a physician, dentist, orthodontist, oral surgeon, or other similar health care specialist.

(cc) “Security Deposit” means the payment of money held by a landlord in trust to protect him/herself from unpaid rent or damage to the living space.

(dd) “Wages” means taxable income reported to the Internal Revenue Service for performing work.

### III. SHELTER ASSISTANCE

3-1. *Purpose.* The purpose of shelter assistance is to assist enrolled members of the Nation with financial support for shelter expenses due to experiencing a catastrophic event, illness, or injury where no other resources exist.

3-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.

3-3. *Eligibility Criteria.* In order to be eligible for shelter assistance a person must provide a completed Community Support Fund application and the following:

(a) Proof of enrollment in the Nation;

(b) Documentation verifying catastrophic event, illness, injury or other emergency event within the last thirty (30) days, including but not limited to:

- 138 (1) Medical verification specifying dates effected by illness or injury;  
139 (2) Verification of short and/or long term disability specifying the dates received  
140 and the amount of the benefit;  
141 (3) Other documentation listing damage or loss.
- 142 (c) Landlord Verification Form completed by the landlord of the applicant or a statement  
143 from the applicant's mortgage holder stating the applicant's monthly mortgage payment  
144 and current status;  
145 (d) A current utility bill, such as a water, heat, or electricity bill;  
146 (e) Verification of any mortgage disability insurance;  
147 (f) Verification of an applicant's personal and/or vacation time from employment; and  
148 (g) Any other documentation requested by the Community Support Fund case manager.
- 149 3-4. *Receipt of Required Documentation.* Upon receipt of the completed application for shelter  
150 assistance, the case manager shall determine if all required documentation was received from  
151 the applicant.
- 152 (a) The applicant shall provide all documentation requested by the case manager.  
153 (b) The case manager shall notify the applicant within five (5) business days in writing of  
154 any necessary documentation that was not received and is still needed.  
155 (c) Upon receipt of a completed application along with all the required documentation,  
156 the case manager shall have up to ten (10) business days to provide the initial decision in  
157 writing to the applicant.  
158 (d) An application for shelter assistance shall be valid for thirty (30) days. If the applicant  
159 has a determination of award and/or coverage pending with another support or assistance  
160 resource, the application will be valid for an additional fifteen (15) days upon proof of that  
161 such determination is pending. If the applicant fails to provide all requested documentation,  
162 the case manager shall send the applicant an expiration notice for their application.
- 163 3-5. *Rent or Mortgage Assistance.* An applicant may request assistance for rent or mortgage  
164 payments.
- 165 (a) The amount provided for rent or mortgage assistance shall not exceed five hundred  
166 dollars (\$500.00) per month. The amount of rent or mortgage assistance shall not exceed a  
167 total of twenty-four (24) months per life-time of the applicant.  
168 (b) Only the applicant's portion of the rent or mortgage owed shall be considered when  
169 determining the amount of rent or mortgage assistance if the applicant's household consists  
170 of other adults.  
171 (c) Shelter assistance shall not be used to pay family members or caregivers of the  
172 applicant. Only a valid landlord or mortgage holder shall be paid.
- 173 3-6. *Utility Assistance.* An applicant may request assistance for utilities, such as heat, water, and  
174 electricity.
- 175 (a) The utility bill shall be in the applicant's or current household's member's name.  
176 (b) Applicants shall provide verification of application to all other available resources and  
177 programs for utility assistance.
- 178 (1) The Wisconsin Home Energy Assistance Program (WHEAP) serves as an  
179 example of an alternate program the applicant should apply for before applying for  
180 utility assistance.
- 181 (c) Only the applicant's portion of the utility bill shall be considered when determining  
182 the amount of utility assistance if the applicant's household consists of other adults.



183 (d) The amount provided for utility assistance shall not exceed three hundred dollars  
184 (\$300.00) and shall only be allowed once every two (2) years. Assistance requested under  
185 this Rule and under Rule 18 shall be counted towards the total number of requests for the  
186 two (2) year period limit.

187 3-7. *Reporting Changes in the Household.* The applicant shall report any changes in the household  
188 to the case manager within ten (10) business days from the change occurring.

189 (a) Changes in the household that shall be reported include, but are not limited to, the  
190 following: relocation, addition or subtraction of a household member, income changes,  
191 medical changes, submission of a social security disability application, submission of  
192 application or receipt of assistance from other agency or program.

193 (b) Failure of the applicant to report changes in the household may result in suspension  
194 of benefits until verification of the change(s) is provided to the case manager, not to exceed  
195 thirty (30) days.

196 3-8. *Discontinuation of Assistance.* The Community Support Fund Manager reserves the right to  
197 discontinue shelter assistance based on the following:

198 (a) A lack of funding availability

199 (b) A discovery that fraud or illegal activity has been determined to have caused  
200 homelessness.

201 (c) The case manager shall provide ten (10) day notification to an applicant whose shelter  
202 assistance will be discontinued.

203 3-9. *Changes in Household Information.* An applicant shall be responsible to report to the Fund  
204 Case Manager any change(s) in the household within ten (10) business days from the change.  
205 Changes shall include, but are not limited to the following:

206 (a) Relocation;

207 (b) Household member changes;

208 (c) Income;

209 (d) Medical changes;

210 (e) Submission of Social Security Disability application; and

211 (f) Receipt of other agency assistance

212 (1) Failure of an applicant to report changes in the household may result in  
213 suspension of assistance until verification of the change(s) is provided to the  
214 Fund Case Manager.

215 (2) An applicant shall have thirty (30) days to provide the verification once  
216 notification is received from the Fund Case Manager that verification is  
217 required.

218 3-10. *Lodging Assistance.* Lodging Assistance may be provided in the event of extreme situations  
219 as determined by the Fund Case Manager and the Director of Economic Support.  
220

#### 221 IV. EMERGENCY/NON-EMERGENCY MEDICAL TRAVEL

222 4-1. *Purpose.* The purpose is to assist enrolled members of the Nation with emergency and non-  
223 emergency medical travel expenses. This assistance is limited to immediate family members  
224 to assist with travel expenses.

225 4-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
226 illness, injury or emergency event.

227 4-3. *Eligibility Criteria.* In order to be eligible for emergency/non-emergency medical travel  
228 assistance, a person must provide a completed Community Support Fund application and the  
229 following:

- 230 (a) Proof of enrollment in the Nation;
- 231 (b) Verifications of medical appointments which include the medical condition, date, time  
232 and location of the appointment;
- 233 (c) Verification of the applicants relationship to the patient;
- 234 (d) Verification of a valid driver's license for reimbursement of fuel purchases
- 235 (e) Original receipts for hotel, gas, and/or airfare which shall be dated within thirty (30)  
236 days of travel and show total cost paid; and

237 4-4. *Receipt of Required Documentation.* Upon receipt of the completed application for  
238 emergency/non-emergency medical travel assistance, the case manager shall determine if all  
239 required documentation was received from the applicant.

- 240 (a) The applicant shall provide all documentation requested by the case manager.
- 241 (b) The case manager shall notify the applicant in writing of any necessary documentation  
242 that was not received and is still needed.
- 243 (c) Upon receipt of a completed application along with all the required documentation,  
244 the case manager shall have up to ten (10) business days to provide the initial decision in  
245 writing to the applicant.
- 246 (d) An application for emergency/non-emergency medical travel assistance shall be valid  
247 for thirty (30) days. If the applicant has a determination of award and/or coverage pending  
248 with another support or assistance resource, the application will be valid for an additional  
249 fifteen (15) days upon proof of that such determination is pending. If the applicant fails to  
250 provide all requested documentation, the case manager shall send the applicant an  
251 expiration notice for their application.

252 4-5. *Non-Emergency Travel.* Non-emergency travel is allowed when the applicant or immediate  
253 family member has scheduled medical appointments as shown through medical  
254 documentation.

- 255 (a) Documentation of scheduled appointments must be submitted and have prior approval.
- 256 (b) Non-emergent medical travel for local members with chronic serious medical needs  
257 may be reimbursed to the applicant with a valid receipt within forty-five (45) days of  
258 appointments. Once the application is approved, applicants within the reservation  
259 boundaries may receive assistance directly from the program during regular business  
260 hours.

261 (c) *Non-Emergency Travel Less Than Sixty (60) Miles One Way.*

- 262 (1) Applicants within the reservation boundaries traveling less than sixty (60) miles  
263 one way may be eligible for public or tribal transportation transit passes for  
264 verified chronic serious medical appointments.

- 265 (2) Applicants traveling less than sixty (60) miles one way may receive assistance  
266 or reimbursement not to exceed twenty dollars (\$20.00) per week for verified  
267 chronic serious medical appointments.

268 (d) *Non-Emergency Travel At Least Sixty (60) Miles One Way.*

- 269 (1) Those who travel from sixty (60) miles up to one hundred fifty (150) miles one-  
270 way shall receive a thirty dollar (\$30.00) fuel assistance. Travel may also be eligible  
271 for reimbursement for up to thirty dollars (\$30.00) with original receipts that  
272 coincide with a medical appointment.

- 273 (2) Those who travel over one hundred and fifty (150) miles one-way shall receive  
274 a forty dollar (\$40.00) fuel assistance. Travel may also be eligible for  
275 reimbursement for up to forty dollars (\$40.00) with original receipts that coincide  
276 with a medical appointment.
- 277 (e) Fuel Assistance will be disbursed the day prior to the appointment if application is  
278 timely and original receipts are due within seven (7) business days. If receipts are not  
279 turned in, future requests for assistance will be denied for six (6) consecutive months  
280 starting when the first new request is made.
- 281 (f) Hotel reimbursement shall be a maximum of seventy-five dollars (\$75.00) per night for  
282 up to a maximum of three (3) nights, and shall only be considered for approval by the Fund  
283 Case Manager where the appointment is more than one hundred (100) miles one-way from  
284 the residence of the applicant.
- 285 4-6. *Emergency Travel.* Emergency travel assistance is allowed when an immediate family  
286 member has a sudden or worsening life-threatening illness or injury, and is provided only on  
287 as a reimbursement of expenses.
- 288 (a) Airfare, bus, train, lodging, and vehicle fuel is limited to a combined maximum  
289 reimbursement amount of five hundred dollars (\$500.00).
- 290 (b) Multiple immediate family members are limited to a reimbursement amount of five  
291 hundred dollars (\$500.00) each.
- 292 (c) Reimbursement for emergency travel assistance is limited to those persons who must  
293 travel one hundred (100) miles or more one-way.
- 294 (d) Hotel reimbursement shall be a maximum of seventy-five dollars (\$75.00) per night.
- 295 (e) All receipts must coincide with the emergency event that required the applicant to  
296 travel. Applicant is responsible for providing all proper documentation regarding the  
297 illness or injury that required travel and the required receipts in order to be eligible for  
298 reimbursement.
- 299 4-7. *Auto Repairs.* Auto repair assistance is allowed when the vehicle is necessary to  
300 obtain/maintain ongoing critical medical care when no other resources exist.
- 301 (a) Auto repair assistance is limited to critical medical patients only and will be denied  
302 when an alternate vehicle is owned and available for use;
- 303 (b) Auto repair assistance will only cover repairs that are necessary to keep the vehicle in  
304 standard operating condition. No routine maintenance or auto body repairs shall be  
305 eligible for assistance. Routine maintenance or repairs shall include, but is not limited to,  
306 oil changes, brakes, tires, batteries/fuses, lights, tune-ups, exhaust systems, flushes, and  
307 glass replacement;
- 308 (c) Auto repair assistance is limited to a maximum amount of five hundred dollars  
309 (\$500.00) once every twelve (12) months;
- 310 (d) Emergency repairs needed to obtain critical medical care which occurs outside of the  
311 program's business hours, may be considered on a case by case basis, in consultation  
312 with an independent ASE certified auto technician, and for services that occurred within  
313 the previous ten (10) days of the application;
- 314 (e) Towing assistance may be considered on a case by case basis for reimbursement up to  
315 maximum of two hundred and fifty dollars (\$250.00) once every twelve (12) months when  
316 the vehicle is inoperable and towed to an ASE certified mechanic.



4-8. *Items not Covered.* The Fund Case Manager is not responsible and will not make any reservations for any form of travel. In addition, the following items, which are not all inclusive, are not a benefit of this assistance program:

- (a) Auto insurance and deductibles;
- (b) Car Rentals;
- (c) Personal expenses, including, but not limited to, meals or personal care items;
- (d) Auto loans and vehicle registration.

4-9. This program encourages and requests that multiple family members traveling to the same destination carpool and share hotel rooms whenever possible.

4-10. CSF reserves the right to discontinue assistance based on funding availability.

## V. MEDICAL BILL ASSISTANCE

5-1. *Purpose.* The purpose of this program is to assist enrolled members of the Nation with financial support for the cost of unpaid medical bills (deductibles and copays not covered) where no other resources exist.

5-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.

5-3. *Eligibility Criteria.* In order to be eligible for Medical Bill assistance, a person must provide a completed Community Support Fund application and the following:

- (a) Proof of enrollment in the Nation
  - (1) a non-enrolled parent of an enrolled minor child may apply for assistance that directly affects the enrolled minor child;
- (b) Medical billing statements for the dates of service which are within the last twelve (12) months and be more than fifty dollars (\$50.00);
- (c) Verification that the applicant's health insurance was utilized within his/her health care network;
- (d) Explanation of Benefit (EOB) statements received from the health insurance provider showing what portion the health insurance covered;
- (e) Verification that an Indian Health Service Clinic (IHS) was utilized if applicant is in its service area;
- (f) Verification that the applicant applied for all of the financial care or assistance programs offered at the medical facility;
- (g) Statements of denial of assistance or caseworker verification of denial based on eligibility criteria, from an Indian Health Service (IHS) facility or (EOB) from any third party insurance carrier.

5-4. *Receipt of Required Documentation.* Upon receipt of the completed application for medical bill assistance, the case manager shall determine if all required documentation was received from the applicant.

- (a) The applicant shall provide all documentation requested by the case manager.
- (b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.
- (c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to ten (10) business days to provide the initial decision in writing to the applicant.
- (d) An application for medical bill assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or

- 363 assistance resource, the application will be valid for an additional fifteen (15) days upon  
364 proof of that such determination is pending. If the applicant fails to provide all requested  
365 documentation, the case manager shall send the applicant an expiration notice for their  
366 application.
- 367 5-5. Financial assistance will only be available for services already rendered by a Health Care  
368 Provider for up to a maximum of five thousand dollars (\$5,000.00) within a twelve (12) month  
369 period. An extension of this twelve (12) month period can be considered only for chronic  
370 medical conditions, but may not exceed an additional five thousand dollars (\$5,000.00).
- 371 5-6. Medical and/or hospital bills incurred from illegal activity (i.e. operating while intoxicated,  
372 injuries due to alcohol or drug use, etc.), or medical conditions that are a direct result from  
373 drug use, including the abuse of prescription drugs, are not eligible for assistance, except for  
374 Rule 8 which covers Inpatient or Intensive Outpatient treatment.
- 375 5-7. Insurance denials resulting from an applicant's failure to submit information pertinent to  
376 processing an insurance claim are not eligible for assistance.
- 377 5-8. Medical bills that have aged beyond twelve (12) months, or which have been referred to a  
378 collection agency are not eligible for assistance.
- 379 5-9. Chiropractic care, holistic treatment, pain clinic treatment/injections, methadone clinic,  
380 Saboxon injection and/or nursing home and/or any assisted living facility are not eligible for  
381 assistance.
- 382 5-10. CSF reserves the right to discontinue assistance based on funding availability.  
383

#### 384 VI. DENTAL RELATED EXPENSES

- 385 6-1. *Purpose.* The purpose of dental related expenses assistance is to assist enrolled members of  
386 the Nation with financial support with the cost of dental-related services where no other  
387 resources exist.
- 388 6-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
389 illness, injury or emergency event.
- 390 6-3. Approval is from the Community Support Fund case manager is required prior to receiving  
391 treatment from a dental health care provider.
- 392 6-4. *Eligibility Criteria.* In order to be eligible for dental related expenses assistance, a person must  
393 provide a completed Community Support Fund application and the following:
- 394 (a) Proof of enrollment in the Nation;
- 395 (1) a non-enrolled parent of an enrolled minor child may apply for assistance that  
396 directly affects the enrolled minor child;
- 397 (b) Verification by a dentist, orthodontist, or oral surgeon of the dental procedures to be  
398 completed, and that they are a medical need, not cosmetic, and the cost or estimated cost  
399 of the dental services, which shall include the name, address, and Federal tax ID number  
400 of the dental health care provider;
- 401 (c) Verification of dental insurance and that the dental health care provider is an in-  
402 network provider;
- 403 (d) Verification that the applicant is utilizing the Indian Health Service Clinic in his/her  
404 service area if available;
- 405 6-5. *Receipt of Required Documentation.* Upon receipt of the completed application for dental  
406 related expenses assistance, the case manager shall determine if all required documentation  
407 was received from the applicant.
- 408 (a) The applicant shall provide all documentation requested by the case manager.

(b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.

(c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to ten (10) business days to provide the initial decision in writing to the applicant.

(d) An application for dental related expenses assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.

6-6. Upper and lower dentures are limited to a maximum of two hundred and fifty dollars (\$250.00) each per lifetime.

6-7. Financial assistance for dental related services other than dentures is limited to a maximum of five hundred dollars (\$500.00) within a twelve (12) month period.

6-8. Dental services requiring surgery or hospital care will be referred to the Medical Bill Assistance Program (Rule 3).

6-9. Braces, implants, veneers, teeth whitening, or any other services considered strictly cosmetic are not eligible for assistance.

6-10. CSF reserves the right to discontinue assistance based on funding availability.

## **VII. OPTICAL RELATED ASSISTANCE**

7-1. *Purpose.* The purpose of the Optical related assistance program is to provide enrolled members of the Nation with financial support with the costs associated with optical related services where no other resources exist.

7-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.

7-3. Approval from CSF is required prior to treatment or purchase.

7-4. *Eligibility Criteria.* In order to be eligible for Optical Related Equipment assistance, a person must provide a completed Community Support Fund application and the following:

(a) Proof of enrollment in the Nation;

(1) a non-enrolled parent of an enrolled minor child may apply for assistance that directly affects the enrolled minor child.

(b) Cost estimate of optical services this includes the name, address and Federal Tax ID of the provider;

(c) Verification of the severe optical illness/injury from an ophthalmologist, optician, or optometrist;

(d) Verification of optical insurance and that the ophthalmologist, optician, or optometrist is an in-network provider.

the application for assistance.

7-5. Applicant must utilize an Indian Health Service Clinic if available, or provided verification that such a clinic is not available.

7-6. *Receipt of Required Documentation.* Upon receipt of the completed application for Optical Related assistance, the case manager shall determine if all required documentation was received from the applicant.

(a) The applicant shall provide all documentation requested by the case manager.

(b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.

(c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to ten (10) business days to provide the initial decision in writing to the applicant.

(d) An application for Optical Related assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.

7-7. Eye glass frames and lenses are limited to a maximum of two hundred and fifty dollars (\$250.00) once per twelve (12) month period, and only the actual frame and lenses are eligible for assistance. Enhancements, including, but not limited to transitional lenses, tinting, or anti-reflective coatings, are not eligible for assistance.

7-8. Optical services requiring surgery or hospital care will be referred to the CSF Critical Medical Bill program.

7-9. Transportation costs associated with reporting to a treatment/medical facility will be referred to the CSF Critical Medical Travel Assistance program.

7-10. The following are not eligible for assistance: contact lenses, routine eye exams, vision correction surgery (eye laser surgery), or any other services that are considered cosmetic. This list is not exhaustive.

7-11. CSF reserves the right to discontinue assistance based on funding availability.

## **VIII. INPATIENT OR INTENSIVE OUTPATIENT TREATMENT ASSISTANCE**

8-1. *Purpose.* The purpose of the Inpatient or Intensive Outpatient Treatment assistance is to provide enrolled members of the Nation with financial support for inpatient or Intensive Outpatient treatment who have been referred by a licensed or certified counseling agency or program, or who have voluntarily entered into an inpatient or Intensive Outpatient treatment program where no other resources exist.

8-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.

8-3. Approval from CSF is required prior to the inpatient stay or intensive outpatient treatment in order to receive assistance.

8-4. *Eligibility Criteria.* In order to be eligible for Inpatient or Intensive Outpatient Treatment assistance, a person must provide a completed Community Support Fund application and the following:

(a) Proof of enrollment in the Nation;

(b) Cost estimate of the Treatment Center including the name, address and Federal Tax ID number;

(c) A referral from a licensed or certified counseling agency or program verifying the catastrophic illness;

(d) Verification of health insurance and that the treatment facility is in network. If not in network, verification is to be provided that attempts were made to find a facility in network;

- 499 8-5. *Receipt of Required Documentation.* Upon receipt of the completed application for Inpatient  
500 Treatment assistance, the case manager shall determine if all required documentation was  
501 received from the applicant.
- 502 (a) The applicant shall provide all documentation requested by the case manager.
- 503 (b) The case manager shall notify the applicant in writing of any necessary documentation  
504 that was not received and is still needed.
- 505 (c) Upon receipt of a completed application along with all the required documentation, the  
506 case manager shall have up to ten (10) business days to provide the initial decision in  
507 writing to the applicant.
- 508 (d) An application for Inpatient Treatment assistance shall be valid for thirty (30) days. If  
509 the applicant has a determination of award and/or coverage pending with another support  
510 or assistance resource, the application will be valid for an additional fifteen (15) days  
511 upon proof of that such determination is pending. If the applicant fails to provide all  
512 requested documentation, the case manager shall send the applicant an expiration notice  
513 for their application.
- 514 8-6. Inpatient or intensive outpatient treatment assistance is available up to a maximum of five  
515 thousand dollars (\$5,000.00) per lifetime.
- 516 8-7. Inpatient or intensive outpatient treatment assistance will be paid directly to the treatment  
517 facility and the treatment facility must be located within the continental United States.
- 518 8-8. Transportation costs associated with reporting to a treatment facility will be referred to the  
519 CSF Emergency/Non-emergency Medical Travel program (Rule 4 section 4-5).
- 520 8-9. Follow up care expenses in a residential facility, half-way house, or transitional shelter shall  
521 not exceed five hundred dollars (\$500.00) per month for two (2) months. Follow up care  
522 expenses do not apply to intensive outpatient treatment stays.
- 523 8-10. Shelter Assistance may be considered for intensive outpatient treatment when immediate prior  
524 working hours are during the hours of treatment. These hours must be verified through the  
525 employer and treatment facility, and shall not exceed five hundred dollars (\$500.00) per month  
526 for two (2) months.
- 527 8-11. Costs for incidentals such as food, personal care items, clothing, etc. are not eligible for  
528 assistance.
- 529 8-12. CSF reserves the right to discontinue assistance based on funding availability.

530

## 531 **IX. MEDICAL RELATED EQUIPMENT, SUPPLIES, OR FURNITURE**

- 532 9-1. *Purpose.* The purpose of the Medical Related Equipment, Supplies, or Furniture assistance  
533 program is to provide enrolled members of the Nation with financial assistance with furniture,  
534 equipment, or supplies verified by a licensed doctor as being necessary to improve or maintain  
535 the quality of life for those applicants who are diagnosed with a life-threatening or chronic  
536 medical condition where no other resources exist.
- 537 9-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
538 illness, injury or emergency event.
- 539 9-3. Prior approval must be received from the CSF before any purchases are made in order to be  
540 eligible for assistance.
- 541 9-4. Medically related equipment, supplies, or furniture must be rented whenever available.
- 542 9-5. *Eligibility Criteria.* In order to be eligible for Medical Related Equipment assistance, a person  
543 must provide a completed Community Support Fund application and the following:
- 544 (a) Proof of enrollment in the Nation;



- 545 (1) a non-enrolled parent of an enrolled minor child may apply for assistance that  
546 directly affects the enrolled minor child.
- 547 (b) The cost estimate of supplies or equipment prior to purchasing, which shall include  
548 the vendor name, address, and Federal Tax ID number;
- 549 (c) The prescription from a licensed medical physician which must specify the following:  
550 (1) If the need is on a short-term basis (less than six (6) months);  
551 (2) The specific life-threatening or chronic medical condition; and  
552 (3) That the equipment, supplies or furniture are need to improve or maintain  
553 the applicant's quality of life;
- 554 (d) Statement of denial of assistance from an Indian Health Service (HIS) facility or EOB  
555 from any third party insurance carrier;
- 556 (e) Proof of home ownership or rental lease agreement; and
- 557 9-6. *Receipt of Required Documentation.* Upon receipt of the completed application for Medical  
558 Related Equipment, Supplies, or Furniture assistance, the case manager shall determine if all  
559 required documentation was received from the applicant.
- 560 (a) The applicant shall provide all documentation requested by the case manager.
- 561 (b) The case manager shall notify the applicant in writing of any necessary documentation  
562 that was not received and is still needed.
- 563 (c) Upon receipt of a completed application along with all the required documentation, the  
564 case manager shall have up to ten (10) business days to provide the initial decision in  
565 writing to the applicant.
- 566 (d) An application for Medial Related Equipment, Supplies, or Furniture assistance shall  
567 be valid for thirty (30) days. If the applicant has a determination of award and/or  
568 coverage pending with another support or assistance resource, the application will be  
569 valid for an additional fifteen (15) days upon proof of that such determination is pending.  
570 If the applicant fails to provide all requested documentation, the case manager shall send  
571 the applicant an expiration notice for their application.
- 572 9-7. Financial assistance for this program is limited to a maximum of two thousand dollars  
573 (\$2,000.00) within a twelve (12) month period.
- 574 9-8. An additional five hundred dollars (\$500.00) may be considered based on medical  
575 documentation.
- 576 9-9. Permanent ramps require the applicant to be the homeowner. Temporary ramps must have the  
577 written consent of the property owner.
- 578 9-10. Home renovations necessary for handicap accessibility are limited to a maximum of two  
579 thousand dollars (\$2,000) once per twelve (12) month period.
- 580 (a) Renters are not eligible for home renovations.
- 581 (b) Home renovations may include, but is not limited to, accommodations to  
582 bathrooms, doorways, hallways for wheelchairs, or a walk-in or roll in shower.
- 583 9-11. The types of equipment, furniture or supplies to be considered for assistance may include, but  
584 is not limited to the following: hospital bed, lift chair, wheelchair, scooter, portable or  
585 permanent ramps, air conditioners, room air purification systems, hearing aids, artificial limbs,  
586 vision aids, wigs, and specialty made undergarments.
- 587 9-12. CSF reserves the right to discontinue assistance based on funding availability.  
588  
589  
590

591

592 **X. PRESCRIPTION REIMBURSEMENT ASSISTANCE.**

593 10-1. *Purpose.* The purpose of Prescription Reimbursement assistance is to assist enrolled members  
594 of the Nation with reimbursement of emergency prescribed medications that are needed after  
595 regular business hours or not available at Indian Health Service Clinic.

596 10-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
597 illness, injury or emergency event.

598 10-3. *Eligibility Criteria.* In order to be eligible for Prescription Reimbursement assistance, a person  
599 must provide a completed Community Support Fund application and the following:

- 600 (a) Proof of enrollment in the Nation;
- 601 (b) Verification of current group health insurance policy that covers prescriptions;
- 602 (c) Verification of coverage under a spouse/parent if available;
- 603 (d) Original receipts of prescription medication;
- 604 (e) Verification that the emergency medical prescription was needed after hours, which  
605 shall include the emergency room report or discharge summary;
- 606 (f) Verification that there is no Indian Health Service Clinic within ninety (90) miles of  
607 the applicant;

608 10-4. *Receipt of Required Documentation.* Upon receipt of the completed application for  
609 Prescription Reimbursement assistance, the case manager shall determine if all required  
610 documentation was received from the applicant.

- 611 (a) The applicant shall provide all documentation requested by the case manager.
- 612 (b) The case manager shall notify the applicant in writing of any necessary documentation  
613 that was not received and is still needed.
- 614 (c) Upon receipt of a completed application along with all the required documentation, the  
615 case manager shall have up to ten (10) business days to provide the initial decision in  
616 writing to the applicant.
- 617 (d) An application for Prescription Reimbursement assistance shall be valid for thirty (30)  
618 days. If the applicant has a determination of award and/or coverage pending with another  
619 support or assistance resource, the application will be valid for an additional fifteen (15)  
620 days upon proof of that such determination is pending. If the applicant fails to provide all  
621 requested documentation, the case manager shall send the applicant an expiration notice  
622 for their application.

623 10-5. Reimbursement for emergency prescriptions is limited to three hundred dollars (\$300.00)  
624 within a twelve (12) month period.

625 10-6. Prescription reimbursement must be submitted within forty-five (45) days of the original  
626 receipt date.

627 10-7. Prescribed medications for chemical dependency (i.e. methadone, suboxon, etc.) are not a  
628 covered benefit.

629 10-8. Denials from the IHS clinic resulting from not following preferred purchasing/care team  
630 (contract health) will not be covered (i.e. proof of residency not provided, application not  
631 updated, no seventy-two (72) hours notice, etc.)

632 10-9. CSF reserves the right to discontinue assistance based on funding availability.

633

634 **XI. COBRA INSURANCE PAYMENTS**

- 635 11-1. *Purpose.* The purpose of COBRA insurance payments assistance is to assist enrolled members  
636 of the Nation with payment of COBRA insurance premiums when they experience an  
637 interruption of employment.
- 638 11-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
639 illness, injury or emergency event.
- 640 11-3. *Eligibility Criteria.* In order to be eligible for COBRA insurance assistance, a person must  
641 provide a completed Community Support Fund application and the following:
- 642 (a) Proof of enrollment in the Nation;  
643 (b) Verification of current group health insurance policy;  
644 (c) Verification of coverage under a spouse/parent if available;  
645 (d) Verification of all state and public benefits applied for if eligible;  
646 (e) Written estimate of employer's group health care coverage plan premium for COBRA  
647 coverage;  
648 (f) Verification of medical diagnosis, prognosis, and approximate length of employment  
649 interruption;  
650 (g) Verification of the approved medical leave from employer;  
651 (h) Verification of all household employment within the last thirty (30) days of  
652 submission of the application for assistance.
- 653 11-4. *Receipt of Required Documentation.* Upon receipt of the completed application for COBRA  
654 insurance payments, the case manager shall determine if all required documentation was  
655 received from the applicant.
- 656 (a) The applicant shall provide all documentation requested by the case manager.  
657 (b) The case manager shall notify the applicant in writing of any necessary documentation  
658 that was not received and is still needed.  
659 (c) Upon receipt of a completed application along with all the required documentation, the  
660 case manager shall have up to ten (10) business days to provide the initial decision in  
661 writing to the applicant.  
662 (d) An application for COBRA insurance payments shall be valid for thirty (30) days. If  
663 the applicant has a determination of award and/or coverage pending with another support  
664 or assistance resource, the application will be valid for an additional fifteen (15) days upon  
665 proof of that such determination is pending. If the applicant fails to provide all requested  
666 documentation, the case manager shall send the applicant an expiration notice for their  
667 application.
- 668 11-5. COBRA insurance premium payments are limited to a maximum of five hundred dollars  
669 (\$500.00) per month for a total period of three (3) months. An additional three (3) months of  
670 COBRA Insurance premiums may be requested with additional supporting documentation  
671 from a medical professional which indicates the applicant's return to employment is  
672 established and with documentation from the employer approving the extended leave time.
- 673 11-6. Upon notification of employment termination, a referral to state or public assistance will be  
674 made.
- 675 11-7. CSF reserves the right to discontinue assistance based on funding availability.  
676
- 677 **XII. FAMILY MEDICAL LEAVE ACT WAGE REPLACEMENT**
- 678 12-1. *Purpose.* The purpose of the Family Medical Leave Act (FMLA) Wage Replacement  
679 assistance program is to assist enrolled members of the Nation with wage replacement when



- 680 wages are interrupted due to the need to care for an immediate family member as approved  
681 under the Family Medical Leave Act.
- 682 12-2. FMLA wage replacement assistance is available only to employed immediate family members  
683 utilizing the FMLA or approved medical leave by the caregiver's employer.
- 684 12-3. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
685 illness, injury or emergency event.
- 686 12-4. *Eligibility Criteria.* In order to be eligible for FMLA Wage Replacement assistance, a person  
687 must provide a completed Community Support Fund application and the following:
- 688 (a) Proof of enrollment in the Nation;  
689 (b) Verification that the caregiver has been employed with their company for at least  
690 twelve (12) months, and must have worked for at least one thousand two hundred and fifty  
691 (1250) hours in the last twelve (12) months;  
692 (c) Verification of approved FMLA or equivalent leave from the caregiver's employer;  
693 (d) Verification of the medical need requiring full-time care of the immediate family  
694 member, which indicates that continuous care is needed twenty four (24) hours per day, for  
695 seven (7) days a week. Said verification must also specify the approximate length of time  
696 this direct care is needed.  
697 (e) Verification of all household income within the last thirty (30) days of submission of  
698 the application for assistance.
- 699 12-5. *Receipt of Required Documentation.* Upon receipt of the completed application for FMLA  
700 Wage Replacement assistance, the case manager shall determine if all required documentation  
701 was received from the applicant.
- 702 (a) The applicant shall provide all documentation requested by the case manager.  
703 (b) The case manager shall notify the applicant in writing of any necessary documentation  
704 that was not received and is still needed.  
705 (c) Upon receipt of a completed application along with all the required documentation, the  
706 case manager shall have up to ten (10) business days to provide the initial decision in  
707 writing to the applicant.  
708 (d) An application for FMLA Wage Replacement assistance shall be valid for thirty (30)  
709 days. If the applicant has a determination of award and/or coverage pending with another  
710 support or assistance resource, the application will be valid for an additional fifteen (15)  
711 days upon proof of that such determination is pending. If the applicant fails to provide all  
712 requested documentation, the case manager shall send the applicant an expiration notice  
713 for their application.
- 714 12-6. FMLA wage replacement shall be for a maximum of three hundred and fifty dollars (\$350.00)  
715 per week for up to twelve (12) weeks. However, wages that are less than three hundred and  
716 fifty dollars (\$350.00) per week will be paid at the actual wage rate appearing on the  
717 caregiver's pay stubs.
- 718 12-7. An extension of an additional twelve (12) weeks of wage replacement may be considered on a  
719 case by case basis, and updated verification must be provided showing additional approved  
720 FMLA leave from the caregiver's employer.
- 721 12-8. FMLA wage replacement will not be available to caregivers who are unemployed, receiving  
722 social security benefits, retirement benefits, or any other source of income.
- 723 12-9. A W-2 tax statement will be issued to the caregiver from the Oneida Nation Central Accounting  
724 Department. This will be a separate W-2 tax statement from regular earnings if the caregiver  
725 is an employee of the Oneida Nation.

726 12-10. The applicant must notify the case manager ten (10) business days prior to the end of the  
727 approved FMLA.

728 12-11. The wage replacement will end seven (7) days after the immediate family member being cared  
729 for is institutionalized or passes away.

730 12-12. Failure of the applicant to report changes in the household will result in the termination of  
731 benefits.

732 12-13. Applicants are not eligible for shelter, utilities, or any other supportive service during the time  
733 of receiving wage replacement.

734 12-14. The applicant must be directly caring for an immediate family member, and not oneself.

735 12-15. CSF reserves the right to discontinue assistance based on funding availability.

736

### 737 **XIII. FIRE/NATURAL DISASTER ASSISTANCE**

738 13-1. *Purpose.* The purpose of the Fire/Natural Disaster Assistance program is to assist enrolled  
739 members of the Nation with financial support for fire or natural disaster shelter expenses where  
740 no other resources exist.

741 13-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
742 illness, injury or emergency event.

743 13-3. *Eligibility Criteria.* In order to be eligible for Fire/Natural Disaster assistance, a person must  
744 provide a completed Community Support Fund application and the following:

745 (a) Proof of enrollment in the Nation;

746 (b) A police and/or fire department report specifying the fire/natural disaster and  
747 confirming that the home is uninhabitable;

748 (c) Verification of claim submitted to homeowner's or renter's insurance if insured;

749 (d) Verification of assistance provided or applied for from disaster relief organizations  
750 such as Red Cross, FEMA, etc.;

751 (e) Verification of all household members at the time of the fire/natural disaster;

752 (f) Verification of lease or mortgage lender information.

753 13-4. *Receipt of Required Documentation.* Upon receipt of the completed application for  
754 Fire/Natural Disaster assistance, the case manager shall determine if all required  
755 documentation was received from the applicant.

756 (a) The applicant shall provide all documentation requested by the case manager.

757 (b) The case manager shall notify the applicant in writing of any necessary documentation  
758 that was not received and is still needed.

759 (c) Upon receipt of a completed application along with all the required documentation, the  
760 case manager shall have up to ten (10) business days to provide the initial decision in  
761 writing to the applicant.

762 (d) An application for Fire/Natural Disaster assistance shall be valid for thirty (45) days.  
763 If the applicant has a determination of award and/or coverage pending with another support  
764 or assistance resource such as Red Cross, the application will be valid for an additional  
765 fifteen (15) days upon proof of that such determination is pending. If the applicant fails to  
766 provide all requested documentation, the case manager shall send the applicant an  
767 expiration notice for their application.

768 13-5. Temporary shelter assistance will be given for up to a maximum of fifteen (15) days with the  
769 limit of seventy-five dollars (\$75.00) per day for a grand total of one thousand and one hundred  
770 and twenty-five dollars (\$1,125.00) if shelter expenses have not been paid by other resources.

- 771 13-6. Temporary shelter may be extended for up to an additional five (5) days upon verification from  
772 a licensed contractor that repairs are not able to be completed within the original fifteen (15)  
773 day time period, and alternate shelter is verified as not being available.
- 774 13-7. Immediate shelter arrangements may be made by the case manager for a hotel/motel, making  
775 an effort to obtain a room with appliances for storing and preparing meals.
- 776 13-8. Security deposit and first month's rent shall not exceed one thousand dollars (\$1,000.00) if the  
777 current home is uninhabitable and is in need of major repair beyond thirty (30) days. The  
778 following additional information must be provided:
- 779 (a) Landlord verification form which shall include the amount of security deposit and  
780 monthly rent;
- 781 (b) Copy of a new rental lease agreement;
- 782 (c) Verification that the household income can support the monthly rent expense.
- 783 13-10. Applicant is responsible to report to the Case Manager any changes in the current catastrophic  
784 situation, such as assistance from other agencies, or long-term housing arrangements.
- 785 13-11. Direct vendor payment may be made up to one hundred dollars (\$100.00) per family member  
786 for clothing and basic household item needs.
- 787 13-12. Any claim of items stored in a household by persons other than residents of the household will  
788 not be considered for assistance (i.e. stored items in basement, garage, etc.)
- 789 13-13. Some services are not eligible for assistance, including, but not limited to auto replacement,  
790 transportation, food, storage fees, furnishings, smoke or water damage cleaning fees, and  
791 rebuilding costs.
- 792 13-14. The CSF will not pay family members or caregivers, rather payment will be made to a valid  
793 landlord or mortgage holder.
- 794 13-15. The CSF reserves the right to discontinue assistance in cases where fraud or illegal activity has  
795 been determined to have caused the catastrophic event, illness, injury or emergency event  
796 resulting in the need for shelter.
- 797 13-16. The CSF reserves the right to discontinue assistance based on funding availability.  
798

#### 799 **XIV. FUNERAL TRAVEL REIMBURSEMENT**

- 800 14-1. *Purpose.* The purpose of the Funeral travel reimbursement program is to provide a consistent  
801 process of reimbursing enrolled members of the Nation with expenses associated with funeral  
802 travel when there are no other resources that exist.
- 803 14-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
804 illness, injury or emergency event.
- 805 14-3. *Eligibility Criteria.* In order to be eligible for Funeral travel reimbursement, a person must  
806 provide a completed Community Support Fund application and the following:
- 807 (a) Proof of enrollment in the Nation;
- 808 (b) A copy of the obituary that lists the immediate family member;
- 809 (c) A copy of the applicant's valid driver's license if requesting fuel reimbursement;
- 810 (d) Original receipts that show payment for hotel, gas, and/or airfare turned in for  
811 reimbursement within thirty (45) days of the date of the funeral;
- 812 14-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Funeral  
813 Travel Reimbursement assistance, the case manager shall determine if all required  
814 documentation was received from the applicant.
- 815 (a) The applicant shall provide all documentation requested by the case manager.

- 816 (b) The case manager shall notify the applicant in writing of any necessary documentation  
817 that was not received and is still needed.
- 818 (c) Upon receipt of a completed application along with all the required documentation, the  
819 case manager shall have up to ten (10) business days to provide the initial decision in  
820 writing to the applicant.
- 821 (d) An application for Funeral Travel Reimbursement assistance shall be valid for thirty  
822 (30) days. If the applicant has a determination of award and/or coverage pending with  
823 another support or assistance resource, the application will be valid for an additional  
824 fifteen (15) days upon proof of that such determination is pending. If the applicant fails  
825 to provide all requested documentation, the case manager shall send the applicant an  
826 expiration notice for their application.
- 827 14-5. Airfare, train, bus, lodging and vehicle fuel is limited to a combined maximum reimbursement  
828 amount of five hundred dollars (\$500.00).
- 829 (a) Multiple immediate family members are limited to reimbursement of five hundred  
830 dollars (\$500.00) each.
- 831 (b) Hotel lodging is limited to a maximum of seventy-five dollars (\$75.00) per night  
832 and up to two (2) nights of stay and is only for those who reside in excess of sixty (60)  
833 miles one-way from the location of the funeral.
- 834 (c) All receipts must coincide with the initial funeral date.
- 835 (d) Payments will not be made for “celebrations of life” or similar gatherings after the  
836 family members death.
- 837 14-6. Purchases not eligible for reimbursement include, but are not limited to, rental car, car repair,  
838 food, clothing, flowers, and actual funeral costs.
- 839 14-7. Vehicle fuel reimbursement is limited to those persons who must travel forty (40) or more  
840 miles one-way to attend a funeral service.
- 841 14-8. Reimbursement of travel expenses will not be considered when travel was completed more  
842 than forty-five (45) days after the verified date of the funeral.
- 843 14-9. CSF will not make any reservations for any form of travel. This assistance is by reimbursement  
844 only.
- 845 14-10. This program encourages multiple family members traveling to the same destination to  
846 carpool, and/or share hotel rooms whenever possible.
- 847 14-11. CSF reserves the right to discontinue assistance based on funding availability.  
848
- 849 **XV. APPLIANCE REPAIR AND REPLACEMENT: FURNACE AND WATER HEATER**
- 850 15-1. *Purpose.* The purpose of Appliance Repair and Replacement assistance is to assist enrolled  
851 members of the Nation with an emergency repair or replacement of a furnace or water heater  
852 where no other resources exist.
- 853 15-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
854 illness, injury or emergency event.
- 855 15-3. This assistance is limited to furnaces and water heaters, and shall not include any other kind of  
856 appliances.
- 857 15-4. *Eligibility Criteria.* In order to be eligible for Appliance Repair and Replacement assistance,  
858 a person must provide a completed Community Support Fund application and the following:  
859 (a) Proof of enrollment in the Nation;  
860 (b) Two (2) cost estimates for repair of a water heater or furnace from a licensed/certified  
861 repair professional, one (1) estimate is acceptable when weather is extremely cold and/or

- 862 during a National emergency, to include the name, address, phone number, and Federal  
863 Tax Identification number of the professional;  
864 (c) Verification that the applicant applied for Energy Assistance with the county agency  
865 in which the applicant resides, along with proof assistance was denied; and  
866 (d) Verification that the applicant is the owner of the home.
- 867 15-5. *Receipt of Required Documentation.* Upon receipt of the completed application for appliance  
868 repair and/or replacement assistance, the case manager shall determine if all required  
869 documentation was received from the applicant.
- 870 (a) The applicant shall provide all documentation requested by the case manager.  
871 (b) The case manager shall notify the applicant in writing of any necessary documentation  
872 that was not received and is still needed.  
873 (c) Upon receipt of a completed application along with all the required documentation, the  
874 case manager shall have up to ten (10) business days to provide the initial decision in  
875 writing to the applicant.  
876 (d) An application for appliance repair and/or replacement assistance shall be valid for  
877 thirty (30) days. If the applicant has a determination of award and/or coverage pending  
878 with another support or assistance resource, the application will be valid for an additional  
879 fifteen (15) days upon proof of that such determination is pending. If the applicant fails  
880 to provide all requested documentation, the case manager shall send the applicant an  
881 expiration notice for their application.
- 882 15-6. When a cost estimate indicates that the repair costs will exceed the value of the appliance,  
883 replacement will be considered and approved on a case by case basis.
- 884 15-7. The repair and/or replacement of a water heater shall be at least one hundred dollars (\$100.00)  
885 and not exceed six hundred dollars (\$600.00) once every ten (10) years.
- 886 15-8. The repair and/or replacement of a furnace shall not exceed two thousand and five hundred  
887 dollars (\$2,500.00) once per lifetime.
- 888 15-9. The CSF reserves the right to discontinue assistance based on funding availability.  
889

## 890 **XVI. SECURITY DEPOSIT ASSISTANCE**

- 891 16-1. *Purpose.* The purpose of the Security Deposit assistance program is to provide enrolled  
892 members of the Nation residing in the State of Wisconsin with financial support to ensure  
893 quality of life when shelter expenses are threatened with eviction.
- 894 16-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
895 illness, injury or emergency event.
- 896 16-3. *Eligibility Criteria.* In order to be eligible for Security Deposit assistance, a person must  
897 provide a completed Community Support Fund application and the following:
- 898 (a) Proof of enrollment in the Nation;  
899 (b) A landlord verification form completed by the potential landlord or a current  
900 rental/lease agreement showing the amount of the security deposit;  
901 (c) Verification of a current emergency situation, which shall include, but is not limited  
902 to, a pending eviction;  
903 (d) Eviction cannot be due to illegal activity with charges against the applicant see (125.7-  
904 2);  
905 (e) The applicant shall demonstrate the ability to fulfill the terms of the rental lease. The  
906 operators of the Fund shall not co-sign any lease.



907 16-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Security  
908 Deposit assistance, the case manager shall determine if all required documentation was  
909 received from the applicant.

910 (a) The applicant shall provide all documentation requested by the case manager.

911 (b) The case manager shall notify the applicant in writing of any necessary documentation  
912 that was not received and is still needed.

913 (c) Upon receipt of a completed application along with all the required documentation, the  
914 case manager shall have up to ten (10) business days to provide the initial decision in  
915 writing to the applicant.

916 (d) An application for Security Deposit assistance shall be valid for thirty (30) days. If  
917 the applicant has a determination of award and/or coverage pending with another support  
918 or assistance resource, the application will be valid for an additional fifteen (15) days  
919 upon proof of that such determination is pending. If the applicant fails to provide all  
920 requested documentation, the case manager shall send the applicant an expiration notice  
921 for their application.

922 16-5. Security Deposit assistance shall not exceed the amount of five hundred dollars (\$500.00) and  
923 approved once per lifetime

924 16-6. Security Deposit assistance is limited to one (1) person per household.

925 16-7. CSF will not pay family members or caregivers a security deposit; it must be a valid landlord.

926 16-8. CSF reserves the right to discontinue assistance based on funding availability.

927  
928 **XVII. SOCIAL SECURITY DISABILITY DETERMINATION SHELTER ASSISTANCE**

929 17-1. *Purpose.* The purpose of the Social Security Disability Determination Shelter assistance  
930 program is to assist enrolled members of the Nation with financial support for shelter expenses  
931 for those waiting an eligibility determination for the Social Security Administration for a  
932 disability finding.

933 17-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
934 illness, injury or emergency event.

935 17-3. *Eligibility Criteria.* In order to be eligible for Social Security Disability Determination Shelter  
936 assistance, a person must provide a completed Community Support Fund application and the  
937 following:

938 (a) Proof of enrollment in the Nation;

939 (b) Verification of a pending Social Security Disability Application;

940 (c) A Landlord verification form completed by a landlord or other statement from the  
941 mortgage holder that show the monthly rent and the applicant's current status;

942 (d) Verification of the applicant's current utility bills for water, heat, and electricity,  
943 however energy assistance must be applied for before any utility bills will be considered  
944 for payment;

945 (e) Verification of mortgage disability insurance, if applicable;

946 (f) Verification of all household income within the last thirty (30) days of submission of  
947 the application for assistance.

948 17-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Social  
949 Security Disability Determination Shelter assistance, the case manager shall determine if all  
950 required documentation was received from the applicant.

951 (a) The applicant shall provide all documentation requested by the case manager.

- 952 (b) The case manager shall notify the applicant in writing of any necessary documentation  
953 that was not received and is still needed.
- 954 (c) Upon receipt of a completed application along with all the required documentation, the  
955 case manager shall have up to ten (10) business days to provide the initial decision in  
956 writing to the applicant.
- 957 (d) An application for Social Security Disability Determination Shelter assistance shall  
958 be valid for thirty (30) days. If the applicant has a determination of award and/or  
959 coverage pending with another support or assistance resource, the application will be  
960 valid for an additional fifteen (15) days upon proof of that such determination is pending.  
961 If the applicant fails to provide all requested documentation, the case manager shall send  
962 the applicant an expiration notice for their application.
- 963 17-5. Rent/mortgage assistance shall not exceed the amount of five hundred dollars (\$500.00) per  
964 month, not to exceed twelve (12) months.
- 965 (a) Only the applicant's portion will be considered when the household consists of other  
966 adults.
- 967 (b) Rent/mortgage assistance will be terminated if the household fails to meet their  
968 timely portion of the scheduled payments.
- 969 (c) Retro-payment for back rent/mortgage assistance is not eligible for assistance.
- 970 17-6. Upon receipt of the verification that all other resources have been applied for, utility assistance  
971 will be considered for water, heat, and electricity.
- 972 (a) Only the applicant's portion of the utility bill will be considered when the household  
973 consists of other adults.
- 974 (b) The utility bill must be in the applicant or current household member's name.
- 975 (c) Payment for past due amounts owed for utilities are not eligible for assistance.
- 976 17-7. The applicant is responsible to report to the Case Manager any change(s) in the household  
977 within ten (10) business day from the change occurring.
- 978 (a) Examples of household change shall include, but is not limited to the following:  
979 relocation, household members, income, medical changes, submitted social security  
980 disability application, or application for or receipt of other agency assistance such as  
981 housing allowance, etc.
- 982 (b) Failure of the applicant to report changes in the household may result in suspension  
983 of benefits until verification of the change(s) is provided to the Case Manager, but  
984 shall not exceed thirty (30) days.
- 985 17-8. CSF will not pay family members or caregivers; the assistance is paid only to a valid landlord  
986 or mortgage holder.
- 987 17-9. CSF reserves the right to discontinue this assistance based on funding availability.
- 988 17-10. CSF reserves the right to discontinue this assistance in cases where fraud or illegal activity has  
989 been determined to have caused the eviction.
- 990 17-11. The Case Manager will provide ten (10) day written notification to an applicant whose  
991 assistance under this program is being discontinued.
- 992
- 993 **XVIII. UTILITY DISCONNECTION ASSISTANCE**
- 994 18-1. *Purpose.* The purpose of the Utility Disconnection assistance program is to assist enrolled  
995 members of the Nation with emergency financial support to ensure quality of life when home  
996 heating and electric services are threatened with disconnection.

- 997 18-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
998 illness, injury or emergency event.
- 999 18-3. *Eligibility Criteria.* In order to be eligible for Utility Disconnection assistance, a person must  
1000 provide a completed Community Support Fund application and the following:
- 1001 (a) Proof of enrollment in the Nation;
- 1002 (b) A copy of the current disconnection notice received from the utility company for the  
1003 household in which the applicant is residing;
- 1004 (c) Verification of address;
- 1005 (d) Verification of application for Energy Assistance and crisis assistance with the county  
1006 agency in which the applicant resides;
- 1007 (e) Verification of payments made in each of the three (3) previous months of at least  
1008 twenty-five dollars (\$25.00) per month.
- 1009 18-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Utility  
1010 Disconnection assistance, the case manager shall determine if all required documentation was  
1011 received from the applicant.
- 1012 (a) The applicant shall provide all documentation requested by the case manager.
- 1013 (b) The case manager shall notify the applicant in writing of any necessary documentation  
1014 that was not received and is still needed.
- 1015 (c) Upon receipt of a completed application along with all the required documentation, the  
1016 case manager shall have up to ten (10) business days to provide the initial decision in  
1017 writing to the applicant.
- 1018 (d) An application for Utility Disconnection assistance shall be valid for thirty (30)  
1019 days. If the applicant has a determination of award and/or coverage pending with another  
1020 support or assistance resource, the application will be valid for an additional fifteen (15)  
1021 days upon proof of that such determination is pending. If the applicant fails to provide all  
1022 requested documentation, the case manager shall send the applicant an expiration notice  
1023 for their application.
- 1024 18-5. Requests for assistance for the payment of utilities shall only be allowed once every two (2)  
1025 years by the responsible payee. Assistance requested under this Rule and under Rule 3 shall  
1026 be counted towards the total number of requests for the two (2) year period limit.
- 1027 18-6. Utility assistance shall not exceed the amount of three hundred dollars (\$300.00).
- 1028 18-7. CSF reserves the right to discontinue assistance based on funding availability.

1029  
1030 End.

1031  
1032 Adopted in whole 01-24-2018 – Effective 01-25-2018 – LOC Certified 01-17-2018

1033 Amended \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - Effective \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - LOC Certified \_\_\_\_ - \_\_\_\_ - \_\_\_\_



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Title 1. Government and Finances – Chapter 125  
Community Support Fund  
Rule Nos. 1 through 18

**I. Purpose, Delegation, Adoption, Amendment and Repeal**

1-1. *Purpose.* The purpose of the Community Support Fund rules is to provide guidance on how the Community Support Fund is utilized so that the Nation can assist the greatest number of members of the Nation who apply for assistance to the Fund in times of a catastrophic event, ~~catastrophic~~ illness, ~~or~~ injury, or emergency event when no other resources for assistance exist.

1-2. *Authority.* The Community Support Fund Law, Chapter 125, delegates rulemaking authority to the ~~Social Services Area of the Government Services Division~~ Fund Operator pursuant to the Administrative Rulemaking law (Chapter ~~17~~ 106 Oneida Code of Laws).

1-3. These rules were adopted by the Economic Support Department of the Social Services Area of the Government Services Division in accordance with the procedures of the Administrative Rulemaking law.

1-4. These rules may be amended or repealed by the Economic Support Department and/or the Oneida Business Committee pursuant to the procedures set out in the Administrative Rulemaking Law. For the purpose of future amendments to these rules, each article is a separate rule and may be amended as such.

1-5. Should a provision of these rules or the application thereof to any person or circumstances be held as invalid, such invalidity shall not affect other provisions of these rules which are considered to have legal force without the invalid portions.

1-6. In the event of a conflict between a provision of these rules and a provision of another rule, internal policy, procedure, or other regulation; the provisions of these rules shall control.

1-7. These rules supersede all prior rules, regulations, internal policies or other requirements relating to the Community Support Fund.

1-8. This Article applies to each subsequent rule listed herein.

**II. Definitions**

2-1. This section shall govern the definitions of words and phrases used within this rule. All words not defined herein shall be used in their ordinary and everyday sense.

(a) “Applicant” means the subject of the application for assistance.

(b) “Business day” means Monday through Friday from 8:00 a.m. to 4:30 p.m., excluding holidays of the Nation.

(c) “Caregiver” means the person who assists an ill or incapacitated immediate family member that is in need of twenty-four (24) hour per day, seven (7) days a week care.

(d) “Case manager” means an employee within the Fund operator responsible for administering ~~Community Support~~ Fund benefits.

(e) “Catastrophic event” means a natural or man-made incident, which results in a substantial damage or loss requiring major financial resources to repair or recover. ~~This includes~~ Including, but is not limited to, a house fire, tornado, flood, or other disaster.

(f) “Catastrophic illness/injury” means a serious debilitating illness, injury, impairment, or mental or physical condition that involves:

(1) In-patient care;

(2) A period of continuing treatment due to a chronic serious health condition, including, but not limited to, chemotherapy, radiation, dialysis, and daily~~/or~~ weekly therapy resulting from trauma;

(3) A period of illness or injury that is long-term due to a condition for which treatment may be ineffective including, but not limited to, stroke or terminal disease ~~or~~;

(4) Multiple treatments either for restorative surgery after an accident or other injury, or for a chronic condition, including, but not limited to ~~to, cancer~~to cancer or kidney disease.

(g) “COBRA” means the Consolidated Omnibus Budget Reconciliation Act of 1985 also known as continued group health care coverage costs under an employer’s plan.

(h) “Cosmetic” means any medical service provided with the intent to enhance a person’s appearance, including, but not limited to, braces, veneers, teeth whitening, implants, or other plastic surgery.

(i) “Critical Medical” means professionally delivered care or treating a life threatening illness which requires immediate or regularly scheduled monitored medical care, which includes, but is not limited to dialysis, chemotherapy, radiation, daily/weekly therapy resulting from trauma. This does not include routine annual or semi-annual appointments.

(j) “Emergency event” means a situation that poses an immediate risk to health, life, safety, property or environment. Emergencies require urgent intervention to prevent further illness, injury, death, or other worsening of the situation.

(k) “Emergency medical travel” means an unexpected serious health situation or occurrence requiring the immediate presence of immediate family. This includes, but is not limited to, end of life situations, and ~~situations in which~~/or an immediate family member is placed on life support.

(l) “Eviction” means the legal notice received from a landlord or mortgage holder that orders the tenant(s) to vacate the property.

(m) “FMLA” means the Family Medical Leave Act, a Federal law authorizing temporary time off from an employment position to provide direct care to a family member, without losing their employment status.

(n) “Fund” means the Community Support Fund.

(o) “Fund Operator” means the Economic Support Department, or other area within the Governmental Services Division designated authority over the operation of the Fund.

~~(p)~~(p) “Garnishment” means a legal action that directs that money owed be seized to satisfy a debt.

~~(p)~~(q) “Household” means all persons who reside together at the same residence.

~~(q)~~(r) “Immediate family” means an ~~individual’s~~applicant’s husband, wife, mother, father, ~~step mother, step father,~~ son, daughter, ~~step son, step daughter,~~ brother, sister, ~~step brother, step sister,~~ grandparent, grandchild, ~~mother in law, father in law, daughter in law, son in law, brother in law or sister in law~~aunt, uncle, niece, nephew, cousin, and any of ~~the~~ these relations attained through marriage or legal adoption, ~~and/or~~as well as a person who ~~is legally responsible or otherwise named the~~ has legal guardian responsibility for the applicant, ~~or a person the applicant has legal responsibility of.~~

~~(+)(s)~~ “Incapacitation” means a state in which a person is temporarily or permanently impaired by mental and/or physical deficiency, disability, illness or injury.

~~(s)(t)~~ “Income” means a measurement including, but not limited to, a combination of salaries, wages, retirement pension, disability income, government benefits, and unemployment of all people sharing a particular household/residence.

~~(+)(u)~~ “Legal guardian” means a person who has the legal authority to care for the personal and property interests of another person granted through a Court order.

~~(+)(v)~~ “Legal responsibility” means specific duties imposed upon a person to care or provide for another including liability for personal obligations as granted through a Power of Attorney or Court order.

~~(+)(w)~~ “Major medical surgery” means a surgical procedure that carries a degree of risk to the patient’s life, or the potential for severe disability if something goes wrong during surgery. It is a surgical procedure that usually requires a patient to be put under general anesthesia and given respiratory assistance because he or she cannot breathe independently.

~~(w)(x)~~ “Nation” means the Oneida Nation.

(y) “Public health emergency” means the occurrence or imminent threat of an illness or health condition which:

(1) is a quarantinable disease, or is believed to be caused by bioterrorism or a biological agent; and

(2) poses a high probability of any of the following:

(A) a large number of deaths or serious or long-term disability among humans; or

(B) widespread exposure to a biological, chemical, or radiological agent that creates a significant risk of substantial future harm to a large number of people.

~~(x)(z)~~ “Non-medical” means necessary intervention to support a patient with an on-going medical illness, injury or potential life threatening illness, and requires further testing or consultation with a specialist.

~~(+)(aa)~~ “Reimbursement” means to make repayment for expense(s) or a loss that incurred.

~~(z)(bb)~~ “Routine Exam” means an annual or semi-annual health exam provided by a physician, dentist, orthodontist, oral surgeon, or other similar health care specialist.

~~(aa)(cc)~~ “Security Deposit” means the payment of money held by a landlord in trust to protect him/herself from unpaid rent or damage to the living space.

~~(bb)(dd)~~ “Wages” means taxable income reported to the Internal Revenue Service for performing work.

128

### 129 III. SHELTER ASSISTANCE

130 3-1. *Purpose.* The purpose of shelter assistance is to assist enrolled members of the Nation with  
131 financial support for shelter expenses due to experiencing a catastrophic event, illness, or  
132 injury where no other resources exist.

133 3-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
134 illness, injury or emergency event.

135 3-3. *Eligibility Criteria.* In order to be eligible for shelter assistance a person must provide a  
136 completed Community Support Fund application and the following:

137 (a) Proof of enrollment in the Nation;

(b) Documentation verifying catastrophic event, illness, injury or other emergency event within the last thirty (30) days, including but not limited to:

(1) Medical verification specifying dates effected by illness or injury;

(2) Verification of short and/or long term disability specifying the dates received and the amount of the benefit;

(3) Other documentation listing damage or loss.

(c) Landlord Verification Form completed by the landlord of the applicant or a statement from the applicant's mortgage holder stating the applicant's monthly mortgage payment and current status;

(d) A current utility bill, such as a water, heat, or electricity bill;

~~(e) Verification of all household income for the last thirty (30) days;~~

~~(f)(e)~~ Verification of any mortgage disability insurance;

~~(g)(f)~~ Verification of an applicant's personal and/or vacation time from employment; and

~~(h)(g)~~ Any other documentation requested by the Community Support Fund case manager.

3-4. *Receipt of Required Documentation.* Upon receipt of the completed application for shelter assistance, the case manager shall determine if all required documentation was received from the applicant.

(a) The applicant shall provide all documentation requested by the case manager.

(b) The case manager shall notify the applicant within five (5) business days in writing of any necessary documentation that was not received and is still needed.

(c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to ten (10) business days to provide the initial decision in writing to the applicant.

(d) An application for shelter assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. —If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.

3-5. *Rent or Mortgage Assistance.* An applicant may request assistance for rent or mortgage payments.

(a) The amount provided for rent or mortgage assistance shall not exceed \$five hundred dollars (\$500.00) per month. The amount of rent or mortgage assistance shall not exceed a total of twenty-four (24) months per life-time of the applicant.

(b) Only the applicant's portion of the rent or mortgage owed shall be considered when determining the amount of rent or mortgage assistance if the applicant's household consists of other adults.

(c) Shelter assistance shall not be used to pay family members or caregivers of the applicant. Only a valid landlord or mortgage holder shall be paid.

3-6. *Utility Assistance.* An applicant may request assistance for utilities, such as heat, water, and electricity.

(a) The utility bill shall be in the applicant's or current household's member's name.

(b) Applicants shall provide verification of application to all other available resources and programs for utility assistance.

183 (1) The Wisconsin Home Energy Assistance Program (WHEAP) serves as an  
184 example of an alternate program the applicant should apply for before applying for  
185 ~~shelter~~utility assistance.

186 (c) Only the applicant's portion of the utility bill shall be considered when determining  
187 the amount of utility assistance if the applicant's household consists of other adults.

188 (d) The amount provided for utility assistance shall not exceed ~~\$~~three hundred dollars  
189 (\$300.00) and shall only be allowed once every two (2) years. Assistance requested under  
190 this Rule and under Rule 18 shall be counted towards the total number of requests for the  
191 two (2) year period limit.

192 3-7. *Reporting Changes in the Household.* The applicant shall report any changes in the household  
193 to the case manager within ten (10) business days from the change occurring.

194 (a) Changes in the household that shall be reported include, but are not limited to, the  
195 following: relocation, addition or subtraction of a household member, income changes,  
196 medical changes, submission of a social security disability application, submission of  
197 application or receipt of assistance from other agency or program.

198 (b) Failure of the applicant to report changes in the household may result in suspension  
199 of benefits until verification of the change(s) is provided to the case manager, not to exceed  
200 thirty (30) days.

201 3-8. *Discontinuation of Assistance.* The Community Support Fund Manager reserves the right to  
202 discontinue shelter assistance based on the following:

203 (a) A lack of funding availability

204 (b) A discovery that fraud or illegal activity has been determined to have caused  
205 homelessness.

206 (c) The case manager shall provide ten (10) day notification to an applicant whose shelter  
207 assistance will be discontinued.

208 3-9. *Changes in Household Information.* An applicant shall be responsible to report to the Fund  
209 Case Manager any change(s) in the household within ten (10) business days from the change.  
210 Changes shall include, but are not limited to the following:

211 (a) Relocation;

212 (b) Household member changes;

213 (c) Income;

214 (d) Medical changes;

215 (e) Submission of Social Security Disability application; and

216 (f) Receipt of other agency assistance

217 (1) Failure of an applicant to report changes in the household may result in  
218 suspension of assistance until verification of the change(s) is provided to the  
219 Fund Case Manager.

220 (2) An applicant shall have thirty (30) days to provide the verification once  
221 notification is received from the Fund Case Manager that verification is  
222 required.

223 3-10. ~~Hotel~~Lodging Assistance. ~~Hotel~~Lodging Assistance may be provided in the event of extreme  
224 situations as determined by the Fund Case Manager and the Director of Economic Support.

225

226 **IV. EMERGENCY/NON-EMERGENCY MEDICAL TRAVEL**



- 227 4-1. *Purpose.* The purpose is to assist enrolled members of the Nation with emergency and non-  
 228 emergency medical travel expenses. This assistance is limited to immediate family members  
 229 to assist with travel expenses.
- 230 4-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
 231 illness, injury or emergency event.
- 232 4-3. *Eligibility Criteria.* In order to be eligible for emergency/non-emergency medical travel  
 233 assistance, a person must provide a completed Community Support Fund application and the  
 234 following:
- 235 (a) Proof of enrollment in the Nation;
  - 236 (b) Verifications of medical appointments which include the medical condition, date, time  
 237 and location of the appointment;
  - 238 ~~(b)(c)~~ Verification of the applicants relationship to the patient;
  - 239 ~~(e)(d)~~ Verification of a valid driver's license for reimbursement of fuel purchases
  - 240 ~~(de)~~ Original receipts for hotel, gas, and/or airfare which shall be dated within thirty (30)  
 241 days of travel and show total cost paid; and
  - 242 ~~(e) Verification of all household income within the last thirty (30) days of submission of~~  
 243 ~~the application for assistance.~~
- 244 4-4. *Receipt of Required Documentation.* Upon receipt of the completed application for  
 245 emergency/non-emergency medical travel assistance, the case manager shall determine if all  
 246 required documentation was received from the applicant.
- 247 (a) The applicant shall provide all documentation requested by the case manager.
  - 248 (b) The case manager shall notify the applicant in writing of any necessary documentation  
 249 that was not received and is still needed.
  - 250 (c) Upon receipt of a completed application along with all the required documentation,  
 251 the case manager shall have up to ten (10) business days to provide the initial decision in  
 252 writing to the applicant.
  - 253 (d) An application for emergency/non-emergency medical travel assistance shall be valid  
 254 for thirty (30) days. If the applicant has a determination of award and/or coverage pending  
 255 with another support or assistance resource, the application will be valid for an additional  
 256 fifteen (15) days upon proof of that such determination is pending. If the applicant fails to  
 257 provide all requested documentation, the case manager shall send the applicant an  
 258 expiration notice for their application.
- 259 4-5. *Non-Emergency Travel.* Non-emergency travel is allowed when ~~an~~the applicant or  
 260 immediate family member has scheduled medical appointments as shown through medical  
 261 documentation.
- 262 ~~(a) (a)~~ Documentation of scheduled appointments must be submitted and have prior  
 263 approval.
  - 264 ~~(b) The medical appointment must be more than sixty (60) miles one way from the~~  
 265 ~~residence of the applicant.~~
  - 266 ~~(b) (e) Gas cards~~Non-emergent medical travel for local members with chronic serious  
 267 medical needs may be reimbursed to the applicant with a valid receipt within forty-  
 268 five (45) days of appointments. Once the application is approved, applicants within  
 269 the reservation boundires may receive assistance direcelty from the program during  
 270 regular business hours.
  - 271 (c) Non-Emergency Travel Less Than Sixty (60) Miles One Way.

(1) Applicants within the reservation boundaries traveling less than sixty (60) miles one way may be eligible for public or tribal transportation transit passes for verified chronic serious medical appointments.

(2) Applicants traveling less than sixty (60) miles one way may receive assistance or reimbursement not to exceed twenty dollars (\$20.00) per week for verified chronic serious medical appointments.

(d) Non-Emergency Travel At Least Sixty (60) Miles One Way.

(1) Those who travel from sixty (60) miles up to one hundred fifty (150) miles one-way shall receive a thirty dollar (\$30.00) fuel assistance. Travel may also be eligible for reimbursement for up to thirty dollars (\$30.00) with original receipts that coincide with a medical appointment.

(2) Those who travel over one hundred and fifty (150) miles one-way shall receive a forty dollar (\$40.00) fuel assistance. Travel may also be eligible for reimbursement for up to forty dollars (\$40.00) with original receipts that coincide with a medical appointment.

(e) Fuel Assistance will be disbursed the day prior to the appointment if application is timely and original receipts are due within seven (7) business days. If receipts are not turned in, future requests for assistance will be denied for six (6) consecutive months starting when the first new request is made.

~~(1) Those who travel from sixty (60) miles up to one hundred fifty (150) miles one-way shall receive a \$30.00 gas card. Travel may also be eligible for reimbursement for up to \$30.00 with original receipts that coincide with an appointment.~~

~~(2) Those who travel over one hundred fifty (150) miles one-way shall receive a \$40.00 gas card. Travel may also be eligible for reimbursement for up to \$40.00 with original receipts that coincide with an appointment.~~

~~(d)~~ (f) Hotel reimbursement shall be a maximum of \$seventy-five dollars (\$75.00) per night for up to a maximum of three (3) nights, and shall only be considered for approval by the Fund Case Manager where the appointment is more than one hundred (100) miles one-way from the residence of the applicant.

4-6. *Emergency Travel.* Emergency travel assistance is allowed when an immediate family member has a sudden or worsening life-threatening illness or injury, and is provided only on as a reimbursement of expenses.

(a) Airfare, bus, train, lodging, and vehicle fuel is limited to a combined maximum reimbursement amount of \$five hundred dollars (\$500.00-).

(b) Multiple immediate family members are limited to a reimbursement amount of \$five hundred dollars (\$500.00) each.

(c) Reimbursement for emergency travel assistance is limited to those persons who must travel one hundred (100) miles or more one-way.

(d) Hotel reimbursement shall be a maximum of \$seventy-five dollars (\$75.00) per night.

(e) All receipts must coincide with the emergency event that required the applicant to travel. Applicant is responsible for providing all proper documentation regarding the illness or injury that required travel and the required receipts in order to be eligible for reimbursement.

4-7. *Auto Repairs.* Auto repair assistance is allowed when the vehicle is necessary to obtain/maintain ongoing critical medical care when no other resources exist.



(a) Auto repair assistance is limited to critical medical patients only and will be denied when an alternate vehicle is owned and available for use;

(b) Auto repair assistance will only cover repairs that are necessary to keep the vehicle in standard operating condition. No routine maintenance or auto body repairs shall be eligible for assistance. Routine maintenance or repairs shall include, but is not limited to, oil changes, brakes, tires, batteries/fuses, lights, tune-ups, exhaust systems, flushes, and glass replacement;

\_\_\_\_\_ (c) Auto repair assistance is limited to a maximum amount of \$five hundred dollars (\$500.00) once every twelve ~~-(12)~~ months;

(d) Emergency repairs needed to obtain critical medical care which occurs outside of the program's business hours, may be considered on a case by case basis, in consultation with an independent ASE certified auto technician, and for services that occurred within the previous ten (10) days of the application;

\_\_\_\_\_ (e) Towing assistance may be considered on a case by case basis for reimbursement up ~~—to a~~ maximum of \$two hundred and fifty dollars (\$250.00) once every twelve (12) months when the vehicle is inoperable ~~—and towed to an ASE certified mechanic.~~

4-8. *Items not Covered.* The Fund Case Manager is not responsible and will not make any reservations for any form of travel. In addition, the following items, which are not all inclusive, are not a benefit of this assistance program:

(a) Auto insurance and deductibles;

(b) Car Rentals;

(c) Personal expenses, including, but not limited to, meals or personal care items;

(d) Auto loans and vehicle registration.

4-9. This program encourages and requests that multiple family members traveling to the same destination carpool and share hotel rooms whenever possible.

4-10. CSF reserves the right to discontinue assistance based on funding availability.

## V. MEDICAL BILL ASSISTANCE

5-1. *Purpose.* The purpose of this program is to assist enrolled members of the Nation with financial support for the cost of unpaid medical bills (deductibles and copays not covered) where no other resources exist.

5-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.

5-3. *Eligibility Criteria.* In order to be eligible for Medical Bill assistance, a person must provide a completed Community Support Fund application and the following:

(a) Proof of enrollment in the Nation

(1) a non-enrolled parent of an enrolled minor child may apply for assistance that directly affects the enrolled minor child;

(b) Medical billing statements for the dates of service which are within the last twelve (12) months; and be more than fifty dollars (\$50.00);

(c) Verification that the applicant's health insurance was utilized within his/her health care network;

(d) Explanation of Benefit (EOB) statements received from the health insurance provider showing what portion the health insurance covered;

(e) Verification that an Indian Health Service Clinic (IHS) was utilized if applicant is in its service area;

(f) Verification that the applicant applied for all of the financial care or assistance programs offered at the medical facility;

~~(g) Verification of all household income within the last thirty (30) days of submission of the application for assistance.~~

~~(h)~~ ~~(g)~~ Statements of denial of assistance or caseworker verification of denial based on eligibility criteria, from an Indian Health Service (IHS) facility or (EOB) from any third party insurance carrier.

5-4. *Receipt of Required Documentation.* Upon receipt of the completed application for medical bill assistance, the case manager shall determine if all required documentation was received from the applicant.

(a) The applicant shall provide all documentation requested by the case manager.

(b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.

(c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to ~~ten (10-)~~ business days to provide the initial decision in writing to the applicant.

(d) An application for medical bill assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.

5-5. Financial assistance will only be available for services already rendered by a Health Care Provider for up to a maximum of ~~\$five thousand dollars (\$5,000.00)~~ within a twelve (12) month period. An extension of this twelve (12) month period can be considered only for chronic medical conditions, but may not exceed an additional ~~\$five thousand dollars (\$5,000.00-)~~.

5-6. Medical and/or hospital bills incurred from illegal activity (i.e. operating while intoxicated, injuries due to alcohol or drug use, etc.), or medical conditions that are a direct result from ~~drug use, including the abuse of prescription drugs, are not eligible for assistance, except for~~ Rule 8 which covers Inpatient or Intensive Outpatient treatment.

5-7. Insurance denials resulting from an applicant's failure to submit information pertinent to processing an insurance claim are not eligible or assistance.

5-8. Medical bills that have aged beyond twelve (12) months, or which have been referred to a collection agency are not eligible for assistance.

5-9. Chiropractic care, holistic treatment, pain clinic treatment/injections, methadone clinic, ~~Saboxin~~ Sabaxon injection and/or nursing home and/or any assisted living facility are not eligible for assistance.

5-10. CSF reserves the right to discontinue assistance based on funding availability.

## VI. DENTAL RELATED EXPENSES

6-1. *Purpose.* The purpose of dental related expenses assistance is to assist enrolled members of the Nation with financial support with the cost of dental-related services where no other resources exist.

- 408 6-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
 409 illness, injury or emergency event.
- 410 6-3. Approval is from the Community Support Fund case manager is required prior to receiving  
 411 treatment from a dental health care provider.
- 412 6-4. *Eligibility Criteria.* In order to be eligible for dental related expenses assistance, a person must  
 413 provide a completed Community Support Fund application and the following:
- 414 (a) Proof of enrollment in the Nation;  
 415 (1) a non-enrolled parent of an enrolled minor child may apply for assistance that  
 416 directly affects the enrolled minor child;
- 417 (b) Verification by a dentist, orthodontist, or oral surgeon of the dental procedures to be  
 418 completed, and that they are a medical need, not cosmetic, and the cost or estimated cost  
 419 of the dental services, which shall include the name, address, and Federal tax ID number  
 420 of the dental health care provider;
- 421 (c) Verification of dental insurance and that the dental health care provider is an in-  
 422 network provider;
- 423 (d) Verification that the applicant is utilizing the Indian Health Service Clinic in his/her  
 424 service area if available;
- 425 ~~(e) Verification of all household income within the last thirty (30) days of submission of~~  
 426 ~~the application for assistance.~~
- 427 6-5. *Receipt of Required Documentation.* Upon receipt of the completed application for dental  
 428 related expenses assistance, the case manager shall determine if all required documentation  
 429 was received from the applicant.
- 430 (a) The applicant shall provide all documentation requested by the case manager.
- 431 (b) The case manager shall notify the applicant in writing of any necessary documentation  
 432 that was not received and is still needed.
- 433 (c) Upon receipt of a completed application along with all the required documentation, the  
 434 case manager shall have up to ~~ten (10)~~ business days to provide the initial decision in  
 435 writing to the applicant.
- 436 ~~(d) An application for dental related expenses assistance shall be valid for thirty (30)~~  
 437 ~~\_\_\_\_\_ days. If the applicant has a determination of award and/or coverage pending~~  
 438 ~~with another \_\_\_\_\_ support or assistance resource, the application will be valid for an additional~~  
 439 ~~fifteen (15) \_\_\_\_\_ days upon proof of that such determination is pending. If the applicant fails~~  
 440 ~~to provide all \_\_\_\_\_ requested documentation, the case manager shall send the applicant an~~  
 441 ~~expiration notice \_\_\_\_\_ for their application.~~
- 442 6-6. Upper and lower dentures are limited to a maximum of ~~\$two hundred and fifty dollars~~  
 443 ~~(\$250.00)~~ each per lifetime.
- 444 6-7. Financial assistance for dental related services other than dentures is limited to a maximum of  
 445 ~~\$five hundred dollars (\$500.00)~~ within a twelve (12) month period.
- 446 6-8. Dental services requiring surgery or hospital care will be referred to the Medical Bill  
 447 Assistance Program (Rule 3).
- 448 6-9. Braces, implants, veneers, teeth whitening, or any other services considered strictly cosmetic  
 449 are not eligible for assistance.
- 450 6-10. CSF reserves the right to discontinue assistance based on funding availability.

## 451 452 VII. OPTICAL RELATED ASSISTANCE

- 453 7-1. *Purpose.* The purpose of the Optical related assistance program is to provide enrolled members  
454 of the Nation with financial support with the costs associated with optical related services  
455 where no other resources exist.
- 456 7-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
457 illness, injury or emergency event.
- 458 7-3. Approval from CSF is required prior to treatment or purchase.
- 459 7-4. *Eligibility Criteria.* In order to be eligible for Optical Related Equipment assistance, a person  
460 must provide a completed Community Support Fund application and the following:
- 461 (a) Proof of enrollment in the Nation;  
462 (1) a non-enrolled parent of an enrolled minor child may apply for assistance that  
463 directly affects the enrolled minor child.
- 464 (b) Cost estimate of optical services this includes the name, address and Federal Tax ID  
465 of the provider;
- 466 (c) Verification of the severe optical illness/injury from an ophthalmologist, optician, or  
467 optometrist;
- 468 (d) Verification of optical insurance and that the ophthalmologist, optician, or optometrist  
469 is an in-network provider.
- 470 ~~(e) Verification of all household income within the last thirty (30) days of submission of~~  
471 the application for assistance.
- 472 7-5. Applicant must utilize an Indian Health Service Clinic if available, or provided verification  
473 that such a clinic is not available.
- 474 7-6. *Receipt of Required Documentation.* Upon receipt of the completed application for Optical  
475 Related assistance, the case manager shall determine if all required documentation was  
476 received from the applicant.
- 477 (a) The applicant shall provide all documentation requested by the case manager.
- 478 (b) The case manager shall notify the applicant in writing of any necessary documentation  
479 that was not received and is still needed.
- 480 (c) Upon receipt of a completed application along with all the required documentation, the  
481 case manager shall have up to ~~ten (10)~~ business days to provide the initial decision in  
482 writing to the applicant.
- 483 (d) An application for Optical Related assistance shall be valid for thirty (30) days. If the  
484 applicant has a determination of award and/or coverage pending with another support or  
485 assistance resource, the application will be valid for an additional fifteen (15) days upon  
486 proof of that such determination is pending. If the applicant fails to provide all requested  
487 documentation, the case manager shall send the applicant an expiration notice for their  
488 application.
- 489 7-7. Eye glass frames and lenses are limited to a maximum of ~~\$250.00~~ **\$two hundred and fifty dollars**  
490 **(two hundred and fifty dollars)** once per twelve (12) month period, and only the actual frame and lenses are eligible  
491 for assistance. Enhancements, including, but not limited to transitional lenses, tinting, or anti-  
492 reflective coatings, are not eligible for assistance.
- 493 7-8. Optical services requiring surgery or hospital care will be referred to the CSF Critical Medical  
494 Bill program.
- 495 7-9. Transportation costs associated with reporting to a treatment/medical facility will be referred  
496 to the CSF Critical Medical Travel Assistance program.

497 7-10. The following are not eligible for assistance: contact lenses, routine eye exams, vision  
498 correction surgery (eye laser surgery), or any other services that are considered cosmetic. This  
499 list is not exhaustive.

500 7-11. CSF reserves the right to discontinue assistance based on funding availability.

501

502 **VIII. INPATIENT OR INTENSIVE OUTPATIENT TREATMENT ASSISTANCE**

503 8-1. *Purpose.* The purpose of the Inpatient or Intensive Outpatient Treatment assistance is to  
504 provide enrolled members of the Nation with financial support for inpatient or Intensive  
505 Outpatient treatment who have been referred by a licensed or certified counseling agency or  
506 program, or who have voluntarily entered into an inpatient or Intensive Outpatient treatment  
507 program where no other resources exist.

508 8-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
509 illness, injury or emergency event.

510 8-3. Approval from CSF is required prior to the inpatient stay or intensive outpatient treatment in  
511 order to receive assistance.

512 8-4. *Eligibility Criteria.* In order to be eligible for Inpatient or Intensive Outpatient Treatment  
513 assistance, a person must provide a completed Community Support Fund application and the  
514 following:

515 (a) Proof of enrollment in the Nation;

516 (b) Cost estimate of the Treatment Center including the name, address and Federal Tax  
517 ID number;

518 (c) A referral from a licensed or certified counseling agency or program verifying the  
519 catastrophic illness;

520 (d) Verification of health insurance and that the treatment facility is in network. If not in  
521 network, verification is to be provided that attempts were made to find a facility in network;

522 ~~(e) Verification of all household income within the last thirty (30) days of submission of~~  
523 ~~the application for assistance.~~

524 8-5. *Receipt of Required Documentation.* Upon receipt of the completed application for Inpatient  
525 Treatment assistance, the case manager shall determine if all required documentation was  
526 received from the applicant.

527 (a) The applicant shall provide all documentation requested by the case manager.

528 (b) The case manager shall notify the applicant in writing of any necessary documentation  
529 that was not received and is still needed.

530 (c) Upon receipt of a completed application along with all the required documentation, the  
531 case manager shall have up to ~~ten (10)~~ business days to provide the initial decision in  
532 writing to the applicant.

533 (d) An application for Inpatient Treatment assistance shall be valid for thirty (30) days. If  
534 the applicant has a determination of award and/or coverage pending with another support  
535 or assistance resource, the application will be valid for an additional fifteen (15) days  
536 upon proof of that such determination is pending. If the applicant fails to provide all  
537 requested documentation, the case manager shall send the applicant an expiration notice  
538 for their application.

539 8-6. Inpatient or intensive outpatient treatment assistance is available up to a maximum of ~~\$five~~  
540 ~~thousand dollars (\$5,000.00)~~ per lifetime.

541 8-7. Inpatient or intensive outpatient treatment assistance will be paid directly to the treatment  
542 facility and the treatment facility must be located within the continental United States.



- 543 8-8. Transportation costs associated with reporting to a treatment facility will be referred to the  
544 CSF Emergency/Non-emergency Medical Travel program (Rule ~~2~~.4 section 4-5).  
545 ~~8-9. Inpatient or intensive outpatient treatment stay requests that are court ordered due to a criminal~~  
546 ~~conviction, or as an alternative to a criminal conviction, are not a benefit of this program.~~  
547 ~~8-10~~8-9. Follow up care expenses in a residential facility, half-way house, or transitional shelter  
548 shall ~~be limited to one (1) month, and shall~~ not exceed ~~\$five hundred dollars (\$500.00.) per~~  
549 ~~month for two (2) months.~~ Follow up care expenses do not apply to intensive outpatient  
550 treatment stays.  
551 ~~8-11~~10. Shelter Assistance may be considered for intensive outpatient treatment when immediate  
552 prior working hours are during the hours of treatment. These hours must be verified through  
553 the employer and treatment facility, and shall not exceed ~~\$500.00~~five hundred dollars  
554 ~~(\$500.00) per month for two (2) months.~~  
555 ~~8-12~~11. Costs for incidentals such as food, personal care items, clothing, etc. are not eligible for  
556 assistance.  
557 ~~8-13~~12. CSF reserves the right to discontinue assistance based on funding availability.  
558

## 559 IX. MEDICAL RELATED EQUIPMENT, SUPPLIES, OR FURNITURE

- 560 9-1. *Purpose.* The purpose of the Medical Related Equipment, Supplies, or Furniture assistance  
561 program is to provide enrolled members of the Nation with financial assistance with furniture,  
562 equipment, or supplies verified by a licensed doctor as being necessary to improve or maintain  
563 the quality of life for those applicants who are diagnosed with a life-threatening or chronic  
564 medical condition where no other resources exist.  
565 9-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
566 illness, injury or emergency event.  
567 9-3. Prior approval must be received from the CSF before any purchases are made in order to be  
568 eligible for assistance.  
569 9-4. Medically related equipment, supplies, or furniture must be rented whenever available.  
570 9-5. *Eligibility Criteria.* In order to be eligible for Medical Related Equipment assistance, a person  
571 must provide a completed Community Support Fund application and the following:  
572 (a) Proof of enrollment in the Nation;  
573 (1) a non-enrolled parent of an enrolled minor child may apply for assistance that  
574 directly affects the enrolled minor child.  
575 (b) The cost estimate of supplies or equipment prior to purchasing, which shall include  
576 the vendor name, address, and Federal Tax ID number;  
577 (c) The prescription from a licensed medical physician which must specify the following:  
578 (1) If the need is on a short-term basis (less than six (6) months);  
579 (2) The specific life-threatening or chronic medical condition; and  
580 (3) That the equipment, supplies or furniture are need to improve or maintain  
581 the applicant's quality of life;  
582 (d) Statement of denial of assistance from an Indian Health Service (HIS) facility or EOB  
583 from any third party insurance carrier;  
584 (e) Proof of home ownership or rental lease agreement; and  
585 ~~(f) Verification of all household income within the last thirty (30) days of submission of~~  
586 ~~the application for assistance.~~

- 587 9-6. *Receipt of Required Documentation.* Upon receipt of the completed application for Medical  
588 Related Equipment, Supplies, or Furniture assistance, the case manager shall determine if all  
589 required documentation was received from the applicant.
- 590 (a) The applicant shall provide all documentation requested by the case manager.
- 591 (b) The case manager shall notify the applicant in writing of any necessary documentation  
592 that was not received and is still needed.
- 593 (c) Upon receipt of a completed application along with all the required documentation, the  
594 case manager shall have up to ten (10) business days to provide the initial decision in  
595 writing to the applicant.
- 596 (d) An application for Medical Related Equipment, Supplies, or Furniture assistance shall  
597 be valid for thirty (30) days. If the applicant has a determination of award and/or  
598 coverage pending with another support or assistance resource, the application will be  
599 valid for an additional fifteen (15) days upon proof of that such determination is pending.  
600 If the applicant fails to provide all requested documentation, the case manager shall send  
601 the applicant an expiration notice for their application.
- 602 9-7. Financial assistance for this program is limited to a maximum of \$~~1~~two thousand dollars  
603 (\$2,000.00) within a twelve (12) month period.
- 604 9-8. An additional \$~~five~~ hundred dollars (\$500.00) may be considered based on medical  
605 documentation.
- 606 9-9. Permanent ramps require the applicant to be the homeowner. Temporary ramps must have the  
607 written consent of the property owner.
- 608 9-10. Home renovations necessary for handicap accessibility are limited to a maximum of \$~~1~~two  
609 thousand dollars (\$2,000) once per twelve (12) month period.
- 610 (a) Renters are not eligible for home renovations.
- 611 (b) Home renovations may include, but is not limited to, accommodations to  
612 bathrooms, doorways, hallways for wheelchairs, or a walk-in or roll in shower.
- 613 9-11. The types of equipment, furniture or supplies to be considered for assistance may include, but  
614 is not limited to the following: ~~hospital bed, lift chair, wheelchair, scooter,~~ portable or  
615 permanent ramps, air conditioners, room air purification systems, hearing aids, artificial limbs,  
616 vision aids, wigs, and specialty made undergarments.
- 617 9-12. CSF reserves the right to discontinue assistance based on funding availability.

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## 622 X. PRESCRIPTION REIMBURSEMENT ASSISTANCE.

- 623 10-1. *Purpose.* The purpose of Prescription Reimbursement assistance is to assist enrolled members  
624 of the Nation with reimbursement of emergency prescribed medications that are needed after  
625 regular business hours or not available at Indian Health Service Clinic.
- 626 10-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
627 illness, injury or emergency event.
- 628 10-3. *Eligibility Criteria.* In order to be eligible for Prescription Reimbursement assistance, a person  
629 must provide a completed Community Support Fund application and the following:
- 630 (a) Proof of enrollment in the Nation;
- 631 (b) Verification of current group health insurance policy that covers prescriptions;
- 632 (c) Verification of coverage under a spouse/parent if available;



- 633 (d) Original receipts of prescription medication;  
 634 (e) Verification that the emergency medical prescription was needed after hours, which  
 635 shall include the emergency room report or discharge summary;  
 636 (f) Verification that there is no Indian Health Service Clinic within ninety (90) miles of  
 637 the applicant;  
 638 ~~(g) Verification of all household income within the last thirty (30) days of submission of~~  
 639 ~~the application for assistance.~~
- 640 10-4. *Receipt of Required Documentation.* Upon receipt of the completed application for  
 641 Prescription Reimbursement assistance, the case manager shall determine if all required  
 642 documentation was received from the applicant.
- 643 (a) The applicant shall provide all documentation requested by the case manager.  
 644 (b) The case manager shall notify the applicant in writing of any necessary documentation  
 645 that was not received and is still needed.  
 646 (c) Upon receipt of a completed application along with all the required documentation, the  
 647 case manager shall have up to ~~ten (10-)~~ business days to provide the initial decision in  
 648 writing to the applicant.  
 649 (d) An application for Prescription Reimbursement assistance shall be valid for thirty (30)  
 650 days. If the applicant has a determination of award and/or coverage pending with another  
 651 support or assistance resource, the application will be valid for an additional fifteen (15)  
 652 days upon proof of that such determination is pending. If the applicant fails to provide all  
 653 requested documentation, the case manager shall send the applicant an expiration notice  
 654 for their application.
- 655 10-5. Reimbursement for emergency prescriptions is limited to ~~\$three hundred dollars (\$300.00)~~  
 656 within a twelve (12) month period.
- 657 10-6. Prescription reimbursement must be submitted within ~~thirty (30)~~~~forty-five (45)~~ days of the  
 658 original receipt date.
- 659 10-7. Prescribed medications for chemical dependency (i.e. methadone, ~~soapboxingsuboxon~~, etc.)  
 660 are not a covered benefit.
- 661 10-8. Denials from the IHS clinic resulting from not following preferred purchasing/care team  
 662 (contract health) will not be covered (i.e. proof of residency not provided, application not  
 663 updated, no ~~seventy-two (72)~~ hours notice, etc.)
- 664 10-9. CSF reserves the right to discontinue assistance based on funding availability.

## 666 XI. COBRA INSURANCE PAYMENTS

- 667 11-1. *Purpose.* The purpose of COBRA insurance payments assistance is to assist enrolled members  
 668 of the Nation with payment of COBRA insurance premiums when they experience an  
 669 interruption of employment.
- 670 11-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
 671 illness, injury or emergency event.
- 672 11-3. *Eligibility Criteria.* In order to be eligible for COBRA insurance assistance, a person must  
 673 provide a completed Community Support Fund application and the following:
- 674 (a) Proof of enrollment in the Nation;  
 675 (b) Verification of current group health insurance policy;  
 676 (c) Verification of coverage under a spouse/parent if available;  
 677 (d) Verification of all state and public benefits applied for if eligible;

- 678 (e) Written estimate of employer's group health care coverage plan premium for COBRA  
 679 coverage;  
 680 (f) Verification of medical diagnosis, prognosis, and approximate length of employment  
 681 interruption;  
 682 (g) Verification of the approved medical leave from employer;  
 683 (h) Verification of all household ~~income~~employment within the last thirty (30) days of  
 684 submission of the application for assistance.
- 685 11-4. *Receipt of Required Documentation.* Upon receipt of the completed application for COBRA  
 686 insurance payments, the case manager shall determine if all required documentation was  
 687 received from the applicant.
- 688 (a) The applicant shall provide all documentation requested by the case manager.  
 689 (b) The case manager shall notify the applicant in writing of any necessary documentation  
 690 that was not received and is still needed.  
 691 (c) Upon receipt of a completed application along with all the required documentation, the  
 692 case manager shall have up to ten (10) business days to provide the initial decision in  
 693 writing to the applicant.  
 694 (d) An application for COBRA insurance payments shall be valid for thirty (30) days. If  
 695 the applicant has a determination of award and/or coverage pending with another support  
 696 or assistance resource, the application will be valid for an additional fifteen (15) days upon  
 697 proof of that such determination is pending. If the applicant fails to provide all requested  
 698 documentation, the case manager shall send the applicant an expiration notice for their  
 699 application.
- 700 11-5. COBRA insurance premium payments are limited to a maximum of \$five hundred dollars  
 701 (\$500.00) per month for a total period of three (3) months. An additional three (3) months of  
 702 COBRA Insurance premiums may be requested with additional supporting documentation  
 703 from a medical professional which indicates the applicant's return to employment is  
 704 established and with documentation from the employer approving the extended leave time.
- 705 11-6. Upon notification of employment termination, a referral to state or public assistance will be  
 706 made.
- 707 11-7. CSF reserves the right to discontinue assistance based on funding availability.  
 708

## 709 XII. FAMILY MEDICAL LEAVE ACT WAGE REPLACEMENT

- 710 12-1. *Purpose.* The purpose of the Family Medical Leave Act (FMLA) Wage Replacement  
 711 assistance program is to assist enrolled members of the Nation with wage replacement when  
 712 wages are interrupted due to the need to care for an immediate family member as approved  
 713 under the Family Medical Leave Act.
- 714 12-2. FMLA wage replacement assistance is available only to employed immediate family members  
 715 utilizing the FMLA or approved medical leave by the caregiver's employer.
- 716 12-3. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
 717 illness, injury or emergency event.
- 718 12-4. *Eligibility Criteria.* In order to be eligible for FMLA Wage Replacement assistance, a person  
 719 must provide a completed Community Support Fund application and the following:  
 720 (a) Proof of enrollment in the Nation;  
 721 (b) Verification that the caregiver has been employed with their company for at least  
 722 twelve (12) months, and must have worked for at least ~~1250~~one thousand two hundred and  
 723 fifty (1250) hours in the last twelve (12) months;

- 724 (c) Verification of approved FMLA or equivalent leave from the caregiver's employer;  
 725 (d) Verification of the medical need requiring full-time care of the immediate family  
 726 member, which indicates that continuous care is needed twenty four (24) hours per day, for  
 727 seven (7) days a week. Said verification must also specify the approximate length of time  
 728 this direct care is needed.  
 729 (e) Verification of all household income within the last thirty (30) days of submission of  
 730 the application for assistance.
- 731 12-5. *Receipt of Required Documentation.* Upon receipt of the completed application for FMLA  
 732 Wage Replacement assistance, the case manager shall determine if all required documentation  
 733 was received from the applicant.
- 734 (a) The applicant shall provide all documentation requested by the case manager.  
 735 (b) The case manager shall notify the applicant in writing of any necessary documentation  
 736 that was not received and is still needed.  
 737 (c) Upon receipt of a completed application along with all the required documentation, the  
 738 case manager shall have up to ten (10) business days to provide the initial decision in  
 739 writing to the applicant.  
 740 (d) An application for FMLA Wage Replacement assistance shall be valid for thirty (30)  
 741 days. If the applicant has a determination of award and/or coverage pending with another  
 742 support or assistance resource, the application will be valid for an additional fifteen (15)  
 743 days upon proof of that such determination is pending. If the applicant fails to provide all  
 744 requested documentation, the case manager shall send the applicant an expiration notice  
 745 for their application.
- 746 12-6. FMLA wage replacement shall be for a maximum of \$three hundred and fifty dollars (\$350.00)  
 747 per week for up to twelve (12) weeks. However, wages that are less than \$three hundred and  
 748 fifty dollars (\$350.00) per week will be paid at the actual wage rate appearing on the  
 749 caregiver's pay stubs.
- 750 12-7. An extension of an additional twelve (12) weeks of wage replacement may be considered on a  
 751 case by case basis, and updated verification must be provided showing additional approved  
 752 FMLA leave from the caregiver's employer.
- 753 12-8. FMLA wage replacement will not be available to caregivers who are unemployed, receiving  
 754 social security benefits, retirement benefits, or any other source of income.
- 755 12-9. A W-2 tax statement will be issued to the caregiver from the Oneida Nation Central Accounting  
 756 Department. This will be a separate W-2 tax statement from regular earnings if the caregiver  
 757 is an employee of the Oneida Nation.
- 758 12-10. The applicant must notify the case manager ten (10) business days prior to the end of the  
 759 approved FMLA.
- 760 12-11. The wage replacement will end seven (7) days after the immediate family member being cared  
 761 for is institutionalized or passes away.
- 762 12-12. Failure of the applicant to report changes in the household will result in the termination of  
 763 benefits.
- 764 12-13. Applicants are not eligible for shelter, utilities, or any other supportive service during the time  
 765 of receiving wage replacement.
- 766 12-14. The applicant must be directly caring for an immediate family member, and not oneself.
- 767 12-15. CSF reserves the right to discontinue assistance based on funding availability.

770  
771

### 772 **XIII. FIRE/NATURAL DISASTER ASSISTANCE**

773 13-1. *Purpose.* The purpose of the Fire/Natural Disaster Assistance program is to assist enrolled  
774 members of the Nation with financial support for fire or natural disaster shelter expenses where  
775 no other resources exist.

776 13-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
777 illness, injury or emergency event.

778 13-3. *Eligibility Criteria.* In order to be eligible for Fire/Natural Disaster assistance, a person must  
779 provide a completed Community Support Fund application and the following:

- 780 (a) Proof of enrollment in the Nation;
- 781 (b) A police and/or fire department report specifying the fire/natural disaster and  
782 confirming that the home is uninhabitable;
- 783 (c) Verification of claim submitted to homeowner's or renter's insurance if insured;
- 784 (d) Verification of assistance provided or applied for from disaster relief organizations  
785 such as Red Cross, FEMA, etc.;
- 786 (e) Verification of all household members at the time of the fire/natural disaster;
- 787 (f) ~~Verification of all household income within the last thirty (30) days of submission~~  
788 ~~of the application for assistance~~ lease or mortgage lender information.

789 13-4. *Receipt of Required Documentation.* Upon receipt of the completed application for  
790 Fire/Natural Disaster assistance, the case manager shall determine if all required  
791 documentation was received from the applicant.

- 792 (a) The applicant shall provide all documentation requested by the case manager.
- 793 (b) The case manager shall notify the applicant in writing of any necessary documentation  
794 that was not received and is still needed.
- 795 (c) Upon receipt of a completed application along with all the required documentation, the  
796 case manager shall have up to ten (10) business days to provide the initial decision in  
797 writing to the applicant.
- 798 ~~(d) An application for Fire/Natural Disaster assistance shall be valid for~~  
799 ~~thirty (30) — 45) days. If the applicant has a determination of award and/or coverage~~  
800 ~~pending with another -support or assistance resource~~ such as Red Cross, the application  
801 will be valid for an additional fifteen (15) ~~—~~days upon proof of that such determination is  
802 pending. If the applicant fails to provide all ~~-requested~~ documentation, the case manager  
803 shall send the applicant an expiration notice ~~-for their application.~~

804 13-5. Temporary shelter assistance will be given for up to a maximum of fifteen (15) days with the  
805 limit of ~~\$60~~ seventy-five dollars (\$75.00) per day for a grand total of ~~\$900~~ one thousand and  
806 one hundred and twenty-five dollars (\$1,125.00) if shelter expenses have not been paid by  
807 other resources.

808 13-6. Temporary shelter may be extended for up to an additional five (5) days upon verification from  
809 a licensed contractor that repairs are not able to be completed within the original fifteen (15)  
810 day time period, and alternate shelter is verified as not being available.

811 13-7. Immediate shelter arrangements may be made by the case manager for a hotel/motel, making  
812 an effort to obtain a room with appliances for storing and preparing meals.

813 13-8. Security deposit and first month's rent shall not exceed \$one thousand dollars (\$1,000.00) if  
814 the current home is uninhabitable and is in need of major repair beyond thirty (30) days. The  
815 following additional information must be provided:

- 816 (a) Landlord verification form which shall include the amount of security deposit and  
 817 monthly rent;  
 818 (b) Copy of ~~the~~a new rental lease agreement;  
 819 (c) Verification that the household income can support the monthly rent expense.
- 820 ~~13-9. The security deposit paid pursuant to 9.8 above, shall be repaid at 100% of the funds paid to~~  
 821 ~~the Landlord and returned to the Oneida Nation Economic Support Department and shall be in~~  
 822 ~~the form of a cashier's check or money order upon vacating the premises and/or eviction from~~  
 823 ~~the premises.~~
- 824 ~~13-10.~~ Applicant is responsible to report to the Case Manager any changes in the current catastrophic  
 825 situation, such as assistance from other agencies, or long-term housing arrangements.
- 826 ~~13-11. Retail gift cards~~Direct vendor payment may be ~~given~~made up to ~~\$one hundred dollars~~  
 827 ~~(\$100.00)~~ per family member for clothing and basic household item needs.
- 828 13-12. Any claim of items stored in a household by persons other than residents of the household will  
 829 not be considered for assistance (i.e. stored items in basement, garage, etc.)
- 830 13-13. Some services are not eligible for assistance, including, but not limited to auto replacement,  
 831 transportation, food, storage fees, furnishings, smoke or water damage cleaning fees, and  
 832 rebuilding costs.
- 833 13-14. The CSF will not pay family members or caregivers, rather payment will be made to a valid  
 834 landlord or mortgage holder.
- 835 13-15. The CSF reserves the right to discontinue assistance in cases where fraud or illegal activity has  
 836 been determined to have caused the catastrophic event, illness, injury or emergency event  
 837 resulting in the need for shelter.
- 838 13-16. The CSF reserves the right to discontinue assistance based on funding availability.  
 839
- 840 **XIV. FUNERAL TRAVEL REIMBURSEMENT (~~OUTSIDE OF STATE ONLY~~)**
- 841 14-1. *Purpose.* The purpose of the Funeral travel reimbursement program is to provide a consistent  
 842 process of reimbursing enrolled members of the Nation with expenses associated with funeral  
 843 travel ~~outside of the state where the applicant resides and~~ when there are no other resources  
 844 that exist.
- 845 14-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
 846 illness, injury or emergency event.
- 847 14-3. *Eligibility Criteria.* In order to be eligible for Funeral travel reimbursement, a person must  
 848 provide a completed Community Support Fund application and the following:  
 849 (a) Proof of enrollment in the Nation;  
 850 (b) A copy of the obituary that lists ~~and~~the immediate family member;  
 851 (c) A copy of the applicant's valid driver's license if requesting fuel reimbursement;  
 852 (d) Original receipts that show payment for hotel, gas, and/or airfare turned in for  
 853 reimbursement within thirty ~~(30)~~45 days of the date of the funeral;  
 854 ~~(e) Verification of all household income within the last thirty (30) days of submission of~~  
 855 ~~the application for assistance.~~
- 856 14-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Funeral  
 857 Travel Reimbursement assistance, the case manager shall determine if all required  
 858 documentation was received from the applicant.  
 859 (a) The applicant shall provide all documentation requested by the case manager.  
 860 (b) The case manager shall notify the applicant in writing of any necessary documentation  
 861 that was not received and is still needed.



(c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to ten (10-) business days to provide the initial decision in writing to the applicant.

(d) An application for Funeral Travel Reimbursement assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager ~~shall~~ send the applicant an expiration notice for their application.

14-5. Airfare, train, bus, lodging and vehicle fuel is limited to a combined maximum reimbursement amount of \$five hundred dollars (\$500.00-).

(a) ~~(a)~~ Multiple immediate family members are limited to reimbursement of \$five hundred dollars (\$500.00) each.

(b) Hotel lodging is limited to a maximum of \$seventy-five dollars (\$75.00) per night and up to two (2) ~~nights~~ of stay and is only for those who reside in excess of sixty (60) miles one-way from ~~the~~ location of the funeral.

(c) All receipts must coincide with the initial funeral date.

(d) Payments will not be made for "celebrations of life" or similiar gatherings after the family members death.

14-6. Purchases not eligible for reimbursement include, but are not limited to, rental car, car repair, food, clothing, flowers, and actual funeral costs.

14-7. Vehicle fuel reimbursement is limited to those persons who must travel sixty (60forty (40)) or more miles one-way to attend a funeral service.

14-8. Reimbursement of travel expenses will not be considered when travel was completed more than thirty (30forty-five (45)) days after the verified date of the funeral.

14-9. CSF will not make any reservations for any form of travel. This assistance is by reimbursement only.

14-10. This program encourages multiple family members traveling to the same destination to carpool, and/or share hotel rooms whenever possible.

14-11. CSF reserves the right to discontinue assistance based on funding availability.

## **XV. APPLIANCE REPAIR AND REPLACEMENT: FURNACE AND WATER HEATER**

15-1. *Purpose.* The purpose of Appliance Repair and Replacement assistance is to assist enrolled members of the Nation with an emergency repair or replacement of a furnace or water heater where no other resources exist.

15-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.

15-3. This assistance is limited to furnaces and water heaters, and shall not include any other kind of appliances.

15-4. *Eligibility Criteria.* In order to be eligible for Appliance Repair and Replacement assistance, a person must provide a completed Community Support Fund application and the following:

(a) Proof of enrollment in the Nation;

(b) Two (2) cost estimates for repair of a water heater or furnace from a licensed/certified repair professional, one (1) estimate is acceptable when weather is extremely cold and/or during a National emergency. to include the name, address, phone number, and Federal Tax Identification number of the professional;

(c) Verification that the applicant applied for Energy Assistance with the county agency in which the applicant resides, along with proof assistance was denied; and

(d) Verification that the applicant is the owner of the home;

~~(e) Verification of all household income within the last thirty (30) days of submission of the application for assistance.~~

15-5. *Receipt of Required Documentation.* Upon receipt of the completed application for appliance repair and/or replacement assistance, the case manager shall determine if all required documentation was received from the applicant.

(a) The applicant shall provide all documentation requested by the case manager.

(b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.

(c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to ten (10-) business days to provide the initial decision in writing to the applicant.

(d) An application for appliance repair and/or replacement assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.

15-6. When a cost estimate indicates that the repair costs will exceed the value of the appliance, replacement will be considered and approved on a case by case basis.

15-7. The repair and/or replacement of a water heater shall ~~not exceed \$350.00~~ be at least one hundred dollars (\$100.00) and not exceed six hundred dollars (\$600.00) once every ten (10) years.

15-8. The repair and/or replacement of a furnace shall not exceed \$two thousand and five hundred dollars (\$2,500.00) once per lifetime.

15-9. The CSF reserves the right to discontinue assistance based on funding availability.

## **XVI. SECURITY DEPOSIT ASSISTANCE**

16-1. *Purpose.* The purpose of the Security Deposit assistance program is to provide enrolled members of the Nation residing in the State of Wisconsin with financial support to ensure quality of life when shelter expenses are threatened with eviction.

16-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.

16-3. *Eligibility Criteria.* In order to be eligible for Security Deposit assistance, a person must provide a completed Community Support Fund application and the following:

(a) Proof of enrollment in the Nation;

~~(b) Proof of residency in the State of Wisconsin, which shall include a~~ (b) A landlord verification form completed by the potential landlord or a current rental/lease agreement showing the amount of the security deposit;

(c) Verification of a current emergency situation, which shall include, but is not limited to, a pending eviction;

~~(d) Must have repaid any prior security deposit assistance received to the CSF;~~

(d) Eviction cannot be due to illegal activity with charges against the applicant see (125.7-2);



(e) ~~Verification of all household income within the last thirty (30) days of submission of the application for assistance.~~

(f) ~~Household members must~~The applicant shall demonstrate the ability to fulfill the terms of the rental ~~agreement~~lease. The operators of the Fund shall not co-sign any lease.

16-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Security Deposit assistance, the case manager shall determine if all required documentation was received from the applicant.

(a) The applicant shall provide all documentation requested by the case manager.

(b) The case manager shall notify the applicant in writing of any necessary documentation that was not received and is still needed.

(c) Upon receipt of a completed application along with all the required documentation, the case manager shall have up to ten (10) business days to provide the initial decision in writing to the applicant.

(d) An application for Security Deposit assistance shall be valid for thirty (30) days. If the applicant has a determination of award and/or coverage pending with another support or assistance resource, the application will be valid for an additional fifteen (15) days upon proof of that such determination is pending. If the applicant fails to provide all requested documentation, the case manager shall send the applicant an expiration notice for their application.

16-5. Security Deposit assistance shall not exceed the amount of ~~\$500.00~~five hundred dollars (\$500.00) and approved once per lifetime

~~16-6. Applicants who receive assistance in paying their security deposit shall repay those funds at 100 percent (100%) of the funds received.~~

~~(a) All repayments must be made payable to the Oneida Nation in the form of a cashier's check, or money order.~~

~~(b) Payments must be brought to the Economic Support Department.~~

~~(c) Requests for security deposit assistance with no repayment of funds for prior assistance received will result in the application being denied.~~

~~16-7~~16-6. Security Deposit assistance is limited to one (1) person per household.

~~16-8~~7. CSF will not pay family members or caregivers a security deposit; it must be a valid landlord.

~~16-9~~8. CSF reserves the right to discontinue assistance based on funding availability.

## **XVII. SOCIAL SECURITY DISABILITY DETERMINATION SHELTER ASSISTANCE**

17-1. *Purpose.* The purpose of the Social Security Disability Determination Shelter assistance program is to assist enrolled members of the Nation with financial support for shelter expenses for those waiting an eligibility determination for the Social Security Administration for a disability finding.

17-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event, illness, injury or emergency event.

17-3. *Eligibility Criteria.* In order to be eligible for Social Security Disability Determination Shelter assistance, a person must provide a completed Community Support Fund application and the following:

(a) Proof of enrollment in the Nation;

(b) Verification of a pending Social Security Disability Application;

(c) A Landlord verification form completed by a landlord or other statement from the mortgage holder that show the monthly rent and the applicant's current status;

- 999 (d) Verification of the applicant's current utility bills for water, heat, and electricity,  
 1000 however energy assistance must be applied for before any utility bills will be considered  
 1001 for payment;
- 1002 (e) Verification of mortgage disability insurance, if applicable;
- 1003 (f) Verification of all household income within the last thirty (30) days of submission of  
 1004 the application for assistance.
- 1005 17-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Social  
 1006 Security Disability Determination Shelter assistance, the case manager shall determine if all  
 1007 required documentation was received from the applicant.
- 1008 (a) The applicant shall provide all documentation requested by the case manager.
- 1009 (b) The case manager shall notify the applicant in writing of any necessary documentation  
 1010 that was not received and is still needed.
- 1011 (c) Upon receipt of a completed application along with all the required documentation, the  
 1012 case manager shall have up to ~~ten (10-)~~ business days to provide the initial decision in  
 1013 writing to the applicant.
- 1014 (d) An application for Social Security Disability Determination Shelter assistance shall  
 1015 be valid for thirty (30) days. If the applicant has a determination of award and/or  
 1016 coverage pending with another support or assistance resource, the application will be  
 1017 valid for an additional fifteen (15) days upon proof of that such determination is pending.  
 1018 If the applicant fails to provide all requested documentation, the case manager shall send  
 1019 the applicant an expiration notice for their application.
- 1020 17-5. Rent/mortgage assistance shall not exceed the amount of ~~\$five hundred dollars (\$500.00)~~ per  
 1021 month, not to exceed ~~twenty four (24)~~~~twelve (12)~~ months.
- 1022 (a) Only the applicant's portion will be considered when the household consists of other  
 1023 adults.
- 1024 (b) Rent/mortgage assistance will be terminated if the household fails to meet their  
 1025 timely portion of the scheduled payments.
- 1026 (c) Retro-payment for back rent/mortgage assistance is not eligible for assistance.
- 1027 17-6. Upon receipt of the verification that all other resources have been applied for, utility assistance  
 1028 will be considered for water, heat, and electricity.
- 1029 (a) Only the applicant's portion of the utility bill will be considered when the household  
 1030 consists of other adults.
- 1031 (b) The utility bill must be in the applicant or current household member's name.
- 1032 (c) Payment for past due amounts owed for utilities are not eligible for assistance.
- 1033 17-7. The applicant is responsible to report to the Case Manager any change(s) in the household  
 1034 within ten (10) business day from the change occurring.
- 1035 (a) Examples of household change shall include, but is not limited to the following:  
 1036 relocation, household members, income, medical changes, submitted social security  
 1037 disability application, or application for or receipt of other agency assistance such as  
 1038 housing allowance, etc.
- 1039 (b) Failure of the applicant to report changes in the household may result in suspension  
 1040 of benefits until verification of the change(s) is provided to the Case Manager, but  
 1041 shall not exceed thirty (30) days.
- 1042 17-8. CSF will not pay family members or caregivers; the assistance is paid only to a valid landlord  
 1043 or mortgage holder.
- 1044 17-9. CSF reserves the right to discontinue this assistance based on funding availability.

1045 17-10. CSF reserves the right to discontinue this assistance in cases where fraud or illegal activity has  
1046 been determined to have caused the eviction.

1047 17-11. The Case Manager will provide ten (10) day written notification to an applicant whose  
1048 assistance under this program is being discontinued.

1049

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1051 **XVIII. UTILITY DISCONNECTION ASSISTANCE**

1052 18-1. *Purpose.* The purpose of the Utility Disconnection assistance program is to assist enrolled  
1053 members of the Nation with emergency financial support to ensure quality of life when home  
1054 heating and electric services are threatened with disconnection.

1055 18-2. Requests for assistance from the Fund shall be tied to or be a result of a catastrophic event,  
1056 illness, injury or emergency event.

1057 18-3. *Eligibility Criteria.* In order to be eligible for Utility Disconnection assistance, a person must  
1058 provide a completed Community Support Fund application and the following:

1059 (a) Proof of enrollment in the Nation;

1060 (b) A copy of the current disconnection notice received from the utility company for the  
1061 household in which the applicant is residing;

1062 (c) Verification of address;

1063 (d) Verification of application for Energy Assistance and crisis assistance with the county  
1064 agency in which the applicant resides;

1065 (e) Verification of payments made in each of the three (3) previous months of at least  
1066 ~~\$twenty-five follars (\$25.00)~~ per month;

1067 ~~(f) Verification of all household income within the last thirty (30) days of submission of~~  
1068 ~~the application for assistance.~~

1069 18-4. *Receipt of Required Documentation.* Upon receipt of the completed application for Utility  
1070 Disconnection assistance, the case manager shall determine if all required documentation was  
1071 received from the applicant.

1072 (a) The applicant shall provide all documentation requested by the case manager.

1073 (b) The case manager shall notify the applicant in writing of any necessary documentation  
1074 that was not received and is still needed.

1075 (c) Upon receipt of a completed application along with all the required documentation, the  
1076 case manager shall have up to ~~ten (10)~~ business days to provide the initial decision in  
1077 writing to the applicant.

1078 (d) An application for Utility Disconnection assistance shall be valid for thirty (30)  
1079 days. If the applicant has a determination of award and/or coverage pending with another  
1080 support or assistance resource, the application will be valid for an additional fifteen (15)  
1081 days upon proof of that such determination is pending. If the applicant fails to provide all  
1082 requested documentation, the case manager shall send the applicant an expiration notice  
1083 for their application.

1084 18-5. Requests for assistance for the payment of utilities shall only be allowed once every two (2)  
1085 years by the responsible payee. Assistance requested under this Rule and under Rule 3 shall  
1086 be counted towards the total number of requests for the two (2) year period limit.

1087 18-6. Utility assistance shall not exceed the amount of ~~\$three hundred dollars (\$300.00-).~~

1088 18-7. CSF reserves the right to discontinue assistance based on funding availability.

1089

1090 *End.*

1091

1092 Adopted in whole 01-24-2018 – Effective 01-25-2018 – LOC Certified 01-17-2018  
1093 Amended - - - Effective - - - LOC Certified - -

**Summary Report for Community Support Rules 1-18**

Original effective date: 10/26/2017

Amendment effective date: 3/10/2021

**Name of Rule: Community Support Fund**

**Name of law being interpreted: Community Support Fund**

**Rule Number: 1-18**

**Other Laws or Rules that may be affected: None**

**Brief Summary of the proposed rule: Community Support Law will continue to be administered by Economic Support office. Law amendments was approved by the BC on 3/10/2021, law changes will be supported by the rule changes attached. Rules; 4,9, 13,14, 16,17 have been affected by the approved changes to the Law.**

**Summary of,**

**Rule 4-Allowing for fuel/transportation assistance for applicants with local medical appointments;  
Rule 9-Increasing the amount of assistance for Medical Related Equipment, supplies, or Furniture;  
Rule 13-Increasing amount allowable for shelter assistance to align with other Rule amounts;  
Rule 14- Removing the requirement for funerals for out of state only, allowing for funeral assistance for in state as long as the funeral is more than 40 miles from current residence;  
Rule 16- Eliminate the restriction of Wisconsin being the only state for assistance, opening to any state within the United States. Eliminate repayment of program paid Security Deposit Assistance;  
Rule 17- Decrease Rent/Mortgage assistance to 12 months from 24 months.**

**It should be noted that all Rules were changed if necessary, to eliminate income verification unless needed to determine assistance for benefits. Language updates were made throughout the Rules handbook, but changes did not affect program eligibility.**

**The proposed Rule amendments may potentially create a need for additional funding but will better serve membership with catastrophic events where there is no other resources available.**

**Statement of Effect:** Obtained after requesting from the Legislative Reference Office.

**Financial Analysis:** See Attached.

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**Note:** *In addition- the agency must send a written request to each entity which may be affected by the rule- asking that they provide information about how the rule would financially affect them.*

*The agency must include each entity's response in the financial analysis. If the agency does not receive a response within 10 business days after the request is made, the financial analysis can note which entities did not provide a response.*



# ***Notice of Virtual Public Meeting***

*To be held:*

***Monday, May 3rd, 2021 at***

***12:00-1:00 p.m. call in [+1 920-455-8831,656956682#](tel:+19204558831656956682)***

*Via Teams Meeting*

*In accordance with the Administrative Rulemaking Law, Oneida Nation  
Economic Support Department is hosting this Public Meeting to gather  
feedback to the following rule(s);*

***Topic: Oneida Community Support Law 125 rules***

***The following proposed changes in the Rule Handbook are:***

- Rule 4-Allowing for fuel/transportation assistance for applicants with local medical appointments;
- Rule 9-Increasing the amount of assistance for Medical Related Equipment, supplies, or Furniture;
- Rule 13-Increasing amount allowable for shelter assistance to align with other Rule amounts;
- Rule 14- Removing the requirement for funerals for out of state only, allowing for funeral assistance for in state as long as the funeral is more than 40 miles from current residence;
- Rule 16- Eliminate the restriction of Wisconsin being the only state for assistance, opening to any state within the United States. Eliminate repayment of program paid Security Deposit Assistance;
- Rule 17- Decrease Rent/Mortgage assistance to 12 months from 24 months.

To obtain copies of the proposed plan you may visit the Economic Support website.  
<https://oneida-nsn.gov/resources/economic-support/community-support/>

All interested persons may submit written/ verbal comments at the Public Meeting.  
If unable to attend, the deadline for written comments is

**May 10th, 2021, by 4:30 pm**

Written comments may be submitted to the Director of Economic Support, Delia Smith person at the Social Services Building (outdoor mailbox at door #5) or by U.S. mail, interoffice mail, e-mail or fax.

P.O. BOX 365 Oneida, WI 54155

Fax: 920-490-6803

[Dsmith1@oneidanation.org](mailto:Dsmith1@oneidanation.org) Ph. 490-3776

# FINANCE ADMINISTRATION

## Fiscal Impact Statement



# MEMORANDUM

TO: Lawrence Barton, Chief Financial Officer

FROM: RaLinda Ninham-Lamberies, Assistant Chief Financial Officer

DATE: February 23, 2021

RE: **Fiscal Impact of the Community Support Law**

## I. Estimated Fiscal Impact Summary

<b>Law:</b> Boards, Committees, and Commissions Law Amendments		Draft 2
<b>Implementing Agency</b>	Economic Support Services Department	
<b>Estimated time to comply</b>	10 days, in compliance with the Legislative Procedures Act	
<b>Estimated Impact</b>	<b>Current Fiscal Year</b>	<b>10 Year Estimate</b>
<b>Total Estimated Fiscal Impact</b>	<b>\$298,252- \$630,378</b>	<b>\$2,982,520 - \$6,303,780</b>

## II. Background

### A. Legislative History

This law was adopted by the Oneida Business Committee by resolution BC 05-15-96 A and amended by resolutions BC-01-08-97-G, BC-12-11-13D, and BC-01-11-17-B.

### B. Summary of Content

The amendment to the Community Support Law proposed changes include:

- Providing a definition for Fund Operator;
- Revise the definition of “immediate family” to better reflect Oneida families;
- Include public health emergency as a catastrophic event;
- Clarify the fund may only be used for the waiting period for a Social Security Disability Determination rent and utility assistance up to a maximum of twelve (12) months;

- Remove the requirement that security deposit assistance only be available to those members of the Nation who are Wisconsin residents;
- Remove the requirement that the amount paid for a security deposit be paid back to the fund before another security deposit is issued in the future;
- Clarify that an applicant must clarify that he or she applied to his or her local Emergency Assistance Program prior to applying for utility assistance from the Fund;
- Remove the requirement that funeral travel expenses are only provided to arrange or attend a funeral for immediate family members outside the state where the applicant resides;
- Clarify that lodging assistance due to homelessness or for any other reason not related to a catastrophic event or emergency event, insurance deductibles, and home renovations not related to handicap accessibility are not covered by the Fund;
- Remove the requirement that an applicant provide all household income the last thirty (30) business days;
- Expand the time-period for an applicant to submit an application to forty-five (45) day; and
- Adjust the appeal process to align with the Governmental Services Division process.

### **III. Methodology and Assumptions**

A “Fiscal Impact Statement” means an estimate of the total identifiable fiscal year financial effects associated with legislation and includes startup costs, personnel, office, documentation costs, as well as an estimate of the amount of time necessary for an agency to comply with the Law after implementation.

Finance does NOT identify the source of funding for the estimated cost or allocate any funds to the legislation.

The analysis was completed based on the information provided as of the date of this memo.

### **IV. Agency**

There are no startup, personnel, office or documentation costs associated with this legislation. The amendments will become effective 10 days from adoption.

**V. Financial Impact**

The amendments to the law expand upon the services currently provided within the Community Support Law. The services provided by the Community Support Law are catastrophic or emergency in nature making it difficult to estimate or use trending to determine potential future impacts.

The Economic Support Department identified the ten-year historical trending for the Community Support Law services to range between \$137,541 at the low end to \$630,376 at the high end. The level of demand in each year is independent of the law and is dependent on external factors the Nation is unable to control.

Utilizing the historical trending as a basis for a fiscal impact, we can extrapolate the impact to be at a the low-end an amount greater than \$137,541 and at the high-end an amount greater than \$630,376. Utilizing the mid-point of the range, the estimated annual impact of the law is an amount somewhere between \$298,252 and \$630,376 per year. The ten-year impact would be an amount estimated within the range of \$2,982,520 and \$6,303,760.

**VI. Recommendation**

Finance Department does not make a recommendation regarding course of action in this matter. Rather, it is the purpose of this report to disclose potential financial impact of this legislation, so that the Oneida Business Committee and General Tribal Council has the information with which to render a decision.



## **Statement of Effect**

### *Community Support Fund Law Rule Handbook Amendments*

#### ***Summary***

The Community Support Fund Law Rule Handbook provides guidance on how the Community Support Fund is utilized so that the Nation can assist the greatest number of members of the Nation who apply for assistance to the Fund in times of a catastrophic event, illness, injury, or emergency event when no other resources for assistance exist.

*Submitted by: Clorissa N. Santiago, Staff Attorney, Legislative Reference Office*

*Date: March 31, 2021*

#### ***Analysis by the Legislative Reference Office***

The purpose of the Community Support Fund law (“the Law”) is to assist the greatest number of members of the Nation who apply for assistance to the Community Support Fund (“the Fund”) in times of a catastrophic event, catastrophic illness or injury, or emergency event when no other resources for assistance exist. [1 O.C. 125.1-1]. The Law provides that the Fund Operator shall promulgate rules, in accordance with the Administrative Rulemaking law, which shall include the list of categories the Fund covers and a cap that sets the amount of assistance per event/per household, except for funeral expenses which shall be set per event/per person, and may include additional items not listed in section 125.6 of the Law, as long as the rule does not conflict with any provision of the Law. [1 O.C. 125.4-1(a)]. The Law provides that the Fund Operator means the Economic Support Services Department, or other department within the Governmental Services Division designated authority over the operation of the Fund. [1 O.C. 125.3-1(i)]. The Law also requires that the Fund Operator shall include in the rules a timeline for which an initial decision is required following the submission of a complete application, and that such timeline shall include available extensions for circumstances wherein the applicant has a determination of award or coverage pending with another support or assistance resource. [1 O.C. 125.9-1].

The Community Support Fund Law Rule Handbook (“the Rule Handbook”) was adopted by the Oneida Business Committee on January 24, 2018, for the purpose of providing further guidance on how the Fund is utilized so that the Nation can assist the greatest number of its members. The Economic Support Services Department is now seeking amendments to the Rule Handbook to correspond with amendments to the Law that were adopted by the Oneida Business Committee on March 10, 2021, through resolution BC-03-10-21-C. The amendments to the Rule Handbook will:

- Include a definition for Fund Operator, which is the Economic Support Services Department, or other area within the Governmental Services Division designated authority over the operation of the Fund [Rule Handbook 2-1(o)];
- Revise the definition of “immediate family” to better reflect Oneida families [Rule Handbook 2-1(r)];
- Include a definition for public health emergency [Rule Handbook 2-1(x)];

- Remove the requirement that verification of all household income within the last thirty (30) days of submission of the application for assistance be provided with an application [*Rule Handbook 3-3, 4-3, 5-3, 6-4, 7-4, 8-4, 9-5, 10-3, 13-3, 14-3, 15-4, 16-3, 18-3*];
- Allow for and provide further clarification on assistance for non-emergency medical travel that is less than sixty (60) miles away one way [*Rule Handbook 4-5*];
- Clarify that deductibles and copays are not covered under medical bill assistance [*Rule Handbook 5-1*];
- Provide that a medical bill must be for more than fifty dollars (\$50) in order to receive medical bill assistance [*Rule Handbook 5-3(b)*];
- Remove the provision which provided that inpatient or intensive outpatient treatment stays that are court ordered due to a criminal conviction, or as an alternative to a criminal conviction, are not a benefit of the Fund [*Rule Handbook 8*];
- Extend the timeframe an individual is eligible to receive follow up care expenses in a residential facility half-way house, or transitional shelter, as well as shelter assistance for intensive outpatient treatment, from one (1) month to two (2) months [*Rule Handbook 8-10, 8-11*];
- Increase the maximum assistance allowed within a twelve (12) month period for medical related equipment, supplies, or furniture from one thousand dollars (\$1,000) to two thousand dollars (\$2,000) [*Rule Handbook 9-7*];
- Increase the maximum assistance allowed within a twelve (12) month period for home renovations necessary for handicap accessibility from one thousand dollars (\$1,000) to two thousand dollars (\$2,000) [*Rule Handbook 9-10*];
- Extend the timeframe for submitting a prescription reimbursement from thirty (30) days to forty-five (45) days of original receipt [*Rule Handbook 10-6*];
- Clarify that it is household employment, and not household income, within the last thirty (30) days that has to be verified when submitting an application for COBRA insurance payments assistance [*Rule Handbook 11-3(h)*];
- Require that verification of lease or mortgage lender information be submitted with an application for fire/natural disaster assistance [*Rule Handbook 13-3(f)*];
- Increase the amount of temporary shelter assistance from sixty dollars (\$60) per day to seventy-five dollars (\$75) per day for a grand total of one thousand and one hundred and twenty-five dollars (\$1125) if shelter expenses have not been paid by other resources [*Rule Handbook 13-5*];
- Remove the requirement that any security deposit paid under this section of the Rule Handbook shall be repaid to the Economic Support Department upon vacating the premises and/or eviction from the premises [*Rule Handbook 13*];
- Remove references to gas and retail gift cards, and instead provide that assistance or direct vendor payment may be made [*Rule Handbook 4-5, 13-11*];
- Remove the requirement that funeral travel reimbursement only be allowed for expenses associated with funeral travel outside of the state where the applicant resides [*Rule Handbook 14-1*];
- Extend the timeframe for submitting original receipts that show payment for hotel, gas, and/or airfare for reimbursement from thirty (30) days to forty-five (45) days of the date of the funeral [*Rule Handbook 14-3(d)*];
- Clarify that funeral travel reimbursements will not be made for “celebrations of life” or similar gatherings after a family member’s death [*Rule Handbook 14-5(d)*];



- Allow for vehicle fuel reimbursement for those who must travel forty (40) or more miles one-way to attend a funeral service, instead of sixty (60) or more miles [*Rule Handbook 14-7*];
- Extend the timeframe for reimbursement of travel expenses from thirty (30) days to forty-five (45) days after the verified date of the funeral [*Rule Handbook 14-8*];
- Provide that one (1) cost estimate for repair of a water heater or furnace, as opposed to two (2) as normally required, is acceptable when weather is extremely cold and/or during a National emergency [*Rule Handbook 15-4(b)*];
- Increase the amount of assistance for the repair or replacement of a water heater from three hundred and fifty dollars (\$350) to six hundred dollars (\$600), and require that the replacement or repair be at least one hundred dollars (\$100) [*Rule Handbook 15-7*];
- Remove the requirement that proof of residency in the State of Wisconsin be provided for security deposit assistance [*Rule Handbook 16-3(b)*];
- Clarify that a pending eviction due to illegal activity with charges against the applicant is not eligible for security deposit assistance [*Rule Handbook 16-3(d)*];
- Remove the requirement that any prior security deposit assistance be repaid to the Fund prior to applying for security deposit assistance [*Rule Handbook 16*];
- Clarify that the operators of the Fund shall not co-sign any lease [*Rule Handbook 16.3(e)*];
- Provide that security deposit assistance shall only be approved once per lifetime of the applicant [*Rule Handbook 16-5*]; and
- Limit the term social security disability determination shelter assistance is allowed for from twenty-four (24) months to twelve (12) months [*Rule Handbook 17-5*].

The proposed amendments to the Rule Handbook do not exceed the rulemaking authority granted under the Law, as required by the Administrative Rulemaking law. [*1 O.C. 106.4-1*].

### ***Conclusion***

Adoption of the amendments to the Community Support Fund Law Rule Handbook would not conflict with any of the Nation's laws.

Accept the April 15, 2021, regular Quality of Life Committee meeting minutes

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## Business Committee Agenda Request

1. Meeting Date Requested: 06/09/21

2. General Information:

Session: ☒ Open ☐ Executive – must qualify under §107.4-1.

Justification: *Choose reason for Executive.*

3. Supporting Documents:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bylaws                 | <input type="checkbox"/> Fiscal Impact Statement | <input type="checkbox"/> Presentation           |
| <input type="checkbox"/> Contract Document(s)   | <input type="checkbox"/> Law                     | <input type="checkbox"/> Report                 |
| <input type="checkbox"/> Correspondence         | <input type="checkbox"/> Legal Review            | <input type="checkbox"/> Resolution             |
| <input type="checkbox"/> Draft GTC Notice       | <input checked="" type="checkbox"/> Minutes      | <input type="checkbox"/> Rule (adoption packet) |
| <input type="checkbox"/> Draft GTC Packet       | <input type="checkbox"/> MOU/MOA                 | <input type="checkbox"/> Statement of Effect    |
| <input type="checkbox"/> E-poll results/back-up | <input type="checkbox"/> Petition                | <input type="checkbox"/> Travel Documents       |
| <input type="checkbox"/> Other: <i>Describe</i> |  |   |

4. Budget Information:

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Budgeted                  | <input type="checkbox"/> Budgeted – Grant Funded | <input type="checkbox"/> Unbudgeted |
| <input checked="" type="checkbox"/> Not Applicable | <input type="checkbox"/> Other: <i>Describe</i>  |                                     |

5. Submission:

Authorized Sponsor: Marie Summers, Councilwoman

Primary Requestor: Brooke Doxtator, BCC Supervisor

Additional Requestor: (Name, Title/Entity)

Additional Requestor: (Name, Title/Entity)

Submitted By: BDOXTAT1



## Quality of Life Committee

Regular Meeting  
9:00 a.m. Thursday, April 15<sup>th</sup>, 2021  
Teleconference

### Minutes

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**Present:** QOL Chair Marie Summers, QOL Vice-Chair Daniel Guzman-King, QOL Members: Kirby Metoxen, Brandon Stevens,

**Others Present:** Eric Boulanger, Bob Brown, Jacque Boyle, Melanie Burkhart, Aliskwet Ellis, Renita Hernandez, Kristal Hill, Tina Jorgensen, Mari Kriescher, RC Metoxen, Vanessa Miller, Joann Ninham, Melissa Nuthals, Rae Skenandore, Cheryl Stevens, Ravinder Vir, Danelle Wilson;

#### I. CALL TO ORDER AND ROLL CALL

*Meeting called to order by QOL Chair Marie Summers at 9:00 a.m.*

#### II. APPROVAL OF THE AGENDA

Motion by Daniel Guzman-King to approve the agenda with the addition of Item VI. B. Cultural and Language report and Item VI. C. Housing Needs report and VI. D. Detox Center report, seconded by Kirby Metoxen. Motion carried unanimously:

Ayes: Daniel Guzman-King, Kirby Metoxen

#### III. APPROVAL OF MEETING MINUTES

##### A. March 18, 2021 Quality of Life Meeting Minutes – Aliskwet Ellis

Motion by Kirby Metoxen to approve the March 18, 2021 Quality of Life meeting minutes, seconded by Daniel Guzman-King. Motion carried unanimously:

Ayes: Daniel Guzman-King, Kirby Metoxen

#### IV. UNFINISHED BUSINESS – NONE

#### V. NEW BUSINESS – NONE

#### VI. REPORTS

##### A. Tribal Action Plan – Renita Hernandez

*Brandon Stevens arrives at 9:10 a.m.*

Motion by Daniel Guzman-King to approve the Tribal Action Plan report, seconded by Brandon Stevens. Motion carried unanimously:

Ayes: Daniel Guzman-King, Kirby Metoxen, Brandon Stevens

**B. Cultural and Language – Tina Jorgensen**

Motion by Daniel Guzman-King to approve the Cultural and Language report, seconded by Brandon Stevens. Motion carried unanimously:

Ayes: Daniel Guzman-King, Kirby Metoxen, Brandon Stevens

**C. Housing Needs – Jacque Boyle**

Motion by Daniel Guzman-King to approve the Housing Needs report, seconded by Brandon Stevens. Motion carried unanimously:

Ayes: Daniel Guzman-King, Kirby Metoxen, Brandon Stevens

**D. Detox Center – Dr. Vir**

Motion by Daniel Guzman-King to approve the Detox Center report and to report back in August 2021, seconded by Brandon Stevens. Motion carried unanimously:

Ayes: Daniel Guzman-King, Kirby Metoxen, Brandon Stevens

**VII. ADDITIONS****VIII. ADJOURN**

Motion by Daniel Guzman-King to adjourn at 11:08, seconded by Kirby Metoxen. Motion carried unanimously:

Ayes: Daniel Guzman-King, Kirby Metoxen, Brandon Stevens

Minutes prepared by Aliskwet Ellis, Recording Clerk  
Minutes approved as presented/corrected on May 20, 2021.

Approve the Behavioral Health request to post one (1) grant-funded Clinical Substance Abuse Counselor

Oneida Business Committee Agenda Request

1. Meeting Date Requested: 06 / 09 / 21

2. General Information:

Session: ☒ Open ☐ Executive - See instructions for the applicable laws, then choose one:

Agenda Header:

☐ Accept as Information only

☒ Action - please describe:

1. For approval - Clinical Substance Abuse Counselor

3. Supporting Materials

☐ Report ☐ Resolution ☐ Contract

☒ Other:

1.

3.

2.

4.

☐ Business Committee signature required

4. Budget Information

☐ Budgeted - Tribal Contribution ☒ Budgeted - Grant Funded ☐ Unbudgeted

5. Submission

Authorized Sponsor / Liaison:



Primary Requestor/Submitter:

Your Name, Title / Dept. or Tribal Member

Additional Requestor:

Name, Title / Dept.

Additional Requestor:

Name, Title / Dept.

Oneida Comprehensive Health Division  
Oneida Community Health Center  
Behavioral Health Services  
Anna John Resident Centered Care Community  
Employee Health Nursing



To: Whom it may concern

From: Mari Kriescher Behavioral Health Director

Date: May 18, 2021

RE: Emergency COVID 19 Grant Funded Positions

This memo is to acknowledge that Behavioral Health will utilize the existing behavioral Health protocols for COVID. We have continued to provide services throughout this pandemic.

Workforce level assessment- Per BC Resolution #11-24-20-F; 100% grant funded positions will not be counted with the 2200 emp. cap for fiscal year 2021. These will be 100% grant funded positions.

If you have any questions, please do not hesitate to contact me at [mkriesch@oneidanation.org](mailto:mkriesch@oneidanation.org).

Mailing Address: P.O. Box 365, Oneida, WI 54155  
<https://oneida-nsn.gov/resources/health/>

Oneida Community Health Center  
Behavioral Health Services  
Anna John Resident Centered Care Community  
Employee Health Nursing

525 Airport Dr., Oneida, WI 54155  
2640 West Point Rd., Green Bay, WI 54304  
2901 S. Overland Rd., Oneida, WI 54155  
701 Packerland Dr., Green Bay, WI 54303

Phone: (920) 869-2711 or 1-866-869-2711  
Phone: (920) 490-3790 or 1-888-490-2457  
Phone: (920) 869-2797  
Phone: (920) 405-4492

Fax: (920) 869-1780  
Fax: (920) 490-3883  
Fax: (920) 869-3238  
Fax: (920) 405-4494





# Request to Fill a Grant-Funded position

*For new, 100% Grant funded positions only<sup>1</sup>*

## INSTRUCTIONS:

1. Complete this form
2. Submit it along with any supporting documents to the Chief Financial Officer ([lbarton@oneidanation.org](mailto:lbarton@oneidanation.org)); Cc the HRD Area Manager ([gdanfor1@oneidanation.org](mailto:gdanfor1@oneidanation.org))
  - a. Required supporting documents:
    - xJob Description
    - Re-entry Training
    - xSafety Plan (use existing OBH protocols for COVID)
    - xWorkforce Level Assessment. Informed that grant funded positions do not affect workforce level numbers.
3. Chief Financial Officer will review and submit a recommendation to the requestor and the HRD Area Manager.
4. HRD Area Manager will submit the request to the BC for consideration (BC Agenda or E-poll).

<b>TYPE OF REQUEST: HIRE 1 CLINICAL SUBSTANCE ABUSE COUNSELOR</b>	Hire 1 clinical substance abuse counselor to improve access to substance abuse services.			
<b>DEPARTMENT:</b>	Oneida Behavioral Health			
<b>COST: PAID FOR BY GRANT MONIES AWARDED FOR BEHAVIORAL HEALTH SERVICES</b>	Weekly Personnel Cost:  \$883-negotiable depending on experience/education	Fringe/Indirect Cost:	Total Weekly Cost:	Funded by grant for 16 months-requesting approval for long-term services.
<b># OF EMPLOYEES:</b>	One clinical substance abuse counselor			
<b>TITLE:</b>	Clinical Substance Abuse Counselor			
<b>POSITION NUMBER:</b>	00098			
<b>DATE NEEDED:</b>	5/01/21			
<b>RECALL PROCEDURE USED:</b>	No			

<sup>1</sup> Please see resolve #4 of resolution BC-11-24-20-F.

<b>TRIBAL PREFERENCE USED:</b>	YES / NO / N/A	<b>Explanation:</b>	Tribal preference used in hiring process.
<b>NARRATIVE/JUSTIFICATION:</b>			

Behavioral Health has received the Emergency COVID 19 grant where 70% of the 1.7 million is to go toward providing direct patient care. There has been increased substance abuse in the community since COVID, which has increased our access to care needs at Oneida Behavioral Health. The pandemic, along with the current opioid crisis and other drug use has exacerbated the need for treatment resulting in increased number of individuals seeking services.

Increasing our ATODA staff would help address this crisis in a timely manner, allowing Oneida Behavioral Health to provide the needed services that individuals are seeking without having to wait due to staff shortage. Additional staff can improve outcomes for these individuals, increase access to care, and more importantly, reduce the potential for overdose leading to more deaths in the community.

I respectfully request your approval for hiring a clinical substance abuse counselor.

**Maureen A. Metoxen**

---

**From:** Geraldine R. Danforth  
**Sent:** Tuesday, May 25, 2021 3:05 PM  
**To:** Mari J. Kriescher  
**Cc:** Maureen A. Metoxen  
**Subject:** Grant funded positions  
**Attachments:** Grant Funded Substance Abuse Counselor Position; Grand Funded Social Work Positions; Grant Funding Psychotherapists Positions

**Importance:** High

Can you send me Larry's approval email for these positions so I can get these items on the OBC agenda?

I have reviewed and approve moving forward with these positions.

yaw^?kó• (Thank you!)

Geraldine R. Danforth  
Human Resources Area Manager  
Skenandoah Complex  
909 Packerland Drive  
(920)496-7358



**A GOOD MIND. A GOOD HEART. A STRONG FIRE.**

The information contained in this e-mail is confidential and privileged. If you are not the intended recipient, please be advised that any use, copying, or dissemination of this information is prohibited. Please destroy this e-mail and immediately notify us of the erroneous transmission.

**Maureen A. Metoxen**

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**From:** Lawrence E. Barton  
**Sent:** Monday, May 24, 2021 9:05 AM  
**To:** Mari J. Kriescher  
**Subject:** Re: Grant Funded Substance Abuse Counselor Position

Ms. Kriescher, I have reviewed the attached documentation for hiring the position of: Substance Abuse Counselor. Please accept this email as formal approval to proceed with the posting & hiring of the noted position. Please contact me if you have any questions t extension 4491. thanks, Larry Barton

---

**From:** Mari J. Kriescher <MKRIESCH@oneidanation.org>  
**Sent:** Friday, May 21, 2021 3:22 PM  
**To:** Lawrence E. Barton <lbarton@oneidanation.org>; Geraldine R. Danforth <GDANFOR1@oneidanation.org>  
**Cc:** Ravinder Vir <rvir@oneidanation.org>; Debra J. Danforth <ddanfort@oneidanation.org>; Jeffrey R. Carlson <jcarlson@oneidanation.org>; Lesley J. Ness <lness@oneidanation.org>; Mari J. Kriescher <MKRIESCH@oneidanation.org>  
**Subject:** Grant Funded Substance Abuse Counselor Position

Good Afternoon,

Please see the attached requests. It was not clear if I needed to completed the request to post as well. Please let me know if I need to get this completed as well.

Respectfully,

**Mari Kriescher MS, MAC, LPC, CSAC, ICS**  
**Behavioral Health Director**  
**EMR Project Sponsor**  
**Comprehensive Health Division**  
**Behavioral Health Services**



A good mind. A good heart. A strong Fire.

office: 920.490-3737  
Office Hours: Monday – Friday 8:30- 5:00 pm  
cell: 920.737-5278  
Administration Fax: 920 490-3858  
Medical Records fax: 920.490-3883  
Email: [mkriesch@oneidanation.org](mailto:mkriesch@oneidanation.org)

PO Box 365  
2640 West Point Rd  
Oneida, WI 54155  
[www.oneida-nsn.gov/behavioralhealth/](http://www.oneida-nsn.gov/behavioralhealth/)



**APPLY IN PERSON AT:**

Human Resource Department  
909 Packard Drive  
Green Bay, WI 54303



# ONEIDA

A good mind. A good heart. A strong fire.

**OR MAIL TO:**

Human Resource Department  
P.O. Box 365  
Oneida, WI 54155-0365

Phone: (920) 496-7900

Fax: (920) 496-7490

Job Line: 1-800-236-7050

**APPLY ONLINE AT:**

<http://oneida-nsn.gov>

**SECOND POSTING OPEN TO ALL**

**POSITION TITLE:** Clinical Substance Abuse Counselor  
**POSITION NUMBER:** 00098  
**DEPARTMENT:** Behavioral Health Services  
**LOCATION:** 2640 West Point Road Green Bay WI  
**DIVISION:** Comprehensive Health  
**RESPONSIBLE TO:** Behavioral Health Manager  
**SALARY:** E05 \$45,961/Annually (NEGOTIABLE DEPENDING ON EDUCATION & EXPERIENCE)  
**(Employees will receive 5% below the negotiated pay rate during their probationary status.)**  
**CLASSIFICATION:** Exempt  
**POSTING DATE:** November 22, 2016  
**CLOSING DATE:** Until Filled  
**Transfer Deadline:** December 1, 2016  
**Proposed Start Date:** As Soon As Possible

**EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

The Oneida Nation of Indians of Wisconsin does not discriminate on the basis of race, color, national origin, sex, religion, age or disability status in employment or the provision of services. However, individuals of Indian ancestry and Veterans will be given preference by law in initial employment or re-employment.

**POSITION SUMMARY**

This position will counsel and aid individuals and families requiring assistance dealing with substance abuse problems, such as alcohol or drug abuse and families and individuals with co-occurring disorders. Refer client to other support services as needed. Continuation of this position is contingent upon funding allocations.

**DUTIES AND RESPONSIBILITIES:**

1. Perform intake, Alcohol, Tobacco, and Other Drug Abuse assessments, intervention, individual, group and family counseling, outreach referral, advocacy and home visit services; follow up care and in-home support services; provide educational and preventive activities.
2. Participate and assist in planning, developing, organizing and facilitating Alcohol, Tobacco, and Other Drug Abuse services/programs such as support and therapy groups, out patient and other addictions, prevention activities and special events.
3. Obtain information about patients through interview, case history, and observational techniques; evaluate data to identify causes of problems and to determine advisability of counseling or referral to other specialists.
4. Formulate program for treatment and rehabilitation of client, using knowledge of alcohol and drug abuse problems and counseling and treatment techniques.
5. Provide and/or arrange for therapeutic interventions as appropriate for patients or clients in a crisis condition and for those with serious disturbance problems.
6. Counsel family members to assist family in dealing with providing support for client.
7. Refer client to other support services as needed, such as medical evaluation and treatment, social services, and employment services.
8. Consult with other legal and treatment agencies and individuals in relation to patient/client records, rights, and responsibilities.
9. Maintain case records containing pertinent, accurate and current information in compliance with the Privacy Act, HIPAA and Department rules, regulations and policies.
10. Report potential or actual patient safety concerns, medical errors and/or near misses in a timely manner.
11. Monitor condition of client to evaluate success of therapy and adapt treatment program as needed. Ensure adherence to Hospitals and departmental policies and procedures.
12. Prepare reports, correspondence, narratives, statistical and other documents as required by program guidelines and funding sources.

**JOB DESCRIPTION**



**DUTIES AND RESPONSIBILITIES: (Cont.)**

13. Participate in multi-disciplinary case reviews.
14. Participate in co-counseling sessions as needed.
15. Represent the department in Tribal, county, state and other agency meetings as needed.
16. Establish and maintain good rapport and effective working relationships with patients, visitors, physicians and Hospitals employees.
17. Participate in treatment plans, staffing and departmental meetings.
18. Maintain professional and technical knowledge by conducting research, attending seminars, educational workshops, classes and conferences; reviewing professional publications; establishing networks; participating in professional societies; conferring with representatives of contracting agencies and related organizations.
19. Adhere to all Tribal Personnel Policies and Procedures, Tribal Standard Operating Procedures, and Area and Program Strategic Plans and Policies.
20. The above duties and responsibilities are not an all inclusive list but rather a general representation of the duties and responsibilities associated with this position. The duties and responsibilities will be subject to change based on organizational needs and/or deemed necessary by the supervisor.

**PHYSICAL REQUIREMENTS/WORK ENVIRONMENT:**

1. Frequently walk, sit, reach with hands and arms; and talk and hear.
2. Occasionally stand, stoop, kneel, crouch, or crawl; lift and/or move up to twenty-five (25) pounds.
3. Work is generally performed in an office setting with moderate exposure to physical risk or injuries due to potential for combative behavior by patients and exposure to second-hand smoke.
4. Work environment is not smoke free.
5. Evening and/or weekend work may be required.
6. A Tuberculosis (TB) Screening and/or TB Skin Test is required within thirty (30) days of employment and annually thereafter as required.

**STANDARD QUALIFICATIONS:**

1. Knowledge of applicable federal, state, county and local laws, regulations, and requirements.
2. Knowledge of department organization, functions, objectives, policies and procedures.
3. Knowledge of the theory, principles and practices of clinical, developmental and counseling psychology.
4. Knowledge of the theory, principles, practices and treatment of alcohol and drug abuse.
5. Knowledge of patient outreach services and activities, funding agencies, and community health care and vocational services.
6. Knowledge and understanding of the Oneida Nation culture, tradition and values.
7. Skill in working with children, adolescents and families.
8. Skill in operating various word-processing, spreadsheets, and database software programs in a Windows environment.
9. Ability to plan, implement, and evaluate individual patient care programs.
10. Ability to work extended hours including nights, weekends and holidays.
11. Ability to work independently and meet strict time lines.
12. Ability to communicate efficiently and effectively both verbally and in writing.
13. Ability to establish and maintain good working relationships with the individuals of varying social and cultural backgrounds.
14. Ability and willingness to obtain Oneida Certification on reporting Child Abuse and Neglect is required within ninety (90) days of employment.
15. Must adhere to strict confidentiality in all matters. **(Must sign a confidentiality statement prior to employment.)**
16. Health Insurance Portability and Accountability Act (HIPAA) training is required prior to starting this position. **(Training will be administered by the Human Resource Department).**
17. Must be willing and able to obtain additional education and training.
18. Employees are required to have proof of immunity or dates of 2 doses of MMR and proof of immunity or dates of 2 doses of Varicella prior to starting in any position within the Oneida Comprehensive Health Division. Any refusal of vaccination(s) or failure to provide proof of immunity may disqualify the applicant.
19. Must pass a pre-employment drug screening. Must adhere to the Tribe's Drug and Alcohol Free Workplace Policy during the course of employment.
20. Must pass a background security check with the Oneida Nation in order to meet the Employment Eligibility Requirements, Tribal/State Compact and/or Oneida Tribe Gaming Ordinance as they pertain to the position. A temporary license or Gaming License issued by the Oneida Gaming Commission is required as a condition of employment and continuing employment within the Oneida Nation Gaming Division.



**JOB DESCRIPTION****Clinical Substance Abuse Counselor**

Page 3

**STANDARD QUALIFICATIONS(CONT'D)**

21. A valid driver's license, reliable transportation, and insurance. Must obtain a Wisconsin driver's license within thirty (30) days of employment if applicant has an out-of-state driver's license. Must be authorized as eligible to operate a Personal and Tribal vehicle under the Oneida Nation Vehicle Drivers Policy prior to actual start date. Must maintain driver's eligibility as a condition of employment.

**PREFERRED QUALIFICATIONS:**

**Applicants please clearly state on the application/resume if you meet these qualifications.**

1. Knowledge of providing co-occurring treatment.

**MINIMUM QUALIFICATIONS:**

**Applicants please clearly state how you meet these qualifications on the application/resume.**

1. Bachelors Degree in Psychology, Social Work, Alcohol and Other Drug Abuse or closely related field; two (2) years current work experience in the Alcohol, Tobacco and Other Drug Abuse Field.
2. Must be licensed as a Clinical Substance Abuse Counselor by the Wisconsin Department of Safety and Professional Services.
3. Must be billable and reimbursable for commercial insurances, and medical assistance.
4. Must complete a pre-employment case study prior to interview.

**ITEMS TO BE SUBMITTED:**

1. **Must provide a copy of diploma, license, degree or certification upon employment.**

Approve the Behavioral Health request to post four (4) grant funded Psychotherapists  
Oneida Business Committee Agenda Request1. Meeting Date Requested: 06 / 09 / 21

## 2. General Information:

Session: ☒ Open ☐ Executive - See instructions for the applicable laws, then choose one:Agenda Header: ☐ Accept as Information only☒ Action - please describe:

## 3. Supporting Materials

☐ Report ☐ Resolution ☐ Contract☒ Other:1. 3. 2. 4. ☐ Business Committee signature required

## 4. Budget Information

☐ Budgeted - Tribal Contribution ☒ Budgeted - Grant Funded ☐ Unbudgeted

## 5. Submission

Authorized Sponsor / Liaison:

Primary Requestor/Submitter:

  
Your Name, Title / Dept. or Tribal Member

Additional Requestor:

  
Name, Title / Dept.

Additional Requestor:

  
Name, Title / Dept.

## Oneida Comprehensive Health Division

Oneida Community Health Center  
Behavioral Health Services  
Anna John Resident Centered Care Community  
Employee Health Nursing



To: Whom it may concern

From: Mari Kriescher Behavioral Health Director

Date: May 18, 2021

RE: Emergency COVID 19 Grant Funded Positions

This memo is to acknowledge that Behavioral Health will utilized the existing behavioral Health protocols for COVID. We have continued to provide services throughout this pandemic.

Workforce level assessment- Per BC Resolution #11-24-20-F; 100% grant funded positions will not be counted with the 2200 emp. cap for fiscal year 2021. These will be 100% grant funded positions.

If you have any questions, please do not hesitate to contact me at [mkriesch@oneidanation.org](mailto:mkriesch@oneidanation.org).

Mailing Address: P.O. Box 365, Oneida, WI 54155  
<https://oneida-nsn.gov/resources/health/>

Oneida Community Health Center  
Behavioral Health Services  
Anna John Resident Centered Care Community  
Employee Health Nursing

525 Airport Dr., Oneida, WI 54155  
2640 West Point Rd., Green Bay, WI 54304  
2901 S. Overland Rd., Oneida, WI 54155  
701 Packerland Dr., Green Bay, WI 54303

Phone: (920) 869-2711 or 1-866-869-2711  
Phone: (920) 490-3790 or 1-888-490-2457  
Phone: (920) 869-2797  
Phone: (920) 405-4492

Fax: (920) 869-1780  
Fax: (920) 490-3883  
Fax: (920) 869-3238  
Fax: (920) 405-4494

Oneida Nation  
PO Box 365 • Oneida, WI 5455-0365  
oneida-nsn.gov



# Request to Fill a Grant-Funded position

For new, 100% Grant funded positions only<sup>1</sup>

## INSTRUCTIONS:

1. Complete this form
2. Submit it along with any supporting documents to the Chief Financial Officer ([lbarton@oneidanation.org](mailto:lbarton@oneidanation.org)); Cc the HRD Area Manager ([qdanfor1@oneidanation.org](mailto:qdanfor1@oneidanation.org))
  - a. Required supporting documents:
    - X Job Description
    - NA Re-entry Training
    - X Safety Plan (use existing OBH protocols for COVID)
    - X Workforce Level Assessment. Per BC Resolution #11-24-20-F; 100% grant funded positions will not be counted with the 2200 emp. cap for fiscal year 2021. These will be 100% grant funded positions.
3. Chief Financial Officer will review and submit a recommendation to the requestor and the HRD Area Manager.
4. HRD Area Manager will submit the request to the BC for consideration (BC Agenda or E-poll).

<b>TYPE OF REQUEST: HIRE 2 MH THERAPISTS TO IMPROVE ACCESS</b>	Hire 4 Mental Health Therapists to Improve access to Mental Health Services and reduce need for urgent emergency type services which develop when patients cannot access care in a timely manner.			
<b>DEPARTMENT:</b>	Oneida Behavioral Health			
<b>COST: PAID FOR BY GRANT MONIES AWARDED FOR BEHAVIORAL HEALTH SERVICES</b>	Weekly Personnel Cost: \$3,860- but negotiable depending on education and experience	Fringe/Indirect Cost:	Total Weekly Cost:	Funded by Grant for 16 months- am requesting approval to provide services long term.
<b># OF EMPLOYEES: 4</b>	Four Mental Health Therapists			
<b>TITLE:</b>	Psychotherapist			
<b>POSITION NUMBER:</b>	00391			

<sup>1</sup> Please see resolve #4 of resolution BC-11-24-20-F.



<b>DATE NEEDED:</b>	04/08/2021		
<b>RECALL PROCEDURE USED:</b>	No		
<b>TRIBAL PREFERENCE USED:</b>	YES / NO / N/A	<b>Explanation:</b>	Tribal preference will be used in the hiring process.
<b>NARRATIVE/JUSTIFICATION:</b>			

Behavioral Health has received the Emergency COVID 19 grant where 70% of the 1.7 million is to go toward providing direct patient care. There has been long-term access to care issues regarding mental health services at Oneida Behavioral Health. These access issues have been exacerbated by the pandemic and opioid crisis. The severity of presenting problems has increased as have the numbers of people trying to access services at this time.

There is no waiting list, but appointments for intake are scheduled 3-4 weeks out which affect outcomes. The no-show rate increases when appointments are scheduled so far in advance. The sooner people can be seen, the lower the no-show rates fall. Also, the sooner people can be seen, the less chance that the problem will develop into a crisis or more severe illness. Acute crisis and severe illness sometimes leads to inpatient hospitalizations and higher risks for suicidal behavior. These more serious problems require higher levels of care which also cost more and allow only a short stay- the client's mental health problem still needs to be dealt with after a 3-5 day stay.

If community members can access care, be assessed and treated at the time the client needs the service, the outcomes improve. The current therapists have higher than recommended caseloads (as high as 60 to 100) and we have the goal of reducing them to 50 or less active clients at one time.

Because of acuity levels in native communities and people who have complex trauma, some literature recommends caseloads of 30. Having 4 more therapists would help get the caseload sizes down and the patients could be seen more regularly which again relates to improved outcomes.

We have started a Safe Care Pathway Program to help suicidal clients get in sooner, this program is currently understaffed. We have one full time therapist and recently lost a half time contracted employee, who was also providing services. This program is based on the Zero Suicide model and is effective but needs to be staffed so that care is not compromised. At this time, we are in crisis mode, which is not a good way to use this model. A better approach is to fully staff the program and help people before they are in acute crisis and need hospitalization. When done well, the need for inpatient hospitalizations can be reduced by this type of program.

Now is an excellent time to use grant money to more fully staff mental health services for the community. It will not cost the Oneida Tribe any money, it has the potential to improve outcomes, and can reduce hospitalizations. Also, these services are billable, which will generate revenue and help sustain on-going services for community members. Please approve hiring 2 more psychotherapists at Oneida Behavioral Health.

**Maureen A. Metoxen**

---

**From:** Geraldine R. Danforth  
**Sent:** Tuesday, May 25, 2021 3:05 PM  
**To:** Mari J. Kriescher  
**Cc:** Maureen A. Metoxen  
**Subject:** Grant funded positions  
**Attachments:** Grant Funded Substance Abuse Counselor Position; Grand Funded Social Work Positions; Grant Funding Psychotherapists Positions

**Importance:** High

Can you send me Larry's approval email for these positions so I can get these items on the OBC agenda?

I have reviewed and approve moving forward with these positions.

yaw^?kó• (Thank you!)

Geraldine R. Danforth  
Human Resources Area Manager  
Skenandoah Complex  
909 Packerland Drive  
(920)496-7358



**A GOOD MIND. A GOOD HEART. A STRONG FIRE.**

The information contained in this e-mail is confidential and privileged. If you are not the intended recipient, please be advised that any use, copying, or dissemination of this information is prohibited. Please destroy this e-mail and immediately notify us of the erroneous transmission.



**Maureen A. Metoxen**

---

**From:** Lawrence E. Barton  
**Sent:** Monday, May 24, 2021 9:16 AM  
**To:** Mari J. Kriescher  
**Subject:** Re: Grant Funding Psychotherapists Positions

Ms. Kriescher, I have reviewed the attached documentation for hiring the position of: Psychotherapist. Please accept this email as formal approval to proceed with the posting & hiring of the noted position. Please contact me if you have any questions at extension 4491, thanks, Larry Barton

---

**From:** Mari J. Kriescher <MKRIESCH@oneidanation.org>  
**Sent:** Friday, May 21, 2021 3:13 PM  
**To:** Lawrence E. Barton <lbarton@oneidanation.org>; Geraldine R. Danforth <GDANFOR1@oneidanation.org>  
**Cc:** Ravinder Vir <rvir@oneidanation.org>; Debra J. Danforth <ddanfort@oneidanation.org>; Jeffrey R. Carlson <jcarlson@oneidanation.org>; Lesley J. Ness <lness@oneidanation.org>; Mari J. Kriescher <MKRIESCH@oneidanation.org>  
**Subject:** Grant Funding Psychotherapists Positions

Good Afternoon,

Please see the attached requests. It was not clear if I needed to completed the request to post as well. Please let me know if I need to get this completed as well.

Respectfully,

**Mari Kriescher MS, MAC, LPC, CSAC, ICS**  
**Behavioral Health Director**  
**EMR Project Sponsor**  
**Comprehensive Health Division**  
**Behavioral Health Services**



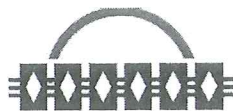
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office: 920.490-3737  
Office Hours: Monday – Friday 8:30- 5:00 pm  
cell: 920.737-5278  
Administration Fax: 920 490-3858  
Medical Records fax: 920.490-3883  
Email: [mkriesch@oneidanation.org](mailto:mkriesch@oneidanation.org)

PO Box 365  
2640 West Point Rd  
Oneida, WI 54155  
[www.oneida-nsn.gov/behavioralhealth/](http://www.oneida-nsn.gov/behavioralhealth/)

**APPLY IN PERSON AT:**

Human Resources Department  
909 Packerland Drive  
Green Bay, WI 54303



# ONEIDA

A good mind. A good heart. A strong fire.

**OR MAIL TO:**

Human Resources Department  
P.O. Box 365  
Oneida, WI 54155-0365

Phone: (920) 496-7900

Fax: (920) 496-7490

Job Line: 1-800-236-7050

**APPLY ONLINE AT:**

<http://oneida-nsn.gov>

**JOB DESCRIPTION**

**POSITION TITLE:** Psychotherapist  
**POSITION NUMBER:** 00391  
**DEPARTMENT:** Behavioral Health Services  
**LOCATION:** 2640 West Point Road, Green Bay  
**DIVISION:** Comprehensive Health  
**RESPONSIBLE TO:** Behavioral Health Manager  
**SALARY:** E05 \$45,961/Annually (NEGOTIABLE DEPENDING ON EDUCATION & EXPERIENCE)  
 (Employees will receive 5% below the negotiated pay rate during their probationary status.)

**CLASSIFICATION:** Exempt  
**POSTING DATE:** August 23, 2017  
**CLOSING DATE:** Until Filled  
**TRANSFER DATE:** August 30, 2017  
**Proposed Start Date:** As Soon As Possible

**EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

The Oneida Nation does not discriminate on the basis of race, color, national origin, sex, religion, age or disability status in employment or the provision of services. However, individuals of Indian ancestry and Veterans will be given preference by law in initial employment or re-employment.

**POSITION SUMMARY**

This position will provide initial assessments, treatment plans and ongoing psychotherapy for individuals, families and couples. Work with all age groups and with a multitude of different problems ranging from the chronically mentally ill, to the client experiencing situational distress and the clients with co-occurring disorders. Write, monitor, and coordinate behavior management plans and provides home visits to assess family situations and individual client needs. Continuation of this position is contingent upon funding allocations.

**DUTIES AND RESPONSIBILITIES:**

1. Provide quality psychotherapy services to youth, young adults, adults, elders, families and groups as needed; intervene in crisis situations, making immediate assessments and referrals in emergency situations.
2. Perform assessments; interventions; individual, group and family counseling; discharge planning; outreach referral; advocacy and home visits; follow-up care and in-home supports services; and provide educational and preventive activities.
3. Maintain case records containing pertinent, accurate and current information in compliance with the Privacy Act, HIPAA, and established department rules, regulations and policies.
4. Assist in planning, developing, organizing, facilitating and providing psychotherapy services in prevention, intervention, treatment and aftercare for a variety of treatment groups, programs and services.
5. Prepare reports, correspondence, narratives, statistical and other documents as required by program guidelines and funding sources.
6. Coordinate services with Tribal Social Services Programs, and county, state, private and federal agencies that will best serve the individual, client, family and community.
7. Participate in treatment plans, staffing and departmental meetings.
8. Acts as patient's advocate and liaison to other departments and community agencies.
9. Complete prior authorization forms needed for third party billing.
10. Maintain professional and technical knowledge by conducting research, attending seminars, educational workshops, classes and conferences; reviewing professional publications; establishing networks; participating in professional societies; conferring with representatives of contracting agencies and related organizations.



**JOB DESCRIPTION****Psychotherapist****Page 2****DUTIES AND RESPONSIBILITIES: (Cont.)**

11. Adhere to all Tribal Personnel Policies and Procedures, Tribal Standard Operating Procedures, and Area and Program Strategic Plans and Policies.
12. Maintain strict department security, confidentiality, and quality to meet professional standards of the department.
13. The above duties and responsibilities are not an all inclusive list but rather a general representation of the duties and responsibilities associated with this position. The duties and responsibilities will be subject to change based on organizational needs and/or deemed necessary by the supervisor.

**PHYSICAL REQUIREMENTS/WORK ENVIRONMENT:**

1. Frequently walk, sit; reach with hands and arms; and talk and hear.
2. Occasionally stand, stoop, kneel, crouch, or crawl; lift and/or move up to twenty-five (25) pounds.
3. Work is generally performed in an office setting with moderate exposure to physical risk or injuries due to potential for combative behavior by patients and exposure to second-hand smoke.
4. Extended hours, irregular shifts, evening and/or weekend work may be required.
5. A Tuberculosis (TB) Screening and/or TB Skin Test are required within thirty (30) days of employment and annually thereafter as required.

**STANDARD QUALIFICATIONS:**

1. Knowledge of applicable federal, state, county and local laws, regulations, and requirements.
2. Knowledge of department organization, functions, objectives, policies and procedures.
3. Knowledge of the theory, principles and practices of clinical, developmental and counseling psychology.
4. Knowledge of the theory, principles, practices and treatment of alcohol and drug abuse.
5. Knowledge of patient outreach services and activities, funding agencies, and community health care and vocational services.
6. Knowledge and understanding of the Oneida Nation culture, tradition and values.
7. Skill in working with children, adolescents and families.
8. Skill in operating various word-processing, spreadsheets, and database software programs in a Windows environment.
9. Ability to plan, implement, and evaluate individual patient care programs.
10. Ability to lead and train staff and/or students.
11. Ability to work independently and meet strict time lines.
12. Ability to communicate efficiently and effectively both verbally and in writing.
13. Ability to establish and maintain good working relationships with the individuals of varying social and cultural backgrounds.
14. Ability and willingness to obtain Oneida Certification on reporting Child Abuse and Neglect within ninety (90) days.
15. Ability to be CPR and Red Cross First Aide Certified within three (3) months of employment. Must maintain CPR and Red Cross First Aide Certification during employment.
16. Ability and willingness to possess and maintain the credentialing requirements and Wisconsin Caregiver Law throughout employment.
17. Must adhere to strict confidentiality in all matters. **(Must sign a confidentiality statement prior to employment.)**
18. Employees are required to have proof of immunity or dates of 2 doses of MMR and proof of immunity or dates of 2 doses of Varicella prior to starting in any position within the Oneida Comprehensive Health Division. Any refusal of vaccination(s) or failure to provide proof of immunity may disqualify the applicant.
19. Health Insurance Portability and Accountability Act (HIPAA) training is required prior to starting this position. **(Training will be administered by the Human Resource Department).**
20. Must be willing and able to obtain additional education and training.
21. Must pass a pre-employment drug screening. Must adhere to the Tribe's Drug and Alcohol Free Workplace Policy during the course of employment.
22. Must pass a background security check with the Oneida Tribe in order to meet the Employment Eligibility Requirements, Tribal/State Compact and/or Oneida Tribe Gaming Ordinance as they pertain to the position. A temporary license or Gaming License issued by the Oneida Gaming Commission is required as a condition of employment and continuing employment within the Oneida Nation Gaming Division.
23. A valid driver's license, reliable transportation, and insurance. Must obtain a Wisconsin driver's license within thirty (30) days of employment if applicant has an out-of-state driver's license. Must be authorized as eligible to operate a personal vehicle under the Oneida Nation Vehicle Drivers Policy prior to actual start date. Must maintain driver's eligibility as a condition of employment.

**JOB DESCRIPTION****Psychotherapist****Page 3****PREFERRED QUALIFICATIONS:****Applicants please clearly state on the application/resume if you meet these qualifications.**

1. Clinical Substance Abuse Counselor or Substance Abuse Counselor License.

**MINIMUM QUALIFICATIONS:****Applicants please clearly state how you meet these qualifications on the application/resume.**

1. Masters Degree in Social Work, Counseling, Community Mental Health Counseling, Psychology or Marriage and Family Therapy or related field. Plus three (3) years of current work experience in Mental Health, Social Work or Psychology field.
2. Wisconsin State Certification as an LPC, LMFT, LCSW.
3. Must be billable and reimbursable for commercial insurances, and medical assistance.
4. Must complete a pre-employment case study prior to interview.

**ITEMS TO BE SUBMITTED:**

1. Must provide a copy of diploma, license, degree or certification upon employment.

Approve the Behavioral Health request to post two (2) grant funded Social Workers  
Oneida Business Committee Agenda Request**1. Meeting Date Requested:** 06 / 09 / 21**2. General Information:**Session: ☒ Open ☐ Executive - See instructions for the applicable laws, then choose one:Agenda Header: ☐ Accept as Information only☒ Action - please describe:**3. Supporting Materials**☐ Report ☐ Resolution ☐ Contract☒ Other:1. 3. 2. 4. ☐ Business Committee signature required**4. Budget Information**☐ Budgeted - Tribal Contribution ☒ Budgeted - Grant Funded ☐ Unbudgeted**5. Submission**

Authorized Sponsor / Liaison:

Primary Requestor/Submitter:

  
Your Name, Title / Dept. or Tribal Member

Additional Requestor:

  
Name, Title / Dept.

Additional Requestor:

  
Name, Title / Dept.



Oneida Comprehensive Health Division  
Oneida Community Health Center  
Behavioral Health Services  
Anna John Resident Centered Care Community  
Employee Health Nursing



To: Whom it may concern

From: Mari Kriescher Behavioral Health Director

Date: May 18, 2021

RE: Emergency COVID 19 Grant Funded Positions

This memo is to acknowledge that Behavioral Health will utilized the existing behavioral Health protocols for COVID. We have continued to provide services throughout this pandemic.

Workforce level assessment- Per BC Resolution #11-24-20-F; 100% grant funded positions will not be counted with the 2200 emp. cap for fiscal year 2021. These will be 100% grant funded positions.

If you have any questions, please do not hesitate to contact me at [mkriesch@oneidanation.org](mailto:mkriesch@oneidanation.org).

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<https://oneida-nsn.gov/resources/health/>

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oneida-nsn.gov



# Request to Fill a Grant-Funded position

*For new, 100% Grant funded positions only<sup>1</sup>*

## INSTRUCTIONS:

1. Complete this form
2. Submit it along with any supporting documents to the Chief Financial Officer ([lbarton@oneidanation.org](mailto:lbarton@oneidanation.org)); Cc the HRD Area Manager ([gdanfor1@oneidanation.org](mailto:gdanfor1@oneidanation.org))
  - a. Required supporting documents:
    - X Job Description
    - No Re-entry Training
    - X Safety Plan (use existing OBH protocols)
    - X Workforce Level Assessment. Per BC Resolution #11-24-20-F; 100% grant funded positions will not be counted with the 2200 emp. cap for fiscal year 2021. These will be 100% grant funded positions.
3. Chief Financial Officer will review and submit a recommendation to the requestor and the HRD Area Manager.
4. HRD Area Manager will submit the request to the BC for consideration (BC Agenda or E-poll).

<b>TYPE OF REQUEST:</b>	Hire 2 Adult Social Workers to address a service gap for Oneida Behavioral Health Clients. Basic social work services for clients cannot be met by current staffing.			
<b>DEPARTMENT:</b>				
<b>COST:</b>	Weekly Personnel Cost: \$1679.00, each, but is negotiable depending on education and experience.	Fringe/Indirect Cost:	Total Weekly Cost:	Funded by grant for 16 months- we are requesting approval to provide services long term.
<b># OF EMPLOYEES: 3</b>	Three Behavioral Health Social Workers			
<b>TITLE:</b>	Social Worker (MSW)			
<b>POSITION NUMBER:</b>	01886			
<b>DATE NEEDED:</b>	4/8/2021			

<sup>1</sup> Please see resolve #4 of resolution BC-11-24-20-F.

<b>RECALL PROCEDURE USED:</b>	No		
<b>TRIBAL PREFERENCE USED:</b>	YES	<b>Explanation:</b>	Tribal preference will be used in the hiring process
<b>NARRATIVE/JUSTIFICATION:</b>			

Behavioral Health has received the Emergency COVID 19 grant where 70% of the 1.7 million is to go toward providing direct patient care. As demand for services have increased over the past 5 years, we do not have enough staffing to provide basic social work services to many OBH clients. This problem has gotten worse due to the COVID pandemic and opioid crisis. Currently we have 1 youth and 2 adult Social Worker, and they cannot meet the needs of all of our patients from young children to elders.

What is happening now is that the 3 OBH Social Workers are working with as many people as possible. Referrals are triaged and services are provided to the individuals and families with the highest needs. There are many people who cannot be referred for Social Work Services at this time, even though there are a high number of people who would utilize it. Two more Social Workers could serve 100 or more additional individuals and families for short and longer-term services on-going. Over the year this could add up to hundreds more community members being served.

The types of services that Social Workers provide are extensive and important for our poorest and most vulnerable community members. Many of our patients struggle with not having resources to meet basic needs for themselves their children. Social Workers help connect patients with resources to obtain temporary shelter, housing, food, jobs, and other necessities. They provide transportation to services, will pick up medications and accompany patients when they are signing up for community resources.

Social Workers are mobile and can work off-site and do outreach in the community. They assist people in their homes, and also meet with patients at OBH. Social Workers can attend meetings with county workers, health care providers and advocate with the patient to express what they need as they are working with outside systems.

Social Workers can also provide support and help to Oneida students in area schools and can help parents and legal guardians advocate for needed services for Oneida children who have special educational needs. They are especially helpful in helping parents utilize their child's legal right to ask for learning evaluations and an IEP meeting to make an educational plan.

One significant result of the COVID pandemic is the availability of grant funding and relief monies. This is also true for the Opioid Epidemic.

It is predicted that both of these crises will generate on-going negative effects related to family and social structures, economic security, medical problems, mental health issues and basic needs. It could greatly benefit the Oneida community to use the available grant money to hire staff who could assist families in dealing with these after-effects. Please approve hiring 2 more Social Work staff to continue to help individuals and families.

**Maureen A. Metoxen**

---

**From:** Geraldine R. Danforth  
**Sent:** Tuesday, May 25, 2021 3:05 PM  
**To:** Mari J. Kriescher  
**Cc:** Maureen A. Metoxen  
**Subject:** Grant funded positions  
**Attachments:** Grant Funded Substance Abuse Counselor Position; Grand Funded Social Work Positions; Grant Funding Psychotherapists Positions

**Importance:** High

Can you send me Larry's approval email for these positions so I can get these items on the OBC agenda?

I have reviewed and approve moving forward with these positions.

yaw^?kó (Thank you!)

Geraldine R. Danforth  
Human Resources Area Manager  
Skenandoah Complex  
909 Packerland Drive  
(920)496-7358



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The information contained in this e-mail is confidential and privileged. If you are not the intended recipient, please be advised that any use, copying, or dissemination of this information is prohibited. Please destroy this e-mail and immediately notify us of the erroneous transmission.



**Maureen A. Metoxen**

---

**From:** Lawrence E. Barton  
**Sent:** Monday, May 24, 2021 9:09 AM  
**To:** Mari J. Kriescher  
**Subject:** Re: Grand Funded Social Work Positions

Ms. Kriescher, I have reviewed the attached documentation for hiring the position of Social Worker. Please accept this email as formal approval to proceed with the posting & hiring of the noted position. Please contact me if you have any questions at extension 4491. thanks, Larry Barton

---

**From:** Mari J. Kriescher <MKRIESCH@oneidanation.org>  
**Sent:** Friday, May 21, 2021 3:20 PM  
**To:** Lawrence E. Barton <lbarton@oneidanation.org>; Geraldine R. Danforth <GDANFOR1@oneidanation.org>  
**Cc:** Ravinder Vir <rvir@oneidanation.org>; Debra J. Danforth <ddanfort@oneidanation.org>; Jeffrey R. Carlson <jcarlson@oneidanation.org>; Lesley J. Ness <lness@oneidanation.org>; Mari J. Kriescher <MKRIESCH@oneidanation.org>  
**Subject:** Grand Funded Social Work Positions

Good Afternoon,

Please see the attached requests. It was not clear if I needed to completed the request to post as well. Please let me know if I need to get this completed as well.

Respectfully,

**Mari Kriescher MS, MAC, LPC, CSAC, ICS**  
**Behavioral Health Director**  
**EMR Project Sponsor**  
**Comprehensive Health Division**  
**Behavioral Health Services**



A good mind. A good heart. A strong Fire.

office: 920.490-3737  
Office Hours: Monday – Friday 8:30- 5:00 pm  
cell: 920.737-5278  
Administration Fax: 920 490-3858  
Medical Records fax: 920.490-3883  
Email: [mkriesch@oneidanation.org](mailto:mkriesch@oneidanation.org)

PO Box 365  
2640 West Point Rd  
Oneida, WI 54155  
[www.oneida-nsn.gov/behavioralhealth/](http://www.oneida-nsn.gov/behavioralhealth/)

**APPLY IN PERSON AT:**

909 Packerland Drive  
Green Bay, WI 54303



**ONEIDA**

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**JOB DESCRIPTION**

**OR MAIL TO:**

P.O. Box 365  
Oneida, WI 54155-0365

Phone: (920) 496-7900

Fax: (920) 496-7490

Job Line: 1-800-236-7050

**APPLY ONLINE AT:**

<https://oneida-nsn.gov>

**POSITION TITLE:** Social Worker (MSW)  
**POSITION NUMBER:** 01886  
**DEPARTMENT:** Behavioral Health Services  
**LOCATION:** 2640 West Point Road, Green Bay  
**DIVISION:** Comprehensive Health  
**RESPONSIBLE TO:** Behavioral Health Manager  
**SALARY:** E05 \$43,772/Annually (NEGOTIABLE DEPENDING ON EDUCATION & EXPERIENCE)  
(Employees will receive 5% below the negotiated pay rate during their probationary status.)  
**CLASSIFICATION:** Exempt  
**POSTING DATE:**  
**CLOSING DATE:**  
**Transfer Deadline:**  
**Proposed Start Date:** As Soon As Possible

---

**EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

The Oneida Tribe of Indians of Wisconsin does not discriminate on the basis of race, color, national origin, sex, religion, age or disability status in employment or the provision of services. However, individuals of Indian ancestry and Veterans will be given preference by law in initial employment or re-employment.

---

**POSITION SUMMARY**

This position will perform case management, coordination and planning of appropriate counseling and therapy for child and adolescent patients and adults at high risk with dual diagnoses. Continuation of this position is contingent upon funding allocations.

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**DUTIES AND RESPONSIBILITIES:**

1. Assess patient's behavioral health needs utilizing treatment planning and case review methods; determine appropriate referrals and assist in the process of applying for services when necessary.
2. Make home visits and serve as a mediator between family members.
3. Attend pertinent county hearings related to caseload if client is eligible for behavioral health services.
4. Encourage and facilitate youth participation in community and cultural activities.
5. Participate in department staff meetings.
6. Maintain strict department security, confidentiality, quality services and professional standards at all times.
7. Determine relative acuity of clients needs; provide and/or arrange for therapeutic interventions as appropriate for patients or clients in a crisis condition and for those with serious disturbance problems.
8. Consults with Oneida Cultural Heritage department staff on traditional methods of care.
9. Act as a liaison on behalf of clients who are cognitively, emotionally, or behaviorally impaired.
10. Make home visits and serve as mediator between youth/adolescents, family members and parents.
11. Assist in developing youth/adolescent recreational, social and cultural specific activities including leadership skills, empower youth/adolescent support groups.
12. Refer client to other support services as needed, such as medical evaluation and treatment, social services, and employment services.
13. Provide outreach services and referrals to appropriate Tribal and County Agencies when child abuse or neglect is suspected.
14. Attend pertinent county hearings related to caseload.
15. Maintain case records containing pertinent, accurate and current information in compliance with the Privacy Act, HIPAA and Department rules, regulations and policies
16. Report potential or actual patient safety concerns, medical errors and/or near misses in a timely manner.



**JOB DESCRIPTION**  
**Social Worker (MSW)**  
**Page 2**

**DUTIES AND RESPONSIBILITIES: (Cont.)**

17. Ensure implementation of more efficient, efficacious and cost effective treatment approaches for all clients; develop a rapport with third party insurance providers for clear coverage justification.
18. Establish and maintain good rapport and effective working relationships with patients, visitors, physicians and Hospitals employees.
19. Actively serve as a Rapid-Response Team Member; performs psychosocial intake assessments; make preliminary treatment recommendations.
20. Provide a series of regularly scheduled workshops, demonstrations on culture to youths and adolescents; consult with Oneida Cultural Heritage department staff on traditional methods of care.
21. Maintain professional and technical knowledge by conducting research, attending seminars, educational workshops, classes and conferences; reviewing professional publications; establishing networks; participating in professional societies; conferring with representatives of contracting agencies and related organizations.
22. Adhere to all Tribal Personnel Policies and Procedures, Tribal Standard Operating Procedures, and Area and Program Strategic Plans and Policies.
23. Maintain strict department security, confidentiality, and quality to meet professional standards of the department.
24. The above duties and responsibilities are not an all inclusive list but rather a general representation of the duties and responsibilities associated with this position. The duties and responsibilities will be subject to change based on organizational needs and/or deemed necessary by the supervisor.

**PHYSICAL REQUIREMENTS/WORK ENVIRONMENT:**

1. Frequently walk, to sit, handle, or feel; reach with hands and arms; and talk or hear.
2. Occasionally stand, stoop, kneel, crouch, or crawl; lift and/or move up to twenty-five (25) pounds.
3. Work is generally performed in an office setting with moderate exposure to physical risk or injuries due to potential for combative behavior by patients and exposure to second-hand smoke.
4. Evening and/or weekend work; extended hours and irregular shifts may be required.
5. A Tuberculosis (TB) Screening and/or TB Skin Test is required within thirty (30) days of employment and annually thereafter as required.

**STANDARD QUALIFICATIONS:**

1. Knowledge of applicable federal, state, county and local laws, regulations, and requirements.
2. Knowledge of department organization, functions, objectives, policies and procedures.
3. Knowledge of juvenile judicial system and parole.
4. Knowledge of the theory, principles and practices of clinical, developmental and counseling psychology.
5. Knowledge of the theory, principles, practices and treatment of alcohol and drug abuse.
6. Knowledge of patient outreach services and activities, funding agencies, and community health care and vocational services.
7. Knowledge and understanding of the Oneida Nation culture, tradition and values.
8. Knowledge of case management.
9. Knowledge of working with adults with dual diagnosis.
10. Knowledge of Social Security system.
11. Knowledge of multi disciplinary care review process.
12. Knowledge of long term patient care management.
13. Knowledge and understanding of AS400 data system and other computerized reporting systems used by HIS.
14. Skill in working with children, adolescents and families.
15. Skill in operating various word-processing, spreadsheets, and database software programs in a Windows environment.
16. Skill in organizational development.
17. Ability to make current and advanced adjustments based on patient, and/or family needs.
18. Ability to effectively assess/evaluate and make appropriate recommendations, and develop effective patients and family plan of action incorporating the family's culture, values and beliefs.
19. Ability to assess patients psychiatric and psychosocial needs.
20. Ability to work independently and meet strict time lines.
21. Ability to communicate efficiently and effectively both verbally and in writing.
22. Ability to establish and maintain good working relationships with the individuals of varying social and cultural backgrounds.
23. Ability and willingness to obtain Oneida Certification on reporting Child Abuse and Neglect within ninety (90) days.



**JOB DESCRIPTION****Social Worker (MSW)****Page 3****STANDARD QUALIFICATIONS: (Cont.)**

24. Ability and willingness to obtain CPR Certification within ninety (90) days of employment.
25. Must adhere to strict confidentiality in all matters. **(Must sign a confidentiality statement prior to employment.)**
26. Health Insurance Portability and Accountability Act (HIPAA) training is required prior to starting this position. **(Training will be administered by the Human Resource Department)**
27. Must be willing and able to obtain additional education and training.
28. Must pass a pre-employment drug screening. Must adhere to the Tribe=s Drug and Alcohol Free Workplace Policy during the course of employment.
29. Must pass a background security check prior to and during the course of employment with the Oneida Nation in order to meet the Employment Eligibility Requirements and/or the Tribal State Compact and/or the Tribal Gaming Ordinance as they pertain to the position and the location of the department.
30. A valid driver=s license, reliable transportation, and insurance. Must obtain a Wisconsin driver=s license within thirty (30) days of employment if applicant has an out-of-state driver's license. Must be authorized as eligible to operate a personal and Tribal vehicle under the Oneida Tribe=s Vehicle Drivers Policy prior to actual start date. Must maintain driver's eligibility as a condition of employment.

**PREFERRED QUALIFICATIONS:**

**Applicants please clearly state on the application/resume if you meet these qualifications.**

1. MSW; Completion of 3000 hours of supervised post Masters Degree.

**MINIMUM QUALIFICATIONS:**

**Applicants please clearly state how you meet these qualifications on the application/resume.**

1. Masters Degree in Social Work or closely related field plus three (3) years work experience in case management or clinic social work.
2. Must be licensed as a Social Work Counselor by the Wisconsin Department of Regulations and Licensing.

**ITEMS TO BE SUBMITTED:**

1. **Must provide a copy of diploma, license, degree or certification upon employment.**

Approve the Eco Services request to post one (1) grant funded Resource Conservationist Project Manager

Oneida Business Committee Agenda Request

1. Meeting Date Requested: 06 / 09 / 21

2. General Information:

Session: ☐ Open ☒ Executive - See instructions for the applicable laws, then choose one:

Position Requests

Agenda Header: Exec - New Business

☐ Accept as Information only

☒ Action - please describe:

Request to fill grant funded position - Resource Conservationist Project Manager

3. Supporting Materials

☒ Report ☐ Resolution ☐ Contract

☐ Other:

1. Request to Fill

3. Approvals

2. Job Description

4.


☐ Business Committee signature required

4. Budget Information

☐ Budgeted - Tribal Contribution ☐ Budgeted - Grant Funded ☐ Unbudgeted

5. Submission

Authorized Sponsor / Liaison:

  
Geraldine Danforth, Area Manager/Human Resource Department

Primary Requestor/Submitter:

Patrick Pelky, EHSLA Division Director

Your Name, Title / Dept. or Tribal Member

Additional Requestor:

Name, Title / Dept.

Additional Requestor:

Name, Title / Dept.

## Oneida Business Committee Agenda Request

### 6. Cover Memo:

Describe the purpose, background/history, and action requested:

Please see Request to Fill Grant-Funded Position Form attached.

Resources Conservationist Position funded by 75% USDA/NRCS and 25% BIA GLRI

1) Save a copy of this form for your records.

2) Print this form as a \*.pdf *OR* print and scan this form in as \*.pdf.

3) E-mail this form and all supporting materials in a **SINGLE** \*.pdf file to: [BC\\_Agenda\\_Requests@oneidanation.org](mailto:BC_Agenda_Requests@oneidanation.org)

Oneida Nation  
PO Box 365 • Oneida, WI 5455-0365  
oneida-nsn.gov



## Request to Fill a Grant-Funded position

*For new, 100% Grant funded positions only<sup>1</sup>*

### INSTRUCTIONS:

1. Complete this form
2. Submit it along with any supporting documents to the Chief Financial Officer ([lbarton@oneidanation.org](mailto:lbarton@oneidanation.org)); Cc the HRD Area Manager ([gdanfor1@oneidanation.org](mailto:gdanfor1@oneidanation.org))
  - a. Required supporting documents:
    - ☐ Job Description
    - ☐ Re-entry Training
    - ☐ Safety Plan
    - ☐ Workforce Level Assessment.
3. Chief Financial Officer will review and submit a recommendation to the requestor and the HRD Area Manager.
4. HRD Area Manager will submit the request to the BC for consideration (BC Agenda or E-poll).

<b>TYPE OF REQUEST:</b>	FILL A VACANCY			
<b>DEPARTMENT:</b>	Eco Services			
<b>COST:</b>	Weekly Personnel Cost: \$768.40	Fringe/Indirect Cost: \$495.00	Total Weekly Cost: \$1,263.40	Need for remainder for FY-21: \$18,951.00
<b># OF EMPLOYEES:</b>	Currently 4 FTE, adding 1 FTE			
<b>TITLE:</b>	Resource Conservationist Project Manager			
<b>POSITION NUMBER:</b>	00787			
<b>DATE NEEDED:</b>	June 1, 2021			
<b>RECALL PROCEDURE USED:</b>	Will use current HR posting procedures			
<b>TRIBAL PREFERENCE USED:</b>	YES	Explanation:		
<b>NARRATIVE/JUSTIFICATION:</b>	This position was posted for filling, as a trainee, when the Pandemic restrictions cancelled all current postings. When we cut budgets, we attempted to combine this position and the Forester position. That did not work. Both positions need a full-time employee. The plan is to post the original Job description that is not a trainee, that			

<sup>1</sup> Please see resolve #4 of resolution BC-11-24-20-F.



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replaced a retired employee. The position is fully grant funded (5-year contract with NRCS) and matched with another grant 25% so there is no tribal contribution expected.

This is run through a partnership cooperative grant agreement where we will have the federal credentials to do the work a USDA-NRCS employee used to do for us.

The focus of this position is a direct sovereignty initiative where we plan the best management of the natural resources on all our agricultural lands, forest land, wetlands, grasslands and wildlife areas. This first-year focus will assess:

- Approximately 11,000 acres of tillable agricultural,
- Review 66 separate ag leases,
- Updated Conservation Plan addressing all resource concerns, Nutrient Plan and pest management plans.

This position will also work on bringing additional Natural Resources Conservation Service EQIP grant to the Oneida Nation's Farms and other lease holders.

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**APPLY IN PERSON AT:**  
Human Resources Department  
909 Packerland Drive  
Green Bay, WI 54303



A good mind. A good heart. A strong fire.

**OR MAIL TO:**  
Human Resources Department  
P.O. Box 365  
Oneida, WI 54155-0365

**APPLY ONLINE AT:**  
<http://oneida-nsn.gov>

Phone: (920) 496-7900  
Fax: (920) 496-7490

**POSITION TITLE:** Resource Conservationist Project Manager  
**POSITION NUMBER:** 03044  
**DEPARTMENT:** Eco Services  
**LOCATION:** N7332 Water Circle Place Oneida WI  
**DIVISION:** Environmental  
**RESPONSIBLE TO:** Eco Services Manager  
**SALARY:** E04 \$39,966/annually (NEGOTIABLE)  
(Employees will receive 5% below the negotiated pay rate during their probationary status.)  
**CLASSIFICATION:** Exempt  
**POSTING DATE:**  
**CLOSING DATE:**  
**Transfer Deadline:**  
**Proposed Start Date:** As Soon As Possible

#### **EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

The Oneida Nation does not discriminate on the basis of race, color, national origin, sex, religion, age or disability status in employment or the provision of services. However, individuals of Indian ancestry and Veterans will be given preference by law in initial employment or re-employment.

#### **POSITION SUMMARY**

Work with farmers and lease holders to develop new and/or update existing farm management plans that address natural resource concerns; provide information concerning Farm Bill conservation programs; and assist in the development of conservation contracts according to the NRCS Conservation Program Contracting Manual. Performs on-site inventory and evaluations; recommends and assists in conducting necessary preliminary surveys; and provides recommendations for feasible practices to solve resource concerns. Recommends practices to farmers which help control erosion and conserve soil and water. Evaluates the effects of land use alternatives on soil, water, plant, air and animal resources. Continuation of this position is contingent upon funding allocations.

#### **DUTIES AND RESPONSIBILITIES:**

1. Assist agricultural producers to develop farm management plans that address natural resource concerns.
2. Accelerate participant enrollment in USDA-NRCS Farm Bill conservation programs.
3. Operate a tractor with implements for planting and mowing of conservation practices and non-federal project hours.
4. Carries out a follow-up schedule for applying soil conservation practices in accordance with plan and contract schedules.
5. Gives technical guidance and assistance to cooperating landowners in making needed revisions to their conservation plans and contracts.
6. Conducts environmental education on natural resource issues, water quality, and general conservation. Attends Oneida Nation events to promote NRCS programs and activities. Collaborates with partnering agencies and organizations.
7. Performs informational duties such as writing stories and news articles; giving talks at meetings; participating in conservation demonstrations; conducting conservation field tours; and staffing displays at various outreach events.
8. Apply applicable NRCS and Farm Bill programs to address resource concerns and explains financial assistance programs and payment procedures to applicants and contract holders. Reports work completed in the NRCS reporting system.
9. Utilizes available computer software programs as needed. Enters conservation planning data and applied practices into the field office computer system.
10. Conduct regular follow-up on all scheduled practices assigned; develops operation and maintenance agreements for practices; performs annual contract reviews to ensure contract schedules are followed and practices are being maintained according to NRCS standards and specifications. Notify the NRCS designated contact when practices are behind schedule.



**JOB DESCRIPTION**

Resource Conservationist Project Manager

Page 2

**DUTIES AND RESPONSIBILITIES (Cont.)**

11. Review practice designs for complete as-built documentation and ensures that all components of the design are completed according to standards and specifications prior to certification and payment recommendation.
12. Fully utilizes Toolkit and Pro Tracts programs in the documentation and management of conservation plans and technical assistance by the NRCS Service Center. Utilizes current technology including electronic data collection and geographic information systems to perform duties.
13. Assist in administrative, fiscal, and technical responsibilities for a wide variety of Farm Bill and NRCS programs carried out at the Field Office which may include but not limited to Conservation Stewardship Program (CSTP), Conservation Technical Assistance (CTA), and Environmental Quality Incentives Program (EQIP).
14. Tracks and reports data elements associated with the services provided so that the data can be entered into appropriate databases to track accomplishments.
15. Demonstrates an awareness of USDA Civil Rights policies and responsibilities and performs all duties in a manner which consistently demonstrates fairness, cooperation and respect to co-workers, office visitors and all others in the performance of official business.
16. Obtain all program and project approvals from Onelida Land Commission prior to planning any land practices.
17. Completes monthly reporting and annual performance measures and annual target completion quantities as listed in "Expected Accomplishments and Deliverables" USDA NRCS /Onelida Agreement.
18. Adhere to all Tribal Personnel Policies and Procedures, Tribal Standard Operating Procedures, and Area and Program Strategic Plans and Policies.
19. The above duties and responsibilities are not an all-inclusive list but rather a general representation of the duties and responsibilities associated with this position. The duties and responsibilities will be subject to change based on organizational needs and/or deemed necessary by the supervisor.

**PHYSICAL REQUIREMENTS/WORK ENVIRONMENT:**

1. Frequently stand, stoop, kneel, crouch, crawl and lift and/or move up to fifty (50) pounds.
2. Work is performed in an office and outdoor field setting.
3. Field settings may involve inclement weather; heat and cold.
4. A Tuberculosis (TB) Screening and/or TB Skin Test is required within thirty (30) days of employment and annually thereafter as required.

**STANDARD QUALIFICATIONS:**

1. Ability to obtain all relevant NRCS soil conservationist credentials.
2. Ability to calibrate, maintain and operate survey equipment such as laser levels, theodolites, total stations, and data collectors is required.
3. Ability to exercise independent judgment and work in a self-directed work environment taking full responsibility for performance and work outcomes.
4. Ability to plan, organize, and schedule priorities; handle multiple tasks and meet deadlines.
5. Ability to inform and communicate verbally and in writing in diverse and challenging situations with the ability to process information effectively, identify and define problems and make objective decisions.
6. Skill in operating Microsoft office Suite word-processing, spreadsheets, and database software programs in a Windows environment to create workplan, grant, operational, financial, and other reports.
7. Skill in preparing, reviewing, and analyzing operational and financial reports.
8. Ability to establish and maintain productive working relationships with a wide variety of personalities and cultural backgrounds to effectively carry out job duties; demonstrating tact, objectivity, respect, and maturity.
9. Must adhere to strict confidentiality in all matters. (Must sign a confidentiality statement prior to employment.)
10. Must be willing and able to obtain additional education and training.
11. Must pass a pre-employment drug screening. Must adhere to the Nations Drug and Alcohol Free Workplace Policy during the course of employment.
12. Must pass a background security check with the Onelida Nation in order to meet the Employment Eligibility Requirements, Tribal/State Compact and/or Onelida Nation Gaming Ordinance as they pertain to the position. A temporary license or Gaming License issued by the Onelida Gaming Commission is required as a condition of employment and continuing employment within the Onelida Nation's Gaming Division.
13. A valid, non-probationary driver's license or occupational driver's license, reliable transportation, and insurance are required. Must obtain a Wisconsin non-probationary driver's license or occupational driver's license within thirty (30) days of employment if applicant has an out-of-state driver's license. Must be authorized as eligible to operate a personal and Tribal vehicle under the Onelida Nation's Vehicle Driver Certification and Fleet Management Policy prior to actual start date. Must maintain driver's eligibility as a condition of employment.

**JOB DESCRIPTION**

Resource Conservationist Project Manager

Page 3

**PREFERRED QUALIFICATIONS:**

Applicants please clearly state on the application/resume if you meet these qualifications.

1. Experience in natural resource project bidding, contracting and project implementation management.

**MINIMUM QUALIFICATIONS:**

Applicants please clearly state how you meet these qualifications on the application/resume.

1. Bachelor's Degree in Civil Engineering, Natural Resources, Environmental Sciences or closely related field; and/or equivalent combination of education and experience.
2. Knowledge and one (1) year experience working with the Farm bill and USDA funding programs
3. Two years of experience in planning, designing, and/or implementing Best Management Practices on Agricultural Land.
4. Two years of experience using Geographic Information systems, Trimble Survey GPS equipment to collect data and interface in AutoCAD Land Desk Top Software or Civil 3D.
5. Three years of operation and maintenance on basic farm equipment including but not limited to a 130 hp tractor, mowers, seeders, disks and drags.

**ITEMS TO BE SUBMITTED:**

1. Must provide a copy of diploma/degree, license, or certification upon employment.

**Maureen A. Metoxen**

---

**From:** Patrick J. Pelky  
**Sent:** Thursday, June 3, 2021 2:47 PM  
**To:** Geraldine R. Danforth; Maureen A. Metoxen  
**Subject:** RE: Grant Funded Position Request to the BC.pdf

Sounds great.

---

**From:** Geraldine R. Danforth <GDANFOR1@oneidanation.org>  
**Sent:** Thursday, June 3, 2021 2:46 PM  
**To:** Maureen A. Metoxen <MMETOXEN@oneidanation.org>  
**Cc:** Patrick J. Pelky <ppelky1@oneidanation.org>  
**Subject:** FW: Grant Funded Position Request to the BC.pdf  
**Importance:** High

We will try and get it on for June 6<sup>th</sup>. gkn

yaw^?kó (Thank you!)

Geraldine R. Danforth  
Human Resources Area Manager  
Skenandoah Complex  
909 Packerland Drive  
(920)496-7358



**A GOOD MIND. A GOOD HEART. A STRONG FIRE.**

The information contained in this e-mail is confidential and privileged. If you are not the intended recipient, please be advised that any use, copying, or dissemination of this information is prohibited. Please destroy this e-mail and immediately notify us of the erroneous transmission.

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**From:** Patrick J. Pelky <ppelky1@oneidanation.org>  
**Sent:** Thursday, June 3, 2021 2:37 PM  
**To:** Geraldine R. Danforth <GDANFOR1@oneidanation.org>  
**Cc:** Wendy M. Alvarez <walvarez@oneidanation.org>; Mark W. Powless <MPOWLES1@oneidanation.org>  
**Subject:** FW: Grant Funded Position Request to the BC.pdf  
**Importance:** High

Shekoli Geraldine,

Will you be putting this on the next week BC meeting? And should I be there to answer any questions?

---

**From:** Lawrence E. Barton <lbarton@oneidanation.org>  
**Sent:** Thursday, June 3, 2021 11:44 AM  
**To:** Patrick J. Pelky <ppelky1@oneidanation.org>



Cc: Mark W. Powless <MPOWLES1@oneidanation.org>  
Subject: Re: Grant Funded Position Request to the BC.pdf

Pat, I have reviewed the supporting information for the requested positions:

Resource Conservationist

Project Manager

Title Examiner

Please accept this email as formal approval to proceed with the hiring process for the noted positions. If you have any questions, feel free to contact me at extension 4491. Thanks, Larry

---

From: Patrick J. Pelky <ppelky1@oneidanation.org>

Sent: Wednesday, June 2, 2021 3:52 PM

To: Lawrence E. Barton <lbarton@oneidanation.org>; Geraldine R. Danforth <GDANFOR1@oneidanation.org>

Cc: Wendy M. Alvarez <walvarez@oneidanation.org>; Mark W. Powless <MPOWLES1@oneidanation.org>

Subject: FW: Grant Funded Position Request to the BC.pdf

Shekoli Larry and Geraldine,

My apologies, I jump a step. I misunderstood my next steps. The form says I am to submit to you for consideration for Grant Funded Position for your review and approval.

Please advise if you need additional information.

---

From: Mark W. Powless <MPOWLES1@oneidanation.org>

Sent: Tuesday, June 1, 2021 10:04 AM

To: BC\_Agenda\_Requests <BC\_Agenda\_Requests@oneidanation.org>

Cc: Patrick J. Pelky <ppelky1@oneidanation.org>

Subject: Grant Funded Position Request to the BC.pdf

Shekoli,

Please see the attached Agenda Request.

Yaw^ko

**Mark W. Powless, General Manager**  
Oneida Nation  
Administration



A good mind. A good heart. A strong Fire.

office: 920.869.4315

Mailing Address:  
PO Box 365  
Oneida, WI 54155

Location:



Approve the Land Management request to post one (1) grant funded Project Manager

Oneida Business Committee Agenda Request

1. Meeting Date Requested: 06 / 09 / 21

2. General Information:

Session: ☐ Open ☒ Executive - See instructions for the applicable laws, then choose one:

Position Requests

Agenda Header: Exec - New Business

☐ Accept as Information only

☒ Action - please describe:

Request to fill grant funded position - Project Manager Land Management

3. Supporting Materials

☒ Report ☐ Resolution ☐ Contract

☐ Other:

1. Request to Fill

3. Approvals

2. Job Description

4.


☐ Business Committee signature required

4. Budget Information

☐ Budgeted - Tribal Contribution ☐ Budgeted - Grant Funded ☐ Unbudgeted

5. Submission

Authorized Sponsor / Liaison:

  
Geraldine Danforth, Area Manager/Human Resource Department

Primary Requestor/Submitter:

Patrick Pelky, EHSLA Division Director  
Your Name, Title / Dept. or Tribal Member

Additional Requestor:

Name, Title / Dept.

Additional Requestor:

Name, Title / Dept.

## Oneida Business Committee Agenda Request

### 6. Cover Memo:

Describe the purpose, background/history, and action requested:

Please see Request to Fill Grant-Funded Position Form attached.

Project Manager - Eco Services Position funded by 100% NRCS Funds

1) Save a copy of this form for your records.

2) Print this form as a \*.pdf *OR* print and scan this form in as \*.pdf.

3) E-mail this form and all supporting materials in a **SINGLE** \*.pdf file to: [BC\\_Agenda\\_Requests@oneidanation.org](mailto:BC_Agenda_Requests@oneidanation.org)

Oneida Nation  
PO Box 365 • Oneida, WI 5455-0365  
oneida-nsn.gov



## Request to Fill a Grant-Funded position

For new, 100% Grant funded positions only<sup>1</sup>

### INSTRUCTIONS:

1. Complete this form
2. Submit it along with any supporting documents to the Chief Financial Officer ([lbarton@oneidanation.org](mailto:lbarton@oneidanation.org)); Cc the HRD Area Manager ([gdanfor1@oneidanation.org](mailto:gdanfor1@oneidanation.org))
  - a. Required supporting documents:
    - ☐ Job Description
    - ☐ Re-entry Training
    - ☐ Safety Plan
    - ☐ Workforce Level Assessment.
3. Chief Financial Officer will review and submit a recommendation to the requestor and the HRD Area Manager.
4. HRD Area Manager will submit the request to the BC for consideration (BC Agenda or E-poll).

<b>TYPE OF REQUEST:</b>	FILL A VACANCY			
<b>DEPARTMENT:</b>	Land Management			
<b>COST:</b>	Weekly Personnel Cost: \$1045	Fringe/Indirect Cost: \$675	Total Weekly Cost: \$1720	Need for remainder for FY-21: \$25,795
<b># OF EMPLOYEES:</b>	1			
<b>TITLE:</b>	Project Manager			
<b>POSITION NUMBER:</b>	693			
<b>DATE NEEDED:</b>	6/14/21			
<b>RECALL PROCEDURE USED:</b>				
<b>TRIBAL PREFERENCE USED:</b>	YES / NO / N/A	Explanation:		
<b>NARRATIVE/JUSTIFICATION:</b>	This position was previously held by Mike Troge under Eco-Services that performed a wide range of duties to include project managing our Hemp Program, Energy Security Program, Ag to Energy program and was responsible for many natural resources projects to improve soil health,			

<sup>1</sup> Please see resolve #4 of resolution BC-11-24-20-F.

water quality, and plant & wildlife health. We will bring this position back as an LTE to manage a grant to include the following activities:

- Perform research & analysis on energy efficiency, renewable energy & building quality.
- Research the roof and PV replacement project for the Oneida Community Health Center; evaluating plans to permanently move PV system to the ground.
- Attended MTERA board, officer/, and admin meetings representing Oneida. Also mentor a Tribal Member Employee to take his place.
- Finalizing solar production reports; resolved challenges to utility website access for monthly billing statements.
- Represent Oneida on the Oneida Nation Solar LLC to manage the Power purchase agreement with our partner with SUNVEST. Also mentor a Tribal employee member to take his place.
- Continue to perform PV monitoring training for Gaming & DPW staff on eight (8) different sites. Please see attachment.
- Resolving manufacturer issues regarding user access to Solaredge monitoring website
- Review Environmental compliance report for wind farm proposal as they come to the Nation.
- Fleet analysis: Working with Department of Public Works Fleet, Institute for the Nation.
- Seek out and write grants like Hazard Mitigation Grant with WI Office of Energy Innovation for our Nation's energy security.
- Work with our Emergency Management Department on a FEMA Hazard Mitigation Grant for generator equipment.
- Continue to develop Energy Crop field: Developing plan for Switchgrass lease.
- Create a new Hemp Rule to implement the Nation's new Hemp Law:
- Meet with USDA on guidelines for reporting our Hemp Rule and individual permits.
- Establish a in the field plant testing procedures for compliance for THC levels.



# ONEIDA TRIBE OF INDIANS OF WISCONSIN

## Human Resources Department

### JOB DESCRIPTION

**APPLY IN PERSON AT:**  
Human Resource Department  
2630 West Mason Street  
Green Bay, WI 54303



**OR MAIL TO:**  
Human Resource Department  
P.O. Box 365  
Oneida, WI 54155-0365

Phone: (920) 496-7900  
Fax: (920) 496-7911  
Job Line: 1-800-236-7050

**APPLY ONLINE AT:**  
<http://hrd.oneidanation.org>

**POSITION TITLE:** Project Manager  
**POSITION NUMBER:** 00693  
**DEPARTMENT:** Eco Services  
**LOCATION:** 3759 W Mason St Green Bay WI  
**DIVISION:** Environmental  
**RESPONSIBLE TO:** Manager-Eco-Services  
**SALARY:** E4 \$38,063 (NEGOTIABLE DEPENDING ON EDUCATION & EXPERIENCE)  
**CLASSIFICATION:** Exempt  
**POSTING DATE:**  
**CLOSING DATE:**  
**Transfer Deadline:**  
**Proposed Start Date:**

---

#### **EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

The Oneida Tribe of Indians of Wisconsin does not discriminate on the basis of race, color, national origin, sex, religion, age or disability status in employment or the provision of services. However, individuals of Indian ancestry and Veterans will be given preference by law in initial employment or re-employment.

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#### **POSITION SUMMARY**

Manages the Oneida Nation's Non-point, Renewable Energy, and Survey/Design programs in compliance with applicable laws, regulations, ordinances and regulatory agencies. Continuation of this position is contingent upon funding allocations.

---

#### **DUTIES AND RESPONSIBILITIES:**

1. Develops plans, goals and objectives for the agricultural non-point, renewable energy, and Survey/Design programs consistent with divisional goals and objectives.
2. Establishes, implements and communicates goals, objectives, policies and procedures in accordance with strategic plan.
3. Achieves financial objectives by tracking and monitoring program budgets.
4. Provides technical design assistance to various tribal projects as requested.
5. Performs research and analysis on energy efficiency, renewable energy, and building quality.
6. Supervises staff that complete technical analysis and project activities for restoration, agricultural best management practices and other projects including.
7. Prioritizes, assigns, and delegates work activities and projects, monitors workflow, implements policies and procedures, reviews and evaluates work products, methods and procedures.
8. Manages related projects to include: obtaining bids and proposals, negotiating contracts, and monitoring projects to ensure adherence to budget and time requirements and compliance with established policies, procedures, and regulations.
9. Secures additional funding and grant monies for continuation and expansion of program services.



**JOB DESCRIPTION****Project Manager**

Page 2

**DUTIES AND RESPONSIBILITIES: (Cont.)**

10. Coordinates information and education programs regarding the program to include promotional materials, newsletters, and educational special events; stays abreast of new and emerging technologies.
11. Maintains professional and technical knowledge by conducting research; attending seminars, educational workshops, classes and conferences; reviewing professional publications; establishing networks; participating in professional societies; conferring with representatives of contracting agencies and related organizations.
12. Performs other duties as required.
13. Adhere to all Tribal Personnel Policies and Procedures, Tribal Standard Operating Procedures, and Area and Program Strategic Plans and Policies.
14. Maintain strict department security, confidentiality, and quality to meet professional standards of the department.
15. The above duties and responsibilities are not an all inclusive list but rather a general representation of the duties and responsibilities associated with this position. The duties and responsibilities will be subject to change based on organizational needs and/or deemed necessary by the supervisor.

**PHYSICAL REQUIREMENTS/WORK ENVIRONMENT:**

1. While performing the duties of this job, the employee regularly is required to sit; use hands to finger, handle, or feel; reach with hands and arms; and talk or hear. The employee frequently is required to walk. The employee occasionally is required to stand; and stoop, kneel, crouch, or crawl. The employee must occasionally lift and/or move up to 25 pounds.
2. Work is generally performed in an office setting with a moderate noise level and occasionally performed outdoors. Exposure to natural weather conditions and various dusts and mists may occur while performing outdoor duties. Prolonged standing and walking may be on uneven surfaces or unstable ground. Situations where safety-toe shoes, safety goggles, gloves, or protective face shields are needed may occur. Evening and/or weekend work may be required.
3. A Tuberculosis (TB) Screening and/or TB Skin Test is required within thirty (30) days of employment and annually thereafter as required.
4. Must complete a Self Disclosing Physical Questionnaire prior to employment.

**STANDARD QUALIFICATIONS:**

1. Knowledge of applicable federal, state, county and local laws, regulations, and requirements.
2. Knowledge of department organization, functions, objectives, policies and procedures.
3. Knowledge of and ability to use surveying, mapping, and GIS applications and equipment to include: topographic surveys, construction surveys, profile/cross section surveys, construction checks, and amp/air photo Interpretation, AutoCAD, Arc view and TR55.
4. Knowledge of renewable energy and energy conservations programs.
5. Ability to communicate efficiently and effectively both verbally and in writing.
6. Ability to research and compile data relating to water resources.
7. Ability to exercise Independent Judgment.
8. Ability to interact and maintain good working relationships with individuals of varying social and cultural backgrounds.
9. Ability to interpret applicable federal, state, county and local laws, regulations, requirements, ordinances and legislation.
10. Ability to maintain confidentiality.
11. Ability to work extended hours, various work schedules and to travel occasionally.
12. Ability to work independently and meet strict time lines.
13. Skill in operating various word-processing, spreadsheets, and database software programs in a Windows environment.
14. Skill in preparing, reviewing, and analyzing operational and financial reports.
15. Skill in statistical compilation and analysis.
16. Skill in analyzing problems, projecting consequences, identifying solutions, and implementing recommendations.
17. Must adhere to strict confidentiality in all matters. **(Must sign a confidentiality statement prior to employment.)**
18. Must be willing and able to obtain additional education and training.
19. Must pass a pre-employment drug screening. Must adhere to the Tribe's Drug and Alcohol Free Workplace Policy during the course of employment.
20. Must pass a background security check prior to and during the course of employment with the Oneida Nation in order to meet the Employment Eligibility Requirements and/or the Tribal State Compact and/or the Tribal Gaming Ordinance as they pertain to the position and the location of the department.

**JOB DESCRIPTION**

Project Manager

Page 3

**STANDARD QUALIFICATIONS: (Cont.)**

21. A valid driver's license, reliable transportation, and Insurance. Must obtain a Wisconsin driver's license within thirty (30) days of employment if applicant has an out-of-state driver's license. Must be authorized as eligible to operate a personal and Tribal vehicle under the Oneida Tribe's Vehicle Drivers Policy prior to actual start date. Must maintain driver's eligibility as a condition of employment.

**PREFERRED QUALIFICATIONS:**

Applicants please clearly state on the application/resume if you meet these qualifications.

- 1.
- 2.
- 3.

**MINIMUM QUALIFICATIONS:**

Applicants please clearly state how you meet these qualifications on the application/resume.

1. Bachelor's Degree in Environmental Planning, Natural Resources or related field plus three years work experience in environmental program and project coordination including a thorough understanding of surveying, mapping and GIS applications required; or equivalent combination of education and experience.

**ITEMS TO BE SUBMITTED:**

1. Copy of Degree

**Maureen A. Metoxen**

---

**From:** Patrick J. Pelky  
**Sent:** Thursday, June 3, 2021 2:47 PM  
**To:** Geraldine R. Danforth; Maureen A. Metoxen  
**Subject:** RE: Grant Funded Position Request to the BC.pdf

Sounds great.

**From:** Geraldine R. Danforth <GDANFOR1@oneidanation.org>  
**Sent:** Thursday, June 3, 2021 2:46 PM  
**To:** Maureen A. Metoxen <MMETOXEN@oneidanation.org>  
**Cc:** Patrick J. Pelky <ppelky1@oneidanation.org>  
**Subject:** FW: Grant Funded Position Request to the BC.pdf  
**Importance:** High

We will try and get it on for June 5<sup>th</sup>. *gm*

yaw^?kó (Thank you!)

Geraldine R. Danforth  
Human Resources Area Manager  
Skenandoah Complex  
909 Packerland Drive  
(920)496-7358



**A GOOD MIND. A GOOD HEART. A STRONG FIRE.**

The information contained in this e-mail is confidential and privileged. If you are not the intended recipient, please be advised that any use, copying, or dissemination of this information is prohibited. Please destroy this e-mail and immediately notify us of the erroneous transmission.

**From:** Patrick J. Pelky <ppelky1@oneidanation.org>  
**Sent:** Thursday, June 3, 2021 2:37 PM  
**To:** Geraldine R. Danforth <GDANFOR1@oneidanation.org>  
**Cc:** Wendy M. Alvarez <wvalvarez@oneidanation.org>; Mark W. Powless <MPOWLES1@oneidanation.org>  
**Subject:** FW: Grant Funded Position Request to the BC.pdf  
**Importance:** High

Shekoli Geraldine,

Will you be putting this on the next week BC meeting? And should I be there to answer any questions?

**From:** Lawrence E. Barton <lbarton@oneidanation.org>  
**Sent:** Thursday, June 3, 2021 11:44 AM  
**To:** Patrick J. Pelky <ppelky1@oneidanation.org>



Cc: Mark W. Powless <MPOWLES1@oneidanation.org>  
Subject: Re: Grant Funded Position Request to the BC.pdf

Pat, I have reviewed the supporting information for the requested positions:

Resource Conservationist

Project Manager

Title Examiner

Please accept this email as formal approval to proceed with the hiring process for the noted positions. If you have any questions, feel free to contact me at extension 4491. Thanks, Larry

---

From: Patrick J. Pelky <ppelky1@oneidanation.org>

Sent: Wednesday, June 2, 2021 3:52 PM

To: Lawrence E. Barton <lbarton@oneidanation.org>; Geraldine R. Danforth <GDANFOR1@oneidanation.org>

Cc: Wendy M. Alvarez <walvarez@oneidanation.org>; Mark W. Powless <MPOWLES1@oneidanation.org>

Subject: FW: Grant Funded Position Request to the BC.pdf

Shekoli Larry and Geraldine,

My apologies, I jump a step. I misunderstood my next steps. The form says I am to submit to you for consideration for Grant Funded Position for your review and approval.

Please advise if you need additional information.

---

From: Mark W. Powless <MPOWLES1@oneidanation.org>

Sent: Tuesday, June 1, 2021 10:04 AM

To: BC\_Agenda\_Requests <BC\_Agenda\_Requests@oneidanation.org>

Cc: Patrick J. Pelky <ppelky1@oneidanation.org>

Subject: Grant Funded Position Request to the BC.pdf

Shekoli,

Please see the attached Agenda Request.

Yaw^ko

**Mark W. Powless, General Manager**  
Oneida Nation  
Administration



A good mind. A good heart. A strong Fire.

office: 920.869.4315

Mailing Address:  
PO Box 365  
Oneida, WI 54155

Location:

Approve the Land Management request to post one (1) grant funded Title Examiner

Oneida Business Committee Agenda Request

1. Meeting Date Requested: 06 / 09 / 21

2. General Information:

Session: ☐ Open ☒ Executive - See instructions for the applicable laws, then choose one:

Position Requests

Agenda Header: Exec - New Business

☐ Accept as Information only

☒ Action - please describe:

Request to fill grant funded position - Title Examiner - Land Mangement

3. Supporting Materials

☒ Report ☐ Resolution ☐ Contract

☐ Other:

1. Request to Fill

3. Approvals

2. Job Description

4.


☐ Business Committee signature required

4. Budget Information

☐ Budgeted - Tribal Contribution ☐ Budgeted - Grant Funded ☐ Unbudgeted

5. Submission

Authorized Sponsor / Liaison:

  
Geraldine Danforth, Area Manager/Human Resource Department

Primary Requestor/Submitter:

Patrick Pelky, EHSLA Division Director  
Your Name, Title / Dept. or Tribal Member

Additional Requestor:

Name, Title / Dept.

Additional Requestor:

Name, Title / Dept.



## Oneida Business Committee Agenda Request

### 6. Cover Memo:

Describe the purpose, background/history, and action requested:

Please see Request to Fill Grant-Funded Position Form attached.

Title Examiner/TAAMS funded by 100% BIA Estate Planning

1) Save a copy of this form for your records.

2) Print this form as a \*.pdf *OR* print and scan this form in as \*.pdf.

3) E-mail this form and all supporting materials in a **SINGLE** \*.pdf file to: [BC\\_Agenda\\_Requests@oneidanation.org](mailto:BC_Agenda_Requests@oneidanation.org)

Oneida Nation  
PO Box 365 • Oneida, WI 5455-0365  
oneida-nsn.gov



## Request to Fill a Grant-Funded position

*For new, 100% Grant funded positions only<sup>1</sup>*

### INSTRUCTIONS:

1. Complete this form
2. Submit It along with any supporting documents to the Chief Financial Officer ([lbarton@oneidanation.org](mailto:lbarton@oneidanation.org)); Cc the HRD Area Manager ([gdanfor1@oneidanation.org](mailto:gdanfor1@oneidanation.org))
  - a. Required supporting documents:
    - ☐ Job Description
    - ☐ Re-entry Training
    - ☐ Safety Plan
    - ☐ Workforce Level Assessment.
3. Chief Financial Officer will review and submit a recommendation to the requestor and the HRD Area Manager.
4. HRD Area Manager will submit the request to the BC for consideration (BC Agenda or E-poll).

<b>TYPE OF REQUEST:</b>	FILL A VACANCY			
<b>DEPARTMENT:</b>	Land Management			
<b>COST:</b>	Weekly Personnel Cost: \$587.20	Fringe/Indirect Cost: \$267.18	Total Weekly Cost: \$854.38	Need for remainder for FY-21: \$0.00
<b># OF EMPLOYEES:</b>	1			
<b>TITLE:</b>	Title Examiner/TAAMS			
<b>POSITION NUMBER:</b>	01364			
<b>DATE NEEDED:</b>	10/01/2021			
<b>RECALL PROCEDURE USED:</b>	Position can be moved from lease income to self-governance funding. TAAMS work will be added to the job description. Increased workload.			
<b>TRIBAL PREFERENCE USED:</b>	YES / NO / N/A	Explanation:	Land Management employees are all Oneida Nation members.	
<b>NARRATIVE/JUSTIFICATION:</b>	This position was funded under lease income. Changing it to Self-governance funded.			

<sup>1</sup> Please see resolve #4 of resolution BC-11-24-20-F.

- 
- |  |   |
|--|---|
|  | <ul style="list-style-type: none"><li>* 40 title searches per year</li><li>* Enter 40 Commercial Leases and 35 Agricultural trust leases into the TAAMS land title software</li><li>* Work with Comprehensive Housing on their 500 trust residential leases in TAAMS</li><li>* Work with Comprehensive Housing and Bay Bank in the correction of 100 trust lease chains of title annually</li><li>* Assist in creating processes and complete the implementation of the pre- HEARTH and post-HEATH BIA recording processes for the 40 commercial and 35 agricultural leases</li></ul> |
|--|---|
-



# ONEIDA TRIBE OF INDIANS OF WISCONSIN

## Human Resources Department

### JOB DESCRIPTION

**APPLY IN PERSON AT:**  
Human Resource Department  
909 Packerland Dr  
Green Bay, WI 54303

**APPLY ONLINE AT:**  
[www.oneidanation.org](http://www.oneidanation.org)



**OR MAIL TO:**  
Human Resource Department  
P.O. Box 365  
Oneida, WI 54155-0365

Phone: (920) 496-7900  
Fax: (920) 496-7490  
Job Line: 1-800-236-7050

**POSITION TITLE:** Title Examiner  
**POSITION NUMBER:** 01364  
**DEPARTMENT:** Land, Title, and Trust  
**LOCATION:** 470 Airport Dr Oneida WI  
**DIVISION:** Land Management  
**RESPONSIBLE TO:** Land, Title, & Trust Services Manager  
**SALARY:** NE10 \$14.68/Hr (NEGOTIABLE DEPENDING ON EDUCATION & EXPERIENCE)  
(Employees will receive 5% below the negotiated pay rate during their probationary status.)  
**CLASSIFICATION:** Non-Exempt  
**POSTING DATE:**  
**CLOSING DATE:**  
**Transfer Deadline:**  
**Proposed Start Date:** ASAP

---

#### **EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

The Oneida Tribe of Indians of Wisconsin does not discriminate on the basis of race, color, national origin, sex, religion, age or disability status in employment or the provision of services. However, individuals of Indian ancestry and Veterans will be given preference by law in initial employment or re-employment.

---

#### **POSITION SUMMARY**

Searches public records in various counties, Oneida Register of Deeds and the Bureau of Indian Affairs and examines titles to determine legal condition of property title. Continuation of this position is contingent upon funding allocations.

---

#### **DUTIES AND RESPONSIBILITIES:**

1. Review title search requests to determine the type of title evidence required; obtain legal descriptions of the properties.
2. Compare legal descriptions of the property to those contained in other records to verify deed ownership, tax code, parcel numbers, and/or the description of the property boundaries.
3. Examine copies of records, such as mortgages, liens, judgments, easements, vital statistics, and plat and map books to determine ownership and legal restrictions and to verify legal description of property.
4. Copy or summarize recorded document, such as mortgages, trust deeds, and contracts affecting condition of title to property.
5. Examine Land Title to determine if there are any restrictions with the title that would limit the use of the property or convey title.
6. Enter Title searches into the Land database and generate reports as needed.
7. Utilize and operate related materials and equipment such as Parcel Maps, Plat Maps, Aerials Maps, Larado, Land Shark, and Microfilm viewers.
8. Maintain an accurate index of the Oneida Reservation land records to include trust land or tribal members in fee status.
9. Identify titles defects and errors in legal descriptions and property records; assists in making corrections.
10. Keep leadership informed of status of title activities by attending meetings and submitting reports.
11. Create and compose correspondence regarding requests for land and research information.

**JOB DESCRIPTION**

Title Examiner

Page 2

**DUTIES AND RESPONSIBILITIES: (Cont.)**

12. Maintain professional and technical knowledge by conducting research, attending seminars, educational workshops, classes and conferences; reviewing professional publications; establishing networks; participating in professional societies; conferring with representatives of contracting agencies and related organizations.
13. Adhere to all Tribal Personnel Policies and Procedures, Tribal Standard Operating Procedures, and Area and Program Strategic Plans and Policies.
14. Maintain strict department security, confidentiality, and quality to meet professional standards of the department.
15. The above duties and responsibilities are not an all inclusive list but rather a general representation of the duties and responsibilities associated with this position. The duties and responsibilities will be subject to change based on organizational needs and/or deemed necessary by the supervisor.

**PHYSICAL REQUIREMENTS/WORK ENVIRONMENT:**

1. Frequently walk, sit; use hands to finger, handle, or feel; reach with hands and arms; and talk and hear.
2. Occasionally stand, stoop, kneel, crouch, crawl and lift and/or move up to twenty-five (25) pounds.
3. Work is generally performed in an office setting with a moderate noise level.
4. Must complete a Self Disclosing Physical Questionnaire prior to employment.
5. A Tuberculosis (TB) Screening and/or TB Skin Test is required within thirty (30) days of employment and annually thereafter as required.

**STANDARD QUALIFICATIONS:**

1. Knowledge of applicable federal, state, county and local laws, regulations, and requirements.
2. Knowledge of department organization, functions, objectives, policies and procedures.
3. Knowledge of the original Oneida reservation boundaries.
4. Skill in operating various word-processing, spreadsheets, and database software programs in a Windows environment.
5. Ability to exercise independent judgment.
6. Ability to obtain Real Property Law training.
7. Ability to interact and maintain good working relationships with individuals of varying social and cultural backgrounds.
8. Ability to interpret applicable federal, state, county and local laws, regulations, and requirements.
9. Ability to work independently and meet strict time lines.
10. Ability to communicate efficiently and effectively both verbally and in writing.
11. Ability to establish and maintain good working relationships with the individuals of varying social and cultural backgrounds.
12. Must adhere to strict confidentiality in all matters. **(Must sign a confidentiality statement prior to employment.)**
13. Must be willing and able to obtain additional education and training.
14. Must pass a pre-employment drug screening. Must adhere to the Tribe's Drug and Alcohol Free Workplace Policy during the course of employment.
15. Must pass a background security check prior to and during the course of employment with the Oneida Nation in order to meet the Employment Eligibility Requirements and/or the Tribal State Compact and/or the Tribal Gaming Ordinance as they pertain to the position and the location of the department.
16. A valid driver's license are required. Must obtain a Wisconsin driver's license within thirty (30) days of employment if applicant has an out-of-state drivers license. Must be authorized as eligible to operate a tribal vehicle under the Oneida Tribe's Vehicle Drivers Policy prior to actual start date. Must maintain drivers' eligibility as a condition of employment.

**PREFERRED QUALIFICATIONS:**

Applicants please clearly state on the application/resume if you meet these qualifications.

- 1.

**MINIMUM QUALIFICATIONS:**

Applicants please clearly state how you meet these qualifications on the application/resume.

1. **Must be an enrolled member of the Oneida Tribe of Indians of Wisconsin.**
2. High School Diploma, HSED Diploma or GED Certification; applicants age 50 and older are exempt from this requirement; three (3) years work experience in title search and real estate; and/or equivalent combination of education and experience.
3. Title Examiner Certification issued by the Wisconsin Land Title Association.

**ITEMS TO BE SUBMITTED:**

1. **Must provide a copy of diploma, license, degree or certification upon employment.**



**Maureen A. Metoxen**

---

**From:** Patrick J. Pelky  
**Sent:** Thursday, June 3, 2021 2:47 PM  
**To:** Geraldine R. Danforth; Maureen A. Metoxen  
**Subject:** RE: Grant Funded Position Request to the BC.pdf

Sounds great.

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**To:** Maureen A. Metoxen <MMETOXEN@oneidanation.org>  
**Cc:** Patrick J. Pelky <ppelky1@oneidanation.org>  
**Subject:** FW: Grant Funded Position Request to the BC.pdf  
**Importance:** High

We will try and get it on for June 6<sup>th</sup>. gm

yaw^?kó• (Thank you!)

Geraldine R. Danforth  
Human Resources Area Manager  
Skenandoah Complex  
909 Packerland Drive  
(920)496-7358



**A GOOD MIND. A GOOD HEART. A STRONG FIRE.**

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Shekoli Geraldine,

Will you be putting this on the next week BC meeting? And should I be there to answer any questions?

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Pat, I have reviewed the supporting information for the requested positions:  
Resource Conservationist  
Project Manager  
Title Examiner

Please accept this email as formal approval to proceed with the hiring process for the noted positions. If you have any questions, feel free to contact me at extension 4491. Thanks, Larry

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Shekoli Larry and Geraldine,

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Cc: Patrick J. Pelky <ppelky1@oneidanation.org>  
Subject: Grant Funded Position Request to the BC.pdf

Shekoli,

Please see the attached Agenda Request.

Yaw^ko

**Mark W. Powless, General Manager**  
Oneida Nation  
Administration



A good mind. A good heart. A strong Fire.

office: 920.869.4315

Mailing Address:  
PO Box 365  
Oneida, WI 54155

Location:

Review Public Health Officer recommendation regarding General Tribal Council meetings and determine.

---

## Business Committee Agenda Request

1. Meeting Date Requested: 6/9/21

2. General Information:

Session: ☒ Open ☐ Executive – must qualify under §107.4-1.

Justification: *Choose reason for Executive.*

3. Supporting Documents:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bylaws                    | <input type="checkbox"/> Fiscal Impact Statement | <input type="checkbox"/> Presentation           |
| <input type="checkbox"/> Contract Document(s)      | <input type="checkbox"/> Law                     | <input type="checkbox"/> Report                 |
| <input checked="" type="checkbox"/> Correspondence | <input type="checkbox"/> Legal Review            | <input type="checkbox"/> Resolution             |
| <input type="checkbox"/> Draft GTC Notice          | <input type="checkbox"/> Minutes                 | <input type="checkbox"/> Rule (adoption packet) |
| <input type="checkbox"/> Draft GTC Packet          | <input type="checkbox"/> MOU/MOA                 | <input type="checkbox"/> Statement of Effect    |
| <input type="checkbox"/> E-poll results/back-up    | <input type="checkbox"/> Petition                | <input type="checkbox"/> Travel Documents       |
| <input type="checkbox"/> Other: <i>Describe</i>    |  |   |

4. Budget Information:

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Budgeted                  | <input type="checkbox"/> Budgeted – Grant Funded | <input type="checkbox"/> Unbudgeted |
| <input checked="" type="checkbox"/> Not Applicable | <input type="checkbox"/> Other: <i>Describe</i>  |                                     |

5. Submission:

Authorized Sponsor: Tehassi Hill, Chairman

Primary Requestor: Michelle Meyer, Public Health Officer/ Community Health

Additional Requestor: (Name, Title/Entity)

Additional Requestor: (Name, Title/Entity)

Submitted By: CWILSON1

## Oneida Comprehensive Health Division

Oneida Community Health Center  
Behavioral Health Services  
Anna John Resident Centered Care Community  
Employee Health Nursing



**To:** Oneida Business Committee

**From:** Debra Danforth, Oneida Comprehensive Health Division Operations Director  
Dr Vir, Oneida Comprehensive Health Division Medical Director  
Michelle Myers, Community/ Public Health Officer

**Date:** May 27, 2021

**RE:** Recommendations When to Resume In-Person General Tribal Council Meetings

Throughout the pandemic, we have chosen to follow the science in our mitigation strategies aimed to slow the spread of COVID-19 in the Oneida Community. Although on the decline, community spread of COVID-19 illness continues. COVID-19 vaccination rates among the Native American population in WI and our local community fall below that of other races.

The Centers for Disease Control and Prevention (CDC) continues to recommend avoiding events and gatherings as an important strategy to slow the spread of COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/considerations-for-events-gatherings.html>

The risk of COVID-19 spreading at events and gatherings increases as follows:

1. Lowest risk- virtual only activities, events, and gatherings.
2. More risk- smaller outdoor gatherings, do not share objects, and come from the same local area (community, town, city or county).
3. Higher risk- medium sized in-person gatherings where it is difficult for individuals to remain spaced at least 6 feet apart, do not wear cloth face coverings and travel from outside the local area.
4. Highest risk- large in-person gatherings where it is difficult for individuals to remain spaced at least 6 feet apart, do not wear cloth face coverings and travel from outside the local area.

**Based upon current guidance from the CDC for large gatherings and current vaccination rates, the health response team does not recommend scheduling an in-person General Tribal Council meeting in the next 90 days and I as the Public Health Officer concur and support this recommendation.**

Thank you for your continued collaboration and partnership as we work together to stop the spread of COVID-19 in the Oneida community.

Sincerely,

Michelle Myers BSN, RN  
Community/ Public Health Officer

Mailing Address: P.O. Box 365, Oneida, WI 54155  
<https://oneida-nsn.gov/resources/health/>

Oneida Community Health Center  
Behavioral Health Services  
Anna John Resident Centered Care Community  
Employee Health Nursing

525 Airport Rd., Oneida, WI 54155  
2640 West Point Rd., Green Bay, WI 54304  
2901 S. Overland Rd., Oneida, WI 54155  
701 Packerland Dr., Green Bay, WI 54303

Phone: (920) 869-2711 or 1-866-869-2711  
Phone: (920) 490-3790 or 1-888-490-2457  
Phone: (920) 869-2797  
Phone: (920) 405-4492

Fax: (920) 869-1780  
Fax: (920) 490-3883  
Fax: (920) 869-3238  
Fax: (920) 405-4494

Approve the Economic Support request to post three (3) LTE Community Support Case Workers  
**Oneida Business Committee Agenda Request**

1. Meeting Date Requested: 6 / 9 / 21

2. General Information:

Session: ☒ Open ☐ Executive - See instructions for the applicable laws, then choose one:

Other - Personnel Addition Request

Agenda Header: New Business

☐ Accept as Information only

☒ Action - please describe:

Approve three (3) emergency temporary employees to staff the general welfare payment office

3. Supporting Materials

☐ Report ☐ Resolution ☐ Contract

☒ Other:

1. Memo

3. Job Description

2. Request to Post Form

4. Organizational Chart

☐ Business Committee signature required

4. Budget Information

☐ Budgeted - Tribal Contribution

☐ Budgeted - Grant Funded

☒ Unbudgeted

5. Submission

Authorized Sponsor / Liaison: Mark Powless, General Manager

Primary Requestor/Submitter: Mark Powless, General Manager

Your Name, Title / Dept. or Tribal Member

Additional Requestor:

Name, Title / Dept.

Additional Requestor:

Name, Title / Dept.



# Memo

General Manager  
909 Packerland Dr.  
Green Bay, WI 54303  
920-496-7000



**To:** Oneida Business Committee

**From:** Mark W. Powless, General Manager      Mark W. Powless

**Date:** June 3, 2021

**Re:** General Welfare Exclusion Payments Positions Request

Digitally signed by Mark W. Powless  
Date: 2021.06.03 14:57:35 -05'00'

Per the Wednesday, May 26, 2021 Regular Meeting of the Oneida Business Committee:

*"Motion by Lisa Liggins to direct the General Manager to bring back a "General Welfare Assistance/Direct Membership Assistance Payments Office" identifying the staffing needs for these Payments..."*

Based on the request and subsequent discussion with Tina Jorgenson, Governmental Services Division Director, and Delia Smith, Community Economic Support Director, the most immediate concern is to staff for the upcoming Fiscal Year 2021 General Welfare Exclusion payments.

The request is to hire **three (3) emergency temporary employees**. Future staffing needs beyond Fiscal Year 2021 will be budgeted. The request for three employees is based on the utilization of a new process for new employees. As with any new process and new employees, efficiencies are not assumed to be realized immediately.

Even with the added employees, Oneida Economic Support Services may need to pull staff from existing program/services to assist during peak periods of application processing. This will create added stress for existing staff as this is the peak period for other program/services as well.

This request is in alignment with the Budget Management and Control Law (excerpt below) as it pertains to the ability of the Oneida Business Committee to allow for an exception to the budget for "...necessary action, on an emergency basis and within the scope of its authority, to protect and safeguard the resources and general welfare of the Nation..."

*121.8-3. In addition to the authority and responsibilities provided elsewhere in this law, the following positions and fund units shall have the authority and responsibilities as outlined below: 1 O.C. 121- Page 6 (a) Oneida Business Committee. Once the Nation's annual budget is adopted by the General Tribal Council, the authority of the Oneida Business Committee is limited to budget oversight except as otherwise provided in this law. However, these limitations do not prevent the Oneida Business Committee, with input from the CFO, from taking necessary action, on an emergency basis and within the scope of its authority, to protect and safeguard the resources and general welfare of the Nation and ensure compliance with applicable laws, regulations and requirements.*



## REQUEST TO POST FORM

*(Please ensure all information is complete. Print this form and obtain needed signatures.)*

**Please Note:** First postings are open to enrolled Oneida Tribal members only and will be posted for a minimum of seven (7) calendar days. Second postings are open to all applicants and will be posted for a minimum of ten (10) calendar days.

Requestor's Name:  Division:   
 Department:  Phone/Ext.:  Position #:   
 Position Title:  # of Positions Requesting to Fill:

Name of employee(s) who vacated this position:

Creating positions to help with the General Welfare Payment and any potential relief payment.

Is this position funded by Grant Monies:  If "YES" or "PARTIALLY" then what % is funded from Grants?:

Date Grant Ends:  Account Code or GL Code: (Example: XXX.XXXXXXX-XXX-XXXXXX-XXX)

Is this a: ☒ Request to post **OR** ☐ Internal Posting

If requesting to post longer than the minimum days required (see above), please indicate how many calendar days:

Please provide additional comments. E.g. Post 2 part-time, or half time, etc.

The Nation's BC has directed Economic Support to operate the payments for the General Welfare payments and any additional payments for the membership through Federal Relief payments. Will need additional staff to complete the task in a timely manner.

Requesting Supervisor:  Date:

Area Manager:  Date:

Signature/Title:  Date:

HRD Area Manager:  Date:

Budget FTE  Actual FTE

### COMPLETE THIS SECTION IF RE-POSTING

Reason for Re-posting:

Changes to job description?

HR Representative's initials confirm:  Date:

**APPLY IN PERSON AT:**

Human Resource Department  
909 Packerland Drive  
Green Bay, WI 54303



# ONEIDA

A good mind. A good heart. A strong fire.

**OR MAIL TO:**

Human Resource Department  
P.O. Box 365  
Oneida, WI 54155-0365

Phone: (920) 496-7900

Fax: (920) 496-7490

Job Line: 1-800-236-7050

**APPLY ONLINE AT:**

<http://oneida-nsn.gov>

**POSITION TITLE:** Community Support Case Worker  
**POSITION NUMBER:** 02427  
**DEPARTMENT:** Economic Support Services  
**LOCATION:** 2640 West Point Green Bay WI  
**DIVISION:** Governmental Services  
**RESPONSIBLE TO:** Community Economic Support Director  
**SALARY:** NE7 \$16.95/Hr (NEGOTIABLE DEPENDING ON EDUCATION & EXPERIENCE)  
**(Employees will receive 5% below the negotiated pay rate during their probationary status.)**  
**CLASSIFICATION:** Non-Exempt  
**POSTING DATE:**  
**CLOSING DATE:** Until Filled  
**Transfer Deadline:**  
**Proposed Start Date:** As Soon As Possible

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### EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The Oneida Nation does not discriminate on the basis of race, color, national origin, sex, religion, age or disability status in employment or the provision of services. However, individuals of Indian ancestry and Veterans will be given preference by law in initial employment or re-employment.

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### POSITION SUMMARY

Accomplish the Center for Self Sufficiency objectives by administering Tribal Community Support Services Fund. Wisconsin Home Energy Assistance Program (WHEAP), Weatherization, and Community Service Block Grant Programs (CSBG). Ensure that services are provided effectively and efficiently to all consumers. Continuation of this position is contingent upon funding allocations.

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### DUTIES AND RESPONSIBILITIES:

1. Practice excellent customer service skills at all times to include, but not limited to, addressing customers and employees with respect, companion, empathy, courtesy, promptness and confidentiality.
2. Process applications for support programs, verifies information on applications, determine eligibility, and refer to other programs as needed, based on established guidelines.
3. Perform excellent case management to include; scheduling, referrals, and follow up.
4. Communicate denial or approval of benefits, payment distribution information, and vendor approved payments to clients both verbally and in writing.
5. Inform customers of rights and responsibilities and provides instructions regarding allowable use of services.
6. Ensure appropriate referral for zoning compliance for building projects.
7. Enter data into system/computer, ensuring accuracy; maintain comprehensive document and computer files.
8. Investigate irregularities in applications and evaluate case information to prevent duplication of services and program fraud.
9. Act as a liaison between clients and vendors to obtain or verify information.
10. Prepare and submit order forms and accounting documents for vendor payments.
11. Prepare and issue work orders for home disability renovations.
12. Recommend revisions to existing policies according to best practices.
13. Respond to questions and complaints from internal and external customers.
14. Prepare and submit program reports required by funding sources.
15. Attend and actively participate in job related meetings.
16. Maintain professional and technical knowledge by conducting research, attending job related seminars, educational workshops, classes and conferences; reviewing professional publications; establishing networks; conferring with representatives of contracting agencies and related organizations.
17. Adhere to all Tribal Personnel Policies and Procedures, Tribal Standard Operating Procedures, and Area and Program Strategic Plans and Policies.
18. Maintain strict department security, confidentiality, and quality to meet professional standards of the department.

**JOB DESCRIPTION****Community Support Case Worker****Page 2****DUTIES AND RESPONSIBILITIES: (Cont.)**

19. The above duties and responsibilities are not an all inclusive list but rather a general representation of the duties and responsibilities associated with this position. The duties and responsibilities will be subject to change based on organizational needs and/or deemed necessary by the supervisor.

**PHYSICAL REQUIREMENTS/WORK ENVIRONMENT:**

1. Frequently walk, sit; reach with hands and arms. Occasionally stand, stoop, lift and/or move up to twenty-five (25) pounds.
2. Work is generally performed in an office setting with a moderate noise level.
3. A Tuberculosis (TB) Screening and/or TB Skin Test is required within thirty (30) days of employment and annually thereafter as required.

**STANDARD QUALIFICATIONS:**

1. Knowledge of applicable federal, state, county and local laws, regulations, and requirements.
2. Knowledge of department organization, functions, objectives, policies and procedures.
3. Knowledge of tribal, state, and federal economic support programs.
4. Knowledge of the Oneida community, history, and culture.
5. Knowledge of business English, proper spelling, grammar, punctuation, and basic math.
6. Knowledge of records management.
7. Skill in operating various word-processing, spreadsheets, and database software programs in a Word environment.
8. Skill in determining eligibility for benefits, based on knowledge of applicable laws, regulations, and requirements.
9. Skill in interviewing in a one on one setting.
10. Ability to function well in a team oriented environment, utilizing team resources and work independently and meet strict time lines.
11. Ability to inform and communicate verbally and in writing in diverse and challenging situations, with the ability to process information effectively and accurately; making objective decisions.
12. Ability to compose clear and concise reports and letters.
13. Ability to develop and maintain professional relationships with a variety of individuals and groups in a complex multicultural environment.
14. Ability to function in a continuously evolving work environment.
15. Ability and willingness to be dependable, conscientious, present a professional appearance and demeanor representing the Oneida Nation.
16. Oneida Certification on reporting Child Abuse and Neglect within ninety (90) days of employment.
17. Must adhere to strict confidentiality in all matters. **(Must sign a confidentiality statement prior to employment.)**
18. Must be willing and able to obtain additional education and training.
19. Must pass a pre-employment drug screening. Must adhere to the Tribe's Drug and Alcohol Free Workplace Policy during the course of employment.
20. Must pass a background security check with the Oneida Nation in order to meet the Employment Eligibility Requirements, Tribal/State Compact and/or Oneida Nation Gaming Ordinance as they pertain to the position. A temporary license or Gaming License issued by the Oneida Gaming Commission is required as a condition of employment and continuing employment within the Oneida Nation's Gaming Division.
21. A valid driver's license, reliable transportation, and insurance. Must obtain a Wisconsin driver's license within thirty (30) days of employment if applicant has an out-of-state driver's license. Must be authorized as eligible to operate a Personal and Tribal vehicle under the Oneida Nation's Vehicle Drivers Policy prior to actual start date. Must maintain driver's eligibility as a condition of employment.

**PREFERRED QUALIFICATIONS:**

**Applicants please clearly state on the application/resume if you meet these qualifications.**

1. Bachelor's Degree in Social Work, Human Development or closely related field.

**MINIMUM QUALIFICATIONS:**

**Applicants please clearly state how you meet these qualifications on the application/resume.**

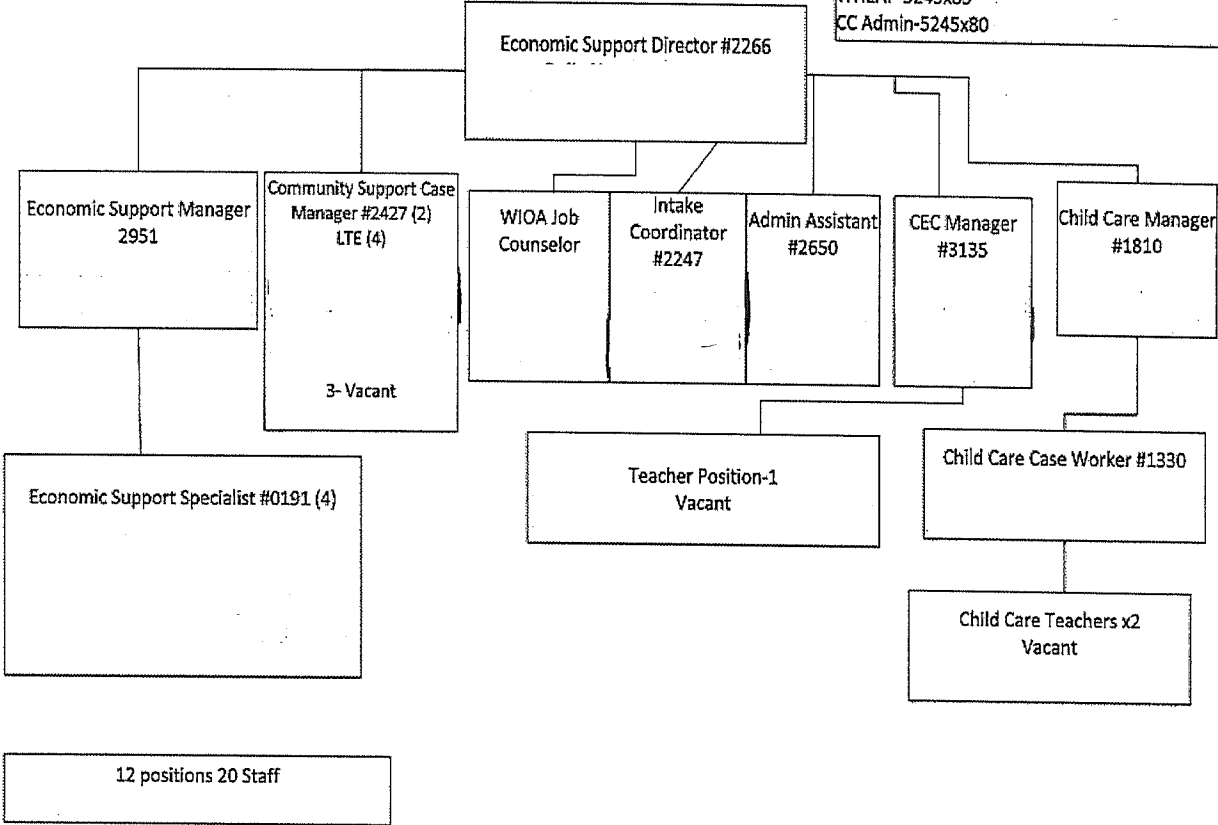
1. Associates Degree in Human Development, Counseling or closely related field; One years' experience in a public assistance role, with some of that experience in interviewing and determining benefit eligibility and/or equivalent combination of education and experience may be considered.

**ITEMS TO BE SUBMITTED:**

**Must provide a copy of diploma, license, degree or certification upon employment.**

Oneida Nation Economic Support Services  
Organizational Chart  
6.3.21

Fund Units	
CCDF- 5245x65	WIOA-5213x03 & 5212x05
TANF-5245x75	CSSF-4245067
GA-5245x84	CSS Admin-4245006
NEW-5245x71	CEC- 4213061
IM- 5245x81	OERA-5788x03
CSBG-5246x60	
MA Outreach-5235x46	
WHEAP-5245x85	
CC Admin-5245x80	





Direct the Law Office to draft to a legal opinion regarding mandatory vaccination options

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## Business Committee Agenda Request

1. Meeting Date Requested: 06/09/21

2. General Information:

Session: ☒ Open ☐ Executive – must qualify under §107.4-1.

Justification: *Choose reason for Executive.*

3. Supporting Documents:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bylaws                    | <input type="checkbox"/> Fiscal Impact Statement | <input type="checkbox"/> Presentation           |
| <input type="checkbox"/> Contract Document(s)      | <input type="checkbox"/> Law                     | <input type="checkbox"/> Report                 |
| <input checked="" type="checkbox"/> Correspondence | <input type="checkbox"/> Legal Review            | <input type="checkbox"/> Resolution             |
| <input type="checkbox"/> Draft GTC Notice          | <input type="checkbox"/> Minutes                 | <input type="checkbox"/> Rule (adoption packet) |
| <input type="checkbox"/> Draft GTC Packet          | <input type="checkbox"/> MOU/MOA                 | <input type="checkbox"/> Statement of Effect    |
| <input type="checkbox"/> E-poll results/back-up    | <input type="checkbox"/> Petition                | <input type="checkbox"/> Travel Documents       |
| <input type="checkbox"/> Other: <i>Describe</i>    |  |   |

4. Budget Information:

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Budgeted                  | <input type="checkbox"/> Budgeted – Grant Funded | <input type="checkbox"/> Unbudgeted |
| <input checked="" type="checkbox"/> Not Applicable | <input type="checkbox"/> Other: <i>Describe</i>  |                                     |

5. Submission:

Authorized Sponsor: Lisa Liggins, Secretary

Primary Requestor: \_\_\_\_\_

Additional Requestor: (Name, Title/Entity)

Additional Requestor: (Name, Title/Entity)

Submitted By: LLIGGINS



## Business Committee Agenda Request – Cover Memo

**From:** Lisa Liggins, Secretary

**Date:** 06/03/2021

**RE:** Request for legal opinion regarding mandatory vaccination options

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### **BACKGROUND**

There has been various meetings and discussions regarding the ability of employers to mandate that their employees be vaccinated against COVID-19. This has also been a discussion in the community.

I'm requesting the BC consider directing the Law Office to draft a legal opinion regarding this matter as this will provide guidance and clarify moving forward.

### **REQUESTED ACTION**

Direct the Law Office to draft to a legal opinion regarding mandatory vaccination options.

Accept the Public Works Division FY-2021 2nd quarter report

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## Business Committee Agenda Request

1. Meeting Date Requested: 06/09/21

2. General Information:

Session: ☒ Open ☐ Executive – must qualify under §107.4-1.

Justification: *Choose reason for Executive.*

3. Supporting Documents:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bylaws                    | <input type="checkbox"/> Fiscal Impact Statement | <input type="checkbox"/> Presentation           |
| <input type="checkbox"/> Contract Document(s)      | <input type="checkbox"/> Law                     | <input checked="" type="checkbox"/> Report      |
| <input type="checkbox"/> Correspondence            | <input type="checkbox"/> Legal Review            | <input type="checkbox"/> Resolution             |
| <input type="checkbox"/> Draft GTC Notice          | <input type="checkbox"/> Minutes                 | <input type="checkbox"/> Rule (adoption packet) |
| <input type="checkbox"/> Draft GTC Packet          | <input type="checkbox"/> MOU/MOA                 | <input type="checkbox"/> Statement of Effect    |
| <input type="checkbox"/> E-poll results/back-up    | <input type="checkbox"/> Petition                | <input type="checkbox"/> Travel Documents       |
| <input checked="" type="checkbox"/> Other: HANDOUT |  |   |

4. Budget Information:

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Budgeted                  | <input type="checkbox"/> Budgeted – Grant Funded | <input type="checkbox"/> Unbudgeted |
| <input checked="" type="checkbox"/> Not Applicable | <input type="checkbox"/> Other: <i>Describe</i>  |                                     |

5. Submission:

Authorized Sponsor: Jacque Boyle, Division Director/Public Works

Primary Requestor: \_\_\_\_\_

Additional Requestor: (Name, Title/Entity)

Additional Requestor: (Name, Title/Entity)

Submitted By: CWILSON1

# DRAFT

## X. REPORTS

### A. OPERATIONAL

#### 1. Accept the Comprehensive Health Division FY-2021 2nd quarter report

Sponsor: Debra Danforth & Dr. Ravinder Vir, Division Directors/Comprehensive Health-Operations & Medical

Motion by Lisa Liggins to accept the Comprehensive Health Division FY-2021 2nd quarter report, seconded by Jennifer Webster. Motion carried:

Ayes: Tina Danforth, David P. Jordan, Lisa Liggins, Marie Summers, Jennifer Webster

Not Present: Daniel Guzman King, Kirby Metoxen, Brandon Stevens

#### 2. Accept the Environmental, Health, Safety, Land and Agriculture Division FY-2021 2nd quarter report

Sponsor: Pat Pelky, Division Director/Environmental, Health, Safety, Land and Agriculture

Motion by Jennifer Webster to accept the Environmental, Health, Safety, Land and Agriculture Division FY-2021 2nd quarter report, seconded by David P. Jordan. Motion carried:

Ayes: Tina Danforth, David P. Jordan, Lisa Liggins, Marie Summers, Jennifer Webster

Not Present: Daniel Guzman King, Kirby Metoxen, Brandon Stevens

#### 3. Accept the Governmental Services Division FY-2021 2nd quarter report

Sponsor: Tina Jorgenson, Division Director/Governmental Services

Motion by Lisa Liggins to accept the Governmental Services Division FY-2021 2nd quarter report and direct the Governmental Services Division Director to follow-up with Chief Counsel regarding the format of future Town Hall meetings, seconded by David P. Jordan. Motion carried:

Ayes: Tina Danforth, David P. Jordan, Lisa Liggins, Marie Summers, Jennifer Webster

Not Present: Daniel Guzman King, Kirby Metoxen, Brandon Stevens

#### 4. Accept the Public Works Division FY-2021 2nd quarter report

Sponsor: Jacque Boyle, Division Director/Public Works

*Vice-Chairman Brandon Stevens returned at 9:44 a.m.*

Motion by Tina Danforth to defer the Public Works Division FY-2021 2nd quarter report to the June 9, 2021, regular Business Committee meeting agenda, seconded by Marie Summers. Motion carried:

Ayes: Tina Danforth, David P. Jordan, Lisa Liggins, Marie Summers, Jennifer Webster

Abstained: Brandon Stevens

Not Present: Daniel Guzman King, Kirby Metoxen

**Oneida Business Committee Agenda Request**

Accept the Bay Bancorporation Inc. FY-2021 2nd quarter report

**1. Meeting Date Requested:** 6 / 9 / 21**2. General Information:**Session: ☒ Open ☐ Executive - See instructions for the applicable laws, then choose one:Agenda Header: ☒ Accept as Information only☐ Action - please describe:**3. Supporting Materials**☒ Report ☐ Resolution ☐ Contract☐ Other:1. 3. 2. 4. ☐ Business Committee signature required**4. Budget Information**☐ Budgeted - Tribal Contribution☐ Budgeted - Grant Funded☐ Unbudgeted**5. Submission**Authorized Sponsor / Liaison: Primary Requestor/Submitter: 

Your Name, Title / Dept. or Tribal Member

Additional Requestor:

Name, Title / Dept.

Additional Requestor:

Name, Title / Dept.



## Oneida Business Committee Agenda Request

### 6. Cover Memo:

Describe the purpose, background/history, and action requested:

Bay Bank is presenting its quarterly corporate report to the BC in Open Session. Management of Bay Bank will provide a summary of the Bank's financial results for the quarter ended 3/31/21.

1) Save a copy of this form for your records.

2) Print this form as a \*.pdf *OR* print and scan this form in as \*.pdf.

3) E-mail this form and all supporting materials in a **SINGLE** \*.pdf file to: [BC\\_Agenda\\_Requests@oneidanation.org](mailto:BC_Agenda_Requests@oneidanation.org)

**Bay Bank**  
**QUARTERLY REPORT**

Quarter ended March 31, 2021

A. BAY BANK

Submitted by: Jeff Bowman, Board Member  
Directors: Fern Orie, Bob Jossie, Jeff Bowman,  
Todd Van Den Heuvel, Elaine Skenandore-Cornelius

Oneida Business Committee Contact: David Jordan

B. MINUTES

None Submitted

ACTION TAKEN

No Tribal Policy changes.

D. FINANCIAL

Note that various financial reports

December 31, 2021 is Bay Bank's fiscal year end.

E. SPECIAL EVENTS AND TRAVEL

None

F. PERSONAL COMMENTS

Bay Bank account numbers as of March 31, 2021:

1,536	Checking Accounts
466	Business Checking Accounts
141	Money Market Accounts

1,659	Savings Accounts
301	Certificates of Deposit
112	Commercial Real Estate Loans
1,066	Residential Real Estate Loans
306	Business Loans
518	Consumer Loans
33	Oneida Small Business 2000 Loan Program Loans

The Oneida Small Business Loan Program 2000 that is administered by Bay Bank started on May 1, 2002. As of this date over \$ 14.6 million in new loans have been made to over 140 new or growing Oneida tribal member owned businesses.

The Section 184 mortgage loans serviced under FHLB MPF program totaled \$85.1 million at March 31, 2021. There are 700 loans in the program currently.

#### G. GOALS AND OBJECTIVES

##### 2021 GOALS:

GOAL A: Bay Bank will strive to attain a minimum 0.70% Return on Assets for the year ending December 31, 2021. Return on Assets (ROA) is a common measurement of a bank's profitability. This ratio informs you how well the bank is managing and investing the bank's assets.

2021 ROA Goal	2021 YTD ROA Actual	2021 Peer Group Average
0.70 %	1.13%	1.07%

GOAL B: Bay Bank will strive to attain a minimum 7.00 % Return on Equity for the year ending December 31, 2021. Return on Equity (ROE) is the measurement of how well the bank is performing for its stockholder.

2021 ROE Goal	2021 YTD ROE Actual	2021 Peer Group Average
7.00 %	9.37 %	9.49 %

Bay Bank had budgeted total loans for the quarter ended March 31, 2021 in the amount of \$ 77.4 million. Total loans at March 31, 2021 were \$ 79.9 million, an increase of \$ 2.5 million from budget. Loans increased \$ 13.0 million over the 12-month period ended March 31, 2021.

Bay Bank had budgeted total deposits for the quarter ended March 31, 2021 in the amount of \$ 108.8 million. Total deposits at March 31, 2021 were \$ 133.9 million, an increase of \$ 25.1 million over budget. Deposits increased \$ 46.3 million for the past twelve months, the result of increase in transaction accounts, savings deposits and time deposits.

#### H. MEETINGS

Monthly meeting on the fourth Thursday of each month. Well attended.

**Oneida Business Committee Agenda Request**

Accept the Oneida ESC Group, LLC FY-2021 2nd quarter report

**1. Meeting Date Requested:** 6 / 9 / 21**2. General Information:**Session: ☒ Open ☐ Executive - See instructions for the applicable laws, then choose one:Agenda Header: ☒ Accept as Information only☐ Action - please describe:**3. Supporting Materials**☒ Report ☐ Resolution ☐ Contract☐ Other:1. 3. 2. 4. ☐ Business Committee signature required**4. Budget Information**☐ Budgeted - Tribal Contribution☐ Budgeted - Grant Funded☐ Unbudgeted**5. Submission**Authorized Sponsor / Liaison: Primary Requestor/Submitter:   
Your Name, Title / Dept. or Tribal MemberAdditional Requestor:   
Name, Title / Dept.Additional Requestor:   
Name, Title / Dept.





# **Oneida ESC Group, LLC**

**2<sup>nd</sup> Quarter Report – FY 2021**

**May 11, 2021**

**OESC Board of Managers:**

**John L. Breuninger, Chairman**

**Jacquelyn Zalim**

**Leslie Wheelock**

Oneida ESC Group, LLC (OESC), was formed in 2012 as a holding company to house subsidiaries to do business with the federal government. OESC has six subsidiaries, Oneida Total Integrated Enterprises (OTIE), Mission Support Services (MS2) and General Mechanical Corp (GMC), Sustainment and Restoration Services (SRS), Oneida Engineering Solutions (OES) and 1822 Land and Development Company of Oneida (1822).

OESC's subsidiaries are supported by OESC with general management and administrative functions, including accounting and contracting management, human resource management, IT support, overall management, and marketing, bid and proposal. Below is a summary of OESC and its subsidiary's activities.

### **Narrative Report**

#### **a. Explanation of the core of the Corporation's business practices and market overview**

OESC's subsidiary limited liability companies focus on contracts issued by the government agencies for engineering, science and construction work. OESC's revenue is derived from the subsidiaries that operate in the full and open market as well as the Small Business Administration Business Development Markets primarily as 8(a) and Small Business designated companies.

OESC and its subsidiaries are a highly technical organization providing research /investigation, design, engineering and project management. Oneida ESC Group operates in five core services:

- Environmental services – Assessment, investigation, design, testing and monitoring
- Remediation – Action Planning, project management, extraction of contaminated materials.
- Construction and demolition – Repair, service, abatement, renovation and new.
- Engineering Services – Design and project managements for sites and site design, structural, mechanical, plumbing, civil, structural, water / wastewater systems and storm water management.
- Munitions response services – Investigation and remediation of munitions and ordinances.

**Oneida Total Integrated Enterprises (OTIE)** – Competes in the full and open marketplace as a small business (less than 750 employees). Core competencies include environmental services, environmental remediation, engineering services and project management.

**Mission Support Services (MS2)** – 8a Graduation date is 3/15/2023. MS2 is focused on construction management contracts. Core competencies include construction management services, New and renovated structures, HVAC systems and controls Utility systems - water, sewer, gas, electrical, Electrical power generators, transformers, and distribution, Communication and security systems, Interior remodeling, upgrades focused on the federal market with supplemental markets includes commercial and tribal construction projects.

General Mechanical Corporation (GMC) is subsidiary company to MS2 and operates mainly as an HVAC Contractor and General Contractor in Daytona FL.

**Sustainment & Restoration Services (SRS)** – 8a Graduation date is 2/18/2024.

SRS core competencies include facility investigations, corrective measures design/implementation, remedial designs/remedial actions, including characterization, assessment, and cleanup, Wetlands assessment and wetlands restoration design, Brownfields – Phase I & II ESAs, Technical Enforcement Support Facility and asset inventory, evaluation, and assessment Engineering design for site development, utility systems, facilities Engineering design for wastewater treatment and sewerage systems, and specialized professional services manpower solutions.

**Oneida Engineering Solutions (OES)** – OES focuses on performing transportation engineering services for governmental agencies (Federal, State and Local). Work is federally funded and abides by the Brooks Act; requiring selection based on competency, qualifications and experience. OES has been certified as a Disadvantage Business Enterprise in the State of Wisconsin.

**1822 Land and Development Company of Oneida (1822)** – 1822 is a real estate holding company that owns, leases and sub-lease various real estate holdings in and around the Oneida Nation Reservation. The overall goal is to grow the portfolio that meets the needs of the Oneida Nation and the Northeastern WI.

**b. Explanation of the Corporation's current place within the market**

OESC operates in a fiercely competitive and expanding market. An abundance of Architecture / Engineering / Construction (AEC) firms provide similar services offered by OESC. Competitive factors for our success include performance reputation, network, price, geographic location, and availability of technically skilled personnel (flexibility).

Three of the top five federal spending agencies awarding non-competitive contracts are OESC customers.

**c. Explanation of the outlines of strategies by the Corporation for improved value in the market**

OESC's subsidiaries are positioned to take advantage of existing relationships, contracts and networks OTIE established since 2008.

We continuously evaluate solutions to broaden and capture a larger share of the Federal and State markets. Each subsidiary operates based on primary NAICS codes with secondary NAIC codes that overlap with the sister companies.

**d. Explanation of the Corporation's relative performance vs. competitors and identification of key competitors within the market**

Our competitors include: Small Businesses, Alaskan Native Corporations (ANCs); Native American Owned, tribally-owned small businesses; and Native Hawaiian Organizations (NHOs). Each of these businesses is in a category of small business that may be awarded

prime contracts without competition. Oneida ESC subsidiaries also compete against other 8(a) firms for set-aside acquisitions, including small businesses that are categorized as Woman-Owned, HUB Zone, Service Disabled Veteran Owned small business, and others. Finally, Oneida ESC competes in the full and open markets without restrictions.

Typical competitors include Small Business firms with fewer than 750 employees in NAICS 562910. Another area of significant competition is the regional Transportation Engineering firms in Wisconsin for WI DOT work (OES).

**e. Explanation of any material changes or developments in the market or nature of business the Corporation is primarily engaged in since the last reporting period.**

We are responding to several major proposals and anticipate additional RFPs to be published in the next two quarters. Keep in mind these are best estimates and the government often push back the dates. There are several smaller opportunities that we are tracking and proposing on as well. We are also organizing for year-end pursuits where we will position for sole source opportunities.

We are organizing a new company called Oneida Professional Services (OPS). OPS is an employee staffing company primarily targeting federal temporary staffing contracts. Types of positions we plan to propose on are professions such as teaching, training, and engineering but we are not excluding other positions such administrative. Professional services is currently a business unit in Sustainment and Restoration Services (SRS). By creating a separate company we achieve a new company under the Small Business Administration (SBA) 8a program and can propose on additional contracts and new customers.

**f. Identification of the primary goals and targets of the Corporation and progress made towards accomplishment of the same**

***Goals for Oneida ESC Group***

Growth at a reasonable rate is the primary business goal for OESC. Financial reward for OESC is when we align our investment strategies according to our client's mission priorities.

***Targets for OESC Subsidiaries:***

Opportunities continue to exist in geographies where OTIE, MS2, SRS and OES have successful past performance; and where personnel involved in such projects have established strong relationships with teaming partners and clients. Opportunities continue to emerge based on combined efforts of OESC's marketing and sales efforts. Target clients continue to include Department of Defense agencies (various bases – Navy, Air Force, and Army), Environmental Protection Agency, WI Department of Transportation, Milwaukee Metropolitan Sewer District and the Oneida Nation.

New target clients include extended services on existing bases, geographical growth on "new" bases where OESC has not performed work on in the past, municipalities geographically related to OESC offices and other Tribal Nations.

**g. Identification of key elements for success in strategies given, including risks, resources and relations available and needed in order to successfully fulfill outlined strategies**

***Key elements for success in the OESC model include:***

- Meeting performance indicators, including safety, staff turnover, profitability, staff utilization, backlog and capacity.
- Adapting to a changing customer base, contract type, or key skill set. We recognize and reconfigure based on identified needs to delivery strategic growth.
- Identification of contract capacity and access is under regular review.
- Increasing our geographic footprint and capabilities.

***Risk in the marketplace***

- We operate in highly competitive industries
- Contracting is often erratic and unpredictable; cancellations or delays in pending awards by government agencies could adversely affect us
- International operations carries additional risk
- Loss of key personnel
- Adoption of new contract laws or regulations.

**h. Identification of medium (two to five year) and long (greater than five year) prospects and sustainability of the Corporation given the present status, strategies and risks**

Our medium and long range prospects for sustainability are balanced by business diversification and consistent project management delivery.

We have successfully groomed long-term business relationships with key US Agencies for services delivered around the world. Contracting with the US government remains a reliable strategy in terms of payment, stability, and growth opportunity.

***Medium-term prospects***

OESC's prospects in the two- to five-year term rely on our sturdy performance in engineering, science and construction to existing clients; adjacent clients/services and geographic areas; and new service offerings to new clients. OESC continues to focus on business development and talent acquisition to meet our growth metrics.

***Long-term prospects***

OESC envisions steady growth with our key customers over the long term. OESC is nimble and agile, allowing us to focus on governments funding flows.

Continued reliance on low-price awards is a staple in our business model and we continue to adjust the pricing structure to ensure that we remain competitive. We continue to concentrate marketing efforts on maximizing our return on investment through expanding support for existing customers, developing tasks under existing contracts, and collaborating with firms that need either small business participation or our specialized expertise.



- i. **Explanation of market growth (if any) experienced by the Corporation, identifying sources of growth (i.e., organic growth through market share increase, volume of business increase, acquisition of competition or other assets, etc.)**

We have made a concerted effort on our fence-to-fence contracts which is environmental operations and compliance services. We also see growth in our traditional engineering services such as civil, mechanical, electrical, etc.

- j. **Summary of the assets of the Corporation, including but not limited to its financial, physical, employee, customer, brand or intellectual property, and supply assets.**

OESC ASSETS
<b><u>Financial (On Balance Sheet)</u></b> Cash –Checking Account Work In Process on Current Projects Fixed Assets such as Vehicles, Furniture and Fixtures, and Miscellaneous Equipment Other Assets such as Prepaid Expenses, Investment
<b><u>Employees</u></b> OESC - 46 employees (includes 1822 employees) OTIE – 146 employees MS2 – 75 employees (includes GMC employees) SRS - 108 employees OES – 32 employees
<b><u>Customers</u></b> 75% of Revenue from Federal clients.

- k. **Summary and status of any pending legal action to which the Corporation is a party and any relevant government regulation to which the Corporation may be subject.**

USACE Huntington District has directed OTIE to perform additional excavation work that OTIE considers to be out of scope on one of OTIE’s remediation projects at the Plum Brook Ordnance Works site in Ohio. OTIE is working with counsel to prepare a claim. The claim will be submitted in April for a price of \$1,087,160.15. The government also directed OTIE to perform additional road and site restoration, which may become the subject of a second claim.

## Accept the Oneida Airport Business Committee FY21 2nd Quarter Report

1. Meeting Date Requested: 06 / 09 / 21

2. General Information:

Session: ☒ Open ☐ Executive - See instructions for the applicable laws, then choose one:

Agenda Header:

☐ Accept as Information only

☒ Action - please describe:

Motion to accept the FY21 2nd Quarter Report.

3. Supporting Materials

☒ Report ☐ Resolution ☐ Contract

☐ Other:

1.

3.

2.

4.

☐ Business Committee signature required

4. Budget Information

☐ Budgeted - Tribal Contribution

☐ Budgeted - Grant Funded

☐ Unbudgeted

5. Submission

Authorized Sponsor / Liaison:

Primary Requestor/Submitter:

Kathy Hughes, OAHC Board Chairwoman

Your Name, Title / Dept. or Tribal Member

Additional Requestor:

Name, Title / Dept.

Additional Requestor:

Name, Title / Dept.

## Oneida Business Committee Agenda Request

### 6. Cover Memo:

Describe the purpose, background/history, and action requested:

To update the Business Committee on the performance of OAHC d/b/a Radisson Hotel & Conference Center and Three Clans Airport d/b/a Wingate by Wyndham Green Bay for the 2nd Quarter of FY2021.

Request a motion to accept the FY21 2nd Quarter Report.

- 1) Save a copy of this form for your records.
- 2) Print this form as a \*.pdf OR print and scan this form in as \*.pdf.
- 3) E-mail this form and all supporting materials in a **SINGLE** \*.pdf file to: [BC\\_Agenda\\_Requests@oneidanation.org](mailto:BC_Agenda_Requests@oneidanation.org)

Oneida Airport Hotel Corporation  
Radisson Hotel & Conference Center  
Quarterly Report  
For the quarter ended: March 31, 2021

## **Narrative Section**

### Business practice, market overview, place within market:

- Q2 STR Occupancy YOY index up 24.8%; ADR YOY down 8.9%; RevPar YOY index up 13.7% - compared to comp set.
- Q2 saw an uptick in business once vaccinations started near end of January/February. More sports blocks booking in and transient pick up with the Casino attached
- Sales team reduced to Director Sales, Sales Manager, Corporate Revenue Manager, Catering Manager and Catering Coordinator

### Competitive analysis:

- Green Bay area hotels currently fighting for same pieces of transient business and putting offers and deals/packages out to gain occupancy.
- Corporate guests just starting to travel a little, not as much as prior due to state restrictions/travel restrictions etc.

### Strategies for improved value:

- Developed packaging & incentive bookings for Corporate/Association Meetings, Tour & Travel, Wedding, Travel Agents and Transient markets to gain short term bookings for need months.
- Working with Radisson Corporate in all Sales markets to gain leverage and recognition, as well as utilizing their Meeting Planner incentive programs and transient booking promotions.
- Working with Aimbridge Regional properties to gain leverage and recognition.
- Working closely with Green Bay CVB in all Sales markets to keep top of mind and participate in all sales initiatives.
- Ensuring all Safety Protocols being enforced in meeting and catering groups booked.

### Material changes or developments in market/business:

- Radisson Appleton now a Red Lion— in our STR comp set.
- Holiday Inn Appleton now a DoubleTree by Marriott – in our STR comp set.
- Brown County Arena and Shopko Hall under complete renovation, opened January 2021.

### Market growth:

- Legacy Hotel due to break ground 2021 – 79 room property.
- My Place – completed, opened November 2021 – 64 room property.
- TBD property rumored to be built near SpringHill Suites - TBD

Pending legal action:

Yes



Oneida Airport Hotel Corporation  
Three Clans Airport, LLC  
Quarterly Report  
For the quarter ended: March 31, 2021

Business practice, market overview, place within market:

- Q2 STR Occupancy YOY index down 6.2%; ADR YOY down 1.2%; RevPar YOY index down 7.3% - compared to comp set.
- Wingate is 5 out of 7 based on REVPAR and 5 out 7 based on Occupancy.
- Revenues for the second quarter were \$170,510 which is down from prior year by \$36,053. The decrease is due to the restrictions with Covid-19, no events and guest not traveling. We did see a pickup the last month of the quarter.
- Green Bay hotels are still in competition for the same piece of business.

Competitive analysis:

- The competitors ran a REVPAR of \$30.39 for the quarter.
- The competitive set had an occupancy of 42.7% and an ADR of \$71.21.

Strategies for improved value:

- The Wingate's strategy is to continually grow rate. Discounted rates will still be offered for slower dates but not as much as they have been in the past.
- The Wingate continues to use all 3<sup>rd</sup> party booking channels to increase bookings on low demand dates but is not using opaque rates as often.
- The Radisson Sales team continues to cross sell the hotel.
- The Wingate is also focusing on growing its small meeting business
- We continue to focus our attention on customer service to ensure the best possible service for all our guest.
- Wyndham now allows us to run our own mobile deals, flash sales and member deals to help increase occupancy.
- The Wingate Sales Team continues to reach out to existing and new companies.

Material changes or developments in market/business:

- The Resch Expo Center opened January 2021.

Market growth:

- Legacy hotel to tentatively open 2022. This is 5 story luxury hotel with 80 suite rooms. Will be located at 1004 Brett Favre Way GB.

Pending legal action:

- Nothing at the moment