



Grant Application Review Form

LOG # 20010Program: Tribal Employment Rights Office (TERO)**GRANT INFORMATION:**CFDA # 17.277FOA ETA-20-01Grant Title: Support to Communities: Fostering Opioid Recovery through Workforce DevelopmentGranting Agency: US Dept of LaborPurpose of Grant: To address the health and economic impacts of widespread substance and opioid misuse, addiction, and overdose and to serve or retrain workers in significantly impacted communities.

How will this be accomplished? _____

Closing Date (Grant Application Deadline) 1/9/2019Grant Period: Beginning 4/1/2020 End 3/31/2022 Dates Fiscal Year(s) FY 21 & 22Is this a Sub-Award? ☐ YES ☒ NOIs this to continue a current grant? ☐ YES ☒ NO If yes, current Grant # _____Electronic submission? If no, explain why. ☒ YES ☐ NO**NOTE: All applications must be submitted by the Grant Compliance Office on behalf of the Tribe & program**Bookkeeping contact (in program): Dezrae Francisco, TERO Admin Phone No: 359-6421Grant administration experience? ☐ YES ☒ NOResolution Attached? ☒ YES ☐ NO **NOTE: If no, form is not complete & cannot be reviewed****FUNDING DETAILS:**Is GF Match used as a source for tribal portion? ☐ YES, (a Funding Request Form is required) ☒ NO

Allocation of Funding:	Source(s) of Tribal Portion:	Tribal/In-kind Notes:
<u>500,000</u> = Grant Portion	<input type="checkbox"/> GF Match <u>0</u>	
<u>0</u> = Tribal Portion	<input type="checkbox"/> Tribal Match <u>0</u>	
<u>500,000</u> = Total	<input type="checkbox"/> In-kind Match <u>0</u>	

Indirect Allowed ☒ YES, % Allowed: _____ ☐ NO

What are the requirements for continuation once grant funding ends? _____

Does this grant cover any salary costs? ☐ YES ☒ NO What is the salary amount? _____Will the Tribe be responsible for funding this salary once the grant ends? ☐ YES ☒ NO**Program Authorization:**

Date

Program Contact	<u>Terri Henry</u>	<u>12.18.2019</u>
Program Manager		
Director of Program	<u>Terri Henry</u>	<u>12.18.2019</u>
Secretary		

Grants Compliance Office Authorization:

Date

Grants Compliance(DeMakus Staton)	<u>[Signature]</u>	<u>12.18.19</u>
Received from Grants		
Coresponding Funding Request #		

Tribal Authorization:

Date of Chief review		Comments:
Resolution#	Date	Council Action:

Award:

Grant Awarded	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Notification:	Munis #
Awarded Amount:		Grant #	
Grant orientation date:		Award Period	

CHEROKEE COUNCIL HOUSE
CHEROKEE, NORTH CAROLINA

____ January 9, 2020 ____
DATE

AMENDMENT TO ORDINANCE NO. 96 (2020)

- In the, "NOW THEREFORE BE IT RESOLVED," strike, "\$500,000" and replace with, "\$545,379"