

APPENDIX D
RESOLUTION FOR TRIBAL ENTITIES for a PROVIDER AGREEMENT
RESOLUTION NO. _____

WHEREAS, the _____ (Name of Alaska Native Entity), a federally recognized tribe (the Tribe) wishes to waive its sovereign immunity, and to enter into a Provider Agreement with the Department of Health & Social Services to provide Alaska Psychiatric Institute Occupational Therapy services; and

WHEREAS, the State of Alaska, Department of Health & Social Services requires a resolution approved by the entity's governing body that waives the entity's sovereign immunity from suit with respect to claims by the state arising out of the activities related to the Provider Agreement; and

THEREFORE, BE IT RESOLVED THAT, in the event that a Alaska Psychiatric Institute Occupational Therapy Provider Agreement is executed, the Tribe hereby waives its sovereign immunity and consents to suit in Alaska State Courts or in a state administrative agency proceeding for any cause of action (including any allowable interest, costs and attorneys fees) or claim filed by the state arising out of or related to the Provider Agreement; to enforcement of any court or agency order entered in such action or agency proceeding and to levy and execution of any judgment entered in any such lawsuit or agency proceeding against all property and funds of the Tribe, however held and wherever located. Suits relating to this agreement shall be governed by State law, and allowed solely in State courts or State administrative proceedings unless otherwise required by law.

BE IT FURTHER RESOLVED THAT: _____ (Name & Title of the Chief Administrative Officer, Chief, President or other authorized Tribal representative) is hereby authorized to negotiate, execute, and administer any and all documents and contracts required to enter into and administer a Provider Agreement on behalf of the Tribe and manage funds on behalf of this entity, including any subsequent amendments to said Provider Agreement.

BE IT FURTHER RESOLVED THAT, this waiver shall remain in effect so long as the Provider Agreement remains in effect, plus the longest records retention period applicable to the Provider Agreement as set forth in the terms of the Agreement or state regulations, plus the expiration of the statute of limitations on any cause of action or claim arising out of or related to the Provider Agreement. The statute of limitations on any cause of action or claims shall begin to run from the end of the records retention period. This waiver includes, but is not limited to, any cause of action or claim related to a demand for reimbursement of funds following an audit.

For Tribes for which the Tribal Council is authorized to approve Waivers of Sovereign Immunity

This resolution was adopted at a duly convened meeting of the _____
_____, (Name of Grant Recipient Entity) on _____
_____, 20____. This resolution and waiver complies with all current specific constitutional requirements and constitutional limitations of the tribe and any other tribal ordinances or customs required for the _____
_____, (Name of Alaska Native Entity) to validly waive its sovereign immunity.

IN WITNESS THERETO:

By: _____
Signature Council or Board Principal Administrative Officer Title

Attest: _____
Signature Clerk or Secretary of Organization Title

**For Tribes Requiring Approval of Waivers of Sovereign Immunity
by Affirmative Vote of the Membership of the Tribe**

This resolution was adopted at a duly convened meeting of the _____
(Name of Alaska Native Entity) on _____, 20____ after this waiver of sovereign immunity was approved by an affirmative vote of the majority of the entire adult membership of the tribe as required under the tribe's constitution. The membership vote was held on _____ (date) and the vote was _____ in favor and _____ opposed. This resolution and waiver complies with all current specific constitutional requirements and constitutional limitations of the tribe and any other tribal ordinances or customs required for the _____ (Name of Alaska Native Entity) to validly waive its sovereign immunity.

IN WITNESS THERETO:

By: _____
Signature Council or Board Principal Administrative Officer Title

Attest: _____
Signature Clerk or Secretary of Organization Title