APPENDIX B 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 Safety Nets 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 Safety Nets 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 dı	uly co	nvened	meeting	g of the	e							
			(Name of Grant Recipient Entity) on											
	.,2	20	Tł	is resol	ution a	nd wai	ver com	plies wit	h all current s	pecifi	ic constituti	onal requir	ement	s and
constitutional	limitations	of	the	tribe	and	any	other	tribal	ordinances	or	customs	required	for	the
				(N	ame of	f Alask	a Native	e Entity)	to validly wai	ve its	sovereign i	mmunity.		
IN WITNESS	THERETO:													
Bv:														
Signature Council or Board Principal Administrative Officer								Title						
A 444-														
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 th	e						
(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

Title

Attest:

Signature Clerk or Secretary of Organization