APPENDIX F 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 in	nmunity, and to enter into a Provider Agreement with the Department of Health &
Social Services to provide Alaska Community Li	ving 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	
	the event that a Alaska Community Living Provider Agreement is executed, the nd consents to suit in Alaska State Courts or in a state administrative agency
proceeding for any cause of action (including any	y allowable interest, costs and attorneys fees) or claim filed by the state arising out
of or related to the Provider Agreement; to enfor	rement of any court or agency order entered in such action or agency proceeding
and to levy and execution of any judgment enter	red in any such lawsuit or agency proceeding against all property and funds of the
Tribe, however held and wherever located. Suit	s relating to this agreement shall be governed by State law, and allowed solely in
State courts or State administrative proceedings u	inless otherwise required by law.
BE IT FURTHER RESOLVED THAT:	(Name & Title of the Chief
Administrative Officer, Chief, President or other	r 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, includ	ing any subsequent amendments to said Provider Agreement.
BE IT FURTHER RESOLVED THAT, this waiv	ver shall remain in effect so long as the Provider Agreement remains in effect,
plus the longest records retention period applicab	le to the Provider Agreement as set forth in the terms of the Agreement or
	e of limitations on any cause of action or claim arising out of or related to the
Provider Agreement. The statute of limitations or	n 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 waive	r complies with all current specific constitutional requirements and
constitutional limitations of the tribe and any of Mame of Alaska N	other tribal ordinances or customs required for the Native Entity) to validly waive its sovereign immunity.
IN WITNESS THERETO:	
By: Signature Council or Board Principal Administrative Office	
Signature Council or Board Principal Administrative Officer	r Title
Attest: Signature Clerk or Secretary of Organization	
Signature Clerk of Secretary of Organization	Title
For Tribes Requiring Approval of	Waivers of Sovereign Immunity
by Affirmative Vote of the	
·	
This resolution was adopted at a duly convened meeting of the _	
(Name of Alaska Native Entity) on	, 20 after this waiver of sovereign immunity
	entire adult membership of the tribe as required under the tribe's
	(date) and the vote was in favor and opposed
-	onstitutional requirements and constitutional limitations of the tribe
	(Name of Alaska Native
Entity) to validly waive its sovereign immunity.	
IN WITNESS THERETO:	
By:	
Signature Council or Board Principal Administrative Office	
Attest:	
Signature Clerk or Secretary of Organization	Title