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 immur	ity, and to enter into a Provider Agreement with the Department of Health &
Social Services to provide Elder Meals through School	ls services; and
•	th & Social Services requires a resolution approved by the entity's governing
	n suit with respect to claims by the state arising out of the activities related to
the Provider Agreement; and	
	ent that a Elder Meals through Schools Provider Agreement is executed, the
	onsents to suit in Alaska State Courts or in a state administrative agency
	owable interest, costs and attorneys fees) or claim filed by the state arising out
	ent of any court or agency order entered in such action or agency proceeding
	any such lawsuit or agency proceeding against all property and funds of the
	ating to this agreement shall be governed by State law, and allowed solely in
State courts or State administrative proceedings unless	s otherwise required by law.
BE IT FURTHER RESOLVED THAT:	(Name & Title of the Chief
Administrative Officer, Chief, President or other auth	horized Tribal representative) is hereby authorized to negotiate, execute, and
administer any and all documents and contracts requi	red to enter into and administer a Provider Agreement on behalf of the Tribe
and manage funds on behalf of this entity, including a	ny subsequent amendments to said Provider Agreement.
BE IT FURTHER RESOLVED THAT, this waiver sh	all remain in effect so long as the Provider Agreement remains in effect,
	the Provider Agreement as set forth in the terms of the Agreement or
	imitations on any cause of action or claim arising out of or related to the
	cause of action or claims shall begin to run from the end of the records
·	ed 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 wai	ver complies with all current specific constitutional requirements and
•	other tribal ordinances or customs required for the a Native Entity) to validly waive its sovereign immunity.
•	
IN WITNESS THERETO:	
By:	
By: Signature Council or Board Principal Administrative Offi	cer Title
Attest: Signature Clerk or Secretary of Organization	
Signature Clerk or Secretary of Organization	Title
Est Title a Demitter Assessed	CW - CC -
	of Waivers of Sovereign Immunity ne Membership of the Tribe
by Ann mative vote of the	ie Membersinp of the Tribe
This resolution was adopted at a duly convened meeting of the	,
	, 20 after this waiver of sovereign immunity
was approved by an affirmative vote of the majority of the	e 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 O	fficer Title
Attest:	
Signature Clerk or Secretary of Organization	Title