

TO APPROVE COOPERATIVE AGREEMENT BETWEEN BUREAU OF INDIAN AFFAIRS, EASTERN OKLAHOMA REGION AND THE CHOCTAW NATION OF OKLAHOMA FOR WILDLAND FIRE MANAGEMENT – NON-RECURRING FUNDS (BASED ON REIMBURSEMENTS)

IN THE TRIBAL COUNCIL OF THE CHOCTAW NATION

THOMAS WILLISTON INTRODUCED A COUNCIL BILL

A COUNCIL BILL

TO APPROVE a Cooperative Agreement Between Bureau of Indian Affairs, Eastern Oklahoma Region and the Choctaw Nation of Oklahoma for Wildland Fire Management – Non-Recurring Funds (Based on reimbursements).

THEREFOR BE IT ENACTED By the Tribal Council of the Choctaw Nation of Oklahoma, that this ACT be cited as approval for a Cooperative Agreement between Bureau of Indian Affairs, Eastern Oklahoma Region and the Choctaw Nation of Oklahoma for Wildland Fire Management – Non-Recurring Funds (Based on reimbursements).

CERTIFICATION

I, the undersigned, as speaker of the Tribal Council of the Choctaw Nation of Oklahoma, do hereby certify that the Tribal Council is composed of twelve (12) seats. Eight (8) members must be present to constitute a quorum. I further certify that twelve (12)members answered roll call and that a quorum was present at the Regular Session of the Tribal Council at Tuskahoma, Oklahoma on January 10, 2015. I further certify that the foregoing Council Bill CB- 46 -15 was adopted at such meeting by the affirmative vote of twelve (12) members, zero (0)negative votes, and zero (0) abstaining.

Delton Cox, Speaker
Choctaw Nation Tribal Council

Thomas Williston, Secretary
Choctaw Nation Tribal Council

Gary Batton, Chief
Choctaw Nation of Oklahoma

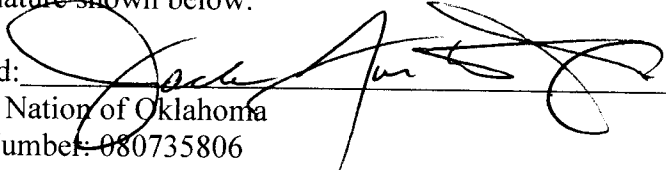
Date 1-15-15

**UNITED STATES DEPARTMENT OF THE INTERIOR
ASSISTANCE AGREEMENT**

1A. AGREEMENT NUMBER A14AC00093		1B. MOD NUMBER	2. TYPE OF AGREEMENT [] GRANT [X] COOPERATIVE AGREEMENT		3. CLASS OF RECIPIENT
4. ISSUING OFFICE (NAME, ADDRESS) BIA SPRO 00003 100 NORTH RIVERSIDE DRIVE Contracting Office Anadarko OK 73005-0328			5. RECIPIENT (NAME, ADDRESS, TELEPHONE) CHOCTAW NATION OF OKLAHOMA Attn: ATTN GOVERNMENT POC 529 N 16TH AVE DURANT OK 74701-36		
			EIN #:		County:
			DUNS #:	080735806	Congress. Dist:
6. ADMINISTRATIVE POINT OF CONTACT (NAME, ADDRESS, TELEPHONE, E-MAIL) BERNIE TOYEKOYAH, GRANTS SPECIALIST BIA SPRO P.O. BOX 368 Anadarko OK 73005-0328 405.247.1652 Bernie.toyekoyah@bia.gov			7. RECIPIENT PROJECT MANAGER (NAME, ADDRESS, TELEPHONE, E-MAIL) CHOCTAW NATION OF OKLAHOMA TOM LOWRY, FIRE MANAGEMENT OFFICER P.O. BOX 602 TALIHINA, OK 74571		
8. GRANTS OFFICER TECHNICAL REPRESENTATIVE (NAME, ADDRESS, TEL, EPHONE, E-MAIL) BERNIE TOYEKOYAH, GRANTS SPECIALIST BIA SPRO P.O. BOX 368 Anadarko OK 73005-0328 405.247.1652 Bernie.toyekoyah@bia.gov			9A. INITIAL AGREEMENT EFFECTIVE DATE:		9B. MODIFICATION EFFECTIVE DATE:
			10. COMPLETION DATE		
11. PROGRAM STATUTORY AUTHORITY National Indian Forest Resources Management Act, 25 U.S.C. § 3115(a)(1)(C)					
12. FUNDING INFORMATION		RECIPIENT/OTHER	DEPARTMENT OF THE INTERIOR	13. REQUISITION NUMBER	
Total Estimated Amount of Agreement				14A. ACCOUNTING AND APPROPRIATION DATA	
This Obligation					
Previous Obligation					
Total Obligation				14B. TREASURY ACCOUNT FUNDING SYMBOL	
Cost-Share %					
15. PROJECT TITLE AND BRIEF SUMMARY OF PURPOSE AND OBJECTIVES OF PROJECT WILDLAND FIRE MANAGEMENT - NON-RECURRING FUNDS					
16a. Acceptance of this Assistance Agreement in accordance with the terms and conditions contained herein is hereby made on behalf of the above-named Recipient BY: _____ DATE: _____			17a. Award of this Assistance Agreement in accordance with the terms and conditions contained herein is hereby made on behalf of the United States of America BY: _____ DATE: _____		
16b. NAME, TITLE, AND TELEPHONE NUMBER OF SIGNER <input type="checkbox"/> Additional signatures are attached			17b. NAME OF GRANTS OFFICER BERNIE TOYEKOYAH, GRANTS SPECIALIST		

Government-supplied equipment. Additional guidance enforcing the ban will be issued at a later date. In the meantime, please adopt and enforce policies that immediately ban text messaging while driving company-owned or -rented vehicles, government-owned or leased vehicles, or while driving privately owned vehicles when on official government business or when performing any work for or on behalf of the government.

In WITNESS WHEREOF, the parties hereto have executed this agreement on the date of the final signature shown below:

Approved:  _____ Date
Choctaw Nation of Oklahoma
DUNS Number: 080735806

Approved: _____ Date
Regional Director, Eastern Oklahoma Region
Bureau of Indian Affairs

Approved: _____ Date
Grants Officer, Southern Plains Region
Bureau of Indian Affairs