- WHEREAS, the Rosebud Sioux Tribe is a federally recognized Indian Tribe organized pursuant to the Indian Reorganization Act of 1934 and all pertinent amendments thereof: and
- WHEREAS, the Rosebud Sioux Tribe is governed by a Tribal Council made up of elected representatives who act in accordance with the powers granted to it by its Constitution and Bylaws; and
- WHEREAS, the Constitution and By-laws of the Rosebud Sioux Tribe Article IV Section 1 (a) authorizes the Tribal Council to negotiate with the Federal, State, and local governments on behalf of the Tribe; and
- WHEREAS, the Nation is experiencing an epidemic of opioid abuse resulting in death by overdose. This problem is beginning to emerge and escalate in some Native American communities; and
- WHEREAS, SAMHSA awarded the Rosebud Sioux Tribe a two year Tribal Opioid Response (TOR) grant in the amount of \$295,154.00 for year one and an increase to \$408,308.00 for year two; and
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**THEREFORE BE IT RESOLVED**, the Rosebud Sioux Tribal Council supports the Rosebud Sioux Tribal Methamphetamine/Opioid Treatment program year two TOR grant in the amount of \$408,308.00; and

**BE IT FURTHER RESOLVED,** the President of the Rosebud Sioux Tribe or his delegates or staff are authorized to administer these funds within the scope, goals and objectives of the SAMHSA TOR grant.

Delores "Totes" Waln  Antelope Council Representative	<u> </u>
Russell Eagle Bear Black Pipe Council Representative	Date
Lisa White Pipe Bull Creek Council Representative	Date
C. Steve Brave	1 <u>2-26-19</u> Date

**Butte Creek Council Representative** 

R	esolution No. 2019-298	
Arlene Black Bear	C	12-26-19 Date
Corn Creek Council Representative  Rita Means  Grass Mountain Council Representative		12-26-19 Date
Clifford "Chums" Lafferty He Dog Council Representative		
Robert Rattling Leaf Horse Creek Council Representative	,	/ <u>3 33-1</u> 9 Date
Shizue LaPointe Ideal Council Representative		Date
Byron Andrews Milks Camp Council Representative		Date
Steve Denoyer Okreek Council Representative		Date
Eileen Shot Parmelee Council Representative		12-26-19 Date
Martha Blue Thunder Ring Thunder Council Representative		17-33-19 Date
Lenard "Shadow" Wright Rosebud Council Representative		<u> L-](- 9</u> Date

Resc	Diution No. 2019-298
Kathleen Wooden Knife Soldier Creek Council Representative	<u>12-26-</u> /9 Date
Lila Kills In Sight Spring Creek Council Representative	<u>12-23-19</u> Date
Sharon Swift St. Francis Council Representative	12-17-19 Date
James Leader Charge Swift Berar Council Representative	12-24-19 Date
Richard "Smokey" Whipple Two Strike Council Representative	12-26-19 Date
Lester Kills The Enemy  Jpper Cut Meat Council Representative	Date

## CERTIFICATION

This is to certify that the above petition Resolution 2019-298 was duly circulated and signed by members of the Rosebud Sioux Tribal Council. Said petition was duly passed, as signed by a majority of the Rosebud Sioux Tribal Council.

Wayne Boyd, Secretary
Rosebud Sioux Tribe

Rosebud Sioux Tribe

Rosebud Sioux Tribe

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Delores "Totes" Waln Antelope Council Representative	12 26 19 Date
Duranii Farala D	
Russell Eagle Bear	Date
Black Pipe Council Representative	
Lisa White Pipe	Date
Bull Creek Council Representative	
C. Steve Brave	12-26-19 Date

**Butte Creek Council Representative** 

	Resolution No. 2019-298	
Brene Black Ben	4	12-26-201)
Arlene R. Black Bear		Date
Corn Creek Council Representative  Rita Means		<u>12-26-19</u> Date
<b>Grass Mountain Council Representative</b>		
Clifford "Chums" Lafferty He Dog Council Representative		12-26-19 Date
Robert Rattling Leaf Horse Creek Council Representative	_	/ <u>2.33-19</u> Date
Shizue LaPointe Ideal Council Representative		Date
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Steve Denoyer Okreek Council Representative		Date
Eileen Shot Parmelee Council Representative		<u>13-26-19</u> Date
Martha Blue Thunder Ring Thunder Council Representative		13-23-19 Date
Lenard "Shadow" Wright Rosebud Council Representative		(2 - 26 - 19 Date

10501dt1011 110. 2017-270	
Kathleen Wooden Knife Soldier Creek Council Representative	12-26-19 Date
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Wayne Boyd, Secretary
Rosebud Sioux Tribe

Rosebud Sioux Tribe

Rosebud Sioux Tribe



# United States Department of the Interior

# BUREAU OF INDIAN AFFAIRS Rosebud Agency Post Office Box 228 Mission, South Dakota 57555

IN REPLY REFER TO: Office of the Superintendent

DEC 2 7 2019

Honorable Rodney Bordeaux President, Rosebud Sioux Tribe Post Office Box 430 Rosebud, South Dakota 57570

Attention: Louis Wayne Boyd, RST Secretary

Dear President Bordeaux:

The following resolutions, received in this office on 12/27/2019 have been reviewed and re-routed to the appropriate branches.

Resolution No. 2019-295

Resolution No. 2019-296

Resolution No. 2019-297

Resolution No. 2019-298

Resolution No. 2019-299

Sincerely,

Ira Dean Wilson

Superintendent

Enclosure

Notice of Award

Issue Date: 10/10/2019



TOR Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Grant Number: 6H79TI081887-02M001

FAIN: H79TI081887 Program Director: Ed Parsells

Project Title: Development & Implementation Strategies of Prevention, Intervention, and Treatment to

address the emerging problem of Opioid.

Organization Name: ROSEBUD SIOUX TRIBE

Business Official: Damon Leader Charge

Business Official e-mail address: damon.leadercharge@rst-nsn.gov

Budget Period: 09/30/2019 - 09/29/2020 Project Period: 09/30/2018 - 09/29/2020

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$0 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to ROSEBUD SIOUX TRIBE in support of the above referenced project. This award is pursuant to the authority of Title II Division H of the Consolidated Appropriations Act and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

This award addresses the following Amendment action: Change in Terms and Conditions

Award recipients may access the SAMHSA website at <a href="www.samhsa.gov">www.samhsa.gov</a> (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours, Gwendolyn Simpson Grants Management Officer Division of Grants Management

See additional information below

SECTION I AWARD DATA 6H79TI081887-02M001	
Award Calculation (U.S. Dollars)	
Personnel(non-research)	-
Fringe Benefits	\$126,962
Travel	\$30,416
Supplies	\$4,000
Contractual	\$4,000
Other	\$64,133
Other	\$146,930

\$146,930
\$376,441
\$31,867 \$408,308
\$408,308 \$408,308

# AMOUNT OF THIS ACTION (FEDERAL SHARE)

	SUMMARY TOTALS FOR ALL YEARS
YR	AMOUNT
2	\$408,308

\*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number:

93.788

EIN:

1460248724A1

**Document Number:** 

18TI81887A

Fiscal Year:

2019

IC TI

**CAN** C96N604 Amount

\$0

\$0

IC	CAN	2019
TI	C96N604	
		\$0

### TI Administrative Data: PCC: TOR / OC: 4145

# SECTION II - PAYMENT/HOTLINE INFORMATION - 6H79TI081887-02M001

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

# SECTION III - TERMS AND CONDITIONS - 6H79TI081887-02M001

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

#### Treatment of Program Income:

Additional Costs

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

SECTION IV - TI Special Terms and Conditions - 6H79Tl081887-02M001

#### REMARKS

#### REMARK:

This notice of award includes a Special Term of Award and Special Condition of Award; related to the use of SAMHSA grant funds directly or indirectly to purchase, prescribe or provide marijuana or treatment using marijuana.

#### SPECIAL TERMS

## **MJ Grant Language**

Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to "ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements."); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

Please email any related questions to MJQuestions@SAMHSA.HHS.GOV

### SPECIAL CONDITIONS

#### **MJ Attestation Letter**

No later than November 18, 2019, please submit a response through eRA Commons.

Please submit an attestation statement certifying that the grantee organization/recipient, State and all sub-recipients (contractor & sub-awardee) will comply with the following Special Term of Award.

The attestation statement should read: I certify that the grantee organization/recipient, State and all sub-recipients will comply with the following NoA language:

Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to "ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements."); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

The attestation statement must be on letterhead and signed by the **Authorized Representative** or **Business Official**.

Please email any related questions to MJQuestions@SAMHSA.HHS.GOV

All responses to award terms and conditions must be submitted as .pdf documents in the "View Terms Tracking Details" page in eRA Commons.

For more information on how to upload a document in response to a tracked term, please reference the SAMHSA training materials on the website, which include a video to provide SAMHSA grantees a brief overview of Terms and Conditions in eRA Commons, and how to respond to tracked terms and conditions listed in your Notice of Award located at <a href="https://youtu.be/GJT74T-r\_bs">https://youtu.be/GJT74T-r\_bs</a>; and a terms and conditions reference sheet located at <a href="https://www.samhsa.gov/sites/default/files/grants/grantee\_terms\_reference\_sheet.pdf">https://www.samhsa.gov/sites/default/files/grants/grantee\_terms\_reference\_sheet.pdf</a>.

All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.

#### **Staff Contacts:**

Stephen Carrington, Program Official

Phone: (240) 276-1611 Email: stephen.carrington@samhsa.hhs.gov Fax: (240) 276-2970

Gwendolyn Simpson, Grants Specialist

Phone: 240-276-1408 Email: gwendolyn.simpson@samhsa.hhs.gov Fax: 240-276-1430

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	Resolution No. 2019-298	
Arlene R. Black (8) Arlene R. Black Bear	Pede	12-26-2019
		Date
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