



Mashpee Wampanoag Tribe
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Mashpee, MA 02649
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**TRIBAL COUNCIL RESOLUTION
2023-RES-116
APPROVING THE SUBMITTAL OF CAPE COD
FOUNDATION GRANT**

WHEREAS, the Mashpee Wampanoag Tribe (“Tribe”) is a federally-recognized Indian Tribe with a duly-enacted Constitution; *and*,

WHEREAS, the Mashpee Wampanoag Tribal Council (“Tribal Council”), the governing body of the Tribe, deems it essential, and is empowered, under Article VI, §2.A. of the Mashpee Wampanoag Tribal Constitution to promote and protect the health and general welfare of the members of the Tribe; *and*,

WHEREAS, the Tribal Council is empowered under Article VI, § 2.D. of the Constitution to negotiate and enter into contracts and agreements with Federal, State and Local governments; *and*,

WHEREAS, the Tribal Council has notice from the *Cape Cod Foundation Grant Program*;

WHEREAS, the Tribal Council seeks to implement a *Cape Cod Foundation* grant to support the Transitional Housing Shelter with the purchase of supplies needed for its daily operation including bedding, kitchenware and more.

NOW, THEREFORE BE IT RESOLVED, the Tribal Council hereby authorizes *Cape Cod Foundation Grant Program* application; *and*,

The Tribal Council is requesting authorization on the proposed funding direct costs of \$20,000 and indirect costs over one year. This proposed budget meets the applicable federal regulatory standard(s)

This request is made on behalf of the Tribal Council and should and does reflect the Tribe’s IDC responsibilities under previous resolutions of the Tribal Council; and,

BE IT FURTHER RESOLVED, the Mashpee Wampanoag Transitional Housing Shelter Manager shall be assigned duties as “Grant Application Process Owners” and as such shall, with the cooperation of the Tribal Administrator/Operations Manager, provide the Mashpee Wampanoag Tribal Council in advance, a scope of work or synopsis which is a

Grants Info Sheet and Resolution for review, discussion and approval. The Mashpee Wampanoag Tribal Transitional Housing Shelter Program Manager, shall research and collaborate with the appropriate Financial and Development Team to submit all required documentation pertaining to a complete and accurate grant application, meeting all deadlines for submission, *and*,

BE IT FURTHER RESOLVED, the Tribal Council authorizes the implementation of the Mashpee Wampanoag *Redefining Community Wellness* program with an estimated budget of \$20,000 including direct and indirect costs only; *and*,

BE IT FINALLY RESOLVED, the Chairman of the Tribal Council, or his designee, is hereby authorized to take all necessary action to ensure the submission of the *Cape Cod Foundation Grant Program* proposal application is successful.

Effective immediately and until revoked or modified by the Tribal Council, pursuant to the authority vested in the Tribal Council pursuant to Article VI, Sections 2.A. and D. of the Constitution of the Mashpee Wampanoag Tribe.

All resolutions or parts of resolutions inconsistent with this resolution are repealed. This resolution is effective immediately and shall continue in effect during the entire Grant period from the date below pursuant to the authority vested in the Tribal Council pursuant to Article VI, §§ 2.A. and D of the Constitution of the Mashpee Wampanoag Tribe.

CERTIFICATION

We, the undersigned Chairperson and Secretary of the Mashpee Wampanoag Tribal Council do hereby certify that the Tribal Council is composed of 13 members of whom 12, constituting a quorum, were present at a meeting thereof, duly and regularly called, noticed, convened, and held on the 6th day of December, 2023, and that the foregoing Resolution was duly adopted by the affirmative vote of 11 members, with 0 opposing, and with 0 not voting.

DATED this 6th day of December, 2023.



Brian Weeden, Chairman
Mashpee Wampanoag Tribal Council

ATTEST:



Cassie Jackson, Secretary
Mashpee Wampanoag Tribal Council



GRANT SUMMARY & REQUEST FORM

Department: Housing Department, Transitional Housing and Shelter Program
Name and Title of Director: Robyn Tobey Sweeting
Grant Manager: Robyn Tobey Sweeting
Grant Opportunity Name: Cape Cod Foundation
Funding Federal Dept./Agency: N/A
CFDA Number: N/A
Mashpee Tribal Project Name: MWT Transitional Housing and Shelter Program Project
Requested Funding Amount: \$20,000
Submittal Due Date: 12/15/2023
Award Date: TBD
Project Timeline: 12 months
Indirect Cost percentage:

SECTION 2: GRANT/ PROGRAM OVERVIEW

1. **Describe the funding and the program goals:** The Cape Cod Foundation is interested in supporting projects that benefit the residents of Barnstable county – particularly with meeting their basic needs such as housing and food security.
2. **Describe how this program aligns with your Department Mission and Goals:** This project aligns with Department goals by supporting the daily operation of the Transitional Housing Project.
3. **Describe the service population:** Homeless Tribal members
4. **Describe the activities that are supported by the funding:** Funds will be used to support supplies costs for outfitting the Shelter including bedding, kitchen ware, lamps and more that are needed for the day to day operation of the shelter.
5. **Describe the Reporting Requirements timeline:** A final performance report, including financial information is due at the end of the project period.
6. **Describe any leveraging opportunities creating by the funding: (ex. growth of existing programs).** This grant will expand on existing programs that currently support the Transitional Housing shelter including the ICDBG grant that was used to purchase the property.



SECTION 3: Budget and Jobs Created

Budget's Direct Costs Total: \$ 20,000 (estimated)
Budget's Indirect Cost Total: \$ TBD (estimated)
Total Grant Budget: \$ 20,000 (estimated)

Does the Budget Include Program Income? YES **NO** N/A (Circle One)
Grant's Program Income: \$ N/A (estimated)

JOBS CREATED

Total Jobs Created: ____

Position:	Employee	FT/PT
Position:	Contract/Employee	FT/PT
Position:	Contract/Employee	FT/PT

Total Jobs maintained: _____(PT hrs)

Position:	Contract/Employee	FT/PT
Position:	Contract/Employee	FT/PT
Position:	Contract/Employee	FT/PT
Position:	Contract/Employee	FT/PT