



**Middletown Rancheria
of Pomo Indians of California**

MEMORANDUM

TO: General Council

**FROM: Jose Simon, Tribal Council Chairman
Sally Peterson, Tribal Council Vice Chairwoman
Pamela Reyes-Gutierrez, Tribal Council Secretary
Paula Beltran, Tribal Council Treasurer
Carlos Negrete, Tribal Council Representative**

DATE: July 18, 2017

RE: Tribal Council Youth Extra Curriculum Activities

At our General Council Meeting on January 7, 2017, when passing the FY 2017 Tribal Government Operations Budget, as part of the motion that was passed:

“Tribal Youth to receive up to \$300.00, per youth for reimbursement/assistance of extra curriculum activities”

Tribal Council will process all application requests for reimbursement for any extra curriculum activity for our Tribal Minors with Application and receipt(s).

Attached to this Memo is the **Application** to be used for this request.

Please feel free to contact any Tribal Council member with questions regarding this Memo and Application at 707-987-3670 or via email.

Thank you.



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Tribal Youth Yearly Activity Assistance Request Form

Date: _____ Minor's Name: _____

Amount: \$ _____

Parent Contact Name: _____

Parent Phone Number: _____

Have you submitted a reimbursement request this year? _____

Please submit the qualified Tribal Youth Yearly Activity Assistance amount above directly to:

Payable to: _____

Address: _____

City: _____ State: _____ Zip: _____

I declare that I understand the Tribal Youth Yearly Activity Assistance Program as follows:

- 1) I must complete the Request form.
- 2) I must submit required documents.
- 3) The Request form and Documents will be verified and reviewed for Approval or Denial.
- 4) I understand the Tribal Youth Yearly Activity Assistance program policies and procedures.
- 5) I give the Tribe authorization to verify my reasons.
- 6) I understand that the Tribe will maintain a copy of this request on file.
- 7) I understand that my Request can be denied for any reason.
- 8) I understand the maximum reimbursement is \$300 per year.

I declare under penalty of perjury that the answers I have given in this request and the documents given are correct and true to the best of my knowledge and belief.

Tribal Member Minor's Printed Name: _____

Signature of Tribal Member Parent: _____

Dated: _____

Accounting Department use Only

Check Number: _____ Account Codes Amount

Date: _____ Issue by: _____

Posted by: _____ Approved by: _____