



SQUAXIN ISLAND TRIBE

RESOLUTION NO. 09-98

of the

SQUAXIN ISLAND TRIBAL COUNCIL

WHEREAS, the Squaxin Island Tribal Council is the Governing Body of the Squaxin Island Tribe, its members, its lands, its enterprises and its agencies by the authority of the Constitution and Bylaws of the Squaxin Island Tribe, as approved and adopted by the General Body and the Secretary of the Interior on July 8, 1965; **and**

WHEREAS, under the Constitution, Bylaws and inherent sovereignty of the Tribe, the Squaxin Island Tribal Council is charged with the duty of protecting the health, security, education and general welfare of the tribal members, and with protecting and managing the lands and treaty resources and rights of the Tribe; **and**

WHEREAS, The Tribe is a federally-recognized Indian Tribe possessing reserved powers, including the powers of self government;

WHEREAS, the Squaxin Island Tribal Council has been entrusted with the creation of ordinances and resolutions in order to fulfill their duty of protecting the health, security, education, and general welfare of tribal members, and of protecting and managing the lands and treaty resources of the Tribe; **and**

WHEREAS, the Squaxin Island Tribal (SIT) Veterans Committee is a nationally recognized veteran's organization; and

WHEREAS, the SIT Veterans Committee Color Guard is often asked to present the colors at special events; and

WHEREAS, the SIT Veterans Committee Color Guard has a need for rifles to use at funeral ceremonies of current or former members of the armed forces, parades and during color and honor guard; and

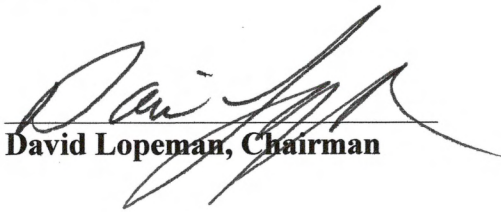
WHEREAS, the SIT Veterans Committee has the opportunity to apply for a grant through the Army Static Display/Ceremonial Rifle Team (TACOM) to seek funding for 12 Ceremonial Rifles;

NOW THEREFORE BE IT RESOLVED, the Squaxin Island Tribal Council does hereby authorize the SIT Veterans Committee to prepare and submit a grant application to TACOM; and

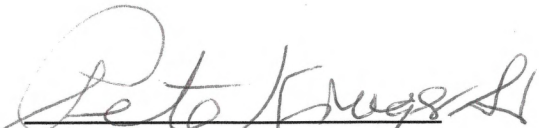
THEREFORE BE IT FURTHER RESOLVED, that the Squaxin Island Tribal Council does hereby authorize Robert Whitener Sr. as the acting Chairman of the SIT Veterans Committee, to be the signatory and representative for this particular project.

CERTIFICATION

The Squaxin Island Tribal Council does hereby certify that the foregoing Resolution was adopted at the regular meeting of the Squaxin Island Tribal Council, held on this 10th day of December, 2009 at which time a quorum was present and was passed by a vote of 5 for and 0 against with 0 abstentions.


David Lopeman, Chairman


Arnold Cooper, Vice Chairman


Pete Kruger, Sr., Secretary

Need resolution
for next TC Mtg

Qualification Checklist for Ceremonial Rifles Veterans' Organizations

- Written request signed by the local commander, commandant, or president of the organization sent to your national headquarters for verification that the organization is in good standing. Your national headquarters will forward your request to the Army Static Display/Ceremonial Rifle Team at TACOM for processing.

Please complete the following questionnaire and return this form with the other required documents outlined below to:

US Army TACOM Life Cycle Management Command
ATTN: AMSTA-LC-LEAD, M/S: 419
6501 E. 11 Mile Road
Warren, MI 48397-5000

Full Name of Organization: Squaxin Island Tribal Veterans Committee

Organization Address: S.E. Squaxin Lane

City: Shelton State: Washington Zip Code: 98584

Telephone Number: (360) 426-9781 FAX Number: (360) 426-6577

Organization E-mail Address: _____

Name of Representative (POC): Robert W. Whitener, Sr., Acting Chairman

POC Mailing Address (if different than above): 2041 W. State Route 108

City: Shelton State: WA Zip Code: 98584

Telephone Number: (360) 426-3236 FAX Number: _____

E-mail Address: awhitener@msn.com

Number of Active Organization Members: twelve

Number of Honor Guard Members: thirteen

Number of Rifles You Currently Have (complete attached inventory form): 0

Number of New and/or Replacement Rifles Required: 12 (twelve)

Certificate of Arms Storage

I, the undersigned, acting for and on behalf of Squaxin Island Tribal Veterans Committee
SE 10 Squaxin Lane, Shelton, WA 98584 (Name & Address of Organization), certify that:

1. Rifles received from the US Army TACOM Life Cycle Management Command will be stored as specified below:

- a. In the arms room of a National Guard Armory, U.S. Army Reserve Center, Military Installation or local Law Enforcement Agency;

OR

- b. In a secured room located within the organization inaccessible to the general public;

OR

- c. Other, please specify Squaxin Island Law Enforcement's secured gun safe (see pictures attached)

2. I hereby certify that to the best of my knowledge and belief this storage facility meets the requirements of local, state and federal laws applicable to the security of firearms and that all of my statements are true, correct, complete and made in good faith. I understand and acknowledge that concealing material fact and/or making a false statement is a violation of Title 18 USC §1001 and may result in the cancellation of the Conditional Deed for any US Army property on loan to my organization and is punishable by fine or imprisonment.

SIGNATURE: _____

NAME: Robert W. Whitener Sr.

TITLE: Acting Chairman Squaxin Island Veterans Committee
(Typed or Printed)

Notary Public Endorsement

COUNTY OF _____ STATE OF _____

I, the undersigned, certify that I am a duly commissioned, qualified, and authorized notary public. Before me personally and within the territorial limits of my warrant of authority, appeared the above named individual, who is known by me to be the person who is described herein, whose name is subscribed to, and who signed this Certificate of Arms Storage and who, having been duly sworn, acknowledged that this instrument was executed after its contents were read and duly explained, and that such execution was a free and voluntary act and deed for the uses and purposes herein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affix my official seal on this _____ Day of _____, 20____.

Notary Public

My Commission expires: _____

Ceremonial Rifle Inventory

I, Robert W. Whitener Sr., the undersigned,
(Printed or Typed Name of Certifying Official)
 representing Squaxin Island Tribal Veterans Committee, SE 10 Squaxin Lane, Shelton, WA 98
(Name and address of Organization)
 certify that the following weapons were inventoried on November 6, 2009
(Date)

	<u>Model</u>	<u>Manufacturer</u>	<u>Serial Number</u>
Ex:	<u>M1893A3</u> <u>M1 Garand</u>	<u>Winchester</u> <u>Ramington</u>	<u>123456789</u> <u>321098765</u>

(If the organization is requesting replacement for any of the rifles annotate an asterisk (*) next to the listed rifle.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____

Ceremonial Rifle Inventory (Cont.)

18. _____

19. _____

20. _____

If you have additional weapons, please list them on plain paper and attach to this form.

I hereby certify that to the best of my knowledge and belief that a 100% inventory of all Ceremonial Rifles in our possession was performed and that the rifles listed above (and on attachments) are the only rifles in the possession of this organization at this time and that all of my statements are true, correct, complete and made in good faith. I understand and acknowledge that concealing material fact and/or making a false statement is a violation of Title 18 USC§1001 and may result in the cancellation of the Conditional Deed for any US Army property on loan to my organization and is punishable by fine or imprisonment. Furthermore, if any additional rifles are located we will notify the US Army within 30 days of their discovery.

SIGNATURE: _____

NAME: Robert W. Whitener Sr.
(Typed or Printed)

TITLE: Acting Chairman Squaxin Island Tribal Veterans
Committee

Notary Public Endorsement

COUNTY OF _____ STATE OF _____

I, the undersigned, certify that I am a duly commissioned, qualified, and authorized notary public. Before me personally and within the territorial limits of my warrant of authority, appeared the above named individual, who is known by me to be the person who is described herein, whose name is subscribed to, and who signed this Ceremonial Rifle Inventory and who, having been duly sworn, acknowledged that this instrument was executed after its contents were read and duly explained, and that such execution was a free and voluntary act and deed for the uses and purposes herein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affix my official seal on this _____ Day of _____, 20____.

Notary Public My Commission expires: _____

Certificate of Compliance with 10 USC § 4683

I, the undersigned, acting for and on behalf of Squaxin Island Tribal Veterans Committee
SE 10 Squaxin Lane, Shelton, WA 98584 (Address of Organization)

certify that:

1. The organization will use the rifles for funeral ceremonies of a member or former member of the armed forces, or for other ceremonial purposes, and that the organization is (check one):

- a local unit of a nationally recognized veterans' organization; OR
- a unit/organization of honor guards for a national cemetery; OR
- a law enforcement agency.

2. That the organization will use the rifles for (check all applicable reasons):

- a funeral ceremony OF A MEMBER OR FORMER MEMBER OF THE ARMED FORCES.
- a funeral ceremony for other than a member or former member of the armed forces.
- a parade.
- other ceremonial purpose(s). Specify: COLOR GUARD and HONOR GUARDS

I hereby certify that to the best of my knowledge and belief that all statements above are true, correct, complete and made in good faith. I understand and acknowledge that concealing material fact and/or making a false statement is a violation of Title 18 USC§1001 and may result in the cancellation of the Conditional Deed for any US Army property on loan to my organization and is punishable by fine or imprisonment.

SIGNATURE: _____

NAME: Robert W. Whitener, Sr.

TITLE: Acting Chairman Squaxin Island Tribal Veterans Committee

Notary Public Endorsement

COUNTY OF _____ STATE OF WASHINGTON

I, the undersigned, certify that I am a duly commissioned, qualified, and authorized notary public. Before me personally and within the territorial limits of my warrant of authority, appeared the above named individual, who is known by me to be the person who is described herein, whose name is subscribed to, and who signed this Certificate of Compliance and who, having been duly sworn, acknowledged that this instrument was executed after its contents were read and duly explained, and that such execution was a free and voluntary act and deed for the uses and purposes herein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affix my official seal on this _____ Day of _____, 20____.

Notary Public

My Commission expires: _____