# Rescinded 7/26/2023



A RESOLUTION OF THE TRIBAL COUNCIL OF THE DELAWARE TRIBE OF INDIANS TRIBAL COUNCIL PENNSYLVANIA TRAVEL BUDGET

### **RESOLUTION 2021-60**

Authored by Rusty Creed Brown

WHEREAS, the Delaware Tribal Council is authorized by Article V, Paragraph A of the Constitution and Bylaws of the Delaware Tribe of Indians to represent and act in all matters that concern the general welfare of the Tribe; and

WHEREAS, the Delaware Tribal Council is authorized by Article V, Paragraph E to cultivate, promote and encourage the culture and crafts of the LENNI LENAPE; and

WHEREAS, the Lenape people have existed since time immemorial; and

WHEREAS, over the course of several centuries and six forced removals Lenapehokink was lost to colonization; and

WHEREAS, the Delaware Tribe now resides in Oklahoma, headquartered in Bartlesville, OK; and

WHEREAS, it is the Delaware Tribal Council has started developing relationships with organizations, public and private, and individuals in Lenapehokink, what is now Pennsylvania.

**NOW THEREFORE BE IT RESOLVED,** the Delaware Tribal Council approves the Tribal Council Pennsylvania Travel Budget, in the amount of \$69,660.00 to be funded from the Tribal Domicile, in order to continue to cultivate these relationships.

### CERTIFICATION

I hereby certify that the foregoing was considered by the Delaware Tribal Council of the Delaware Tribe of Indians and adopted this <u>20</u> day of <u>NOVENBER</u> 2021 with a vote of <u>6</u> yes, <u>0</u> no, and <u>0</u> abstaining.

Brad KillsCrow, Chief

Michael, Secreta

OFFICE OFFICE SECRETARY

	Council Travel to		/20	23	
Delav	vare Tribe of Indians I	FY22			
	<u>FUND #</u> ??				
	BUDGET	PROPOSED BUDGET			
REVENUE:	FY21	FY22	VARIANCE	% (+/-)	REF
Federal	-	-	-	0.0%	
Tribal	-	69,660	69,660	#DIV/0!	
State	-	-	-	0.0%	
Program	-	-	-	0.0%	
Other (Specify)	-	-	-	#DIV/0!	
Required Tribal Match (If Applicable)	-	-	-	0.0%	
TOTAL REVENUE	-	69,660	69,660	100.0%	
EXPENSES: <u>Administrative</u>					
Salaries/Wages (A)	-	-	-	0.0%	Α
Employee Benefits/Taxes (B)	-	-	7	0.0%	В
Travel (C)	-	55,590	55,590	79.8%	С
Operations Expense (D)	-	-	-	0.0%	D
Conf/Conv/Special Events/Meetings (E)		-	-	0.0%	E
Rental and Equipment Maintenance (F)	-	-	-	0.0%	F
Occupancy (G) Indirect Cost (H)	-	- 14,070	- 14,070	0.0% #DIV/0!	G H
	<u> </u>	14,070	14,070	#010/0	
Total Administrative Expenses	-	69,660	69,660	100.0%	
Non Administrative					
Professional Fees (I)	-	-	-	0.0%	Т
Direct Assistance (J)	-	-	-	0.0%	J
Donations (K)	-	-	-	0.0%	к
Equipment Acquisition (L)	-	-	-	0.0%	L
Other (M)	-	-	-	0.0%	м
Total Non-Administrative Expenses	-	-	-	0.0%	
TOTAL BUDGET COST (N)	-	69,660	69,660	100.0%	N
DEPARTMENT DIRECTOR	SIGNAT	URE	-	DATE	
TRIBAL OPERATIONS MANAGER	SIGNAT	TURE	-	DATE	
CHIEF FINANCIAL OFFICER	SIGNATURE DA				
CHIEF	SIGNAT	URE	-	DATE	

Tribal Council to PA

**Delaware Tribe of Indians FY22** SUPPORT DOCUMENTATION

	<u>FUND #</u> ??
<u>REVENUE:</u> Federal	-
Tribal	69,660
State	
Program Other (Specify)	-

69,660

#### Administrative Expenses

Required Tribal Match (If Applicable)

**Total Revenue:** 

#### A. Salaries and Wages (51101)

FULL TIME	(Hourly Rate)	
Department Director (73%)	\$0.00	-
Full-Time Position Title (95%)	\$0.00	-
Full-Time Position Title (85%)	\$0.00	-
Full-Time Position Title (35%)	\$0.00	-
		-

Sub-Total

#### PART-TIME

Part-Time Position Title (50%)

Sub-Total

#### B. Employee Benefits/Payroll Taxes

Social Security-51121	_
Medicare-51122	-
SUTA-51211	-
Health Insurance-51311	-
Life Insurance-51317	-
Dental Insurance-51411	-
Worker's Compensation-51521	-

#### C. Travel

Monthly trips to PA - Flights	\$10,800.00
Car rental	\$3,600.00
Hotel	\$10,800.00
Per Diem	<u>\$11,520.00</u>
Total montly travel	\$36,720.00
Trip to Pensbury - TC plus 4 dignatries	
Flights	\$5,500.00
Car rental	\$1,050.00
Hotel	\$8,800.00
Per Diem	<u>\$3,520.00</u>
Total to Pensbury	\$18,870.00



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D.	Operations Expenses		-
	Telephone		
	Supplies		
	Postage and Shipping		
	Outside Printing and Artwork		
	Dues and Subscriptions		
E.	Conferences, Conventions, Special Events and Meetings Host community meeting(s)		
F.	Rental and Equipment Maintenance		
G.	Occupancy Occupancy (Rent / space cost) Building-Maintenance and/or Repair		-
Н.	Indirect Cost 25.31%   IDC cannot be charged to the grant IDC %	-	14,070
	Total Administrative Expenses	69,660	
	Non-Administrative Expenses		
I.	Professional Fees Consultatnt fee for Operational Plan		
J.	Direct Assistance		-
ĸ.	Donations	-	-
L.	Equipment Acquisition	-	

М.	Advertising	ed 7/26/20	)23_
N.	Total Expenses		69,660
	DEPARTMENT DIRECTOR	SIGNATURE	DATE
	TRIBAL OPERATIONS MANAGER	SIGNATURE	DATE
	CHIEF FINANCIAL OFFICER	SIGNATURE	DATE
	CHIEF	SIGNATURE	DATE

Re	SC	n	ded		7/26	3/	20	2	3
			FRINGE BENEFIT	r work	SHEET				
	** SHADED BOXES REQUIRE INPUT; FORMULAS WILL CALCULATE AUTOMATICALLY **								
BUDGET PERIOD:	10/1/0000	to	9/30/0000			DATE PI	REPARED:		
					_				
FUND #:				PRE	PARED BY:				
PROGRAM#									
	Dox Voor		Total Desitions		Tabal Magaa				
FICA-Social Security	Per Year		Total Positions 0		Total Wages	v	0.0620	-	
FICA-Medicare			0		-	X X	0.0620	=	-
(All Employees)			0			~	0.0145	=	-
SUTA	17,700	х	0.00	=	_	х	1.10%	=	-
(All Employees)	17,700	~	0100	-		~	1.1075	_	
HEALTH INSURANCE **				=		х	1	=	-
(Full-Time Employees)									
DENTAL INSURANCE	480	Х	0.00	=	8	х	1	=	-
(Full-Time Employees)									
LIFE INSURANCE	56.40	Х	0.00	=	-	х	1	=	-
(Full-Time Employees)									
WORKER'S COMPENSATI	ION		0.00	*	-	х		=	-
(Full-Time Employees)									
	TO		INCE DENIERITO				1		
	10	TALFR	RINGE BENEFITS:			-	1		

Workers Compensation Codes and Formula

						TOTAL	
CODE #	DES	SCRIPTION/	TITLE		RATE	WAGES	W/C
5403 OK	CARPENTRY, NO	С			0.1635	\$0.00	\$0.00
8742 KS	CLERICAL WITH I	OUTIES OUT	SIDE OF OFFICE		0.0760	\$0.00	\$0.00
8742 OK	OFFICERS/BOARI	D OF DIREC	TORS		0.0153	\$0.00	\$0.00
8742A OK	ENVIRONMENTA	L WITH TRA	AVEL		0.0153	\$0.00	\$0.00
8742B OK	CLERICAL WITH I	OUTIES OUT	SIDE OF OFFICE		0.0153	\$0.00	\$0.00
8742C OK	HOUSING INSPEC	CTOR			0.0153	\$0.00	· · · · · · · · · · · · · · · · · · ·
8810 KS	CLERICAL ONLY				0.0055	\$0.00	\$0.00
8810 OK	CLERICAL ONLY				0.0094	\$0.00	\$0.00
8810 PA	CLERICAL ONLY				0.0078	\$0.00	\$0.00
9014 OK	BUILDING OPERA	ATION BY CO	DNTRACT		0.0819	\$0.00	\$0.00
9082 OK	ELDER NUTRITIO	N INCLUDIN	NG COOKS		0.0649	\$0.00	\$0.00
							\$0.00
Enter total	yearly salary per p	•					
			H INSURANCE BY				
AGE	MONTHLY \$	AGE	MONTHLY \$	AGE	MONTHLY \$	AGE	MONTHLY \$
21-24	\$349.43	34	\$424.21	44	\$488.16	54	\$746.04
25	\$350.83	35	\$427.01	45	\$504.58	55	\$779.23
26	\$357.82	36	\$429.80	46	\$524.15	56	\$815.22
27	\$366.20	37	\$432.60	47	\$546.16	57	\$851.57
28	\$379.83	38	\$435.39	48	\$571.32	58	\$890.35
29	\$391.01	39	\$440.98	49	\$596.13	59	\$909.57
30	\$396.61	40	\$446.57	50	\$624.09	60	\$948.36
31	\$404.99	41	\$454.96	51	\$651.69	61	\$981.90
32	\$413.38	42	\$463.00	52	\$682.09	62	\$1,003.92
33	\$418.62	43	\$474.18	53	\$712.84	63	\$1,031.52
						64-120	\$1,048.29
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 $\ensuremath{^{**}}$  To calculate monthly health insurance cost use the following:

Add each employee monthly amount by age then multiply by 12 and enter \$amount in Cell C18.