



## TRIBAL ASSEMBLY RESOLUTION 2021 Recommended Action Form

A completed copy of this form must be submitted with each resolution.  
 Individuals wishing to submit a resolution should refer to their community's Delegates.

Date:

Resolution Title:

Submitted By Name:

Community:

**Please provide the name(s) and address(es) of where your resolution should be mailed if approved:**

IRA's / Tribes

Other:

SEARHC

Name/Title:

Southeast ANSCA Corps

Business/Org:

Alaska State Legislature

Mailing Address:

Congressional Delegation

City, State Zip:

Governor / Lt. Governor

	YES	NO
Action results in a policy change?		
Action requires a budget modification		
Will this resolution cause an indirect shortfall?		
Amount of indirect shortfall, if any	\$	
Additional Information attached?		

**Recommendations and comments:**

**Please submit with resolution to:**

**Tribal Assembly**  
 Resolutions Coordinator  
 Email: [taresolutions@ccthita-nsn.gov](mailto:taresolutions@ccthita-nsn.gov)