

NOTICES

BIA Self-Governance Budget Summary CY2007

PROGRAMS	CY2007 Approved
EDUCATION	
Education	839,813
Youth Services	54,066
Cultural Programs	152,199
Culture Education Director	84,498
Subtotal Education	1,130,576
NATURAL RESOURCES	
Forestry	312,866
Fish & Wildlife	67,640
Subtotal Natural Resources	380,506
SOCIAL SERVICES	
Indian Child Welfare	166,390
SSP/477	471,545
SSP/477 Other Resources	1,970,268
Elders	27,384
Subtotal Social Services	2,635,587
ADMINISTRATION	
Realty	90,247
Enrollment Clerk	74,440
Law Enforcement	71,403
Housing Improvement Program	6,626
Tribal Court	6,022
Subtotal Administration	248,738
TOTAL BUDGETS	4,395,407



ROAD CONSTRUCTION	CY2007
Contractual Services	400,000
INTEREST ACCOUNTS	CY2007
Contingency	151,738

2007 Tribal Council Application

Application for names to be placed on the 2007 ballot for candidates in the Siletz Tribal Council election.

Name: _____ Roll # _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Telephone or contact #: _____

E-mail address: _____

I understand I must be an enrolled member of the Confederated Tribes of Siletz Indians of Oregon and 18 years of age or older. This application must be filed with the Election Board by **4 p.m. on Dec. 20, 2006**. I also understand that if for any reason I decide to withdraw my application for Siletz Tribal Council, I must withdraw in writing by **Dec. 25, 2006**. Otherwise, my name will appear in the voter's pamphlet and on the ballot.

Signature: _____ Date: _____

Mail your application to CTSI, Election Board, P.O. Box 490, Siletz, OR 97380.

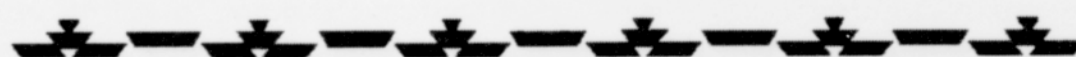
Voter's Pamphlet & Statement

If you would like your candidate's statement and photo to appear in the voter's pamphlet, please submit your statement and a recent 3x5 photograph of yourself along with your application. **Deadline for statements and photos is Dec. 20, 2006, at 4 p.m.** They will appear only in the voter's pamphlet.

Mail your statement and photo to CTSI Election Board, P.O. Box 490, Siletz, OR 97380 or e-mail it to dianer@ctsi.nsn.us. (Call 1-800-922-1399, ext. 1291, or 541-444-8291 to confirm receipt of your candidate's statement. Candidates are responsible to ensure receipt by the deadline.)

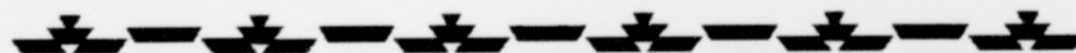
Health Department Budget Summary CY2007

PROGRAMS	CY2007 Approved
ADMINISTRATION	
Health Administration	451,220
Electronic Health Record	170,048
Medical Support	248,412
Patient Accounts	174,514
Information Systems	113,494
Subtotal	1,157,688
Contract Health Services	3,946,509
Total Health Administration	5,104,197
MEDICAL	
Physician Services	1,192,727
Optometry	113,610
Mental Health	138,732
Pharmacy	1,125,036
Specialty Contracts	341,872
Total Medical	2,911,977
DENTAL	944,067
COMMUNITY HEALTH	
Community Health Director	114,666
Community Health Advocate	228,200
Total Community Health	342,866
Alcohol & Drug	554,918
A&D Prevention	62,082
Transitional Living Center	38,422
TOTAL BUDGETS	9,958,529



Tribal Council/Government CY2007

PROGRAM	CY2007 Approved
Tribal Government	
Medicare Part B&D	196,000
Elder's Basic Needs	75,000
Elder's Bonus	65,000
Elder's Monthly Payment	530,680
Total Tribal Government	866,680



Siletz Tribal Gaming Fees Budget Summary CY2007

GAMING FEES	CY2007 Budget
Tribal Council Gaming	830,753
Siletz Tribal Gaming Commission	983,464
Other STGC Fee Revenue	96,280
	1,910,497

Tribal members can send comments on the budgets to:

Executive Secretary to Tribal Council

Confederated Tribes of Siletz Indians

P.O. Box 549

Siletz, OR 97380-0549

All comments must be received by Dec. 29, 2006.