

	Chronological no.
FIRST NATION COUNCIL RESOLUTION	File reference no. <p style="text-align:center;">27/17</p>

NOTE:
The words "from our Band Funds" "capital" or "revenue", whichever is the case, must appear in all resolutions requesting expenditures from Band Funds.


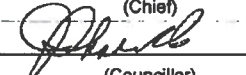

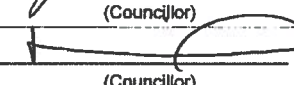
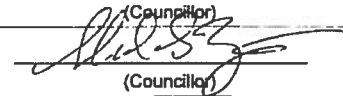
The council of the HIAWATHA FIRST NATION	Cash free balance						
	Capital account \$ _____						
Date of duly convened meeting	Province						
<table style="display:inline-table; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; padding: 0 5px;">D</td> <td style="border-right: 1px solid black; padding: 0 5px;">M</td> <td style="padding: 0 5px;">Y</td> </tr> <tr> <td style="border-right: 1px solid black; text-align:center;">1</td> <td style="border-right: 1px solid black; text-align:center;">7</td> <td style="text-align:center;">1 0 1 7</td> </tr> </table>	D	M	Y	1	7	1 0 1 7	ONTARIO
D	M	Y					
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	Revenue account \$ _____						

DO HEREBY RESOLVE:

WHEREAS, the Greater Peterborough Area Climate Change Action Plan be adopted in principle;

AND WHEREAS, Hiawatha First Nation's Community Sector and Corporate Sector greenhouse gas emission reduction targets of 15% respectively for both targets, and associated local action plans, be adopted and implemented as funding permit;

THEREFORE LET IT BE RESOLVED, that upon adoption of the Greater Peterborough Area Climate Change Action Plan, that Hiawatha First Nation and Curve Lake First Nation will become the first ever First Nation communities in Canada to complete the Federation of Canadian Municipalities' Partners of Climate Protection Program.

<u>Quorum any 4 members of Council</u>	 (Chief)	
_____	 (Councillor)	 (Councillor)
_____	 (Councillor)	 (Councillor)
_____	_____ (Councillor)	_____ (Councillor)

FOR DEPARTMENTAL USE ONLY					
Expenditure	Authority (Indian Act Section)	Source of funds <input type="radio"/> Capital <input type="radio"/> Revenue	Expenditure	Authority (Indian Act Section)	Source of funds <input type="radio"/> Capital <input type="radio"/> Revenue
Recommending officer			Recommending officer		
_____ Signature		_____ Date	_____ Signature		_____ Date
Approving officer - Approuvé par			Approving officer		
_____ Signature		_____ Date	_____ Signature		_____ Date