



Resolution 2024-07-004
Approve Matrix for 2024 - 2025 Emergency Food Assistance Program
(EFAP)

Approved July 3rd, 2024

- WHEREAS** the Samish Indian Nation was federally re-acknowledged by the Assistant Secretary of the Department of the Interior of the United States of America on April 6, 1996;
- WHEREAS** the Samish Tribal Council is empowered to act on behalf of the Samish Indian Nation pursuant to Article VI, Section 2, of the Samish Tribal Constitution, approved November 14, 2003, by Resolution of the Samish Tribal Council and adopted and ratified by Vote of the Samish General Council on March 2, 2004, and recognized by the Assistant Secretary for Indian Affairs, David W. Anderson on April 20, 2004;
- WHEREAS** the health, safety, welfare and education of the citizens and family members of the Samish Indian Nation is the responsibility of the Tribal Council of the Samish Indian Nation;
- WHEREAS** the Revised Code of Washington (RCW) Title 43.23.290 designates the Washington State Department of Agriculture (WSDA) to be the State Agency responsible for the distribution of federal commodities and administrative funds of Emergency Food Assistance Program - (EFAP) - Tribal;
- WHEREAS** the purpose of this funding is to serve food insecure tribal citizens by providing food and outreach to hunger relief providers through active engagement and strong partnerships;
- WHEREAS** the attached Matrix provides guidance, based on Household Income, on the amount each Household should receive on their food voucher;

THEREFORE BE IT RESOLVED by the Samish Tribal Council:

1. Approving the 2024-2024 EFAP (STOWW) Matrix.

SAMISH TRIBAL COUNCIL

By:



**Thomas D. Wooten
Tribal Council Chairman**

CERTIFICATION

The above resolution was duly adopted by the Samish Tribal Council on the 3rd day of July, 2024, at which time a quorum was present, by a vote of:
6 FOR, 0 AGAINST, 0 ABSTAIN.

Certified

by:



**Tamara R. Rogers
Tribal Council Treasurer**



Samish Indian Nation

Emergency Food Assistance Program (EFAP)

Eligibility is based upon the gross income guidelines listed below. The recipient checks the **LINE that applies to their Household Size**, understanding they must be at, or below, the income level indicated to be eligible for program benefits.

Effective July 1, 2024, through June 30, 2025

Household Members	60% State Median Income (SMI)	60% State Median Income (SMI)
	ANNUAL	MONTHLY
<input type="checkbox"/> 1	\$40,888.00	\$3,407.33
<input type="checkbox"/> 2	\$53,469.00	\$4,455.75
<input type="checkbox"/> 3	\$66,050.00	\$5,504.17
<input type="checkbox"/> 4	\$78,632.00	\$6,552.67
<input type="checkbox"/> 5	\$91,213.00	\$7,601.08
<input type="checkbox"/> 6	\$103,794.00	\$8,649.50

For each additional household member above six persons, add three percentage points to the percentage for a six-person household (132 percent), and multiply the new percentage by 60 percent of the State's estimated median income for a four-person household.

Household Members	Benefit Amount
1	\$20
2	\$35
3	\$50
4	\$65
5	\$75
6	\$90
7	\$100

VOUCHER AMOUNT CAN CHANGE WITHOUT NOTICE CONTINGENT ON FUNDING

Income Eligibility Verification

Head of Household Name	# Of Household Members	Monthly Income	Benefit Amount
		\$	\$

HOH Signature: _____

Date: _____

Staff Signature: _____

Date: _____

