

BAND COUNCIL RESOLUTION  
RESOLUTION DE CONSEIL DE BANDE

ATTACHMENT 2

Chronological no. – N° consecutive

File reference no. – N° de reference du dossier

545

NOTE: The words "from our band funds" "capital" or "revenue" whichever is the case, must appear in all resolutions requesting expenditures from band funds.  
NOTA: Les mots "des fonds de notre bande" "capital" ou "revenue" selon les cas doivent paraître dans tous les résolutions portant sur des dépenses à même les fonds des bandes.

The council of the Le conseil de		T'Sou-ke First Nation		Cash free balance	
				Capital account Compte capital	\$ _____
Date of duly convened meeting Date de l'assemblée dument convoquée		17/11/2017 DD / MM / YYYY JJ / MM / AAAA		Province B.C.	Revenue account Compte revenu
					\$ _____

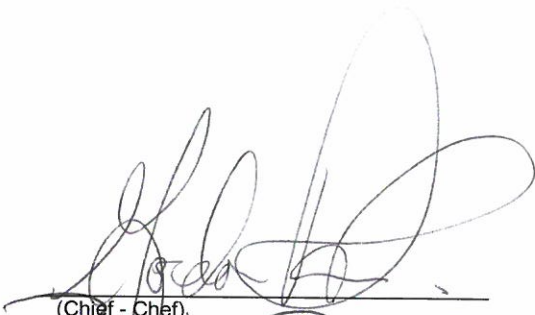
DO HEREBY RESOLVE:  
DÉCIDE PAR LES PRESENTES:

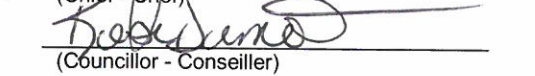
WHEREAS: T'Sou-ke First Nation and CRD Regional Parks Managers have engaged in discussions to ensure respect and recognition of T'Sou-ke's historic and ongoing connection to the lands and waters with the boundary of the Sea to Sea Regional Park;

And Whereas: T'Sou-ke First Nation and CRD Parks Managers have reached terms of an Agreement regarding T'Sou-ke's ongoing traditional use and management participation in the Sea to Sea Regional Park;

Therefore the Council resolves: To direct the CRD to present the Agreement to the CRD Parks Committee for review, and to the CRD Board for ratification

Quorum: 2


  
(Chief - Chef)


  
(Councillor - Conseiller)

(Councillor - Conseiller)

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(Councillor - Conseiller)

FOR DEPARTMENTAL USE ONLY – RÉSERVÉ AU MINISTRE					
Expenditure - Depenses	Authority (Indian Act section) – Autorite (Article sur la loi des Indiens)	Source of Funds Sources des fonds <input type="checkbox"/> Capital <input type="checkbox"/> Revenue - Revenu	Expenditure - Depenses	Authority (Indian Act section) – Autorite (Article sur la loi des Indiens)	f Funds Sources des fonds <input type="checkbox"/> Capital <input type="checkbox"/> Revenue - Revenu
Recommending officer – Recommandé par			Recommending officer – Recommandé par		
Signature _____ Date _____			Signature _____ Date _____		
Approving Officer – Approuvé par			Approving Officer – Approuvé par		
Signature _____ Date _____			Signature _____ Date _____		