

Kilkich Residents Association Board of Directors

Chair: Shelley Estes

Vice-Chair: vacant

Secretary: vacant

Treasurer: Pam Lenox

Rocky Doyle • Sheldon Chase • Helen Howard



Date: April 8, 2024

Regular Meeting CIHA Office and Zoom AGENDA

1. Call to Order
2. Roll Call of Board Members and Introduction of Residents and Guests
3. Reading and Approval of Minutes from March 18, 2024 meeting
4. Amendments to Agenda
5. Treasurer's Report – Current balance is \$1,378.05.
6. Business
 - Little Free Libraries – Discussion with CELS Director Marsha Frost.
 - Easter Egg Hunt – Review.
 - Child Abuse Awareness – Update.
 - 35th Tribal Restoration Celebration – Planning.
 - Tribal Small Donations Fund Application – Update.
 - KRA Meeting Schedule – No June meeting.
7. Sea-Ha Runner Notices/Additions
8. Public Comment
9. Next KRA Board Meeting – May 13, 2024
10. Adjournment

Kilkich Residents Association
Regular Meeting of the Board of Directors
Minutes
March 18, 2024

Call to Order

- Chair Shelley Estes called the meeting to order at 5:30 p.m. via Zoom and in person at the CIHA office.

Roll Call

- Board members in attendance: Shelley Estes, Pam Lenox, Rocky Doyle, and Helen Howard. Excused / Absent Sheldon Chase.

Approval of Minutes

- The minutes for February 12, 2024 were approved.

Amendments to Agenda

- None.

Treasurers Report

- Balance now at \$1,378.05.

Committee Reports

- None.

Business

- Easter Egg Hunt – The KRA Board has agreed to volunteer to help with egg stuffing and with the egg hunt on March 30, 2024 at 8 a.m. Three Board members will be volunteering during the egg hunt event.
- Tribal Small Donations Fund Application / End of Summer Community Picnic – Pam is working on dates and submission of the Tribal Small Donations Fund Application to support the BBQ. September 22, 2024 is the current date in mind for the BBQ. Pam will reach out to Alison about contacts for the BBQ, since she had assisted previously with the BBQ.
- Grants & Donations – KRA would like to keep money in the bank. Discussion included fundraising activities and seeking out grants to keep surplus KRA money in the bank. Pam also suggested soliciting donations from tribal members. Event plan around grants first.

- 35th Tribal Restoration Celebration – It was decided an auction would be too difficult due to location changes and lack of staff. There was a lot of discussion about whether to have the raffle only on the first day or continuing through all events. Board members could walk around and sell raffle tickets during events, then winners could be announced at the end — possibly at the traditional foods event.
- Meeting Time Change – It was decided to change the meeting time from 5:30 p.m. to 4:00 p.m.

Sea-Ha Runner Notices/Additions

- Meeting time change.

Public Comment

- None.

Next Board Meeting

- April 8, 2024 at 4:00 p.m.

Adjournment

- The meeting was adjourned at 6:52 p.m.



10 South First Avenue
P.O. Box 907
Walla Walla, WA 99362-0265
bannerbank.com

Statement of Account

Statement Date	03/29/24
Page	1 of 1
Account Number	XXXXXXXXXXXX2862

(509) 527-3636 | (800) 272-9933 Toll-Free

Coquille Indian Housing Authority
Kilkich Residents Association
2678 Mexeye Loop
Coos Bay OR 97420-7713



SUMMARY OF ACCOUNTS

Basic Business Checking	XXXXXXXXXXXX2862	\$1,378.05	Our spring HELOC special is on! From paying off bills to updating your house, you can use the equity in your home to finance all sorts of projects. Visit your branch or call us at 800-272-9933 to get started. We love helping you tackle your spring and summer to-do lists.
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CHECKING ACCOUNT

XXXXXXXXXXXX2862

Basic Business Checking

Account Title: Coquille Indian Housing Authority
Kilkich Residents Association

Account Number	XXXXXXXXXXXX2862
Previous Balance	1,378.05
Deposits/Credits	.00
Debits	.00
Service Charge	.00
Interest Paid	.00
Current Balance	1,378.05

Statement Dates	3/01/24 thru 3/31/24
Days in the statement period	31
Average Ledger	1,378.05
Average Collected	1,378.05

Daily Balance Summary

Date	Balance
03/01	1,378.05

* * * * * END OF STATEMENT * * * * *



















35TH RESTORATION CELEBRATION

WED. JUNE 26 TH	THURS. JUNE 27 TH	FRI. JUNE 28 TH	SAT. JUNE 29 TH	SUN. JUNE 30 TH
Hospitality Area (Daily) ~ The Mill Casino 2 nd Floor Foyer				
<p>Dai / Jii-la Hello / Welcome</p> <p>Elders Lunch 12 p.m. – 1:30 p.m. The Mill Casino Hazel~Willow~Beargrass Room</p> <p>Welcome Reception with Tapas Style Dinner & Information Carnival 5 p.m. – 7:30 p.m. The Mill Casino Salmon Room East~West</p> <p>Gathering around the fire & S'mores 7 p.m. – 9 p.m. The Mill Casino Salmon Pit (South Hotel Lot)</p>	<p>Middle Creek Activities</p> <p>Drumming and Dancing 10 a.m. – 12 p.m.</p> <p>Cultural Activities 10 a.m. – 4 p.m.</p> <p>Lunch 12 p.m. – 1:30 p.m.</p> <p>Youth Swimming 1:30 p.m. – 4 p.m.</p>	<p>Bandon Activities</p> <p>Sacred Salmon Ceremony 9 a.m. Bullard's Beach</p> <p>Welcome, Presentation of the Flags, Honoring and Invocation 11 a.m. Old Town Bandon</p> <p>Salmon Bake and Potlatch Immediately following Invocation until 4 p.m.</p>	<p>Kilkich Activities</p> <p>Canoe Rides 10 a.m. – 12 p.m. Tarheel Lake</p> <p>State of the Nation and Gathering Slideshow 10 a.m. - 12:30 p.m. The Learning Center</p> <p>Tradition Foods Feast 1 p.m. Community Plankhouse</p> <p>General Council Meeting 3 p.m. Community Plankhouse</p> <p>Youth Activities 3 p.m. The Learning Center</p> <p>Walking On Ceremony Immediately following the General Council Meeting Omashi Haws</p>	<p>Farewell Breakfast 9 a.m. – 11 a.m. The Mill Casino Salmon Room East~West</p> <p>Closing Remarks & Retirement of the Flags 11 a.m. The Mill Casino Salmon Room East~West</p> <p>Naa-dee-dish-ta Shu' 'en-hal-ni Safe travels home!</p>



Coquille Indian Tribe- Donations

3050 Tremont St. • North Bend, Oregon 97459 • (541) 756-0904 • Fax (541) 756-0847

Thank you for your inquiry regarding The Coquille Indian Tribe and our charitable donations program.

In order to process your donation request, we ask each organization to complete the attached form and return it to Kay Collins at the Coquille Indian Tribe's Administration office. Please help us by completing and returning the form as soon as you can.

Requests are processed as soon as possible, but usually twice a month. Your organization is responsible for applying in a timely manner. Successfully obtaining a donation at the last minute is rare.

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Please complete the attached form and direct it to:

Coquille Indian Tribe
3050 Tremont St.
North Bend, OR 97459
Attn: Donation Requests / Kay Collins

Phone: 541-756-0904

Fax: 541-756-0847

E-mail: kaycollins@coquilletribe.org

Note: If the requesting organization is a nonprofit, we suggest visiting the Coquille Tribal Community Fund website at www.coquilletribalfund.org. If you think your request may be a better fit for a Community Fund grant than for the tribe's Small Donations program, please call or email Kay Collins (as listed above) to ask about Community Fund guidelines and the application timeline.

Updated 08/05/2022



Coquille Indian Tribe- Donations

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Coquille Indian Tribe Donation Request Form

Name of organization: Kilkich Residents Association

Tax ID # (please submit a current W-9 as well): _____

Contact name: Pam Lenox, Treasurer

Address: 2678 Mexeye Loop City: Coos Bay State: OR Zip: 97420

Mailing address (if different than above): _____

Phone: (702)722-4977 E-mail: pamelalenox@gmail.com

Organization's mission and goals: Our Mission is foster an inclusive, resilient, and engaged community.

We want to promote neighborhood pride and civic involvement by providing residents with opportunities for social interaction and connection with their neighbors.

Date of event: _____ Amount requested: _____

Title of event or nature of request: Kilkich End of Summer BBQ

Briefly explain what the donation will be used for: End of Summer community picnic ad BBQ

How will/can the tribe be recognized for its donation? We will use the catering services and food truck of the Mill Casino and
indicate on our printed flyer that The Coquille Tribe sponsored the event.

Date donation needed by: August 15th, 2024

Signature: _____ Title: _____ Date: _____

Office Use Only: Approved: _____ Initial: _____ Denied: _____ Initial: _____