

2018 LANGUAGE PRESERVATION COHORT MEMORANDUM OF AGREEMENT

This Memorandum of Agreement (MOA) is entered into by and between Potlatch Fund, _____, a grantee of Potlatch Fund (Grantee), and _____, a representative of the Grantee who will participate in the 2018 Language Preservation Cohort.

Purpose.

The purpose of this MOA is to ensure that all parties are committed to building capacity of the Grantee as a cohort member.

The Language Preservation Cohort will focus on supporting the 2018 Language Preservation and Education grants for the development of language transfer systems. The primary goal of this cohort is to develop community assessments and identify the other areas of a healthy language transfer system: instruction, teacher training, and language study.

Potlatch Fund Obligations, Roles, and Responsibilities.

Potlatch Fund agrees to:

Responsibility/Activity	Responsible Staff
Identify eligible Grantees for cohort training program and contact Grantees in regard to interest in participating.	Capacity Building Program staff
Provide travel expenses for each of the two Convenings: registration, six meals (three breakfasts and three lunches), roundtrip travel to convening location (airfare/mileage and transportation between airport and convening venue), and four nights lodging.	Capacity Building Program staff
Provide up to 75 hours of direct training as per schedule given in 2018 Cohort Handbook.	Capacity Building Program staff
Provide toll free phone numbers and webinar access for web-based trainings at no cost to participants.	Capacity Building Program staff and/or contracted consultants
Provide 1 composition notebook, 1 pen/pencil for convening participant; all written materials in PDF on a flash drive at conclusion of cohort.	Capacity Building Program staff
Provide 10 hours of individual technical assistance (1 hour/month) by phone as scheduled between Potlatch Fund staff and participant and 1 hour of in person at convening.	Capacity Building Program staff
Provide toll free conference phone number at no cost to participant.	Capacity Building Program staff
Provide access to evaluation forms for the Grantee Organization and the Participant to fill out.	Capacity Building Program staff
Provide a report to the grantee organization and participant in regard to the evaluations analysis.	Capacity Building Program staff

Grantee Organization Obligations, Roles, and Responsibilities.

_____ (Grantee Organization Executive

Director/ Tribal Department Head) agrees to:

Responsibility/Activity	Responsible Staff
Identify one person to represent the Grantee as a member of the cohort training program and provide the name and contact information to Potlatch Fund.	Executive Director or Tribal Department Head
1 st Participant pay Cohort Fee of \$250 up front or in payments as scheduled: \$50: no later than September 22, 2018 \$50: no later than October 31, 2018 \$50: no later than November 30, 2018 \$50: no later than December 29, 2018 \$50: no later than January 31, 2019	Executive Director or Tribal Department Head
Provide travel expenses for each of the two convenings not covered by Potlatch Fund.	Executive Director or Tribal Department Head
Provide cohort costs for each additional personnel to participate in cohort either up front or in monthly payments. Cohort fee: \$625 \$125: no later than September 22, 2018 \$125: no later than October 31, 2018 \$125: no later than November 30, 2018 \$125: no later than December 29, 2018 \$125: no later than January 31, 2019 Travel expenses associated with the each of the two convenings (registration, transportation, lodging, and per diem).	Executive Director or Tribal Department Head
Encourage and support participant to complete at least 75% of direct training hours offered as per schedule.	Executive Director or Tribal Department Head
Encourage and support participant to complete at least 75% of individual technical assistance offered as per schedule.	Executive Director or Tribal Department Head
Complete all evaluation forms applicable to Organization and submit to Potlatch Fund by dates requested.	Executive Director or Tribal Department Head
Identify one person to represent the Grantee as a member of the cohort training program and provide the name and contact information to Potlatch Fund.	

Grantee Representative/Participant Obligations, Roles, and Responsibilities.

_____ (Grantee Representative/Participant)
agrees to:

Responsibility/Activity	Responsible Staff
1 st Participant pay Cohort Fee of \$250 up front or in payments as scheduled: \$50: no later than September 22, 2018	Grantee Representative/Participant

\$50: no later than October 31, 2018 \$50: no later than November 30, 2018 \$50: no later than December 29, 2018 \$50: no later than January 31, 2018	
2 nd participant or more pay Cohort Fee of \$625 up front or as scheduled: \$125: no later than September 22, 2018 \$125: no later than October 31, 2018 \$125: no later than November 30, 2018 \$125: no later than December 29, 2018 \$125: no later than January 31, 2019	Grantee Representative/Participant
Provide travel expenses for each of the two convenings not covered by Potlatch Fund.	Grantee Representative/Participant
Complete at least 75% of direct training hours (e.g., activities and homework) offered as per schedule.	Grantee Representative/Participant
Schedule and participate in a recurring monthly 1 hour long technical assistance call with Potlatch Fund Staff.	Grantee Representative/Participant
Complete at least 75% of individual technical assistance offered as per agreed upon schedule.	Grantee Representative/Participant
Complete all evaluation forms applicable to Participant and submit to Potlatch Fund by dates requested.	Grantee Representative/Participant

Timeframe.

This MOA will commence on September 22, 2018 and will dissolve at the end of day on June 29, 2018.

This MOA is the complete agreement between Potlatch Fund,
 _____ (Grantee Organization), and
 _____ (Participant, print clearly), and may be amended only by
 written agreement signed by each of the parties involved.

Potlatch Fund

Grantee Organization:

 Tachini Pete Date
 Capacity Building Program Director

 Executive Director signature Date

 Grantee Representative signature Date

TRAVELER PROFILE FOR POTLATCH FUND 2018 COHORTS

<i>Personal Information</i>	
Name (as printed on driver's license or official identification)	
Birthdate (as printed on driver's license or official identification)	
E-mail address	
Business phone	
Work Cell phone	
Home phone	
Cell phone (contact while you are traveling)	
Location address (for mileage reimbursement)	
Mailing address (if different from location address)	
Home Airport	
<i>TSA prev (if available)</i>	
Known traveler number	
Expiration date	
<i>Frequent Flyer Programs (if applicable)</i>	
Program name	
Account number	
Program name	
Account number	
<i>Airplane Travel Preferences</i>	
Position (e.g., aisle, window, center)	
Location (e.g., forward, rear, wing, exit row, bulkhead, right, left)	
Meal (if available) (e.g., no preference, vegetarian, kosher)	
<i>Hotel Programs (if applicable)</i>	
Hotel name	
Guest number	
Hotel name	
Guest number	
<i>Hotel Room Preferences</i>	
Floor preference (e.g., ground floor)	
Special requests (e.g., refrigerator)	
<i>Dietary restrictions</i>	
Food allergies or avoidances (e.g., peanuts, dairy, gluten)	
Food preferences (e.g. vegetarian, vegan, kosher)	