

OATH UPON ACCEPTING APPOINTMENT

- ✓ I do solemnly swear/affirm that I accept my position a Finance Committee member with full respect for the people of the Akwesasne community.
- ✓ I will strive to serve the people of Akwesasne faithfully, honestly and with integrity. I will not bring disgrace upon the people of Akwesasne.
- ✓ I will faithfully and impartially carry out the duties of a Finance Committee member to the best of my ability and will be mindful of the best interests of the people of Akwesasne.
- ✓ I swear/affirm to uphold, during and subsequent to my term as Finance Committee member, the provisions for confidentiality in the Finance Committee Charter.

Ehtho Niitonhake Ne OnkwaniKonra (Let it be that way in our minds)

Sworn/affirmed before me in the)
Territory of Akwesasne)
this ____ day of _____)
in the year _____.)

Commissioner of Oaths, etc.

Finance Committee member

Finance Committee Competency Declaration

The eligibility criteria to be a Finance Committee member is as follows:

- ✓ the ability to read, understand and analyze annual financial statements and any documents related to the financial statements
- ✓ the ability to understand accounting policies, including any estimates used or judgments applied by management in the application of the accounting policies, when these are explained by Director of Finance and/or the auditor
- ✓ an understanding of the Akwesasne's objectives and operations that may impact the selection or application of accounting policies
- ✓ acknowledge and understanding of the strategies that have been adopted by the Mohawk Council of Akwesasne and the risks involved with any new strategies
- ✓ an ability to understand the Mohawk Council of Akwesasne risk environment

Valid for the [2019/20 and 2020/2021] fiscals unless member term ends, whichever comes first.

- ✓ *I have read the Finance Committee Charter and will comply with these.*
- ✓ *I am independent and am eligible to be a member of the Finance Committee.*

Name (Print)

Signature

Title

Date

Code of Conduct Declaration

I hereby confirm that I have read and understand the Conflict-of-Interest Expectations set out in the Akwesasne Financial Administration Law ("the Law") and the Schedule –Conflict of Interest Policy and agree to comply fully with them.

I agree that I will adhere to the following principles and responsibilities governing my professional and ethical conduct.

To the best of my knowledge and ability:

- I will comply with the Law, any other applicable Mohawk Council of Akwesasne law and any applicable standards
- I will act with honesty, good faith and in the best interest of the Mohawk Council of Akwesasne
- I will exercise the care, diligence and skill that a reasonably prudent individual would exercise in comparable circumstances
- I will avoid any real, potential, or apparent conflicts of interests
- I will act with due care, competence, and diligence, without misrepresenting material facts or allowing my independent judgement to be subordinated
- I will respect the confidentiality of information acquired in the course of my work or service except when authorized to do so in the performance of my duties or am otherwise legally obligated to disclose
- I will ensure responsible use of and control over all Mohawk Council of Akwesasne assets and resources entrusted to me
- I will be accountable for adhering to this declaration

Declaration of Understanding:

_____	_____
<i>Name (Print)</i>	<i>Signature</i>
_____	_____
<i>Title</i>	<i>Date</i>

Financial Relationship Declaration Form

The eligibility criteria to be a Finance Committee member is to be fiscally independent of the Mohawk Council of Akwesasne. An individual is independent if the individual does not have a direct or indirect financial relationship with the Akwesasne government that could, in the opinion of Council, reasonably interfere with the exercise of independent judgment as a member of the Finance Committee.

All Finance Committee members are required to declare any direct or indirect fiscal relationships that they may have with the Mohawk Council of Akwesasne. These relationships could arise from the following:

- Has amounts owed to the Mohawk Council of Akwesasne;
- Is a household member of Elected Council, the Executive Director or the Senior Finance Officer;
- Is currently in a contractual relationship with the Mohawk Council of Akwesasne;

Declaration: I disclose the following direct and indirect financial relationships with MCA	
<i>Name (Please Print)</i>	<i>Signature</i>
<i>Title</i>	<i>Date</i>

Conflict of Interest Disclosure Form

A Finance Committee member ("an individual") has a "conflict of interest" when the individual exercises a power or performs a duty or function and at the same time knows or ought reasonably to have known that in the exercise of the power or performance of the duty or function there is an opportunity to benefit the individual's private interests, otherwise known as personal gain at the expense of others.

All Finance Committee members are required to declare any actual, potential or apparent conflicts of interest to the Mohawk Council of Akwesasne. Conflicts of interest could arise from "personal interests" which include:

- the individual's spouse
- a person under the age of eighteen (18) years in respect of whom the individual or the individual's spouse is a parent or acting in a parental capacity
- a person for whom the individual or the individual's spouse is acting as guardian
- a person, other than an employee, who is financially dependent upon the individual or the individual's spouse or on whom the individual is financially dependent
- an entity in which the individual or the individual in combination with any other person described in this section has a controlling interest
- close family or personal relationships with persons in a position to influence the affairs of the Mohawk Council of Akwesasne, or otherwise engaged in the affairs of the Mohawk Council of Akwesasne
- close relationships with persons having an interest in information, competitive, intellectual or other interests of the Mohawk Council of Akwesasne

Declaration: I disclose the following actual, potential or apparent conflicts of interest:

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Name (Please Print)

Signature

Title

Date

Mohawk Council of Akwesasne - Finance Committee Application

Full Name:

Last

First

Date of Birth

Mailing Address:

Address

Apartment Number

City

Province/State

Postal Code/ Zip Code

(if applicable)

Physical Address:

Address

Apartment Number

City

Province/State

Postal Code/ Zip Code

Home Phone

Email:

Cell Phone

Residing District

Kawehno:Ke

Tsi Snaihne

Kana:takon

Disclaimer and Signature

- ✓ I am a Member of the Mohawks of Akwesasne and I have knowledge of Mohawk cultures and traditions. I have good character, credibility and reputation in the Akwesasne community.
- ✓ I have good communication skills and I am "in good standing" as defined in the Akwesasne Good Standing Policy.
- ✓ I currently reside in the district indicated on my application.
- ✓ I am fiscally independent of the Mohawk Council of Akwesasne, and have sound Financial Competency.
- ✓ I am not an elected member of the Mohawk Council of Akwesasne, I have never have been convicted of an indictable offense in Canada or a felony in the United States.
- ✓ I am willing to attend and actively participate in training deemed essential for the successful operation of the Finance Committee and I am willing to attend regularly scheduled Finance Committee meetings to conduct business and attend Public Meetings as scheduled.
- ✓ I certify that my answers are true and complete to the best of my knowledge.
- ✓ If this application leads to an appointment to the Finance Committee, I understand that incomplete, invalid, false or misleading information may result in the rejection of this application.

Signature

Date

Mohawks of Akwesasne Membership Confirmation

To confirm your membership status in accordance with the Akwesasne Membership Code. Please fill out the information below and submit this form to Mohawk Council of Akwesasne, Office of Vital Statistics,

Name:

First

Middle

Last

Date of Birth:

Month

Day

Year

INAC Registry (Status Card) #:

Signature

Date**NOTE:** The Office of Vital Statistics is located at:

Mohawk Council of Akwesasne
Kawehnoke Administration Building 3
101 Tewesateni Road,
Akwesasne, Ontario K6H 0G5

FOR OFFICE OF VITAL STATISTICS USE ONLY**Membership Status**

- ☐ Member in accordance with the Akwesasne Membership Code
- ☐ Probationary Member in accordance with the Akwesasne Membership Code
- ☐ Expiration Date of Probation Period: _____
- ☐ Non-member Member in accordance with the Akwesasne Membership Code

Membership Officer, Office of Vital Statistics

Date

MOHAWK COUNCIL OF AKWESASNE CONFIRMATION OF GOOD STANDING

Name:

First

Middle

Last

Date of Birth:

Month

Day

Year

INAC Registry (Status Card) #:

Please check if you have any of the following accounts:

DEPARTMENTS, PROGRAMS, AND SERVICES	YES	NO	Good Standing
AKWESAHSNE MOHAWK BOARD OF EDUCATION			
▪ Hot Lunch Program	☐	☐	
AKWESASNE JUSTICE DEPARTMENT			
▪ Mohawk Court Fines	☐	☐	
▪ Mohawk Court Ordered Payments	☐	☐	
DEPARTMENT OF ECONOMIC DEVELOPMENT			
▪ Peace Tree Trade Centre Rent	☐	☐	
▪ Stanley Island Cabin Rent	☐	☐	
▪ Other Rental Unit	☐	☐	
▪ Non-compliance of Economic Development Programs	☐	☐	
DEPARTMENT OF FINANCE AND ADMINISTRATION			
▪ Consultants	☐	☐	
▪ Other Loans (Computer Purchase Plan)	☐	☐	
DEPARTMENT OF INFRASTRUCTURE, HOUSING & ENVIRONMENT			
▪ Housing Loans	☐	☐	
▪ Rental Units and or Rent to Own Units	☐	☐	
▪ Bank Mortgages that are guaranteed by Mohawk Council	☐	☐	
▪ Contract for Services such as Construction, Snow Removal	☐	☐	
DEPARTMENT OF COMMUNITY AND SOCIAL SERVICES			
▪ Day Care Program	☐	☐	

- ✓ The undersigned applicant hereby declares the information given on this application is true and is aware it is subject to verification.
- ✓ The undersigned applicant understands and gives irrevocable authority to the above identified department, programs, and services to release any and all information pertaining to me to Executive Services to verify that all accounts identified above are current and in good standing with determining my financial eligibility and evaluating programs offered by the Mohawk Council of Akwesasne.
- ✓ In so doing, I the undersigned furthermore release you from all manner of actions, cause of actions, or any other form of relief that may accrue to me, my heirs, executors, administrators, or assigns as a result of the release of such information.
- ✓ I also understand by making a false claim my application may be denied.

Applicant Signature

Date

Witness Signature

Date

Finance Committee Application Package Checklist

- ☐ Letter of Interest
- ☐ Completed Application Schedule "E"
- ☐ Membership Confirmation Form Schedule "F"
- ☐ Confirmation of Good Standing Form Schedule "G"

For Office Use Only

- ☐ Completed Application

Received By _____

Signature

Date _____

Month

Day

Year

Time _____

- ☐ CPIC Form Given to Applicant Date: _____

Month

Day

Year

- ☐ Completed CPIC Form Returned Date _____

Month

Day

Year

☐ PASS

☐ FAIL

- ☐ Completed Oath of Appointment Schedule "A"
- ☐ Finance Committee Competency Declaration Schedule "B"
- ☐ Code of Conduct Declaration Schedule "C"
- ☐ Conflict of Interest Disclosure Form Schedule "D"