



Standing Rock Sioux Tribe

PROGRAM MONTHLY REPORT

Program: _____ Month of: _____

Director: _____ Date Submitted: ____/____/____

Prepared by: _____ Cuff Account Attached? Y__ N__

If no, why not? _____

Committee/Council Action Needed? Y__ N__ (If yes, see page 2 of 2.)

Program goals for this time period:

Program outcomes/accomplishments for this time period:

Services provided or major activities (*please quantify if possible*):

Program need and/or justification for action (budgetary, programmatic, policy, etc.):

Proposed Motion (attach resolution if necessary):

Legal Department: Date: __/__/__

Administration: Date: __/__/__