

about Indian Health Service programs and the opportunities Indian tribes have regarding them; however, it is the policy of the Indian Health Service to leave to Indian tribes the initiative in making requests for contracts and to regard self-determination as including the decision of an Indian tribe not to request contracts.

(5) It is the policy of the Indian Health Service not to impose sanctions on Indian tribes with regard to contracting or not contracting; however, the special resources made available to facilitate the efforts of those Indian tribes which do wish to contract should be made known to all tribes, as should the current realities of funding and Federal personnel limitations.

(6) Contracting is one of several mechanisms by which Indian tribes can exercise their right to plan, conduct, and administer programs or portions thereof which the Secretary is authorized to administer for the benefit of Indians. Another mechanism afforded Indian tribes is the use of a grant, as provided in subpart H of this part, or other resources, to plan the manner in which it wishes the Indian Health Service to operate a program or portion thereof.

(7) The regulations in this subpart are not meant to and do not change the eligibility criteria which individuals must meet to be eligible for any program currently operated by the Indian Health Service.

(b) The regulations of this subpart are applicable to contracts awarded pursuant to section 103 of Pub. L. 93-638, 25 U.S.C. 450g to carry out any or all of the functions, authorities, and responsibilities of the Secretary of Health and Human Services under the Act of August 5, 1954 (68 Stat. 674), as amended, 42 U.S.C. 2001 *et seq.*

§ 36.202 Effect on existing rights.

The regulations in this subpart are not meant to and do not:

(a) Affect, modify, diminish, or otherwise impair the sovereign immunity from suit enjoyed by an Indian tribe.

(b) Authorize, require or permit the termination of any existing trust responsibility of the United States with respect to the Indian people.

(c) Permit significant reduction in services to Indian people as a result of this subpart.

(d) Nothing in these regulations shall be construed to require a tribe to apply for a contract or contracts with the Secretary to carry out under the Indian Self-Determination Act any of the Secretary's functions, authorities and responsibilities under the Act of August 5, 1954, as amended, 42 U.S.C. 2001, *et seq.* Such applications under these regulations are voluntary.

(e) Nothing in these regulations shall be construed to preclude the making of contracts under any other authority of law nor to restrict contracts with Indian tribes or tribal organizations to contracts entered into under section 103 of the Act.

§ 36.203 Amendment of regulations.

Before revising or amending the regulations in this subpart, the Secretary will take the following actions:

(a) Consult with Indian tribes and national and regional Indian organizations to the extent practicable about the need for revision or amendment and consider their views in preparing the proposed revision or amendment.

(b) Present the proposed revision or amendment to the Committees on Interior and Insular Affairs of the United States Senate and House of Representatives.

(c) Publish the proposed revisions or amendments in the FEDERAL REGISTER as proposed rulemaking to provide adequate notice to receive comments from all interested parties.

(d) After consideration of all comments received, publish the regulations in the FEDERAL REGISTER in final form not less than 60 days before the date they are made effective.

§ 36.204 Definitions.

(a) *Act* means Title I of the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638 (25 U.S.C. 450f *et seq.*).

(b) *Secretary* means the Secretary of Health and Human Services and any other officer or employee of the Department of Health and Human Services to whom the authority involved has been delegated.

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(c) *Director* means the Director, Indian Health Service, Health Services Administration, Public Health Service, Department of Health and Human Services (IHS) who is the official to whom the Secretary has delegated full responsibility and authority to implement and administer those aspects of the Act related to the health and well-being of the Indian people.

(d) *Area Director* means the official in charge of an Indian Health Service Area, or Program Office.

(e) *Contracting Officer* means the person executing the contract on behalf of the Government and any other officer or employee who is properly designated Contracting Officer; and the term includes, except as otherwise provided in the contract, the authorized representative of the Contracting Officer acting within the limits of his authority.

(f) *Indian* means a person who is a member of an Indian tribe.

(g) *Indian Tribe* means any Indian tribe, band, nation, rancheria, Pueblo, colony or community, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) which is recognized as eligible by the United States Government for the special programs and services provided by the United States to Indians because of their status as Indians.

(h) *Tribal organization* means:

(1) The recognized governing body of any Indian tribe; or

(2) Any legally established organization of Indians which is:

(i) Controlled, sanctioned or chartered by such governing body or bodies; or

(ii) Democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities.

(i) *An Indian Owned Economic Enterprise* means any commercial industrial, or business activity established or organized for the purpose of profit which is not less than 51 percent Indian owned.

(j) *An Indian Self-Determination Contract Proposal* is the name of the document to be utilized by Indian Tribal or-

ganizations to forward to the Indian Health Service, their requests to enter into contracts for health programs or services.

(k) *Trust Resources* means natural resources, land, water, minerals, funds, or property, asset, or claim, including any intangible right or interest in any of the foregoing, which is held by the United States in trust for any Indian tribe or any Indian individual or which is held by any Indian tribe or Indian individual subject to a restriction on alienation imposed by the United States.

(l) *Trust Responsibility* means the responsibility assumed by the Government, by virtue of treaties, statutes and other means, legally associated with the role of trustee, to recognize, protect and preserve tribal sovereignty and to protect, manage, develop and approve authorized transfers of interests in trust resources held by Indian tribes and Indian individuals to a standard of the highest degree of fiduciary responsibility.

(m) *Retrocession* is the voluntary return of a contracted program, or portion thereof, to the Indian Health Service pursuant to section 106(d) of the Act.

(n) *The Contract Proposal Declination Appeals Board (CPDAB)* is a body established to review Indian Self-Determination Contract Proposals which have been disapproved.

CONTRACT PROPOSALS, REVIEW, AND APPEAL

§ 36.205 Eligibility and application.

(a) Any tribal organization upon the request of the Indian tribe to be served, is eligible to apply for a contract with the Secretary to carry out any or all of the functions, authorities and responsibilities of the Secretary under the Act of August 5, 1954.

(b) All such contracts shall be based upon Indian Self-Determination Contract proposals which will be specific and, as a minimum, include the following:

(1) Date submitted.

(2) Full name and address of the Indian tribal organization submitting the proposal.