



Program Activities Form

Due March 4, 2010 by 5:00 PM

Tribal Administration

Instructions

Please fill out the following form stating your department's current mission and current program activities. When thinking about program activities, please think of daily operations for the target population your department serves.

When you complete filling in this form please save as your department's name with the capital letters PAF after.

(Example: Tribal Administration PAF) and email to ashleyhemmers@fortmojave.com by the Due Date

Department Information

Department Name: Fort Mojave Tribal Building Department **Director:** George(Mike) McGillivray
Address: 8490 S. Highway 95, Suite 101
City: Mohave Valley **State:** AZ **Zip Code:** 86440
Telephone: 928 - 346 - 1802 **Facsimile:** 928 - 346 - 1806
Website: fmitbld@ftmojave.com, fmitbld2@ftmojave.com **Office Hours:** 7:00 a.m. - 4:00 p.m.

Please describe your department's purpose. This may include a mission statement or philosophy.

Please list all services provided to the tribal community.

Service

Provide inspections to insure the health and safety of Tribal members and other residents and visitors to the Reservation.

Program

International Building Codes

Service

Provide advice on new construction and remodeling to assure life safety issues are addressed.

Program

International Building Codes

Service

**Assist other
Departments with
questions on building
safety concerns.**

Program

International Building Codes

Service

**Assist other
Departments as
requested with
projects that benefit
the Tribe or Tribal
Community**

Program

Department Policy

Please list all annually scheduled department events.
(Example: Job Fair / Annual Health Fair / Kid's Day)



Event Name

Description

Event Name

Description

Event Name

Description

Event Name

Description

Event Name

Description

Event Name

Description