

# E 1420 SAMPLE INVITATION TO TRIBE FOR CONSULTATION

## [SCHOOL DISTRICT LETTERHEAD]

[Date]

[Tribal Leader Name and Title] [Tribe] [Address]

[City, State ZIP]

**Subject: Request for Meaningful Government-to-Government Consultation: [Your School District Name] [Topic/Program]**

Dear [Tribal Leader Name]:

The [School District Name] respectfully extends a formal invitation to [Tribe] for government-to-government consultation regarding [specific topic, program, policy, or plan].

### **Our Commitment to Consultation**

[School District Name] is committed to honoring our government-to-government relationship with Alaska Native tribal governments. We recognize the unique expertise, traditional knowledge, and sovereign authority that the [Tribe] holds regarding the education and well-being of Alaska Native students. This consultation is essential to ensuring our programs and policies incorporate tribal perspectives, respect cultural values, and serve the educational needs of Alaska Native students in our district.

### **Purpose of Consultation**

We are requesting meaningful consultation to gather your substantive input on [specify the program, policy, or plan]. Specifically, we seek your views and recommendations on:

- [Specific area 1: e.g., needs assessment for Alaska Native student achievement]
- [Specific area 2: e.g., integration of Alaska Native cultural knowledge and values]
- [Specific area 3: e.g., program goals and student support services]
- [Specific area 4: e.g., resource allocation and budget priorities]
- [Additional areas specific to your consultation topic]

[If applicable, add: In accordance with [cite federal requirement, e.g., Section 8538 of the Elementary and Secondary Education Act (ESEA/ESSA), Indian Education Formula Grant requirements, Johnson-O'Malley Act, etc.], we are fulfilling our federal obligation to consult with tribal governments to ensure equitable educational opportunities for Alaska Native students.]

## **Consultation Details**

**Topic:** [Briefly state the specific plans, programs, or policies needing input]

### **Date/Time Options:**

- Option 1: [Day, Date] at [Time] [Time Zone]
- Option 2: [Day, Date] at [Time] [Time Zone]
- Alternative: Please suggest a time that works better for your schedule

### **Location/Format:**

- In-Person: [Physical address, if applicable]
- Virtual: [Platform and link, if applicable]
- Hybrid: [Both options available]
- Telephone: [Conference line, if applicable]

**Written Input:** We welcome written comments and recommendations if you prefer, or if you cannot attend the scheduled consultation. Please submit written input via:

- Email: [Contact Email]
- Mail: [Mailing Address]
- Deadline for written input: [Date]

**Accommodations:** Please let us know if you require:

- Language interpretation services
- Accessibility accommodations
- Transportation assistance
- Meal arrangements (for in-person meetings)
- Any other support to facilitate your meaningful participation

## **Background Materials**

[Optional: We have enclosed/attached the following materials for your review prior to the consultation:

- [Document 1]
- [Document 2]
- Additional materials are available upon request]

## **RSVP and Contact Information**

Please confirm your participation or suggest an alternative time by [RSVP Date] by contacting:

[Contact Person Name and Title] [Phone Number] [Email Address] [Available hours for contact]

## **Our Partnership**

We deeply value the sovereign relationship between the [ School District Name] and the [Tribe]. Your input is crucial to fulfilling our commitment to Alaska Native student success and strengthening our collaborative efforts to provide culturally responsive, high-quality education. We recognize your unparalleled knowledge of Alaska Native students' cultural, linguistic, and educational needs, and we are committed to incorporating tribal perspectives into our decision-making processes.

We look forward to consulting with you on this important matter and to continuing our partnership in support of Alaska Native students and their families.

Respectfully,

[Superintendent Name] Superintendent [School District Name]

*Adopted 10/2026*

**Craig City School District**