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**By-Laws of the CAIR** C**ommunity Advisory Board**

 **ARTICLE I: Name and Purpose**

*Section 1.1 Name*

The name of this non-corporate organization is, the Community Advisory Board (“the CAB”) oftheCenter for American Indian Resilience (CAIR).

*Section 1.2 Purpose of the CAB*

To serve as partners with CAIR faculty and staff through advise, recommendations, and assistance with, (a) developing new Community Partners in tribal communities, (b) assist with design of tribally-specific community resiliency CEOC activities, (c) advising researchers and sharing results to tribal communities, (d) recruitment of students for summer Research Education and Core Training.

*Section 1.3 Membership*

The CAB will be comprised of American Indian leaders and or American Indian healthcare professionals serving in American Indian communities. CAB members will be recognized leaders and decision makers within the tribal communities they represent.

 **ARTICLE II: Offices, Location, Records, Contact**

Section 2.1 *Office Location.*

 The principle point or location for conducting CAB business is Northern Arizona University.

 Primary office address and contact: Northern Arizona University, College of Health and Human

 Services, Department of Health Sciences, PO Box 15095, Flagstaff, AZ 86011-4130.

 Physical Address: 1298 S. Knowles Drive, Building 56, Suite 240.

*Section 2.2 Contact and Records*

Primary contact: Dr. Priscilla Sanderson. Ph 928-523-6741/ Fax 928-523-0148, priscilla.sanderson@nau.edu. CAB records and approved CAB meeting minutes will be maintained in the office of the CAB Chairperson, and Northern AZ University, College of Health Professions and Human Services, Department of Health Services.

**ARTICLE III: CAB Duties**

 *Section 3.1 CAB Roles and Responsibilities*

* Participate in three quarterly teleconference meetings per year for the duration of the CAIR grant (teleconference, webinar or Go-To-Meeting).
* Attend annual face-to-face meeting each year.
* Through a Community Based Participatory Research (CBPR) process the CAB members will help identify, prevent, reduce or eliminate health disparities in urban or rural tribal communities.
* Acquire and share knowledge and competency of resilience as it pertains to the needs of American Indian communities.
* CAB and investigators will ensure transparent operations and an environment conducive to ethical and productive training, collaboration and research.

 *Section 3. 2 Powers and Authority*

* The CAB will partner and provide advice to Dr. Priscilla Sanderson, Dr. Nicolette Teufel-Shone, and CEOC Co-Director, Tara Chico.
* The maximum numbers of CAB members will be 10. A minimum of 3 CAB members is required to conduct business. The CAIR budget will be consulted prior to the appointment of additional CAB members.
* In the event that a CAB member is unable to fulfill their five-year commitment, the Chairperson will evaluate potential candidates and refer to the CAB for consideration. By a simple majority vote of the CAB, new members may be appointed. CAB members may be removed by simple majority vote of the CAB.
* Bylaws may be amended by a majority vote of the CAB at a regularly scheduled meeting.
* Special meetings of the CAB may be called by the CAB Chairperson as deemed necessary.
* CAB Voting: One person, one vote. Proxy voting is not allowed. Voting by email or fax may be allowed at the discretion of the CAB Chairperson.
* Whenever possible the CAB will operate on a consensus basis when making decisions.
* CAB Chairperson shall:
1. Develop the agenda and preside over meetings
2. Vote to break ties when necessary
3. Assign duties and make appointments to committees; each CAB member will be a member of one or more CAIR committees.
4. Work, in conjunction with both Co-PI’s, to promote the purpose of the CAIR

*Section 3.3 Action Without Meeting*

* Any action required or permitted to be taken by the CAB may be taken without a meeting if all members of the CAB consent to such action. Any such action will be ratified by a majority of the CAB at the next regular meeting.

**ARTICLE IV: Community Partners**

*Section 4.1 Community Partner Defined*

 Rural or urban American Indian communities, or organizations promoting health and

 resilience in American Indian Communities. Community partnerships will be established in support of

 the CAIR’s mission and vision.

 *Section 4.2 Community Partner Criteria*

* Community Partners have agreed upon mission, values, goals, measurable outcomes and accountability for the partnership.
* The relationship between partners is characterized by mutual trust, respect, genuineness, and commitment.
* Partnerships build upon identified strengths and assets, but also work to address needs and increase capacity.
* Partners make clear and open communication an ongoing priority by striving to understand each other's needs and self-interests, and developing a common language.
* There is feedback among all stakeholders in the partnership, with the goal of continuously improving the partnership and its outcomes.
* Partners share the benefits of the partnership's accomplishments.

**ARTICLE V: Committee Structure**

*Section 5.1 Committees*

* The CAB may at its discretion establish committees’ comprised of CAB members and other personnel to achieve CAIR organizational goals and objectives.
1. Committees shall function until the purpose for which they were formed has been completed and a report of their activities has been made by the CAB.
2. A Committee shall take no action without a formal CAB meeting and CAB vote.
* Standing Committees:
1. Executive committee comprised of Co-PIs and CAB Co-Chairs
2. Program Review committee to annually assess progress.

**ARTICLE VI: Miscellaneous**

* CAIR FY cycle: March 1 - February 28.
* CAB members will be governed by NAU policies concerning the acceptance of gifts, travel and reimbursement.
* Seal:

Adopted as Written

Carlyle Begay, CAB Co-Chair Dr. Priscilla Sanderson, Co-PI

Approved on 6/03/2013

Amended and Approved on 6/20/2014

Carlyle Begay, Co-Chair Brenda Gene, C0-Chair Dr. Priscilla Sanderson, Co-PI

Amended and Approved on 4/30/15

Brenda Gene, Chairperson Dr. Priscilla Sanderson, Co-PI