

CHEROKEE NATION - FY2009 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/09-09/30/10	Budget Preparer	Name:	Phone:	3851
Contract Period:		Accounting Unit Director/Manager	Ashley Canoa	Phone:	5396
Contract Number:		Group Leader	Michael Lynn	Phone:	5707
Accounting Fund:	3-Special Revenue	1st Person Responsible	Michael Lynn	Employee #	10-4869
Funding Source:	21-DOI-Self Governance-Roads	SBC Agreement:	Name:	Phone:	
Group Leader:	Michael Lynn	Name:	Charlie Soap	Phone:	5707
AU Description:	Roads Construction	1st Person Responsible	Michael Lynn	Employee #	10-4869
Accounting Unit:	3211000	SBC Agreement:	Name:	Phone:	
Place IDC Rate in Part 4 Below					
Date/Time Printed:	29-Mar-10 02:25 PM				
Notes: 2010 Budget Request					

PART-2

Staffing Summary:		FY 2010 REVISION 1	FY 2010 ORIG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:		29.78	32.20	(2.42)
# of Regular Part-Time Employee Equivalents:				
# of Temp. Full-Time Employee Equivalents:				
# of Temp. Part-Time Employee Equivalents:				
# of Other Employee Equivalents:				
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS		29.78	32.20	(2.42)

PART-3

Revenues: (Show as positive #)	Account #				Incr \ (Decr)
Grants / contracts revenue	400000			\$ 13,696,846	\$ (13,696,846)
Carryover: "appropriated" PY	490000		\$ 40,859,289	\$ 28,783,789	\$ 12,075,500
Please enter a valid account number - >>>					
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!					
Total Revenues		\$ 40,859,289		\$ 42,480,735	\$ (1,621,446)

PART-4

Expenditures:	Account #	Subject to IDC ?	Subject to IDC ?	Incr \ (Decr)
Salaries & wages	800000	YES	NO	
Fringe benefits	810000	1,030,194		\$ 1,038
Staff development & training	820000	\$358,510		\$ 38,473
Travel-staff	830000	\$59,200		\$ -
Contract services < \$5K	840000	\$53,500		\$ -
Contract services >=\$5K	850000	\$88,809		\$ -
Supplies	860000		\$38,578,603	\$ -
Equipment <\$5K	880000	\$36,384		\$ (1,659,616)
Communication & reproduction	890000	\$39,000		\$ -
Allocated: telephone expense	890080	\$14,000		\$ -
Allocated: mailing cost	890120	\$23,000		\$ -
Allocated: printing/copying	890130	\$5,000		\$ -
Lease/rent: furniture & equip	890500	\$7,000		\$ -
Utilities	700010	\$32,000		\$ -
Allocated: space cost	700080	\$49,000		\$ -
Allocated: property insurance	710090	\$84,363		\$ -
Allocated: auto insurance	710100	\$7,000		\$ -
Employee mileage reimbursement	720040	\$10,500		\$ -
Allocated: GSA vehicle	720050	\$1,500		\$ -
R & m equipment	730040	\$75,000		\$ -
Advertising	740000	\$21,000		\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!		\$3,600		\$ -
Expenditures NOT Subject to IDC			\$ 38,578,603	\$ 40,238,219
Expenditures SUBJECT to IDC		\$ 1,978,560		\$ (1,659,616)
Indirect Cost Rate (if blank or zero, must explain in Notes above)		15.27%		\$ 40,511
Indirect Cost Allocation	970000		15.71%	
Total Expenditures		\$ 302,126	\$ 304,467	\$ (2,341)
Revenues OVER \ (UNDER) Expenditures		\$ -	\$ 42,480,735	\$ (1,621,446)
Transfers In/Out - (Show ALL as Positive Numbers)				
Operating Transfers IN				
Other financing sources				
Cash in: tribally required	900000			\$ -
Cash in: grant required	900010			\$ -
Cash in: motor fuel tax	900020			\$ -
Cash in: vehicle tax	900040			\$ -
Cash in: interprogram contract	900050			\$ -
Operating Transfers OUT				
Other financing uses				
Cash out: tribally required	900001			\$ -
Cash out: grant required	900011			\$ -
Cash out: motor fuel tax	900021			\$ -
Cash out: vehicle tax	900041			\$ -
Cash out: interprogram contract	900051			\$ -
Transfers In/Out - Net				
Take to Narrative ==>		\$ -	\$ -	\$ -
Excess/(Deficit) of Revenues, Expenditures and Net Transfers		\$ 40,859,289	\$ 42,480,735	\$ -

Job Title	Position	Vacant=V New=H Existing=E	Status: Exempt = E Non = N	Salary Range Minimum Maximum	Emp. #	Hourly Rate		Expected Hours To Pay		Expected Wages (Gross)	Series-Status	Fringe Rate%	%	Expected Wages (Gross)	Expected Fringe Benefits
						Reg	Overtime	Regular	Overtime						
1 DIR COMMUNITY PLANNING	E	E	E	A1	1	\$29.85		2.080		\$59.70	10-R-FT	34.80%	25%	\$119.40	\$30.40
2 DIR ROADS	E	E	E	A1	1	\$36.59		2.080		\$73.18	10-R-FT	34.80%	50%	\$111.48	\$55.74
3 COORD INFRASTRUCTURE DATA	E	E	N	A1	1	\$27.42		2.080		\$54.84	10-R-FT	34.80%	11%	\$60.79	\$6.65
4 MGR ROADS CONSTRUCTION	E	E	E	A1	1	\$34.96		2.080		\$70.92	10-R-FT	34.80%	60%	\$107.35	\$64.15
5 ADMIN ASST	E	E	E	A1	1	\$17.18		2.080		\$35.36	10-R-FT	34.80%	25%	\$44.20	\$11.05
6 RIGHT-OF-WAY SPECIALIST II	E	E	N	A1	1	\$21.25		2.080		\$42.50	10-R-FT	34.80%	100%	\$42.50	\$0.00
7 RIGHT-OF-WAY SPECIALIST III	E	E	N	A1	1	\$22.56		2.080		\$45.12	10-R-FT	34.80%	100%	\$45.12	\$0.00
8 SUPERVISOR II	E	E	N	A1	1	\$19.73		2.080		\$40.43	10-R-FT	34.80%	100%	\$40.43	\$0.00
9 CHIEF DESIGNER	E	E	E	A1	1	\$32.87		2.080		\$66.74	10-R-FT	34.80%	100%	\$66.74	\$0.00
10 MGR ROADS OPERATIONS	E	E	E	A1	1	\$34.96		2.080		\$70.92	10-R-FT	34.80%	100%	\$70.92	\$0.00
11 ROADS PROJECT INSPECTOR III	E	E	N	A1	1	\$29.07		2.080		\$58.14	10-R-FT	34.80%	100%	\$58.14	\$0.00
12 SUPERVISOR MATERIAL LAB	E	E	N	A1	1	\$18.89		2.080		\$37.78	10-R-FT	34.80%	27%	\$49.56	\$13.78
13 ROADS PROJECT INSPECTOR II	E	E	N	A1	1	\$27.03		2.080		\$54.06	10-R-FT	34.80%	70%	\$75.68	\$21.62
14 HIGHWAY DESIGN SPEC. TRAINEE	E	E	E	A1	1	\$16.09		2.080		\$32.18	10-R-FT	34.80%	100%	\$32.18	\$0.00
15 ROADS PROJECT INSPECTOR II	E	E	N	A1	1	\$18.89		2.080		\$37.78	10-R-FT	34.80%	100%	\$37.78	\$0.00
16 SUPERVISOR RIGHT OF WAY	E	E	N	A1	1	\$22.56		2.080		\$45.12	10-R-FT	34.80%	100%	\$45.12	\$0.00
17 CHIEF PARTIES	E	E	N	A1	1	\$27.03		2.080		\$54.06	10-R-FT	34.80%	100%	\$54.06	\$0.00
18 RIGHT-OF-WAY SPEC I	E	E	N	A1	1	\$23.82		2.080		\$47.64	10-R-FT	34.80%	100%	\$47.64	\$0.00
19 ROADS PROJECT INSPECTOR I	E	E	N	A1	1	\$19.85		2.080		\$39.70	10-R-FT	34.80%	100%	\$39.70	\$0.00
20 HIGHWAY DESIGN SPECIALIST III	E	E	N	A1	1	\$28.45		2.080		\$56.90	10-R-FT	34.80%	100%	\$56.90	\$0.00
21 ROADS ENGINEER I	E	E	N	A1	1	\$27.40		2.080		\$54.80	10-R-FT	34.80%	100%	\$54.80	\$0.00
22 SUPERVISOR III	E	E	N	A1	1	\$22.56		2.080		\$45.12	10-R-FT	34.80%	100%	\$45.12	\$0.00
23 HIGHWAY DESIGN SPECIALIST I	E	E	N	A1	1	\$24.63		2.080		\$49.26	10-R-FT	34.80%	100%	\$49.26	\$0.00
24 ROADS PROJECT ANALYST	E	E	N	A1	1	\$17.37		2.080		\$34.74	10-R-FT	34.80%	100%	\$34.74	\$0.00
25 SUPERVISOR I	E	E	N	A1	1	\$22.56		2.080		\$45.12	10-R-FT	34.80%	100%	\$45.12	\$0.00
26 ROADS MATERIAL LAB TECH	E	E	N	A1	1	\$18.56		2.080		\$37.12	10-R-FT	34.80%	100%	\$37.12	\$0.00
27 PLANNING ANALYST II	E	E	N	A1	1	\$19.85		2.080		\$39.70	10-R-FT	34.80%	100%	\$39.70	\$0.00
28 ENVIR SPEC II	E	E	E	A1	1	\$25.34		2.080		\$50.68	10-R-FT	34.80%	100%	\$50.68	\$0.00
29 RIGHT OF WAY SPEC TRAINEE	E	E	N	A1	1	\$17.37		2.080		\$34.74	10-R-FT	34.80%	100%	\$34.74	\$0.00
30 ROADS ENGINEER III	E	E	N	A1	1	\$36.06		2.080		\$72.12	10-R-FT	34.80%	100%	\$72.12	\$0.00
31 ROADS MATERIAL LAB TECH	E	E	N	A1	1	\$18.56		2.080		\$37.12	10-R-FT	34.80%	100%	\$37.12	\$0.00
32 ROADS PROJECT INSPECTOR III	E	E	N	A1	1	\$24.19		2.080		\$48.38	10-R-FT	34.80%	100%	\$48.38	\$0.00
33 INFRASTRUCTURE BUS ANALYST	E	E	N	A1	1	\$28.45		2.080		\$56.90	10-R-FT	34.80%	100%	\$56.90	\$0.00
34 PROJECT INSPECTOR	E	E	N	A1	1	\$18.56		2.080		\$37.12	10-R-FT	34.80%	100%	\$37.12	\$0.00
35															
36															
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48															
49															
50															
50 ALL 3% Merit Increase															
Totals										\$30,006				\$10,442	\$39,448
										\$1,030,194				\$359,510	\$1,389,704

Please Input these totals on the Budget Request Form!

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/09 - 09/30/10	Budget Preparer Name:	Sabrina Washington	Phone:	453-5345
Contract Period:	10/01/09 - 09/30/10	Accounting Unit Director/Manager Name:	Nancy John/Shawn West	Phone:	453-5102/5363
Contract Number:		Group Leader Name:	Tom Elkins	Phone:	453-5327
Accounting Fund:	3-Special Revenue	1st Person Responsible Employee #:	10-7367	SBC Agreement Name:	
Funding Source:	22-DOI-Self Governance			Phone:	
AU Description:	Competitive Projects				
Accounting Unit:	3221900				
Place IDC Rate in Part 4 Below					
Date/Time Printed:	17-Mar-10 03:56 PM	Notes: Budget Modification to reflect carryover from FY 09 and change in IDC rate.			

PART-2

Staffing Summary:	FY 2010 REVISION 1	FY 2010 ORIG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	0.22	0.09	0.13
# of Regular Part-Time Employee Equivalents:			-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	0.22	0.09	0.13

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Carryover: "appropriated" PY	490000			
Please enter a valid account number - >>>		\$18,809	\$18,080	\$ 729
Please enter a valid account number - >>>				\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				\$ -
Total Revenues		\$ 18,809	\$ 18,080	\$ 729

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Salaries & wages	600000	\$9,498		\$4,128		\$ 5,372
Fringe benefits	610000	\$2,944		\$1,279		\$ 1,665
Staff development & training	620000	\$100		\$3,000		\$ (2,900)
Contract services >=\$5K	650000				\$8,002	\$ (8,002)
Supplies	680000					\$ (130)
Allocated: mailing cost	690120	\$43		\$25		\$ 18
Allocated: printing/copying	690130	\$80		\$50		\$ 30
Allocated: GSA vehicle	720050	\$1,150		\$100		\$ 1,050
Travel-staff	630000	\$2,337				\$ 2,337
Allocated: auto insurance	710100	\$165				\$ 165
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						\$ -
Expenditures NOT Subject to IDC						
Expenditures SUBJECT to IDC		\$ 16,317		\$ 8,710		\$ (8,002)
Indirect Cost Rate (If blank or zero, must explain in Notes above)		15.27%		15.71%		\$ 7,607
Indirect Cost Allocation	970000	\$ 2,492		\$ 1,368		\$ 1,124
Total Expenditures		\$ 18,809		\$ 18,080		\$ 729

Revenues OVER \ (UNDER) Expenditures		\$ -		\$ -		\$ -
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Transfers In\Out - (Show ALL as Positive Numbers)

Operating Transfers IN					
Other financing sources					
Cash in: tribally required	900000				\$ -
Cash in: grant required	900010				\$ -
Cash in: motor fuel tax	900020				\$ -
Cash in: vehicle tax	900040				\$ -
Cash in: interprogram contract	900050				\$ -
	900060				\$ -
Operating Transfers OUT					
Other financing uses					
Cash out: tribally required	900001				\$ -
Cash out: grant required	900011				\$ -
Cash out: motor fuel tax	900021				\$ -
Cash out: vehicle tax	900041				\$ -
Cash out: interprogram contract	900051				\$ -
	900061				\$ -

Take to Narrative ==>		\$ 18,809		\$ 18,080		\$ -
Excess(Deficit) of Revenues, Expenditures and Net Transfers		\$ -		\$ -		\$ -

Accounting Unit Description: Competitive Projects For Budget Period: 1001009 - 09/30/10
 Accounting Unit Name: 3221900 Prepared By: Sabrina Washington

PAYROLL WORKSHEET

Printed Date: 17 Apr 10
 Printed Time: 03:57 PM

Job Title	Position Vacancy	Status: Exempt = E \ Non = N	Salary Range Class	Range Minimum	Range Maximum	Emp. #	Hourly Rate	Expected Hours To Pay		Expected Wages (Gross)	Series/Status	Fringe Rate%	% Perc.	Totals For This Accounting Unit	
								Regular	Overtime					Expected Wages (Gross)	Expected Fringe Benefits
1 DIR ENV PROGRAMS	E	E	EV8	\$34.98	10-4128	\$	29.38	2,080		\$81,110	10-R-FT	31.00%	5%	\$3,058	\$947
2 ENV SPECIALIST II	E	E	EV4	\$25.18	10-5355	\$	23.64	2,080		\$48,171	10-R-FT	31.00%	10%	\$4,971	\$1,448
3 ACCOUNT CLERK II	E	N	AO5	\$17.18	10-7759	\$	10.72	2,080		\$22,298	10-R-FT	31.00%	7%	\$1,494	\$483
4														\$0	\$0
5														\$0	\$0
6 AU 3% Merit Increase														\$277	\$86
Totals													\$9,488	\$2,944	

Please input these totals on the Budget Request Form!

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2009 - 09/30/2010	Budget Preparer	Name:	Debra Lack	Phone:	5310
Contract Period:	10/01/2009 - 09/30/2010	Accounting Unit Director/Manager	Name:	Debra Lack	Phone:	5310
Contract Number:		Group Leader	Name:	S. Diane Kelley	Phone:	5628
Accounting Fund:	3-Special Revenue	1st Person Responsible	Employee #	10-4885		
Funding Source:	23-DOI-PL 102-477	SBC Agreement:	Name:		Phone:	
AU Description:	ES Supp Youth Emp Prog					
Accounting Unit:	3233000	Place IDC Rate in Part 4 Below				
Date/Time Printed:	11-Mar-10 09:42 AM	Notes: This is a revision for this accounting unit to reflect actual funding amount.				

PART-2

Staffing Summary:	FY 2010 REVISION 1	FY 2010 ORIG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:			-
# of Regular Part-Time Employee Equivalents:			-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS			-

PART-3

Revenues:	Account #			Incr \ (Decr)
Grants / contracts revenue	400000			
Please enter a valid account number - >>>		\$824,245	\$500,000	\$ 324,245
Please enter a valid account number - >>>				\$ -
Total Revenues		\$ 824,245	\$ 500,000	\$ 324,245

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Client services	670000		\$824,245		\$500,000	\$ 324,245
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Total Expenditures			\$ 824,245		\$ 500,000	\$ 324,245
Expenditures NOT Subject to IDC						\$ -
Expenditures SUBJECT to IDC			\$ 824,245		\$ 500,000	\$ 324,245
Indirect Cost Rate (if blank or zero, must explain in Notes above)						\$ -
Indirect Cost Allocation	970000	15.27%		15.27%		\$ -
Total Expenditures			\$ 824,245		\$ 500,000	\$ 324,245
Revenues OVER \ (UNDER) Expenditures			\$ -		\$ -	\$ -
Transfers In\Out - (Show ALL as Positive Numbers)						
Operating Transfers IN						
Other financing sources						
Cash in: tribally required	900000					\$ -
Cash in: grant required	900010					\$ -
Cash in: motor fuel tax	900020					\$ -
Cash in: vehicle tax	900040					\$ -
Cash in: Interprogram contract	900050					\$ -
	900060					\$ -
Operating Transfers OUT						
Other financing uses						
Cash out: tribally required	900001					\$ -
Cash out: grant required	900011					\$ -
Cash out: motor fuel tax	900021					\$ -
Cash out: vehicle tax	900041					\$ -
Cash out: Interprogram contract	900051					\$ -
	900061					\$ -
Transfers In\Out - Net						\$ -
Take to Narrative ==>			\$ 824,245		\$ 500,000	\$ -
Excess\ (Deficit) of Revenues, Expenditures and Net Transfers			\$ -		\$ -	\$ -



GWYD DBP
CHEROKEE NATION™

P.O. Box 948 • Tahlequah, OK 74465-0948 • (918) 453-5100

0463
Chad "Comtassel" Smith
Principal Chief

JL Co. J6-ha
Joe Grayson, Jr
Deputy Principal Chief

3233000

June 19, 2009
Ms. Lynn Forcia
Division of Workforce Development
Office of Indian Energy and Economic Development
1951 Constitution Avenue NW MS-20-SIB
Washington DC 20245

Ms. Forcia,

Please find enclosed two original signed contract agreements, along with attachments and required forms. Due to location, the ACH form will have to be mailed out to the Financial Entity for original signatures, please see the enclosed copy with account information. The original will be forthcoming upon receipt. Should you have any questions regarding this agreement please contact Vickie Hanvey, Self-Governance Administrator (918) 453-5391 or vhanvey@cherokee.org.

Thank you for your assistance and we look forward to working with you and your department on this agreement.

Warmest Regards,

Ashier Ashmore
Technical Analyst
Funding Award Technical Support Office

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1. EFFECTIVE DATE: <u>6/1/2009</u>	2. CONTRACT AGREEMENT NO. <u>NEW (ARRA)</u>	3. CONTRACT NUMBER <u>GTK00T158AR</u>
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4. ISSUED BY:	5. ISSUED TO:
ORGANIZATION AND ADDRESS: Office of Indian Energy & Economic Dev. Division of Workforce Development 1951 Constitution Ave, N.W., MS-20-SIB Washington, D. C. 20245	ORGANIZATION AND ADDRESS: Cherokee Nation of Oklahoma P.O. Box 948, 17675 S. Muskogee Ave. Tahlequah, OK 74465

6. ADMINISTRATOR	7. ADMINISTRATOR
a. NAME: Lynn Forcia	a. NAME: Kim Carroll
b. TITLE: Awarding Official	b. TITLE: Director
c. TELEPHONE NO.: (202) 219-5270	c. TELEPHONE NO.: (918) 453-5462 Fax (918) 458-7694
d. P.O. ADDRESS: Same as Block #4	d. P.O. ADDRESS: Same as Block #5

8. PURPOSE AND DESCRIPTION (SUMMARY)	9. PERFORMANCE PERIOD
To award the Cherokee Nation of Oklahoma through the American Recovery and Reinvestment Act of 2009.	a. START: 6/1/2009 ----- b. COMPLETE: 9/30/2010

10. ACCOUNTING AND APPROPRIATION DATA	11. ESTIMATED AMOUNT
See Page 2, CONTINUATION SHEET Note: This continuation sheet (contract modification) will accompany a drawdown sheet each time funds are disbursed.	\$871,304.00.


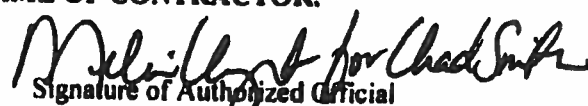
12. CONDITIONS

The order of precedence in the event there is a Conflict/Inconsistency in any attachments will be as follows: 1. This Contract Amendment is subject to the conditions of the following documents:

- A. Approved Contract Budget Funds, see section 11 (estimated amount).
- B. Section 108 Model Agreement
- C. Contractor's Application (Statement of Work), as amended.
- D. Funding Agreement
- E. The Cherokee Nation of Oklahoma certifies that it will adhere to the reporting requirements of the American Recovery and Reinvestment Act of 2009.

NOTE: P-638 Payments will be paid through the Division of Workforce Development, Washington, D.C.

13. OFFER	14. ACCEPTANCE
a. This Contract Amendment is offered under the authorities of Pub. L. 102-477, 106 Stat. 2302; 25 U.S.C. 3401-3417 and Pub. L. 93-638, as amended by Pub. L. 100-472.	a. The Contractor accepts this Contract Amendment. The undersigned represents that he is duly authorized to act on behalf of the Contractor.

b. UNITED STATES OF AMERICA By:  Signature of Authorized Official	b. NAME OF CONTRACTOR: By:  Signature of Authorized Official
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c. TYPED OR PRINTED NAME AND TITLE: Lynn Forcia, Awarding Official Certificate #: BIA-2006-LI-000067	c. TYPED OR PRINTED NAME AND TITLE : Chadwick Smith, Principal Chief
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d. Date: <u>6-5-09</u>	d. Date: <u>6/19/09</u>
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CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/1/09 - 9/30/10	Budget Preparer	Phone: 207-3963
Contract Period:	10/1/09 - 9/30/10	Name:	Art Geary
Contract Number:		Accounting Unit Director/Manager	Phone:
Accounting Fund:	3-Special Revenue	Name:	Mike Pruitt
Funding Source:	32-IHS-Self Governance-Health	Group Leader	Phone:
AJ Description:	Stilwell Clinic	Name:	Melissa Gower
Accounting Unit:	3322105	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	
		SBC Agreement:	Phone:
		Name:	

Date/Time Printed: 05-Apr-10 09:55 AM

Notes:

PART-2

Staffing Summary:	FY 2010 REVISION 1	FY 2010 ORIG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:		124.85	(124.85)
# of Regular Part-Time Employee Equivalents:			-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS		124.85	(124.85)

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Grants / contracts revenue	400000	\$7,425,018	\$7,217,936	\$ 207,081
Medicaid Unrestricted	470030	\$2,117,230	\$2,117,230	\$ -
Medicare Restricted	470040	\$1,001,979	\$1,001,979	\$ -
Medicaid RX Unrestricted	470080	\$117,113	\$117,113	\$ -
Medicare B Unrestricted	470110	\$136,723	\$136,723	\$ -
Insurance Income	470120	\$1,005,573	\$1,005,573	\$ -
Please enter a valid account number - >>>				
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				
Total Revenues		\$ 11,803,634	\$ 11,596,553	\$ 207,081

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Salaries & wages	600000	\$5,202,060		\$5,041,955		\$ 160,105
Fringe benefits	610000	\$1,805,933		\$1,558,501		\$ 247,432
Staff development & training	620000	\$45,000		\$45,000		\$ -
Recruitment	620500	\$2,000		\$2,000		\$ -
Travel-staff	630000	\$5,000		\$5,000		\$ -
Contract services < \$5K	640000	\$10,000		\$10,000		\$ -
Contract services >=\$5K	650000		\$500,000		\$500,000	\$ -
MOA/IPA contracts >=\$5K	650030		\$208,340		\$208,340	\$ -
Locum Tenens >=\$5K	650040		\$10,000		\$10,000	\$ -
Supplies on agreement: Office	660000		\$2,000		\$2,000	\$ -
Supplies on agreement: RX	660010		\$2,200,000		\$2,200,000	\$ -
Supplies on agreement: Medical	660020		\$115,000		\$115,000	\$ -
Supplies on agreement: R & M	660030		\$500		\$500	\$ -
Supplies	680000	\$365,089		\$366,770		\$ (1,681)
Allocated: telephone expense	690080	\$9,000		\$9,000		\$ -
Allocated: cell/mobile phone	690090	\$3,000		\$3,000		\$ -
Allocated: internet	690110	\$81,053		\$61,053		\$ 20,000
Allocated: mailing cost	690120	\$20,000		\$20,000		\$ -
Allocated: printing/copying	690130	\$500		\$500		\$ -
Lease/rent: furniture & equip	690500	\$60,000		\$60,000		\$ -
Utilities	700010	\$140,000		\$140,000		\$ -
Allocated: property insurance	710090	\$3,000		\$3,000		\$ -
Allocated: auto insurance	710100	\$3,000		\$3,000		\$ -
Employee mileage reimbursement	720040	\$3,000		\$3,000		\$ -
Allocated: GSA vehicle	720050	\$30,000		\$30,000		\$ -
Building maintenance	730000	\$25,000		\$25,000		\$ -
R & m equipment	730040	\$5,000		\$5,000		\$ -
Capital acquisitions >=\$5K	770000		\$10,000		\$10,000	\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC		\$ 3,045,840		\$ 3,045,840		\$ -
Expenditures SUBJECT to IDC		\$ 7,597,635		\$ 7,389,779		\$ 207,856
Indirect Cost Rate (if blank or zero, must explain in Notes above)		15.27%		15.71%		
Indirect Cost Allocation	970000	\$ 1,160,169		\$ 1,160,934		\$ (765)
Total Expenditures		\$ 11,803,634		\$ 11,596,553		\$ 207,081
Revenues OVER \ (UNDER) Expenditures		\$ -		\$ -		\$ -

Transfers In/Out - (Show ALL as Positive Numbers)

Operating Transfers IN				
Other financing sources	900000			\$ -
Cash in: tribally required	900010			\$ -
Cash in: grant required	900020			\$ -
Cash in: motor fuel tax	900040			\$ -
Cash in: vehicle tax	900050			\$ -
Cash in: interprogram contract	900060			\$ -

Operating Transfers OUT				
Other financing uses	900001			\$ -
Cash out: tribally required	900011			\$ -
Cash out: grant required	900021			\$ -
Cash out: motor fuel tax	900041			\$ -
Cash out: vehicle tax	900051			\$ -
Cash out: interprogram contract	900061			\$ -

Transfers In/Out - Net		\$ -		\$ -
Take to Narrative ==>		\$ 11,803,634		\$ 11,596,553

Excess/(Deficit) of Revenues, Expenditures and Net Transfers		\$ -		\$ -
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5,202,060
1,555,933

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/09 - 09/30/10	Budget Preparer:	Phone: 207-3853
Contract Period:	10/1/09 - 9/30/10	Name:	Art Geary
Contract Number:		Accounting Unit Director/Manager:	Phone: 774-1402
Accounting Fund:	3-Special Revenue	Name:	Mike Pruitt
Funding Source:	32-IHS-Self Governance-Health	Group Leader:	Phone: 5460
AU Description:	Sallisaw Clinic	Name:	Melissa Gower
Accounting Unit:	3322205	1st Person Responsible:	
Place IDC Rate in Part 4 Below		Employee #:	10-1768
		SBC Agreement:	Phone:
		Name:	

Date/Time Printed:	05-Apr-10	08:23 AM
Notes:		

PART-2

Staffing Summary:	FY 2010 REVISION 1	FY 2010 ORIG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:		95.70	(95.70)
# of Regular Part-Time Employee Equivalents:		2.00	(2.00)
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS		97.70	(97.70)

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Grants / contracts revenue	400000	\$6,909,189	\$6,495,295	\$ 413,894
Medicaid Unrestricted	470030	\$1,349,024	\$1,349,024	\$ -
Medicare Restricted	470040	\$836,277	\$836,277	\$ -
Medicaid RX Unrestricted	470080	\$119,565	\$119,565	\$ -
Medicare B Unrestricted	470110	\$211,285	\$211,285	\$ -
Insurance Income	470120	\$903,165	\$903,165	\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				
Total Revenues		\$ 10,328,505	\$ 9,914,611	\$ 413,894

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Salaries & wages	600000	\$4,371,421		\$4,078,374		\$ 293,047
Fringe benefits	610000	\$1,337,975		\$1,248,667		\$ 89,408
Staff development & training	620000	\$36,500		\$36,500		\$ -
Recruitment	620500	\$2,000		\$2,000		\$ -
Travel-staff	630000	\$7,200		\$7,200		\$ -
Contract services < \$5K	640000	\$10,500		\$10,500		\$ -
Contract services >=\$5K	650000		\$365,000		\$365,000	\$ -
MOA/IPA contracts >=\$5K	650030		\$141,037		\$141,037	\$ -
Locum Tenens >=\$5K	650040		\$60,000		\$60,000	\$ -
Supplies on agreement: Office	660000		\$6,000		\$6,000	\$ -
Supplies on agreement: RX	660010		\$2,099,945		\$2,100,000	\$ (55)
Supplies on agreement: Medical	660020		\$140,000		\$140,000	\$ -
Supplies	680000	\$276,000		\$275,945		\$ 55
Allocated: telephone expense	690080	\$40,000		\$40,000		\$ -
Allocated: cell/mobile phone	690090	\$6,400		\$6,400		\$ -
Allocated: internet	690110	\$84,528		\$84,528		\$ -
Allocated: mailing cost	690120	\$20,000		\$20,000		\$ -
Allocated: printing/copying	690130	\$500		\$500		\$ -
Lease/rent: furniture & equip	690500	\$97,000		\$97,000		\$ -
Utilities	700010	\$120,000		\$120,000		\$ -
Allocated: property insurance	710090	\$5,000		\$5,000		\$ -
Allocated: auto insurance	710100	\$3,000		\$3,000		\$ -
Employee mileage reimbursement	720040	\$10,000		\$10,000		\$ -
Allocated: GSA vehicle	720050	\$28,000		\$28,000		\$ -
Building maintenance	730000	\$50,000		\$50,000		\$ -
R & m equipment	730040	\$5,100		\$5,100		\$ -
Capital acquisitions >=\$5K	770000	\$0	\$10,000	\$0	\$10,000	\$ -
Please enter a valid account number - >>>						
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DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC			\$ 2,821,982		\$ 2,822,037	\$ (55)
Expenditures SUBJECT to IDC		\$ 6,512,122		\$ 6,129,612		\$ 382,510
Indirect Cost Rate (If blank or zero, must explain in Notes above)		15.27%		15.71%		
Indirect Cost Allocation		\$ 964,461		\$ 962,962		\$ 1,499
Total Expenditures			\$ 10,328,505		\$ 9,914,611	\$ 413,894

Revenues OVER \ (UNDER) Expenditures	\$ -	\$ -	\$ -
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Transfers In/Out - (Show ALL as Positive Numbers)

Operating Transfers IN					
Other financing sources	900000				\$ -
Cash in: tribally required	900010				\$ -
Cash in: grant required	900020				\$ -
Cash in: motor fuel tax	900040				\$ -
Cash in: vehicle tax	900050				\$ -
Cash in: interprogram contract	900060				\$ -

Operating Transfers OUT					
Other financing uses	900001				\$ -
Cash out: tribally required	900011				\$ -
Cash out: grant required	900021				\$ -
Cash out: motor fuel tax	900041				\$ -
Cash out: vehicle tax	900051				\$ -
Cash out: interprogram contract	900061				\$ -

Transfers In/Out - Net	\$ -	\$ -	\$ -
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Take to Narrative >>>	\$ 10,328,505	\$ 9,914,611	
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Excess/(Deficit) of Revenues, Expenditures and Net Transfers	\$ -	\$ -	\$ -
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PATROL UNIT INFORMATION									
Unit No.	Unit Name	Unit Type	Unit Status	Unit Location	Unit Description	Unit Manager	Unit Supervisor	Unit Contact	Unit Notes
101	1st Patrol Unit	Patrol	Active	1st District	Patrol Unit 101	John Doe	Jane Smith	101-101-101	Unit 101 description
102	2nd Patrol Unit	Patrol	Active	2nd District	Patrol Unit 102	John Doe	Jane Smith	102-102-102	Unit 102 description
103	3rd Patrol Unit	Patrol	Active	3rd District	Patrol Unit 103	John Doe	Jane Smith	103-103-103	Unit 103 description
104	4th Patrol Unit	Patrol	Active	4th District	Patrol Unit 104	John Doe	Jane Smith	104-104-104	Unit 104 description
105	5th Patrol Unit	Patrol	Active	5th District	Patrol Unit 105	John Doe	Jane Smith	105-105-105	Unit 105 description
106	6th Patrol Unit	Patrol	Active	6th District	Patrol Unit 106	John Doe	Jane Smith	106-106-106	Unit 106 description
107	7th Patrol Unit	Patrol	Active	7th District	Patrol Unit 107	John Doe	Jane Smith	107-107-107	Unit 107 description
108	8th Patrol Unit	Patrol	Active	8th District	Patrol Unit 108	John Doe	Jane Smith	108-108-108	Unit 108 description
109	9th Patrol Unit	Patrol	Active	9th District	Patrol Unit 109	John Doe	Jane Smith	109-109-109	Unit 109 description
110	10th Patrol Unit	Patrol	Active	10th District	Patrol Unit 110	John Doe	Jane Smith	110-110-110	Unit 110 description
111	11th Patrol Unit	Patrol	Active	11th District	Patrol Unit 111	John Doe	Jane Smith	111-111-111	Unit 111 description
112	12th Patrol Unit	Patrol	Active	12th District	Patrol Unit 112	John Doe	Jane Smith	112-112-112	Unit 112 description
113	13th Patrol Unit	Patrol	Active	13th District	Patrol Unit 113	John Doe	Jane Smith	113-113-113	Unit 113 description
114	14th Patrol Unit	Patrol	Active	14th District	Patrol Unit 114	John Doe	Jane Smith	114-114-114	Unit 114 description
115	15th Patrol Unit	Patrol	Active	15th District	Patrol Unit 115	John Doe	Jane Smith	115-115-115	Unit 115 description
116	16th Patrol Unit	Patrol	Active	16th District	Patrol Unit 116	John Doe	Jane Smith	116-116-116	Unit 116 description
117	17th Patrol Unit	Patrol	Active	17th District	Patrol Unit 117	John Doe	Jane Smith	117-117-117	Unit 117 description
118	18th Patrol Unit	Patrol	Active	18th District	Patrol Unit 118	John Doe	Jane Smith	118-118-118	Unit 118 description
119	19th Patrol Unit	Patrol	Active	19th District	Patrol Unit 119	John Doe	Jane Smith	119-119-119	Unit 119 description
120	20th Patrol Unit	Patrol	Active	20th District	Patrol Unit 120	John Doe	Jane Smith	120-120-120	Unit 120 description

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/08 - 9/30/09	Budget Preparer	Name:	Art Geary	Phone:	3953
Contract Period:	10/01/08 - 9/30/09	Accounting Unit Director/Manager	Name:	Mike Fisher, Clinic Administrator	Phone:	253-4271
Contract Number:	Unknown	Group Leader	Name:	Melissa Gower	Phone:	453-5450
Accounting Fund:	3-Special Revenue	1st Person Responsible	Employee #	10-4858	SBC Agreement:	Phone:
Funding Source:	32- IHS- Self Governance-Health					
AU Description:	Jay Revenue					
Accounting Unit:	J122305					
Place IDC Rate in Part 4 Below						
Date/Time Printed:	05-Apr-10 08:18 AM	Notes:				

PART-2

Staffing Summary:	FY 2010 REVISION 1	FY 2010 ORIG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	82.60	81.35	1.25
# of Regular Part-Time Employee Equivalents:	2.00	2.00	-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	84.60	83.35	1.25

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Grants / contracts revenue	400000	\$5,774,651	\$5,578,308	\$ 196,345
Medicaid Unrestricted	470030	\$684,096	\$684,096	\$ -
Medicare Restricted	470040	\$430,800	\$430,800	\$ -
Medicaid RX Unrestricted	470080	\$69,618	\$69,618	\$ -
Medicare B Unrestricted	470110	\$98,708	\$98,708	\$ -
Insurance Income	470120	\$404,436	\$404,436	\$ -
Please enter a valid account number - >>>				
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				
Total Revenues		\$ 7,440,309	\$ 7,243,964	\$ 196,345

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Salaries & wages	600000	\$3,810,806		\$3,467,013		\$ 153,583
Fringe benefits	610000	\$1,089,205		\$1,052,785		\$ 36,440
Staff development & training	620000	\$57,875		\$57,875		\$ -
Recruitment	620500	\$1,400		\$1,400		\$ -
Travel-staff	630000	\$14,100		\$14,100		\$ -
Contract services < \$5K	640000	\$31,180		\$31,180		\$ -
Contract services >=\$5K	650000		\$198,758		\$198,758	\$ -
MOA/IPA contracts >=\$5K	650030		\$84,600		\$84,600	\$ -
Locum Tenens >=\$5K	650040		\$10,000		\$10,000	\$ -
Supplies on agreement: Office	660000		\$3,500		\$3,500	\$ -
Supplies on agreement: RX	660010		\$850,000		\$850,000	\$ -
Supplies on agreement: Medical	660020		\$116,000		\$116,000	\$ -
Supplies	680000	\$218,964		\$218,964		\$ -
Equipment < \$5K	680070	\$79,569		\$79,569		\$ -
Allocated: telephone expense	690080	\$16,000		\$16,000		\$ -
Allocated: cell/mobile phone	690090	\$4,123		\$4,123		\$ -
Allocated: internet	690110	\$41,553		\$41,553		\$ -
Allocated: mailing cost	690120	\$32,000		\$32,000		\$ -
Allocated: printing/copying	690130	\$400		\$400		\$ -
Lease/rent: furniture & equip	690500	\$24,800		\$24,800		\$ -
Utilities	700010	\$70,560		\$70,560		\$ -
Allocated: property insurance	710090	\$2,000		\$2,000		\$ -
Allocated: auto insurance	710100	\$3,000		\$3,000		\$ -
Employee mileage reimbursement	720040	\$9,600		\$9,600		\$ -
Allocated: GSA vehicle	720050	\$27,504		\$27,504		\$ -
Building maintenance	730000	\$16,200		\$16,200		\$ -
Capital acquisitions >=\$5K	770000		\$10,000		\$10,000	\$ -
Please enter a valid account number - >>>						
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC			\$ 1,272,858		\$ 1,272,858	\$ -
Expenditures SUBJECT to IDC		\$ 5,359,439		\$ 5,169,408		\$ 190,033
Indirect Cost Rate (if blank or zero, must explain in Notes above)		15.27%		15.71%		
Indirect Cost Allocation 970000		\$ 817,012		\$ 816,700		\$ 6,312
Total Expenditures			\$ 7,440,309		\$ 7,243,964	\$ 196,345

Revenues OVER \ (UNDER) Expenditures		\$ -	\$ -	\$ -
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Transfers In/Out - (Show ALL as Positive Numbers)

Operating Transfers IN				
Other financing sources	900000			\$ -
Cash in: tribally required	900010			\$ -
Cash in: grant required	900020			\$ -
Cash in: motor fuel tax	900040			\$ -
Cash in: vehicle tax	900050			\$ -
Cash in: interprogram contract	900060			\$ -

Operating Transfers OUT				
Other financing uses	900001			\$ -
Cash out: tribally required	900011			\$ -
Cash out: grant required	900021			\$ -
Cash out: motor fuel tax	900041			\$ -
Cash out: vehicle tax	900051			\$ -
Cash out: interprogram contract	900061			\$ -

Transfers In/Out - Net		\$ -	\$ -	\$ -
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Take to Narrative ==>		\$ 7,440,309	\$ 7,243,964	
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Excess(Deficit) of Revenues, Expenditures and Net Transfers		\$ -	\$ -	\$ -
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CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/1/09-9/30/10	Budget Preparer	Phone: 453-5836
Contract Period:	10/1/09-9/30/10	Name:	AMI SAMS
Contract Number:		Accounting Unit Director/Manager	Phone: 434-8500
Accounting Fund:	3-Special Revenue	Name:	CHARLES SMITH
Funding Source:	32-IHS-Self Governance-Health	Group Leader	Phone: 453-5450
AU Description:	AMO SALINA HEALTH CENTER	Name:	MELISSA GOWER
Accounting Unit:	3322405	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	107748
		SBC Agreement:	Phone:
		Name:	
Date/Time Printed:	05-Apr-10 08:09 AM		
Notes:			

PART-2

Staffing Summary:	FY 2010 REVISION 1	FY 2010 ORIG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	92.65	75.45	17.40
# of Regular Part-Time Employee Equivalents:	1.00	1.00	-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	93.65	76.45	17.40

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Grants / contracts revenue	400000	\$5,885,958	\$5,480,337	\$ 395,621
Medicaid Unrestricted	470030	\$722,693	\$722,693	\$ -
Medicare Restricted	470040	\$733,167	\$733,167	\$ -
Medicaid RX Unrestricted	470080	\$91,233	\$91,233	\$ -
Medicare B Unrestricted	470110	\$132,453	\$132,453	\$ -
Insurance Income	470120	\$602,297	\$602,297	\$ -
Please enter a valid account number - >>>				
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				
Total Revenues		\$ 8,167,801	\$ 7,772,180	\$ 395,621

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Salaries & wages	800000	\$3,537,570		\$3,246,887		\$ 290,703
Fringe benefits	810000	\$1,077,954		\$1,008,532		\$ 71,422
Staff development & training	820000	\$42,750		\$42,750		\$ -
Recruitment	820500	\$2,000		\$2,000		\$ -
Travel-staff	830000	\$25,000		\$25,000		\$ -
Contract services < \$5K	840000	\$7,500		\$7,500		\$ -
Contract services >=\$5K	850000		\$338,175		\$338,175	\$ -
Locum Tenens >=\$5K	850040		\$10,000		\$10,000	\$ -
Supplies on agreement: Office	860000		\$6,000		\$6,000	\$ -
Supplies on agreement: RX	860010		\$1,600,000		\$1,600,000	\$ -
Supplies on agreement: Medical	860020		\$85,000		\$85,000	\$ -
Supplies	880000	\$325,030		\$325,030		\$ -
Allocated: telephone expense	890080	\$20,000		\$20,000		\$ -
Allocated: cell/mobile phone	890090	\$8,700		\$8,700		\$ -
Allocated: internet	890110	\$31,053		\$31,053		\$ -
Allocated: mailing cost	890120	\$12,500		\$12,500		\$ -
Lease/rent: furniture & equip	890500	\$81,000		\$81,000		\$ -
Utilities	700010	\$108,000		\$108,000		\$ -
Allocated: property insurance	710090	\$7,800		\$7,800		\$ -
Allocated: auto insurance	710100	\$2,900		\$2,900		\$ -
Employee mileage reimbursement	720040	\$6,000		\$6,000		\$ -
Allocated: GSA vehicle	720050	\$30,000		\$30,000		\$ -
Building maintenance	730000	\$3,000		\$3,000		\$ -
R & m equipment	730040	\$8,000		\$8,000		\$ -
Please enter a valid account number - >>>						
Please enter a valid account number - >>>						
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC			\$ 2,039,175		\$ 2,039,175	\$ -
Expenditures SUBJECT to IDC		\$ 5,316,757		\$ 4,954,832		\$ 362,125
Indirect Cost Rate (If blank or zero, must explain in Notes above)		15.27%		15.71%		
Indirect Cost Allocation	970000	\$ 811,869		\$ 778,373		\$ 33,496
Total Expenditures		\$ 8,167,801		\$ 7,772,180		\$ 395,621

Revenues OVER \ (UNDER) Expenditures		\$ -		\$ -		\$ -
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Transfers In/Out - (Show ALL as Positive Numbers)						
Operating Transfers IN						
Other financing sources	900000					\$ -
Cash in: tribally required	900010					\$ -
Cash in: grant required	900020					\$ -
Cash in: motor fuel tax	900040					\$ -
Cash in: vehicle tax	900050					\$ -
Cash in: interprogram contract	900060					\$ -
Operating Transfers OUT						
Other financing uses	900001					\$ -
Cash out: tribally required	900011					\$ -
Cash out: grant required	900021					\$ -
Cash out: motor fuel tax	900041					\$ -
Cash out: vehicle tax	900051					\$ -
Cash out: interprogram contract	900061					\$ -
Transfers In/Out - Net			\$ -		\$ -	\$ -
Take to Narrative ==>		\$ 8,167,801		\$ 7,772,180		\$ -
Excess\ (Deficit) of Revenues, Expenditures and Net Transfers		\$ -		\$ -		\$ -

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/1/09 TO 9/30/10	Budget Preparer	Phone: 207-3953
Contract Period:	10/1/09 TO 9/30/11	Name:	Art Gaary
Contract Number:		Accounting Unit Director/Manager	Phone: 273-7513
Accounting Fund:	3-Special Revenue	Name:	Elton Sunday
Funding Source:	32-IHS-Self Governance-Health	Group Leader	Phone: 453-5450
AU Description:	Nowata Revenue	Name:	Melissa Gowar
Accounting Unit:	3322505	1st Person Responsible	
Place IDC Rate In Part 4 Below		Employee #	104810
		SBC Agreement:	Phone:
		Name:	
Date/Time Printed:	05-Apr-10 08:07 AM	Notes:	

PART-2

Staffing Summary:	FY 2010 REVISION 1	FY 2010 ORIG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	60.50	57.35	3.15
# of Regular Part-Time Employee Equivalents:			-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	60.50	57.35	3.15

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Grants / contracts revenue	400000	\$4,589,238	\$4,171,890	\$ 417,548
Medicaid Unrestricted	470030	\$190,439	\$190,439	\$ -
Medicare Restricted	470040	\$501,598	\$501,598	\$ -
Medicaid RX Unrestricted	470080	\$37,861	\$37,861	\$ -
Medicare B Unrestricted	470110	\$62,828	\$62,828	\$ -
Insurance Income	470120	\$281,252	\$281,252	\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				
Total Revenues		\$ 5,663,014	\$ 5,245,468	\$ 417,548

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Salaries & wages	600000	\$2,502,484		\$2,209,712		\$ 292,772
Fringe benefits	610000	\$787,389		\$885,007		\$ 82,382
Staff development & training	620000	\$38,750		\$38,750		\$ -
Recruitment	620500	\$2,000		\$2,000		\$ -
Travel-staff	630000	\$4,000		\$4,000		\$ -
Contract services < \$5K	640000	\$5,500		\$5,500		\$ -
Contract services >=\$5K	650000		\$297,125		\$297,125	\$ -
MOA/IPA contracts >=\$5K	650030		\$104,232		\$104,232	\$ -
Locum Tenens >=\$5K	650040		\$10,000		\$10,000	\$ -
Supplies on agreement: Office	660000		\$500		\$500	\$ -
Supplies on agreement: RX	660010		\$876,500		\$876,500	\$ -
Supplies on agreement: Medical	660020		\$31,000		\$31,000	\$ -
Supplies	680000	\$166,340		\$166,340		\$ -
Communication & reproduction	690000	\$2,000		\$2,000		\$ -
Allocated: telephone expense	690080	\$31,700		\$31,700		\$ -
Allocated: cell/mobile phone	690090	\$8,000		\$8,000		\$ -
Allocated: internet	690110	\$62,928		\$62,928		\$ -
Allocated: mailing cost	690120	\$8,200		\$8,200		\$ -
Utilities	700010	\$90,500		\$90,500		\$ -
Allocated: property insurance	710090	\$12,000		\$12,000		\$ -
Allocated: auto insurance	710100	\$4,680		\$4,680		\$ -
Employee mileage reimbursement	720040	\$15,000		\$15,000		\$ -
Allocated: GSA vehicle	720050	\$33,100		\$33,100		\$ -
Building maintenance	730000	\$5,000		\$5,000		\$ -
Capital acquisitions >= \$5K	770000		\$10,000		\$10,000	\$ -
Please enter a valid account number - >>>						
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC			\$ 1,329,357		\$ 1,329,357	\$ -
Expenditures SUBJECT to IDC		\$ 3,759,571		\$ 3,384,417		\$ 375,154
Indirect Cost Rate (If blank or zero, must explain in Notes above)		15.27%		15.71%		
Indirect Cost Allocation 970000		\$ 574,086		\$ 531,682		\$ 42,394
Total Expenditures			\$ 5,663,014		\$ 5,245,468	\$ 417,548

Revenues OVER \ (UNDER) Expenditures		\$ (0)		\$ -		\$ (0)
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Transfers In/Out - (Show ALL as Positive Numbers)

Operating Transfers IN						
Other financing sources	900000					\$ -
Cash in: tribally required	900010					\$ -
Cash in: grant required	900020					\$ -
Cash in: motor fuel tax	900040					\$ -
Cash in: vehicle tax	900050					\$ -
Cash in: interprogram contract	900060					\$ -
Operating Transfers OUT						
Other financing uses	900001					\$ -
Cash out: tribally required	900011					\$ -
Cash out: grant required	900021					\$ -
Cash out: motor fuel tax	900041					\$ -
Cash out: vehicle tax	900051					\$ -
Cash out: interprogram contract	900061					\$ -
Transfers In/Out - Net			\$ -		\$ -	\$ -
Take to Narrative ==>			\$ 5,663,014		\$ 5,245,468	
Excess(Deficit) of Revenues, Expenditures and Net Transfers			\$ (0)		\$ -	\$ (0)

PAYROLL WORKSHEET

Job Title	Position	Vacant/Non-Ed/Temp/E	Status: 1=Non = N	Range	Ethic #	Employee Name	Hourly Rate		Expected Hours Yr For Regular	Overtime	Expected Wages (Gross)	Series Status	Fringe Rate%	%	Totals For This Accounting Unit	
							Regular	Overtime							Expected Wages (Gross)	Expected Fringe Benefits
BEHAVIORAL HEALTH CLINICIAN	E		E	\$28.13	10-0253		\$18.33	1,920		\$31,392	10-R-FT	31.00%	100%	\$31,392	\$8,732	
CANCER CASE MANAGER	E		E	\$25.39	10-0371		\$21.00	1,920		\$41,880	10-R-FT	31.00%	75%	\$31,392	\$9,752	
CERTIFIED CLINICAL CODER II	E		N	\$25.20	10-0471		\$17.19	1,920		\$33,006	10-R-FT	31.00%	100%	\$33,006	\$7,072	
CERTIFIED OPTOMETRIC ASST	E		N	\$18.59	10-0473		\$14.23	1,920		\$27,322	10-R-FT	31.00%	100%	\$27,322	\$6,112	
CLERK I	E		E	\$14.95	10-0297		\$9.81	1,920		\$18,451	10-R-FT	31.00%	100%	\$18,451	\$4,222	
CLERK II	E		N	\$15.89	10-0478		\$9.80	1,920		\$18,834	10-R-FT	31.00%	100%	\$18,834	\$4,222	
CLERK III	E		N	\$15.60	10-0478		\$13.59	1,920		\$18,240	10-R-FT	8.10%	100%	\$18,240	\$4,222	
CLERK III	E		N	\$15.60	10-0478		\$12.59	1,920		\$24,063	10-R-FT	31.00%	100%	\$24,063	\$5,092	
CLERK III	E		N	\$15.60	10-0478		\$10.01	1,920		\$24,173	10-R-FT	31.00%	100%	\$24,173	\$4,092	
CLERK III	E		N	\$15.60	10-0478		\$10.18	1,920		\$19,219	10-R-FT	31.00%	100%	\$19,219	\$3,982	
CLERK III	E		N	\$15.60	10-0478		\$9.50	1,920		\$18,548	10-R-FT	31.00%	100%	\$18,548	\$3,952	
CLERK III	E		N	\$15.60	10-0478		\$9.50	1,920		\$18,240	10-R-FT	8.10%	100%	\$18,240	\$3,952	
CLINIC ADMINISTRATOR	E		E	\$33.99	10-0507		\$30.06	1,920		\$57,715	10-R-FT	31.00%	60%	\$34,629	\$9,091	
CLINIC ADMINISTRATOR	E		E	\$34.99	10-0508		\$32.06	1,920		\$61,262	10-R-FT	31.00%	100%	\$61,262	\$17,488	
CLINIC CARETAKER	E		N	\$14.85	10-0478		\$12.59	1,920		\$24,154	10-R-FT	31.00%	100%	\$24,154	\$5,092	
CLINIC CARETAKER	E		N	\$14.40	10-0478		\$9.57	1,920		\$18,374	10-R-FT	31.00%	100%	\$18,374	\$3,982	
CLINIC COMM. OPN	E		N	\$14.85	10-0478		\$9.00	1,920		\$17,280	10-R-FT	31.00%	100%	\$17,280	\$3,512	
CLINIC MEDICAL DIRECTOR	E		E	\$14.85	10-0478		\$8.27	1,920		\$15,200	10-R-FT	31.00%	60%	\$10,725	\$2,484	
COMMUNITY HEALTH REPRESENT	E		E	\$14.85	10-0478		\$10.06	1,920		\$19,314	10-R-FT	31.00%	100%	\$19,314	\$4,072	
COORD MANAGED CARE	E		N	\$18.11	10-0480		\$14.50	1,920		\$27,840	10-R-FT	31.00%	100%	\$27,840	\$5,988	
DATA ENTRY TECHNICIAN II	E		E	\$15.68	10-0483		\$10.87	1,920		\$20,670	10-R-FT	31.00%	100%	\$20,670	\$4,511	
DIAGNOSTIC RADIO TECH	E		N	\$25.00	10-0659		\$18.00	1,920		\$34,560	10-R-FT	31.00%	100%	\$34,560	\$7,488	
DIAGNOSTIC ULTRASONOGRAPHER	E		E	\$25.00	10-0659		\$22.00	1,920		\$42,240	10-R-FT	31.00%	100%	\$42,240	\$9,232	
DIRECTOR REGIONAL CLINIC	E		E	\$50.00	10-0688		\$34.32	1,920		\$65,808	10-R-FT	31.00%	15%	\$10,529	\$2,644	
HRPD EDUCATOR	E		E	\$22.72	10-0693		\$17.32	1,920		\$33,168	10-R-FT	31.00%	80%	\$21,695	\$4,818	
LEAD MEDICAL HEALTH REP	E		N	\$15.68	10-0480		\$11.07	1,920		\$21,054	10-R-FT	31.00%	100%	\$21,054	\$4,511	
LEAD MEDICAL RECORDS CLERK	E		N	\$17.18	10-0479		\$12.59	1,920		\$24,378	10-R-FT	31.00%	100%	\$24,378	\$5,410	
LPN	E		N	\$22.00	10-0486		\$21.54	1,920		\$41,357	10-R-FT	31.00%	100%	\$41,357	\$12,821	
LPN	E		N	\$21.54	10-0484		\$14.57	1,920		\$27,974	10-R-FT	31.00%	100%	\$27,974	\$6,072	
LPN	E		N	\$21.54	10-0484		\$14.57	1,920		\$25,920	10-R-FT	31.00%	100%	\$25,920	\$5,410	
LPN	E		N	\$17.37	10-0444		\$14.18	1,920		\$27,228	10-R-FT	31.00%	100%	\$27,228	\$5,410	
MEDICAL ASSISTANT	E		N	\$17.37	10-0479		\$10.87	1,920		\$20,670	10-R-FT	31.00%	100%	\$20,670	\$4,511	
MGR AMBULATORY CARE NURSE	E		E	\$32.20	10-0538		\$27.44	1,920		\$52,685	10-R-FT	31.00%	100%	\$52,685	\$11,518	
MGR AMBULATORY CARE NURSE	E		E	\$32.20	10-0538		\$27.44	1,920		\$52,685	10-R-FT	31.00%	100%	\$52,685	\$11,518	
MGR INFO & REFERRAL	E		E	\$27.08	10-0470		\$22.13	1,920		\$42,480	10-R-FT	31.00%	100%	\$42,480	\$9,232	
MGR II	E		N	\$27.08	10-0470		\$18.78	1,920		\$36,019	10-R-FT	31.00%	100%	\$36,019	\$7,112	
PHARMACIST	E		E	\$27.08	11-0272		\$17.42	1,920		\$33,348	10-R-FT	31.00%	100%	\$33,348	\$7,112	
PHARMACIST SUPERVISOR	E		E	\$27.08	11-0272		\$17.42	1,920		\$33,348	10-R-FT	31.00%	100%	\$33,348	\$7,112	
PHARMACY SUPERVISOR	E		E	\$27.08	11-0272		\$17.42	1,920		\$33,348	10-R-FT	31.00%	100%	\$33,348	\$7,112	
PHARMACY TECHNICIAN	E		N	\$18.85	10-0307		\$14.63	1,920		\$29,019	10-R-FT	31.00%	100%	\$29,019	\$6,224	
PHARMACY TECHNICIAN	E		N	\$18.85	10-0307		\$14.63	1,920		\$29,019	10-R-FT	31.00%	100%	\$29,019	\$6,224	
PHARMACY TECHNICIAN	E		N	\$18.85	10-0307		\$14.63	1,920		\$29,019	10-R-FT	31.00%	100%	\$29,019	\$6,224	
PHARMACY TECHNICIAN	E		N	\$18.85	10-0307		\$14.63	1,920		\$29,019	10-R-FT	31.00%	100%	\$29,019	\$6,224	
PHARMACY TECHNICIAN	E		N	\$18.85	10-0307		\$14.63	1,920		\$29,019	10-R-FT	31.00%	100%	\$29,019	\$6,224	
PHARMACY TECHNICIAN	E		N	\$18.85	10-0307		\$14.63	1,920		\$29,019	10-R-FT	31.00%	100%	\$29,019	\$6,224	
PHARMACY TECHNICIAN	E		N	\$18.85	10-0307		\$14.63	1,920		\$29,019	10-R-FT	31.00%	100%	\$29,019	\$6,224	
PHYSICIAN ASSISTANT	E		E	\$153.05	11-0233		\$110.78	1,920		\$214,500	10-R-FT	31.00%	30%	\$7,027	\$8,418	
PHYSICIAN ASSISTANT	E		E	\$153.05	11-0233		\$110.78	1,920		\$214,500	10-R-FT	31.00%	30%	\$7,027	\$8,418	
PUBLIC HEALTH CLERK	E		E	\$24.13	10-0327		\$17.37	1,920		\$31,144	10-R-FT	31.00%	100%	\$31,144	\$6,640	
RADIOLOGY DIGITAL CLERK	E		N	\$24.13	10-0327		\$17.37	1,920		\$31,144	10-R-FT	31.00%	100%	\$31,144	\$6,640	
RADIOLOGY PA	E		N	\$48.32	10-0497		\$44.76	1,920		\$85,932	10-R-FT	31.00%	100%	\$85,932	\$18,484	
RN (AD)	E		E	\$30.43	10-007		\$21.67	1,920		\$37,596	10-R-FT	31.00%	100%	\$37,596	\$8,064	
RN (AD)	E		E	\$30.43	10-007		\$21.67	1,920		\$37,596	10-R-FT	31.00%	100%	\$37,596	\$8,064	
SUBSTANCE ABUSE COUNSELOR	E		E	\$28.02	10-0321		\$17.87	1,920		\$34,306	10-R-FT	31.00%	100%	\$34,306	\$7,488	
SUPER BEHAV HLTN CLINICIAN	E		E	\$28.33	10-048		\$19.55	1,920		\$37,534	10-R-FT	31.00%	100%	\$37,534	\$8,112	
SUPERVISOR CLINIC CARETAKER	E		N	\$18.82	10-052		\$15.29	1,920		\$29,353	10-R-FT	31.00%	100%	\$29,353	\$6,224	
SUPV LABORATORY MT	E		E	\$40.87	10-041		\$30.24	1,920		\$58,064	10-R-FT	31.00%	100%	\$58,064	\$12,592	
SUPV PUBLIC HLTN NURSING	E		E	\$32.20	10-0359		\$23.89	1,920		\$45,888	10-R-FT	31.00%	100%	\$45,888	\$14,218	

Totals: \$2,502,494 Expected Wages (Gross) \$767,369
 Please Input these Totals on the Budget Request Form!

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/09 to 09/30/10	Budget Preparer	Phone:	731-6520
Contract Period:	10/01/09 to 09/30/10	Name:	Angela Cunningham	
Contract Number:		Accounting Unit Director/Manager	Phone:	781-6613
Accounting Fund:	3-Special Revenue	Name:	Rhonda Cochran	
Funding Source:	32-IHS-Self Governance-Health	Group Leader	Phone:	453-6460
AU Description:	Three River Muskogee Clinic	Name:	Melissa Gower	
Accounting Unit:	3322605	1st Person Responsible	Employee #	10-4088
Place IDC Rate in Part 4 Below		SBC Agreement:	Name:	Phone:

Date/Time Printed: 01-Apr-10 03:59 PM

Notes:

PART-2

Staffing Summary:	FY 2010 REVISION 1	FY 2010 ORIG REQUEST	Incr \ (Deer)
# of Regular Full-Time Employee Equivalents:	168.00	148.30	17.70
# of Regular Part-Time Employee Equivalents:	2.00	2.00	-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	168.00	150.30	17.70

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Deer)
Grants / contracts revenue	400000	\$12,845,736	\$12,384,354	\$ 481,382
Medicaid Unrestricted	470030	\$1,085,281	\$1,085,281	\$ -
Medicare Restricted	470040	\$624,615	\$624,615	\$ -
Medicaid RX Unrestricted	470080	\$70,779	\$70,779	\$ -
Medicare B Unrestricted	470110	\$185,625	\$185,625	\$ -
Insurance Income	470120	\$672,896	\$672,896	\$ -
Please enter a valid account number - >>>				
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				
Total Revenues		\$ 15,444,912	\$ 14,963,530	\$ 481,382

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Deer)
		YES	NO	YES	NO	
Salaries & wages	600000	\$6,232,097		\$5,883,748		\$ 348,349
Fringe benefits	610000	\$1,921,637		\$1,816,760		\$ 104,877
Staff development & training	620000	\$60,000		\$60,000		\$ -
Recruitment	620500	\$10,000		\$10,000		\$ -
Travel-staff	630000	\$25,000		\$25,000		\$ -
Contract services <=\$5K	640000	\$25,000		\$25,000		\$ -
Contract services >=\$5K	650000		\$876,000		\$876,000	\$ -
MOA/PA contracts >=\$5K	650030		\$400,000		\$400,000	\$ -
Locum Tenens >=\$5K	650040		\$10,000		\$10,000	\$ -
Supplies on agreement: RX	660010		\$2,516,659		\$2,516,659	\$ -
Supplies on agreement: Medical	660020		\$350,000		\$350,000	\$ -
Supplies on agreement: R & M	660030		\$5,000		\$5,000	\$ -
Client services	670000	\$5,000		\$5,000		\$ -
Supplies	680000	\$624,378		\$624,378		\$ -
Communication & reproduction	690000	\$35,000		\$35,000		\$ -
Allocated: telephone expense	690080	\$40,000		\$40,000		\$ -
Allocated: cell/mobile phone	690090	\$20,000		\$20,000		\$ -
Allocated: internet	690110	\$75,725		\$75,725		\$ -
Allocated: mailing cost	690120	\$18,000		\$18,000		\$ -
Allocated: printing/copying	690130	\$5,000		\$5,000		\$ -
Lease/rent: furniture & equip	690600	\$200,000		\$200,000		\$ -
Utilities	700010	\$350,000		\$350,000		\$ -
Allocated: property insurance	710090	\$50,000		\$50,000		\$ -
Allocated: auto insurance	710100	\$4,000		\$4,000		\$ -
Employee mileage reimbursement	720040	\$10,000		\$10,000		\$ -
Allocated: GSA vehicle	720050	\$35,000		\$35,000		\$ -
Building maintenance	730000	\$37,500		\$37,500		\$ -
Capital acquisitions >=\$5K	770000		\$10,000		\$10,000	\$ -
Please enter a valid account number - >>>						
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC			\$ 4,167,659		\$ 4,167,659	\$ -
Expenditures SUBJECT to IDC		\$ 9,783,337		\$ 9,339,111		\$ 483,226
Indirect Cost Rate (if blank or zero, must explain in Notes above)		15.27%		15.71%		
Indirect Cost Allocation	970000	\$ 1,493,916		\$ 1,465,780		\$ 28,156
Total Expenditures			\$ 15,444,912		\$ 14,963,530	\$ 481,382

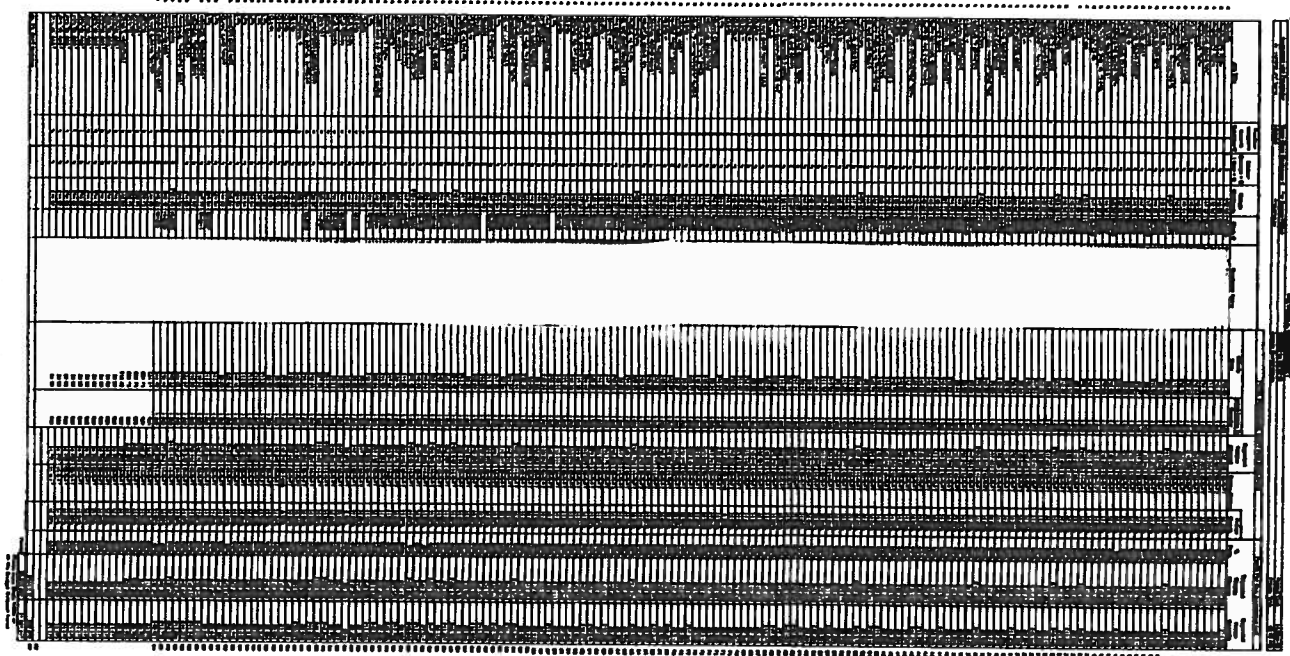
Revenues OVER \ (UNDER) Expenditures \$ - \$ - \$ -

Transfers In/Out - (Show ALL as Positive Numbers)

Operating Transfers IN				
Other financing sources	900000			\$ -
Cash in: tribally required	900010			\$ -
Cash in: grant required	900020			\$ -
Cash in: motor fuel tax	900040			\$ -
Cash in: vehicle tax	900050			\$ -
Cash in: interprogram contract	900060			\$ -
Operating Transfers OUT				
Other financing uses	900001			\$ -
Cash out: tribally required	900011			\$ -
Cash out: grant required	900021			\$ -
Cash out: motor fuel tax	900041			\$ -
Cash out: vehicle tax	900051			\$ -
Cash out: interprogram contract	900061			\$ -

Take to Narrative \$ 15,444,912 \$ 14,963,530

Excess(Deficit) of Revenues, Expenditures and Net Transfers \$ - \$ - \$ -



10.23.2017
11.11.17

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CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/08 to 09/30/09	Budget Preparer	Phone:	453-5636
Contract Period:	10/01/08 to 09/30/09	Name:	Ami Sams	
Contract Number:		Accounting Unit Director/Manager	Phone:	453-5450
Accounting Fund:	3-Special Revenue	Name:	Melissa Gower	
Funding Source:	32-IHS-Self Governance-Health	Group Leader	Phone:	453-5450
AU Description:	Hastings Hospital	Name:	Melissa Gower	
Accounting Unit:	3323005	1st Person Responsible		
Place IDC Rate in Part 4 Below		Employee #	10-5267	
		SBC Agreement:	Phone:	
		Name:		
Date/Time Printed:	01-Apr-10 03:50 PM			
Notes:				

PART-2

Staffing Summary:		FY 2010 REVISION 1	FY 2010 ORIG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:			199.00	(199.00)
# of Regular Part-Time Employee Equivalents:			7.00	(7.00)
# of Temp. Full-Time Employee Equivalents:			3.00	(3.00)
# of Temp. Part-Time Employee Equivalents:			28.00	(28.00)
# of Other Employee Equivalents:			33.00	(33.00)
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS			270.00	(270.00)

PART-3

Revenues:	(Show as positive #)	Account #			Incr \ (Decr)
Grants / contracts revenue		400000	\$41,577,179	\$36,501,420	\$ 5,075,759
Charges for Goods and Services		410000	\$92,516	\$92,516	\$ -
Medicaid Unrestricted		470030	\$14,396,701	\$14,396,701	\$ -
Medicare Restricted		470040	\$8,073,854	\$8,073,854	\$ -
Medicaid RX Unrestricted		470080	\$416,039	\$416,039	\$ -
Medicare B Unrestricted		470110	\$1,090,283	\$1,090,283	\$ -
Insurance Income		470120	\$9,279,536	\$9,279,536	\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!					
Total Revenues			\$ 74,926,108	\$ 69,850,349	\$ 5,075,759

PART-4

Expenditures:	Account #	Subject to IDC ?	Subject to IDC ?	Incr \ (Decr)
Salaries & wages	600000	YES	NO	\$ 3,476,206
Fringe benefits	610000	YES	NO	\$ 1,017,648
Staff development & training	620000	YES	NO	\$ -
Travel-staff	630000	YES	NO	\$ -
Contract services < \$5K	640000	YES	NO	\$ -
Contract services >=\$5K	650000	YES	NO	\$ -
MOA/IPA contracts >=\$5K	650030	YES	NO	\$ -
Supplies on agreement: Office	660000	YES	NO	\$ -
Supplies on agreement: RX	660010	YES	NO	\$ -
Supplies on agreement: Medical	660020	YES	NO	\$ -
Supplies	680000	YES	NO	\$ -
Supplies health/medical	680020	YES	NO	\$ -
Direct billed: telephones expense	690080	YES	NO	\$ -
Allocated: cell/mobiles phone	690090	YES	NO	\$ -
Allocated: pager	690100	YES	NO	\$ -
Allocated: internet	690110	YES	NO	\$ -
Allocated: mailing cost	690120	YES	NO	\$ -
Allocated: printing/copying	690130	YES	NO	\$ -
Lease/rent: furniture & equip	690500	YES	NO	\$ -
Utilities	700010	YES	NO	\$ -
Allocated: GSA vehicle	720050	YES	NO	\$ -
Capital acquisitions >=\$5K	770000	YES	NO	\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				
Expenditures NOT Subject to IDC				\$ 42,420,507
Expenditures SUBJECT to IDC				\$ 23,705,680
Indirect Cost Rate (if blank or zero, must explain in Notes above)		15.27%	15.71%	\$ 4,493,852
Indirect Cost Allocation	970000	\$ 4,306,069	\$ 3,724,162	\$ 581,907
Total Expenditures		\$ 74,926,108	\$ 69,850,349	\$ 5,075,759

Revenues OVER \ (UNDER) Expenditures		\$ -	\$ -	\$ -
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Transfers In\Out - (Show ALL as Positive Numbers)

Operating Transfers IN				
Other financing sources	900000			\$ -
Cash in: tribally required	900010			\$ -
Cash in: grant required	900020			\$ -
Cash in: motor fuel tax	900040			\$ -
Cash in: vehicle tax	900050			\$ -
Cash in: interprogram contract	900060			\$ -
Operating Transfers OUT				
Other financing uses	900001			\$ -
Cash out: tribally required	900011			\$ -
Cash out: grant required	900021			\$ -
Cash out: motor fuel tax	900041			\$ -
Cash out: vehicle tax	900051			\$ -
Cash out: interprogram contract	900061			\$ -
Transfers In\Out - Net		\$ -	\$ -	\$ -

Take to Narrative ==>		\$ 74,926,108	\$ 69,850,349	\$ -
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Excess(Deficit) of Revenues, Expenditures and Net Transfers		\$ -	\$ -	\$ -
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CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/09 - 09/30/10	Budget Preparer	Phone:
Contract Period:	10/01/09 - 09/30/10	Name:	Joyce Bunch
Contract Number:		Accounting Unit Director/Manager	Phone:
Accounting Fund:	3-Special Revenue	Name:	BJ Boyd
Funding Source:	32-IHS-Self Governance-Health	Group Leader	Phone:
AU Description:	Behavioral Health	Name:	Melissa Gower
Accounting Unit:	J324000	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	110113
		SBC Agreement:	Phone:
		Name:	

Date/Time Printed:	31-Mar-10	04:03 PM
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Notes:	
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PART-2

Staffing Summary:	FY 2010 REVISION 2	FY 2010 REVISION 1	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	38.54	35.54	3.00
# of Regular Part-Time Employee Equivalents:			-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	38.54	35.54	3.00

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Grants / contracts revenue	400000	\$2,309,929	\$2,201,033	\$ 108,896
Medicaid Unrestricted	470030	\$150,364	\$150,364	\$ -
Medicare Restricted	470040	\$18,165	\$18,165	\$ -
Insurance Income	470120	\$19,933	\$19,933	\$ -
Other Income	499000	\$87,467	\$87,467	\$ -
Please enter a valid account number - >>>				\$ -
Please enter a valid account number - >>>				\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				
Total Revenues		\$ 2,585,858	\$ 2,476,962	\$ 108,896

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Salaries & wages	600000	\$1,384,408		\$1,282,293		\$ 72,115
Fringe benefits	610000	\$422,965		\$400,610		\$ 22,355
Staff development & training	620000	\$65,393		\$65,393		\$ -
Recruitment	620500	\$250		\$250		\$ -
Travel-staff	630000	\$42,329		\$42,329		\$ -
Contract services >=\$5K	650000		\$169,885		\$169,885	\$ -
Supplies	680000	\$90,568		\$90,568		\$ -
Allocated: telephone expense	690080	\$21,000		\$21,000		\$ -
Allocated: cell/mobile phone	690090	\$12,000		\$12,000		\$ -
Allocated: pager	690100	\$7,500		\$7,500		\$ -
Allocated: internet	690110	\$4,000		\$4,000		\$ -
Allocated: mailing cost	690120	\$500		\$500		\$ -
Allocated: printing/copying	690130	\$500		\$500		\$ -
Lease/rent: furniture & equip	690500	\$16,000		\$16,000		\$ -
Utilities	700010	\$15,000		\$15,000		\$ -
Allocated: property insurance	710090	\$500		\$500		\$ -
Allocated: auto insurance	710100	\$2,700		\$2,700		\$ -
Vehicle lease	720000	\$750		\$750		\$ -
Employee mileage reimbursement	720040	\$7,810		\$7,810		\$ -
Allocated: GSA vehicle	720050	\$19,752		\$19,752		\$ -
Building maintenance	730000	\$2,000		\$2,000		\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC			\$ 169,885		\$ 169,885	\$ -
Expenditures SUBJECT to IDC		\$ 2,095,825		\$ 2,001,455		\$ 94,470
Indirect Cost Rate (If blank or zero, must explain in Notes above)		15.27%		15.27%		
Indirect Cost Allocation	970000	\$ 320,048		\$ 305,622		\$ 14,426
Total Expenditures		\$ 2,585,858		\$ 2,476,962		\$ 108,896

Revenues OVER \ (UNDER) Expenditures		\$ -		\$ -		\$ -
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Transfers In/Out - (Show ALL as Positive Numbers)

Operating Transfers IN						
Other financing sources	900000					\$ -
Cash in: tribally required	900010					\$ -
Cash in: grant required	900020					\$ -
Cash in: motor fuel tax	900040					\$ -
Cash in: vehicle tax	900050					\$ -
Cash in: interprogram contract	900060					\$ -

Operating Transfers OUT						
Other financing uses	900001					\$ -
Cash out: tribally required	900011					\$ -
Cash out: grant required	900021					\$ -
Cash out: motor fuel tax	900041					\$ -
Cash out: vehicle tax	900051					\$ -
Cash out: interprogram contract	900061					\$ -

Transfers In/Out - Net		\$ -		\$ -		\$ -
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Take to Narrative ==>		\$ 2,585,858		\$ 2,476,962		
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Excess\ (Deficit) of Revenues, Expenditures and Net Transfers		\$ -		\$ -		\$ -
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PAYROLL WORKSHEET

Accounting Unit Description: Behavioral Health For Budget Period: 10/01/09 - 09/30/10 Printed Date: 3/14/10 10
 Accounting Unit Name: 33324000 Prepared By: Joyce Bunch Printed Time: 04:03 PM

Job Title	Position Vacant/ New Hire/ Existing	Status: E = Exempt, N = Non-Exempt	Salary Range Class	Range Minimum	Emp #	Employee Name	Hourly Rate		Expected Hours To Pay Regular	Overtime	Expected Wages (Gross)	Series-Status	Fringe Rate %	% Perc	Expected Wages (Gross)	Expected Fringe Benefits
							Reg	OT								
1 ADMIN ASST	E	E	A1	\$17.18	1,920		\$16.44		1,920		\$31,565	10-R-FT	31.00%	100%	\$31,565	\$9,785
2 ADMIN ASST	E	E	A1	\$17.18	1,920		\$12.67		1,920		\$24,326	10-R-FT	31.00%	100%	\$24,326	\$7,541
4 ADMIN SECRETARY	E	E	A1	\$17.18	1,920		\$13.17		1,920		\$25,286	10-R-FT	31.00%	100%	\$25,286	\$7,438
5 ASSOC DIR BEHAVIORAL HEALTH	E	E	A1	\$32.87	1,920		\$35.30		1,920		\$67,776	10-R-FT	31.00%	100%	\$67,776	\$19,732
6 BEHAVIORAL HEALTH CLINIC	E	E	A1	\$28.13	1,920		\$28.42		1,920		\$53,726	10-R-FT	31.00%	100%	\$53,726	\$15,725
7 BEHAVIORAL HEALTH CLINIC	E	E	A1	\$28.13	1,920		\$27.92		1,920		\$53,026	10-R-FT	31.00%	100%	\$53,026	\$15,618
8 BEHAVIORAL HEALTH CLINIC	E	E	A1	\$28.13	1,920		\$24.82		1,920		\$47,654	10-R-FT	31.00%	100%	\$47,654	\$14,773
9 BEHAVIORAL HEALTH CLINIC	E	E	A1	\$28.13	1,920		\$18.00		1,920		\$34,560	10-R-FT	31.00%	100%	\$34,560	\$10,714
10 BEHAVIORAL HEALTH CLINIC	E	E	A1	\$28.13	1,920		\$14.18		1,920		\$27,226	10-R-FT	31.00%	100%	\$27,226	\$8,440
11 BEHAVIORAL HEALTH CLINIC	E	E	A1	\$22.72	1,920		\$19.54		1,920		\$37,709	10-R-FT	31.00%	100%	\$37,709	\$11,080
12 BEHAVIORAL HEALTH CLINIC	E	E	A1	\$22.72	1,920		\$19.54		1,920		\$37,709	10-R-FT	31.00%	100%	\$37,709	\$11,080
BUDGET ANALYST	E	E	A1	\$24.63	1,920		\$21.97		1,920		\$42,182	10-R-FT	31.00%	76%	\$32,058	\$9,838
CHILD PSYCHOLOGIST	E	E	C1	\$40.87	1,920		\$31.73		1,920		\$60,922	11-R-FT	31.00%	100%	\$60,922	\$18,888
CLERK I	E	E	A1	\$14.85	1,920		\$9.13		1,920		\$17,530	10-R-FT	31.00%	100%	\$17,530	\$5,434
CLINICAL SOCIAL WORKER	E	E	A1	\$26.71	1,920		\$25.35		1,920		\$48,672	10-R-FT	31.00%	100%	\$48,672	\$14,946
CLINICAL SOCIAL WORKER	E	E	A1	\$17.18	1,920		\$11.70		1,920		\$22,464	10-R-FT	31.00%	100%	\$22,464	\$6,964
COMPLIANCE MONITOR	E	E	A1	\$14.85	1,920		\$9.27		1,920		\$17,798	10-R-FT	31.00%	100%	\$17,798	\$5,517
DATA ENTRY TECH I	E	E	A1	\$14.85	1,920		\$10.96		1,920		\$17,043	10-R-FT	31.00%	100%	\$17,043	\$5,259
DATA ENTRY TECH I	E	E	A1	\$14.85	1,920		\$9.34		1,920		\$17,503	10-R-FT	31.00%	100%	\$17,503	\$5,259
DIR BEHAVIORAL HEALTH	E	E	C1	\$34.94	1,920		\$48.08		1,920		\$92,314	11-R-FT	20%	20%	\$18,463	\$5,724
DIR PSYCHOLOGIST PREVENT PRGM	E	E	A1	\$27.03	1,920		\$28.22		1,920		\$73,382	10-R-FT	31.00%	100%	\$73,382	\$22,748
MGR PREVENTION PROGRAM	E	E	A1	\$22.17	1,920		\$15.92		1,920		\$30,558	10-R-FT	31.00%	48%	\$30,558	\$7,990
PREVENTION SPEC II	E	E	A1	\$22.17	1,920		\$19.29		1,920		\$37,037	10-R-FT	31.00%	100%	\$37,037	\$11,481
PREVENTION SPEC II	E	E	A1	\$22.17	1,920		\$18.70		1,920		\$35,904	10-R-FT	31.00%	100%	\$35,904	\$11,330
PREVENTION SPEC II	E	E	A1	\$15.75	1,920		\$17.43		1,920		\$33,468	10-R-FT	31.00%	100%	\$33,468	\$10,374
SOCIAL WORKER ASST	E	E	A1	\$19.28	1,920		\$18.75		1,920		\$36,000	10-R-FT	31.00%	100%	\$36,000	\$11,160
SUBSTANCE ABUSE COUNSELOR	E	E	A1	\$22.72	1,920		\$14.47		1,920		\$27,782	10-R-FT	31.00%	100%	\$27,782	\$8,612
SUBSTANCE ABUSE COUNSELOR	E	E	A1	\$26.02	1,920		\$19.91		1,920		\$34,387	10-R-FT	31.00%	100%	\$34,387	\$10,660
SUBSTANCE ABUSE COUNSELOR	E	E	A1	\$26.02	1,920		\$19.91		1,920		\$34,387	10-R-FT	31.00%	100%	\$34,387	\$10,660
SUBSTANCE ABUSE COUNSELOR	E	E	A1	\$26.02	1,920		\$15.10		1,920		\$28,992	10-R-FT	31.00%	100%	\$28,992	\$8,988
SUBSTANCE ABUSE COUNSELOR	E	E	A1	\$26.02	1,920		\$18.70		1,920		\$35,904	10-R-FT	31.00%	100%	\$35,904	\$11,330
AU 5% Merit Increase, Cont'd Emp							\$3.98		1,388		\$5,528	10-R-FT	31.00%	100%	\$5,528	\$1,714
PSYCHOLOGIST	E	E	C1	\$32.21	1,920		\$31.25		1,920		\$60,000	11-R-FT	31.00%	100%	\$60,000	\$18,600
OFFICE MGR	E	E	C1	\$19.92	1,920		\$4.50		1,920		\$8,640	10-R-FT	31.00%	100%	\$8,640	\$2,678
PSYCH NURSE PRACTITIONER	E	E	C1	\$60.10	500		\$38.46		500		\$19,230	11-R-FT	31.00%	100%	\$19,230	\$5,961
PSYCH NURSE PRACTITIONER	E	E	C1	\$60.10	500		\$38.46		500		\$19,230	11-R-FT	31.00%	100%	\$19,230	\$5,961
PHYSICIAN	E	E	C1	\$153.85	500		\$67.31		500		\$33,655	11-R-FT	31.00%	100%	\$33,655	\$10,453
AU 3% Merit Increase														\$35,479	\$10,999	
Totals															\$1,264,408	\$422,965

Please input these totals on the Budget Request Form!

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/1/2009 - 9/30/2010	Budget Preparer	Phone: 5290
Contract Period:	10/1/2009 - 9/30/2010	Name:	Bret Hayes
Contract Number:		Accounting Unit Director/Manager	Phone: 5290
Accounting Fund:	3-Special Revenue	Name:	Bret Hayes
Funding Source:	32-IHS-Self Governance-Health	Group Leader	Phone: 5450
AU Description:	Contract Health	Name:	Melissa Gower
Accounting Unit:	3324200	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	105646
		SBC Agreement:	Phone:
		Name:	
Date/Time Printed:	01-Apr-10 03:25 PM		
Notes:			

PART-2

Staffing Summary:	FY 2010 REVISION 1	FY 2010 ORIG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	38.00	28.00	10.00
# of Regular Part-Time Employee Equivalents:			-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	38.00	28.00	10.00

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Grants / contracts revenue	400000	\$17,860,890	\$12,029,672	\$ 5,831,218
Please enter a valid account number - >>>				\$ -
Please enter a valid account number - >>>				\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				
Total Revenues		\$ 17,860,890	\$ 12,029,672	\$ 5,831,218

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Salaries & wages	600000	\$1,062,386		\$905,313		\$ 157,073
Fringe benefits	610000	\$329,344		\$260,651		\$ 48,693
Staff development & training	620000	\$4,000		\$4,000		\$ -
Travel-staff	630000	\$3,000		\$3,000		\$ -
Contract services >=\$5K	650000		\$16,228,637		\$10,628,823	\$ 5,599,814
Supplies	680000	\$42,039		\$42,039		\$ -
Allocated: telephone expense	690080	\$2,000		\$2,000		\$ -
Allocated: cell/mobile phone	690090	\$4,000		\$4,000		\$ -
Allocated: mailing cost	690120	\$5,000		\$5,000		\$ -
Allocated: printing/copying	690130	\$1,000		\$1,000		\$ -
Lease/rent: furniture & equip	690500	\$1,000		\$1,000		\$ -
Allocated: space cost	700080	\$48,500		\$48,500		\$ -
Allocated: property insurance	710090	\$200		\$200		\$ -
Allocated: auto insurance	710100	\$1,200		\$1,200		\$ -
Employee mileage reimbursement	720040	\$2,000		\$2,000		\$ -
Allocated: GSA vehicle	720050	\$14,460		\$14,460		\$ -
Recovered: internal services	760090		(\$120,000)		(\$120,000)	\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC			\$ 16,108,637		\$ 10,508,823	\$ 5,599,814
Expenditures SUBJECT to IDC		\$ 1,520,129		\$ 1,314,363		\$ 205,766
Indirect Cost Rate (If blank or zero, must explain in Notes above)		15.27%		15.71%		
Indirect Cost Allocation	970000	\$ 232,124		\$ 206,486		\$ 25,638
Total Expenditures			\$ 17,860,890		\$ 12,029,672	\$ 5,831,218

Revenues OVER \ (UNDER) Expenditures		\$ -		\$ -	\$ -
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Transfers In/Out - (Show ALL as Positive Numbers)

Operating Transfers IN					
Other financing sources	900000				\$ -
Cash in: tribally required	900010				\$ -
Cash in: grant required	900020				\$ -
Cash in: motor fuel tax	900040				\$ -
Cash in: vehicle tax	900050				\$ -
Cash in: interprogram contract	900060				\$ -

Operating Transfers OUT					
Other financing uses	900001				\$ -
Cash out: tribally required	900011				\$ -
Cash out: grant required	900021				\$ -
Cash out: motor fuel tax	900041				\$ -
Cash out: vehicle tax	900051				\$ -
Cash out: interprogram contract	900061				\$ -

Transfers In/Out - Net		\$ -		\$ -	\$ -
Take to Narrative ==>		\$ 17,860,890		\$ 12,029,672	

Excess(Deficit) of Revenues, Expenditures and Net Transfers		\$ -		\$ -	\$ -
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PAYROLL WORKSHEET

Job Title	Position	Vacant/ Newly Extended/E	Status: Exempt = E Non = N	Salary Range Class	Minimum	Emg. #	Employee Name	Hourly Rate		Expected Hours To Pay		Expected Wages (Gross)	Service-Status	Fringe Rate	% Fringe	Expected Wages (Gross)	Expected Fringe Benefits					
								Reg	Overtime	Regular	Overtime											
1 ADMIN ASST	E		E	A1	\$17.18	100058		\$10.41		1,920		\$19,987	10-R-FT	31.00%	100%	\$19,987	\$3,199					
2 ADMIN OFFICER	E		E	A1	\$23.82	101092		\$19.82		1,920		\$37,670	10-R-FT	31.00%	100%	\$37,670	\$11,678					
3 CLAIMS CLERK	E		N	A1	\$14.85	104303		\$9.57		1,920		\$18,374	10-R-FT	31.00%	100%	\$18,374	\$5,698					
4 CLERK I	E		N	A1	\$14.85	109239		\$9.00		1,920		\$17,280	10-R-FT	31.00%	100%	\$17,280	\$5,357					
5 CLERK III	E		N	A1	\$15.68	108971		\$9.63		1,920		\$18,490	10-R-FT	31.00%	100%	\$18,490	\$5,732					
6 COORD MANAGED CARE	E		N	A1	\$19.11	104751		\$13.65		1,920		\$26,808	10-R-FT	31.00%	100%	\$26,808	\$8,124					
7 COORD MANAGED CARE	E		N	A1	\$19.11	105404		\$12.86		1,920		\$24,681	10-R-FT	31.00%	100%	\$24,681	\$7,654					
8 COORD MANAGED CARE	E		N	A1	\$19.11	105831		\$13.53		1,920		\$25,978	10-R-FT	31.00%	100%	\$25,978	\$8,053					
9 COORD MANAGED CARE	E		N	A1	\$19.11	106804		\$13.77		1,920		\$26,438	10-R-FT	31.00%	100%	\$26,438	\$8,196					
10 COORD MANAGED CARE	E		N	A1	\$19.11	108446		\$11.59		1,920		\$22,234	10-R-FT	31.00%	100%	\$22,234	\$6,893					
11 COORD MANAGED CARE	E		N	A1	\$19.11	108446		\$11.59		1,920		\$22,234	10-R-FT	31.00%	100%	\$22,234	\$6,893					
12 COORD MANAGED CARE	E		N	A1	\$19.11	108446		\$11.59		1,920		\$22,234	10-R-FT	31.00%	100%	\$22,234	\$6,893					
13 DATA ENTRY TECH I	V		N	A1	\$14.85	108876		\$9.79		1,920		\$18,797	10-R-FT	31.00%	100%	\$18,797	\$5,857					
14 DATA ENTRY TECH I	V		N	A1	\$14.85	108876		\$9.79		1,920		\$18,797	10-R-FT	31.00%	100%	\$18,797	\$5,857					
15 DIR CONTRACT HLTH	E		E	C1	\$34.85	108384		\$22.79		1,920		\$36,297	10-R-FT	31.00%	100%	\$36,297	\$11,917					
16 DIR CONTRACT HLTH	E		E	C1	\$34.85	108384		\$22.79		1,920		\$36,297	10-R-FT	31.00%	100%	\$36,297	\$11,917					
17 HEALTH CLAIMS AUDITOR	E		N	A1	\$17.18	104875		\$10.94		1,920		\$21,005	10-R-FT	31.00%	100%	\$21,005	\$6,512					
18 HEALTH CLAIMS AUDITOR	E		N	A1	\$17.18	104875		\$10.94		1,920		\$21,005	10-R-FT	31.00%	100%	\$21,005	\$6,512					
19 HEALTH CLAIMS AUDITOR	E		N	A1	\$17.18	107666		\$11.04		1,920		\$21,187	10-R-FT	31.00%	100%	\$21,187	\$6,571					
20 HEALTH CLAIMS AUDITOR	E		N	A1	\$17.18	108584		\$10.83		1,920		\$20,794	10-R-FT	31.00%	100%	\$20,794	\$6,448					
21 AP SUPERVISOR	E		N	A1	\$20.19	108484		\$20.10		1,920		\$38,992	10-R-FT	31.00%	100%	\$38,992	\$11,984					
22 MEDICAL CASE MANAGER	E		E	A1	\$30.49	107922		\$28.11		1,920		\$53,963	10-R-FT	31.00%	100%	\$53,963	\$16,799					
23 MEDICAL CASE MANAGER	E		E	A1	\$30.49	107922		\$28.11		1,920		\$53,963	10-R-FT	31.00%	100%	\$53,963	\$16,799					
24 MGR CONTRACT HEALTH	E		E	A1	\$29.87	105846		\$22.01		1,920		\$42,264	10-R-FT	31.00%	100%	\$42,264	\$13,102					
25 SUPERVISOR SVCS TECH I	E		N	A1	\$14.85	100840		\$10.45		1,920		\$20,064	10-R-FT	31.00%	100%	\$20,064	\$6,220					
26 CLERK II	E		N	A1	\$14.85	100840		\$9.00		1,920		\$17,280	10-R-FT	31.00%	100%	\$17,280	\$5,357					
27 CLERK II	E		N	A1	\$14.85	100840		\$9.00		1,920		\$17,280	10-R-FT	31.00%	100%	\$17,280	\$5,357					
28 CLERK II	E		N	A1	\$14.85	100840		\$9.00		1,920		\$17,280	10-R-FT	31.00%	100%	\$17,280	\$5,357					
29 ADMIN OFFICER	E		N	A1	\$23.82	101092		\$14.89		1,040		\$15,488	10-R-FT	31.00%	100%	\$15,488	\$4,801					
30 DATA ENTRY TECH I	E		N	A1	\$15.68	108971		\$9.50		1,040		\$9,880	10-R-FT	31.00%	100%	\$9,880	\$3,063					
31 HEALTH CLAIMS AUDITOR	E		N	A1	\$17.18	104875		\$10.41		1,040		\$10,828	10-R-FT	31.00%	100%	\$10,828	\$3,356					
32 HEALTH CLAIMS AUDITOR	E		N	A1	\$17.18	104875		\$10.41		1,040		\$10,828	10-R-FT	31.00%	100%	\$10,828	\$3,356					
33 OBLIGATIONS SUPERVISOR	E		N	A1	\$27.03	107118		\$17.44		1,040		\$18,138	10-R-FT	31.00%	100%	\$18,138	\$5,623					
34 COORD MANAGED CARE	E		N	A1	\$19.11	104751		\$11.59		1,040		\$12,043	10-R-FT	31.00%	100%	\$12,043	\$3,733					
35 COORD MANAGED CARE	E		N	A1	\$19.11	105404		\$11.59		1,040		\$12,043	10-R-FT	31.00%	100%	\$12,043	\$3,733					
36 COORD MANAGED CARE	E		N	A1	\$19.11	105831		\$11.59		1,040		\$12,043	10-R-FT	31.00%	100%	\$12,043	\$3,733					
37 REGIONAL CHS COORD	E		E	A1	\$28.45	107898		\$17.24		1,040		\$17,520	10-R-FT	31.00%	100%	\$17,520	\$5,458					
38 REGIONAL CHS COORD	E		E	A1	\$28.45	107898		\$17.24		1,040		\$17,520	10-R-FT	31.00%	100%	\$17,520	\$5,458					
39																						
40																						
41																						
42																						
43																						
44																						
45																						
46																						
47																						
48																						
49																						
50 AU 3% Merit Increase																						
Totals																						
Please input these totals on the Budget Request Form!												\$1,082,388	\$328,344	\$3,595	\$1,410,732							

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/09 to 09/30/10	Budget Preparer	Phone: 453-5636
Contract Period:	10/01/09 to 09/30/10	Name:	Aml Sama
Contract Number:		Accounting Unit Director/Manager	Phone: 453-5557
Accounting Fund:	3-Special Revenue	Name:	Gloria Grim
Funding Source:	32-IHS-Self Governance-Health	Group Leader	Phone: 453-5450
AU Description:	Clinical Support	Name:	Melissa Gower
Accounting Unit:	3324700	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	103111
		SBC Agreement:	Phone:
		Name:	
Date/Time Printed:	01-Apr-10 03:20 PM		
Notes:			

PART-2

Staffing Summary:		FY 2010 REVISION 2	FY 2010 REVISION 1	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:		12.50	7.50	5.00
# of Regular Part-Time Employee Equivalents:				-
# of Temp. Full-Time Employee Equivalents:				-
# of Temp. Part-Time Employee Equivalents:		24.00	23.00	1.00
# of Other Employee Equivalents:				-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS		36.50	30.50	6.00

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Grants / contracts revenue	400000	\$ 1,989,905	\$ 1,253,223	\$ 736,682
Please enter a valid account number - >>>				\$ -
Please enter a valid account number - >>>				\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				
Total Revenues		\$ 1,989,905	\$ 1,253,223	\$ 736,682

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
Salaries & wages	600000	YES	NO	YES	NO	\$ 453,727
Fringe benefits	610000	\$1,079,248		\$625,521		\$ 100,365
Staff development & training	620000	\$284,086		\$163,701		\$ 65,000
Travel-staff	630000	\$85,000		\$20,000		\$ 20,000
Contract services >=\$5K	650000	\$40,000	\$140,000	\$20,000	\$140,000	\$ -
Supplies	680000	\$50,518		\$50,518		\$ -
Allocated: telephone expense	690080	\$3,000		\$3,000		\$ -
Allocated: cell/mobile phone	690090	\$13,000		\$13,000		\$ -
Allocated: mailing cost	690120	\$400		\$400		\$ -
Allocated: printing/copying	690130	\$100		\$100		\$ -
Allocated: space cost	700080	\$10,000		\$10,000		\$ -
Allocated: property insurance	710090	\$1,500		\$1,500		\$ -
Allocated: prof liab ins	710110	\$35,000		\$35,000		\$ -
Employee mileage reimbursement	720040	\$10,000		\$10,000		\$ -
Capital acquisitions >= \$5K	770000		\$15,000		\$15,000	\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC			\$ 155,000		\$ 155,000	\$ -
Expenditures SUBJECT to IDC		\$ 1,591,832		\$ 952,740		\$ 639,092
Indirect Cost Rate (If blank or zero, must explain in Notes above)		15.27%		15.27%		
Indirect Cost Allocation	970000	\$ 243,073		\$ 145,483		\$ 97,590
Total Expenditures		\$ 1,989,905		\$ 1,253,223		\$ 736,682

Revenues OVER \ (UNDER) Expenditures		\$ -	\$ -	\$ -
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Transfers In\Out - (Show ALL as Positive Numbers)

Operating Transfers IN						
Other financing sources	900000					\$ -
Cash In: tribally required	900010					\$ -
Cash In: grant required	900020					\$ -
Cash In: motor fuel tax	900040					\$ -
Cash In: vehicle tax	900050					\$ -
Cash In: Interprogram contract	900060					\$ -

Operating Transfers OUT						
Other financing uses	900001					\$ -
Cash out: tribally required	900011					\$ -
Cash out: grant required	900021					\$ -
Cash out: motor fuel tax	900041					\$ -
Cash out: vehicle tax	900051					\$ -
Cash out: Interprogram contract	900061					\$ -

Transfers In\Out - Net		\$ -	\$ -	\$ -
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Take to Narrative ==>		\$ 1,989,905	\$ 1,253,223	
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Excess\ (Deficit) of Revenues, Expenditures and Net Transfers		\$ -	\$ -	\$ -
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PAYROLL WORKSHEET

Job Title	Position	Vacant/	Exempt	Status	Salary	Range	Minimum	Empl. #	Employee Name	TOTAL PERSONNEL COST FOR EMPLOYEE			Totals For This Accounting Unit			
										Hourly Rate	Expected Hours To Pay	Expected Wages (Gross)	Expected Wages (Gross)	Expected Fringe Benefits	Expected Wages (Gross)	Expected Fringe Benefits
1 COORD CLINICAL APPLICATIONS	V	N	N	A1	\$100.00	110220	\$30.64			\$18.57	1,920	\$35,654	\$35,654	\$11,033	\$46,687	
2 DENTIST	E	E	E	A1	\$80.00	110176	\$80.00	100		\$80.00	100	\$8,000	\$8,000	\$2,398	\$10,398	
3 DENTIST	E	E	E	A4	\$84.13	110146	\$84.13	100		\$84.13	100	\$8,413	\$8,413	\$2,525	\$10,938	
4 DENTIST	E	E	E	A4	\$84.13	110184	\$84.13	100		\$84.13	100	\$8,413	\$8,413	\$2,525	\$10,938	
5 DENTIST	E	E	E	A4	\$84.13	110230	\$84.13	100		\$84.13	100	\$8,413	\$8,413	\$2,525	\$10,938	
6 DENTIST	E	E	E	A4	\$84.13	11-0229	\$84.13	192		\$80.00	192	\$15,360	\$15,360	\$4,336	\$19,696	
7 DENTIST	E	E	E	A1	\$120.00	110490	\$120.00	2,080		\$32.14	2,080	\$66,851	\$66,851	\$16,713	\$83,564	
8 DENTIST	E	E	E	A1	\$120.00	110055	\$120.00	1,920		\$32.14	1,920	\$61,616	\$61,616	\$15,404	\$77,020	
9 DIR HEALTH RESEARCH	E	E	E	A1	\$40.87	104685	\$40.87	1,920		\$33.65	1,920	\$36,811	\$36,811	\$9,258	\$46,069	
10 DIR HEALTH POLICY	E	E	E	A1	\$39.46	107265	\$39.46	1,920		\$36.81	1,920	\$70,675	\$70,675	\$17,523	\$88,198	
11 DIR PHARMACY	E	E	E	C1	\$52.88	110063	\$52.88	1,920		\$57.04	1,920	\$36,528	\$36,528	\$9,132	\$45,660	
12 DIR PHARMACY	E	E	E	C1	\$17.85	109829	\$17.85	1,920		\$16.33	1,920	\$31,354	\$31,354	\$7,838	\$39,192	
13 LPN	V	N	N	A4	\$17.85		\$17.85	100		\$16.33	100	\$1,633	\$1,633	\$412	\$2,045	
14 LPN	V	N	N	A4	\$17.85		\$17.85	100		\$16.33	100	\$1,633	\$1,633	\$412	\$2,045	
15 LPN	V	N	N	A4	\$17.85		\$17.85	100		\$16.33	100	\$1,633	\$1,633	\$412	\$2,045	
16 LPN	V	N	N	A4	\$17.85		\$17.85	100		\$16.33	100	\$1,633	\$1,633	\$412	\$2,045	
17 LPN (PRN)	E	N	N	A4	\$30.00	109409	\$30.00	100		\$16.33	100	\$1,633	\$1,633	\$412	\$2,045	
18 NURSE ADVISOR	E	E	E	A1	\$43.31	110301	\$43.31	1,920		\$16.33	1,920	\$31,354	\$31,354	\$7,838	\$39,192	
19 NURSE PRACTITIONER	E	E	E	A4	\$40.14	110100	\$40.14	1,920		\$35.00	1,920	\$67,200	\$67,200	\$17,100	\$84,300	
20 NURSE PRACTITIONER	E	E	E	A4	\$153.65	110138	\$153.65	100		\$100.00	100	\$10,000	\$10,000	\$2,500	\$12,500	
21 PHYSICIAN	E	E	E	A4	\$153.65	110138	\$153.65	100		\$100.00	100	\$10,000	\$10,000	\$2,500	\$12,500	
22 PHYSICIAN	E	E	E	A4	\$153.65	110137	\$153.65	100		\$100.00	100	\$10,000	\$10,000	\$2,500	\$12,500	
23 PHYSICIAN	E	E	E	A4	\$153.65	110139	\$153.65	100		\$100.00	100	\$10,000	\$10,000	\$2,500	\$12,500	
24 PHYSICIAN	V	E	E	A4	\$153.65		\$153.65	100		\$90.00	100	\$9,000	\$9,000	\$2,250	\$11,250	
25 PHYSICIAN	V	E	E	A4	\$153.65		\$153.65	100		\$100.00	100	\$10,000	\$10,000	\$2,500	\$12,500	
26 PHYSICIAN ASST	E	E	E	A4	\$40.14	110228	\$40.14	1,920		\$35.00	1,920	\$67,200	\$67,200	\$17,100	\$84,300	
27 RESEARCH ASSISTANT	E	E	E	A1	\$22.72	107743	\$22.72	1,920		\$14.18	1,920	\$27,226	\$27,226	\$6,807	\$34,033	
28 RN	V	E	E	A4	\$30.49		\$30.49	100		\$22.08	100	\$2,208	\$2,208	\$550	\$2,758	
29 RN (PRN)	E	E	E	A4	\$30.49	109504	\$30.49	100		\$24.94	100	\$2,494	\$2,494	\$620	\$3,114	
30 RN (PRN)	E	E	E	A4	\$30.00	109522	\$30.00	100		\$24.94	100	\$2,494	\$2,494	\$620	\$3,114	
31 RN (PRN)	E	E	E	A4	\$30.00	109511	\$30.00	100		\$24.94	100	\$2,494	\$2,494	\$620	\$3,114	
32 SPECIAL ASST	V	N	N	A1	\$22.72		\$22.72	1,920		\$17.27	1,920	\$33,158	\$33,158	\$8,289	\$41,447	
33 DENTIST	E	E	E	A4	\$84.13	11-0233	\$84.13	632		\$80.00	632	\$50,560	\$50,560	\$12,640	\$63,200	
34 DENTIST	E	E	E	A1	\$84.13		\$84.13	500		\$48.08	500	\$48,080	\$48,080	\$12,170	\$60,250	
35 PHYSICIAN	E	E	E	A1	\$153.65	11-0184	\$153.65	500		\$95.00	500	\$47,500	\$47,500	\$11,875	\$59,375	
36 MIDLEVEL	E	E	E	C1	\$60.10		\$60.10	500		\$39.46	500	\$19,730	\$19,730	\$4,932	\$24,662	
37 PHYSICIAN	E	E	E	C1	\$153.65	11-0075	\$153.65	1,040		\$56.54	1,040	\$58,702	\$58,702	\$14,675	\$73,377	
38 SUPV PHARMACY	E	E	E		\$60.00	110096	\$60.00	1,920		\$50.63	1,920	\$97,210	\$97,210	\$24,315	\$121,525	
39														\$0	\$0	
40														\$0	\$0	
41														\$0	\$0	
42														\$0	\$0	
43														\$0	\$0	
44														\$0	\$0	
45														\$0	\$0	
46														\$0	\$0	
47														\$0	\$0	
48														\$0	\$0	
49														\$0	\$0	
50														\$0	\$0	
50 AU 3% Merit Increase																
Totals												\$1,078,248	\$284,065	\$1,362,313	\$337,501	\$1,700,000

Please input these totals on the Budget Request Form!

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/09 - 09/30/10	Budget Preparer	Phone: 453-5636
Contract Period:	10/01/09 - 09/30/10	Name:	Aml Sams
Contract Number:		Accounting Unit Director/Manager	Phone: 458-3100
Accounting Fund:	3-Special Revenue	Name:	Donnie Parrish
Funding Source:	32-IHS-Self Governance-Health	Group Leader	Phone: 453-5450
AU Description:	MIS	Name:	Melissa Gower
Accounting Unit:	3325000	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	
		SBC Agreement:	Phone:
		Name:	
Date/Time Printed:	01-Apr-10 03:17 PM		
Notes:			

PART-2

Staffing Summary:		FY 2010 REVISION 2	FY 2010 REVISION 1	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:				-
# of Regular Part-Time Employee Equivalents:				-
# of Temp. Full-Time Employee Equivalents:				-
# of Temp. Part-Time Employee Equivalents:				-
# of Other Employee Equivalents:				-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS				-

PART-3

Revenues:	(Show as positive #)	Account #			Incr \ (Decr)
Grants / contracts revenue		400000	\$2,287,028	\$1,994,638	\$ 292,390
Carryover: "appropriated" PY		490000	\$1,950,472	\$1,349,422	\$ 601,050
Please enter a valid account number - >>>					
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!					
Total Revenues			\$ 4,237,500	\$ 3,344,060	\$ 893,440

PART-4

Expenditures:		Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
Salaries & wages		600000	YES	NO	YES	NO	
Fringe benefits		610000	\$193,632				\$ 193,632
Contract services < \$5K		640000	\$60,025				\$ 60,025
Contract services >=\$5K		650000	\$75,000	\$1,651,050	\$75,000		\$ -
Supplies		680000	\$360,000			\$1,450,000	\$ 201,050
Direct billed: Internet		690110	\$50,000		\$360,000		\$ -
Capital acquisitions >= \$5K		770000		\$1,735,000	\$50,000	\$1,335,000	\$ 400,000
Please enter a valid account number - >>>							
Please enter a valid account number - >>>							
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!							
Expenditures NOT Subject to IDC				\$ 3,386,050		\$ 2,785,000	\$ 601,050
Expenditures SUBJECT to IDC			\$ 738,657		\$ 485,000		\$ 253,657
Indirect Cost Rate (If blank or zero, must explain in Notes above)			15.27%		15.27%		
Indirect Cost Allocation			970000				
Total Expenditures			\$ 112,793	\$ 4,237,500	\$ 74,060	\$ 3,344,060	\$ 893,440
Revenues OVER \ (UNDER) Expenditures				\$ -		\$ -	\$ -

Transfers In\Out - (Show ALL as Positive Numbers)

Operating Transfers IN							
Other financing sources	900000						\$ -
Cash in: tribally required	900010						\$ -
Cash in: grant required	900020						\$ -
Cash in: motor fuel tax	900040						\$ -
Cash in: vehicle tax	900050						\$ -
Cash in: interprogram contract	900060						\$ -

Operating Transfers OUT							
Other financing uses	900001						\$ -
Cash out: tribally required	900011						\$ -
Cash out: grant required	900021						\$ -
Cash out: motor fuel tax	900041						\$ -
Cash out: vehicle tax	900051						\$ -
Cash out: interprogram contract	900061						\$ -

Transfers In\Out - Net							
Take to Narrative ==>				\$ 4,237,500		\$ 3,344,060	\$ -
Excess\Deficit) of Revenues, Expenditures and Net Transfers							
				\$ -		\$ -	\$ -

PAYROLL WORKSHEET

Accounting Unit Description: **MIS** For Budget Period: **10/01/09 - 09/30/10** Printed Date: **31-Mar-10**
 Accounting Unit Name: **3325000** Prepared by: **April Sams** Printed Time: **02:51 PM**

Job Title	Position	Status	Salary Range	Maximum	Emp. #	Employee Name	Hourly Rate	Expected Hours	Regul	Overtime	Expected Wages (Gross)	Series/Status	Fringe Rate %	%	Expected Wages (Gross)	Expected Fringe Benefits
1. MGR CLINICAL APPLICATIONS	N	N	IS7	\$39.58	00-0000		\$30.15	1,040			\$31,356	10-R-FT	31.00%	100%	\$31,356	\$8,720
2. HELP DESK TECH I	N	N	IS1	\$16.42	00-0000		\$16.10	1,040			\$16,904	10-R-FT	31.00%	100%	\$16,904	\$3,298
3. HELP DESK TECH I	N	N	IS1	\$15.42	00-0000		\$10.10	1,040			\$10,504	10-R-FT	31.00%	100%	\$10,504	\$3,298
4. COORD CLINICAL APPLICATIONS	N	N	IS6	\$33.36	00-0000		\$25.12	1,040			\$26,125	10-R-FT	31.00%	100%	\$26,125	\$8,098
5. COORD CLINICAL APPLICATIONS	N	N	IS6	\$33.36	00-0000		\$25.12	1,040			\$26,125	10-R-FT	31.00%	100%	\$26,125	\$8,098
6. COMPUTER HARDWARE TECH I	N	N	IS3	\$20.73	00-0000		\$14.54	1,040			\$15,122	10-R-FT	31.00%	100%	\$15,122	\$4,888
7. COMPUTER HARDWARE TECH I	N	N	IS3	\$20.73	00-0000		\$14.54	1,040			\$15,122	10-R-FT	31.00%	100%	\$15,122	\$4,888
8. CLINICAL INFOMATICS COORD	N	N	IS7	\$39.58	00-0000		\$30.15	1,040			\$31,356	10-R-FT	31.00%	100%	\$31,356	\$8,720
9. SYSTEMS ADMINISTRATOR	N	N	IS5	\$28.38	00-0000		\$20.84	1,040			\$21,778	10-R-FT	31.00%	100%	\$21,778	\$6,751
10.											\$0			0%	\$0	\$0
11.											\$0			0%	\$0	\$0
12.											\$0			0%	\$0	\$0
13.											\$0			0%	\$0	\$0
14.											\$0			0%	\$0	\$0
15.											\$0			0%	\$0	\$0
16.											\$0			0%	\$0	\$0
17.											\$0			0%	\$0	\$0
18.											\$0			0%	\$0	\$0
19.											\$0			0%	\$0	\$0
20.											\$0			0%	\$0	\$0
21.											\$0			0%	\$0	\$0
22.											\$0			0%	\$0	\$0
23.											\$0			0%	\$0	\$0
24.											\$0			0%	\$0	\$0
25.											\$0			0%	\$0	\$0
26.											\$0			0%	\$0	\$0
27.											\$0			0%	\$0	\$0
28.											\$0			0%	\$0	\$0
29.											\$0			0%	\$0	\$0
30.											\$0			0%	\$0	\$0
31.											\$0			0%	\$0	\$0
32.											\$0			0%	\$0	\$0
33.											\$0			0%	\$0	\$0
34.											\$0			0%	\$0	\$0
35.											\$0			0%	\$0	\$0
36.											\$0			0%	\$0	\$0
37.											\$0			0%	\$0	\$0
38.											\$0			0%	\$0	\$0
39.											\$0			0%	\$0	\$0
40.											\$0			0%	\$0	\$0
41.											\$0			0%	\$0	\$0
42.											\$0			0%	\$0	\$0
43.											\$0			0%	\$0	\$0
44.											\$0			0%	\$0	\$0
45.											\$0			0%	\$0	\$0
46.											\$0			0%	\$0	\$0
47.											\$0			0%	\$0	\$0
48.											\$0			0%	\$0	\$0
49.											\$0			0%	\$0	\$0
50. AU 3% Merit Increase											\$5,840			0%	\$5,840	\$1,748
Totals															\$193,632	\$60,023

Please input these totals on the Budget Request Form!

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2009 - 09/30/2010	Budget Preparer	Phone: 5636
Contract Period:	10/01/2009 - 09/30/2010	Name:	Aml Sams
Contract Number:		Accounting Unit Director/Manager	Phone: 5349
Accounting Fund:	3-Special Revenue	Name:	Denise Walls
Funding Source:	32-IHS-Self Governance-Health	Group Leader	Phone: 5450
AU Description:	Billing	Name:	Melissa Gower
Accounting Unit:	3325100	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	10-3473
		SBC Agreement:	Phone:
		Name:	
Date/Time Printed:	01-Apr-10 03:15 PM		
Notes:			

PART-2

Staffing Summary:	FY 2010 REVISION 1	FY 2010 ORIG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	27.00	23.00	4.00
# of Regular Part-Time Employee Equivalents:			-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	27.00	23.00	4.00

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Grants / contracts revenue	400000	\$1,858,095	\$1,793,668	\$ 64,429
Please enter a valid account number - >>>				\$ -
Please enter a valid account number - >>>				\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				
Total Revenues		\$ 1,858,095	\$ 1,793,668	\$ 64,429

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Salaries & wages	600000	\$603,453		\$558,167		\$ 45,286
Fringe benefits	610000	\$187,069		\$173,028		\$ 14,041
Staff development & training	620000	\$15,000		\$15,000		\$ -
Travel-staff	630000	\$22,000		\$22,000		\$ -
Contract services < \$5K	640000	\$9,000		\$9,000		\$ -
Contract services >=\$5K	650000		\$150,000		\$150,000	\$ -
MCA/PA contracts >=\$5K	650030		\$603,000		\$603,000	\$ -
Supplies	680000	\$43,079		\$43,079		\$ -
Allocated: telephone expense	690080	\$6,000		\$6,000		\$ -
Allocated: cell/mobile phone	690090	\$1,600		\$1,600		\$ -
Allocated: mailing cost	690120	\$2,000		\$2,000		\$ -
Allocated: printing/copying	690130	\$5,000		\$5,000		\$ -
Lease/rent: furniture & equip	690500	\$5,000		\$5,000		\$ -
Allocated: space cost	700080	\$57,000		\$57,000		\$ -
Allocated: property insurance	710090	\$500		\$500		\$ -
Employee mileage reimbursement	720040	\$2,000		\$2,000		\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC		\$ 753,000		\$ 753,000		\$ -
Expenditures SUBJECT to IDC		\$ 958,701		\$ 899,374		\$ 59,327
Indirect Cost Rate (If blank or zero, must explain in Notes above)		15.27%		15.71%		
Indirect Cost Allocation	970000	\$ 146,394		\$ 141,292		\$ 5,102
Total Expenditures		\$ 1,858,095		\$ 1,793,668		\$ 64,429

Revenues OVER \ (UNDER) Expenditures	\$ -	\$ -	\$ -
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Transfers In/Out - (Show ALL as Positive Numbers)

Operating Transfers IN						
Other financing sources	900000					\$ -
Cash in: tribally required	900010					\$ -
Cash in: grant required	900020					\$ -
Cash in: motor fuel tax	900040					\$ -
Cash in: vehicle tax	900050					\$ -
Cash in: interprogram contract	900060					\$ -

Operating Transfers OUT						
Other financing uses	900001					\$ -
Cash out: tribally required	900011					\$ -
Cash out: grant required	900021					\$ -
Cash out: motor fuel tax	900041					\$ -
Cash out: vehicle tax	900051					\$ -
Cash out: interprogram contract	900061					\$ -

Transfers In/Out - Net		\$ -		\$ -		\$ -
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Take to Narrative ==>		\$ 1,858,095		\$ 1,793,668		
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Excess(Deficit) of Revenues, Expenditures and Net Transfers		\$ -		\$ -		\$ -
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PAYROLL WORKSHEET

Job Title	Position	Status	Salary Range	Emp. #	Employee Name	Hourly Rate	Expected Hours To Pay		Expected Wages (Gross)	Series Status	Fringe Rate %	% Payc.	Totals For This Accounting Unit	
							Regular	Overtime					Expected Wages (Gross)	Expected Fringe Benefits
1 CERT MED BILLING CLERK	E	N	A1	1		\$12.51	1,920		\$24,019	10-R-F-T	31.00%	100%	\$24,019	\$7,446
2 CLERK I	E	N	A1	1		\$9.00	1,920		\$17,280	10-R-F-T	31.00%	100%	\$17,280	\$5,257
3 CLERK III	E	N	A1	1		\$14.24	1,920		\$27,341	10-R-F-T	31.00%	100%	\$27,341	\$8,478
4 DATA ENTRY TECH II	E	N	A1	1		\$11.57	1,920		\$22,214	10-R-F-T	31.00%	100%	\$22,214	\$6,888
5 DATA ENTRY TECH II	E	N	A1	1		\$13.28	1,920		\$25,498	10-R-F-T	31.00%	100%	\$25,498	\$7,907
6 DATA ENTRY TECH II	E	N	A1	1		\$9.53	1,920		\$18,480	10-R-F-T	31.00%	100%	\$18,480	\$5,739
7 DATA ENTRY TECH II	E	N	A1	1		\$11.17	1,920		\$21,446	10-R-F-T	31.00%	100%	\$21,446	\$6,648
8 DATA ENTRY TECH II	E	N	A1	1		\$16.82	1,920		\$31,910	10-R-F-T	31.00%	100%	\$31,910	\$9,892
9 DATA ENTRY TECH II	E	N	A1	1		\$9.50	1,920		\$18,240	10-R-F-T	31.00%	100%	\$18,240	\$5,654
10 DATA ENTRY TECH II	E	N	A1	1		\$10.23	1,920		\$19,642	10-R-F-T	31.00%	100%	\$19,642	\$6,089
11 DATA ENTRY TECH II	E	N	A1	1		\$8.63	1,920		\$18,480	10-R-F-T	31.00%	100%	\$18,480	\$5,732
12 DATA ENTRY TECH II	E	N	A1	1		\$9.63	1,920		\$18,480	10-R-F-T	31.00%	100%	\$18,480	\$5,654
13 DATA ENTRY TECH II	E	N	A1	1		\$11.90	1,920		\$22,880	10-R-F-T	31.00%	100%	\$22,880	\$6,945
14 DATA ENTRY TECH II	E	N	A1	1		\$27.29	1,920		\$38,397	10-R-F-T	31.00%	100%	\$38,397	\$11,639
DIR HLTH BUSINESS OPS	E	N	A1	1		\$27.03	1,920		\$26,189	10-R-F-T	31.00%	100%	\$26,189	\$7,897
14 DIR HLTH BUSINESS OPS	E	N	A1	1		\$15.68	1,920		\$30,100	10-R-F-T	31.00%	100%	\$30,100	\$9,243
15 SUPER HEALTH BILLING	E	N	A1	1		\$15.68	1,920		\$30,100	10-R-F-T	31.00%	100%	\$30,100	\$9,243
16 DATA ENTRY TECH II	V	N	A1	1		\$15.68	1,920		\$30,100	10-R-F-T	31.00%	100%	\$30,100	\$9,243
17 DATA ENTRY TECH II	V	N	A1	1		\$15.68	1,920		\$30,100	10-R-F-T	31.00%	100%	\$30,100	\$9,243
18 DATA ENTRY TECH II	V	N	A1	1		\$15.68	1,920		\$30,100	10-R-F-T	31.00%	100%	\$30,100	\$9,243
19 DATA ENTRY TECH II	V	N	A1	1		\$15.68	1,920		\$30,100	10-R-F-T	31.00%	100%	\$30,100	\$9,243
20 DATA ENTRY TECH II	V	N	A1	1		\$15.68	1,920		\$30,100	10-R-F-T	31.00%	100%	\$30,100	\$9,243
23 SUPER HEALTH BILLING	V	N	A1	1		\$27.03	1,920		\$26,189	10-R-F-T	31.00%	100%	\$26,189	\$7,897
24 SUPER HEALTH BILLING	V	N	A1	1		\$27.03	1,920		\$26,189	10-R-F-T	31.00%	100%	\$26,189	\$7,897
25 DATA ENTRY TECH II	V	N	A1	1		\$15.68	1,920		\$30,100	10-R-F-T	31.00%	100%	\$30,100	\$9,243
26 DATA ENTRY TECH II	V	N	A1	1		\$15.68	1,920		\$30,100	10-R-F-T	31.00%	100%	\$30,100	\$9,243
27 DATA ENTRY TECH II	V	N	A1	1		\$15.68	1,920		\$30,100	10-R-F-T	31.00%	100%	\$30,100	\$9,243
28 DATA ENTRY TECH II	V	N	A1	1		\$15.68	1,920		\$30,100	10-R-F-T	31.00%	100%	\$30,100	\$9,243
29														
30														
31														
32														
33														
34														
35														
36														
37														
38														
39														
40														
41														
42														
43														
44														
45														
46														
47														
48														
49														
50														
50 AU 3% Merit Increase									\$17,576				\$17,576	\$5,449
Totals									\$605,453				\$605,453	\$187,089

Please input these totals on the Budget Request Form!

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/08 to 09/30/09	Budget Preparer	Name: Aml Sams	Phone: 453-5638
Contract Period:	10/01/08 to 09/30/09	Accounting Unit Director/Manager	Name: Melissa Gower	Phone: 453-5450
Contract Number:		Group Leader	Name: Melissa Gower	Phone: 453-5450
Accounting Fund:	3-Special Revenue	1st Person Responsible	Employee #	103111
Funding Source:	32 - IHS-Self Governance-Health	SBC Agreement:	Name:	Phone:
AU Description:	Health Group Leader			
Accounting Unit:	3325400			
Place IDC Rate in Part 4 Below				

Date/Time Printed:	01-Apr-10 03:10 PM
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PART-2

Staffing Summary:	FY 2010 REVISION 1	FY 2010 ORIG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	10.35	8.35	2.00
# of Regular Part-Time Employee Equivalents:			-
# of Temp. Full-Time Employee Equivalents:	2.00	2.00	-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	12.35	10.35	2.00

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Grants / contracts revenue	400000	\$796,048	\$703,575	\$ 92,473
Please enter a valid account number - >>>				\$ -
Please enter a valid account number - >>>				\$ -
Total Revenues		\$ 796,048	\$ 703,575	\$ 92,473

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Salaries & wages	600000	\$464,016		\$397,740		\$ 66,278
Fringe benefits	610000	\$131,383		\$115,200		\$ 16,183
Staff development & training	620000	\$6,000		\$6,000		\$ -
Travel-staff	630000	\$10,000		\$10,000		\$ -
Contract services >=\$5K	650000		\$25,000		\$25,000	\$ -
Supplies	680000	\$20,555		\$20,555		\$ -
Allocated: telephone expense	690080	\$750		\$750		\$ -
Allocated: cell/mobile phone	690090	\$10,000		\$10,000		\$ -
Allocated: mailing cost	690120	\$200		\$200		\$ -
Allocated: printing/copying	690130	\$1,500		\$1,500		\$ -
Allocated: space cost	700080	\$20,000		\$20,000		\$ -
Allocated: property insurance	710090	\$500		\$500		\$ -
Employee mileage reimbursement	720040	\$4,000		\$4,000		\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Expenditures NOT Subject to IDC			\$ 25,000		\$ 25,000	\$ -
Expenditures SUBJECT to IDC		\$ 668,906		\$ 586,445		\$ 82,461
Indirect Cost Rate (If blank or zero, must explain in Notes above)		15.27%		15.71%		
Indirect Cost Allocation	970000	\$ 102,142		\$ 92,130		\$ 10,012
Total Expenditures		\$ 796,048		\$ 703,575		\$ 92,473

Revenues OVER \ (UNDER) Expenditures	\$ -	\$ -	\$ -
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Transfers In\Out - (Show ALL as Positive Numbers)

Operating Transfers IN					
Other financing sources	900000				\$ -
Cash in: tribally required	900010				\$ -
Cash in: grant required	900020				\$ -
Cash in: motor fuel tax	900040				\$ -
Cash in: vehicle tax	900050				\$ -
Cash in: interprogram contract	900060				\$ -

Operating Transfers OUT					
Other financing uses	900001				\$ -
Cash out: tribally required	900011				\$ -
Cash out: grant required	900021				\$ -
Cash out: motor fuel tax	900041				\$ -
Cash out: vehicle tax	900051				\$ -
Cash out: interprogram contract	900061				\$ -

Transfers In\Out - Net		\$ -		\$ -	\$ -
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Take to Narrative ==>		\$ 796,048		\$ 703,575	
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Excess\ (Deficit) of Revenues, Expenditures and Net Transfers		\$ -		\$ -	\$ -
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PAYROLL WORKSHEET

Accounting Unit Description: Health Group Leader For Budget Period: 10/01/03 to 09/30/09 Printed Date: 31-Mar-10
 Accounting Unit Name: 3329400 Prepared By: Ami Sama Printed Time: 03:01 PM

Job Title	Position	Vacant/ New Hire	Status: E = Exempt, N = Non-E	Salary Range Class	Range Minimum	Range Maximum	Emp. #	Employee Name	TOTAL PERSONNEL COST FOR EMPLOYEE				Totals for This Accounting Unit					
									Hourly Rate	Expected Hours (Regular Overtime)	Expected Wages (Gross)	Expected Fringe (Gross)	Expected Wages (Gross)	Expected Fringe Benefits	% Pure			
1 ADMIN ASST	E	N	A1	\$15.68	\$23.02	\$32.138	1,920		\$11.55	1,920	\$22,138	\$3,063	\$25,201	100%	\$25,201	\$3,063	100%	
2 ADMIN OFFICER	E	N	A3	\$19.22	\$27.80	\$36,902	1,920		\$19.22	1,920	\$36,902	\$5,402	\$42,304	100%	\$42,304	\$5,402	100%	
3 CLERK II	E	N	A1	\$10.52	\$15.68	\$20,198	1,920		\$9.00	1,920	\$17,280	\$2,918	\$20,198	100%	\$20,198	\$2,918	100%	
4 CLERK III	E	N	A1	\$10.56	\$15.68	\$20,275	1,920		\$10.56	1,920	\$20,275	\$2,975	\$23,250	100%	\$23,250	\$2,975	100%	
5 CLERK III	V	N	A3	\$9.53	\$15.68	\$18,490	1,920		\$9.53	1,920	\$18,490	\$2,715	\$21,205	100%	\$21,205	\$2,715	100%	
6 CLERK III	V	N	A3	\$9.53	\$15.68	\$18,490	1,920		\$9.53	1,920	\$18,490	\$2,715	\$21,205	100%	\$21,205	\$2,715	100%	
7 CLERK III	V	N	A3	\$9.53	\$15.68	\$18,490	1,920		\$9.53	1,920	\$18,490	\$2,715	\$21,205	100%	\$21,205	\$2,715	100%	
8 DEVELOPMENT OFFICER	E	N	A1	\$32.87	\$40.00	\$63,091	1,920		\$23.00	900	\$20,700	\$3,000	\$23,700	75%	\$23,700	\$3,000	100%	
9 DIR. H.L. PRIVACY & COMPLIANCE	E	N	A1	\$32.87	\$40.00	\$63,091	1,920		\$32.87	1,920	\$63,091	\$9,000	\$72,091	100%	\$72,091	\$9,000	100%	
10 HEALTH LEGISLATIVE OFFICER	E	N	A1	\$32.87	\$40.00	\$63,091	1,920		\$32.87	1,920	\$63,091	\$9,000	\$72,091	100%	\$72,091	\$9,000	100%	
11 SPECIAL PROJECTS OFFICER	E	N	A1	\$32.87	\$40.00	\$63,091	1,920		\$32.87	1,920	\$63,091	\$9,000	\$72,091	100%	\$72,091	\$9,000	100%	
12 SPECIAL PROJECTS OFFICER	E	N	A1	\$32.87	\$40.00	\$63,091	1,920		\$32.87	1,920	\$63,091	\$9,000	\$72,091	100%	\$72,091	\$9,000	100%	
13 SR DIR HEALTH SERVICES	E	N	C1	\$127.40	\$127.40	\$16,272	1,920		\$96.15	1,920	\$184,815	\$27,000	\$211,815	80%	\$211,815	\$27,000	100%	
14																		
15																		
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47																		
48																		
49																		
50																		
TOTAL											\$464,818	\$31,343	\$496,161		\$496,161	\$31,343		

Please input these totals on the Budget Request Form!

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/09 to 09/30/10	Budget Preparer	Phone: 453-5636
Contract Period:	10/01/09 to 09/30/10	Name:	Ami Sams
Contract Number:		Accounting Unit Director/Manager	Phone: 4915
Accounting Fund:	3-Special Revenue	Name:	Jeff Sanders
Funding Source:	32-IHS-Self Governance-Health	Group Leader	Phone: 453-5450
AU Description:	Pharmacy Refill Center	Name:	Melissa Gower
Accounting Unit:	3325700	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	110063
		SBC Agreement:	Phone:
		Name:	
Date/Time Printed:	05-Apr-10 08:47 AM		
Notes: This is a new AU; Department is Direct Care			

PART-2

Staffing Summary:	FY 2010 ORIG REQUEST	FY 2009 BUDGET	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	11.00		11.00
# of Regular Part-Time Employee Equivalents:			-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	11.00	-	11.00

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Grants / contracts revenue	400000	\$194,495		\$ 194,495
Please enter a valid account number - >>>				\$ -
Please enter a valid account number - >>>				\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				\$ -
Total Revenues		\$ 194,495	\$ -	\$ 194,495

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
Salaries & wages	600000	YES	NO	YES	NO	
Fringe benefits	610000	\$89,868				\$ 89,868
Staff development & training	620000	\$27,862				\$ 27,862
Supplies	680000	\$8,000				\$ 8,000
Allocated: mailing cost	690120	\$3,000				\$ 3,000
Please enter a valid account number - >>>		\$40,000				\$ 40,000
Please enter a valid account number - >>>						\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						\$ -
Expenditures NOT Subject to IDC						\$ -
Expenditures SUBJECT to IDC		\$ 168,730		\$ -		\$ 168,730
Indirect Cost Rate (if blank or zero, must explain in Notes above)		15.27%		15.71%		\$ 25,785
Indirect Cost Allocation	970000	\$ 25,785				\$ 25,785
Total Expenditures		\$ 194,495		\$ -		\$ 194,495
Revenues OVER \ (UNDER) Expenditures		\$ -		\$ -		\$ -
Transfers In/Out - (Show ALL as Positive Numbers)						
Operating Transfers IN						
Other financing sources						
Cash in: tribally required	900000					\$ -
Cash in: grant required	900010					\$ -
Cash in: motor fuel tax	900020					\$ -
Cash in: vehicle tax	900040					\$ -
Cash in: interprogram contract	900050					\$ -
Cash in: interprogram contract	900060					\$ -
Operating Transfers OUT						
Other financing uses						
Cash out: tribally required	900001					\$ -
Cash out: grant required	900011					\$ -
Cash out: motor fuel tax	900021					\$ -
Cash out: vehicle tax	900041					\$ -
Cash out: interprogram contract	900051					\$ -
Cash out: interprogram contract	900061					\$ -
Transfers In/Out - Net		\$ -		\$ -		\$ -
Take to Narrative ==>		\$ 194,495		\$ -		\$ -
Excess(Deficit) of Revenues, Expenditures and Net Transfers		\$ -		\$ -		\$ -

PAYROLL WORKSHEET

Accounting Unit Description: Pharmacy Refill Center For Budget Period: 10/01/09 to 09/30/10
 Accounting Unit Name: 3325700 Prepared by: April Sarna
 Printed Date: 3/14/2010
 Printed Time: 04:08 PM

Job Title	Position Vacant/ New/ N	Status: Exempt = E / Non = N	Salary Range Class	Range Minimum	Emp. #	Employee Name	TOTAL PERSONNEL COST FOR EMPLOYEE			Totals For This Accounting Unit					
							Hourly Rate	Expected Hours Regular	Expected Hours Overtime	Expected Wages (Gross)	Benefits Status	Fringe Rate %	%	Expected Wages (Gross)	Expected Fringe Benefits
1 PHARMACIST SUPV	N	E	C1	\$57.69	500		\$41.83	500		\$20,915	11R-RFT	31.00%	100%	\$20,915	\$6,484
2 PHARMACIST	N	N	C1	\$39.42	500		\$39.42	500		\$19,710	11R-RFT	31.00%	100%	\$19,710	\$6,110
3 PHARMACY TECH	N	N	A1	\$18.56	500		\$18.56	500		\$9,280	10R-RFT	31.00%	100%	\$9,280	\$2,944
4 PHARMACY TECH	N	N	A1	\$18.56	500		\$18.56	500		\$9,280	10R-RFT	31.00%	100%	\$9,280	\$2,944
5 PHARMACY TECH	N	N	A1	\$18.56	500		\$18.56	500		\$9,280	10R-RFT	31.00%	100%	\$9,280	\$2,944
6 PHARMACY TECH	N	N	A1	\$18.56	500		\$18.56	500		\$9,280	10R-RFT	31.00%	100%	\$9,280	\$2,944
7 PHARMACY TECH	N	N	A1	\$18.56	500		\$18.56	500		\$9,280	10R-RFT	31.00%	100%	\$9,280	\$2,944
8 CLERK III	N	N	A1	\$15.68	500		\$15.68	500		\$7,840	10R-RFT	31.00%	100%	\$7,840	\$2,472
9 CLERK III	N	N	A1	\$15.68	500		\$15.68	500		\$7,840	10R-RFT	31.00%	100%	\$7,840	\$2,472
10 DRIVER	N	N	A1	\$14.85	500		\$14.85	500		\$7,425	10R-RFT	31.00%	100%	\$7,425	\$2,395
11 DRIVER	N	N	A1	\$14.85	500		\$14.85	500		\$7,425	10R-RFT	31.00%	100%	\$7,425	\$2,395
12										\$0				\$0	\$0
13										\$0				\$0	\$0
14										\$0				\$0	\$0
15										\$0				\$0	\$0
16										\$0				\$0	\$0
17										\$0				\$0	\$0
18										\$0				\$0	\$0
19										\$0				\$0	\$0
20										\$0				\$0	\$0
21										\$0				\$0	\$0
22										\$0				\$0	\$0
23										\$0				\$0	\$0
24										\$0				\$0	\$0
25										\$0				\$0	\$0
26										\$0				\$0	\$0
27										\$0				\$0	\$0
28										\$0				\$0	\$0
29										\$0				\$0	\$0
30										\$0				\$0	\$0
31										\$0				\$0	\$0
32										\$0				\$0	\$0
33										\$0				\$0	\$0
34										\$0				\$0	\$0
35										\$0				\$0	\$0
36										\$0				\$0	\$0
37										\$0				\$0	\$0
38										\$0				\$0	\$0
39										\$0				\$0	\$0
40										\$0				\$0	\$0
41										\$0				\$0	\$0
42										\$0				\$0	\$0
43										\$0				\$0	\$0
44										\$0				\$0	\$0
45										\$0				\$0	\$0
46										\$0				\$0	\$0
47										\$0				\$0	\$0
48										\$0				\$0	\$0
49										\$0				\$0	\$0
50										\$0				\$0	\$0
50% AU 3% Merit Increase															
Totals										\$2,618				\$2,618	\$812
Please input these totals on										\$29,888				\$29,888	\$27,882
on the Budget Request Form!															

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/09 - 09/30/10	Budget Preparer	Phone:	453-5636
Contract Period:	10/01/09 - 09/30/10	Name:	Aml Sams	
Contract Number:		Accounting Unit Director/Manager	Phone:	458-7662
Accounting Fund:	3-Special Revenue	Name:	George Long	
Funding Source:	32-IHS-Self Governance-Health	Group Leader	Phone:	453-5450
AU Description:	Health Equipment Replacement	Name:	Melissa Gower	
Accounting Unit:	3329030	1st Person Responsible		
Place IDC Rate in Part 4 Below		Employee #	100007	
		SBC Agreement:		
		Name:		
Date/Time Printed:	05-Apr-10 12:46 PM			
Notes: Transfer Out to AU 1010208.				

**PART-2
Staffing Summary:**

	FY 2010 REVISION 3	FY 2010 REVISION 2	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:			-
# of Regular Part-Time Employee Equivalents:			-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	-	-	-

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Carryover: "appropriated" PY	490000	\$12,000,000	\$10,000,000	\$ 2,000,000
Grants / contracts revenue	400000			\$ -
Please enter a valid account number - >>>				\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				
Total Revenues		\$ 12,000,000	\$ 10,000,000	\$ 2,000,000

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Equipment < \$5K	680070	\$4,000,000		\$4,000,000		\$ -
Capital acquisitions >= \$5K	770000		\$6,689,200		\$5,289,200	\$ 1,400,000
Contract services >=\$5K	650000		\$500,000			\$ 500,000
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC			\$ 7,189,200		\$ 5,289,200	\$ 1,900,000
Expenditures SUBJECT to IDC		\$ 4,000,000		\$ 4,000,000		\$ -
Indirect Cost Rate (If blank or zero, must explain in Notes above)		15.27%		15.27%		
Indirect Cost Allocation	970000	\$ 610,800		\$ 610,800		\$ -
Total Expenditures			\$ 11,800,000		\$ 9,900,000	\$ 1,900,000

Revenues OVER \ (UNDER) Expenditures		\$ 200,000	\$ 100,000	\$ 100,000
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Transfers In\Out - (Show ALL as Positive Numbers)

Operating Transfers IN					
Other financing sources	900000				\$ -
Cash in: tribally required	900010				\$ -
Cash in: grant required	900020				\$ -
Cash in: motor fuel tax	900040				\$ -
Cash in: vehicle tax	900050				\$ -
Cash in: interprogram contract	900060				\$ -

Operating Transfers OUT					
Other financing uses	900001				\$ -
Cash out: tribally required	900011		\$200,000	\$100,000	\$ 100,000
Cash out: grant required	900021				\$ -
Cash out: motor fuel tax	900041				\$ -
Cash out: vehicle tax	900051				\$ -
Cash out: interprogram contract	900061				\$ -

Transfers In\Out - Net		\$ (200,000)	\$ (100,000)	\$ (100,000)
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Take to Narrative ==>		\$ 12,000,000	\$ 10,000,000	
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Excess(Deficit) of Revenues, Expenditures and Net Transfers		\$ -	\$ -	\$ -
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CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10-01-2009 - 9-30-2010	Budget Preparer	Phone: 456-5482 ext 244
Contract Period:		Name:	Anthony Barrow
Contract Number:		Accounting Unit Director/Manager	Phone: 918-458-5624
Accounting Fund:	3-Special Revenue	Name:	Leona Allen
Funding Source:	56-NAHASDA	Group Leader	Phone: 453-5248
AU Description:	Modernization	Name:	David Southerland
Accounting Unit:	3560800	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	Shirley Blackfox
		SBC Agreement:	Phone: 453-5248
		Name:	

Date/Time Printed:	04-Mar-10 03:53 PM
Additional grant funds added to this budget to complete needed work items.	

PART-2

Staffing Summary:	FY 2010 REVISION 2	FY 2010 REVISION 1	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:			-
# of Regular Part-Time Employee Equivalents:			-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	-	-	-

PART-3

Revenues: (Show as positive #)	Account #	Incr \ (Decr)
Grants / contracts revenue	400000	\$ 30,000
Please enter a valid account number - >>>		\$ -
Please enter a valid account number - >>>		\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!		
Total Revenues		\$ 30,000

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Contract services >=\$5K	650000		\$30,000			\$ 30,000
Client services	670000	\$220,000		\$220,000		\$ -
Supplies	680000	\$5,000		\$5,000		\$ -
Fuel, oil	720020	\$6,882		\$6,882		\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC			\$ 30,000		\$ -	\$ 30,000
Expenditures SUBJECT to IDC		\$ 231,882		\$ 231,882		\$ -
Indirect Cost Rate (if blank or zero, must explain in Notes above)		15.27%		15.27%		
Indirect Cost Allocation	970000	\$ 35,408		\$ 35,408		\$ -
Total Expenditures		\$ 297,290		\$ 267,290		\$ 30,000

Revenues OVER \ (UNDER) Expenditures	\$ -	\$ -	\$ -
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Transfers In/Out - (Show ALL as Positive Numbers)

Operating Transfers IN						
Other financing sources	900000					\$ -
Cash in: tribally required	900010					\$ -
Cash in: grant required	900020					\$ -
Cash in: motor fuel tax	900040					\$ -
Cash in: vehicle tax	900050					\$ -
Cash in: Interprogram contract	900080					\$ -

Operating Transfers OUT						
Other financing uses	900001					\$ -
Cash out: tribally required	900011					\$ -
Cash out: grant required	900021					\$ -
Cash out: motor fuel tax	900041					\$ -
Cash out: vehicle tax	900051					\$ -
Cash out: Interprogram contract	900081					\$ -

Transfers In/Out - Net		\$ -	\$ -	\$ -
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Take to Narrative ==>	\$ 297,290	\$ 267,290
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Excess\ (Deficit) of Revenues, Expenditures and Net Transfers	\$ -	\$ -
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CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/09 to 09/30/10	Budget Preparer	Phone: 453-5305
Contract Period:	10/01/09 to 09/30/10	Name:	Jamie Cole
Contract Number:		Accounting Unit Director/Manager	Phone:
Accounting Fund:	5 Permanent Fund	Name:	
Funding Source:	95-Permanent Funds	Group Leader	Phone:
AU Description:	Gammon Education Trust	Name:	Neil Morton
Accounting Unit:	5951110	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	106665
		SBC Agreement:	Phone:
		Name:	

Date/Time Printed:	06-Apr-10 11:07 AM
Notes: Interest earnings on the Gammon Education Trust to CNEC.	

PART-2

Staffing Summary:	FY 2010 ORIG REQUEST	FY 2009 Budget	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:			-
# of Regular Part-Time Employee Equivalents:			-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	-	-	-

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Investment Revenue	440000	\$641	\$0	\$ 641
Carryover: "appropriated" PY	490000	\$72,599	\$0	\$ 72,599
Please enter a valid account number - >>>				
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				
Total Revenues		\$ 73,240	\$ -	\$ 73,240

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Tuition/scholarships	670090		\$73,240		\$0	\$ 73,240
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC			\$ 73,240		\$ -	\$ 73,240
Expenditures SUBJECT to IDC		\$ -		\$ -		\$ -
Indirect Cost Rate (If blank or zero, must explain in Notes above)		16.10%		16.10%		
Indirect Cost Allocation	970000	\$ -		\$ -		\$ -
Total Expenditures			\$ 73,240		\$ -	\$ 73,240

Revenues OVER \ (UNDER) Expenditures		\$ -	\$ -	\$ -
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Transfers In/Out - (Show ALL as Positive Numbers)

Operating Transfers IN						
Other financing sources	900000					\$ -
Cash in: tribally required	900010					\$ -
Cash in: grant required	900020					\$ -
Cash in: motor fuel tax	900040					\$ -
Cash in: vehicle tax	900050					\$ -
Cash in: interprogram contract	900060					\$ -
Cash in: debt service	900070					\$ -

Operating Transfers OUT						
Other financing uses	900001					\$ -
Cash out: tribally required	900011					\$ -
Cash out: grant required	900021					\$ -
Cash out: motor fuel tax	900041					\$ -
Cash out: vehicle tax	900051					\$ -
Cash out: interprogram contract	900061					\$ -

Transfers In/Out - Net		\$ -	\$ -	\$ -
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Take to Narrative ==>		\$ 73,240	\$ -	\$ -
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Excess \ (Deficit) of Revenues, Expenditures and Net Transfers		\$ -	\$ -	\$ -
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ALPHA-DATE	Accounting Unit	VALUE-NAME	Account	ACCOUNT-DESC	Balance 02/28/010	Original Trust Amount	Current Amount Available For CNEC
28-Feb-10	5951110	Gammon Education Trust	160131	Gammon ed trust-059278	363,865.00	290,625.00	73,240.00
28-Feb-10	5951110	Gammon Education Trust	440010	Interest Income	(641.24)		
28-Feb-10	5951199	Gammon Edu System AU	340000	Fund Balance Reserved	(363,223.76)		

MEMORANDUM OF AGREEMENT
between the
CHEROKEE NATION
And
CHEROKEE NATION EDUCATION CORPORATION

This Memorandum of Agreement (hereinafter referred to as "Agreement") is made and entered into this 2nd day of February, 2010, by and between Cherokee Nation, P.O. Box 948, Tahlequah, Oklahoma 74465 (hereinafter referred to as the "NATION"), and Cherokee Nation Education Corporation, 115 East Delaware, Tahlequah, Oklahoma 74464, Federal Identification Number 73-0757033 (hereinafter referred to as the "CNEC").

WITNESSETH:

WHEREAS, the NATION wishes to enter into an agreement for CNEC to administer the scholarship application and award process for scholarships from the Gammon trust fund. Such funds are to be used for Cherokee Nation citizens and issued in the form of higher education scholarships. CNEC will adhere to the stipulations of the trust and issue such scholarships accordingly.

WHEREAS, the CNEC hereby affirms it is an incorporated entity of the Cherokee Nation in accordance with the laws of the Cherokee Nation, the State of Oklahoma and the Internal Revenue Service, and further maintains it is qualified, willing, and able to perform the services herein described.

NOW, THEREFORE, and in consideration of the mutual covenants, promises, agreements, understandings, and conditions herein contained, the parties hereto mutually promise to the other, agree and understand as follows, to wit:

The Nation will transfer interest earned from the Gammon fund investment to CNEC as provided herein. CNEC will issue individual scholarships to Cherokee Nation citizens that meet the qualifications stipulated in the Gammon fund testament.

CNEC will assume all responsibility for administering and maintaining the scholarships.

TERM: The term of this Agreement shall remain in effect indefinitely unless canceled in writing by both parties hereto.

CONSIDERATION AND COMPENSATION:

In consideration for the services provided, the NATION will initially make a one time transfer of the current interest earned from the Gammon fund investment in the amount of Sixty-three Thousand Dollars (\$63,000.00) to CNEC, no later than April 1, 2010. Thereafter, the NATION will transfer the interest earned from the invested principle annually to CNEC. The Principal Chief agrees to include in his budget request an administrative fee of \$6,300 in FY2011, subject to appropriations. The CNEC shall submit a fiscal report annually to the attention of Cherokee Nation Treasurer, Cherokee Nation, P.O. BOX 948, Tahlequah, OK 74465. The CNEC report shall include a detailed description of the services provided, date(s) of services, and amount(s). This Agreement shall not exceed Sixty-Three Thousand Dollars (\$63,000.00) plus additional interest identified by the Treasurer from time-to-time without the prior written consent of the Principal Chief, Cherokee Nation, or his authorized designee.

GENERAL PROVISIONS:

1. This Agreement shall be governed by, construed, and enforced in accordance with the laws of the United States and where applicable, the laws of the Cherokee Nation. If it should appear that any of the Agreement terms are in conflict with any rule of law or statutory provision of the United States, or where applicable, with any rule of law or statutory provision of the Cherokee Nation, such conflicting term(s) shall be deemed inoperative and null and void insofar as it may be in conflict with such law or statutory provision, and shall be deemed modified to conform to such rule of law or statutory provision. However, such conflict shall not operate to nullify or void the entire Agreement.
2. This Agreement contains the complete expression of the parties' agreement with respect to the subject matter hereof, and shall bind the parties, their successors and assigns. There are no previous or contemporary understandings, representations, or warranties not set forth herein. No subsequent amendment or modification of this Agreement shall be of any force or effect unless in writing and signed by the parties to be bound thereby. No provision of this Agreement shall be considered waived by the NATION unless such waiver is in writing and signed by the NATION. No such waiver shall be a waiver of any past or future default, breach, or modification of any of the provisions of this Agreement unless expressly stipulated in such waiver. The parties further state to the best of their knowledge, no employee of the NATION who exercises any functions or responsibilities in connection with the performance hereunder has any personal interest, direct or indirect, in this Agreement. This Agreement shall supersede any and all written or oral statements, agreements, and/or representations of the parties made prior to or contemporaneously with the execution hereof. The parties agree their respective performances hereunder shall be governed by an obligation of good faith.
3. This Agreement may be terminated or canceled by either party with or without cause, upon thirty (30) days written notice of intention to the authorized representatives of each party signed below. In the event this Agreement is terminated or canceled by either party, the NATION shall compensate the CNEC only for services performed up to the date of termination and/or cancellation.
4. The NATION and the CNEC hereby agree the services specified in this Agreement may not be delegated or assigned without the prior written consent of the NATION.
5. This Agreement shall not be construed to constitute a joint venture, partnership, nor other form of agreement creating a joint liability between the parties. Each party shall be responsible and liable for the acts and omissions of its respective agents and employees.
6. The CNEC certifies to the best of its knowledge and belief that neither the CNEC, nor any of its principals, are presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any federal, state, local, or tribal agency. The CNEC also certifies to the best of its knowledge and belief that it has not, within a three-year-period preceding this Agreement, been convicted of or had a civil judgment rendered against it for: commission of a fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, local, or tribal) contract or subcontract; violation of federal or state antitrust statutes relating to submission of offers or commissions or embezzlement, theft, forgery, bribery, falsifications or destruction of records, and/or making false statements; and is not presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in this provision. The CNEC certifies it has not within a three-year period preceding this Agreement, had one or more contracts terminated for default by a federal, state, local, or tribal agency.
7. The parties hereto stipulate and agree the NATION is a sovereign nation in accordance with the laws of the Internal Revenue Service, and further maintains it is qualified, willing, and able to perform the services herein described. Any employee, agent, and/or representative furnished hereunder shall be deemed to be the NATION'S employee, agent, and/or representative exclusively.

8. The CNEC agrees to indemnify and hold harmless the NATION, its boards, officers, employees, agents, and subagents, individually and collectively, from all fines, claims, demands, suits or actions of any kind or nature arising by reason of the CNEC'S negligent or tortious acts or omissions in the course of performance of this Agreement.
9. The NATION'S obligation for payment under this Agreement is contingent upon the availability of appropriated funds from which payment for services can be made. Funds are available for performance under this Agreement when appropriated or authorized by the Tribal Council of the Cherokee Nation. No legal liability on the part of the NATION for any payment may arise hereunder until funds are made available by the designated officer of the NATION for performance and until the CNEC receives notice of availability from the NATION'S designated officer through issuance of a purchase order.
10. All notices required hereunder shall be sent via U.S. Mail, postage paid, as follows:

To the NATION:	Cherokee Nation Attention: Treasurer P.O. Box 948 Tahlequah, OK 74465
with a copy to:	Cherokee Nation Acquisition Management Attention: Contracts Office P.O. Box 948 Tahlequah, OK 74465
To the CNEC:	Cherokee Nation Education Corporation Attention: Ms. Kimberlie A. Gilliland 115 East Delaware Tahlequah, OK 74464

In witness whereof, the parties hereto have subscribed their names on the date first set forth herein.

Kimberlie A. Gilliland - *Allen* *Spec./Pres.* 2-8-10
 Kimberlie A. Gilliland, Executive Director CNEC Date

CHEROKEE NATION:

Callie Catcher 2/8/10
 Callie Catcher, Treasurer Date

for *Chad Smith* 2/8/10
 Chad Smith, Principal Chief Date



Cherokee Nation Act/Resolution Proposal Form

Act Resolution

AN ACT AMENDING LEGISLATIVE ACT #21-09
AUTHORIZING THE COMPREHENSIVE BUDGET FOR
FISCAL YEAR 2010 – Mod. 7

TITLE: AND DECLARING AN EMERGENCY

DEPARTMENT CONTACT: Tamsye Dreadfulwater-Leake

RESOLUTION PRESENTER: _____

SPONSOR: _____

NARRATIVE: (See Attached Outline for Information If Outline is Required)

**ADMINISTRATIVE
CLEARANCE**

Program/Project Manager:

Signature/Initial _____ Date _____

Department Director:

Signature/Initial _____ Date _____

Executive Director:

Signature/Initial _____ Date _____

Controller: (if needed)

Callie Cathe

Signature/Initial _____ Date _____

Government Resources:

Signature/Initial _____ Date _____

Administration Approval:

Melinda 4/13/10

Signature/Initial _____ Date _____

LEGISLATIVE CLEARANCE:

Legislative Aide:

Brittany 4/13/2010

Signature/Initial _____ Date _____

Standing Committee & Date:

Executive & Finance 4-29-2010

Chairperson:

Jack D. Baker

Signature/Initial _____ Date _____

Returned to Presenter: _____

Date _____

04-13-10P03:09 RCVD

