

An Act

LEGISLATIVE ACT 42-21

AN ACT AMENDING LEGISLATIVE ACT #17-20 AUTHORIZING THE COMPREHENSIVE OPERATING BUDGET FOR FISCAL YEAR 2021 – Mod. 11; AND DECLARING AN EMERGENCY

BE IT ENACTED BY THE CHEROKEE NATION:

SECTION 1. TITLE AND CODIFICATION

This legislative act shall be titled and codified as “**An Act Amending Legislative Act #17-20 Authorizing the Comprehensive Operating Budget for FY 2021 – Mod. 11**”.

SECTION 2. PURPOSE

The purpose of this amendment is to authorize and approve the use of funds, subject to the availability of such funds, in accordance with Section 4, changing the amounts of certain cost centers approved in the “Comprehensive Budget Act for Fiscal Year 2021” or subsequent amendment. The cumulative total of the budget is increased by **\$ 4,821,038** for a total budget authority of **\$ 3,365,484,914**. The following items are identified as components of such change:

Grants Received & Authorized per LA 17-20 (detail attached)	\$ 3,556,038
Modification Request (see Section 4 below)	<u>1,265,000</u>
Cumulative change in budget authority	<u>\$ 4,821,038</u>

SECTION 3. LEGISLATIVE HISTORY

The provisions of compliance, policy of accountability, authorities and severability provided in Legislative Act #17-20 are applicable to this amendment.

SECTION 4. FUNDING AUTHORIZATIONS

The changes reflect increases to cost centers set forth in the program budget justifications incorporated herein. This modification request changes the total amount of the comprehensive budget authorization by an increase of **\$ 1,265,000** to wit:

- A. An increase in the NAHASDA budget authority of **\$ 1,265,000**.

SECTION 5. PROVISIONS AS CUMULATIVE

The provisions of this Act shall be cumulative to existing law.

SECTION 6. SEVERABILITY

The provisions of this Act are severable and if any part or provision hereof shall be held void, the decision of the court so holding shall not affect or impair any of the remaining parts or provisions of this Act.

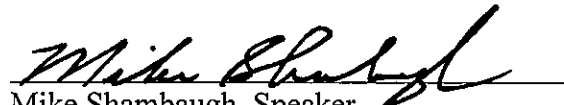
SECTION 7. EFFECTIVE DATE: EMERGENCY DECLARED

It being immediately necessary for the welfare of the Cherokee Nation, the Council hereby declares that an emergency exists, by reason whereof this Act shall take effect immediately upon its approval and signatures.


SECTION 8. SELF-HELP CONTRIBUTIONS

To the extent that this Act involves programs or services to citizens of the Nation or others, self-help contributions shall be required, unless specifically prohibited by the funding agency, or a waiver is granted due to physical or mental incapacity of the participant to contribute.

Enacted by the Council of the Cherokee Nation on the 13th day of September, 2021


Mike Shambaugh, Speaker
Council of the Cherokee Nation

ATTEST:

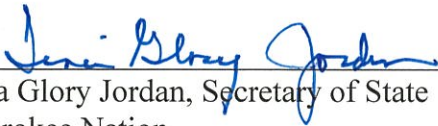

Dora Patzkowski, Secretary
Council of the Cherokee Nation

Approved and signed by the Principal Chief this 15th day of September, 2021



Chuck Hoskin Jr., Principal Chief
Cherokee Nation

ATTEST:



Tina Glory Jordan, Secretary of State
Cherokee Nation

YEAS AND NAYS AS RECORDED:

Rex Jordan	<u>Yea</u>	Melvina Shotpouch	<u>Yea</u>
Candessa Tehee	<u>Yea</u>	Victoria Vazquez	<u>Yea</u>
Wes Nofire	<u>Yea</u>	Dora Patzkowski	<u>Yea</u>
Dr. Mike Dobbins	<u>Yea</u>	Joe Deere	<u>Yea</u>
E.O. "Jr" Smith	<u>Yea</u>	Keith Austin	<u>Yea</u>
Daryl Legg	<u>Yea</u>	Danny Callison	<u>Yea</u>
Joshua Sam	<u>Yea</u>	Johnny Kidwell	<u>Yea</u>
Shawn Crittenden	<u>Yea</u>	Julia Coates	<u>Yea</u>
Mike Shambaugh	<u>Yea</u>		

CHEROKEE NATION
PROPOSED FY 2021 AMENDMENT
Sorted by Funding Source

				Data		
Funding Source	Ref # by FS	Program/Purpose	FY 2021- Prior LA	Amend. Change to Sources	Amend. Expenses Total Change	Net Change
40-DHHS-General	1	3401320 CN Zero Suicide Project	LA-17-20	328,964	328,964	\$ -
	2	3402600 Diabetes Grant	July Grants	250,000	250,000	\$ -
	3	3402615 Diabetes - Contract Health AFO	New	250,000	250,000	\$ -
	4	3402675 Diabetes Progr Contract Health	June Grants	(250,000)	(250,000)	\$ -
	5	3404220 Head Start COVID and ARP	New	1,317,773	1,317,773	\$ -
	6	3404320 LIHWAP ARPA	New	790,597	790,597	\$ -
	7	3404321 LIHWAP ARPA Admin	New	69,403	69,403	\$ -
	8	3409500 Medicare Outreach Asst. Prog.	New	4,600	4,600	\$ -
40-DHHS-General Total				\$ 2,761,337	\$ 2,761,337	\$ -
45-USDA	9	3456500 Supplemental CARES Act Grant	June Grants	7,393	7,393	\$ -
	10	3456600 USDA RBDG Opportunity	New	100,631	100,631	\$ -
	11	3456700 USDA RBDG Enterprise	New	276,078	276,078	\$ -
45-USDA Total				\$ 384,102	\$ 384,102	\$ -
75-Federal Other	12	3756100 Tribal Historic Preserv Office	LA-17-20	369,141	369,141	\$ -
75-Federal Other Total				\$ 369,141	\$ 369,141	\$ -
85-Private	13	3852420 OUHSC TSET	New	21,458	21,458	\$ -
	14	3855200 Building a Culture of Health	New	20,000	20,000	\$ -
85-Private Total				\$ 41,458	\$ 41,458	\$ -
Grand Total				\$ 3,556,038	\$ 3,556,038	\$ -

August Operating Grants - Reporting Only

CHEROKEE NATION
 PROPOSED FY 2021 AMENDMENT
 Sorted by Funding Source

				Data		
Funding Source	Ref # by FS	Program/Purpose	FY 2021- Prior LA	Amend. Change to Sources	Amend. Expenses Total Change	Net Change
56-NAHASDA	1	3562015 Tahlequah Rehab Office Constrc	New	1,000,000	1,000,000	\$ -
	2	3562018 Jay Office Remodel	New	60,000	60,000	\$ -
	3	3562019 Stilwell Office Construction	New	155,000	155,000	\$ -
	4	3562098 Planning and Administration	New	50,000	50,000	\$ -
56-NAHASDA Total				\$ 1,265,000	\$ 1,265,000	\$ -
Grand Total				\$ 1,265,000	\$ 1,265,000	\$ -

Operating Mod #11 Request

COMPREHENSIVE BUDGET FOR FISCAL YEAR 2021

Funding Source	Revenues	Transfers In	Total	Direct Exp.	Indir. Exp.	Transfers Out	Total	NET
Tribally Funded Funding Source	125,635,792	21,140,297	146,776,089	124,425,045	4,978,344	17,372,700	146,776,089	0
Motor Fuels Tax Funding Srce	11,425,464	17,979,396	29,404,860	20,840,503	73,357	8,491,000	29,404,860	0
Motor Vehicle Tax Funding Srce	35,644,485	1,099,686	36,744,171	34,704,849	646,484	1,392,838	36,744,171	0
Permanent Fund Funding Source	9,100	0	9,100	9,100	0	0	9,100	0
DOI General Funding Source	16,100,862	0	16,100,862	14,996,593	1,104,269	0	16,100,862	0
DOI Self Gov Funding Source	22,231,141	79,600	22,310,741	18,574,959	1,225,361	2,510,421	22,310,741	0
DOI Self Gov Roads Funding Src	4,658,360	0	4,658,360	4,621,055	32,305	5,000	4,658,360	0
Dept of Transportation Fnd Src	97,616,429	0	97,616,429	97,272,025	244,404	100,000	97,616,429	0
DOI PL102-477 Funding Source	95,587,677	0	95,587,677	91,562,237	1,932,614	2,092,826	95,587,677	0
IHS Self Gov Health Funding Sr	663,280,518	12,034,146	675,314,664	626,306,614	34,723,904	14,284,146	675,314,664	0
IHS Self Gov TEH Funding Src	19,187,582	0	19,187,582	18,904,687	282,895	0	19,187,582	0
IHS Self Gov Office Funding Src	388,823	0	388,823	351,730	37,093	0	388,823	0
IHS Discretionary Funding Src	75,000	0	75,000	75,000	0	0	75,000	0
DHHS General Funding Source	86,138,009	603,199	86,741,208	81,427,808	5,313,400	0	86,741,208	0
USDA Funding Source	30,718,280	361,101	31,079,381	30,144,968	934,413	0	31,079,381	0
Dept of Education Funding Srce	923,567	82,222	1,005,789	936,045	54,744	15,000	1,005,789	0
HUD Funding Source	42,902,856	300,000	43,202,856	41,237,595	465,261	1,500,000	43,202,856	0
Housing Proceeds Funding Src	0	0	0	0	0	0	0	0
EPA Funding Source	2,486,039	0	2,486,039	2,264,970	221,069	0	2,486,039	0
Dept of Labor Funding Source	15,870,916	0	15,870,916	14,735,861	1,135,055	0	15,870,916	0
Dept of Treasury Funding Source	2,099,452,026	0	2,099,452,026	1,910,483,097	0	188,968,929	2,099,452,026	0
Federal Other Funding Source	18,041,721	431,713	18,473,434	17,578,834	717,994	176,606	18,473,434	0
State of Oklahoma Funding Srce	1,587,872	0	1,587,872	1,467,260	120,612	0	1,587,872	0
Private Funding Source	3,030,999	0	3,030,999	2,999,680	31,319	0	3,030,999	0
Indirect Cost Pool Funding Src	58,161,986	4,500	58,166,486	58,166,486	0	0	58,166,486	0
Fringe Pool Funding Source	0	0	0	0	0	0	0	0
Internal Lease Pool Funding Sr	6,105,336	0	6,105,336	6,105,336	0	0	6,105,336	0
Enterprise Funding Source	2,436,773	1,576,606	4,013,379	3,823,300	190,079	0	4,013,379	0
Other Funding Source	268,000	17,000	285,000	280,134	4,866	0	285,000	0
Debt Service Funding Source	0	0	0	0	0	0	0	0
Capital Projects Funding Sourc	80,586,419	6,200,000	86,786,419	86,786,419	0	0	86,786,419	0
Total	\$ 3,540,552,032	\$ 61,909,466	\$ 3,602,461,498	\$ 3,311,082,190	\$ 54,469,842	\$ 236,909,466	\$ 3,602,461,498	\$ -

Non Grant Requests

Oper Mod #10A	3,365,135	08/09 Council
Capital Mod #6	4,682,481	08/26 E&F
Oper Mod #11	1,265,000	08/26 E&F
Total after pending Mod's		
	\$ 3,611,774,114	
Operating (LA 17-20)	3,365,484,914	Cumulative Oper
Capital (LA 16-20)	246,289,200	Cumulative Cap
Grand Total	\$ 3,611,774,114	

CAPITAL RECONCILIATION

LA 16-20	\$ 218,171,590	
Cap Mod #1	249,530	
Cap Mod #2	100,000	
Cap Mod #3	687,126	
Cap Mod #4	687,558	
Cap Mod #5	21,710,915	
Cap Mod #6	4,682,481	
Total Capital	\$ 246,289,200	

CHEROKEE NATION TRIBAL COUNCIL

Jody S. Reece, CPA, CIA, CMA

Executive Director of Financial Oversight



M e m o

To: Janees Taylor, Chairman, Executive & Finance Committee
From: Jody S. Reece
CC: Executive & Finance Committee
Date: 08/11/2021
Re: Review of Operating Budget Mod #11 – Total \$ 4,821,038

Per your request, I have reviewed the administration’s budget modification request for this month’s Executive & Finance Committee Meeting. Below is a summary of my review:

A. Grant Reporting:

<u>Funding Source</u>	<u># of Budgets</u>	<u>Amount</u>
DHHS General	8	\$ 2,761,337
USDA	3	384,102
Federal Other	1	369,141
Private	2	41,458
Total Grant Reporting		<u>\$ 3,556,038</u>

General Fund Cash Match for Grants (1010315) – Start of Year

Cash Out: Grant Required	\$ 1,834,455
Cash In: Tribally Required (CARES Act Treasury)	(363,247)
Appropriated for Cash Match (future grants)	882,060
Original Total Budget	<u>\$ 2,353,268</u>

Original Appropriated for Cash Match – for future grants	\$ 882,060	
Used: USDA Nutrition Education (reduced match)	492	Nov.
DOJ SHS Sch. Violence Prevention Program (reduced match)	84,321	Nov.
CARES Act Food Distribution	(143,844)	Dec.
Federal Transit Program	(29,959)	Dec.
Pre Disaster Mitigation	(30,562)	Jan.
Funding decrease to cover Supreme Court increase	(167,927)	Mod #4
PDM EMT 2020	(146,335)	Mod #6
PDM EMT 2021	(151,445)	Mod #6
Low Emission Bus Grant (cash match used prior year)	212,400	Mod #6
Food Distribution (waiver of most of current year cash match)	(661,443)	Mod #8
Reduction to provide funding for Tribal Youth Council stipends	6,800	Mod #8

Balance Available for Future Grant Matching \$ 1,163,844

B. MOD #11 Request - Increase in budget authority - \$ 1,265,000

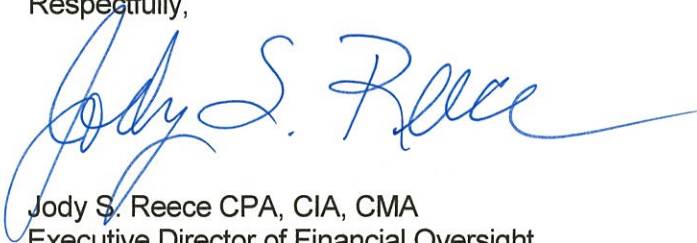
1. Tahlequah Rehab Office Construction – 3562015 – NAHASDA: New budget requesting expenditure authorization of \$1,000,000 to demo existing Housing Rehab office and construct a new one.
2. Jay Office Remodel – 3562018 – NAHASDA: New budget requesting expenditure authorization of \$60,000 for remodel of the Jay housing office.
3. Stilwell Office Construction – 3562019 – NAHASDA: New budget requesting expenditure authorization of \$155,000 for construction of a new housing office building in Stilwell.
4. Planning and Administration – 3562098 – NAHASDA: New budget requesting expenditure authorization of \$50,000 for administrative costs based on the Indian Housing Plan.

Note: All four of the above budgets are from funding provided by the 2021 American Rescue Plan Act (ARPA).

Summary:

After reviewing the submission of the operating modification by administration, I find no technical issues surrounding these requests, nor do I have any unmentioned concerns related to their respective carryover estimates. If I can provide any additional information, please do not hesitate to contact me.

Respectfully,



Jody S. Reece CPA, CIA, CMA
Executive Director of Financial Oversight
Office: 918-453-5573
Cell: 918-525-2017
Email: jody-reece@cherokee.org

Cherokee Nation FY 2021 Comprehensive Budget Narrative

Department/Program	Executive Director	ED Phone #	
20 - HACN	Jerri Killer	1111	
Accounting Unit	Accounting Unit Name		
3562015	Tahlequah Rehab Office Constrc		
Program Director/Manager	Pgm Dir/Mgr Phone #	Period Budget Covers	
Erna Reeves	1229	10/01/2020 - 09/30/2021	
FY 2020 BUDGET	FY 2021 ORIG REQUEST	\$ Increase/(Decrease) Requested – Approved	% Increase/(Decrease) (Request – Approved) / Approved
\$ -	\$ 1,000,000	\$ 1,000,000	100.00%
Staffing Plan (FTE)	FY 2021 ORIG REQUEST	FY 2020 BUDGET	Net Change in Staffing
Regular Full-Time	-	-	-
Regular Part-Time	-	-	-
Temporary Full-Time	-	-	-
Temporary Part-Time	-	-	-
IPA/MOA/Other	-	-	-
Total	-	-	-
PROGRAM NARRATIVE:			
<p>COVID-19 Respond</p> <p>DESCRIPTION: Demo existing Housing Rehabilitation office and construct a new one. There are currently 57 employees in this building and many of them are forced to share an office due to limited space. Therefore, the employees had to work in groups during the COVID pandemic to allow for social distancing. There are only two restrooms in the entire building, which is not adequate for such a large group of people.</p> <p>OUTCOME: Reduce over-crowding.</p> <p>TYPES AND LEVEL OF ASSISTANCE: Demo existing building (including attached warehouse), construct new building to allow for more space, and complete required infrastructure.</p>			
SIGNIFICANT CHANGES:			
<p>New budget.</p>			

CHEROKEE NATION - FY2021 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2020 - 09/30/2021	Budget Preparer	Phone: 1184
Contract Period:		Name:	Jo Rumbley
Contract Number:		Accounting Unit Director/Manager	Phone: 1229
Accounting Fund:	3-Special Revenue	Name:	Erna Reeves
Funding Source:	56-NAHASDA	Executive Director	Phone: 1111
AU Description:	Tahlequah Rehab Office Constrc	Name:	Jeri Killer
Accounting Unit:	3562015	1st Person Responsible	
	Place IDC Rate In Part 4 Below	Employee #	109515
Date/Time Printed:	28-Jul-21 11:27 AM		

Notes: 2021 American Rescue Plan - ARP

PART-2

Staffing Summary:		FY 2021 ORIG REQUEST	FY 2020 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)
Grants / contracts revenue	400000	\$1,000,000		\$ 1,000,000
Please enter a valid account number - >>>				\$ -
Please enter a valid account number - >>>				\$ -
Please enter a valid account number - >>>				\$ -
Please enter a valid account number - >>>				\$ -
Please enter a valid account number - >>>				\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				
Total Revenues		\$ 1,000,000	\$ -	\$ 1,000,000

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
DO NOT COPY TO, COPY ABOVE, OR REMOVE THIS LINE!						
Salaries & wages	600000	\$0				\$ -
Fringe benefits	610000	\$0				\$ -
Subgrants >= \$5K	660050		\$1,000,000			\$ 1,000,000
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
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Please enter a valid account number - >>>						\$ -
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			\$ 1,000,000		\$ -	\$ 1,000,000
Expenditures SUBJECT to IDC		\$ -		\$ -		\$ -
Indirect Cost Rate (If blank or zero, must explain in Notes above)		11.52%		12.90%		
Indirect Cost Allocation	970000	\$ -		\$ -		\$ -
Total Expenditures			\$ 1,000,000	\$ -		\$ 1,000,000
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					\$ -
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					\$ -
Cash out: debt service	900071					\$ -
Transfers In/Out - Net			\$ -	\$ -		\$ -
Take to Narrative ==>		\$ 1,000,000		\$ -		\$ -
Excess\ (Deficit) of Revenues, Expenditures and Net Transfers		\$ -		\$ -		\$ -

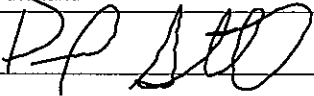
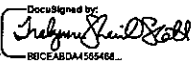
Funding Approval/Agreement

Native American Housing Assistance and Self-Determination Act of 1996 (Public Law 104-330)
Title I - Indian Housing Block Grant
Title VI - Federal Guarantees For Financing Tribal Housing Activities

U.S. Department of Housing and Urban Development
 Office of Native American Programs

1. Name of Recipient Cherokee Nation	3. Recipient's 9-digit Tax Identification No. 73-0757033	4. Reserved
2. Recipient's Complete Address PO Box 1669 Tahlequah, Ok 74465-1669	5. Program/Grant Number 21AH4005780	6. Amount Approved IHBG 20,391,841.00 Title VI Loan Guarantee

This Grant Agreement between the Department of Housing and Urban Development (HUD) and the above named Recipient is made pursuant to the authority of the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA) (25 U.S.C. 4101 et seq.). The Recipient's submissions for NAHASDA assistance, the NAHASDA statute (as now in effect and as may be amended by Congress), the HUD regulations at 24 CFR Part 1000 (as now in effect and as may be amended from time to time), and this Funding Approval, including any special conditions, constitute the Agreement. Subject to the provisions of this Grant Agreement, HUD will make the funding assistance specified here available to the Recipient upon execution of the Agreement by the parties. The Indian Tribe has agreed to assume all of the responsibilities for environmental review, decision making, and actions as specified and required in regulations issued by the Secretary consistent with and pursuant to Section 105 of NAHASDA. (If the Indian Tribe did not agree to assume these responsibilities, these responsibilities are retained by HUD). The Recipient further acknowledges its responsibility for adherence to the Agreement by entities to which it makes funding assistance hereunder available.

U.S. Department of Housing and Urban Development		Recipient	
Name Mr. David W. Southerland		Name Tralynna Sherrill Scott	
Signature 		Signature 	
Title Administrator, SPONAP	Date (mm/dd/yyyy) 7/13/2021	Title Treasurer, Cherokee Nation	Date (mm/dd/yyyy) 7/17/2021

7. Special conditions (check applicable box) a. <input checked="" type="checkbox"/> Not applicable b. <input type="checkbox"/> See attachment(s)	8a. Date HUD Received Submission (mm/dd/yyyy)	9. (check one) a. <input checked="" type="checkbox"/> Orig. funding aprvl. b. <input type="checkbox"/> Amendment	10. Amount of Indian Housing Block Grant a. Funds Reserved for this Recipient 20,391,841.00 b. Funds Now Being Approved 20,391,841.00 c. Reservation to be Cancelled (a minus b)
	8b. Date Recipient Notified (mm/dd/yyyy)		
	8c. Date of Start of Program Year (mm/dd/yyyy)	c. Amendment Number	

11. (This section is to be completed only if a Tribally Designated Housing Entity [TDHE] is the recipient of the loan guarantee but it is not the IHBG recipient)
 11a. Name & Address of TDHE

Loan Guarantee Acceptance Provisions for Tribally Designated Housing Entities (TDHE)

The Tribally Designated Housing Entity hereby accepts the Grant Agreement executed by the Department of Housing and Urban Development (HUD) on the above date with respect to the above program grant number(s) as Recipient designated to receive loan guarantee assistance, and agrees to comply with the terms and conditions of the Agreement, applicable regulations, and other requirements of HUD now or hereafter in effect, pertaining to the assistance provided it.

11b. Authorized Representative Name _____
 Title _____
 Signature _____
 Date (mm/dd/yyyy) _____

HUD Accounting Use Only (show all dates as mm/dd/yyyy)

Batch	TAC	Program	Y	A	Reg.	Area	Document No	Project No.	Category	Amount	Effective Date
	153										
	176										
Date Entered PAS	Date Entered LOCCS	Batch Number	Transaction Code	Entered by	Verified by						

Cherokee Nation FY 2021 Comprehensive Budget Narrative

Department/Program	Executive Director	ED Phone #	
20 - HACN	Jerri Killer	1111	
Accounting Unit	Accounting Unit Name		
3562018	Jay Office Remodel		
Program Director/Manager	Pgm Dir/Mgr Phone #	Period Budget Covers	
Erna Reeves	1229	10/01/2020 - 09/30/2021	
FY 2020 BUDGET	FY 2021 ORIG REQUEST	\$ Increase/(Decrease) Requested – Approved	% Increase/(Decrease) (Request – Approved) / Approved
\$ -	\$ 60,000	\$ 60,000	100.00%
Staffing Plan (FTE)	FY 2021 ORIG REQUEST	FY 2020 BUDGET	Net Change in Staffing
Regular Full-Time	-	-	-
Regular Part-Time	-	-	-
Temporary Full-Time	-	-	-
Temporary Part-Time	-	-	-
IPA/MOA/Other	-	-	-
Total	-	-	-
PROGRAM NARRATIVE:			
<p>COVID-19 Respond</p> <p>DESCRIPTION: Remodel HACN's office in Jay, OK.</p> <p>OUTCOME: Reduce over-crowding.</p> <p>TYPES AND LEVEL OF ASSISTANCE: The Jay Office is one of the larger remote offices. The remodel will allow for more distancing for employees and provide safer payment collection in the front office. This building has a very small kitchen, conference room, and restrooms. In addition, the conference room needs a technology update to allow for virtual meetings and instruction.</p>			
SIGNIFICANT CHANGES:			
New budget			

CHEROKEE NATION - FY2021 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2020 - 09/30/2021	Budget Preparer	Phone: 1184
Contract Period:		Name:	Jo Rumbley
Contract Number:		Accounting Unit Director/Manager	Phone: 1229
Accounting Fund:	3-Special Revenue	Name:	Erna Reeves
Funding Source:	56-NAHASDA	Executive Director	Phone: 1111
AU Description:	Jay Office Remodel	Name:	Jerri Killer
Accounting Unit:	3562018	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	109515
Date/Time Printed:	28-Jul-21 11:56 AM		

Notes: 2021 American Rescue Plan - ARP

PART-2

Staffing Summary:		FY 2021 ORIG REQUEST	FY 2020 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)
Grants / contracts revenue	400000	\$60,000		\$ 60,000
Please enter a valid account number - >>>				\$ -
Please enter a valid account number - >>>				\$ -
Please enter a valid account number - >>>				\$ -
Please enter a valid account number - >>>				\$ -
Please enter a valid account number - >>>				\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				
Total Revenues		\$ 60,000	\$ -	\$ 60,000

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
DO NOT COPY TO, COPY ABOVE, OR REMOVE THIS LINE!		YES	NO	YES	NO	
Salaries & wages	600000	\$0				\$ -
Fringe benefits	610000	\$0				\$ -
Subgrants >= \$5K	660050		\$60,000			\$ 60,000
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
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			\$ 60,000		\$ -	\$ 60,000
Expenditures SUBJECT to IDC		\$ -		\$ -		\$ -
Indirect Cost Rate (if blank or zero, must explain in Notes above)		11.52%		12.90%		
Indirect Cost Allocation	970000	\$ -		\$ -		\$ -
Total Expenditures			\$ 60,000		\$ -	\$ 60,000

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	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				\$ -
Cash out: debt service	900071				\$ -
Transfers In/Out - Net			\$ -	\$ -	\$ -

Take to Narrative ==>		\$ 60,000	\$ -	\$ -
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Excess\ (Deficit) of Revenues, Expenditures and Net Transfers		\$ -	\$ -	\$ -
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Cherokee Nation FY 2021 Comprehensive Budget Narrative

Department/Program		Executive Director		ED Phone #
20 - HACN		Jerri Killer		1111
Accounting Unit		Accounting Unit Name		
3562019		Stilwell Office Construction		
Program Director/Manager		Pgm Dir/Mgr Phone #	Period Budget Covers	
Erna Reeves		1229	10/01/2020 - 09/30/2021	
FY 2020 BUDGET	FY 2021 ORIG REQUEST	\$ Increase/(Decrease) Requested – Approved	% Increase/(Decrease) (Request – Approved) / Approved	
\$ -	\$ 155,000	\$ 155,000	100.00%	
Staffing Plan (FTE)	FY 2021 ORIG REQUEST	FY 2020 BUDGET	Net Change in Staffing	
Regular Full-Time	-	-	-	
Regular Part-Time	-	-	-	
Temporary Full-Time	-	-	-	
Temporary Part-Time	-	-	-	
IPA/MOA/Other	-	-	-	
Total	-	-	-	

PROGRAM NARRATIVE:

COVID-19 Respond

DESCRIPTION: Construct new HACN Office Building in Stilwell, OK.

OUTCOME: Reduce over-crowding.

TYPES AND LEVEL OF ASSISTANCE: The new office building will allow staff to better interact with clients without personal contact. The building was originally a community building, so it is not properly set up as an office and doesn't provide much separation. Once the new building is completed, the current office will be converted back to a community building that can accommodate community assistance, such as food distribution or serve as a vaccination site.

SIGNIFICANT CHANGES:

New budget

CHEROKEE NATION - FY2021 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2020 - 09/30/2021	Budget Preparer	Phone:	1184
Contract Period:		Name:	Jo Rumbley	
Contract Number:		Accounting Unit Director/Manager	Phone: 1229	
Accounting Fund:	3-Special Revenue	Name:	Erna Reeves	
Funding Source:	56-NAHASDA	Executive Director	Phone: 1111	
AU Description:	Stilwell Office Construction	Name:	Jeri Keller	
Accounting Unit:	3562019	1st Person Responsible	Employee # 109515	
Date/Time Printed:	28-Jul-21 11:58 AM			

Notes: 2021 American Rescue Plan - ARP

PART-2

Staffing Summary:	FY 2021 ORIG REQUEST	FY 2020 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)
Grants / contracts revenue	400000	\$155,000	\$ 155,000
Please enter a valid account number - >>>			\$ -
Please enter a valid account number - >>>			\$ -
Please enter a valid account number - >>>			\$ -
Please enter a valid account number - >>>			\$ -
Please enter a valid account number - >>>			\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!			
Total Revenues		\$ 155,000	\$ - \$ 155,000

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
DO NOT COPY TO, COPY ABOVE, OR REMOVE THIS LINE!						
Salaries & wages	600000	\$0				\$ -
Fringe benefits	610000	\$0				\$ -
Subgrants >= \$5K	660050		\$155,000			\$ 155,000
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
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		\$ -		\$ -		\$ -
Indirect Cost Rate (If blank or zero, must explain in Notes above)		11.52%		12.90%		
Indirect Cost Allocation	970000	\$ -		\$ -		\$ -
Total Expenditures			\$ 155,000		\$ -	\$ 155,000
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					\$ -
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					\$ -
Cash out: debt service	900071					\$ -
Transfers In\Out - Net			\$ -		\$ -	\$ -
Take to Narrative ==>			\$ 155,000		\$ -	\$ -
Excess\ (Deficit) of Revenues, Expenditures and Net Transfers			\$ -		\$ -	\$ -

Cherokee Nation FY 2021 Comprehensive Budget Narrative

Department/Program		Executive Director		ED Phone #
20 - HACN		Jerri Killer		1111
Accounting Unit		Accounting Unit Name		
3562098		Planning and Administration		
Program Director/Manager		Pgm Dir/Mgr Phone #	Period Budget Covers	
Erna Reeves		1229	10/01/2020 - 09/30/2021	
FY 2020 BUDGET	FY 2021 ORIG REQUEST	\$ Increase/(Decrease) Requested – Approved	% Increase/(Decrease) (Request – Approved) / Approved	
\$ -	\$ 50,000	\$ 50,000	100.00%	
Staffing Plan (FTE)	FY 2021 ORIG REQUEST	FY 2020 BUDGET	Net Change in Staffing	
Regular Full-Time	-	-	-	
Regular Part-Time	-	-	-	
Temporary Full-Time	-	-	-	
Temporary Part-Time	-	-	-	
IPA/MOA/Other	-	-	-	
Total	-	-	-	

PROGRAM NARRATIVE:

DESCRIPTION: Funding will be used for administrative costs such as staff salaries, training, supplies, etc. for Housing Authority Finance, Procurement, Human Resources, Payroll, Accounts Payable, Insurance Administration, Information Technology and communication with Housing Authority Board. Oversight of the Low Rent, Housing Mgmt, Community Shield, and Rental Assistance Programs are maintained through this budget.

In accordance with figure based on Indian Housing Plan.

SIGNIFICANT CHANGES:

New budget

CHEROKEE NATION - FY2021 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2020 - 09/30/2021	Budget Preparer	Phone:	1184
Contract Period:		Name:	Jo Rumbley	
Contract Number:		Accounting Unit Director/Manager	Phone:	1229
Accounting Fund:	3-Special Revenue	Name:	Erna Reeves	
Funding Source:	56-NAHASDA	Executive Director	Phone:	1111
AJ Description:	Planning and Administration	Name:	Jeri Kiler	
Accounting Unit:	3562098	1st Person Responsible		
Place IDC Rate In Part 4 Below		Employee #	109515	
Date/Time Printed:	28-Jul-21	12:03 PM		

Notes: 2021 American Rescue Plan - ARP

PART-2

Staffing Summary:	FY 2021 ORIG REQUEST	FY 2020 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)
Grants / contracts revenue	400000	\$50,000	\$ 50,000
Please enter a valid account number - >>>			\$ -
Please enter a valid account number - >>>			\$ -
Please enter a valid account number - >>>			\$ -
Please enter a valid account number - >>>			\$ -
Please enter a valid account number - >>>			\$ -
Please enter a valid account number - >>>			\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!			
Total Revenues		\$ 50,000	\$ 50,000

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
DO NOT COPY TO, COPY ABOVE, OR REMOVE THIS LINE!						
Salaries & wages	600000	\$0				\$ -
Fringe benefits	610000	\$0				\$ -
Subgrants >= \$5K	660050		\$50,000			\$ 50,000
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
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			\$ 50,000		\$ -	\$ 50,000
Expenditures SUBJECT to IDC		\$ -		\$ -		\$ -
Indirect Cost Rate (If blank or zero, must explain in Notes above)		11.52%		12.90%		
Indirect Cost Allocation	970000	\$ -		\$ -		\$ -
Total Expenditures			\$ 50,000		\$ -	\$ 50,000
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					\$ -
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					\$ -
Cash out: debt service	900071					\$ -
Transfers In\Out - Net			\$ -		\$ -	\$ -
Take to Narrative ==>			\$ 50,000		\$ -	\$ -
Excess\ (Deficit) of Revenues, Expenditures and Net Transfers			\$ -		\$ -	\$ -

Cherokee Nation Act/Resolution Proposal Form

Act Resolution

AN ACT AMENDING LEGISLATIVE ACT #17-20 AUTHORIZING
THE COMPREHENSIVE BUDGET FOR FISCAL YEAR 2021
OPERATING – MOD 11; AND DECLARING AN EMERGENCY

TITLE:

DEPARTMENT CONTACT: Daniel Stroup

RESOLUTION PRESENTER: _____

COUNCIL SPONSOR: _____

NARRATIVE:

**ADMINISTRATIVE
CLEARANCE**

Dept/Program:

Signature/Initial Date

Executive Director:

Signature/Initial Date

**Treasurer: (Required:
Grants/Contracts/Budgets)**

 8/3/21

Signature/Initial Date

Government Resources:

Signature/Initial Date

Administration Approval:

 8/10/21

Signature/Initial Date

LEGISLATIVE CLEARANCE:

Legal & Legislative Coordinator:

 8/10/21

Signature/Initial Date

Standing Committee & Date:

Executive Finance
8/26/21

Chairperson:

Signature/Initial Date

Returned to Presenter: _____

Date

AUG 10 '21 PM 4:31