Committee: Executive & Finance

Assigned: <u>03/11/2021</u> Committee: <u>03/25/2021</u>

Sponsor: <u>Janees Taylor</u> Author: <u>Jody S. Reece</u>

An Act

LEGISLATIVE ACT 16-21

AN ACT AMENDING LEGISLATIVE ACT #17-20 AUTHORIZING THE COMPREHENSIVE OPERATING BUDGET FOR FISCAL YEAR 2021 – Mod. 6; 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. 6".

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 \$41,767,305 for a total budget authority of \$1,444,923,465. The following items are identified as components of such change:

Grants Received & Authorized per LA 17-20 (detail attached)

Modification Request (see Section 4 below)

Cumulative change in budget authority

\$ 28,386,830

13,380,475

\$ 41,767,305

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. <u>FUNDING AUTHORIZATIONS</u>

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 § 13,380,475 to wit:

- A. An increase in the Tribally Funded budget authority of \$ 86,105.
- B. An increase in the IHS Self Governance Health budget authority of § 13,294,370.

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 12th day of April, 2021

Joe Byrd, Speaker

Council of the Cherokee Nation

ATTEST:

Council of the Cherokee Nation

| Approved and signed by the Principal Chief this $\frac{1}{1}$ day of $\frac{1}{1}$ day of $\frac{1}{1}$ | Approved and signed by the Principal Chief this | 14th | day of Apn | , 20 |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------|------|------------|------|
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------|------|------------|------|

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> | Harley Buzzard | Yea |
|------------------|------------|-----------------------|------------|
| Joe Byrd | <u>Yea</u> | Victoria Vazquez | Yea |
| Wes Nofire | Yea | Dora Smith Patzkowski | Yea |
| Dr. Mike Dobbins | <u>Yea</u> | Joe Deere | Yea |
| E.O. "Jr" Smith | Yea | Keith Austin | Yea |
| Daryl Legg | <u>Yea</u> | Janees Taylor | <u>Yea</u> |
| Canaan Duncan | Yea | Mary Baker Shaw | <u>Yea</u> |
| Shawn Crittenden | <u>Yea</u> | Julia Coates | <u>Yea</u> |
| Mike Shambaugh | Yea | | |

CHEROKEE NATION PROPOSED FY 2021 AMENDMENT Sorted by Funding Source

| | | | | Data | | |
|-------------------------|---------|--------------------------------------|----------------------------------------|---------------|----------------|------------|
| | | | | | Amend. | |
| F 15 0 - | Ref# by | ! | FY 2021- | Amend. Change | Expenses Total | i |
| Funding Source | FS | Program/Purpose | Prior LA | to Sources | Change | Net Change |
| 01-Cherokee Nation | 1 | 1010315 Cash Match For Grants | LA-09-21 | _ | - | \$ - |
| 01-Cherokee Nation Tota | al | | | \$ - | \$ - | \$ - |
| 62-EPA | 1 2 | 3622440 ITEC Tribal Pesticides | LA 17-20 | (11,590 |) (11,590) | \$ - |
| 62-EPA Total | | | | \$ (11,590 | | |
| 75-Federal Other | 3 | | New | 78,963 | | \$ - |
| | 4 | 3755610 DOT Emerg Rental Assistance | New | 24,690,119 | 24,690,119 | \$ |
| | 5 | 3755611 DOT Emerg Rental Asst Admin | New | 2,743,345 | | \$ |
| | 6 | 3759000 Low No Emission Bus Grant | LA 17-20 | (1,490,134 | | \$ - |
| | 7 | 3759820 PDM EMT 2020 | New | 585,340 | | \$ - |
| | 8 | 3759830 PDM EMT 2021 | New | 605,780 | | \$ - |
| | 9 | 3759840 Youth Shelter Expansion Proj | New | 1,000,000 | | \$ - |
| | 10 | 3759850 Asset Forfeiture | New | 33,620 | 33,620 | \$ - |
| | 11 | 3759860 2020 COPS Hiring | New | 31,780 | | \$ - |
| | 12 | 3759870 2020 COPS Equpiment | New | 119,607 | 119,607 | \$ - |
| 75-Federal Other Total | | | ······································ | \$ 28,398,420 | \$ 28,398,420 | \$ - |
| Grand Total | | | ······································ | \$ 28,386,830 | | \$ - |

March 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 |
| 01-Cherokee Nation | 1 | 1010048 ICW 4C Donation Fund | New | 25,000 | 25,000 | \$ - |
| 01-Cherokee Nation Total | | 1015010 GED Testing Fees | JLA-17-20 | \$ 61,105 \$ 86,105 | 61,105 \$ 86,105 | \$ - |
| 32-IHS - Self Governance Health | 3 | 3322905 Ga Du Gi Revenue | LA-17-20 | 21,235 | 21,235 | \$ - |
| | 5 | 3326800 COVID-19 Vaccination Efforts | New | 13,093,135 | 13,093,135 | \$ - |
| 32-IHS - Self Governance Health T | | 3326900 Medicare Part D Coverage | New | 180,000 \$ 13,294,370 | 180,000 \$ 13,294,370 | \$ - \$ - |
| Grand Total | | | | \$ 13,380,475 | \$ 13,380,475 | \$ - |

Operating Mod #6 Request

COMPREHENSIVE BUDGET FOR FISCAL YEAR 2021

| Funding Source | Revenues | Transfers In | Total | Direct Exp. | Indir. Exp. | Transfers Out | Total | H |
|---------------------------------|---------------------|---------------|------------------|------------------|---------------|------------------|------------------|---------------|
| I ribally Funded Funding Source | 125,427,053 | 18,890,297 | 144,317,350 | 121,284.837 | 4.998.370 | 18 034 143 | 144 317 350 | |
| Motor Fuels Tax Funding Srce | 11,425,464 | 17,979,396 | 29,404,860 | 20,840,503 | 73 357 | 8 491 000 | 20 404 860 | 0 0 |
| Motor Vehicle Tax Funding Srce | 33,190,903 | 1,099,686 | 34,290,589 | 32 274 428 | 623 323 | 1 307 838 | 24,404,000 | 0 0 |
| Permanent Fund Funding Source | 9,100 | ı | 9,100 | 9 100 | 010,010 | 000,400, | 04,490,309 |) |
| DOI General Funding Source | 15,561,117 | | 15.561,117 | 14 479 703 | 1 081 414 | ı | 9,100 | 0 (|
| DOI Self Gov Funding Source | 22,086,841 | 79,600 | 22,166,441 | 18 441 301 | 1 214 719 | 2 540 424 | 13,301,117 |) |
| DOI Self Gov Roads Funding Src | 4,658,360 | | 4,658,360 | 4 621 055 | 30 305 | 1,4,010,4 | 4 659 200 | 0 (|
| Dept of Transportation Fnd Src | 75,905,514 | 1 | 75,905,514 | 75 580 524 | 22,303 | 3,000 | 4,008,300 | 0 (|
| DOI PL102-477 Funding Source | 95,587,677 | ī | 95 587 677 | 91 565 270 | 1 000 594 | 000,000 | 75,905,514 | 0 |
| IHS Self Gov Health Funding Sr | 578,996,896 | 12,034,146 | 591.031.042 | 547 912 125 | 31 084 771 | 7,092,620 | 95,587,677 | 0 (|
| IHS Self Gov TEH Funding Src | 18,740,302 | | 18,740,302 | 18.457.407 | 282 895 | 12,004,140 | 391,031,042 |) |
| IHS Self Gov Offic Funding Src | 388,823 | 1 | 388,823 | 351 730 | 37 093 | | 200,000 | o (|
| IHS Discretionary Funding Srce | 75,000 | ī | 75,000 | 75,000 | | ı | 26,000 | 0 0 |
| DHHS General Funding Source | 73,372,358 | 603.199 | 73 975 557 | 69 172 542 | A 803 015 | ı | 000,67 |) (|
| USDA Funding Source | 25,809,354 | 1,022,544 | 26,831,898 | 26.011.633 | 820,265 | . 1 | 76,97,337 | > (|
| Dept of Education Funding Srce | 838,670 | 82,222 | 920,892 | 856 092 | 49,800 | 15,000 | 080,1,090 |) |
| HUD Funding Source | 36,328,167 | 300,000 | 36,628,167 | 34.667.296 | 460.871 | 1 500 000 | 36,032 | > (|
| Housing Proceeds Funding Src | 1 | 1 | , | | 000 | 000,000,1 | 20,020,107 |) (|
| EPA Funding Source | 2,486,039 | ı | 2.486.039 | 2 262 899 | 223 140 | ı | - 000 901 6 |) |
| Dept of Labor Funding Source | 15,740,463 | 1 | 15,740,463 | 14.597.130 | 1 143 333 | • | 4,400,039 |) |
| Dept of Treasury Funding Source | 277,433,464 | ı | 277,433,464 | 263,464,535 | 000'01'' | 13 068 070 | 13,740,463 | o 0 |
| Federal Other Funding Source | 17,153,962 | 431,713 | 17,585,675 | 16 724 945 | R84 124 | 176,606 | 47 505 675 |) |
| State of Oklahoma Funding Srce | 1,587,872 | ı | 1.587.872 | 1.467.260 | 120,612 | 000,0 | 1,303,073 | o 0 |
| Private Funding Source | 2,739,541 | 1 | 2,739,541 | 2 724 412 | 15 129 | | 7 200 544 | 0 |
| Indirect Cost Pool Funding Src | 57,546,092 | 4,500 | 57,550,592 | 57,550,592 |) | | Z, 1 33, 34 1 | 0 0 |
| Fringe Pool Funding Source | L | 1 | 1 | | 2 1 | | 260,000,10 | > (|
| Internal Lease Pool Funding Sr | 5,750,439 | I | 5,750,439 | 5.750.439 | | | 5 750 420 | 0 0 |
| Enterprise Funding Source | 2,436,773 | 1,576,606 | 4,013,379 | 3.823,300 | 190 079 | . 1 | 7 013 370 | 0 0 |
| Other Funding Source | 268,000 | 17,000 | 285,000 | 280.134 | 4 866 | 1 | 286,010, | 0 0 |
| Debt Service Funding Source | | ı | | . 1 |) 't | . , | 700,000 | 0 |
| Capital Projects Funding Sourc | 80,586,419 | 6,200,000 | 86,786,419 | 86,786,419 | 1 | ï | 86,786,419 | 00 |
| Total | - 1 | - 1 | | | | | |) |
| רכום | \$ 1,582,130,663 \$ | 60,320,909 \$ | 1,642,451,572 \$ | 1,532,032,611 \$ | 50,098,052 \$ | \$ 60,320,909 \$ | 1,642,451,572 \$ | |

| 9# | 13,380,475 |
|----|------------|
| | 9#1 |

| in contracts | 13 380 475 03/25 E&E | 10000 1100 00120 LWI | 8 200 66A 03/4E Coursell | 687 558 02/15 Coulicil | 1011000 61 60 000, 100 | \$ 1.664.819.269 | |
|--------------|----------------------|----------------------------|--------------------------|------------------------|------------------------|---------------------------|------------------|
| | Oper Mod #6 | Oper Mod #5A Cap Mod #4 | | | | Total after pending Mod's | |
| ONCILIATION | \$ 218,171,590 | 249,530 | 100,000 | 687,126 | 687,558 | | 219,895,804 |
| CAPITAL REC | | | Cap Mod #2 | Cap Mod #3 | Cap Mod #4 | | Total Capital \$ |

Operating (LA 17-20) 1,444,923,465 *Cumulative Oper*Capital (LA 16-20) 219,895,804 *Cumulative Cap*Grand Total \$ 1,664,819,269

Jody Reece: 3/11/2021

CHEROKEE NATION TRIBAL COUNCIL

Jody S. Reece, CPA, CIA, CMA Executive Director of Financial Oversight



Memo

To:

Janees Taylor, Chairman, Executive & Finance Committee

From:

Jody S. Reece

CC:

Executive & Finance Committee

Date:

03/11/2021

Re:

Review of Operating Budget Modification #6 - Total \$41,767,305

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:

| Funding Source | # of Budgets | Amount |
|----------------|--------------|--------------|
| EPA | 1 | \$ (11,590) |
| Federal Other | 10 | 28,398,420 |

Total Grant Reporting \$ 28,386,830

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

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

| 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 | Ì | 29,959) | Dec. |
| Pre Disaster Mitigation | (| 30,562) | Jan. |
| Funding decrease to cover Supreme Court increase | Ì | 167,927) | Mod #4 |
| PDM EMT 2020 | Ì | 146,335) | Mod #6 |
| PDM EMT 2021 | į | 151,445) | Mod #6 |
| Low Emission Bus Grant (cash match used prior year | , | 212,400 | Mod #6 |
| | | 14 | |

Balance Available for Future Grant Matching \$ 509,201

B. MOD #6 Request - Increase in budget authority - \$13,380,475

- 1. <u>ICW 4C Donation Fund 1010048 Tribally Funded:</u> New budget requesting expenditure authorization of \$25,000 for the 4C (Cherokee Children Cultural Connection) program. Funding provided by a donation from United Health Care.
- 2. <u>GED Testing Fees 1015010 Tribally Funded:</u> Modification requesting an increase in expenditure authorization of \$61,105. The additional funding provided by carryover of testing fees revenue. The new expenditure total is \$85,101.
- 3. <u>Ga Du Gi Revenue 3322905 IHS Self Governance Health:</u> Modification requesting an increase in expenditure authorization of \$21,235 for a new clerk position in the new facility. The new expenditure total is \$803,746.
- 4. <u>COVID-19 Vaccination Efforts 3326800 IHS Self Governance Health:</u> New budget requesting expenditure authorization of \$13,093,135. This is new funding received in 2021 specifically for vaccination efforts.
- 5. <u>Medicare Part D Coverage 3326900 IHS Self Governance Health:</u> New budget requesting expenditure authorization of \$180,000 for a pilot project on Medicare Part D coverage for native beneficiaries. See the budget narrative for details of the program.

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: jdy-reece@cherokee.org

| Department/Program | Executive | Director | ED Phone # |
|------------------------|-----------------------|------------------------------------------------|-------------------------------------------------------------|
| 13 - Human Services | Jennifer | 5355 | |
| Accounting Unit | | Accounting Unit Name | |
| 1010048 | | ICW 4C Donation Fund | |
| Program Directo | | Pgm Dir/Mgr Phone # | Period Budget Covers |
| Lou Stre | tch | 7480 | 10/01/2020 - 09/30/2021 |
| FY2020 Budget Approved | FY2021 Budget Request | \$ Increase/(Decrease) Requested – Approved | % Increase/(Decrease) (Request – Approved) / Approved |
| - | \$ 25,000 | \$ 25,000 | 100.00% |
| Staffing Plan (FTE) | FY2021 Budget Request | FY2020 | Net Change in Staffing |
| Regular Full-Time | _ | _ | - |
| Regular Part-Time | _ = | 41000 - 1000 | |
| Temporary Full-Time | - 1 · 1 | <u>.</u> | |
| Temporary Part-Time | | | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| IPA/MOA/Other | | | |
| Total | - | - | |

PROGRAM NARRATIVE:

ICW operates grants that provide direct services to Cherokee children and families that assist with the 4-18 service population. Cherokee Children Cultural Connection -4C - is a child-focused grant that provides services to our Tribal custody children with a goal to strengthen and expand existing infrastructure of our child serving programs by providing holistic cultural and interest activities. These activities will focus on culture, stability, and bonding to improve outcomes for Cherokee children therefore restoring resiliency and self-image and establishing a new connectedness to their tribe to stand strong, overcoming the trauma and abuse they have endured.

This AU will be established for any donation money received that will directly benefit, and be used specifically for, the 4C program.

SIGNIFICANT CHANGES:

A \$25,000 donation was received from United Health Care, earmarked for the 4C program.

| PART-1 | | | | | | | |
|--------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------|
| Budget Period: 1071 Contract Period: | 01/2020 - 09/30/2021 | | Budget Prepar | er | | Phone: | 6919 |
| Contract Number: | | | Name: | | DeJun | a McDonald | |
| | eneral Fund | | | it Director/Manag | er | Phone: | 7480 |
| | Cherokee Nation | | Name: Executive Dire | | Lou | Stretch | |
| | 4C Donation Fund | | Name: | ctor | lone | Phone: | 5355 |
| Accounting Unit: | 1010048 | | 1st Person Res | sponsible | Jenr | irer Kirby | |
| Date/Time Printed: | Place IDC Rate in Part 4 Below | | Employee # | | 1 | 06306 | |
| | 09-Mar-21 | 10:44 AM | | | | | |
| PART-2 | s: Adding AU for donations specific for the | ne ICW 4C program. | | | T | | <u>толунцээншэншээ</u> гд |
| Staffing Summary: | -Time Employee Equivalents: | | FY 2021 OF | IG REQUEST | FY 2020 | BUDGET | Incr \ (Decr) |
| # of Regular Part | -Time Employee Equivalents: | | | | | | - |
| # of Temp, Full- | Time Employee Equivalents: | | | | | | |
| # of Temp, Part- | Time Employee Equivalents: | | | <u> </u> | | ļ <u></u> | <u> </u> |
| # of Other | Employee Equivalents: | | | | | | |
| TOTAL NUMBER OF EMPLO | YEE-EQUIVALENTS | | 7.000.000.0000000000000000000000000000 | | | | |
| PART-3 | ·- | | | | - initia manipula mani | " | |
| Revenues: (Show | w as positive #) | Account # | 7 | | | | |
| Contributions & donations | | 480010 | IIII II ON BIODA DA DE CO | 1 **** | hillipaning. | | Incr \ (Decr) |
| Please enter a valid accour | nt number - >>> | 450010 | | \$25,000 | | | \$ 25,000 |
| Please enter a valid accoun | nt number - >>> | | | | | | \$ - |
| Please enter a valid accoun | nt number - >>> | | DONATORA ORBINISMA | | Manipumpumijima |) | \$ |
| DO NOT COPY TO, COPY BELO | | | | | | | |
| 10(2 | il Revenues | | Luuriaarraarrajinsaa | \$ 25,000 | | is . | \$ 25,000 |
| | | | | | | | 20,000 |
| PART-4 | | | Subject | to IDC ? | Subject | to IDC ? | |
| Expenditures: | | Account # | YES | NO | YES | NO NO | Innu (Door) |
| DO NOT COPY TO, COPY ABOVE | E, OR REMOVE THIS LINE! | 60000 | o in contraction and the c | | | HIII HIII HIII HIII HIII HIII HIII HII | Incr \ (Decr) |
| Salaries & wages Fringe benefits | | 300000 | \$0 | | \$0 | ring uniter (St. if) Utility)) | \$ - |
| Supplies | | 510000 | \$0 | | \$0 | | * |
| Office supplies | | 680000 680010 | \$11,790 | | | | \$ 11,790 |
| Direct billed; cell/mobile phone | | 690090 | \$1,499 \$2,528 | | | | \$ 1,499 |
| Direct billed: GSA vehicle | | 720050 | \$6,600 | | | | \$ 2,528 |
| Please enter a valid account | t number - >>> | | 17,555 | | | | \$ 5,600 \$ |
| Please enter a valid account Please enter a valid account | number - >>> | | | | | | \$ |
| Please enter a valid account | Dumber SSS | | | | | | s - |
| DO NOT COPY TO, COPY BELOW | | intellin liveri i meri maneri i merebuara | | | | | \$ |
| Expenditures NOT Subject to | IDC | <u>jadenyayy</u> enin <u>jiniyyyyeninjiniiniyenin</u> i | 10020002004004000 | | | | MCTARCOTACOTO TO SECTION OF |
| Expenditures SUBJECT to IDC | 3 | | \$ 22,417 | | ninamennomunk | | \$ - |
| indirect Cost Rate (if blank or | zero, must explain in Notes above) | | 11.52% | | \$ - | | \$ 22,417 |
| Indirect Cost Allocation | | 970000 | \$ 2,583 | | 11.52% | | Hiteroffichionopolicitat |
| Total Expenditures | | | | | | | \$ 2,583 |
| Revenues OVER \ (UNDE | R) Expenditures | | | | | 3 | \$ 25,000 |
| | v ALL as Positive Numbers) | | | \$ - | <u>Moseummontaeonssamma</u> | \$. | \$ - |
| Operating Transfers IN | Y ALL as Positive Numbers) | | | | | | |
| Other financing sources | | 000000 | lenn priving processories | | | | |
| Cash in: tribally required | | 900000 900010 | | | | | \$ - |
| Cash in: grant required | | 900020 | | | | | \$ - |
| Cash in: motor fuel tax | | 900040 | | | | | \$ - \$ |
| Cash in: vehicle tax Cash in: Interprogram contract | | 900050 | l IDDITATION PARIOTATION PARIOT | | | | \$ - |
| Cash in: debt service | | 900060 | JANOONATOORATOORATOORATO | | | | \$ - |
| Operating Transfers OUT | | 900070 | | | DOMENIA DE LA CONTRACTORIO DE LA C | | \$ - |
| Other financing uses | · · · · · · · · · · · · · · · · · · · | | | | | - | |
| Cash out: tribally required | | 900001 | | | TO PROTOCOLOGICAL DE LA COLOGICA DE | | \$ - |
| Cash out: grant required | | 900011 900021 | | | 's ballice () () () () () () () () () (| | \$ - |
| Cash out: motor fuel tax | | | PARTONIA PA | <u> </u> | | | \$ - |
| Cash out: vehicle tax | | 900051 | | | | | \$ - |
| Cash out:interprogram contract | | 900061 | STOOTER HOURS HOUSE THE STOOTE | | HALOOKADDAADOKADDAADO Oodandraadokaddaad | | \$ - |
| Cash out: debt service | | 900071 | | | | | \$ - \$ - |
| Transfers In\Out - Net | | | | S - | | | s - |
| Take to Narrative ==> | | | | \$ 25,000 | | | |
| | | | | - 20,000 | ominimum (ding) | -]][| |
| Excess\(Deficit) of Revenu | ies, Expenditures and Net Trans | sfers h | | e I.: | minumini menanasi T | | |
| | | | | <u> </u> | | <u>s</u> - ! | 5 - |

United HealthCare Svs Inc (877) 620-6192 PO Box 1459 MN008-W235 Minneapolis MN 55440-1459

> CHECK DATE 12-28-2020 CHECK NUMBER 09520906

| | INVOICE | VOUCHER | | | |
|--------|----------|----------|-----------|-----|------------|
| NUMBER | DATE | NUMBER | | | NET AMOUNT |
| 122020 | 12-04-20 | 26669736 | 25,000.00 | .00 | 25,000.00 |
| CON | ! | | | | |

| VENDOR | | | | | |
|------------|-------|-----|-----------|-----|-----------|
| 0000628574 | TOTAL | USD | 25,000.00 | .00 | 25,000.00 |

003848 1012387 0001

09520906

LBN#3322980-00003766 12/24/20 20:36 00006285740001 76001-0001 49627 M.

THE FACE OF THIS DOCUMENT CONTAINS A MULTICOLORED BACKGROUND - THE BACK CONTAINS AN ARTIFICIAL WATERMARK (HOLD AT AN ANGLE TO VIEW) AND INK THAT RESPONDS TO TEMPERATURE

United HealthCare Svs Inc (877) 620-6192 PO Box 1459 MN008-W235 Minneapolis MN 55440-1459

KEYBANK NATIONAL ASSOCIATION

56-704 412

DATE 12-28-2020

CHECK NO. 09520906

150

Pay TWENTY-FIVE THOUSAND AND 00/100 DOLLARS

\$25,000.00

To The Order of
CHEROKEE NATION
201 S MUSKOGEE AVE
TAHLEQUAH OK 74464-3835

դիրուվակունինինինորինիկիորերիկիրիկ

AUTHORIZED SIGNATURE

ABSENCE OF ANY OF THE FEATURES MENTIONED ABOVE MAY INDICATE A FRAUDULENT DOCUMENT - DD NOT CASH UNLESS ALL FEATURES ARE PRESENT. CHECKS CLEAR POSITIVE PAY.

| Department/Program | Executive | Director | ED Phone # |
|----------------------------|--------------------|------------------------------------------------|-------------------------------------------------------------|
| 19 - Career Services | S. Diane | Kelley | 5628 |
| Accounting Unit 1015010 | | 3020 | |
| | | GED Testing Fees | |
| Program Directo | | Pgm Dir/Mgr Phone # | Period Budget Covers |
| Ben Barn | ett | 918-458-0577 | 10/01/2020 - 09/30/2021 |
| FY 2021 ORIG REQUEST | FY 2021 REVISION 1 | \$ Increase/(Decrease) Requested – Approved | % Increase/(Decrease) (Request – Approved) / Approved |
| \$ 23,996 | \$ 85,101 | \$ 61,105 | 254.65% |
| Staffing Plan (FTE) | FY 2021 REVISION 1 | FY 2021 ORIG REQUEST | Net Change in Staffing |
| Regular Full-Time | - | - | ge in occining |
| Regular Part-Time | - | - | _ |
| Temporary Full-Time | _ | 12 | - |
| Temporary Part-Time | -20 | - | |
| IPA/MOA/Other | _ | _ | |
| Total | _ | | |

PROGRAM NARRATIVE:

History: Career Services employs certified testers who administer the High School Equivalency Diploma (HSE) and General Education Diploma (GED) tests for individuals and various groups throughout the reservation. The fiscal year is October 1 to September 30.

Last year, Oklahoma approved HiSet as an alternative HSE in addition to the GED. Hi-Set is a paper based test, while the GED is a computer based test administered through PearsonVue. Individuals for both tests register online and pay online for their particular test. The testing center is paid by Hi-Set and PearsonVue to administer the tests. Career Services employs four individuals certified to administer tests for GED, the High School Equivalency Diploma, the Career Readiness Certificate, Microsoft Office Specialist Certification, and many others. We can provide testing for over 100 different company certifications. Accounting Unit 1015010 consists of all testing revenue.

Eligibility: Testing services are available to anyone.

Services: GED/HiSet Testing – Testing by a certified tester for the HSE and GED. Testing fees are paid for Cherokee Citizens. WorkKeys – We are licensed to provide WorkKeys testing. The WorkKeys certificate is mailed to the individual from the state Department of Commerce. MOS Testing – Career Services is a certified testing site for the Microsoft Office Specialist (MOS) certification. State Teacher Certification Tests – Career Services, thru PearsonVue, can test for any US state teacher certification test. In addition, we can provide testing for over 100 different companies.

Intended Outcomes: Testing Fees are put back into the Alternative Education Program

Metrics: Maintained services in the area of assessment and testing.

Outcomes: Expansion of testing sites locations administered by Cherokee Nation Career Services. Purchasing of required equipment for testing and assessment needs. Updating of existing equipment for assessment testing needs. Improved internet connectivity in our Pryor Assessment Center to provide faster and better testing service. Purchasing of testing vouchers and other needs associated with assessment requirements

Collaborations: Agreements are held with PearsonVue, HiSet and Certiport as well as American College Test (ACT).

Additionally, Alternative Education assists all programs in Career Services with the OK Career Guide Assessment; TABE testing; MOS testing and WorkKeys testing for all Career Services participants.

SIGNIFICANT CHANGES:

Notes: Budget modification to increase budget to account for carryover of revenue from testing fees for the testing centers. The total amount of carry over to date is \$83,678, although we are not requesting the full amount because of the decrease in testing for FY 2021. We will be relocating testing sites and will need the funding for operational purposes.

| 10/01/2020 - 09/30/2021 | |
|-------------------------------|---------------------------------------|
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| | |
| 1-General Fund | · · · · · · · · · · · · · · · · · · · |
| 01-Cherokee Nation | |
| GED Testing Fees | |
| 10150 | 10 |
| Place IDC Rate In Part 4 Belo | w |
| | 09:47 AM |
| | 1-General Fund 01-Cherokee Nation |

| | Budget Preparer | Phone: | 5310 |
|-----------|--------------------------------|-----------------|--------------|
| | Name: | Debra Lack | |
| | Accounting Unit Director/Manag | er Phone: | 918-458-0577 |
| | Name: | Ben Barnett | 010,000,0011 |
| | Executive Director | Phone: | 5628 |
| | Name: | S. Diane Kelley | |
| | 1st Person Responsible | | |
| | Employee # | 104885 | |
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carryover of revenue from testing fees for the testing centers. The total amount of carry over to date is \$83,678, atthough we are not requesting the full amount because of the decrease in testing for FY 2021. We will be relocating testing sites and will need the funding for operational purposes. PART-2

| Staffing Summary: | FY 2021 REVISION 1 | FY 2021 ORIG REQUEST | incr \ (Decr) |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| # of Regular Full-Time Employee Equivalents: | | | inor ((Daci) |
| # of Temp. Full-Time Employee Equivalents: | | | |
| # of 1 emp. Part-1 line Employee Equivalents: | THE STATE OF THE S | ALLIA COLLA SERVICIO DE LA COLLA COL | |
| TOTAL NUMBER OF EMPLOYEE EQUIVALENTS | 114410110101141410041000 110013410011410014103111 | | |

PART-3

| Revenues: (Show as positive #) | Account # | 1 | | | 1 | Incr \ (Decr) |
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| Other Income Carryover: "appropriated" PY | 499000 | MAKA OLI MAKA OLI MI | \$23,996 | | \$23,996 | \$ |
| Please enter a valid account number ->>> | 490000 | <u> </u> | \$61,105 | | - V20,000 | \$ 61,10 |
| DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE! | | | | | | \$ |
| Total Revenues | | | | | | <u> Allen Ordon Allen A</u> |
| | <u></u> | CHANDIAMINATININININI \$ | 85,101 | <u> 1919</u> 074007741100771 | <u>\$</u> 23,996 j | \$ 51,10 |

| PART-4 Expenditures: | | Subject | to IDC ? | Subject | to IDC ? |] | |
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| Salaries & wages | | | JOOPHOOD OO DE ALOUES DE LA COMPANION DE LA CO | | minderrom oen reiber | DROOMORFOO | |
| Fringe benefits | 900000 | \$0 | | \$0 | Anto-deligation of the second | S. | 1000110 |
| | 610000 | \$0 | | \$0 | | * – | |
| Staff development & training | 620000 | \$8,310 | | \$0 | | s | 8,31 |
| Travel-staff | 630000 | \$4,500 | | \$2,655 | | \$ | 1,84 |
| Educational support | 670070 | \$18,500 | | \$14,107 | | \$ | 4,39 |
| Supplies | 680000 | \$35,000 | | \$4,755 | | * | |
| Office supplies | 680010 | \$10,000 | | \$0 | | e e | 30,245 |
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| Expenditures NOT Subject to IDC | | | | | | TO LIGHT HERE | TICHUITING |
| Expenditures SUBJECT to IDC | | | l | | | 2 | • |
| indirect Cost Rate (if blank or zero, must explain in Notes above) | | | | | | | 54,793 |
| Indirect Cost Allocation | 970000 | 11.52% | 1100110081000X10001001 | | 100001100001100001000000000000000000000 | OUT OF THE STATE OF THE | JEROBER |
| Total Expenditures | | | | \$ 2,479 | NATIONAL PRODUCTION OF THE PRO | \$ | 6,312 |
| Total Expeliatures | | ATTAONERATION TORONORIA | \$ 85,101 | | \$ 23,996 | S | 61,105 |
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| Expellultures | | | \$ - | 1000 1000 1000 1000 1000 | \$ - | \$ | |

| Revenues OVER ((UNDER) Expenditures | | IIIIIIIIIIIIIIIIIIIII \$ | - 1000 00000000000000000000000000000000 | |
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| Transfers In\Out - (Show ALL as Positive Numbers) | | | | |
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| Cash in: grant required | 900020 | | | <u> </u> |
| Cash in: motor fuel tax | 900040 | | | |
| Cash in: vehicle tax | 900050 | | | \$ |
| Cash In: interprogram contract | 900060 | | | <u> </u> |
| Cash in: debt service | 900070 | | | |
| Operating Transfers OUT | | Transalmania (1941) | | |
| Other financing uses | 000004 | | | |
| Cash out: tribally required | 900001 | III DE FILOREN I DI PER LA PER LA PER LA PER LA PER LA PERE LA | | \$ |
| Cash out: grant required | 900011 | | | \$ - |
| Cash out: motor fuel tax | 900021 | | | \$ - |
| Cash out: vehicle tax | 900041 | | I DAN HILL AND HILL AND HEALTH AN | \$ - |
| Cash out:interprogram contract | 900051 | | | \$ - |
| Cash out: debt service | 900061 | | | \$ - |
| Transfers In\Out - Net | 900071 | | | \$. |
| | - | | · \$ | - \$ - |
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| Excess\(Deficit) of Revenues, Expenditures and Net Trans | sfers | 111100111100111111111111111111111111111 | menonaminari A | |
| | | ESTIMATION OF THE PARTY OF THE | - Innontumpanomour \$ | · \$ - |

| Department/Program | Executive | Director | ED Phone # |
|----------------------|--------------------|------------------------------------------------|-------------------------------------------------------------|
| 07 - Health Services | STEPHEN | | 539-234-2722 |
| Accounting Unit | | Accounting Unit Name | 333-234-2722 |
| 3322905 | | GA DU GI REVENUE | |
| Program Directo | or/Manager | Pgm Dir/Mgr Phone # | Period Budget Covers |
| JOANNA MCI | DANIEL | 918-207-4911 | 10/01/2020 - 09/30/2021 |
| FY 2021 ORIG REQUEST | FY 2021 REVISION 1 | \$ Increase/(Decrease) Requested – Approved | % Increase/(Decrease) (Request – Approved) / Approved |
| \$ 782,511 | \$ 803,746 | \$ 21,235 | 2.71% |
| Staffing Plan (FTE) | FY 2021 REVISION 1 | FY 2021 ORIG REQUEST | Net Change in Staffing |
| Regular Full-Time | 6.00 | 5.00 | 1.00 |
| Regular Part-Time | 0.75 | 0.75 | 1.00 |
| Temporary Full-Time | - | 0.73 | - |
| Temporary Part-Time | | = | - |
| | | - | <u></u> |
| IPA/MOA/Other | - | - | _ |
| Total | 6.75 | 5.75 | 1.00 |

PROGRAM NARRATIVE:

GaDuGi Health Center is an outpatient medical clinic that focuses on acute care. The Center is sponsored by Cherokee Nation Health Services and benefits employees of Cherokee Nation Entities and their dependents. The Center is funded through third-party collections. All co-pays and co-insurance is waived for the employee and dependents. The center offers convenient, efficient, high quality medical care for patients seeking immediate treatment of minor illnesses and injuries as well as a variety of preventative health screenings including pap smears, mammograms, immunizations, well-child check-ups, routine health exams and physical exams, and wart and skin tag removal. In our center, patients can be seen and treated often in less than an hour.

Though the Center was originally setup to benefit employees of Cherokee Nation Entities, other groups are eligible for services. Students of Sequoyah High School, Immersion classroom, Child Development Center, Early Head Start and Talking Leaves Job Corps; residents of the Jack Brown Center, children under the care of Indian Child Welfare; and dependent children of employees 18 years of age or younger are eligible as well. Spouses of employees and dependent children regardless of age may be eligible if they have insurance coverage. Because we are funded by third-party collections, the Center limits the number of uninsured patients.

The Center does not have a specific service area. As long as patients meet eligibility, it doesn't matter what county or service area they reside.

GaDuGi Health Center is particularly proud of our Women's Health Program. We encourage the busy female employees of Cherokee Nation to stay current on their Well women exams and mammograms to provide early cancer detection. The clinic partners with Oklahoma Breast Care Center in Oklahoma City to provide mammograms to patients at no out-of-pocket expense.

The Center serves a total of 6,426 active patients and 502 of those patients are non-Indian beneficiaries.

The GaDuGi Health Center also works with other programs to help meet their goals. Early Head Start, Child Development Center, Sequoyah High School, Indian Child Welfare, Cherokee ElderCare, TERO Firedancer Program, Cherokee Nation Marshal Service, Diabetes Prevention Program and many others too numerous to list rely on the Center to provide physical exams, screenings, laboratory and immunizations for their programs.

SIGNIFICANT CHANGES:

A Clerk was hired as an emergency hire due to another staff person being out on extended medical leave. Now that the clinic has relocated and has more space/capacity, the clerk needs to remain on staff as a permanent position. Previously, the Medical Assistant handled some of the clerical and registration duties. With the expanded space and capacity, another FTE is needed to properly handle the additional workload.

| Budget Period: 10/01/2020 - 09/30/2021 Contract Period: Contract Number: Accounting Fund: 3-Special Revenue Funding Source: 32-THS-Self Governance-Health AU Description: GA DU GI REVENUE Accounting Unit: 3322905 Place IDC Rate in Part 4 Below Date/Time Printed: 09-Mar-21 Notes: PART-2 Staffing Summary: # of Regular Pull-Time Employee Equivalents: # of Regular Part-Time Employee Equivalents: | 02:50 PM | Budget Prepai Name: Accounting Ui Name: Executive Dira Name: 1st Person Re: Employee # | nit Director/Manag | er | Phone: A DUVALL Phone: MCDANIEL Phone: | 539-234-2671 918-207-4911 539-234-2722 |
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| Accounting Fund: 3-Special Revenue Funding Source: 32-THS-SelT Governance-Health AU Description: Ga DU GT REVENUE Accounting Unit: 3322905 Place IDC Rate in Part 4 Below Date/Time Printed: 09-Mar-21 Notes: PART-2 Staffing Summary: # of Regular Full-Time Employee Equivalents: | 02:50 PM | Accounting University Name: Executive Dires Name: 1st Person Re: Employee # | ector | JOANNA | Phone: MCDANIEL Phone: | |
| Funding Source: 32-THS-Self Governance-Health AU Description: GA DU GT REVENUE Accounting Unit: 3322905 Place IDC Rate in Part 4 Below Date/Time Printed: 09-Mar-21 Notes: PART-2 Staffing Summary: # of Regular Full-Time Employee Equivalents: | 02:50 PM | Name: Executive Dire Name: 1st Person Re Employee # | ector | JOANNA | MCDANIEL Phone: | |
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| # of Temp. Part-Time Employee Equivalents: | | | <u> </u> | | | |
| # of Other Employee Equivalents: | | | 11 | | | <u> </u> |
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| Revenues: (Show as positive #) Medicaid unrestricted | Account # | _ | | | ļ | Incr \ (Decr) |
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| Total Revenues | | | | | | |
| | | anyminitanianii. | \$ 803,746 | | \$ 782,511 | \$ 21,235 |
| PART-4 | | | | | | |
| Expenditures: | | Subject | to IDC ? | Subject | fo IDC 2 | |
| OO NOT COPY TO, COPY ABOVE, OR REMOVE THIS LINE! | Account # | YES | NO | VES | NO | Incr \ (Decr) |
| Salaries & wages | | KATOO KAN DIRAKUU KAN DIRAKUU | daiokaojurimikaaniii | | | Ondon (Deci) |
| ringe benefits | 600000 | \$474,836 | | \$459,846 | | \$ 14,990 |
| Staff development & training | 610000 | \$128,825 | | \$124,774 | | \$ 4,051 |
| ravel-staff | 620000 | \$7,000 | | \$7,000 | | \$ - |
| Contract services < \$5K | 630000 640000 | \$4,000 | | \$4,000 | | \$ - |
| Contract services >=\$5K | 650000 | \$5,000 | | \$5,000 | | \$ - |
| upplies on agreement: medical | 660020 | | \$34,337 \$40,000 | | | \$ - |
| upplies | 680000 | \$20,000 | \$40,000 | \$20,000 | | \$ - |
| lirect billed: telephone expense lirect billed: malling cost | 690080 | \$3,000 | | \$3,000 | | \$ - |
| irect billed: printing/copying | 690120 | \$400 | | \$400 | | \$ - \$ - |
| ease/rent: furniture & equip | 690130 | \$400 | | \$400 | | \$ - |
| tilities | 690500 | \$5,000 | | \$5,000 | | \$ - |
| irect billed: property insurance | 700010 | \$5,000 | | \$5,000 | | ŝ - |
| Please enter a valid account number - >>> | 710090 | \$600 | | \$600 | | \$ - |
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| xpenditures SUBJECT to IDC | | \$ 654,061 | | | | \$ - |
| direct Cost Rate (if blank or zero, must explain in Notes above) | | | 123511111111111111111111111111111111111 | | ang | 19,041 |
| direct Cost Allocation | 970000 | \$ 75,348 | | 77.454 | PRADDAMIDANIA AM | |
| otal Expenditures | | | t 803.740 li | | <u> </u> | |
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| | 900070 | | | | <u>_</u> | |
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| Accounting Unit Name: | 3322905 | | | | | F | repared by: | 19/01/2020 - LAURA DUV | ALL | | | | | Printed Date: Printed Time; | |
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| | Position Status | | | | , | | TOTAL | ERSONNEL | COST FOR E | MPLOYEE | | 1 % | | Totals For This A | scounting Un |
| | Vacant=V New=N | Salary = S | J | ١ | | | Expected | lours To Pay | Expected | | | Charged | On | Expected | |
| Job Title | | Hourly ≃ H MOAJPA ≃ N | Position | Grade | a | Pay | on t | nis AU | Wages | 1 | Fringe | to this | Multiple | Wages | Expected |
| lealth Operations Manager | F | | | Range | | Rafe | | Overtime | (Grass) | Series-Status | Ratux | AU | AUs | (Gross) | Fringe Benefite |
| Censed Practical Nurse | - t | S | 1133 | 145 N01 | 108614 | \$24.01 | | | \$49,946 | Full Time | 34.20% | 100% | | \$49,046 | |
| licensed Practical Nurse | Ē | - | 1645 | NO1 | 501571 | \$17.81 | | | \$37,045 | Full Time | 34.20% | 100% | | \$37,045 | \$17.0 |
| Aedical Assistant | E | . 'H' | 1399 | | 501183 | \$17.81 \$14.82 | | | \$37,045 | (Full Time | 34,20% | 100% | | \$37,045 | \$12,6 |
| hysician Assisters | Ē | s | 1557 | | 110149 | \$61.75 | | | \$31,034 | Full Time | 34.20% | 100% | | \$31,034 | \$10.6 |
| hysician Hrly Jerk I | E | H | 2316 | _H01 | 501204 | \$99.77 | 2080 | | \$207.522 | Full Time Part Time | 34.20% 12.70% | 100% | | \$128,444 | \$43.9 |
| AUL I | <u> </u> | н | 1418 | Z01 | 502005 | \$11.06 | | | \$22 880 | Full Time | 34.20% | 75% | | \$155,842 | \$19,7 |
| | | | | | | | | | 456,000 | 1 | 0.00% | 100% | | \$22,880 | 57.8 |
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| Bonus Estimate | | | | | | | | | | | 2.207 | | | \$0 | 30 |
| fi Differential | | - | -+ | | | | | | | | | | _ | \$0 \$6,300 | \$0 \$2,155 |
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| Department/Program | Executive | Director | FD DI " | | | | |
|---------------------------------------------------------------|-----------------------|------------------------------------------------|----------------------------------------------------------|--|--|--|--|
| 07 - Health Services | Stephen | ED Phone # | | | | | |
| Accounting Unit 3326800 | | Accounting Unit Name | | | | | |
| Program Directo | or/Managor | COVID-19 Vaccination Efforts | | | | | |
| Wayne Col | | Pgm Dir/Mgr Phone # 539-234-2723 | Period Budget Covers 10/01/2020 - 09/30/2021 | | | | |
| FY2020 Budget Approved | FY2021 Budget Request | \$ Increase/(Decrease) Requested – Approved | % Increase/(Decrease (Request – Approved) Approved | | | | |
| Staffing Plan (FTE) | \$ 13,093,135 | \$ 13,093,135 | 100.00% | | | | |
| | FY2021 Budget Request | FY2020 | Net Change in Staffir | | | | |
| Regular Full-Time Regular Part-Time Temporary Full-Time | - | - | - | | | | |
| Temporary Part-Time IPA/MOA/Other | - | - | - | | | | |
| Total Total | - | - | - | | | | |

PROGRAM NARRATIVE:

This funding is from the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA), Public Law 116-260, Division M, Title III, Centers for Disease Control and Prevention. These funds may only be used for COVID-19 vaccine and vaccine-related costs, including costs incurred for those purposes prior to enactment of the CRRSAA. Indirect cost will be awarded on top of the funding received through the CRRSAA. CRRSAA funding is \$11,843,916.

The major cost associated with the concentrated vaccination efforts currently ongoing in Health Services is the salary and fringe benefits associated with the many staff necessary to carry out our vaccination plan. We are pulling staff from various areas to work in our vaccination clinics while maintaining other services to our patients. The staff rotating through the vaccination clinics fluctuates often based the needs of the health center. Because of this rotating nature, logs are being kept of the hours spent in the vaccination clinics and journal entries will be prepared to move salaries and fringe appropriately to this funding source.

SIGNIFICANT CHANGES:

New funding received in FY2021 specifically for COVID-19 vaccination efforts.

| PART-1 | 110/03/2222 | | | | | | |
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| Budget Period: Contract Period: | 10/01/2020 - 09/30/2021 | | Budget Prepa | irer | | Phone; 5 | 39-234-2713 |
| Contract Number: | | | Name: | | Ami Sai | | 339-234-2/13 |
| Accounting Fund: | 3-Special Revenue | | Name: | nit Director/Manage | | Phone: 5 | 39-234-2723 |
| Funding Source: AU Description: | 32-IHS-Self Governance-Health COVID-19 Vaccination Efforts | | Executive Dire | ector | Wayne Co | ldwel! | |
| Accounting Unit: | 3326800 . | | Name: | | Stephen J | Phone: 5 | 39-234-2722 |
| | Place IDC Rate in Part 4 Below | | 1st Person Re | sponsible | | -1100 | |
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| PART-2 | | | | | | | |
| Staffing Summary: | | | | | | | |
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| # DI Regula | r Part-Time Employee Fortivelents: | | | | undoneri mereba | | mor ((Decr) |
| # of 1 emp. | Full-Time Employee Fortivalents: | | | | | | |
| # of Temp. | Part-Time Employee Equivalents: | . 109990717111111111111111111111 | 71 1 1 7 7 7 7 7 7 7 7 7 | 111 | | | |
| TOTAL NUMBER OF EN | Other Employee Equivalents: MPLOYEE-EQUIVALENTS | | | | | | |
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| PART-3 | | | | <u> </u> | on an annual marting | | |
| Revenues: | (Show as positive #) | Account # | - 1 | | | | |
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| PART-4 | | | | | | | |
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| Total Expenditures | | | | \$ 13,003,405 | . • 100000 | !!!!!!!!!!!!!!!!!!!!! \$ | 1,249,219 |
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| Operating Transfers IN Other financing sources | | | | | | | |
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| Cash in: grant required | | 900010 | | | | \$ | |
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| ash in: vehicle tax | | 900050 | | | UUUHAMAAN MARAY 🔻 | \$ | |
| ash in: interprogram contra ash in: debt service | ict | 900060 | | [[[[]]]] | | \$ | |
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FISCAL-YEAR ACCT-UNIT-LIT ACCT-UNIT VALUE-NAME 3326800 COVID-19 Vaccination Efforts

Budget Description

ACCOUNT BUDGET-DTL

400000 - New Award and Expected IDC 3756800 Budget Total 13,093,135.00 13,093,135.00

| Department/Program | Executive | Director | ED Phone # |
|------------------------|-----------------------|------------------------------------------------|-------------------------------------------------------------|
| 07 - Health Services | Stephen | | |
| Accounting Unit | | Accounting Unit Name | 539-234-2722 |
| 3326900 | | Medicare Part D Coverage | |
| Program Directo | or/Manager | Pgm Dir/Mgr Phone # | |
| Wayne Col | dwelll | 539-234-2723 | Period Budget Covers 10/01/2020 - 09/30/2021 |
| FY2020 Budget Approved | FY2021 Budget Request | \$ Increase/(Decrease) Requested – Approved | % Increase/(Decrease) (Request – Approved) / Approved |
| Chaffin Di (mar) | \$ 180,000 | \$ 180,000 | 100.00% |
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| OGRAM NARRATIVE: | | | - |

Cherokee Nation Health Services will be doing a pilot project on Medicare Part D Coverage for Native Beneficiaries. As we provide health care to all beneficiaries, we must prescribe and deliver the most impactful treatments available. Due to increases in medication cost, we have found the importance of Medicare Part D coverage for our elders. With this pilot, our goal is to provide drug coverage for a select group of our patient. We expect this pilot project to generate additional revenue that will go back into our health program allowing for expansion of services.

Initially, we plan to identify up to 100 Medicare recipients who do not have Part D coverage who are prescribed high cost drugs. CNHS will enroll the patient into a Part D plan and pay the premiums on behalf of the patient. All prescriptions will in turn be billed to the Part D plan with payments being recognized at the corresponding pharmacy where the prescription is filled. This is how our 3rd party billing systems work, the revenue is recognized at the facility/pharmacy where the service was rendered, no 3rd party revenue will be recorded on this budget. The team working on this project will employee manual reporting efforts to evaluate the financial viability of this project with the hopes of future expansion.

Costs are estimated at approximately \$150 per month per enrolled patient.

| SIGNIFICANT CH | IANGES: | |
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New budget.

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| AU Description: Me | -IHS-Self Governance-Health dicare Part D Coverage | | Executive Dire | ctor | ,,,,,, | Phone: | 539-234-2 |
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| PART-2 Staffing Summary: | ull-Time Employee Equivalents: | | | IG REQUEST | FY 202 | BUDGET | Incr\(D |
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<u>ADMINISTRATIVE</u> **CLEARANCE** Dept/Program: Signature/Initial Date **Executive Director:** Signature/Initial Date Treasurer: (Required: Grants/Contracts/Budgets) 3/9/21 Date Government Resources: Signature/Initial Date Administration Approval: LEGISLATIVE CLEARANCE: Legal & Legislative Coordinator: Signature/Initial Standing Committee & Date:

Chairperson;

Signature/Initial

Returned to Presenter:

Date

Date

Cherokee Nation Act/Resolution Proposal Form

| | X Act Resolution |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE: | AN ACT AMENDING LEGISLATIVE ACT #17-20 AUTHORIZING THE COMPREHENSIVE BUDGET FOR FISCAL YEAR 2021 OPERATING – MOD 06; AND DECLARING AN EMERGENCY |
| DEPAR | TMENT CONTACT: Daniel Stroup |
| RESOLU | JTION PRESENTER: |
| COUNC | IL SPONSOR: |
| NARRA [*] | ΓΙVΕ: |

MAR 10'21 Ph 2:04