

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)	\$ 28,386,830
Modification Request (see Section 4 below)	<u>13,380,475</u>
Cumulative change in budget authority	<u>\$ 41,767,305</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 **\$ 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

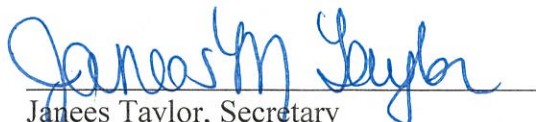
To the extent that this Act involves programs or services to citizens of the Nation or others, self-help contributions shall be required, unless specifically prohibited by the funding agency, or a waiver is granted due to physical or mental incapacity of the participant to contribute.

Enacted by the Council of the Cherokee Nation on the 12th day of April, 2021




Joe Byrd, Speaker
Council of the Cherokee Nation

ATTEST:




Janees Taylor, Secretary
Council of the Cherokee Nation

Approved and signed by the Principal Chief this 14th day of April, 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>	Harley Buzzard	<u>Yea</u>
Joe Byrd	<u>Yea</u>	Victoria Vazquez	<u>Yea</u>
Wes Nofire	<u>Yea</u>	Dora Smith 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>	Janees Taylor	<u>Yea</u>
Canaan Duncan	<u>Yea</u>	Mary Baker Shaw	<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

Funding Source	Ref # by FS	Program/Purpose	FY 2021- Prior LA	Data		
				Amend. Change to Sources	Amend. Expenses Total Change	Net Change
01-Cherokee Nation	1	1010315 Cash Match For Grants	LA-09-21	-	-	\$ -
01-Cherokee Nation Total				\$ -	\$ -	\$ -
62-EPA	2	3622440 ITEC Tribal Pesticides	LA 17-20	(11,590)	(11,590)	\$ -
62-EPA Total				\$ (11,590)	\$ (11,590)	\$ -
75-Federal Other	3	3753400 FEMA Disaster Relief	New	78,963	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	2,743,345	\$ -
	6	3759000 Low No Emission Bus Grant	LA 17-20	(1,490,134)	(1,490,134)	\$ -
	7	3759820 PDM EMT 2020	New	585,340	585,340	\$ -
	8	3759830 PDM EMT 2021	New	605,780	605,780	\$ -
	9	3759840 Youth Shelter Expansion Proj	New	1,000,000	1,000,000	\$ -
	10	3759850 Asset Forfeiture	New	33,620	33,620	\$ -
	11	3759860 2020 COPS Hiring	New	31,780	31,780	\$ -
	12	3759870 2020 COPS Equipment	New	119,607	119,607	\$ -
75-Federal Other Total				\$ 28,398,420	\$ 28,398,420	\$ -
Grand Total				\$ 28,386,830	\$ 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	\$ -
	2	1015010 GED Testing Fees	LA-17-20	61,105	61,105	\$ -
01-Cherokee Nation Total				\$ 86,105	\$ 86,105	\$ -
32-IHS - Self Governance Health	3	3322905 Ga Du Gi Revenue	LA-17-20	21,235	21,235	\$ -
	4	3326800 COVID-19 Vaccination Efforts	New	13,093,135	13,093,135	\$ -
	5	3326900 Medicare Part D Coverage	New	180,000	180,000	\$ -
32-IHS - Self Governance Health Total				\$ 13,294,370	\$ 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	NET
Tribally Funded Funding Source	125,427,053	18,890,297	144,317,350	121,284,837	4,998,370	18,034,143	144,317,350	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	33,190,903	1,099,686	34,290,589	32,274,428	623,323	1,392,838	34,290,589	0
Permanent Fund Funding Source	9,100	-	9,100	9,100	-	-	9,100	0
DOI General Funding Source	15,561,117	-	15,561,117	14,479,703	1,081,414	-	15,561,117	0
DOI Self Gov Funding Source	22,086,841	79,600	22,166,441	18,441,301	1,214,719	2,510,421	22,166,441	0
DOI Self Gov Roads Funding Srce	4,658,360	-	4,658,360	4,621,055	32,305	5,000	4,658,360	0
Dept of Transportation Fnd Srce	75,905,514	-	75,905,514	75,580,524	224,990	100,000	75,905,514	0
DOI PL102-477 Funding Source	95,587,677	-	95,587,677	91,565,270	1,929,581	2,092,826	95,587,677	0
IHS Self Gov Health Funding Sr	578,996,896	12,034,146	591,031,042	547,912,125	31,084,771	12,034,146	591,031,042	0
IHS Self Gov TEH Funding Srce	18,740,302	-	18,740,302	18,457,407	282,895	-	18,740,302	0
IHS Self Gov Office Funding Srce	388,823	-	388,823	351,730	37,093	-	388,823	0
IHS Discretionary Funding Srce	75,000	-	75,000	75,000	-	-	75,000	0
DHHS General Funding Source	73,372,358	603,199	73,975,557	69,172,542	4,803,015	-	73,975,557	0
USDA Funding Source	25,809,354	1,022,544	26,831,898	26,011,633	820,265	-	26,831,898	0
Dept of Education Funding Srce	838,670	82,222	920,892	856,092	49,800	15,000	920,892	0
HUD Funding Source	36,328,167	300,000	36,628,167	34,667,296	460,871	1,500,000	36,628,167	0
Housing Proceeds Funding Srce	-	-	-	-	-	-	-	0
EPA Funding Source	2,486,039	-	2,486,039	2,262,899	223,140	-	2,486,039	0
Dept of Labor Funding Source	15,740,463	-	15,740,463	14,597,130	1,143,333	-	15,740,463	0
Dept of Treasury Funding Source	277,433,464	-	277,433,464	263,464,535	-	13,968,929	277,433,464	0
Federal Other Funding Source	17,153,962	431,713	17,585,675	16,724,945	684,124	176,606	17,585,675	0
State of Oklahoma Funding Srce	1,587,872	-	1,587,872	1,467,260	120,612	-	1,587,872	0
Private Funding Source	2,739,541	-	2,739,541	2,724,412	15,129	-	2,739,541	0
Indirect Cost Pool Funding Srce	57,546,092	4,500	57,550,592	57,550,592	-	-	57,550,592	0
Fringe Pool Funding Source	-	-	-	-	-	-	-	0
Internal Lease Pool Funding Sr	5,750,439	-	5,750,439	5,750,439	-	-	5,750,439	0
Enterprise Funding Source	2,436,773	1,576,606	4,013,379	3,823,300	190,079	-	4,013,379	0
Other Funding Source	268,000	17,000	285,000	280,134	4,866	-	285,000	0
Debt Service Funding Source	-	-	-	-	-	-	-	0
Capital Projects Funding Source	80,586,419	6,200,000	86,786,419	86,786,419	-	-	86,786,419	0
Total	\$ 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	\$ -

Non Grant Requests

Oper Mod #6	13,380,475	03/25 E&F
Oper Mod #5A	8,299,664	03/15 Council
Cap Mod #4	687,558	03/15 Council

Total after pending Mod's **\$ 1,664,819,269**

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
Total Capital	\$ 219,895,804

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**

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: 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:

<u>Funding Source</u>	<u># of Budgets</u>	<u>Amount</u>
EPA	1	\$ (11,590)
Federal Other	10	<u>28,398,420</u>
Total Grant Reporting		<u>\$ 28,386,830</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)	<u>882,060</u>
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
Balance Available for Future Grant Matching	<u>\$ 509,201</u>	

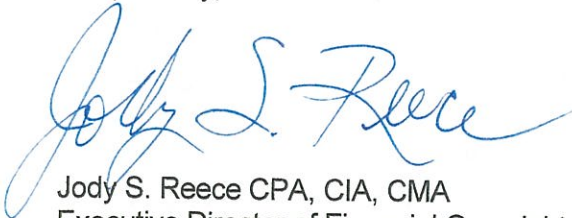
B. MOD #6 Request - Increase in budget authority - \$13,380,475

1. ICW 4C Donation Fund – 1010048 – Tribally Funded: 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. GED Testing Fees – 1015010 – Tribally Funded: 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. Ga Du Gi Revenue – 3322905 – IHS Self Governance Health: 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. COVID-19 Vaccination Efforts – 3326800 – IHS Self Governance Health: New budget requesting expenditure authorization of \$13,093,135. This is new funding received in 2021 specifically for vaccination efforts.
5. Medicare Part D Coverage – 3326900 – IHS Self Governance Health: 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

Cherokee Nation FY 2021 Comprehensive Budget Narrative

Department/Program	Executive Director	ED Phone #	
13 - Human Services	Jennifer Kirby	5355	
Accounting Unit	Accounting Unit Name		
1010048	ICW 4C Donation Fund		
Program Director/Manager	Pgm Dir/Mgr Phone #	Period Budget Covers	
Lou Stretch	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	-	-	-
Temporary Full-Time	-	-	-
Temporary Part-Time	-	-	-
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.

CHEROKEE NATION - FY2021 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2020 - 09/30/2021	Budget Preparer Name:	DeJuna McDonald	Phone:	6919
Contract Period:		Accounting Unit Director/Manager Name:	Lou Stretch	Phone:	7480
Contract Number:		Executive Director Name:	Jennifer Kirby	Phone:	5355
Accounting Fund:	1-General Fund	1st Person Responsible Employee #:	106306		
Funding Source:	01-Cherokee Nation				
AU Description:	ICW 4C Donation Fund				
Accounting Unit:	1010048				
Date/Time Printed:	09-Mar-21 10:44 AM				

Notes: Adding AU for donations specific for the ICW 4C program.

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)
Contributions & donations	480010	\$25,000	\$ 25,000
Please enter a valid account number - >>>			\$ -
Please enter a valid account number - >>>			\$ -
Please enter a valid account number - >>>			\$ -
Total Revenues		\$ 25,000	\$ 25,000

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		\$0		\$ -
Fringe benefits	610000	\$0		\$0		\$ -
Supplies	680000	\$11,790				\$ 11,790
Office supplies	680010	\$1,499				\$ 1,499
Direct billed: cell/mobile phone	690090	\$2,528				\$ 2,528
Direct billed: GSA vehicle	720050	\$6,600				\$ 6,600
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						\$ -
Expenditures SUBJECT to IDC		\$ 22,417		\$ -		\$ 22,417
Indirect Cost Rate (If blank or zero, must explain in Notes above)		11.52%		11.52%		
Indirect Cost Allocation	970000	\$ 2,583				\$ 2,583
Total Expenditures		\$ 25,000		\$ -		\$ 25,000

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

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

Operating Transfers OUT	
Other financing uses	
Cash out: tribally required	900001
Cash out: grant required	900011
Cash out: motor fuel tax	900021
Cash out: vehicle tax	900041
Cash out: interprogram contract	900051
Cash out: debt service	900061
Cash out: debt service	900071

Take to Narrative ==>	\$ 25,000	\$ -	\$ -
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Excess \ (Deficit) of Revenues, Expenditures and Net Transfers	\$ -	\$ -	\$ -
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United HealthCare Svs Inc
 (877) 620-6192
 PO Box 1459 MNO08-W235
 Minneapolis MN 55440-1459

CHECK DATE 12-28-2020
 CHECK NUMBER 09520906

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

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

003648 1012387 0001 09520906 UNR3322890-02003766 12/24/20 20:36 00006285740001 76091-0001 49827 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 MNO08-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



3706-P

AUTHORIZED SIGNATURE

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

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Cherokee Nation FY 2021 Comprehensive Budget Narrative

Department/Program	Executive Director		ED Phone #
19 - Career Services	S. Diane Kelley		5628
Accounting Unit	Accounting Unit Name		
1015010	GED Testing Fees		
Program Director/Manager	Pgm Dir/Mgr Phone #	Period Budget Covers	
Ben Barnett	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	-	-	-
Regular Part-Time	-	-	-
Temporary Full-Time	-	-	-
Temporary Part-Time	-	-	-
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.

CHEROKEE NATION - FY2021 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2020 - 09/30/2021	Budget Preparer	Name:	Debra Lack	Phone:	5310
Contract Period:		Accounting Unit Director/Manager	Name:	Ben Barnett	Phone:	918-458-0577
Contract Number:		Executive Director	Name:	S. Diane Kelley	Phone:	5628
Accounting Fund:	1-General Fund	1st Person Responsible	Employee #	104885		
Funding Source:	01-Cherokee Nation					
Accounting Unit:	1015010					
AI Description:	G&D Testing Fees					
Date/Time Printed:	05-Mar-21 09:47 AM					

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.

PART-2

Staffing Summary:	FY 2021 REVISION 1	FY 2021 ORIG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:			-
# of Regular Part-Time Employee Equivalents:			-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS			-

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Other Income	499000	\$23,996	\$23,996	\$ -
Carryover: "appropriated" PY	490000	\$61,105		\$ 61,105
Please enter a valid account number - >>>				\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				\$ -
Total Revenues		\$ 85,101	\$ 23,996	\$ 61,105

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		\$0		\$ -
Fringe benefits	610000	\$0		\$0		\$ -
Staff development & training	620000	\$8,310		\$0		\$ 8,310
Travel-staff	630000	\$4,500		\$2,655		\$ 1,845
Educational support	670070	\$18,500		\$14,107		\$ 4,393
Supplies	680000	\$35,000		\$4,755		\$ 30,245
Office supplies	880010	\$10,000		\$0		\$ 10,000
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC			\$ -		\$ -	\$ -
Expenditures SUBJECT to IDC		\$ 76,310		\$ 21,517		\$ 54,793
Indirect Cost Rate (if blank or zero, must explain in Notes above)		11.52%		11.52%		
Indirect Cost Allocation	970000	\$ 8,791		\$ 2,479		\$ 6,312
Total Expenditures		\$ 85,101		\$ 23,996		\$ 61,105
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 ==>		\$ 85,101		\$ 23,996		
Excess(Deficit) of Revenues, Expenditures and Net Transfers		\$ -		\$ -		\$ -

Cherokee Nation FY 2021 Comprehensive Budget Narrative

Department/Program		Executive Director		ED Phone #
07 - Health Services		STEPHEN JONES		539-234-2722
Accounting Unit		Accounting Unit Name		
3322905		GA DU GI REVENUE		
Program Director/Manager		Pgm Dir/Mgr Phone #	Period Budget Covers	
JOANNA MCDANIEL		918-207-4911	10/01/2020 - 09/30/2021	
FY 2021 ORIG REQUEST		FY 2021 REVISION 1		% 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	-
Temporary Full-Time		-	-	-
Temporary Part-Time		-	-	-
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.

CHEROKEE NATION - FY2021 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2020 - 09/30/2021	Budget Preparer Name:	LAURA DUVALL	Phone:	539-234-2671
Contract Period:		Accounting Unit Director/Manager Name:	JOANNA MCDANIEL	Phone:	918-207-4911
Contract Number:		Executive Director Name:	STEPHEN JONES	Phone:	539-234-2722
Accounting Fund:	3-Special Revenue	1st Person Responsible Employee #:	110369		
Funding Source:	32-IHS-Self Governance-Health				
AU Description:	GA DU GI REVENUE				
Accounting Unit:	3322905				
Date/Time Printed:		09-Mar-21 02:50 PM			
Notes:					

PART-2

Staffing Summary:

	FY 2021 REVISION 1	FY 2021 ORIG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	6.00	5.00	1.00
# of Regular Part-Time Employee Equivalents:	0.75	0.75	-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	6.75	5.75	1.00

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Medicaid unrestricted	470030	\$150,000	\$150,000	\$ -
Insurance income	470120	\$653,746	\$632,511	\$ 21,235
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		\$ 803,746	\$ 782,511	\$ 21,235

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	\$474,836		\$459,846		\$ 14,990
Fringe benefits	610000	\$128,825		\$124,774		\$ 4,051
Staff development & training	620000	\$7,000		\$7,000		\$ -
Travel-staff	630000	\$4,000		\$4,000		\$ -
Contract services < \$5K	640000	\$5,000		\$5,000		\$ -
Contract services >=\$5K	650000		\$34,337		\$34,337	\$ -
Supplies on agreement: medical	660020		\$40,000		\$40,000	\$ -
Supplies	680000	\$20,000		\$20,000		\$ -
Direct billed: telephone expense	690080	\$3,000		\$3,000		\$ -
Direct billed: mailing cost	690120	\$400		\$400		\$ -
Direct billed: printing/copying	690130	\$400		\$400		\$ -
Lease/rent: furniture & equip	690500	\$5,000		\$5,000		\$ -
Utilities	700010	\$5,000		\$5,000		\$ -
Direct billed: property insurance	710090	\$600		\$600		\$ -
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			\$ 74,337		\$ 74,337	\$ -
Expenditures SUBJECT to IDC		\$ 654,061		\$ 635,020		\$ 19,041
Indirect Cost Rate (if blank or zero, must explain in Notes above)		11.52%		11.52%		
Indirect Cost Allocation	970000	\$ 75,348		\$ 73,164		\$ 2,184
Total Expenditures		\$ 803,746		\$ 782,511		\$ 21,235

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

Operating Transfers IN				
Other financing sources				
Cash in: tribally required	900000			\$ -
Cash in: grant required	900010			\$ -
Cash in: motor fuel tax	900020			\$ -
Cash in: vehicle tax	900040			\$ -
Cash in: interprogram contract	900050			\$ -
Cash in: debt service	900060			\$ -
	900070			\$ -
Operating Transfers OUT				
Other financing uses				
Cash out: tribally required	900001			\$ -
Cash out: grant required	900011			\$ -
Cash out: motor fuel tax	900021			\$ -
Cash out: vehicle tax	900041			\$ -
Cash out: interprogram contract	900051			\$ -
Cash out: debt service	900061			\$ -
	900071			\$ -

Take to Narrative ==>		\$ 803,746	\$ 782,511	\$ -
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Excess(Deficit) of Revenues, Expenditures and Net Transfers		\$ 0	\$ 0	\$ -
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0 PAYROLL WORKSHEET

Accounting Unit Description: GR DU QI REVENUE For Budget Period: 10/01/2020 - 09/30/2021 Printed Date: 03/04/21
 Accounting Unit Name: 3322905 Prepared by: LAURA DUVALL Printed Time: 02:54 PM

TOTAL PERSONNEL COST FOR EMPLOYEE										Totals For This Accounting Unit					
Job Title	Position Status Vacant/V New/N Expiring/E	Salary Class: Hourly = H MOA/PA = N	Position Code	Grade Range	Emp. #	Pay Rate	Expected Hours To Pay on this AU		Expected Wages (Gross)	Series-Status	Fringe Rate%	% Charged to this AU	On Multiple AUs	Expected Wages (Gross)	Expected Fringe Benefits
							Regular	Overtime							
1 Health Operations Manager	E	S	1133	165	108614	\$24.01	2080		\$49,946	Full Time	34.20%	100%	\$49,946	\$17,232	
2 Licensed Practical Nurse	V	H	1645	N01		\$17.81	2080		\$37,045	Full Time	34.20%	100%	\$37,045	\$12,659	
3 Licensed Practical Nurse	E	H	1645	N01	501871	\$17.81	2080		\$37,045	Full Time	34.20%	100%	\$37,045	\$12,659	
4 Medical Assistant	E	H	1399	Z-15	501183	\$14.82	2080		\$31,036	Full Time	34.20%	100%	\$31,036	\$10,614	
5 Physician Assistant	E	S	1557	348	110148	\$61.75	2080		\$128,444	Full Time	34.20%	100%	\$128,444	\$43,928	
6 Physician Hdr	E	H	2316	H01	691204	\$89.77	2080		\$207,522	Part Time	12.70%	75%	\$155,842	\$18,757	
7 Clerk I	E	H	1418	Z01	502006	\$11.00	2080		\$22,880	Full Time	34.20%	100%	\$22,880	\$7,825	
8											0.00%		\$0	\$0	
9											0.00%		\$0	\$0	
10											0.00%		\$0	\$0	
11											0.00%		\$0	\$0	
12											0.00%		\$0	\$0	
13											0.00%		\$0	\$0	
14											0.00%		\$0	\$0	
15											0.00%		\$0	\$0	
16											0.00%		\$0	\$0	
17											0.00%		\$0	\$0	
18											0.00%		\$0	\$0	
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26											0.00%		\$0	\$0	
27											0.00%		\$0	\$0	
28											0.00%		\$0	\$0	
29											0.00%		\$0	\$0	
30											0.00%		\$0	\$0	
31											0.00%		\$0	\$0	
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37											0.00%		\$0	\$0	
38											0.00%		\$0	\$0	
39											0.00%		\$0	\$0	
40											0.00%		\$0	\$0	
41											0.00%		\$0	\$0	
42											0.00%		\$0	\$0	
43											0.00%		\$0	\$0	
44											0.00%		\$0	\$0	
45											0.00%		\$0	\$0	
46											0.00%		\$0	\$0	
47											0.00%		\$0	\$0	
48											0.00%		\$0	\$0	
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54											0.00%		\$0	\$0	
55											0.00%		\$0	\$0	
56											0.00%		\$0	\$0	
57											0.00%		\$0	\$0	
58											0.00%		\$0	\$0	
59											0.00%		\$0	\$0	
60 Anticipated Turnover											0.00%		\$0	\$0	
61 RVU Bonus Estimate													\$8,320	\$2,155	
62 Shift Differential													\$0	\$0	
63 AU 3% Merit Increase										Full Time	34.20%		\$0	\$0	
64 Christmas Bonus - Regular Full Time										Full Time	34.20%		\$ 6,000	\$2,062	
65 Christmas Bonus - Regular Part Time										Part Time	12.70%		\$ 500	\$84	
Totals												\$474,839	\$128,825		

Please input these totals on the Budget Request Form!

ACCT-UNIT	VALUE-NAME	Budget Description	ACCOUNT	BUDGET-DTL				
3322905	Ga Du Gi Revenue	FY 2021 Approved Budget	470030	(150,000.00)				
3322905	Ga Du Gi Revenue	FY 2021 Approved Budget	470035	-				
3322905	Ga Du Gi Revenue	FY 2021 Approved Budget	470040	-				
3322905	Ga Du Gi Revenue	FY 2021 Approved Budget	470045	-				
3322905	Ga Du Gi Revenue	FY 2021 Approved Budget	470048	-	Budget Increase	Total		AU Budget Total
3322905	Ga Du Gi Revenue	FY 2021 Approved Budget	470120	(632,511.00)	21,235.00	653,746.00		803,746.00
3322905	Ga Du Gi Revenue	FY 2021 Approved Budget	470125	-				
3322905	Ga Du Gi Revenue	FY 2021 Approved Budget	470126	-				
3322905	Ga Du Gi Revenue	FY 2021 Approved Budget	470127	-				
3322905	Ga Du Gi Revenue	FY 2021 Approved Budget	470128	-				
3322905	Ga Du Gi Revenue	FY 2021 Approved Budget	470210	-				
3322905	Ga Du Gi Revenue	FY 2021 Approved Budget	470215	-				

Cherokee Nation FY 2021 Comprehensive Budget Narrative

Department/Program	Executive Director		ED Phone #
07 - Health Services	Stephen Jones		539-234-2722
Accounting Unit	Accounting Unit Name		
3326800	COVID-19 Vaccination Efforts		
Program Director/Manager		Pgm Dir/Mgr Phone #	Period Budget Covers
Wayne Coldwell		539-234-2723	10/01/2020 - 09/30/2021
FY2020 Budget Approved	FY2021 Budget Request	\$ Increase/(Decrease) Requested – Approved	% Increase/(Decrease) (Request – Approved) / Approved
\$ -	\$ 13,093,135	\$ 13,093,135	100.00%
Staffing Plan (FTE)	FY2021 Budget Request	FY2020	Net Change in Staffing
Regular Full-Time	-	-	-
Regular Part-Time	-	-	-
Temporary Full-Time	-	-	-
Temporary Part-Time	-	-	-
IPA/MOA/Other	-	-	-
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.

CHEROKEE NATION - FY2021 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2020 - 09/30/2021	Budget Preparer	Name:	Ami Sams	Phone:	539-234-2713
Contract Period:		Accounting Unit Director/Manager	Name:	Wayne Coldwell	Phone:	539-234-2723
Contract Number:		Executive Director	Name:	Stephen Jones	Phone:	539-234-2722
Accounting Fund:	3-Special Revenue	1st Person Responsible	Employee #	104903		
Funding Source:	32-IHS-Self Governance-Health					
AU Description:	COVID-19 Vaccination Efforts					
Accounting Unit:	3326800					
Date/Time Printed:	05-Mar-21 09:11 AM					
Notes:						

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	\$13,093,135	\$ 13,093,135
Please enter a valid account number - >>>			\$ -
Please enter a valid account number - >>>			\$ -
Please enter a valid account number - >>>			\$ -
Total Revenues		\$ 13,093,135	\$ 13,093,135

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	\$7,707,836				\$ 7,707,836
Fringe benefits	610000	\$2,636,080				\$ 2,636,080
Contract services >=\$5K	650000		\$500,000			\$ 500,000
MOA/WPA contracts >=\$5K	650030		\$500,000			\$ 500,000
Supplies	680000	\$500,000				\$ 500,000
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!						\$ -
Expenditures NOT Subject to IDC						
Expenditures SUBJECT to IDC		\$ 10,843,916	\$ 1,000,000		\$ -	\$ 1,000,000
Indirect Cost Rate (if blank or zero, must explain in Notes above)		11.52%		12.90%		\$ 10,843,916
Indirect Cost Allocation	970000					\$ -
Total Expenditures		\$ 1,249,219	\$ 13,093,135	\$ -		\$ 1,249,219
Revenues OVER \ (UNDER) Expenditures				\$ -		\$ -

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

Operating Transfers IN					
Other financing sources					
Cash in: tribally required	900000				\$ -
Cash in: grant required	900010				\$ -
Cash in: motor fuel tax	900020				\$ -
Cash in: vehicle tax	900040				\$ -
Cash in: interprogram contract	900050				\$ -
Cash in: debt service	900060				\$ -
	900070				\$ -
Operating Transfers OUT					
Other financing uses					
Cash out: tribally required	900001				\$ -
Cash out: grant required	900011				\$ -
Cash out: motor fuel tax	900021				\$ -
Cash out: vehicle tax	900041				\$ -
Cash out: interprogram contract	900051				\$ -
Cash out: debt service	900061				\$ -
	900071				\$ -
Transfers In/Out - Net					\$ -
Take to Narrative ==>		\$ 13,093,135	\$ -	\$ -	\$ -
Excess \ (Deficit) of Revenues, Expenditures and Net Transfers		\$ -	\$ -	\$ -	\$ -

0 PAYROLL WORKSHEET

Accounting Unit Description: COVID-19 Vaccination Efforts For Budget Period: 10/01/2020 - 09/30/2021 Printed Date: 05-Mar-21
 Accounting Unit Name: 3326800 Prepared by: Ami Sams Printed Time: 09:10 AM

	Job Title	Position Status Vacant/V New/H Existing/E	Salary Class: Salary = S Hourly = H MOA/PA = M	Position Code	Grade Range	Emp. #	TOTAL PERSONNEL COST FOR EMPLOYEE			Series/Status	Fringe Rate%	% Charged to this AU	On Multiple AUs	Totals For This Accounting Unit	
							Pay Rate	Expected Hours To Pay on this AU Regular Overtime	Expected Wages (Gross)					Expected Wages (Gross)	Expected Fringe Benefits
1										0.00%			\$0	\$0	
2										0.00%			\$0	\$0	
3										0.00%			\$0	\$0	
4										0.00%			\$0	\$0	
5										0.00%			\$0	\$0	
6										0.00%			\$0	\$0	
7										0.00%			\$0	\$0	
8										0.00%			\$0	\$0	
9										0.00%			\$0	\$0	
10										0.00%			\$0	\$0	
11										0.00%			\$0	\$0	
12										0.00%			\$0	\$0	
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25										0.00%			\$0	\$0	
26										0.00%			\$0	\$0	
27										0.00%			\$0	\$0	
28										0.00%			\$0	\$0	
29										0.00%			\$0	\$0	
30										0.00%			\$0	\$0	
31										0.00%			\$0	\$0	
32										0.00%			\$0	\$0	
33										0.00%			\$0	\$0	
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35										0.00%			\$0	\$0	
36										0.00%			\$0	\$0	
37										0.00%			\$0	\$0	
38										0.00%			\$0	\$0	
39										0.00%			\$0	\$0	
40										0.00%			\$0	\$0	
41										0.00%			\$0	\$0	
42										0.00%			\$0	\$0	
43										0.00%			\$0	\$0	
44										0.00%			\$0	\$0	
45										0.00%			\$0	\$0	
46										0.00%			\$0	\$0	
47										0.00%			\$0	\$0	
48										0.00%			\$0	\$0	
49										0.00%			\$0	\$0	
50										0.00%			\$0	\$0	
51										0.00%			\$0	\$0	
52										0.00%			\$0	\$0	
53										0.00%			\$0	\$0	
54										0.00%			\$0	\$0	
55										0.00%			\$0	\$0	
56										0.00%			\$0	\$0	
57										0.00%			\$0	\$0	
58										0.00%			\$0	\$0	
59										0.00%			\$0	\$0	
60	Anticipated Turnover									0.00%			\$0	\$0	
61	Adjustment to Fringe Benefits									0.00%			\$0	\$0	
62	Staff Pay for Vaccination Clinics									0.00%			\$0	\$0	
63	AU 3% Merit Increase									0.00%			\$0	\$0	
64	Christmas Bonus - Regular Full Time							Full Time	34.25%				\$7,707,838	\$2,636,080	
65	Christmas Bonus - Regular Part Time							Part Time	34.25%				\$0	\$0	
								Part Time	12.75%				\$0	\$0	
								Totals					\$7,707,838	\$2,636,080	

Please input these totals on the Budget Request Form!

Cherokee Nation FY 2021 Comprehensive Budget Narrative

Department/Program	Executive Director		ED Phone #
07 - Health Services	Stephen Jones		539-234-2722
Accounting Unit	Accounting Unit Name		
3326900	Medicare Part D Coverage		
Program Director/Manager		Pgm Dir/Mgr Phone #	Period Budget Covers
Wayne Coldwell		539-234-2723	10/01/2020 - 09/30/2021
FY2020 Budget Approved	FY2021 Budget Request	\$ Increase/(Decrease) Requested – Approved	% Increase/(Decrease) (Request – Approved) / Approved
\$ -	\$ 180,000	\$ 180,000	100.00%
Staffing Plan (FTE)	FY2021 Budget Request	FY2020	Net Change in Staffing
Regular Full-Time	-	-	-
Regular Part-Time	-	-	-
Temporary Full-Time	-	-	-
Temporary Part-Time	-	-	-
IPA/MOA/Other	-	-	-
Total	-	-	-

PROGRAM 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 employ 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 CHANGES:

New budget.

CHEROKEE NATION - FY2021 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2020 - 09/30/2021	Budget Preparer	Phone: 539-234-2713
Contract Number:		Name:	Ami Sams
Accounting Fund:	3-Special Revenue	Accounting Unit Director/Manager	Phone: 539-234-2723
Funding Source:	32-IHS-Self Governance-Health	Name:	Wayne Coldwell
AU Description:	Medicare Part D Coverage	Executive Director	Phone: 539-234-2722
Accounting Unit:	3326900	Name:	Stephen Jones
Place IDC Rate in Part 4 Below		1st Person Responsible	
Date/Time Printed:	09-Mar-21 02:56 PM	Employee #	104903
Notes:			

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	\$180,000	\$ 180,000
Please enter a valid account number - >>>			\$ -
Please enter a valid account number - >>>			\$ -
Please enter a valid account number - >>>			\$ -
Please enter a valid account number - >>>			\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!			\$ -
Total Revenues		\$ 180,000	\$ - \$ 180,000

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				\$ -
Contract services >=\$5K	650000		\$180,000			\$ 180,000
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						\$ -
Expenditures NOT Subject to IDC						
Expenditures SUBJECT to IDC		\$ -	\$ 180,000	\$ -	\$ -	\$ 180,000
Indirect Cost Rate (If blank or zero, must explain in Notes above)		11.52%		12.90%		\$ -
Indirect Cost Allocation	970000	\$ -		\$ -		\$ -
Total Expenditures		\$ -	\$ 180,000	\$ -	\$ -	\$ -
Revenues OVER \ (UNDER) Expenditures			\$ -	\$ -		\$ -

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

Operating Transfers IN					
Other financing sources					
Cash in: tribally required	900000				\$ -
Cash in: grant required	900010				\$ -
Cash in: motor fuel tax	900020				\$ -
Cash in: vehicle tax	900040				\$ -
Cash in: interprogram contract	900050				\$ -
Cash in: debt service	900060				\$ -
	900070				\$ -
Operating Transfers OUT					
Other financing uses					
Cash out: tribally required	900001				\$ -
Cash out: grant required	900011				\$ -
Cash out: motor fuel tax	900021				\$ -
Cash out: vehicle tax	900041				\$ -
Cash out: interprogram contract	900051				\$ -
Cash out: debt service	900061				\$ -
	900071				\$ -

Transfers In/Out - Net

Take to Narrative ==>		\$ 180,000	\$ -	\$ -
Excess/(Deficit) of Revenues, Expenditures and Net Transfers		\$ -	\$ -	\$ -

Cherokee Nation Act/Resolution Proposal Form

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

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)**

Indyana Stein Stahl 3/9/21
Signature/Initial _____ Date _____

Government Resources:

Signature/Initial _____ Date _____

Administration Approval:

[Signature] 3/10/21
Signature/Initial _____ Date _____

LEGISLATIVE CLEARANCE:

Legal & Legislative Coordinator:

[Signature] 3/10/21
Signature/Initial _____ Date _____

Standing Committee & Date:

Executive & Finance

Chairperson: 3/25/21

Taylor
Signature/Initial _____ Date _____

Returned to Presenter: _____
Date _____

MAR 10 '21 PM 2:04