PART-1						Dhane:	5613
Budget Period:	10/01/09 - 09/30/10	Į į	Budget Preparer		Gaylon Tho	Phone:	3013
Contract Period:			Name:		Gaylon in	Phone:	3902
Contract Number:		/	Accounting Unit D	irector/manager	Callie Ca		
Accounting Fund:	1-General Fund		Name:		Outile Of	Phone:	3902
Funding Source:	10-Enterprise		Group Leader Name:		Callie Ca	atcher	
AU Description:	Cash Match For Grants		st Person Respo	neible			
Accounting Unit:	1010315		Employee #	1181010	1042	52	
	Place IDC Rate in Part 4 Below		SBC Agreement:			Phone:	
		r	Name:				
	20.04.00	1:31 AM					
Date/Time Printed:	Notes: Transfer Out \$270,000 to AU Leach Wat	3551655	шинашини				
	Notes: Transfer Out \$270,000 to AS	noline D					_
	Leach wat	SLAWES					1
PART-2	**		FV 2040 DE	EVISION 1	FY 2010 ORIO	REQUEST	Incr \ (Decr)
taffing Summary	·		FY 2010 RE	TAISION I			
# of Regular Ful	I-Time Employee Equivalents:						
# of Regular Par	t-Time Employee Equivalents:						-
# of Temp. Full	-Time Employee Equivalents:						-
# of Temp Par	-Time Employee Equivalents:						-
# of Othe	Employee Equivalents:						
OTAL NUMBER OF E	MPLOYEE-EQUIVALENTS			10			
PART-3	(Shaw as sasistics 4)	Account #					incr \ (Decr)
levenues:	(Show as positive #)						\$
Please enter a valid	account number - >>>						5
Please enter a valid	account number - >>>		CONTRACTOR				\$
Please enter a valid	account number - >>> Y BELOW, OR REMOVE THIS LINE!	minimum minimu					
			H34400144114411444144144144144	\$ -		\$	- \$
10	otal Revenues						
				1 100.0	Subject	to IDC 2	٦
PART-4				to IDC ?	YES	NO	Incr \ (Decr
Expenditures:		Account #	YES	NO		\$500,000	
Reserved by appropria	tion	760060		\$230,000		\$300,000	\$
Dieses enter a valid	account number - >>>		<u> </u>				5
Please enter a valid	account number - >>>				 	 	3
Please enter a valid	d account number - >>>						S
Di	1 account number - >>>						
DO NOT COPY TO, CO	PY BELOW, OR REMOVE THIS LINES			8 230 000		\$ 500,00	0 \$ (270,0
Expenditures NOT S	ubject to IDC						un s
Evnenditures SUBJE	CT to IDC		\$ -		15 27%	101000000000000000000000000000000000000	
Indirect Cost Rate (If	blank or zero, must explain in Note	s above)				140000000000000000000000000000000000000	
Indirect Cost Allocat	ion	970000	\$ -				
Total Expenditur	88			\$ 230,000		500,00	
				e (230 no		\$ (500,00	0) \$ 270,0
Revenues OVER	\ (UNDER) Expenditures			\$ (250,000	A mainininininin	, , , , , , , , ,	
Transfers In\Out	- (Show ALL as Positive Nur	mbers)					
Operating Transfer	IN	1			1 Doggang and Company	0	15
Other financing source		900000		<u> </u>		<u> </u>	- 3
Cash in: tribally requ		900010	1753101311111111111111111111111111111111	!!			\$
Cash in: grant require	ed	900020		<u> </u>			\$
Cash in: motor fuel to	ax	900040					\$
Cash in: vehicle tax		900050				i	\$
Cash in: interprogram	contract	900060	131811111111111111111111111111111111111	HII.	***************************************		
Operating Transfer						M	15
Other financing uses		900001		111		<u>"</u>	3
Cash out: tribally rec	uired	900011		64 404 00			
Cash out: grant requ	ired	900021		\$1,124,93		"	\$
Cash out: motor fuel	tax	900041		<u> </u>		<u>"</u>	\$
Cash out: vehicle tax	·	900051		M		ii -	Š
Cash out:interprogra	m contract	900061				\$ (854,9	
Transfers In\Out	- Net			\$ (1,124,93			
				\$ 1,354,93	1000000000000000000000000000000000000	\$ 1,354,9	34 1000000000000000000000000000000000000
- 1 . A - Manualla	#						
Take to Narrativ			1				
	of Revenues, Expenditures a	- d Nat Tanasia		11 4 /1 354 0	34) 10110101010101010101	\$ (1,354,9	34) \$

PART-1

PART-1							
Budget Period:	10/01/09-09/30/10		Budget Preparer			Phone:	3851
Contract Period:	10/01/09-09/30/10		Name:			Canoe	
Contract Number:				Director/Manager		Phone:	5126
Accounting Fund:	1-General Fund 01-Cherokee Nation		Name:	<u> </u>	Billy	y Hix	
Funding Source: AU Description:	SELF HELP COMMUNITY WATERL	TNEC	Group Leader Name:	· · · · · · · · · · · · · · · · · · ·	Chad	Phone: e Soap	5707
Accounting Unit:	1010432	11163	1st Person Resp	oneible	Elton Brown	e Soap	
	Place IDC Rate in Part 4 Below	·	Employee #	Ullardie		4364	
			SBC Agreement	<u> </u>		Phone:	
	29		Name:				
Date/Time Printed:	08-Oct-09	02:42 PM					
	Notes: \$200,000 Cash out is a mat		{				
	Leach Water	ne					
PART-2		C. WATER STREET					1
Staffing Summary:			FY 2010 R	EVISION 1	FY 2010 OR	G REQUEST	incr \ (Decr)
# of Regular Ful	-Time Employee Equivalents:						
	t-Time Employee Equivalents:						
	Time Employee Equivalents:	<u> </u>					-
	-Time Employee Equivalents:						-
	Employee Equivalents:						
TOTAL NUMBER OF E	MPLOYEE-EQUIVALENTS					•	·
PART-3							
Revenues:	(Show as positive #)	Account #	1				Incr \ (Decr)
Carryover: "appropriated		490000		\$449.262		\$449,262	
Please enter a valid a	account number - >>>			J . /0,202		4-40,EUZ	5
	account number - >>>						\$ -
	BELOW, OR REMOVE THIS LINE!						
Tot	al Revenues			\$ 449,262		\$ 449,262	\$ -
PART-4			Subject	to IDC ?	Subject	to IDC ?	1
Expenditures:		Account #	YES	NO NO	YES	NO	Incr \ (Decr)
Contract services < \$5K		640000	10,000		\$70,000		\$ (60,000)
Contract services >=\$5k	(650000	1	\$725,353	4151999	\$808,407	\$ (83,054)
Client services		670000	\$160,000		\$160,000		\$ -
Supplies		680000	\$10,000		\$10,000		\$
Lease/rent: furniture & e	quip	690500 730040	\$30,000		\$70,000		\$ (40,000)
R & m equipment Food		760012	\$70,000 \$1,000		\$70,000 \$1,000		\$ -
	account number - >>>	700012	\$1,000		\$1,000		\$ - \$ -
	account number - >>>					80	\$ -
DO NOT COPY TO, COPY	BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Sub	ject to IDC		300000011000011515588000001	\$ 725,353		\$ 808,407	\$ (83,054)
Expenditures SUBJEC	T to IDC		\$ 281,000	0.5000000000000000000000000000000000000	\$ 381,000		\$ (100,000)
Indirect Cost Rate (If b	lank or zero, must explain in Note:	s above)	15.27%	######################################	15.71%		
Indirect Cost Allocation		970000	\$ 42,909		\$ 59,855		\$ (16,946)
Total Expenditures				\$ 1,049,262			\$ (200,000)
Barrage OVER !	UNDER) E						
	UNDER) Expenditures			\$ (600,000)		\$ (800,000)	\$ 200,000
Transfers In\Out -	(Show ALL as Positive Num	ibers)					
Operating Transfers II	V	191					
Other financing sources		900000					\$ -
Cash in: tribally required)	900010					\$ -
Cash in: grant required Cash in: motor fuel tax		900020 900040	11#10#11000#14000000000000##(## 10#10#10#10###########				\$ -
Cash in: vehicle tax		900050					\$ -
Cash in: interprogram co	ntract	900060					\$
Operating Transfers O	UT						
Other financing uses		900001	101011011011111111111111111111111111111				\$ -
Cash out: tribally require	ed .	900011		\$200,000			\$ 200,000
Cash out: grant required		900021					\$ 200,000
Cash out: motor fuel tax		900041					\$ -
Cash out: vehicle tax		900051	101100000000000000000000000000000000000				\$ -
Cash out:interprogram co		900061					\$ -
Transfers In\Out - I				\$ (200,000)	· — — —	\$ -	\$ (200,000)
Take to Narrative =	=>			\$ 1,249,262		\$ 1,249,262	14.004.000.4444.000.000.0040.40
						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Excess\(Deficit\) of	Revenues, Expenditures and	Net Transfere	namann pamansini	\$ /800,000		\$ (800,000)	e
				¥ (000,000)		≠ (000,000)	•

-	10.7	г .
PA	K	-

PART-1						Co.		
Budget Period:	10/1/08-9/30/09		Budget Prepa			Phone:		
Contract Period:	10/1/08-9/30/09		Name:			ers/Finance S Phone:	BC	
Contract Number: Accounting Fund:	1-General Fund		Name:	Jnit Director/M		d Mounce		
Funding Source:	01-Cherokee Nation		Group Leade	r	V V IIIIQI	Phone:	5707	
AU Description:	Community Work and Bldg Pr	oj	Name:		Char	tie Soap		
Accounting Unit:	1010530		1st Person R	esponsible				
P	Place IDC Rate in Part 4 Below		Employee # SBC Agreem	<u> </u>	10	-3097		
			Name:	ent:		Phone:		
Date/Time Printed:	08-Oct-09	04:05 PM			HORAGON DONA		HHHHH	000000000000000000000000000000000000000
	Notes: Reduce budget by \$35,805	to be used for						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	matching funds for the 08 ICDBG g	rant 3551650 🥎	Language and the same		9-0-9			
PART-2	Public Service /	au the			FY 201	0 ORIG		
Staffing Summary:	1 offic selvice 1		FY 2010 R	REVISION 1	REQ	UEST	Inci	r \ (Decr)
	Time Employee Equivalents:			2.30		2.30		
	-Time Employee Equivalents:							
	Time Employee Equivalents:						<u> </u>	
	Time Employee Equivalents: Employee Equivalents:						-	
	MPLOYEE-EQUIVALENTS					2.30		
		·····					-	
PART-3			1					
Revenues:	(Show as positive #)	Account #	-		many manistra			(Decr)
Please enter a valid ad Please enter a valid ad							S	
Please enter a valid at		-					\$	
	BELOW, OR REMOVE THIS LINE!						_	<u> </u>
	al Revenues						\$	-
		-						
PART-4			Subject	to IDC ?	Subject	to IDC ?	l	
Expenditures:		Account #	YES	I NO	YES	NO.	Inci	r \ (Decr)
Salaries & wages		600000	\$104,656	-	\$81,240		\$	23,416
Fringe benefits		610000	\$36,421		\$25,185		\$	11,236
Staff development & train	ning	620000	\$2,000		\$5,000		\$	(3,000)
Travel-staff		630000	\$3,000	2000.007	\$5,000	6700.000	\$	(2,000)
Contract services >=\$5K		650000 680000	\$1,000	\$682,987	\$25,000	\$722,930	5	(39,943)
Supplies Allocated: telephone expe	ense	690080	\$2,500		\$2,500	<u> </u>	\$	(24,000)
Allocated: cell/mobile pho		690090	\$6,000		\$6,000		\$	
Allocated: mailing cost		690120	\$1,500		\$1,500	L	\$	-
Allocated: printing/copyin	g	690130	\$1,500		\$1,500		\$	
Building rent/lease		700000	\$3,600	<u> </u>	\$3,600		\$	
Allocated: auto insurance Allocated: insurance cost		710100 710080	\$6,000 \$4,234		\$6,000 \$4,234		\$	
Allocated: GSA vehicle		720050	\$5,685		\$7,069		\$	(1,384)
R & m equipment		730040	\$3,745		\$3,745		\$	- 114
Please enter a valid a							\$	-
Please enter a valid a	ccount number - >>> BELOW, OR REMOVE THIS LINE!	Boolis and an angle of the contract of the c					\$ 20022000	2000 -
Expenditures NOT Sub						\$ 722,930		(39,943)
Expenditures SUBJECT								4,268
	ank or zero, must explain in Notes	shovel				<u> </u>		
Indirect Cost Allocation	•	970000	\$ 27,767		\$ 27,897		\$	(130)
Total Expenditures						\$ 928,400	\$	(35,805)
		-						
Revenues OVER \ (I	JNDER) Expenditures			\$ (892,595)		\$ (928,400)	\$	35,805
Transfers In\Out -	(Show ALL as Positive Number	bers)						
Operating Transfers IN			· Arriversation		типость			- (200 E
Other financing sources		900000					\$	
Cash in: tribally required Cash in: grant required		900010 900020					\$	
Cash in: grant required		900040					\$	
Cash in: vehicle tax		900050			H41010111111111111111111111111111111111		\$	-
Cash in: interprogram co	ntract	900060					\$	
Operating Transfers O	UT							
Other financing uses		900001					\$	
Cash out: tribally require		900011					\$	25.005
Cash out: grant required Cash out: motor fuel tax		900021 900041					\$	35,805
Cash out: motor rue tax		900041					\$	
Cash out:interprogram co	ontract	900061					\$	
Transfers In\Out - N				\$ (35,805)		\$ -	\$	(35,805)
Take to Narrative ==	=>			\$ 928,400		\$ 928,400	1111111111	
						,		
Excussionist of	Nevenues, Expenditures and	Not Transfers		920 400		0-1900,400h		
-vanadination of	and a serial control of and	ITUIISTOTO	real/annummentment	1 4 (420)	maningumadi	4 faceling		

Totals

AU 3% Merit increase

Rater Rater Rater Rater S23.80 S17.44 S29.55 S15.25 S15.25	Regular Overtime 2,080 0 2,080 0 2,080 0 2,080 0 0 2,080 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Overtime 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	┻━┸┉╁┈╁┈╁┈╂═╂═╂═╂═╂═╃	0000	
\$17.44 \$29.55 \$15.25		000	
\$15.25			
\$15.25		0	
			
		8 8	
09 1010530 10	10 1		
1)		

| Carosa | Fringe | Carosa | Benefits | Carosa |

08-Oct-09 04:06 PM

Totals For This Accounting Unit Printed Date: Printed Time:

TOTAL PERSONNEL COST FOR EMPLOYEE

PAYROLL WORKSHEET 10/108-8/30/09
Ariene Chambers/Finance SBC

Community Work and Bidg Pro For Budget Period: 1010530 Prepared by:

75% 75% 40% 40%

Fringe Rate% 34.80% 34.80% 34.80%

Series-Status 1 10-R-FT 1 10-R-FT 1 10-R-FT

Maximum Emp. # \$29.87 10-3097 \$24.63 10-0000 \$38.42 10-1749 \$22.72 10-5801

Salary Range Class MO6 P07 M09 P06

Job Title

Manager Community Work

Heng & Infra Coordinator

Director Comm Development

Special Assistant

Exempt = E \ Non = N

Position Vacant=V New=N Existing=E

Wages (Gross) \$49,504 1 \$36,275 11 \$51,464 10 \$31,720 10

-
5
1010530
60

PART-1

PART-1							
Budget Period:	10/01/09 THRU 9/30/2010		Budget Prepare	r		Phone:	5310
Contract Period:	10/01/09 THRU 9/30/2010		Name:			ra Lack	
Contract Number: Accounting Fund:	1-General Fund			Director/Manage		Phone:	5698
Funding Source:	01-Cherokee Nation		Name:		Jeff	Vance	
AU Description:	CHEROKEE DAY WORK PROGRAM		Group Leader Name:		C Die	Phone:	5628
Accounting Unit:	1010555		1st Person Res	oncible	S. Diai	ne Kelley	
	Place IDC Rate in Part 4 Below		Employee #	Olisible	Dehr	a Lack	
		3//2	SBC Agreement	:	Debi	Phone:	
			Name:			T HONO.	
Date/Time Printed:	17-Nov-09	05:21 PM					
	Notes: This is a budget request for						
	the continued efforts of the Cherok						
	Program. The \$300,000 previous						
	1011080 is being moved to this ac November Tribal Council Meeting	counting unit by the					
PART-2	Trovelines Tribal Codifest Meeting						1
Staffing Summary:			EV 2010 E	EVICION 4	FV 2040 OD	10 05011507	
All a law and house a law	Time Employee Equivalents:	trucuenum marchinen		REVISION 1		IG REQUEST	Incr \ (Decr)
	Time Employee Equivalents:					0.00	
	Time Employee Equivalents:						-
# of Temp. Part-	Time Employee Equivalents:						
	Employee Equivalents:	(124(5))46(1124(1144)4(144)4(144)4(144)4					-
TOTAL NUMBER OF EN	PLOYEE-EQUIVALENTS						1.00
PART-3							
_	(Shaw as assistive str		1				
Revenues:	(Show as positive #)	Account #					Incr \ (Decr)
Please enter a valid a Please enter a valid a							\$ -
Please enter a valid a							\$ - \$ -
	BELOW, OR REMOVE THIS LINE!	TOTALO ÎN CALIDA DI CONTROCO PARA DE LA CONTROCO PARA DE LA CONTROCO PARA DE LA CONTROCO PARA DE LA CONTROCO P				THE CONTRACTOR OF THE CONTRACT	•
	I Revenues						\$ -
			internantament (1900)			-	-
***************************************							•
PART-4				to IDC ?		to IDC ?	
Expenditures:		Account #	YES	NO	YES	NO	Incr \ (Decr)
Salaries & wages Fringe benefits		600000	\$30,455				\$ 30,455
Client services - Human S	Sves	610000 670005	\$9,441	\$456,651		******	\$ 9,441
Please enter a valid a		070003		\$400,001		\$202,639	\$ 254,012
Please enter a valid a							\$ - \$ -
	BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subj	ect to IDC				1122111112121212121		\$ 254,012
Expenditures SUBJECT	to IDC						
Indirect Cost Rate (If bia	ınk or zero, must explain in Note	s above)		100001111610011111110000			
Indirect Cost Allocation		970000					\$ 6,092
Total Expenditures							\$ 300,000
Revenues OVER \ (L	JNDER) Expenditures			\$ (502,639)		\$ (202,639)	\$ (300,000)
Transfers In\Out - I	Show ALL as Positive Num	bers)		NA.			****
Operating Transfers IN							
Other financing sources		900000				7	\$ -
Cash in: tribally required		900010					\$ -
Cash in: grant required		900020			111111111111111111111111111111111111111		\$ -
Cash in: motor fuel tax Cash in: vehicle tax		900040			11411124214411445551111111111111		\$ -
Cash in: venicle tax Cash in: interprogram con	tract	900050 900060			11.031.037811.000000011.11		\$ -
		900000			<u>FOORTONIAL CONTINUES ON THE PARTY OF THE PA</u>		\$ -
Operating Transfers OL)T	20000					
Other financing uses		900001					\$ -
Cash out: tribally required Cash out: grant required		900011			1220001122020111101010101010101		\$ -
Cash out: motor fuel tax		900021 900041					\$ -
Cash out: vehicle tax		900041					\$ - \$ -
Cash out:interprogram cor	ntract	900061	J)				\$ -
Transfers In\Out - No				\$ -		\$ -	\$ -
Take to Narrative ==							
Take to Hallative				\$ 502,639		\$ 202,639	
m 1/m 4 111							
≝xcess\(Deficit) of R	evenues, Expenditures and	Net Transfers		\$ (502,639)		\$ (202,639)	\$ (300,000)
		70.00		27.7			

PART-1							
Budget Period:		***	Budget Prepare	,		Phone:	453-5613
Contract Period:			Name:		Gavion "	Thompson	400-0010
Contract Number:	·· · · · · · · · · · · · · · · · · · ·			Director/Manage		Phone:	
Accounting Fund: 1-General Fun	nd		Name:			i none.	
Funding Source: 01-Cherokee N	Wation		Group Leader			Phone:	
AU Description: TERO Commissi	ion		Name:	T	Melani	e Knight	
Accounting Unit:	1011080		1st Person Resp	onsible	TVICIONII	o rangia.	
Place IDC Rate in			Employee #	Olisible			
			SBC Agreement			Dhara	
			Name:	 		Phone:	
Date/Time Printed: 17-No	04.00	05:20 PM		111111111111111111111111111111111111111	2000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Notes: The \$300							
0	to 1010555 by th	e November Tribal	- 22		500 00		
PART-2 Council Meeting.					1		
Staffing Summary:			EV 2010 B	EVISION 1	EV 2040 OB	C DECLIECT	1 1/2 1
# of Regular Full-Time Employee E	auto o la méa :	initing the state of the state		EAISIOIA I		IG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee E # of Regular Part-Time Employee E	-quivalerits:						-
# of Temp. Full-Time Employee Eq		_10181111111111111111111111111111111111					-
# of Temp. Part-Time Employee Ed							-
# of Other Employee Equivale							_
TOTAL NUMBER OF EMPLOYEE-EQUIVA	ALENTS					• •	-
PART-3							
Revenues: (Show as positive	ve #)	Account #	Ī				Incr \ (Decr)
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 REMO				and steel minimized in the	1111(1111)		\$
	JAE ILIO CHAE:		erininini kiini riini ki	sumansumimimimissa			
Total Revenues				\$ -		\$ -	\$
					_		
DADT 4		1	0.11.4				
PART-4				to IDC ?		to IDC ?	
Expenditures:		Account#	Subject YES	NO	Subject YES	to IDC ?	incr\(Decr)
Expenditures: Reserved by appropriation		Account # 760060					Incr \ (Decr) \$ (300,000
Expenditures: Reserved by appropriation Please enter a valid account number - >>				NO		NO	
Expenditures: Reserved by appropriation Please enter a valid account number - >> Please enter a valid account number - >>	>>	760060	YES	NO \$0	YES	NO \$300,000	\$ (300,000 \$ \$
Expenditures: Reserved by appropriation Please enter a valid account number - > Please enter a valid account number - > DO NOT COPY TO, COPY BELOW, OR REMO	>>		YES	NO \$0	YES	NO \$300,000	\$ (300,000 \$ \$
Expenditures: Reserved by appropriation Please enter a valid account number - >> Please enter a valid account number - >>	>>	760060	YES	NO \$0	YES	NO \$300,000	\$ (300,000 \$ \$
Expenditures: Reserved by appropriation Please enter a valid account number - >> Please enter a valid account number - >> DO NOT COPY TO, COPY BELOW, OR REMO Expenditures NOT Subject to IDC	>>	760060	YES	NO \$0	YES	**************************************	\$ (300,000 \$ \$ \$ \$ (300,000
Expenditures: Reserved by appropriation Please enter a valid account number - >> Please enter a valid account number - >> DO NOT COPY TO, COPY BELOW, OR REMO Expenditures NOT Subject to IDC Expenditures SUBJECT to IDC	>> OVE THIS LINE!	760060	YES	NO \$0	YES -	NO \$300,000 	\$ (300,000 \$ \$ \$ \$ (300,000 \$
Expenditures: Reserved by appropriation Please enter a valid account number ->> Please enter a valid account number ->> DO NOT COPY TO, COPY BELOW, OR REMO Expenditures NOT Subject to IDC Expenditures SUBJECT to IDC Indirect Cost Rate (If blank or zero, must	>> OVE THIS LINE!	760060	YES	NO \$0	YES	**************************************	\$ (300,000 \$ \$ \$ \$ (300,000 \$
Expenditures: Reserved by appropriation Please enter a valid account number ->> Please enter a valid account number ->> DO NOT COPY TO, COPY BELOW, OR REMO Expenditures NOT Subject to IDC Expenditures SUBJECT to IDC Indirect Cost Rate (If blank or zero, must Indirect Cost Allocation	>> OVE THIS LINE!	760060 	YES	NO \$0	YES	NO \$300,000	\$ (300,000 \$ \$ \$ \$ \$ (300,000 \$
Expenditures: Reserved by appropriation Please enter a valid account number ->> Please enter a valid account number ->> DO NOT COPY TO, COPY BELOW, OR REMO Expenditures NOT Subject to IDC Expenditures SUBJECT to IDC Indirect Cost Rate (If blank or zero, must	>> OVE THIS LINE!	760060 	YES	NO \$0	YES	NO \$300,000	\$ (300,000 \$ \$ \$ \$ (300,000 \$
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Excess\(Deficit) of Revenues, Expenditures and Net Transfers

(300,000) \$

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Budget Period:	10/01/09-09/30/10		Rudget Bross				100
Contract Period:	10/1/09-09/30/10		Budget Prepare			Phone:	3851
Contract Number:			Name:	Director/Manager	Ashle	y Canoe	
Accounting Fund:	1-General Fund		Name:	Director/Manager	r National	Phone:	5396
Funding Source:	21-DOI-Self Governance-Roa	de	Group Leader	L	Mich	ael Lynn	
AU Description:	Economic Stimulus Roads Co		Name:	1		Phone:	5707
Accounting Unit:	3212000		1st Person Resp	1		ie Soap	
	Place IDC Rate in Part 4 Below		Employee #	Onsible	Michael Lynn	1000	
					10-	4869	
			SBC Agreement: Name:			Phone:	
Date/Time Printed:	08-Oct-09	07:15 PM					
	Notes: This budget needs zeroed						
	used. Replaced by AU 3753500.			W-			
PART-2				-			7
Staffing Summary	:		FY 2010 R	EVISION 1	FY 2010 OR	IG REQUEST	Incr \ (Dec
# of Regular Ful	Il-Time Employee Equivalents:						
	t-Time Employee Equivalents:						
	-Time Employee Equivalents:						
	-Time Employee Equivalents:						
# of Other	Employee Equivalents:						
	MPLOYEE-EQUIVALENTS						
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PART-3 Revenues:	(Chow se nogith 41	A 4 #	3				
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Brants / contracts reven		400000					\$ (12,171,
	account number - >>>						\$
	account number - >>>				ETHIOTOTICAL COLUMN COL		•
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ndirect Cost Allocation		970000	\$ -		\$ -	Luquemmanememma	
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perating Transfers O	UT					· · · · · · · · · · · · · · · · · · ·	
ther financing uses		900001		II			\$
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ike to Narrative =			E	\$ - III	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	S 12,171.497	
7						\$ 12,171,497	
7	Revenues, Expenditures and						**************************************

Budget Period: 1			udant Base sees			Phone:	_	
Duager Contract	0/01/09 - 09/30/10		udget Preparer Name:		Joyce B			
00110001 1 011001	0/01/09 - 09/30/10	——— la	ccounting Unit D	rector/Manager	20,000	Phone:		
Contract Number:	Consist Personne		Name:	www.tmathag	BJ Bo			
	3-Special Revenue 32-IHS-Self Governance-Heal	th 6	roup Leader			Phone:		
	32-IHS-Selt Governance-Heal Behavioral Health		Name:		Melissa (
710 0000	Sehavioral Health 3324000	 	st Person Respon	sible				
Accounting Unit:	ace IDC Rate in Part 4 Below	'	Employee #		1101	13		
PI	SCE INC. KARE IN PART 4 DEIOW		BC Agreement:			Phone:		
		r	Name:					
D. C. C Delated	08-Oct-09	06:29 PM						
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PART-2		i			EV 2040 OBIC	PEONEST	Incr\(Dear
laffing Summary:			FY 2010 RE		FY 2010 ORIG		incr (
# of Regular Full-	Time Employee Equivalents:					38.00		(1.0
# of Regular Part-	Time Employee Equivalents:							- :
# of Temp. Full-T	ime Employee Equivalents:							_ <u> </u>
# of Temp. Part-	ime Employee Equivalents:							
# of Other f	mployee Equivalents:					38.00		(1.
TAL NUMBER OF EN	PLOYEE-EQUIVALENTS			37.00		30.00		(1.
PART-3						1	Incr\	(Decr
evenues:	(Show as positive #)	Account #		en no	ununinginampaanina	\$2,259,534	S	(58,5
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edicaid Unrestricted					14100000000000000000000000000000000000	\$18,165	\$	
edicare Restricted					13 (13 (13 (13 (13 (13 (13 (13 (13 (13 (\$19,933	\$	
surance income						\$87,467	\$	
her Income				307,407		401,701	\$	
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m / ****** *		1	Subject	o IDC ?	Subject	to IDC ?	1_	
PART-4		Account #	YES	NO	YES	NO	Incr\	(Dec
xpenditures:		600000	\$1,292,293		\$1,331,032		\$	(38,7
alaries & wages		610000	\$400,610		\$412,616		\$	(12,0
ringe benefits		620000	\$65,393		\$65,393		3	
taff development & train	ning	620500	\$250		\$250		\$	
Recruitment		630000	\$42,329		\$42,329		\$	
ravel-staff		650000	972,928	\$169,885		\$169,885	\$	
Contract services >=\$5k		680000	\$90,568		\$82,770		\$	7,7
Supplies		690080	\$21,000		\$21,000		\$	
Allocated: telephone exp		690090	\$12,000		\$12,000		\$	
Allocated: cell/mobile ph	one /	690100	\$7,500		\$7,500		\$	
Allocated: pager		690110	\$4,000		\$4,000		\$	
Allocated: internet		690120	\$500		\$500		\$	
Allocated: mailing cost		690130	\$500		\$500		\$	
Allocated: printing/copyi		690500	\$16,000		\$16,000		\$	
_ease/rent: furniture & e	quip	700010	\$15,000		\$15,000		\$	
Jtilities		710090	\$500		\$500		\$	
Allocated: property insur		710100	\$2,700		\$2,700	 	\$	
Allocated: auto insuranc	8		\$750		\$750		5	
Vehicle lease		720000	\$7,810		\$7,810	i	\$	
Employee mileage reimi	oursement	720040			\$19,752		S	
Allocated: GSA vehicle		720050	\$19,752 \$2,000		\$2,000	 	\$	
Building maintenance		730000	\$2,000		\$2,000	 	\$	
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				Γ.		8		
	(UNDER) Expenditures			· ·	Seneghinonnennikenikhili		1.	
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						Joyce Bunch	lor.	Prepared by:	Prepa		3324000	Accounting Unit Name: 33
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on the Budget Request Form

PART-1						77.50	
	10/01/09 - 09/30/10		Budget Preparer			Phone:	453-5636
	10/01/09 - 09/30/10		Name:	Di		Sams	7101
Contract Number: Accounting Fund:	3-Special Revenue	 	Name:	Director/Manager		Phone: Boyd	7181
	32-IHS-Self Governance-Hea	lth	Group Leader	L	07.0	Phone:	453-5450
	I Believe		Name:	T	Melissa	Gower	453-5450
Accounting Unit:	3324010		1st Person Resp	onsible	Wichiood		
	ace IDC Rate in Part 4 Below		Employee #		110	113	
			SBC Agreement:			Phone:	
			Name:				
Date/Time Printed:	08-Oct-09	06:42 PM					
	Notes:					***************************************	
				8			
PART-2							
Staffing Summary:			FY 2010 ORI	G REQUEST	FY 2009	BUDGET	Incr \ (De
# of Regular Full-1	rime Employee Equivalents:			1.00			
	Time Employee Equivalents:						
	ime Employee Equivalents:						
	ime Employee Equivalents:						
	mployee Equivalents:			4.00			+
TOTAL NUMBER OF EM	PLUTEE-EQUIVALENTS			1.00			
PART-3	14		_				
Revenues:	(Show as positive #)	Account #	1				Incr \ (De
Grants / contracts revenue		400000		\$58,501	118416811211181111111111111111111		\$ 58
Please enter a valid ac	count number - >>>						\$
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	BELOW, OR REMOVE THIS LINE!						
Tota	I Revenues			\$ 58,501	ALLEGE CONTRACTOR OF THE STREET	\$	- \$ 58
PART-4			Subject	to IDC ?	Subject	to IDC ?	7
Expenditures:		Account #	YES	NO	YES	NO	Incr\(De
Salaries & wages		600000	\$38,741				\$ 38
Fringe benefits		610000	\$12,010				\$ 12
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Expenditures NOT Subje		Turimenningabandan					
•							- \$
Expenditures SUBJECT			\$ 50,751				
Indirect Cost Rate (if Dia	nk or zero, must explain in Note	970000	\$ 7,750		15.71%	198611991199999	
Total Expenditures		370000					
Total Expenditures	······································			3 38,301		•	- \$ 58
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	INDER) Expenditures	nham)		\$ -		\$. \$ <u>@</u>
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			FY2010 BUDGI	EI KEQUESI I	ORM		
PART-1							
Budget Period:	10/01/09 - 09/30/10		Budget Prepare	r		Dhann	450 5000
Contract Period:	10/01/09 - 09/30/10		Name:	<u> </u>	Ami	Phone: Sams	453-5636
Contract Number:			Accounting Uni	Director/Manage	or .	Phone:	458-7662
Accounting Fund:	3-Special Revenue		Name:			ge Long	406-7002
Funding Source:	32-IHS-Self Governance-He		Group Leader			Phone:	453-5450
AU Description:	Health Equipment Replacement	ent	Name:		Meliss	a Gower	100 0 100
Accounting Unit:	3329030		1st Person Res	oonsible			
	Place IDC Rate in Part 4 Below		Employee #		10	0007	
			SBC Agreement	:		Phone:	
Date/Time Printed:	08-Oct-09	06:02 PM	Name:				
	Notes:	00.02 PM	111031(11110111111111111111111111111111				
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PART-2							
			1				
Staffing Summary:			FY 2010 F	REVISION 1	FY 2010 OR	IG REQUEST	Incr \ (Decr)
# of Regular Full-	Time Employee Equivalents:						
# of Regular Part	Time Employee Equivalents:		1 1111111111111111111111111111111111111				
# of Temp. Full-	rime Employee Equivalents:						-
# of lemp. Part-	Time Employee Equivalents: Employee Equivalents:				TO A SHOULD AND HAVE BEEN A SHOULD BE A SH		-
							-
TOTAL NUMBER OF EN	PLOYEE-EQUIVALENTS						
PART-3				100		700	
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Grants / contracts revenu		400000		\$1,004,002		\$5,504,652	
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Tota	I Revenues			\$ 3,854,652		\$ 6,504,652	\$ (2,850,000)
						7 0,004,002	¥ (2,030,000)
PART_4			Cubic -4	4- 100 0			•
PART-4 Expenditures:		Account #		to IDC ?		to IDC ?	
Expenditures:		Account #	YES	to IDC ?	YES	to IDC ?	Incr \ (Decr)
Expenditures: Equipment < \$5K	ok	680070		NO		NO	\$ (500,000)
Equipment < \$5K Capital acquisitions >= \$6			YES		YES		\$ (500,000) \$ (2,064,850)
Expenditures: Equipment < \$5K	count number - >>>	680070	YES	NO	YES	NO	\$ (500,000) \$ (2,064,850) \$ -
Expenditures: Equipment < \$5K Capital acquisitions >= \$: Please enter a valid at Please enter a valid at	count number - >>> count number - >>> count number - >>>	680070 770000	YES \$1,500,000	NO \$2,025,602	YES \$2,000,000	NO \$4,090,452	\$ (500,000) \$ (2,064,850) \$ -
Expenditures: Equipment < \$5K Capital acquisitions >= \$: Please enter a valid at Please enter a valid at Please enter a valid at DO NOT COPY TO, COPY	count number - >>> count number - >>> count number - >>> count number - >>> BELOW, OR REMOVE THIS LINE	680070 770000	YES \$1,500,000	NO \$2,025,602	YES \$2,000,000	NO \$4,090,452	\$ (500,000) \$ (2,064,850) \$ -
Expenditures: Equipment < \$5K Capital acquisitions >= \$: Please enter a valid at Please enter a valid at	count number - >>> count number - >>> count number - >>> count number - >>> BELOW, OR REMOVE THIS LINE	680070	YES \$1,500,000	NO \$2,025,602	YES \$2,000,000	NO \$4,090,452	\$ (500,000) \$ (2,064,850) \$ - \$ - \$ -
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Expenditures: Equipment < \$5K Capital acquisitions >= \$: Please enter a valid at DO NOT COPY TO, COPY Expenditures NOT Subje Expenditures SUBJECT Indirect Cost Rate (If bis Indirect Cost Allocation Total Expenditures	count number - >>> count number - >>> count number - >>> count number - >>> BELOW, OR REMOVE THIS LINE! sect to IDC to IDC ink or zero, must explain in Notes	680070 770000	YES \$1,500,000 	\$2,025,602	YES \$2,000,000	NO \$4,090,452	\$ (500,000) \$ (2,064,850) \$ - \$ - \$ - \$ (2,064,850) \$ (500,000)
Expenditures: Equipment < \$5K Capital acquisitions >= \$: Please enter a valid at Please enter a valid at Please enter a valid at OD NOT COPY TO, COPY Expenditures NOT Subje Expenditures SUBJECT Indirect Cost Rate (If bis Indirect Cost Allocation Total Expenditures	count number - >>> count number - >>> count number - >>> count number - >>> BELOW, OR REMOVE THIS LINES act to IDC to IDC	680070 770000	YES \$1,500,000 \$1,500,000 \$1,500,000 \$229,050	\$2,025,602	\$2,000,000 \$2,000,000 \$2,000,000 \$2,000,000 \$314,200	NO \$4,090,452 \$ 4,090,452 	\$ (500,000) \$ (2,064,850) \$ - \$ - \$ (500,000) \$ (85,150) \$ (2,650,000)
Expenditures: Equipment < \$5K Capital acquisitions >= \$5K Please enter a valid at Please enter a valid at Please enter a valid at ONOT COPY TO, COPY Expenditures NOT Subje Expenditures SUBJECT Indirect Cost Rate (If bis Indirect Cost Allocation Total Expenditures Revenues OVER \ (L	count number - >>> count number	680070 770000	YES \$1,500,000 	\$2,025,602	YES \$2,000,000 \$2,000,000 \$2,000,000 15.71% \$314,200	NO \$4,090,452 \$ 4,090,452 	\$ (500,000) \$ (2,064,850) \$ - \$ - \$ (500,000) \$ (85,150) \$ (2,650,000)
Expenditures: Equipment < \$5K Capital acquisitions >= \$5K Please enter a valid at Please enter a valid at Please enter a valid at ONOT COPY TO, COPY Expenditures NOT Subje Expenditures SUBJECT Indirect Cost Rate (If bis Indirect Cost Allocation Total Expenditures Revenues OVER \ (L	count number - >>> count number - >>> count number - >>> count number - >>> BELOW, OR REMOVE THIS LINE! sect to IDC to IDC ink or zero, must explain in Notes	680070 770000	YES \$1,500,000 	\$2,025,602	\$2,000,000 \$2,000,000 \$2,000,000 \$2,000,000 \$314,200	NO \$4,090,452 \$ 4,090,452 	\$ (500,000) \$ (2,064,850) \$ - \$ - \$ (500,000) \$ (85,150) \$ (2,650,000)
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Expenditures: Equipment < \$5K Capital acquisitions >= \$5K Please enter a valid at Please enter a valid at Please enter a valid at ON NOT COPY TO, COPY Expenditures NOT Subjet Expenditures SUBJECT Indirect Cost Rate (If bia Indirect Cost Allocation Total Expenditures Revenues OVER \ (L) Transfers In\Out - (count number - >>> count number	680070 770000	YES \$1,500,000 \$1,500,000 \$1,500,000 \$229,050 \$229,050	\$2,025,602 \$2,025,602 \$2,025,602 \$2,025,602 \$3,754,652 \$100,000	YES \$2,000,000 	NO \$4,090,452 \$ 4,090,452 	\$ (500,000) \$ (2,064,850) \$ - \$ - \$; \$ (2,084,850) \$ (500,000) \$ (85,150) \$ (2,650,000) \$ -
Expenditures: Equipment < \$5K Capital acquisitions >= \$: Please enter a valid at Please enter a valid at Please enter a valid at DO NOT COPY TO, COPY Expenditures NOT Subje Expenditures SUBJECT Indirect Cost Rate (If bis Indirect Cost Allocation Total Expenditures Revenues OVER \ (L Transfers In\Out - (Operating Transfers In\ Other financing sources Cash in: tribally required Cash in: grant required	count number - >>> count number	680070 770000 111111111111111111111111111	YES \$1,500,000 \$1,500,000 15,27% \$ 229,050	\$2,025,602 \$2,025,602 \$2,025,602 \$2,025,602 \$3,754,652 \$100,000	YES \$2,000,000 \$2,000,000 \$2,000,000 \$2,000,000 \$2,71% \$314,200 \$	NO \$4,090,452 \$ 4,090,452 	\$ (500,000) \$ (2,064,850) \$ - \$ - \$ (2,064,850) \$ (500,000) \$ (85,150) \$ (2,650,000) \$ - \$ -
Expenditures: Equipment < \$5K Capital acquisitions >= \$5K Please enter a valid at Please enter a valid at Please enter a valid at DO NOT COPY TO, COPY Expenditures NOT Subje Expenditures SUBJECT Indirect Cost Rate (If bis Indirect Cost Allocation Total Expenditures Revenues OVER \ (L Transfers In\Out - (Operating Transfers IN Other financing sources Cash in: tribally required Cash in: grant required Cash in: motor fuel tax	count number - >>> count number	680070 770000 770000 8 above) 970000 90000 900010 900020 900040	YES \$1,500,000 \$1,500,000 \$1,500,000 \$229,050 \$229,050	\$2,025,602 \$2,025,602 \$ 2,025,602 \$ 3,754,652 \$ 100,000	YES \$2,000,000	NO \$4,090,452 \$ 4,090,452 	\$ (500,000) \$ (2,064,850) \$ - \$ - \$ (2,064,850) \$ (500,000) \$ (85,150) \$ (2,650,000) \$ - \$ - \$ - \$ -
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Expenditures: Equipment < \$5K Capital acquisitions >= \$: Please enter a valid at DO NOT COPY TO, COPY Expenditures NOT Subje Expenditures SUBJECT Indirect Cost Rate (If bla Indirect Cost Allocation Total Expenditures Revenues OVER \ (L Transfers In\Out - (Operating Transfers IN Other financing sources Cash in: tribally required Cash in: motor fuel tax Cash in: vehicle tax Cash in: interprogram con Operating Transfers OU Other financing uses Cash out: tribally required Cash out: motor fuel tax Cash out: motor fuel tax Cash out: webicle tax Cash out: motor fuel tax Cash out: webicle tax	count number - >>> count number	680070 770000 770000 970000 970000 900010 900020 900050 900060 900060 900011 900021 900021 900041 900021	YES \$1,500,000	\$2,025,602	YES \$2,000,000 \$2,000,000 15,71% \$ 314,200	\$4,090,452	\$ (500,000) \$ (2,064,850) \$ - \$ - \$ (500,000) \$ (2,064,850) \$ (500,000) \$ (85,150) \$ (2,650,000) \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
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3,854,652

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Take to Narrative ==>

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

6,504,652

	CHERO	KEE NATION - I	FY2010 BUDGE	T REQUEST FO	ORM		
PART-1							
Budget Period:	10/01/09-09/30/10		Budget Preparer			Phone:	453-5636
Contract Period:	10/01/09-09/30/10		Name:	I	Ami	Sams	400-0000
Contract Number:				Director/Manager		Phone:	453-5450
Accounting Fund:	3-Special Revenue		Name:	Director/manager		a Gower	453-5450
Funding Source:	32-IHS-Self Governance-Hea	1th	Group Leader	<u> </u>	111011331	Phone:	453-5450
AU Description:	Salina Dental Equipment		Name:		Molies	a Gower	400-0400
Accounting Unit:	3329080		1st Person Resp	oneible	Honas	a Jowel	
	Place IDC Rate in Part 4 Below		Employee #	I	103	2755	
			SBC Agreement:	1		Phone:	
			Name:	ı — — — —		FIOR.	
Date/Time Printed:	08-Oct-09	06:06 PM		i Millioniaeniaeniainiaini	Minuster manuscript in		***************************************
Date Fille Fillings.	Notes: Health Carryover Funds us			144111111111111111111111111111111111111	<u> </u>	TEDATORRA (INTERNATIONAL	
	Equipment for addition of Salina De						
	Equipment for addition of Cama Di	oritali.		···	- 44		e.
PART-2							
Staffing Summary:			FY 2010 ORI	G REQUEST	FY 2009	BUDGET	Incr \ (Decr)
	-Time Employee Equivalents:						- 1
	t-Time Employee Equivalents:						
	Time Employee Equivalents:						
	Time Employee Equivalents:						
	Employee Equivalents:						-
	MPLOYEE-EQUIVALENTS	101011111010111111111		-			
PART-3			***************************************	- 1957 / 2/km			8 88
Revenues:	(Show as positive #)	Account #	1				Incr \ (Decr)
Carryover: "appropriated		490000		\$450,000			\$ 450,000
Please enter a valid a	account number - >>>	70000		\$ 400,000			\$ 430,000
	account number - >>>				H1111111111111111111111111111111111111		\$
	BELOW, OR REMOVE THIS LINE!	animerenioiomerengener		Managaminan managaminan		THE PROPERTY OF THE PARTY OF TH	
	al Revenues						
100	at iteveriues	<u>!</u>	Tannasmannan erannen er	4 430,000	THEOREM STREET	•	\$ 450,000
							•
PART-4				to IDC ?		to IDC ?	
Expenditures:		Account #	YES	NO	YES	NO	Incr \ (Decr)
Capital acquisitions >= \$	5K	770000		\$450,000			\$ 450,000
Please enter a valid a	account number - >>>						\$ -
Please enter a valid a	account number - >>>						\$ -
	account number - >>>						\$ -
DO NOT COPY TO, COPY	BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Sub	ject to IDC			\$ 450,000		\$ -	\$ 450,000
Expenditures SUBJEC	•		\$ -				s -
	lank or zero, must explain in Note	s above)	15.27%				
Indirect Cost Allocation		970000	\$ -		\$		
Total Expenditures							\$ 450,000
Barrane OVER V	UNDER) Expenditures			r			\$ -
			10.000000000000000000000000000000000000				, .
Operating Transfers II	(Show ALL as Positive Nun	l ers)					
Other financing sources		900000					\$ -
Cash in: tribally required	1	900010					\$ -
Cash in: grant required		900020					\$ -
Cash in: motor fuel tax		900040			16144444444444		\$ -
Cash in: vehicle tax		900050	1923 1012 1013 102		SEA 15511101111111111111111111111111111111		\$ -
Cash in: interprogram co	ntract	900060					\$ -
Operating Transfers O		1					
		900001	Tomas de grando de como de com		111111111111111111111111111111111111111		e
Other financing uses	nd .	90001			00 10 10 10 10 10 10 10		\$ <u>-</u>
Cash out: tribally require		900071			101,127,17121,1107,001,1107,634,123,1131 107224,124,124,1107,001,1107,114,114,11		\$ -

900021

900041

900051

900061

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

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1010000000000000000000000000

Cash out: tribally required Cash out: grant required

Cash out: motor fuel tax

Cash out:interprogram contract

Transfers In\Out - Net

Take to Narrative ==>

Cash out: vehicle tax

- \$

- \$

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM PART-1 **Budget Period:** 10/01/09-09/30/10 **Budget Preparer** Phone: 453-5636 Contract Period: 10/01/09-09/30/10 Name: Ami Sams Contract Number Accounting Unit Director/Manager Phone: 453-5450 Accounting Fund: 3-Special Revenue Melissa Gower Funding Source: 32-IHS-Self Governance-Health Group Leader Phone: 453-5450 AU Description: Vinita Construction Name: Melissa Gower Accounting Unit: 3329090 1st Person Responsible Place IDC Rate in Part 4 Below Employee # 102755 SBC Agreement: Phone: Name: Date/Time Printed: 08-Oct-09 06:22 PM Notes: Health Carryover Funds to begin design process of new Vinita Clinic. Once financing is secured for the project, these funds will be reimbursed PART-2 to Health Services. Staffing Summary: **FY 2010 ORIG REQUEST FY 2009 BUDGET** Incr \ (Decr) # of Regular Full-Time Employee Equivalents: # of Regular Part-Time Employee Equivalents: # of Temp. Full-Time Employee Equivalents: # of Temp. Part-Time Employee Equivalents: # of Other Employee Equivalents: TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS PART-3 Revenues: (Show as positive #) Account # Incr \ (Decr) Carryover: "appropriated" PY 490000 \$2,200,000 2,200,000 Please enter a valid account number - >>> Please enter a valid account number - >>> DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE! **Total Revenues** 2,200,000 - | \$ PART-4 Subject to IDC ? Subject to IDC ? **Expenditures:** Account # YES YES Incr \ (Decr) Contract services >=\$5K 650000 \$2,200,000 2,200,000 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! TERREPORTURA DE LA PRESENTA DE LA P Expenditures NOT Subject to IDC 2,200,000 2,200,000 Expenditures SUBJECT to IDC \$ Indirect Cost Rate (If blank or zero, must explain in Notes above) 15.71% POSITIONER HOLD (MEMORITARIO) Indirect Cost Allocation 970000 **Total Expenditures** 11111111111111111111111111111111 **\$** 2,200,000 \$ Revenues OVER \ (UNDER) Expenditures un<u>numumumumanan</u> \$ Transfers In\Out - (Show ALL as Positive Numbers) Operating Transfers IN Other financing sources 900000 Cash in: tribally required 900010 1799\$1016\$101111111111111111111111 Cash in: grant required 900020 [[]] Cash in: motor fuel tax 900040 16222022011010022011010220110 1300000022222000001102070220 Cash in: vehicle tax 900050 Cash in: interprogram contract 900060 /ATT#501060000004490001400010 3 Operating Transfers OUT Other financing uses 900001 Cash out: tribally required 900011 Cash out: grant required 900021 100020041220412201101101202011

900041

900051

900061

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

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Cash out: motor fuel tax

Cash out:interprogram contract

Transfers In\Out - Net

Take to Narrative ==>

Cash out: vehicle tax

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PART-1								
Budget Period:	10/1/08-09/30/09		Budget Prepare	r		Phone:	453-5	393
Contract Period: Contract Number:	10/1/08-09/30/09		Name:		Darlen	e Foreman		
Accounting Fund:	3-Special Revenue		Name:	t Director/Manage		Phone:	453-5	483
Funding Source:	55~HUD		Group Leader		Pan	n Bakke Phone:	452 E	247
AU Description:	08 ICDBG Public Service-Y	outh	Name:		Char	lie Soap	453-5	347
Accounting Unit:	3551650 Place IDC Rate in Part 4 Below		1st Person Res	ponsible				
	riace IDC Rate III Part 4 Below		Employee #		10	-4203		
(Name of the State			SBC Agreement			Phone:		
Date/Time Printed:	08-Oct-09	04:00 PM					HILITARIA	
	Notes: Public Service portion of C	8 IDCBG grant.					14111111111111111	HOUSE HOUSE
D. D. D.	Matching funds from 1010530 of \$	35,805						
PART-2	1						7	
Staffing Summary:	T		FY 2010 OR	IG REQUEST		BUDGET	Inc	r \ (Decr)
# of Regular Puri	-Time Employee Equivalents: -Time Employee Equivalents:			0.55				0.55
# of Temp. Full-	Time Employee Equivalents:			<u> </u>				-
# of Temp. Part-	Time Employee Equivalents:	1]	i i karantuu iluun kulimaan					
	Employee Equivalents:						 	
TOTAL NUMBER OF E	MPLOYEE-EQUIVALENTS			0.55				0.55
PART-3			21-8					
Revenues:	(Show as positive #)	Account #					Ines	\ (Decr)
Grants / contracts revenu		400000		\$111,073			\$	111,073
Please enter a valid a							Š	111,073
	BELOW, OR REMOVE THIS LINE!	THE PROPERTY OF THE PROPERTY O			110310111111111111111111111111111111111		1 4	
	al Revenues					<u> </u>		
				\$ 111,073		-	\$	111,073
PART-4							_	
Expenditures:		Account #		to IDC ?		to IDC ?	L	
Salaries & wages		600000	YE S 17,381	NO	YES	NO	_	(Decr)
Fringe benefits		610000	\$6,049				\$	17,381
Travel-staff		630000	\$15,000				5	6,049 15,000
Contract services < \$5K		640000	\$500				\$	500
General liability insurance	1	670000 710040	\$78,491 \$10,000				\$	78,491
Please enter a valid a		7 10040	\$10,000				\$	10,000
Please enter a valid a							\$	
Expenditures NOT Subj	BELOW, OR REMOVE THIS LINE!							
Expenditures SUBJECT					1401404800AKUUUSUUSUUSUU		\$	-1
	ink or zero, must explain in Note	- shows			\$ -	1974 (1976) (1976) (1976)		127,421
Indirect Cost Allocation	or zoro, mast explain in 140te.	970000	\$ 19,457	THE CONTRACT OF THE CONTRACT O	16.10% \$ -		minem	
Total Expenditures							\$	19,457
Payenues OVER \ (I	(NDEB) Essenditures							146,878
	JNDER) Expenditures			\$ (35,805)	MANAGERINA	\$ -	\$	(35,805)
	Show ALL as Positive Num	bers)						
Other financing sources		900000	musionmesonod					
Cash in: tribally required							\$	
Cash in: grant required		900020	11/11/10/11/11/11/11/11/11/11/11/11/11/1	\$35,805	TERROTORIO EN TRADESTA DE LA COMPANIO. Por esta de la companio de la compa		\$	35,805
Cash in: motor fuel tax Cash in: vehicle tax		900040					\$	33,003
Cash in: venicle tax	tract						\$	
Operating Transfers OU		300000					\$	
Other financing uses	•	900001	11(1)(4(1)41)(1)(1)(1)(1)(1)(1)(1)		ninninomen			
Cash out: tribally required							\$	-
Cash out: grant required		900021			(155) (1015) (155) (155) (155) (155) (1015) (155) (155) (155)		\$	
Cash out: motor fuel tax Cash out: vehicle tax		900041	\$44111411414141414141414144				\$	
Cash out:interprogram con	tract	900051		!			\$	-
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Cost Summary

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0191 (exp. 10/31/2009)

Indian Community Development Block Grant (ICDBG)

See Instructions and Public Reporting Statement on back. 2. Application/Grant Number (to be assigned by HUD upon submission) 1. Name of Applicant (as shown in Item 5, Standard Form 424) Cherokee Nation Amendment Date (mm/dd/yyyy) Revision Original (check here if submitted (check here if submitted (check here if this is the after HUD approval of grant) with implementation schedule 07/01/2008 first submission to HUD) as part of pre-award requirements Program Funds (in thousands of \$) ICDBG Project Name & Project Category Source of Other Funds Other Source Amount **Amount Requested** (see instructions on back) for each activity for each activity for each activity b C d PUBLIC SERVICES PROJECT Community Youth Projects 16,000.00 35,805.00 Tribal Funds Community Works Material/Supplies Program \$18,000; Four Corners Community \$11,205; Tailholt Community \$6,600 54,170.00 **Direct Program Staff Salaries** 15,000.00 Travel 10,000.00 Liability Insurance 500.00 **Environmental Reviews** Administration a. General Management and Oversight b. Indirect Costs: Enter indirect costs to be charged to the 15,403.00 program pursuant to a cost allocation plan. 0.00 c. Audit: Enter estimated cost of Program share of A-133 audits. 15,403.00 0.00 Administration Total * Planning The Project description must address the proposed use of these funds. 7. Technical Assistance Enter total amount of ICDBG funds requested for technical assistance. 8. Sub Total Enter totals of columns b. and c. 111.073.00 35,805.00

9. Grand Total Enter sum of column b. plus column c.

146,878.00

^{*} The total of items 5 and 6 cannot exceed 20% of the total ICDBG funds requested.

No more than 10% of ICDBG funds requested may be used for technical assistance. If funds are requested under this line item, a separate project description must accompany the application to describe the technical assistance the application intends to obtain. Only technical assistance costs associated with the development of a capacity to undertake a specific funded program activity are alleito (24 CER 1003.208).

Budget Period:	10/01/2009-9/30/2010		In. · · ·		- 		
Contract Period:	10/01/2008-9/30/2010		Budget Prepa	rer		Phone:	3851
Contract Number:			Name:		Asi	nley Canoe	3031
Accounting Fund:	3-Special Revenue		Name:	nit Director/Mana	ger	Phone:	5126
	55-HUD		Group Leader			Billy Hix	
AU Description:	ICBDG-Leach Waterline		Name:			Phone:	5707
Accounting Unit:	3551655		1st Person Re	sponsible .	Ch	arlie Soap	
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PAYROLL WORKSHEET
For Budget Period: 10/01/2009-9/20/2010
Prepared by: Ashley Cance



CHEROKEE NATION

P.O. Box 948 Tahlequah, OK 74465-0948 918-453-5000 Chad "Corntassel" Smith OlrGJ Principal Chief

Joe Grayson
ALC & J&h&
Deputy Principal Chief

DATE: SEPTEMBER 30, 2009

TO: STRATIGIC BUDGET COMMITY

FROM: ASHLEY CANOE, COMMUNITY SERVICES

RE: 2010 BUDGET FOR THE ICDBG GRANT

The '08 ICDBG grant has several different components to it. The grant is broken into two pieces, Youth and Leach waterline. The Youth piece of this grant is for \$111.073 with a \$35,805 cash match that will come for 1010530 – Community Work and Building Projects. The Leach waterline piece is for \$688,927 with a cash match of \$200,000 from 1010432 – Self Help Community Waterlines, a \$270,000 tribal cash match, in-kind totaling \$99,990 from RWD #11, \$420,000 in-kind match from 3332000 – EHS Projects, \$49,893 in-kind match from 3331000-EHS Admin, and \$61,875 in-kind match from donated labor. I have also included in this packet, all the budgets affected by this grant except for the tribal match, the IHS award document for 3332000 showing the project for this grant, as well as the Cost Summary submitted to and approved by the agency. Thank you for your time and consideration.

Cost Summary

Indian Community Development Block Grant (ICDBG)

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0191 (exp. 10/31/2009)

See Instructions and Public Reporting Statement on back.

Cherokee Nation	1		THE PARTY OF THE PARTY	per (to be assigned by HUD upon submission)
✓ (check here if this is the (check here if submitted (d	Amendment check here if submit iter HUD approval o	ted f grant)	Date (mm/dd/	07/01/2008
4. Project Name & Project Category	ICDBG		Program Funds	(in thousands of \$) Other
(see instructions on back)	Amount Reques for each activi b		or Source Amount or each activity C	Source of Other Funds for each activity
Leach Water Line Project	\$	\$		d
Waterline Construction	620,456.	00	889,375.00	IHS Project Funds \$357500; Tribal
		+-		Cash Match \$270,000; Tribal Self-
				Help Funds \$200,000; Community
				Donated Labor \$61,875
Engineering/Easement/Permitting	60,000.	00	99,990.00	RWD #11 REAP Grant
Environmental Reviews	2,500.0	00	2,500.00	IHS Project Funds
Inspections			40,000.00	IHS Project Funds
Construction Project Administration			55,000.00	IHS Program Funds
5. Administration				
a. General Management and Oversight b. Indirect Costs: Enter indirect costs to be charged to the	4,796.0	10		
program pursuant to a cost allocation plan.	1,175.0	0	14,893.00	IHS Program Funds
c. Audit: Enter estimated cost of Program share of A-133 audits.				
dministration Total *	5,971.0	0	14,893.00	
 Planning The Project description must address the proposed use of these funds. 				
. Technical Assistance Enter total amount of ICDBG funds requested for technical assistance.				
. Sub Total Enter totals of columns b. and c.	\$ 688,927.00	\$ 1,10	1,758.00	
. Grand Total Enter sum of column b. plus column c.			\$	1,790,685.00

No more than 10% of ICDBG funds requested may be used for technical assistance. If funds are requested under this line item, a separate project description nust accompany the application to describe the technical assistance the application intends to obtain. Only technical assistance costs associated with the development of a capacity to undertake a specific funded program activity are eligible (24 CFR 1003.206).

Previous editions are obsolete

Page 1 of 2

form HUD-4123 (12/98)

The total of items 5 and 6 cannot exceed 20% of the total ICDBG funds requested.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Oklahoma City Area Indian Health Service 701 Market Drive Oklahoma City, OK 73114

May 27, 2009

RECEIVE

IIIN - 1 2009

OFFICE OF THE PRINCIPAL CHIEF CHEROKEE NATION

CERTIFIED MAIL

Chad Smith, Principal Chief Cherokee Nation P. O. Box 948 Tahlequah, Oklahoma 74465

Re:

Indian Health Service P.L. 86-121 Project Funding for Water and Wastewater Facilities for Existing Homes

Dear Chief Smith:

Notification has been received regarding fiscal year 2009 Indian Health Service Public Law 86-121 sanitation facilities construction funding to serve existing homes. This "Regular" funding is to provide water, wastewater and solid waste facilities for existing Indian owned homes. Information was provided by your staff previously (during June 2008) regarding needed projects for water, wastewater and solid waste facilities. Based on the amount of funding available and the priority listing from the IHS Sanitation Deficiency System (SDS) data for regular funding, the following projects are eligible for this fiscal year funding, if you so desire.

Regular Funding (Facilities for existing Indian owned homes)

Project #	SDS#	Project Title	IHS Funding	Other Funding	Total Funding
OK 09-Q62	OK21999-0B01	Cherokee/Delaware Co. RWD #11	\$ 420,000	\$1,311,000	\$1,731,000
OK 09-Q66	OK21302-0B01	Cherokee/Delaware Co. RWD #1 Ext Ross Acres	\$ 177,000	\$ 177,000	\$ 354,000
OK 09-Q74	OK11193-0B01	Cherokee/Cherokee Co. RWD #3 Ext.	\$ 172,000	\$ 172,000	\$ 344,000

Project documents and the agreements may now be prepared to obtain funding for this project from the Indian Health Service through Title V of the Tribal Self-Governance Amendments of 2000. A project scope and a construction project agreement are necessary for each of these projects. Funding will be released to the Nation upon review and approval of these documents by the IHS.

Also, please note that the projects have "other" funding indicated. This funding is to be provided by other agencies, organizations and/or the Cherokee Nation. Provision of the Indian Health Service funding is contingent on written notification of receipt of the other funding or written assurance of the current availability of the other funding for the specified project.

A copy of each of these SDS project narratives is available online at the IHS wSTARS website for the information and use of you and your staff. If you or your staff has questions, please contact the undersigned at 405-951-3782.

Sincerely,

Johnny B. Taylor, P.E.

Director, Division of Sanitation Facilities Construction Office of Environmental Health and Engineering

xc: Billy Hix, Cherokee Nation Environmental Health, Tahlequah, OK Project File

DDG

PDS

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Returned to Presenter:

Cherokee Nation Act/Resolution Proposal Form

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