

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1		Budget Preparer	Phone: 5613
Budget Period:	10/01/09 - 09/30/10	Name:	Gaylon Thompson
Contract Period:		Accounting Unit Director/Manager	Phone: 3902
Contract Number:		Name:	Callie Catcher
Accounting Fund:	1-General Fund	Group Leader	Phone: 3902
Funding Source:	10-Enterprise	Name:	Callie Catcher
AU Description:	Cash Match For Grants	1st Person Responsible	
Accounting Unit:	1010315	Employee #	104252
Place IDC Rate in Part 4 Below		SBC Agreement:	Phone:
		Name:	

Date/Time Printed:	08-Oct-09 11:31 AM
Notes: Transfer Out \$270,000 to AU 3551655. <i>Leach Waterline</i>	

PART-2	FY 2010 REVISION 1	FY 2010 ORIG REQUEST	Incr \ (Decr)
Staffing Summary:			
# 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	Account #	Incr \ (Decr)
Revenues: (Show as positive #)		
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		\$ -

PART-4	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Expenditures:	760060		\$230,000		\$500,000	\$ (270,000)
Reserved by appropriation						\$ -
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			\$ 230,000		\$ 500,000	\$ (270,000)
Expenditures SUBJECT to IDC			\$ -		\$ -	\$ -
Indirect Cost Rate (If blank or zero, must explain in Notes above)		15.27%		15.27%		\$ -
Indirect Cost Allocation	970000		\$ -		\$ -	\$ -
Total Expenditures			\$ 230,000		\$ 500,000	\$ (270,000)
Revenues OVER \ (UNDER) Expenditures			\$ (230,000)		\$ (500,000)	\$ 270,000

Transfers In\Out - (Show ALL as Positive Numbers)						
Operating Transfers IN						
Other financing sources	900000					\$ -
Cash in: tribally required	900010					\$ -
Cash in: grant required	900020					\$ -
Cash in: motor fuel tax	900040					\$ -
Cash in: vehicle tax	900050					\$ -
Cash in: interprogram contract	900060					\$ -
Operating Transfers OUT						
Other financing uses	900001					\$ -
Cash out: tribally required	900011					\$ -
Cash out: grant required	900021		\$1,124,934		\$854,934	\$ 270,000
Cash out: motor fuel tax	900041					\$ -
Cash out: vehicle tax	900051					\$ -
Cash out: interprogram contract	900061					\$ -
Transfers In\Out - Net			\$ (1,124,934)		\$ (854,934)	\$ (270,000)
Take to Narrative ==>			\$ 1,354,934		\$ 1,354,934	
Excess\ (Deficit) of Revenues, Expenditures and Net Transfers			\$ (1,354,934)		\$ (1,354,934)	\$ -

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/09-09/30/10	Budget Preparer	Phone: 3851
Contract Period:	10/01/09-09/30/10	Name:	Ashley Canoe
Contract Number:		Accounting Unit Director/Manager	Phone: 5126
Accounting Fund:	1-General Fund	Name:	Billy Hix
Funding Source:	01-Cherokee Nation	Group Leader	Phone: 5707
AU Description:	SELF HELP COMMUNITY WATERLINES	Name:	Charlie Soap
Accounting Unit:	1010432	1st Person Responsible	Elton Brown
Place IDC Rate in Part 4 Below		Employee #	10-4364
		SBC Agreement:	Phone:
		Name:	

Date/Time Printed:	08-Oct-09 02:42 PM
Notes: \$200,000 Cash out is a match for 3551655. <i>Leach Waterline ←</i>	

PART-2

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

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Carryover: "appropriated" PY	490000	\$449,262	\$449,262	\$ -
Please enter a valid account number - >>>				\$ -
Please enter a valid account number - >>>				\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				
Total Revenues		\$ 449,262	\$ 449,262	\$ -

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Contract services < \$5K	640000	10,000		\$70,000		\$ (60,000)
Contract services >=\$5K	650000		\$725,353		\$808,407	\$ (83,054)
Client services	670000	\$160,000		\$160,000		\$ -
Supplies	680000	\$10,000		\$10,000		\$ -
Lease/rent: furniture & equip	690500	\$30,000		\$70,000		\$ (40,000)
R & m equipment	730040	\$70,000		\$70,000		\$ -
Food	760012	\$1,000		\$1,000		\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC			\$ 725,353		\$ 808,407	\$ (83,054)
Expenditures SUBJECT to IDC		\$ 281,000		\$ 381,000		\$ (100,000)
Indirect Cost Rate (If blank or zero, must explain in Notes above)		15.27%		15.71%		
Indirect Cost Allocation 970000		\$ 42,909		\$ 59,855		\$ (16,946)
Total Expenditures			\$ 1,049,262		\$ 1,249,262	\$ (200,000)

Revenues OVER \ (UNDER) Expenditures		\$ (600,000)		\$ (800,000)	\$ 200,000
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Transfers In\Out - (Show ALL as Positive Numbers)

Operating Transfers IN						
Other financing sources	900000					\$ -
Cash in: tribally required	900010					\$ -
Cash in: grant required	900020					\$ -
Cash in: motor fuel tax	900040					\$ -
Cash in: vehicle tax	900050					\$ -
Cash in: interprogram contract	900060					\$ -
Operating Transfers OUT						
Other financing uses	900001					\$ -
Cash out: tribally required	900011		\$200,000			\$ 200,000
Cash out: grant required	900021					\$ -
Cash out: motor fuel tax	900041					\$ -
Cash out: vehicle tax	900051					\$ -
Cash out: interprogram contract	900081					\$ -

Transfers In\Out - Net		\$ (200,000)		\$ -	\$ (200,000)
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Take to Narrative ==>		\$ 1,249,262		\$ 1,249,262	
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Excess(Deficit) of Revenues, Expenditures and Net Transfers		\$ (800,000)		\$ (800,000)	\$ -
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CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/1/08-9/30/09	Budget Preparer	Phone:
Contract Period:	10/1/08-9/30/09	Name:	Arlene Chambers/Finance SBC
Contract Number:		Accounting Unit Director/Manager	Phone:
Accounting Fund:	1-General Fund	Name:	Willard Mounce
Funding Source:	01-Cherokee Nation	Group Leader	Phone: 5707
AU Description:	Community Work and Bldg Proj	Name:	Charlie Soap
Accounting Unit:	1010530	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	10-3097
		SBC Agreement:	Phone:
		Name:	

Date/Time Printed: 08-Oct-09 04:05 PM
 Notes: Reduce budget by \$35,805 to be used for matching funds for the 08 ICDBG grant 3551650

PART-2

Staffing Summary: *Public Service Youth*

	FY 2010 REVISION 1	FY 2010 ORIG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	2.30	2.30	-
# 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	2.30	2.30	-

PART-3

Revenues: (Show as positive #)

Account #	Incr \ (Decr)
Please enter a valid account number - >>>	\$ -
Please enter a valid account number - >>>	\$ -
Please enter a valid account number - >>>	\$ -
Total Revenues	\$ -

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Salaries & wages	600000	\$104,656		\$81,240		\$ 23,416
Fringe benefits	610000	\$36,421		\$25,185		\$ 11,236
Staff development & training	620000	\$2,000		\$5,000		\$ (3,000)
Travel-staff	630000	\$3,000		\$5,000		\$ (2,000)
Contract services >=\$5K	650000		\$682,987		\$722,930	\$ (39,943)
Supplies	680000	\$1,000		\$25,000		\$ (24,000)
Allocated: telephone expense	690080	\$2,500		\$2,500		\$ -
Allocated: cell/mobile phone	690090	\$6,000		\$6,000		\$ -
Allocated: mailing cost	690120	\$1,500		\$1,500		\$ -
Allocated: printing/copying	690130	\$1,500		\$1,500		\$ -
Building rent/lease	700000	\$3,600		\$3,600		\$ -
Allocated: auto insurance	710100	\$6,000		\$6,000		\$ -
Allocated: insurance cost	710080	\$4,234		\$4,234		\$ -
Allocated: GSA vehicle	720050	\$5,685		\$7,069		\$ (1,384)
R & m equipment	730040	\$3,745		\$3,745		\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Expenditures NOT Subject to IDC			\$ 682,987		\$ 722,930	\$ (39,943)
Expenditures SUBJECT to IDC		\$ 181,841		\$ 177,573		\$ 4,268
Indirect Cost Rate (if blank or zero, must explain in Notes above)		15.27%		15.71%		
Indirect Cost Allocation	970000	\$ 27,767		\$ 27,897		\$ (130)
Total Expenditures			\$ 892,595		\$ 928,400	\$ (35,805)

Revenues OVER \ (UNDER) Expenditures	\$ (892,595)	\$ (928,400)	\$ 35,805
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Transfers In/Out - (Show ALL as Positive Numbers)

Operating Transfers IN

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

Operating Transfers OUT

Other financing uses	900001				\$ -
Cash out: tribally required	900011				\$ -
Cash out: grant required	900021		\$35,805		\$ 35,805
Cash out: motor fuel tax	900041				\$ -
Cash out: vehicle tax	900051				\$ -
Cash out: interprogram contract	900061				\$ -

Transfers In/Out - Net	\$ (35,805)	\$ -	\$ (35,805)
Take to Narrative ==>	\$ 928,400	\$ 928,400	

Excess (Deficit) of Revenues, Expenditures and Net Transfers	\$ (928,400)	\$ (928,400)	\$ -
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PAYROLL WORKSHEET

Accounting Unit Description: **Community Work and Bldg Proj** For Budget Period: **10/1/09-9/30/09** Printed Date: **09-Oct-09**
 Accounting Unit Name: **1010530** Prepared by: **Artene Chambers/Finance SBC** Printed Time: **04:06 PM**

Job Title	Position Vacant=V New=N Existing=E	Status: Exempt = E Non = N	Salary Range Class	Range Maximum	Emp. #	Hourly Rate		Expected Hours To Pay		Series-Status	Fringe Rate%	% Perc.	Expected Wages (Gross)	Expected Fringe Benefits
						Rate	Emp. #	Regular	Overtime					
1 Manager Community Work	E	E	M06	\$29.87	10-3097	\$23.80	2,080	0	0	10-R-FT	34.80%	75%	\$37,128	\$12,921
2 Hsg & Infra Coordinator	E	N	P07	\$24.63	10-0000	\$17.44	2,080	0	0	10-R-FT	34.80%	75%	\$27,206	\$9,468
3 Director Comm Development	E	E	M09	\$38.42	10-1749	\$29.55	2,080	0	0	10-R-FT	34.80%	40%	\$24,586	\$8,556
4 Special Assistant	E	N	P08	\$22.72	10-5801	\$15.25	2,080	0	0	10-R-FT	34.80%	40%	\$12,688	\$4,415
5													\$0	\$0
6													\$0	\$0
7													\$0	\$0
8													\$0	\$0
9													\$0	\$0
10													\$0	\$0
11													\$0	\$0
12													\$0	\$0
13													\$0	\$0
14													\$0	\$0
15													\$0	\$0
16													\$0	\$0
17													\$0	\$0
18													\$0	\$0
19													\$0	\$0
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26													\$0	\$0
27													\$0	\$0
28													\$0	\$0
29													\$0	\$0
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31													\$0	\$0
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36													\$0	\$0
37													\$0	\$0
38													\$0	\$0
39													\$0	\$0
40													\$0	\$0
41													\$0	\$0
42													\$0	\$0
43													\$0	\$0
44													\$0	\$0
45													\$0	\$0
46													\$0	\$0
47													\$0	\$0
48													\$0	\$0
49													\$0	\$0
50	3% Merit Increase												\$3,048	\$1,061
Totals													\$3,048	\$1,061
Totals													\$104,656	\$36,421

Please input these totals on
on the Budget Request Form!

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/09 THRU 9/30/2010	Budget Preparer	Phone: 5310
Contract Period:	10/01/09 THRU 9/30/2010	Name:	Debra Lack
Contract Number:		Accounting Unit Director/Manager	Phone: 5698
Accounting Fund:	1-General Fund	Name:	Jeff Vance
Funding Source:	01-Cherokee Nation	Group Leader	Phone: 5628
AU Description:	CHEROKEE DAY WORK PROGRAM	Name:	S. Diane Kelley
Accounting Unit:	1010555	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	Debra Lack
		SBC Agreement:	Phone:
		Name:	
Date/Time Printed:	17-Nov-09 05:21 PM		

Notes: This is a budget request for additional funds for the continued efforts of the Cherokee Day Work Program. The \$300,000 previously budgeted on AU 1011080 is being moved to this accounting unit by the November Tribal Council Meeting

PART-2

Staffing Summary:

	FY 2010 REVISION 1	FY 2010 ORIG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	1.00	0.00	1.00
# of Regular Part-Time Employee Equivalents:			-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	1.00	-	1.00

PART-3

Revenues: (Show as positive #)	Account #	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 REMOVE THIS LINE!		
Total Revenues		\$ -

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Salaries & wages	600000	\$30,455				\$ 30,455
Fringe benefits	610000	\$9,441				\$ 9,441
Client services - Human Svcs	670005		\$456,651		\$202,639	\$ 254,012
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			\$ 456,651		\$ 202,639	\$ 254,012
Expenditures SUBJECT to IDC		\$ 39,896		\$ -		\$ 39,896
Indirect Cost Rate (If blank or zero, must explain in Notes above)		15.27%		15.71%		
Indirect Cost Allocation	970000	\$ 6,092				\$ 6,092
Total Expenditures			\$ 502,639		\$ 202,639	\$ 300,000

Revenues OVER \ (UNDER) Expenditures		\$ (502,639)		\$ (202,639)	\$ (300,000)
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Transfers In\Out - (Show ALL as Positive Numbers)

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

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

Transfers In\Out - Net		\$ -		\$ -	\$ -
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Take to Narrative ==>		\$ 502,639		\$ 202,639	
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Excess\ (Deficit) of Revenues, Expenditures and Net Transfers		\$ (502,639)		\$ (202,639)	\$ (300,000)
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CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:		Budget Preparer	Phone: 453-5613
Contract Period:		Name:	Gaylon Thompson
Contract Number:		Accounting Unit Director/Manager	Phone:
Accounting Fund:	1-General Fund	Name:	
Funding Source:	01-Cherokee Nation	Group Leader	Phone:
AU Description:	TERO Commission	Name:	Melanie Knight
Accounting Unit:	1011080	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	
		SBC Agreement:	Phone:
		Name:	
Date/Time Printed:	17-Nov-09 05:20 PM		

Notes: The \$300,000 previously budgeted here is being moved to AU 1010555 by the November Tribal Council Meeting.

PART-2

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

PART-3

Revenues: (Show as positive #)	Account #	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 REMOVE THIS LINE!		
Total Revenues		\$ -

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Reserved by appropriation	760060		\$0		\$300,000	\$ (300,000)
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC			\$ -		\$ 300,000	\$ (300,000)
Expenditures SUBJECT to IDC		\$ -		\$ -		\$ -
Indirect Cost Rate (If blank or zero, must explain in Notes above)		15.27%		15.27%		
Indirect Cost Allocation	970000	\$ -		\$ -		\$ -
Total Expenditures		\$ -		\$ 300,000		\$ (300,000)
Revenues OVER \ (UNDER) Expenditures		\$ -		\$ (300,000)		\$ 300,000

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

Operating Transfers IN						
Other financing sources	900000					\$ -
Cash in: tribally required	900010					\$ -
Cash in: grant required	900020					\$ -
Cash in: motor fuel tax	900040					\$ -
Cash in: vehicle tax	900050					\$ -
Cash in: interprogram contract	900060					\$ -
Operating Transfers OUT						
Other financing uses	900001					\$ -
Cash out: tribally required	900011					\$ -
Cash out: grant required	900021					\$ -
Cash out: motor fuel tax	900041					\$ -
Cash out: vehicle tax	900051					\$ -
Cash out: interprogram contract	900061					\$ -
Transfers In/Out - Net		\$ -		\$ -		\$ -
Take to Narrative ==>		\$ -		\$ 300,000		
Excess/(Deficit) of Revenues, Expenditures and Net Transfers		\$ -		\$ (300,000)		\$ 300,000

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/09-09/30/10	Budget Preparer	Phone: 3851
Contract Period:	10/1/09-09/30/10	Name:	Ashley Canoe
Contract Number:		Accounting Unit Director/Manager	Phone: 5398
Accounting Fund:	1-General Fund	Name:	Michael Lynn
Funding Source:	21-DOI-Self Governance-Roads	Group Leader	Phone: 5707
AJ Description:	Economic Stimulus Roads Constr	Name:	Charlie Soap
Accounting Unit:	3212000	1st Person Responsible	Michael Lynn
Place IDC Rate in Part 4 Below		Employee #	10-4869
		SBC Agreement:	Phone:
		Name:	
Date/Time Printed:	08-Oct-09 07:15 PM		

Notes: This budget needs zeroed out and will not be used. Replaced by AU 3753500.

PART-2

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

PART-3

Revenues: (Show as positive #)	Account #	Incr \ (Decr)
Grants / contracts revenue	400000	\$ (12,171,497)
Please enter a valid account number - >>>		\$ -
Please enter a valid account number - >>>		\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!		
Total Revenues		\$ (12,171,497)

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Contract services >=\$5K	650000			\$ 12,171,497		\$ (12,171,497)
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			\$ -	\$ 12,171,497		\$ (12,171,497)
Expenditures SUBJECT to IDC		\$ -		\$ -		\$ -
Indirect Cost Rate (If blank or zero, must explain in Notes above)		16.10%		16.97%		
Indirect Cost Allocation	970000	\$ -		\$ -		\$ -
Total Expenditures			\$ -	\$ 12,171,497		\$ (12,171,497)

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

Operating Transfers IN						
Other financing sources	900000					\$ -
Cash in: tribally required	900010					\$ -
Cash in: grant required	900020					\$ -
Cash in: motor fuel tax	900040					\$ -
Cash in: vehicle tax	900050					\$ -
Cash in: interprogram contract	900060					\$ -
Operating Transfers OUT						
Other financing uses	900001					\$ -
Cash out: tribally required	900011					\$ -
Cash out: grant required	900021					\$ -
Cash out: motor fuel tax	900041					\$ -
Cash out: vehicle tax	900051					\$ -
Cash out: interprogram contract	900061					\$ -
Transfers In\Out - Net		\$ -		\$ -		\$ -
Take to Narrative ==>		\$ -		\$ 12,171,497		\$ -
Excess\ (Deficit) of Revenues, Expenditures and Net Transfers		\$ -		\$ -		\$ -

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/09 - 09/30/10	Budget Preparer	Phone:
Contract Period:	10/01/09 - 09/30/10	Name:	Joyce Bunch
Contract Number:		Accounting Unit Director/Manager	Phone:
Accounting Fund:	3-Special Revenue	Name:	BJ Boyd
Funding Source:	32-IHS-Self Governance-Health	Group Leader	Phone:
AU Description:	Behavioral Health	Name:	Meissa Gower
Accounting Unit:	3324000	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	110113
		SBC Agreement:	Phone:
		Name:	

Date/Time Printed: 08-Oct-09 06:29 PM

PART-2

Notes:

Staffing Summary:	FY 2010 REVISION 1	FY 2010 ORIG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	37.00	38.00	(1.00)
# of Regular Part-Time Employee Equivalents:			
# of Temp. Full-Time Employee Equivalents:			
# of Temp. Part-Time Employee Equivalents:			
# of Other Employee Equivalents:			
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	37.00	38.00	(1.00)

PART-3

Revenues: (Show as positive #)

	Account #			Incr \ (Decr)
Grants / contracts revenue	400000	\$2,201,033	\$2,259,534	\$ (58,501)
Medicaid Unrestricted	470030	\$150,364	\$150,364	\$ -
Medicare Restricted	470040	\$18,185	\$18,185	\$ -
Insurance Income	470120	\$19,933	\$19,933	\$ -
Other Income	499000	\$87,467	\$87,467	\$ -
Please enter a valid account number - >>>				\$ -
Please enter a valid account number - >>>				\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				
Total Revenues		\$ 2,476,962	\$ 2,535,463	\$ (58,501)

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Salaries & wages	600000	\$1,292,293		\$1,331,032		\$ (38,739)
Fringe benefits	610000	\$400,610		\$412,616		\$ (12,006)
Staff development & training	620000	\$85,393		\$85,393		\$ -
Recruitment	620500	\$250		\$250		\$ -
Travel-staff	630000	\$42,329		\$42,329		\$ -
Contract services >=\$5K	650000		\$169,885		\$169,885	\$ 7,798
Supplies	680000	\$90,568		\$82,770		\$ 7,798
Allocated: telephone expense	690080	\$21,000		\$21,000		\$ -
Allocated: cell/mobile phone	690090	\$12,000		\$12,000		\$ -
Allocated: pager	690100	\$7,500		\$7,500		\$ -
Allocated: internet	690110	\$4,000		\$4,000		\$ -
Allocated: mailing cost	690120	\$500		\$500		\$ -
Allocated: printing/copying	690130	\$500		\$500		\$ -
Lease/rent: furniture & equip	690500	\$16,000		\$16,000		\$ -
Utilities	700010	\$15,000		\$15,000		\$ -
Allocated: property insurance	710090	\$500		\$500		\$ -
Allocated: auto insurance	710100	\$2,700		\$2,700		\$ -
Vehicle lease	720000	\$750		\$750		\$ -
Employee mileage reimbursement	720040	\$7,810		\$7,810		\$ -
Allocated: GSA vehicle	720050	\$19,752		\$19,752		\$ -
Building maintenance	730000	\$2,000		\$2,000		\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC			\$ 169,885		\$ 169,885	\$ -
Expenditures SUBJECT to IDC		\$ 2,001,455		\$ 2,044,402		\$ (42,947)
Indirect Cost Rate (if blank or zero, must explain in Notes above)		15.27%		15.71%		
Indirect Cost Allocation	970000	\$ 305,622		\$ 321,176		\$ (15,554)
Total Expenditures		\$ 2,476,962		\$ 2,535,463		\$ (58,501)

Revenues OVER \ (UNDER) Expenditures

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

Operating Transfers IN				
Other financing sources	900000			\$ -
Cash in: tribally required	900010			\$ -
Cash in: grant required	900020			\$ -
Cash in: motor fuel tax	900040			\$ -
Cash in: vehicle tax	900050			\$ -
Cash in: interprogram contract	900060			\$ -
Operating Transfers OUT				
Other financing uses	900001			\$ -
Cash out: tribally required	900011			\$ -
Cash out: grant required	900021			\$ -
Cash out: motor fuel tax	900041			\$ -
Cash out: vehicle tax	900051			\$ -
Cash out: interprogram contract	900061			\$ -
Transfers In/Out - Net		\$ -	\$ -	\$ -
Take to Narrative ==>		\$ 2,476,962	\$ 2,535,463	\$ -
Excess(Deficit) of Revenues, Expenditures and Net Transfers		\$ -	\$ -	\$ -

PAYROLL WORKSHEET

Accounting Unit Description: Behavioral Health For Budget Period: 10/01/09 - 09/30/10
 Accounting Unit Name: 3324000 Prepared by: Joyce Burch

Printed Date: 08-Oct-09
 Printed Time: 06:30 PM

Job Title	Position	Status:	Salary	Range	Emp. #	Employee Name	TOTAL PERSONNEL COST FOR EMPLOYEE			Totals For This Accounting Unit					
							Hourly Rate	Expected Hours To Pay	Expected Wages (Gross)	Series-Status	Fringe Rate%	% Perc.	Expected Wages (Gross)	Expected Fringe Benefits	
1 ADMIN ASST	E	E	A1	\$17.18	104923		\$18.44	1,920	\$31,565	10-R-FT	31.00%	100%	\$31,565	\$9,775	
2 ADMIN ASST	E	E	A1	\$17.18	104923		\$18.44	1,920	\$34,326	10-R-FT	31.00%	100%	\$34,326	\$7,541	
4 ADMIN ASST	E	E	A1	\$17.18	104923		\$18.44	1,920	\$25,286	10-R-FT	31.00%	100%	\$25,286	\$7,819	
5 ADMIN ASST	E	E	A1	\$17.18	104923		\$18.44	1,920	\$18,490	10-R-FT	31.00%	100%	\$18,490	\$5,712	
6 ASSOC DIR BEHAVIORAL HEALTH	E	E	A1	\$32.87	102682		\$35.30	1,920	\$67,776	10-R-FT	31.00%	100%	\$67,776	\$21,011	
7 BEHAVIORAL HLTH CLINIC	E	E	A1	\$28.13	103340		\$27.92	1,920	\$53,606	10-R-FT	31.00%	100%	\$53,606	\$16,618	
8 BEHAVIORAL HLTH CLINIC	E	E	A1	\$28.13	103340		\$27.92	1,920	\$47,684	10-R-FT	31.00%	100%	\$47,684	\$14,713	
9 BEHAVIORAL HLTH CLINIC	E	E	A1	\$28.13	104688		\$18.00	1,920	\$34,560	10-R-FT	31.00%	100%	\$34,560	\$10,714	
10 BEHAVIORAL HLTH CLINIC	E	E	A1	\$28.13	104688		\$18.00	1,920	\$34,560	10-R-FT	31.00%	100%	\$34,560	\$10,714	
11 BEHAVIORAL HLTH CLINIC	E	E	A1	\$28.13	104688		\$14.18	1,920	\$27,226	10-R-FT	31.00%	100%	\$27,226	\$8,410	
12 BEHAVIORAL HLTH CLINIC	E	E	A1	\$22.72	106414		\$19.64	1,920	\$37,709	10-R-FT	31.00%	100%	\$37,709	\$11,630	
13 BEHAVIORAL HLTH CLINIC	E	E	A1	\$22.72	106414		\$19.64	1,920	\$42,182	10-R-FT	31.00%	76%	100%	\$42,182	\$18,466
14 BEHAVIORAL HLTH CLINIC	E	E	A1	\$24.63	103145		\$21.73	1,920	\$60,992	10-R-FT	31.00%	100%	\$60,992	\$18,466	
15 BUDGET ANALYST	E	E	C1	\$40.87	110114		\$31.73	1,920	\$35,309	10-R-FT	31.00%	100%	\$35,309	\$10,446	
16 CHILD PSYCHOLOGIST	E	E	A1	\$14.85	109860		\$9.13	1,920	\$17,933	10-R-FT	31.00%	100%	\$17,933	\$5,224	
17 CLERK	E	E	A1	\$26.71	101418		\$18.39	1,920	\$48,672	10-R-FT	31.00%	100%	\$48,672	\$15,098	
18 CLINICAL SOCIAL WORKER	E	E	A1	\$26.71	102815		\$11.70	1,920	\$17,798	10-R-FT	31.00%	100%	\$17,798	\$5,417	
19 COMPLIANCE MONITOR	E	E	A1	\$17.18	102858		\$8.27	1,920	\$21,043	10-R-FT	31.00%	100%	\$21,043	\$6,213	
20 DATA ENTRY TECH I	E	E	A1	\$14.85	102911		\$10.96	1,920	\$17,933	10-R-FT	31.00%	100%	\$17,933	\$5,224	
21 DATA ENTRY TECH I	E	E	A1	\$14.85	102911		\$9.34	1,920	\$21,314	10-R-FT	31.00%	20%	100%	\$18,463	\$5,224
22 DIR BEHAVIORAL HLTH	E	E	C1	\$34.13	110113		\$38.22	1,920	\$73,382	10-Contract	31.00%	100%	\$73,382	\$22,468	
23 DIR PSYCHOLOGIST PREVENT PRGM	E	E	A1	\$27.03	107990		\$15.92	1,920	\$30,566	10-R-FT	31.00%	100%	\$30,566	\$9,175	
24 MGR PREVENTION PROGRAM	E	E	A1	\$22.17	102703		\$18.29	1,920	\$33,904	10-R-FT	31.00%	100%	\$33,904	\$11,310	
25 PREVENTION SPEC II	E	E	A1	\$22.17	102703		\$17.43	1,920	\$33,486	10-R-FT	31.00%	100%	\$33,486	\$10,724	
26 PREVENTION SPEC II	E	E	A1	\$22.17	102703		\$17.43	1,920	\$36,000	10-R-FT	31.00%	100%	\$36,000	\$11,160	
27 PREVENTION SPEC II	E	E	A1	\$15.75	102437		\$14.47	1,920	\$27,782	10-R-FT	31.00%	100%	\$27,782	\$8,112	
28 SOCIAL WORKER ASST	E	E	A1	\$22.72	104256		\$17.91	1,920	\$34,387	10-R-FT	31.00%	100%	\$34,387	\$11,250	
29 SUBSTANCE ABUSE COUNSELOR	E	E	A1	\$26.02	100154		\$19.91	1,920	\$38,227	10-R-FT	31.00%	100%	\$38,227	\$11,398	
30 SUBSTANCE ABUSE COUNSELOR	E	E	A1	\$26.02	107338		\$15.10	1,920	\$28,992	10-R-FT	31.00%	100%	\$28,992	\$8,288	
31 SUBSTANCE ABUSE COUNSELOR	E	E	A1	\$26.02	100150		\$3.98	1,389	\$5,528	10-R-FT	31.00%	100%	\$5,528	\$1,714	
32 15 AU 5% Merit Increase, Contract Emp				\$3.98									\$0	\$0	
33 16 AU 3% Merit Increase				\$32.21			\$31.25	1,920	\$60,000	10-Contract	31.00%	100%	\$60,000	\$18,200	
34 17 ADD ALL NEW EMPLOYEES BELOW				\$19.92			\$4.50	1,920	\$8,640	10-Contract	31.00%	100%	\$8,640	\$2,578	
35 19 PSYCHOLOGIST	N	N	C1	\$19.92									\$0	\$0	
36 20 OFFICE MGR	N	N	C1	\$19.92									\$0	\$0	
37 48													\$0	\$0	
38 49													\$0	\$0	
39 50 AU 3% Merit Increase													\$1,292,293	\$400,810	

Totals \$1,292,293 \$400,810
 Please input these totals on the Budget Request Form

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/09 - 09/30/10	Budget Preparer	Phone: 453-5636
Contract Period:	10/01/09 - 09/30/10	Name:	Ami Sams
Contract Number:		Accounting Unit Director/Manager	Phone: 7181
Accounting Fund:	3-Special Revenue	Name:	BJ Boyd
Funding Source:	32-IHS-Self Governance-Health	Group Leader	Phone: 453-5450
AU Description:	I Believe	Name:	Melissa Gower
Accounting Unit:	3324010	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	110113
		SBC Agreement:	Phone:
		Name:	
Date/Time Printed:	08-Oct-09 06:42 PM		
Notes:			

PART-2

Staffing Summary:	FY 2010 ORIG REQUEST	FY 2009 BUDGET	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	1.00		1.00
# of Regular Part-Time Employee Equivalents:			-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	1.00	-	1.00

PART-3

Revenues: (Show as positive #)	Account #		Incr \ (Decr)
Grants / contracts revenue	400000	\$58,501	\$ 58,501
Please enter a valid account number - >>>			\$ -
Please enter a valid account number - >>>			\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!			
Total Revenues		\$ 58,501	\$ - \$ 58,501

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Salaries & wages	600000	\$38,741				\$ 38,741
Fringe benefits	610000	\$12,010				\$ 12,010
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		\$ 50,751			\$ -	\$ 50,751
Indirect Cost Rate (if blank or zero, must explain in Notes above)		15.27%		15.71%		
Indirect Cost Allocation	970000	\$ 7,750			\$ -	\$ 7,750
Total Expenditures			\$ 58,501		\$ -	\$ 58,501

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

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

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

Transfers In\Out - Net		\$ -		\$ -	\$ -
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Take to Narrative ==>		\$ 58,501		\$ -	\$ -
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Excess\ (Deficit) of Revenues, Expenditures and Net Transfers		\$ -		\$ -	\$ -
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PAYROLL WORKSHEET

Job Title	Position Vacant-V Nonvac-E	Status: Example a E Non-a N	Salary Range Class	Range Maximum	Emp. #	Employee Name	TOTAL PERSONNEL COST FOR EMPLOYEE				Totals For This Accounting Unit				
							Hourly Rate	Expected Hours To Pay Regular	Overtime	Expected Wages (Gross)	Series-Status 10-R-FT	Fringe Rate % 31.00%	% 100%	Expected Wages (Gross)	Expected Fringe Benefits
1 PREVENTION SPEC II	E	N	A1	\$22.17	105107		\$19.59	1,920		\$37,613	10-R-FT	31.00%	100%	\$37,613	\$11,660
2															
3															
4															
5															
6															
7															
8															
9															
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50															

Totals: \$38,741 \$12,016
 Please Input these totals on
 on the Budget Request Form!

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/09 - 09/30/10	Budget Preparer	Phone: 453-5636
Contract Period:	10/01/09 - 09/30/10	Name:	Ami Sams
Contract Number:		Accounting Unit Director/Manager	Phone: 458-7662
Accounting Fund:	3-Special Revenue	Name:	George Long
Funding Source:	32-IHS-Self Governance-Health	Group Leader	Phone: 453-5450
AU Description:	Health Equipment Replacement	Name:	Melissa Gower
Accounting Unit:	3329030	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	100007
		SBC Agreement:	Phone:
		Name:	
Date/Time Printed:	08-Oct-09 06:02 PM		
Notes:			

PART-2

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

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Carryover "appropriated" PY	490000	\$2,854,652	\$5,504,652	\$ (2,650,000)
Grants / contracts revenue	400000	\$1,000,000	\$1,000,000	\$ -
Please enter a valid account number - >>>				\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				\$ -
Total Revenues		\$ 3,854,652	\$ 6,504,652	\$ (2,650,000)

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Equipment < \$5K	680070	\$1,500,000		\$2,000,000		\$ (500,000)
Capital acquisitions >= \$5K	770000		\$2,025,602		\$4,090,452	\$ (2,064,850)
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			\$ 2,025,602		\$ 4,090,452	\$ (2,064,850)
Expenditures SUBJECT to IDC		\$ 1,500,000		\$ 2,000,000		\$ (500,000)
Indirect Cost Rate (If blank or zero, must explain in Notes above)		15.27%		15.71%		
Indirect Cost Allocation	970000	\$ 229,050		\$ 314,200		\$ (85,150)
Total Expenditures		\$ 3,754,652		\$ 6,404,652		\$ (2,650,000)

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

Operating Transfers IN						
Other financing sources	900000					\$ -
Cash in: tribally required	900010					\$ -
Cash in: grant required	900020					\$ -
Cash in: motor fuel tax	900040					\$ -
Cash in: vehicle tax	900050					\$ -
Cash in: interprogram contract	900060					\$ -
Operating Transfers OUT						
Other financing uses	900001					\$ -
Cash out: tribally required	900011		\$100,000		\$100,000	\$ -
Cash out: grant required	900021					\$ -
Cash out: motor fuel tax	900041					\$ -
Cash out: vehicle tax	900051					\$ -
Cash out: interprogram contract	900061					\$ -
Transfers In\Out - Net			\$ (100,000)		\$ (100,000)	\$ -
Take to Narrative ==>			\$ 3,854,652		\$ 6,504,652	
Excess\ (Deficit) of Revenues, Expenditures and Net Transfers		\$ -		\$ -		\$ -

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	Name:	Melissa Gower
Funding Source:	32-IHS-Self Governance-Health	Group Leader	Phone: 453-5450
AU Description:	Salina Dental Equipment	Name:	Melissa Gower
Accounting Unit:	3329080	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	102755
		SBC Agreement:	Phone:
		Name:	

Date/Time Printed:	08-Oct-09 06:06 PM
Notes: Health Carryover Funds used to purchase Equipment for addition of Salina Dental.	

PART-2

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

PART-3

Revenues: (Show as positive #)	Account #		Incr \ (Decr)
Carryover: "appropriated" PY	490000	\$450,000	\$ 450,000
Please enter a valid account number - >>>			\$ -
Please enter a valid account number - >>>			\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!			
Total Revenues		\$ 450,000	\$ 450,000

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Capital acquisitions >= \$5K	770000		\$450,000			\$ 450,000
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!						
Expenditures NOT Subject to IDC			\$ 450,000		\$ -	\$ 450,000
Expenditures SUBJECT to IDC		\$ -		\$ -		\$ -
Indirect Cost Rate (If blank or zero, must explain in Notes above)		15.27%		15.71%		
Indirect Cost Allocation	970000	\$ -		\$ -		\$ -
Total Expenditures			\$ 450,000		\$ -	\$ 450,000

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

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

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

Transfers In\Out - Net		\$ -	\$ -	\$ -
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Take to Narrative ==>		\$ 450,000	\$ -	\$ -
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Excess\ (Deficit) of Revenues, Expenditures and Net Transfers		\$ -	\$ -	\$ -
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CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/09-09/30/10	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	Name:	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 08:22 PM		

PART-2

Notes: Health Carryover Funds to begin design process of new Vinita Clinic. Once financing is secured for the project, these funds will be reimbursed 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
Please enter a valid account number - >>>	\$ -
Please enter a valid account number - >>>	\$ -
Total Revenues	\$ 2,200,000

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
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 - >>>						\$ -
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)		15.27%		15.71%		
Indirect Cost Allocation	970000	\$ -		\$ -		\$ -
Total Expenditures			\$ 2,200,000		\$ -	\$ 2,200,000

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

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

Take to Narrative ==>	\$ 2,200,000	\$ -	\$ -
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Excess\Deficit of Revenues, Expenditures and Net Transfers	\$ -	\$ -	\$ -
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CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/1/08-09/30/09	Budget Preparer	Phone: 453-5393
Contract Period:	10/1/08-09/30/09	Name:	Darlene Foreman
Contract Number:		Accounting Unit Director/Manager	Phone: 453-5483
Accounting Fund:	3-Special Revenue	Name:	Pam Bakke
Funding Source:	55-HUD	Group Leader	Phone: 453-5347
AU Description:	08 ICDBG Public Service-Youth	Name:	Charlie Soap
Accounting Unit:	3551650	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	10-4203
		SBC Agreement:	Phone:
		Name:	
Date/Time Printed:	08-Oct-09 04:00 PM		
Notes: Public Service portion of 08 ICDBG grant. Matching funds from 1010530 of \$35,805			

PART-2

Staffing Summary:	FY 2010 ORIG REQUEST	FY 2009 BUDGET	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	0.55		0.55
# of Regular Part-Time Employee Equivalents:			-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	0.55	-	0.55

PART-3

Revenues: (Show as positive #)	Account #		Incr \ (Decr)
Grants / contracts revenue	400000	\$ 111,073	\$ 111,073
Please enter a valid account number - >>>			\$ -
Please enter a valid account number - >>>			\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!			\$ -
Total Revenues		\$ 111,073	\$ 111,073

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Salaries & wages	600000	17,381				\$ 17,381
Fringe benefits	610000	\$6,049				\$ 6,049
Travel-staff	630000	\$15,000				\$ 15,000
Contract services < \$5K	640000	\$500				\$ 500
Client services	670000	\$78,491				\$ 78,491
General liability insurance	710040	\$10,000				\$ 10,000
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						\$ -
Expenditures NOT Subject to IDC			\$ -		\$ -	\$ -
Expenditures SUBJECT to IDC		\$ 127,421		\$ -		\$ 127,421
Indirect Cost Rate (If blank or zero, must explain in Notes above)		15.27%		16.10%		
Indirect Cost Allocation	970000	\$ 19,457		\$ -		\$ 19,457
Total Expenditures			\$ 146,878		\$ -	\$ 146,878

Revenues OVER \ (UNDER) Expenditures		\$ (35,805)		\$ -	\$ (35,805)
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Transfers In/Out - (Show ALL as Positive Numbers)

Operating Transfers IN					
Other financing sources	900000				\$ -
Cash in: tribally required	900010				\$ -
Cash in: grant required	900020		\$35,805		\$ 35,805
Cash in: motor fuel tax	900040				\$ -
Cash in: vehicle tax	900050				\$ -
Cash in: interprogram contract	900060				\$ -

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

Transfers In/Out - Net		\$ 35,805		\$ -	\$ 35,805
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Take to Narrative ==>		\$ 146,878		\$ -	\$ -
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Excess(Deficit) of Revenues, Expenditures and Net Transfers		\$ -		\$ -	\$ -
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PAYROLL WORKSHEET

Accounting Unit Description: 08 KODBG Public Service-Youth For Budget Period: 10/1/08-09/30/09 Printed Date: 08-04-08
 Accounting Unit Name: 3551650 Prepared by: Darlene Foreman Date: 04/01 PM

Job Title	Position Vacant/ New/ Existing	Status: Exempt = E Non-Exempt = N	Salary Range Class	Range Maximum	Emp. #	Hourly Rate		Expected Hours To Pay		Expected Wages (Gross)	Series/Status	Fringe Rate%	%	Expected Wages (Gross)		Expected Fringe Benefits
						Rate	Reg.	Over	Reg.					Over	Wages	
1 Director Community Youth Dev	E	E	mb8	\$36.98	10-4203	\$27.39	2,080		\$56,871	10-R-FT	34.80%	15%	\$9,546	\$2,977		
2 Coord Resident Organization	E	N	A04	\$15.68	10-7925	\$10.04	2,080		\$20,893	10-R-FT	34.80%	20%	\$4,177	\$1,454		
3 Coord Resident Organization	E	N	A04	\$15.68	10-7924	\$9.98	2,080		\$20,758	10-R-FT	34.80%	20%	\$4,152	\$1,445		
4																
5																
6																
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44																
45																
46																
47																
48																
49																
50 AU 3% Merit Increase																
Totals										\$17,381	\$6,045					

Please input these totals on the Budget Request Form!

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.

1. Name of Applicant (as shown in Item 5, Standard Form 424) Cherokee Nation		2. Application/Grant Number (to be assigned by HUD upon submission)	
3. <input checked="" type="checkbox"/> Original (check here if this is the first submission to HUD)		<input type="checkbox"/> Revision (check here if submitted with implementation schedule as part of pre-award requirements) <input type="checkbox"/> Amendment (check here if submitted after HUD approval of grant)	
		Date (mm/dd/yyyy) 07/01/2008	
4. Project Name & Project Category (see instructions on back) a	ICDBG Amount Requested for each activity b	Program Funds (in thousands of \$)	
		Other Source Amount for each activity c	Other Source of Other Funds for each activity d
PUBLIC SERVICES PROJECT	\$	\$	
Community Youth Projects			
Material/Supplies	16,000.00	35,805.00	Tribal Funds Community Works
			Program \$18,000; Four Corners
			Community \$11,205; Tailholt
			Community \$6,600
Direct Program Staff Salaries	54,170.00		
Travel	15,000.00		
Liability Insurance	10,000.00		
Environmental Reviews	500.00		
5. Administration			
a. General Management and Oversight			
b. Indirect Costs: Enter indirect costs to be charged to the program pursuant to a cost allocation plan.	15,403.00		
c. Audit: Enter estimated cost of Program share of A-133 audits.	0.00		
Administration Total *	15,403.00	0.00	
6. 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 eligible (24 CFR 1003.206)

CHEROKEE NATION - FY2010 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2009-9/30/2010	Budget Preparer	Name:	Phone:	3851
Contract Period:	10/01/2008-9/30/2010	Name:	Ashley Canoe		
Contract Number:		Accounting Unit Director/Manager	Name:	Phone:	5126
Accounting Fund:	3-Special Revenue	Name:	Billy Hix		
Funding Source:	55-HUD	Group Leader	Name:	Phone:	5707
AU Description:	ICBDG-Leach Waterline	Name:	Charlie Soap		
Accounting Unit:	3551655	1st Person Responsible	Employee #	10-4364	
Place IDC Rate in Part 4 Below		SBC Agreement:	Name:	Phone:	

Date/Time Printed: 08-Oct-09 03:11 PM
 Notes: Cash in: \$200,000 from 1010432 and \$270,000 from tribal match, 1010315. There is also \$99,990 in-kind from RWD #11, \$420,000 in-kind from 3332000, \$49,893 in-kind from 3331000, and \$61,875 in-kind from donated labor.

PART-2

Staffing Summary:	FY 2010 ORIG REQUEST	FY 2009 BUDGET	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	3.00		3.00
# of Regular Part-Time Employee Equivalents:			-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	3.00	-	3.00

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Grants / contracts revenue	400000			
Contributions: in-kind revenue	480030	\$688,927		\$ 688,927
Please enter a valid account number - >>>		\$631,758		\$ 631,758
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				\$ -
Total Revenues		\$ 1,320,685	\$ -	\$ 1,320,685

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Salaries & wages	600000	83,737				\$ 83,737
Fringe benefits	610000	\$25,959				\$ 25,959
Contract services < \$5K	640000	\$23,882				\$ 23,882
Contract services >=\$5K	650000		\$790,642			\$ 790,642
Client services	670000	\$106,670				\$ 106,670
Supplies	680000	\$32,050				\$ 32,050
Allocated: GSA vehicle	720050	\$39,200				\$ 39,200
R & m equipment	730040	\$8,000				\$ 8,000
Contributions: In-kind	750020		\$631,758			\$ 631,758
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						\$ -
Expenditures NOT Subject to IDC			\$ 1,422,400		\$ -	\$ 1,422,400
Expenditures SUBJECT to IDC		\$ 319,498		\$ -		\$ 319,498
Indirect Cost Rate (If blank or zero, must explain in Notes above)		15.27%		15.71%		
Indirect Cost Allocation	970000	\$ 48,787		\$ -		\$ 48,787
Total Expenditures			\$ 1,790,685	\$ -		\$ 1,790,685

Revenues OVER \ (UNDER) Expenditures		\$ (470,000)	\$ -	\$ (470,000)
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Transfers In\Out - (Show ALL as Positive Numbers)

Operating Transfers IN					
Other financing sources	900000				
Cash in: tribally required	900010				\$ -
Cash in: grant required	900020				\$ -
Cash in: motor fuel tax	900040		\$470,000		\$ 470,000
Cash in: vehicle tax	900050				\$ -
Cash in: interprogram contract	900060				\$ -
Operating Transfers OUT					
Other financing uses	900001				
Cash out: tribally required	900011				\$ -
Cash out: grant required	900021				\$ -
Cash out: motor fuel tax	900041				\$ -
Cash out: vehicle tax	900051				\$ -
Cash out: interprogram contract	900061				\$ -

Transfers In\Out - Net		\$ 470,000	\$ -	\$ 470,000
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Take to Narrative ==>		\$ 1,790,685	\$ -	\$ -
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Excess\ (Deficit) of Revenues, Expenditures and Net Transfers		\$ -	\$ -	\$ -
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PAYROLL WORKSHEET

Job Title	Position Vacant/ New/ Existing	Status: Exempt = E Non = N	Salary Range	Maximum	Emp. #	Hourly Rate		Expected Hours To Pay		Expected Wages (Gross)	Series/Status	Fringe Rate%	% Perc.	Expected Wages (Gross)	Expected Fringe Benefits
						Regul	Overtime	Regul	Overtime						
1 ADMIN ASST	E	N	A05	\$17.18	10-1598		\$15.50	2,080		\$32,240	10-R-FT	31.00%	0%	\$0	\$0
2 ADMIN ASST	V	N	A05	\$17.18	10-9999		\$14.96	2,080		\$29,889	10-R-FT	31.00%	0%	\$0	\$0
3 ADMIN SECRETARY	E	N	A04	\$15.68	10-1940		\$12.97	2,080		\$25,730	10-R-FT	31.00%	0%	\$0	\$0
4 SPECIAL ASST	E	N	P06	\$22.72	10-9827		\$13.80	2,080		\$28,704	10-R-FT	31.00%	0%	\$0	\$0
5 APPRENTICE ELECTRICIAN	E	N	EL1	\$16.07	10-6710		\$13.97	2,080		\$27,810	10-R-FT	31.00%	0%	\$0	\$0
6 CIVIL ENGR TECH	E	E	M04	\$24.63	10-4896		\$15.91	2,080		\$33,093	10-R-FT	31.00%	0%	\$0	\$0
7 MGR ENGINEERING	E	E	P07	\$27.03	10-7050		\$18.63	2,080		\$38,742	10-R-FT	31.00%	0%	\$0	\$0
8 CIVIL ENGR TECH	E	N	P07	\$24.63	10-6747		\$15.98	2,080		\$33,238	10-R-FT	31.00%	0%	\$0	\$0
9 CIVIL ENGR TECH	E	N	P07	\$24.63	10-9253		\$14.93	2,080		\$31,054	10-R-FT	31.00%	0%	\$0	\$0
10 COORD HOUSING & INFRA	E	N	M08	\$36.98	10-4885		\$32.66	2,080		\$67,924	10-R-FT	31.00%	0%	\$0	\$0
11 DIR ENGINEER & SFC	E	E	EN3	\$36.06	10-9999		\$30.77	2,080		\$64,002	10-R-FT	31.00%	0%	\$0	\$0
12 ENVIR ENGINEER I	V	N	EN3	\$36.06	10-9999		\$30.77	2,080		\$64,002	10-R-FT	31.00%	0%	\$0	\$0
13 ENVIR ENGINEER III	V	N	EN3	\$36.06	10-9999		\$30.77	2,080		\$64,002	10-R-FT	31.00%	0%	\$0	\$0
14 ENVIR ENGINEER III	V	N	EN3	\$36.06	10-9999		\$30.77	2,080		\$64,002	10-R-FT	31.00%	0%	\$0	\$0
15 ENVIR HEALTH SPEC I	E	E	EV4	\$22.07	10-7891		\$17.79	2,080		\$37,003	10-R-FT	31.00%	0%	\$0	\$0
16 ENVIR HEALTH SPEC I	E	E	EV6	\$28.61	10-2222		\$14.42	2,080		\$41,200	10-R-FT	31.00%	0%	\$0	\$0
17 ENVIR HEALTH SPEC III	E	E	EV6	\$28.61	10-4334		\$13.10	2,080		\$27,248	10-R-FT	31.00%	0%	\$0	\$0
18 ENVIR HEALTH SPEC III	E	E	EV6	\$28.61	10-3783		\$13.10	2,080		\$27,248	10-R-FT	31.00%	0%	\$0	\$0
19 ENVIR HEALTH SPEC III	E	E	EV6	\$28.61	10-3783		\$13.10	2,080		\$27,248	10-R-FT	31.00%	0%	\$0	\$0
20 INFRASTRUCTURE DATA COORD	E	N	P09	\$28.45	10-6639		\$17.24	2,080		\$31,387	10-R-FT	31.00%	0%	\$0	\$0
21 INFRASTRUCTURE DATA COORD	E	N	P09	\$28.45	10-6639		\$17.24	2,080		\$31,387	10-R-FT	31.00%	0%	\$0	\$0
22 INFRASTRUCTURE DATA COORD	E	N	P09	\$28.45	10-6639		\$17.24	2,080		\$31,387	10-R-FT	31.00%	0%	\$0	\$0
23 INFRASTRUCTURE DATA COORD	E	N	P09	\$28.45	10-6639		\$17.24	2,080		\$31,387	10-R-FT	31.00%	0%	\$0	\$0
24 LABORER	V	N	G03	\$12.18	10-1814		\$9.00	2,080		\$18,720	10-R-FT	31.00%	0%	\$0	\$0
25 MGR SANITATION FAC CONST	E	N	G03	\$12.18	10-1814		\$9.00	2,080		\$18,720	10-R-FT	31.00%	0%	\$0	\$0
26 PROJECT INSPECTOR	E	E	M07	\$34.96	10-4364		\$26.83	2,080		\$55,798	10-R-FT	31.00%	0%	\$0	\$0
27 PROJECT INSPECTOR	E	N	T04	\$18.56	10-1897		\$14.49	2,080		\$30,139	10-R-FT	31.00%	0%	\$0	\$0
28 PROJECT INSPECTOR	E	N	T04	\$18.56	10-7843		\$13.04	2,080		\$27,123	10-R-FT	31.00%	0%	\$0	\$0
29 SANITATION INSTALL SPEC	E	N	T03	\$17.37	10-3048		\$12.85	2,080		\$26,562	10-R-FT	31.00%	0%	\$0	\$0
30 SANITATION INSTALL SPEC	E	N	T03	\$17.37	10-3048		\$12.85	2,080		\$26,562	10-R-FT	31.00%	0%	\$0	\$0
31 SANITATION INSTALL SPEC	E	N	T03	\$17.37	10-3048		\$12.85	2,080		\$26,562	10-R-FT	31.00%	0%	\$0	\$0
32 SANITATION INSTALL SPEC	E	N	T03	\$17.37	10-3048		\$12.85	2,080		\$26,562	10-R-FT	31.00%	0%	\$0	\$0
33 SANITATION INSTALL SPEC	E	N	T03	\$17.37	10-3048		\$12.85	2,080		\$26,562	10-R-FT	31.00%	0%	\$0	\$0
34 SANITATION INSTALL SPEC	E	N	T03	\$17.37	10-3048		\$12.85	2,080		\$26,562	10-R-FT	31.00%	0%	\$0	\$0
35 SKILLED LABORER	E	N	T03	\$17.37	10-9842		\$11.18	2,080		\$23,254	10-R-FT	31.00%	0%	\$0	\$0
36 SKILLED LABORER	E	N	T03	\$17.37	10-6168		\$12.95	2,080		\$26,803	10-R-FT	31.00%	0%	\$0	\$0
37 SKILLED LABORER	E	N	G06	\$15.35	10-9204		\$12.79	2,080		\$22,916	10-R-FT	31.00%	0%	\$0	\$0
38 SKILLED LABORER	E	N	G06	\$15.35	10-3441		\$9.63	2,080		\$20,830	10-R-FT	31.00%	0%	\$0	\$0
39 SKILLED LABORER	E	N	G06	\$15.35	10-8071		\$11.80	2,080		\$24,544	10-R-FT	31.00%	0%	\$0	\$0
40 SKILLED LABORER	E	N	G06	\$15.35	10-6169		\$11.80	2,080		\$24,544	10-R-FT	31.00%	0%	\$0	\$0
41 ENVIR HEALTH TECH	E	N	G08	\$15.35	10-7436		\$10.57	2,080		\$21,986	10-R-FT	31.00%	0%	\$0	\$0
42 SUPV PROJECT INSPECTOR	E	N	T03	\$17.37	10-7722		\$11.01	2,080		\$22,941	10-R-FT	31.00%	0%	\$0	\$0
43 SUPV PROJECT INSPECTOR	E	N	M05	\$29.87	10-1885		\$24.79	2,080		\$51,556	10-R-FT	31.00%	0%	\$0	\$0
44 SUPV PROJECT INSPECTOR	E	N	M05	\$29.87	10-1405		\$22.66	2,080		\$41,133	10-R-FT	31.00%	0%	\$0	\$0
45 SUPV PROJECT INSPECTOR	E	N	M05	\$29.87	10-4271		\$23.60	2,080		\$46,097	10-R-FT	31.00%	0%	\$0	\$0
46														\$2,439	\$0
47														\$0	\$0
48														\$0	\$0
49														\$0	\$0
50														\$0	\$0
AU 3% Merit Increase														\$2,439	\$0
Totals										\$83,737				\$25,959	\$0

Please Input these totals on the Budget Request Form!



CHEROKEE NATION

P.O. Box 948
Tahlequah, OK 74465-0948
918-453-5000

Chad "Cornassel" Smith
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Principal Chief

Joe Grayson
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Deputy Principal Chief

DATE: SEPTEMBER 30, 2009

TO: STRATEGIC BUDGET COMMITTEE

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.

1. Name of Applicant (as shown in Item 5, Standard Form 424) Cherokee Nation		2. Application/Grant Number (to be assigned by HUD upon submission)	
3. <input checked="" type="checkbox"/> Original (check here if this is the first submission to HUD)		<input type="checkbox"/> Revision (check here if submitted with implementation schedule as part of pre-award requirements) <input type="checkbox"/> Amendment (check here if submitted after HUD approval of grant)	
		Date (mm/dd/yyyy) 07/01/2008	
4. Project Name & Project Category (see instructions on back) a	ICDBG Amount Requested for each activity b	Program Funds (in thousands of \$)	
		Other Source Amount for each activity c	Other Source of Other Funds for each activity d
Leach Water Line Project	\$	\$	
Waterline Construction	620,456.00	889,375.00	IHS Project Funds \$357,500; 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	2,500.00	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	4,796.00		
b. Indirect Costs: Enter indirect costs to be charged to the program pursuant to a cost allocation plan.	1,175.00	14,893.00	IHS Program Funds
c. Audit: Enter estimated cost of Program share of A-133 audits.			
Administration Total *	5,971.00	14,893.00	
6. 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.	\$ 688,927.00	\$ 1,101,758.00	
9. Grand Total Enter sum of column b. plus column c.			\$ 1,790,685.00

* 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 eligible (24 CFR 1003.206).

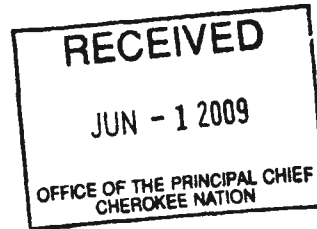


DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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

May 27, 2009



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)

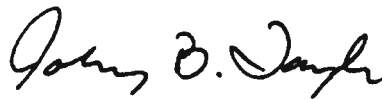
Table with 6 columns: Project #, SDS #, Project Title, IHS Funding, Other Funding, Total Funding. It lists three projects with their respective funding amounts.

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
PDS

Cherokee Nation Act/Resolution Proposal Form

Act Resolution

ADMINISTRATIVE CLEARANCE

Program/Project Manager:

AN ACT AMENDING LEGISLATIVE ACT #21-09
AUTHORIZING THE COMPREHENSIVE BUDGET FOR
FISCAL YEAR 2010 – Mod. 1

TITLE: : AND DECLARING AN EMERGENCY

Signature/Initial _____ Date _____

Department Director:

DEPARTMENT CONTACT: Tamsye Dreadfulwater-Leake

RESOLUTION PRESENTER: _____

Signature/Initial _____ Date _____

Executive Director:

SPONSOR: _____

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

Signature/Initial _____ Date _____

Controller: (if needed)

Tamsye Leake *10/9/09*

Signature/Initial _____ Date _____

Government Resources:

Signature/Initial _____ Date _____

Administration Approval:

Melinda Light *10/13/09*

10-09-09P12:10

LEGISLATIVE CLEARANCE:

Legislative Aide:

Brittain *10/13/09*

Signature/Initial _____ Date _____

Standing Committee & Date:

Executive & Finance *10/29/09*

Chairperson:

Jack D. Baker

Signature/Initial _____ Date _____

Returned to Presenter: _____

Date _____

10-13-09P04:50 RCVD