

CHEROKEE NATION - FY2009 BUDGET REQUEST FORM

PART-1

Budget Period:	10/1/08 - 09/30/09	Budget Preparer	Phone: 5613
Contract Period:		Name:	Gaylon Thompson
Contract Number:		Accounting Unit Director/Manager	Phone: 3902
Accounting Fund:	1-General Fund	Name:	Callie Catcher
Funding Source:	01-Cherokee Nation	Group Leader	Phone: 3902
AU Description:	Cash Match for Grants	Name:	Callie Catcher
Accounting Unit:	1010315	1st Person Responsible	
Place IDC Rate in Part 4 Below		Employee #	104252
		SBC Agreement:	Phone:
		Name:	
Date/Time Printed:	04-Aug-09 06:03 PM		

Notes: Transfers Out: \$23,841 to 3508000 NACTEP, \$75,000 to 3453900 USDA Community Planning, \$7,000 to 3401200 Runaway Youth, and \$122,572 to 3852500 Community Action Project, \$20,800 to 3822260 BF Saline Courthouse. In Mod 2 this budget was reduced by \$144,000 for 1010039, Roads Transit Program. In Mod 3 this budget was increased to have available funds of \$749,013. Mod 4 increase T/O by \$58,824 to 3453900. Mod 5 increase T/O by \$154,896 to 3405100 and to increase available funds for this budget to \$500,000. Mod 11 increase T/O by \$90,000 to 3405100.

PART-2

Staffing Summary:

	FY 2009 REVISION 6	FY 2009 REVISION 5	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:			-
<b>TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS</b>			-

PART-3

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

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Reserved by appropriation	760060		\$ 410,000		\$ 500,000	\$ (90,000)
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
<b>DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!</b>						
Expenditures NOT Subject to IDC			\$ 410,000		\$ 500,000	\$ (90,000)
Expenditures SUBJECT to IDC		\$ -		\$ -		\$ -
Indirect Cost Rate (If blank or zero, must explain in Notes above)		15.27%		15.27%		\$ -
Indirect Cost Allocation	970000	\$ -		\$ -		\$ -
<b>Total Expenditures</b>			\$ 410,000		\$ 500,000	\$ (90,000)
<b>Revenues OVER \ (UNDER) Expenditures</b>			\$ (410,000)		\$ (500,000)	\$ 90,000

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		\$ 552,333		\$ 462,333	\$ 90,000
Cash out: motor fuel tax	900041					\$ -
Cash out: vehicle tax	900051					\$ -
Cash out: interprogram contract	900061					\$ -
<b>Transfers In/Out - Net</b>			\$ (552,333)		\$ (462,333)	\$ (90,000)
Take to Narrative ==>			\$ 962,333		\$ 962,333	\$ -
<b>Excess\ (Deficit) of Revenues, Expenditures and Net Transfers</b>			\$ (962,333)		\$ (962,333)	\$ -

**PART-1**

Budget Period:	10-01-08-09/30/09	Budget Preparer	Phone: 772-4138
Contract Period:	10/01/08-09/30/09	Name:	Lillian Pratt
Contract Number:	unknown at this time	Accounting Unit Director/Manager	Phone: 453-5404
Accounting Fund:	1-General Fund	Name:	Tamara Copeland
Funding Source:	01-Cherokee Nation	Group Leader	Phone: x5340
AU Description:	Emergency Management	Name:	Angela Drawes
Accounting Unit:	1010520	1st Person Responsible	Employee # 10-1999
Place IDC Rate in Part 4 Below		SBC Agreement:	Phone:
		Name:	

Date/Time Printed: 07-Aug-09 08:18 AM

**PART-2**

Notes: Budget revision to add money received from: Oklahoma City Area Indian Health Care Board. Money provided to attend training and submit an updated Tribal Pandemic Flu Plan by July 31, 2009. No change to total budget.

Staffing Summary:	FY 2009 REVISION 2	FY 2009 REVISION 1	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:			-
<b>TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS</b>	<b>1.00</b>	<b>1.00</b>	<b>-</b>

**PART-3**

Revenues: (Show as positive #)

Account #	Incr \ (Decr)
Other Income 499000	\$ 1,700
Please enter a valid account number - >>>	\$ -
Please enter a valid account number - >>>	\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!	
<b>Total Revenues</b>	<b>\$ 1,700</b>

**PART-4**

Expenditures:

Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
	YES	NO	YES	NO	
Salaries & wages 600000	33,728	\$0	33,728	\$0	\$ -
Fringe benefits 610000	\$11,738		\$11,738		\$ -
Staff development & training 620000	\$1,000		\$1,000		\$ -
Travel-staff 630000	\$3,500		\$2,500		\$ 1,000
Supplies 680000	\$11,977		\$11,235		\$ 742
Allocated: telephone expense 690080	\$300		\$300		\$ -
Allocated: cell/mobile phone 690090	\$1,200		\$1,200		\$ -
Allocated: printing/copying 690130	\$400		\$400		\$ -
Allocated: space cost 700080	\$5,112		\$5,112		\$ -
Allocated: auto insurance 710100	\$763		\$763		\$ -
R & m equipment 730040	\$500		\$500		\$ -
Other operational 760010	\$500		\$500		\$ -
Food 760012	\$1,000		\$1,000		\$ -
Capital acquisitions >= \$5K 770000		\$8,000		\$8,000	\$ -
Please enter a valid account number - >>>					\$ -
Please enter a valid account number - >>>					\$ -
Please enter a valid account number - >>>					\$ -
Please enter a valid account number - >>>					\$ -
Please enter a valid account number - >>>					\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!					\$ -
Expenditures NOT Subject to IDC		\$ 8,000		\$ 8,000	\$ -
Expenditures SUBJECT to IDC	\$ 71,716		\$ 69,974		\$ 1,742
Indirect Cost Rate (If blank or zero, must explain in Notes above)	15.27%		15.71%		
Indirect Cost Allocation 970000	\$ 10,951		\$ 10,993		\$ (42)
<b>Total Expenditures</b>		<b>\$ 90,667</b>		<b>\$ 88,967</b>	<b>\$ 1,700</b>
<b>Revenues OVER \ (UNDER) Expenditures</b>		<b>\$ (88,967)</b>		<b>\$ (88,967)</b>	<b>\$ -</b>

**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				\$ -
<b>Transfers In\Out - Net</b>		<b>\$ -</b>		<b>\$ -</b>
<b>Take to Narrative ==&gt;</b>		<b>\$ 90,667</b>		<b>\$ 88,967</b>
<b>Excess(Deficit) of Revenues, Expenditures and Net Transfers</b>		<b>\$ (88,967)</b>		<b>\$ (88,967)</b>

# PAYROLL WORKSHEET

Accounting Unit Description: **Emergency Management** For Budget Period: **10-01-09-09730709** Printed Date: **07-Aug-09**  
 Accounting Unit Name: **1010520** Prepared by: **Lillian Pratt** Printed Time: **08:19 AM**

Job Title	Position Vacant-V New=N Existing=E	Status: Exempt = E Non = N	Salary Range Class	Range Maximum	Emp. #	TOTAL PERSONNEL COST FOR EMPLOYEE				Totals For This Accounting Unit				
						Hourly Rate	Expected Hours To Pay		Expected Wages (Gross)	Fringe Rate%	Series-Status	% Perc.	Expected Wages (Gross)	Expected Fringe Benefits
							Regular	Overtime						
1 Loss Control Specialist	E	E	P6	\$22.72	10-7054	\$15.67	806	4	\$12,630	34.80%	10-R-FT	50%	\$6,315	\$2,198
2 Director	E	N	M8	\$36.98	10-1838	\$33.02	1,880	0	\$62,078	34.80%	10-R-FT	21%	\$13,036	\$4,537
3 Special Projects Officer	E	E	P9	\$28.45	10-0000	\$17.89	904	0	\$15,992	34.80%	10-R-FT	50%	\$7,996	\$2,763
4 Loss Control Specialist	V	N	P6	\$22.72	10-0000	\$13.77	904	15	\$12,758	34.80%	10-R-FT	50%	\$6,379	\$2,220
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50 AU 3% Merit Increase														
<b>Totals</b>													<b>\$33,726</b>	<b>\$11,738</b>

Please input these totals on the Budget Request Form!

Cherokee Nation  
Emergency Management  
P.O. Box 948  
Tahlequah, OK 74465  
918-453-5668  
918-458-4451

INVOICE

Name Oklahoma City Area Inter-Tribal Health Board

Date \_\_\_\_\_

Attn: Bobbi Metzger

Address 701 Market Drive

Suite 164

Oklahoma City, OK 73114

Phone (405)951-6005 ext 109

Fax (405)951-3902

**Pan Flu Workshop**  
**Description**

**Total**  
**\$ 1,700.00**

Complete and re-submit a pandemic influenza plan to the Oklahoma City Area Inter-Tribal Health Board (in the provided self addressed envelope) that complies with National Incident Management Standards (NIMS), which will be approved by the Oklahoma State Department of Health.

**Total \$ 1,700.00**

# Cherokee Nation Grant Clearance Form

Requesting CN Program: Risk Management Contact Person: Tamara Copeland

Title of Program (Grantor Title): Tribal Pandemic Influenza Plan Update

CFDA #: \_\_\_\_\_ Funding Agency: OKCAIHC - Oklahoma City Area Indian Health Care Board

Due Date: 3/31/2009

Opportunity # \_\_\_\_\_

Federal Register Date: \_\_\_\_\_

Will the proposed project address CN priority area? ( X ) Yes ( ) No  
(If yes, please check the priority area addressed)

( X ) Community ( ) Language ( ) Job ( X ) Business essential/strategic enabling

Are matching funds required? ( ) Yes ( X ) No

Source(s) of Match with Amounts: \_\_\_\_\_

Estimated Total Cost of Project: \$1,700

Limitation on IDC: ( ) Yes Amount: \$ \_\_\_\_\_ ( X ) No

Number of New Staff (and Type): n/a

Coordination Across Programs: Health Services, Marshal Service, Education, Human Services and Administration

Program Descriptions: (Attach) Attend Training and submit copy of updated Tribal Pandemic Flu Plan  
By July 31, 2009

Major Benefit Expressed Numerically: 1:1700 - will provide additional training for program

## ACTION TAKEN:

(  ) Approved ( ) Disapproved ( ) Tabled/Returned for Additional Information

( ) High Impact (  ) Low Impact

SBC Chair

Date

4/8/09



# OKLAHOMA CITY AREA INTER-TRIBAL HEALTH BOARD

P.O. Box 57377 • Oklahoma City, OK 73157-7377  
(405) 951-3695

October 12, 2007

Chad Smith  
Cherokee Nation  
P.O. Box 948  
Tahlequah, OK 74465

Attention: Tamara Copeland

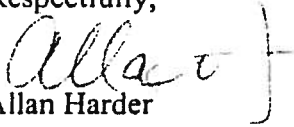
Dear Principal Chief Smith,

With great pride the Oklahoma City Area Inter-Tribal Health Board with funds for having submitted a pandemic influenza plan meeting the requirements from the State of Oklahoma. These funds are for the Tribe's use without restrictions.

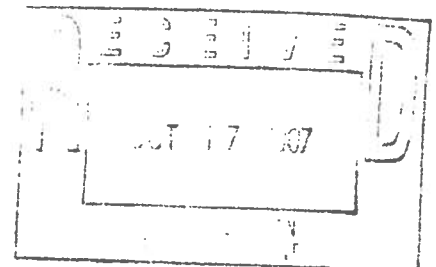
We are negotiating with the State to continue assisting in the Tribal pandemic influenza planning process and possibly could have additional funds available for plan updates and/or revisions, should they become necessary as the overall process evolves. I will keep you informed on our progress.

Again, please congratulate those involved in this planning process on behalf of the Oklahoma City Area Inter-Tribal Health Board and staff for a job well done.

Respectfully,

  
Allan Harder  
Executive Director

CC: OCAITHB  
File



CHEROKEE NATION - FY2009 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/08-09/30/2009	Budget Preparer	Phone: 5279
Contract Period:	10/01/08-09/30/2009	Name:	KAMICHIA GOODMAN
Contract Number:	G-09ICOK40040	Accounting Unit Director/Manager	Phone: 5552
Accounting Fund:	3-Special Revenue	Name:	ANGEL SMITH
Funding Source:	40-DHHS-General	Group Leader	Phone: 5787
AU Description:	CHILD SUPPORT ENFORCEMENT	Name:	NORMA MERRIMAN
Accounting Unit:	3405100	1st Person Responsible	Employee # 10-8540
Place IDC Rate in Part 4 Below		SBC Agreement:	Phone:
Date/Time Printed:	07-Aug-09 12:33 PM	Name:	
Notes:REQUESTING \$90,000 FROM AU 1010315 TO COVER ESTIMATED SHORTAGE OF CONTRIBUTIONS IN-KIND REVENUE			

PART-2

Staffing Summary:		FY 2009 REVISION 2	FY 2009 REVISION 1	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:		42.00	42.00	-
# 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		42.00	42.00	-

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Grants / contracts revenue	400000			
Contributions: in-kind revenue	480030	\$2,517,101	\$2,517,101	\$ -
Contributions: in-kind revenue	480030	\$189,678	\$279,678	\$ (90,000)
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				\$ -
Total Revenues		\$ 2,706,779	\$ 2,796,779	\$ (90,000)

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
Salaries & wages	600000	1,198,511		1,224,849		\$ (26,338)
Fringe benefits	610000	\$417,085		\$426,250		\$ (9,165)
Staff development & training	620000	\$15,000		\$15,000		\$ -
Travel-staff	630000	\$45,000		\$45,000		\$ -
Contract services < \$5K	640000	\$10,000		\$10,000		\$ -
Contract services >=\$5K	650000		\$252,881		\$133,331	\$ 119,650
Client services	670000	\$25,000		\$12,000		\$ 13,000
Supplies	680000	\$39,900		\$26,686		\$ 13,214
Mailing cost	690080	\$15,000		\$2,000		\$ 13,000
Allocated: telephone expense	690080	\$6,016		\$2,400		\$ 3,616
Allocated: cell/mobile phone	690090	\$15,000		\$12,000		\$ 3,000
Allocated: mailing cost	690120	\$8,000		\$5,000		\$ 3,000
Allocated: printing/copying	690130	\$10,000		\$1,000		\$ 9,000
Lease/rent: furniture & equip	690500	\$5,000		\$10,000		\$ (5,000)
Building rent/lease	700000	\$120,888		\$120,888		\$ -
Allocated: space cost	700080	\$2,500		\$12,500		\$ (10,000)
Allocated: property insurance	710090	\$1,000		\$500		\$ 500
Allocated: auto insurance	710100	\$1,500		\$1,500		\$ -
Employee mileage reimbursement	720040	\$2,000		\$20,000		\$ (18,000)
Allocated: GSA vehicle	720050	\$12,000		\$10,000		\$ 2,000
Advertising	740000	\$10,000		\$20,000		\$ (10,000)
Contributions: in-kind	750020		\$189,678		\$279,678	\$ (90,000)
Prior year expense	990000		\$154,696		\$154,696	\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC			\$ 597,355		\$ 567,705	\$ 29,650
Expenditures SUBJECT to IDC		\$ 1,959,400		\$ 1,977,573		\$ (18,173)
Indirect Cost Rate (if blank or zero, must explain in Notes above)		15.27%		15.71%		
Indirect Cost Allocation	970000	\$ 299,200		\$ 310,677		\$ (11,477)
Total Expenditures			\$ 2,855,955		\$ 2,855,955	\$ -

Revenues OVER \ (UNDER) Expenditures		\$ (149,176)		\$ (59,176)		\$ (90,000)
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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		\$244,696		\$154,696	\$ 90,000
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		\$95,520		\$95,520	\$ -
Transfers In/Out - Net			\$ 149,176		\$ 59,176	\$ 90,000
Take to Narrative ==>			\$ 2,951,475		\$ 2,951,475	\$ -
Excess/(Deficit) of Revenues, Expenditures and Net Transfers			\$ -		\$ -	\$ -

# PAYROLL WORKSHEET

Accounting Unit Description: CHILD SUPPORT ENFORCEMENT For Budget Period: 10/01/08-09/30/2009  
 Accounting Unit Name: 3405100 Prepared by: KAMICHIA GOODMAN  
 Printed Date: 07-Aug-09  
 Printed Time: 12:34 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%	Totals For This Accounting Unit		
						Hourly Rate	Regular	Overtime	Expected Wages (Gross)	% Perc.	Expected Wages (Gross)			Expected Fringe Benefits		
1 DIRECTOR	E	E	M08	\$36.98	10-8540	30.55	2.080		\$63,544	10-R-FT	34.80%	\$63,544	\$22,113			
2 ASSISTANT DIRECTOR	E	E	M07	\$34.96	10-4975	25.72	2.080		\$53,498	10-R-FT	34.80%	\$53,498	\$18,617			
3 BUDGET ANALYST II	E	N	A06	\$20.15	10-8960	\$12.82	2.080		\$26,666	10-R-FT	34.80%	\$26,666	\$9,280			
4 ASSISTANT DIRECTOR	N	N	M07	\$30.64	10-3139	\$28.97	2.080		\$60,258	10-R-FT	34.80%	\$60,258	\$20,970			
5 OFFICE MANAGER	V	N	M02	\$19.91	10-3139	\$15.62	2.080		\$32,490	10-R-FT	34.80%	\$32,490	\$11,307			
6 DATA ENTRY TECH	E	N	A03	\$12.38	10-9059	\$9.35	2.080		\$19,448	10-R-FT	34.80%	\$19,448	\$6,768			
7 DATA ENTRY TECH	E	N	A03	\$12.38	10-9209	\$9.35	2.080		\$19,448	10-R-FT	34.80%	\$19,448	\$6,768			
8 DATA ENTRY TECH	E	N	A04	\$12.38	10-6706	\$11.50	2.080		\$23,920	10-R-FT	34.80%	\$23,920	\$8,324			
9 DATA ENTRY TECH	E	N	A03	\$12.38	10-0000	\$9.35	2.080		\$19,448	10-R-FT	34.80%	\$19,448	\$6,768			
10 DATA ENTRY TECH	E	N	A03	\$12.38	10-9707	\$9.00	2.080		\$18,720	10-R-FT	34.80%	\$18,720	\$6,515			
11 DATA ENTRY TECH	E	N	A03	\$12.38	10-8980	\$10.41	2.080		\$21,653	10-R-FT	34.80%	\$21,653	\$7,535			
12 DATA ENTRY TECH III	E	N	A05	\$17.18	10-0000	\$10.41	2.080		\$21,653	10-R-FT	34.80%	\$21,653	\$7,535			
13 ADMINISTRATIVE ASSISTANT	E	N	A05	\$17.18	10-0000	\$10.41	2.080		\$21,653	10-R-FT	34.80%	\$21,653	\$7,535			
14 DATA ENTRY TECH III	E	N	A05	\$17.18	10-0000	\$10.41	2.080		\$21,653	10-R-FT	34.80%	\$21,653	\$7,535			
15 CUSTOMER SERVICE REP	E	N	A05	\$17.18	10-0000	\$10.41	2.080		\$21,653	10-R-FT	34.80%	\$21,653	\$7,535			
16 CUSTOMER SERVICE REP	E	N	A05	\$17.18	10-0000	\$10.41	2.080		\$21,653	10-R-FT	34.80%	\$21,653	\$7,535			
17 CLERK I	V	N	A02	\$12.38	10-0000	\$9.00	2.080		\$18,720	10-R-FT	34.80%	\$18,720	\$6,515			
18 CLERK I	E	N	A02	\$12.38	10-9987	\$9.00	2.080		\$18,720	10-R-FT	34.80%	\$18,720	\$6,515			
19 SPECIALIST I	E	N	P05	\$20.34	10-6166	\$14.66	2.080		\$30,493	10-R-FT	34.80%	\$30,493	\$10,612			
20 SPECIALIST I	E	N	P05	\$20.34	10-7508	\$14.66	2.080		\$30,493	10-R-FT	34.80%	\$30,493	\$10,612			
21 SPECIALIST I	E	N	P05	\$20.34	10-4802	\$20.34	2.080		\$42,307	10-R-FT	34.80%	\$42,307	\$14,723			
22 SPECIALIST I	E	N	P05	\$20.34	10-2940	\$16.97	2.080		\$33,298	10-R-FT	34.80%	\$33,298	\$11,477			
23 SPECIALIST I	E	N	P05	\$20.34	10-9273	\$12.33	2.080		\$25,646	10-R-FT	34.80%	\$25,646	\$8,925			
24 SPECIALIST I	E	N	P05	\$20.34	10-9990	\$12.33	2.080		\$25,646	10-R-FT	34.80%	\$25,646	\$8,925			
25 SPECIALIST III	E	N	P07	\$20.34	10-3705	\$15.40	2.080		\$30,493	10-R-FT	34.80%	\$30,493	\$10,612			
26 SPECIALIST III	E	N	P07	\$20.34	10-0000	\$14.66	2.080		\$30,493	10-R-FT	34.80%	\$30,493	\$10,612			
27 SPECIALIST III	V	N	P05	\$20.34	10-0000	\$12.33	2.080		\$25,646	10-R-FT	34.80%	\$25,646	\$8,925			
28 SPECIALIST I	V	N	P05	\$20.34	10-0000	\$12.33	2.080		\$25,646	10-R-FT	34.80%	\$25,646	\$8,925			
29 SPECIALIST I	V	N	P05	\$20.34	10-0000	\$12.33	2.080		\$25,646	10-R-FT	34.80%	\$25,646	\$8,925			
30 SPECIALIST I	V	N	P05	\$20.34	10-0000	\$12.33	2.080		\$25,646	10-R-FT	34.80%	\$25,646	\$8,925			
31 SPECIALIST I	V	N	P05	\$20.34	10-0000	\$12.33	2.080		\$25,646	10-R-FT	34.80%	\$25,646	\$8,925			
32 SPECIALIST I	V	N	P05	\$20.34	10-0000	\$12.33	2.080		\$25,646	10-R-FT	34.80%	\$25,646	\$8,925			
33 SPECIALIST I	V	N	P05	\$20.34	10-0000	\$12.33	2.080		\$25,646	10-R-FT	34.80%	\$25,646	\$8,925			
34 SPECIALIST I	V	N	P05	\$20.34	10-0000	\$12.33	2.080		\$25,646	10-R-FT	34.80%	\$25,646	\$8,925			
35 SPECIALIST II	E	N	P06	\$22.72	10-3506	\$17.87	2.080		\$36,754	10-R-FT	34.80%	\$36,754	\$12,790			
36 SPECIALIST II	E	N	P06	\$22.72	10-2912	\$17.49	2.080		\$36,754	10-R-FT	34.80%	\$36,754	\$12,790			
37 SPECIALIST II	E	N	P06	\$22.72	10-9265	\$13.81	2.080		\$28,725	10-R-FT	34.80%	\$28,725	\$9,996			
38 SPECIALIST II	V	N	P06	\$22.72	10-0000	\$13.77	2.080		\$28,725	10-R-FT	34.80%	\$28,725	\$9,996			
39 EXECUTIVE ASSISTANT	E	N	P7	\$24.63	10-0000	\$15.97	2.080		\$33,218	10-R-FT	34.80%	\$33,218	\$11,307			
40 STAFF ATTORNEY	E	N	LR2	\$34.96	10-9568	\$20.91	2.080		\$43,483	10-R-FT	34.80%	\$43,483	\$14,554			
41 STAFF ATTORNEY	E	N	LR2	\$34.96	10-9718	\$21.42	2.080		\$44,554	10-R-FT	34.80%	\$44,554	\$15,101			
42 STAFF ATTORNEY	E	N	LR2	\$34.96	10-0000	\$20.48	2.080		\$42,598	10-R-FT	34.80%	\$42,598	\$14,554			
43																
44																
45																
46																
47																
48																
49																
50 AU 3% Merit Increase																

Totals \$1,198,511 \$417,085  
 Please input these totals on  
 the Budget Request Form!



# Cherokee Nation Act/Resolution Proposal Form

Act       Resolution

AN ACT AMENDING LEGISLATIVE ACT #19-08  
AUTHORIZING THE COMPREHENSIVE BUDGET FOR  
FISCAL YEAR 2009 – Mod. 11  
TITLE: ; AND DECLARING AN EMERGENCY

DEPARTMENT CONTACT: Tamsye Dreadfulwater-Leake

RESOLUTION PRESENTER: \_\_\_\_\_

SPONSOR: \_\_\_\_\_

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

<b><u>ADMINISTRATIVE CLEARANCE</u></b>	
Program/Project Manager:	
Signature/Initial	Date
Department Director:	
Signature/Initial	Date
Executive Director:	
Signature/Initial	Date
Controller: (if needed)	
<i>Callie Cate</i> 8/7/09	
Signature/Initial	Date
Government Resources:	
Signature/Initial	Date
Administration Approval:	
<i>M. L. ...</i> 8/11/09	
Signature/Initial	Date

<b><u>LEGISLATIVE CLEARANCE:</u></b>	
Legislative Aide:	
<i>S. Brittain</i> 8/11/09	
Signature/Initial	Date
Standing Committee & Date:	
<i>Executive &amp; Finance</i>	
8/27/09	
Chairperson:	
<i>A. Baker</i>	
Signature/Initial	Date
Returned to Presenter:	
_____	
Date	

08-07-09P03:48 RCVD

08-11-09P03:20 RCVD