

An Act

LEGISLATIVE ACT 26-18

AN ACT AMENDING LEGISLATIVE ACT #22-18 AUTHORIZING THE COMPREHENSIVE OPERATING BUDGET FOR FISCAL YEAR 2019 -- Mod. 3; AND DECLARING AN EMERGENCY

BE IT ENACTED BY THE CHEROKEE NATION:

SECTION 1. TITLE AND CODIFICATION

This legislative act shall be titled and codified as “**An Act Amending Legislative Act #22-18 Authorizing the Comprehensive Operating Budget for FY 2019 – Mod. 3**”.

SECTION 2. PURPOSE

The purpose of this amendment is to authorize and approve the use of funds, subject to the availability of such funds, in accordance with Section 4, changing the amounts of certain cost centers approved in the “Comprehensive Budget Act for Fiscal Year 2019” or subsequent amendment. The cumulative total of the budget is increased by **\$ 19,743,253** for a total budget authority of **\$ 747,635,506**. The following items are identified as components of such change:

Grants Received & Authorized per LA-22-18 (detail attached)	\$ 4,895,252
Modification Request (see Section 4 below)	<u>14,848,001</u>
Cumulative change in budget authority	<u>\$ 19,743,253</u>

SECTION 3. LEGISLATIVE HISTORY

The provisions of compliance, policy of accountability, authorities and severability provided in Legislative Act #22-18 are applicable to this amendment.

SECTION 4. FUNDING AUTHORIZATIONS

The changes reflect increases to cost centers set forth in the program budget justifications incorporated herein. This modification request changes the total amount of the comprehensive budget authorization by an increase of **\$ 14,848,001** to wit:

- A. An increase in the **General Fund** budget authority of **\$ 21,193**.
- B. An increase in the **IHS Self Governance Health** budget authority of **\$ 14,601,338**.
- C. An increase in the **Federal Other** budget authority of **\$ 225,470**.

SECTION 5. PROVISIONS AS CUMULATIVE

The provisions of this Act shall be cumulative to existing law.

SECTION 6. SEVERABILITY

The provisions of this Act are severable and if any part or provision hereof shall be held void the decision of the court so holding shall not affect or impair any of the remaining parts or provisions of this Act.

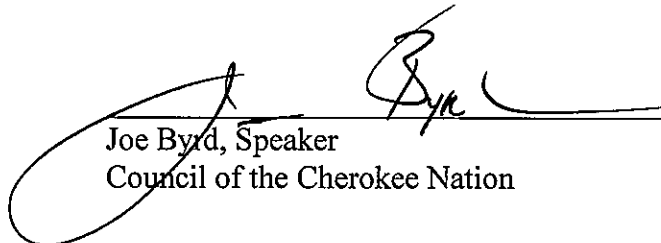
SECTION 7. EFFECTIVE DATE: EMERGENCY DECLARED

It being immediately necessary for the welfare of the Cherokee Nation, the Council hereby declares that an emergency exists, by reason whereof this Act shall take effect immediately upon its approval and signatures.

SECTION 8. SELF-HELP CONTRIBUTIONS

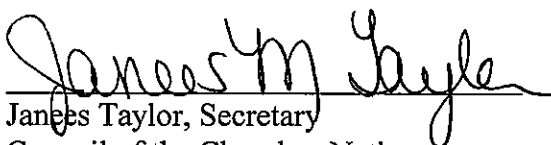
To the extent that this Act involves programs or services to citizens of the Nation or others, self-help contributions shall be required, unless specifically prohibited by the funding agency, or a waiver is granted due to physical or mental incapacity of the participant to contribute.

Enacted by the Council of the Cherokee Nation on the 17th day of December, 2018



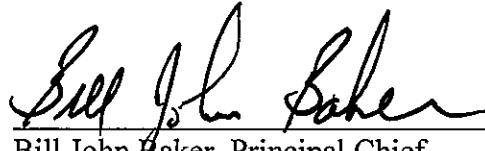
Joe Byrd, Speaker
Council of the Cherokee Nation

ATTEST:



James Taylor, Secretary
Council of the Cherokee Nation

Approved and signed by the Principal Chief this 18th day of December, 2018



Bill John Baker, Principal Chief
Cherokee Nation

ATTEST:



Chuck Hoskin, Jr., Secretary of State
Cherokee Nation

YEAS AND NAYS AS RECORDED:

Rex Jordan	<u>Yea</u>	Harley Buzzard	<u>Yea</u>
Joe Byrd	<u>Yea</u>	Victoria Vazquez	<u>Yea</u>
David Walkingstick	<u>Yea</u>	Dick Lay	<u>Yea</u>
Dr. Mike Dobbins	<u>Yea</u>	Buel Anglen	<u>Yea</u>
E.O. "Jr." Smith	<u>Yea</u>	Keith Austin	<u>Yea</u>
Bryan Warner	<u>Yea</u>	Janees Taylor	<u>Yea</u>
District 7	<u>Vacant</u>	Mary Baker Shaw	<u>Yea</u>
Shawn Crittenden	<u>Yea</u>	Wanda Hatfield	<u>Yea</u>
Mike Shambaugh	<u>Yea</u>		

CHEROKEE NATION
PROPOSED FY 2019 AMENDMENT
Sorted by Funding Source

			Data		
Funding Source	Ref # by FS	Program/Purpose	Amend. Change to Sources	Amend. Expenses Total Change	Net Change
01-Cherokee Nation	1	1010315 Cash Match for Grants	-	-	\$ -
01-Cherokee Nation Total			\$ -	\$ -	\$ -
40-DHHS-General	2	3401230 NARCH9 Program Director	(27,347)	(27,347)	\$ -
	3	3401231 NARCH 9-Cherokee Admin	(2,377)	(2,377)	\$ -
	4	3401232 NARCH9 Policy and Protocols	(177,108)	(177,108)	\$ -
	5	3401233 NARCH9 Breast Cancer Project	(72,320)	(72,320)	\$ -
	6	3401280 Youth Risk Behavior Survey	12,000	12,000	\$ -
	7	3401331 Opioid Overdose Prev Proj	338,540	338,540	\$ -
	8	3401332 Tribal Public Health Leadership	750,000	750,000	\$ -
	9	3401360 NARCHX Admin-Core Cherokee	80,714	80,714	\$ -
	10	3401361 NARCHX James Cherokee	380,852	380,852	\$ -
	11	3401362 NARCHX Martinez Cherokee	97,007	97,007	\$ -
	12	3401370 CN Tribal Opioid Response	3,427,686	3,427,686	\$ -
	13	3409730 P-20 Supplement	32,990	32,990	\$ -
	40-DHHS-General Total			\$ 4,840,637	\$ 4,840,637
45-USDA	14	3453458 Nutrition Ed Grant	36,157	36,157	\$ -
45-USDA Total			\$ 36,157	\$ 36,157	\$ -
62-EPA	15	3622265 Clean Water	(1,800)	(1,800)	\$ -
	16	3622440 ITEC Tribal Pesticides	(4,107)	(4,107)	\$ -
62-EPA Total			\$ (5,907)	\$ (5,907)	\$ -
70-US Department of Labor	17	3701500 TLJC Capital Projects	19,221	19,221	\$ -
70-US Department of Labor Total			\$ 19,221	\$ 19,221	\$ -
75-Federal Other	18	3757000 VOCA One Fire	5,144	5,144	\$ -
75-Federal Other Total			\$ 5,144	\$ 5,144	\$ -
Grand Total			\$ 4,895,252	\$ 4,895,252	\$ -

December Operating Grants - Reporting Only

CHEROKEE NATION
PROPOSED FY 2019 AMENDMENT
Sorted by Funding Source

			Data		
Funding Source	Ref # by FS	Program/Purpose	Amend. Change to Sources	Amend. Expenses Total Change	Net Change
01-Cherokee Nation	1	1010310 Indirect Cost Shortfall	-	(60,576)	\$ 60,576
	2	1010423 Kawi Cafe GF	7,000	(68,231)	\$ 75,231
	3	1010522 Emergency Management Disaster Fund	-	150,000	\$ (150,000)
01-Cherokee Nation Total			\$ 7,000	\$ 21,193	\$ (14,193)
22-DOI - Self Governance	4	3222020 SG Small Bus Assistance Center	-	-	\$ -
22-DOI - Self Governance Total			\$ -	\$ -	\$ -
32-IHS - Self Governance Health	5	3323405 WW Hastings Outpatient Revenue	11,470,000	11,470,000	\$ -
	6	3324200 Contract Health Service	973,906	973,906	\$ -
	7	3324400 Dental	2,000	2,000	\$ -
	8	3325900 Health Staff Trng & Dev	489,509	489,509	\$ -
	9	3329080 IHS BEMAR Projects	1,665,923	1,665,923	\$ -
32-IHS - Self Governance Health Total			\$ 14,601,338	\$ 14,601,338	\$ -
75-Federal Other	10	3755800 SBA Prime	225,470	225,470	\$ -
75-Federal Other Total			\$ 225,470	\$ 225,470	\$ -
Grand Total			\$ 14,833,808	\$ 14,848,001	\$ (14,193)

Operating Mod #3 Request

**COMPREHENSIVE BUDGET
FOR FISCAL YEAR 2019**

Funding Source	Revenues	Transfers In	Total	Direct Exp.	Indir. Exp.	Transfers Out	Total	NET
Tribally Funded Funding Source	101,289,334	1,261,646	102,550,980	83,608,938	5,476,508	13,451,341	102,536,787	14,193
Motor Fuels Tax Funding Srce	9,295,674	17,338,610	26,634,284	18,543,727	112,961	7,977,596	26,634,284	0
Motor Vehicle Tax Funding Srce	30,630,014	1,126,604	31,756,618	29,536,751	634,206	1,585,661	31,756,618	0
Permanent Fund Funding Source	10,100	0	10,100	10,100	0	0	10,100	0
DOI General Funding Source	10,815,869	446,691	11,262,560	10,172,997	1,089,563	0	11,262,560	0
DOI Self Gov Funding Source	14,228,384	79,600	14,307,984	13,002,670	1,290,314	15,000	14,307,984	0
DOI Self Gov Roads Funding Srce	5,861,281	0	5,861,281	5,695,592	111,257	54,432	5,861,281	0
Dept of Transportation Fnd Src	72,048,214	0	72,048,214	71,762,954	185,417	99,843	72,048,214	0
DOI PL102-477 Funding Source	32,206,606	0	32,206,606	30,930,768	1,275,838	0	32,206,606	0
IHS Self Gov Health Funding Sr	326,228,861	0	326,228,861	301,487,861	24,741,000	0	326,228,861	0
IHS Self Gov TEH Funding Srce	17,006,563	296,000	17,302,563	17,018,061	284,502	0	17,302,563	0
IHS Self Gov Offic Funding Srce	381,515	0	381,515	337,586	43,929	0	381,515	0
IHS Discretionary Funding Srce	175,000	0	175,000	45,000	0	130,000	175,000	0
DHHS General Funding Source	41,793,640	586,510	42,380,150	38,955,236	3,424,914	0	42,380,150	0
USDA Funding Source	19,930,571	995,583	20,926,154	20,090,014	836,140	0	20,926,154	0
Dept of Education Funding Srce	1,187,462	67,222	1,254,684	1,174,516	80,168	0	1,254,684	0
HUD Funding Source	33,429,793	316,667	33,746,460	32,791,336	638,457	316,667	33,746,460	0
Housing Proceeds Funding Srce	0	0	0	0	0	0	0	0
EPA Funding Source	2,015,298	0	2,015,298	1,798,601	216,697	0	2,015,298	0
Dept of Labor Funding Source	13,480,273	0	13,480,273	12,321,581	1,158,692	0	13,480,273	0
Federal Other Funding Source	8,495,337	118,359	8,613,696	7,628,030	385,566	600,100	8,613,696	0
State of Oklahoma Funding Srce	937,992	0	937,992	838,629	99,363	0	937,992	0
Private Funding Source	1,501,729	200,550	1,702,279	1,645,283	56,996	0	1,702,279	0
Indirect Cost Pool Funding Srce	49,984,063	4,500	49,988,563	49,988,563	0	0	49,988,563	0
Fringe Pool Funding Source	0	0	0	0	0	0	0	0
Internal Lease Pool Funding Sr	5,635,685	0	5,635,685	5,635,685	0	0	5,635,685	0
Enterprise Funding Source	3,461,123	1,375,098	4,836,221	4,616,822	219,399	0	4,836,221	0
Other Funding Source	216,768	17,000	233,768	225,408	8,360	0	233,768	0
Debt Service Funding Source	0	0	0	0	0	0	0	0
Capital Projects Funding Sourc	71,009,795	0	71,009,795	71,009,795	0	0	71,009,795	0
Total	\$ 873,256,944	\$ 24,230,640	\$ 897,487,584	\$ 830,872,504	\$ 42,370,247	\$ 24,230,640	\$ 897,473,391	\$ 14,193

Non Grant Requests

Request	Amount
Oper Mod #2	3,046,917
Oper Mod #3	14,848,001
Cap Mod #1	111,808,391
Total after pending Mod's	\$ 1,027,176,700
Operating (LA 22-16)	747,635,506
Capital (LA 21-16)	279,541,194
Grand Total	\$ 1,027,176,700

CAPITAL RECONCILIATION

LA 21-18	\$ 167,732,803
Cap Mod #1	111,808,391
Total Capital	\$ 279,541,194

CHEROKEE NATION TRIBAL COUNCIL

Jody S. Reece, CPA, CIA, CMA

Executive Director of Financial Oversight



M e m o

To: Janees Taylor, Chairman, Executive & Finance Committee
From: Jody S. Reece
CC: Executive & Finance Committee
Date: 12/06/2018
Re: Review of Operating Budget Modification #3 – **Total \$ 19,743,253**

Per your request, I have reviewed the administration's budget modification request for this month's Executive & Finance Committee Meeting. Below is a summary of my review:

A. Grant Reporting:

<u>Funding Source</u>	<u># of Budgets</u>	<u>Amount</u>
DHHS General	13	\$ 4,840,637
USDA	1	36,157
EPA	2	(5,907)
US Dept of Labor	1	19,221
Federal Other	1	5,144
Total Grant Reporting		<u>\$ 4,895,252</u>

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

Cash Out: Grant Required	\$ 1,878,362
Appropriated for Cash Match (future grants)	<u>1,807,710</u>
Original Total Budget	<u>\$ 3,686,072</u>

Original Appropriated for Cash Match (future grants)	\$ 1,807,710	
Used: 3758200 Pre-Disaster Mitigation Grant	(82,630)	Mod #2
3453458 Nutrition Ed Grant	(7,232)	Mod #3

Balance Available for Future Grant Matching	<u>\$ 1,717,848</u>
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B. MOD #3 Request - (10 budgets) Increase in budget authority - \$ 14,848,001

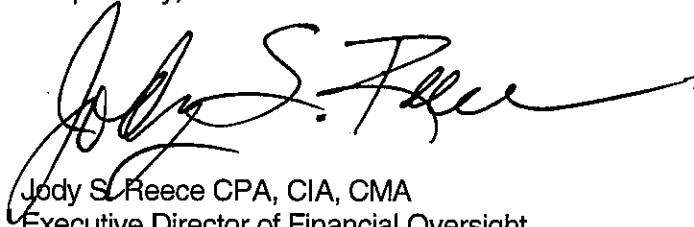
1. Indirect Cost Shortfall – 1010310 – General Fund: Modification requesting a decrease in expenditure authorization of \$60,576 to provide a portion of the funding for the Emergency Management Disaster Fund in item 3. The new expenditure total is \$539,424.

2. Kawi Café GF - 1010423 – General Fund: Modification requesting a decrease in expenditure authorization of \$68,231 and an increase in the Sales Income of \$7,000. A SBA Prime Award was received that allows for the General Fund expenditures to be reduced. The \$75,231 is used to provide a portion of the funding for the Emergency Management Disaster Fund in item 3. The new net expenditure total is \$7,363.
3. Emergency Management Disaster Fund – 1010522 – General Fund: Modification requesting an increase in expenditure authorization of \$150,000 for the recent tornado disaster. Funding is provided by the decreased budgets in items 1 and 2 along with \$14,193 in unbudgeted General Fund revenue that was carried forward from the original comprehensive budget. The new expenditure total is \$200,000.
4. SG Small Business Assistance Center – 3222020 – DOI Self Governance: Modification requesting an increase in expenditure authorization of \$37,735 for a transfer out to the SBA Prime budget in item 10 as matching funds. Expenditures are reduced to offset the transfer out.
5. WW Hastings Outpatient Revenue - 3323405 – IHS Self Governance Health: New budget requesting expenditure authorization of \$11,470,000 for the new WW Hastings Outpatient Health Center in Tahlequah. The budget contains an estimate for staffing, supplies and operational costs. Please see the narrative attached behind the budget for additional details. Funding is provided from available current IHS Self Governance funds; however, additional funds are expected to be received as reimbursement for these start-up costs.
6. Contract Health Service – 3324200 – IHS Self Governance Health: Modification requesting an increase in expenditure authorization of \$973,906 for Purchased and Referred Care (PRC) and is funded by recurring IHS funding. This modification also removed \$3.5 million in health carryover (non-recurring) and replaces it with an additional \$3.5 million recurring IHS funding. The new expenditure total is \$36,623,534.
7. Dental – 3324400 – IHS Self Governance Health: Modification requesting an increase in expenditure authorization of \$2,000 for a special one-time funding allocation. The new expenditure total is \$20,869,954.
8. Health Staff Training and Development – 3329080 – IHS Self Governance Health: New budget requesting expenditure authorization of \$489,509. Please see the budget narrative attached behind the budget that explains this new program. Funding is provided by current available recurring IHS Self Governance funds.
9. IHS BEMAR Projects – 3329080 – IHS Self Governance Health: New budget requesting expenditure authorization of \$1,665,923. BEMAR is the acronym IHS uses for the Backlog of Essential Maintenance, Alteration, and Repair. A list of specific projects is provided in the narrative attached behind the budget that IHS approved and funded in Amendment 1 to the FY19 Funding Agreement.
10. SBA Prime – 3755800 – Federal Other: New budget requesting expenditure authorization of \$225,470. Funding is provided by a U.S. Small Business Administration \$150,000 grant, \$37,735 in-kind contributions, and the \$37,735 transfer in from the DOI Self Governance budget in item 4 above.

Summary:

After reviewing the submission of the operating modification by administration, I find no technical issues surrounding these requests, nor do I have any unmentioned concerns related to their respective carryover estimates. If I can provide any additional information, please do not hesitate to contact me.

Respectfully,

A handwritten signature in black ink, appearing to read "Jody S. Reece". The signature is fluid and cursive, with a large initial "J" and "R".

Jody S. Reece CPA, CIA, CMA
Executive Director of Financial Oversight
Office: 918-453-5573
Cell: 918-525-2017
Email: jody-reece@cherokee.org

CHEROKEE NATION - FY2019 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2018 - 09/30/2019	Budget Preparer	Phone:	5305
Contract Period:		Name:	Jamie Cole	
Contract Number:		Accounting Unit Director/Manager	Phone:	5305
Accounting Fund:	1-General Fund	Name:	Jamie Cole	
Funding Source:	01-Cherokee Nation	Executive Director	Phone:	3902
AU Description:	Indirect Cost Shortfall	Name:	Lacey A. Horn	
Accounting Unit:	1010310	1st Person Responsible		
Place IDC Rate in Part 4 Below		Employee #	101813	
Date/Time Printed:	04-Dec-18	12:56 PM		

Notes: Mod 1 - reduce to fund partial emergency disaster work in the amount of \$60,576 on AU 1010522.

PART-2

Staffing Summary:	FY 2019 REVISION 1	FY 2019 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 - >>>		\$ -
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 ?		Incr \ (Decr)
		YES	NO	
DO NOT COPY TO, COPY ABOVE, OR REMOVE THIS LINE!				
Salaries & wages	600000	\$0	\$0	\$ -
Fringe benefits	610000	\$0	\$0	\$ -
Please enter a valid account number - >>>				\$ -
Please enter a valid account number - >>>				\$ -
Please enter a valid account number - >>>				\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				\$ -
Expenditures NOT Subject to IDC		\$ -	\$ -	\$ -
Expenditures SUBJECT to IDC		\$ -	\$ -	\$ -
Indirect Cost Rate (If blank or zero, must explain in Notes above)		14.05%	14.05%	
Indirect Cost Allocation	970000	\$ 539,424	\$ 600,000	\$ (60,576)
Total Expenditures		\$ 539,424	\$ 600,000	\$ (60,576)

Revenues OVER \ (UNDER) Expenditures	\$ (539,424)	\$ (600,000)	\$ 60,576
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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			\$ -
Cash in: debt service	900070			\$ -

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

Transfers In/Out - Net		\$ -	\$ -	\$ -
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Take to Narrative ==>	\$ 539,424	\$ 600,000	
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Excess\ (Deficit) of Revenues, Expenditures and Net Transfers	\$ (539,424)	\$ (600,000)	\$ 60,576
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CHEROKEE NATION - FY2019 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2018 - 09/30/2019	Budget Preparer	Phone: 5285
Contract Period:		Name:	Mary A. Campbell
Contract Number:		Accounting Unit Director/Manager	Phone: 5534
Accounting Fund:	1-General Fund	Name:	Shay Smith
Funding Source:	01-Cherokee Nation	Executive Director	Phone: 5532
AU Description:	Kawi Cafe GF	Name:	Anna Knight
Accounting Unit:	1010423	1st Person Responsible	
	Place IDC Rate in Part 4 Below	Employee #	101074
Date/Time Printed:	21-Nov-18 09:35 AM		

Notes: SBA Prime Award SBAHQ18PR0006 obtained for FY19, general fund request for the Kawi Cafe is being reduced.

PART-2

Staffing Summary:	FY 2019 REVISION 1	FY 2019 ORIG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	0.00	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)
Sales income	410010	\$63,000	\$56,000	\$ 7,000
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!				
Total Revenues		\$ 63,000	\$ 56,000	\$ 7,000

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
DO NOT COPY TO, COPY ABOVE, OR REMOVE THIS LINE!						
Salaries & wages	800000	\$0		\$39,049		\$ (39,049)
Fringe benefits	610000	\$0		\$13,199		\$ (13,199)
Travel-staff	630000	\$0		\$500		\$ (500)
Contract services < \$5K	640000	\$2,000		\$2,000		\$ -
Supplies	680000	\$5,000		\$5,000		\$ -
Internet expense	690050	\$1,000		\$1,000		\$ -
Direct billed: telephone expense	690080	\$1,200		\$1,200		\$ -
Direct billed: cell/mobile phone	690090	\$1,539		\$1,539		\$ -
Direct billed: mailing cost	690120	\$0		\$25		\$ (25)
Direct billed: printing/copying	690130	\$0		\$1,000		\$ (1,000)
Direct billed: space cost	700080	\$5,756		\$11,008		\$ (5,252)
Direct billed: insurance cost	710080	\$0		\$1,000		\$ (1,000)
R & m equipment	730040	\$500		\$0		\$ 500
Advertising	740000	\$0		\$3,000		\$ (3,000)
Food	760012	\$42,000		\$42,000		\$ -
Bank service charge	760020	\$2,700		\$0		\$ 2,700
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC			\$ -		\$ -	\$ -
Expenditures SUBJECT to IDC		\$ 61,695		\$ 121,520		\$ (59,825)
Indirect Cost Rate (If blank or zero, must explain in Notes above)		14.05%		14.05%		
Indirect Cost Allocation	970000	\$ 8,668		\$ 17,074		\$ (8,406)
Total Expenditures			\$ 70,363		\$ 138,594	\$ (68,231)

Revenues OVER \ (UNDER) Expenditures		\$ (7,363)		\$ (82,594)		\$ 75,231
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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					\$ -
Cash in: debt service	900070					\$ -

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

Transfers In/Out - Net		\$ -		\$ -		\$ -
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Take to Narrative ==>		\$ 70,363		\$ 138,594		
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Excess/(Deficit) of Revenues, Expenditures and Net Transfers		\$ (7,363)		\$ (82,594)		\$ 75,231
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CHEROKEE NATION - FY2019 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2018 - 09/30/2019	Budget Preparer	Phone: 4976
Contract Period:		Name:	Suzanne Drywater
Contract Number:		Accounting Unit Director/Manager	Phone: 3830
Accounting Fund:	1-General Fund	Name:	Jeremie Fisher
Funding Source:	01-Cherokee Nation	Executive Director	Phone: 3816
AU Description:	Emergency Management Disaster Fund	Name:	Shannon Buhl
Accounting Unit:	1010522	1st Person Responsible	
	Place IDC Rate in Part 4 Below	Employee #	106002
Date/Time Printed:	04-Dec-18 12:50 PM		

Notes: Mod 1 to provide operational funds for tornado disaster work funds coming from reduction in AU 1010310 Indirect Cost Shortfall

PART-2

Staffing Summary:		FY 2019 REVISION 1	FY 2019 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 - >>>			\$ -
	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	
	DO NOT COPY TO, COPY ABOVE, OR REMOVE THIS LINE!					
Salaries & wages	600000	\$98,247		\$0		\$ 98,247
Fringe benefits	610000	\$33,275		\$0		\$ 33,275
Supplies	680000	\$43,840		\$43,840		\$ -
	Please enter a valid account number - >>>					\$ -
	Please enter a valid account number - >>>					\$ -
	Please enter a valid account number - >>>					\$ -
	DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!					\$ -
Expenditures NOT Subject to IDC						\$ -
Expenditures SUBJECT to IDC		\$ 175,362		\$ 43,840		\$ 131,522
Indirect Cost Rate (If blank or zero, must explain in Notes above)		14.05%		14.05%		
Indirect Cost Allocation	970000	\$ 24,638		\$ 6,160		\$ 18,478
Total Expenditures			\$ 200,000		\$ 50,000	\$ 150,000

Revenues OVER \ (UNDER) Expenditures		\$ (200,000)		\$ (50,000)	\$ (150,000)
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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					\$ -
Cash in: debt service	900070					\$ -

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

Transfers In/Out - Net		\$ -		\$ -	\$ -
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Take to Narrative ==>		\$ 200,000		\$ 50,000	
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Excess(Deficit) of Revenues, Expenditures and Net Transfers		\$ (200,000)		\$ (50,000)	\$ (150,000)
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CHEROKEE NATION - FY2019 BUDGET REQUEST FORM

PART-1		Budget Preparer	
Budget Period:	10/01/2018 - 09/30/2019	Name:	Mary A. Campbell
Contract Period:		Accounting Unit Director/Manager	Shay Smith
Contract Number:	3-Special Revenue	Executive Director	Anna Knight
Accounting Fund:	22-DOI-Self Governance	1st Person Responsible	
Funding Source:	SG Small Bus Assistance Center	Employee #	101074
AU Description:			
Accounting Unit:	3222020		
Date/Time Printed: 21-Nov-18 09:16 AM		Place IDC Rate in Part 4 Below	
Notes: Cash out to SBA Prime (3755800)			

PART-2		FY 2019 REVISION 1	FY 2019 ORIG REQUEST	Incr \ (Decr)
Staffing Summary:				
# of Regular Full-Time Employee Equivalents:		6.23	6.70	(0.47)
# 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		6.23	6.70	(0.47)

PART-3		Account #			Incr \ (Decr)
Revenues: (Show as positive #)					
Grants / contracts revenue	400000		\$546,982	\$546,982	\$ -
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			\$ 546,982	\$ 546,982	\$ -

PART-4	Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
			YES	NO	YES	NO	
DO NOT COPY TO, COPY ABOVE, OR REMOVE THIS LINE!							
Salaries & wages	600000		\$258,835		\$292,949		\$ (34,114)
Fringe benefits	610000		\$86,509		\$99,015		\$ (12,506)
Staff development & training	620000		\$5,000		\$5,000		\$ -
Travel-staff	630000		\$8,503		\$6,503		\$ -
Contract services < \$5K	640000		\$10,000		\$10,000		\$ -
Contract services >=\$5K	650000			\$12,000		\$10,197	\$ 1,803
Supplies	680000		\$8,487		\$7,535		\$ 952
Communication & reproduction	690000		\$3,000		\$3,000		\$ -
Direct billed: telephone expense	690080		\$3,000		\$3,000		\$ -
Direct billed: cell/mobile phone	690090		\$4,500		\$4,500		\$ -
Direct billed: internet	690110		\$3,758		\$3,758		\$ -
Direct billed: mailing cost	690120		\$2,000		\$2,000		\$ -
Direct billed: printing/copying	690130		\$2,000		\$2,000		\$ -
Building rent/lease	700000		\$800		\$600		\$ -
Utilities	700010		\$1,000		\$1,000		\$ -
Direct billed: space cost	700080		\$29,000		\$18,000		\$ 11,000
Direct billed: property insurance	710090		\$500		\$500		\$ -
Direct billed: auto insurance	710100		\$800		\$800		\$ -
Employee mileage reimbursement	720040		\$3,000		\$3,000		\$ -
Direct billed: GSA vehicle	720050		\$5,000		\$5,000		\$ -
Building maintenance	730000		\$1,000		\$1,000		\$ -
R & m equipment	730040		\$1,500		\$1,500		\$ -
Please enter a valid account number - >>>							\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!							
Expenditures NOT Subject to IDC				\$ 12,000		\$ 10,197	\$ 1,803
Expenditures SUBJECT to IDC			\$ 435,990		\$ 470,658		\$ (34,668)
Indirect Cost Rate (If blank or zero, must explain in Notes above)			14.05%		14.05%		
Indirect Cost Allocation			\$ 61,257		\$ 66,127		\$ (4,870)
Total Expenditures				\$ 509,247		\$ 546,982	\$ (37,735)

Revenues OVER \ (UNDER) Expenditures		\$ 37,735		\$ -	\$ 37,735
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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				\$ -
Cash in: debt service	900070				\$ -
Operating Transfers OUT					
Other financing uses	900001				\$ -
Cash out: tribally required	900011				\$ -
Cash out: grant required	900021		\$37,735	\$0	\$ 37,735
Cash out: motor fuel tax	900041				\$ -
Cash out: vehicle tax	900051				\$ -
Cash out: interprogram contract	900061				\$ -
Cash out: debt service	900071				\$ -
Transfers In\Out - Net			\$ (37,735)	\$ -	\$ (37,735)

Take to Narrative ==>		\$ 546,982		\$ 546,982	
Excess\ (Deficit) of Revenues, Expenditures and Net Transfers		\$ -		\$ -	\$ -

PAYROLL WORKSHEET

Accounting Unit Description: SG Small Bus Assistance Center
 Accounting Unit Name: 3122020
 For Budget Period: 10/01/2018 - 09/30/2019
 Prepared by: Mary A. Campbell
 Printed Date: 29-Nov-18
 Printed Time: 08:16 AM

Job Title	Position Status Vacant=V New=N Existing=E	Salary Class: Hourly = H MOA/PA = N	Position Code	Grade Range	Emp. #	Pay Rate	Expected Hours To Pay on this AU		Expected Wages (Gross)	Series-Status	Fringe Rate%	% Charged to this AU	On Multiple AUs	Expected Wages (Gross)	Expected Fringe Benefits
							Regular	Overtime							
1 Commerce Services Small Business Assistance Center Director	E	S	1050	203	102555	\$38.07	2,080	0	\$79,166	Full Time	33.80%		\$31,674	\$10,706	
2 Entrepreneurial Development Manager	E	S	1059	223	101843	\$31.82	2,080	0	\$67,176	Full Time	33.80%	X	\$39,467	\$13,338	
3 Entrepreneurial Development Supervisor Portfolio	E	H	1061	145	107288	\$18.50	2,080	0	\$38,464	Full Time	33.80%	X	\$19,240	\$6,503	
4 Entrepreneurial Development Business Coach	E	H	2015	141	101150	\$20.46	2,080	0	\$42,557	Full Time	33.80%	X	\$22,257	\$7,384	
5 Entrepreneurial Development Business Coach	E	H	2015	141	102078	\$21.49	2,080	0	\$44,685	Full Time	33.80%	X	\$23,550	\$7,554	
6 Commerce Services Administration Mortgage Loan Officer	E	H	1057	88	106532	\$22.06	2,080	0	\$45,885	Full Time	33.80%	X	\$24,283	\$7,829	
7 Entrepreneurial Development Cultural Specialist	E	H	1058	146	109741	\$18.57	2,080	0	\$38,626	Full Time	33.80%	X	\$20,084	\$6,631	
8 Commerce Services Administration Clerk I	E	H	2761	2	160047	\$9.25	2,080	0	\$19,240	Full Time	33.80%	X	\$10,120	\$3,272	
9 Entrepreneurial Development Business Coach	E	H	2915	141	102881	\$19.41	2,080	0	\$40,373	Full Time	33.80%	X	\$21,224	\$6,742	
10 Commerce Administration Administrative Assistant	V	H	2889	18	000000	\$10.41	2,080	0	\$21,653	Full Time	33.80%	X	\$11,422	\$3,631	
11 Commerce Administration Administrative Assistant	E	H	2889	18	104724	\$11.95	2,080	0	\$24,856	Full Time	33.80%	X	\$13,013	\$4,176	
12											0.00%		\$0	\$0	
13											0.00%		\$0	\$0	
14											0.00%		\$0	\$0	
15											0.00%		\$0	\$0	
16											0.00%		\$0	\$0	
17											0.00%		\$0	\$0	
18											0.00%		\$0	\$0	
19											0.00%		\$0	\$0	
20											0.00%		\$0	\$0	
21											0.00%		\$0	\$0	
22											0.00%		\$0	\$0	
23											0.00%		\$0	\$0	
24											0.00%		\$0	\$0	
25											0.00%		\$0	\$0	
26											0.00%		\$0	\$0	
27											0.00%		\$0	\$0	
28											0.00%		\$0	\$0	
29											0.00%		\$0	\$0	
30											0.00%		\$0	\$0	
31											0.00%		\$0	\$0	
32											0.00%		\$0	\$0	
33											0.00%		\$0	\$0	
34											0.00%		\$0	\$0	
35											0.00%		\$0	\$0	
36											0.00%		\$0	\$0	
37											0.00%		\$0	\$0	
38											0.00%		\$0	\$0	
39											0.00%		\$0	\$0	
40											0.00%		\$0	\$0	
41											0.00%		\$0	\$0	
42											0.00%		\$0	\$0	
43											0.00%		\$0	\$0	
44											0.00%		\$0	\$0	
45											0.00%		\$0	\$0	
46											0.00%		\$0	\$0	
47											0.00%		\$0	\$0	
48											0.00%		\$0	\$0	
49											0.00%		\$0	\$0	
50											0.00%		\$0	\$0	
51											0.00%		\$0	\$0	
52											0.00%		\$0	\$0	
53											0.00%		\$0	\$0	
54											0.00%		\$0	\$0	
55											0.00%		\$0	\$0	
56											0.00%		\$0	\$0	
57											0.00%		\$0	\$0	
58											0.00%		\$0	\$0	
59											0.00%		\$0	\$0	
60											0.00%		\$0	\$0	
61											0.00%		\$0	\$0	
62											0.00%		\$0	\$0	
63											0.00%		\$0	\$0	
64											0.00%		\$0	\$0	
65											0.00%		\$0	\$0	
66											0.00%		\$0	\$0	
67											0.00%		\$0	\$0	
68											0.00%		\$0	\$0	
69											0.00%		\$0	\$0	
70											0.00%		\$0	\$0	
71 Anticipated Turnover													\$0	\$0	
72 Adjustment to Fringe Benefits													\$0	\$0	
73 AU 3% Merit Increase													\$0	\$0	
74 Shift Differential													\$0	\$0	
75 Christmas Bonus - Regular Full Time													\$0	\$0	
76 Christmas Bonus - Regular Part Time													\$0	\$0	
Totals													\$258,835	\$85,509	

Please input these totals on the Budget Request Form!

CHEROKEE NATION - FY2019 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2018 - 09/30/2019	Budget Preparer	Phone:	453-5636
Contract Period:		Name:	AMI SAMS	
Contract Number:		Accounting Unit Director/Manager	Phone:	458-3100
Accounting Fund:	3-Special Revenue	Name:	BRIAN HAIL	
Funding Source:	32-IHS-Self Governance-Health	Executive Director	Phone:	453-5680
AU Description:	WW Hastings Outpatient Revenue	Name:	CHARLES GRIM	
Accounting Unit:	3323405	1st Person Responsible		
	Place IDC Rate in Part 4 Below			
Date/Time Printed:	30-Nov-18	10:38 AM		

PART-2

Staffing Summary:	FY 2019 ORIG REQUEST	FY 2018 BUDGET	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	33.00		33.00
# 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	33.00		33.00

PART-3

Revenues: (Show as positive #)	Account #		Incr \ (Decr)
Grants / contracts revenue	400000	\$ 11,470,000	\$ 11,470,000
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!			
Total Revenues		\$ 11,470,000	\$ - \$ 11,470,000

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
DO NOT COPY TO, COPY ABOVE, OR REMOVE THIS LINE!						
Salaries & wages	600000	\$ 1,793,537				\$ 1,793,537
Fringe benefits	610000	\$ 606,222				\$ 606,222
Staff development & training	620000	\$ 100,000				\$ 100,000
Recruitment	620500	\$ 50,000				\$ 50,000
Contract services >=\$5K	650000		\$ 2,000,000			\$ 2,000,000
Supplies on agreement: RX	660010		\$ 2,000,000			\$ 2,000,000
Supplies	680000	\$ 3,500,000				\$ 3,500,000
Utilities	700010	\$ 300,000				\$ 300,000
Direct billed: property insurance	710090	\$ 200,000				\$ 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!						
Expenditures NOT Subject to IDC			\$ 4,000,000		\$ -	\$ 4,000,000
Expenditures SUBJECT to IDC		\$ 6,549,759		\$ -		\$ 6,549,759
Indirect Cost Rate (If blank or zero, must explain in Notes above)		14.05%		14.05%		
Indirect Cost Allocation	970000	\$ 920,241				\$ 920,241
Total Expenditures			\$ 11,470,000		\$ -	\$ 11,470,000

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					\$ -
Cash in: debt service	900070					\$ -

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

Transfers In/Out - Net		\$ -		\$ -	\$ -
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Take to Narrative ==>		\$ 11,470,000		\$ -	
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Excess \ (Deficit) of Revenues, Expenditures and Net Transfers		\$ -		\$ -	\$ -
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PAYROLL WORKSHEET

Accounting Unit Description: WW Healthline Outpatient Revenue For Budget Period: 10/01/2018 - 09/30/2019 Printed Date: 19-Nov-18
Accounting Unit Name: 323405 Prepared by: AMI SAMS Printed Time: 08:13 AM

Table with columns: Job Title, Position Status, Salary Grade, Hourly Rate, Position Code, Grade Range, Emp. #, Pay Rate, Expected Hours, Status, Expected Wages, % Charged, On Multiple, Expected Fines, Expected Benefits. Includes a 'TOTAL PERSONNEL COST FOR EMPLOYEE' section at the bottom of the table.

Totals \$1,793,537 \$698,222
Please input these totals on the Budget Request Form

Cherokee Nation FY 2019 Comprehensive Budget Narrative

Department/Program		Executive Director		ED Phone #	
07 - Health Services		CHARLES GRIM		453-5680	
Accounting Unit		Accounting Unit Name			
3323405		WW Hastings Outpatient Revenue			
Program Director/Manager			Pgm Dir/Mgr Phone #		Period Budget Covers
BRIAN HAIL			458-3100		10/01/2018 - 09/30/2019
FY2018 Budget Approved		FY2019 Budget Request		\$ Increase/(Decrease) Requested – Approved	
\$ -		\$ 11,470,000		\$ 11,470,000	
Staffing Plan (FTE)		FY2019 Budget Request		FY2018	
Regular Full-Time		33.00		-	
Regular Part-Time		-		-	
Temporary Full-Time		-		-	
Temporary Part-Time		-		-	
IPA/MOA/Other		-		-	
Total		33.00		-	
				33.00	

PROGRAM NARRATIVE:

This budget will fund the expenditures associated with the new Hastings Outpatient Health Center in FY19. The Health Center is schedule to open in late FY19; however, many positions need to be recruited for and hired early to support a facility of this size. The majority of the costs included in this budget request are related to initial stock of supplies and pharmaceuticals as well as major contracts that will need to be in place for operations for services such as lab services and radiology services. These amounts are estimated based on the existing facility and may need to be adjusted as we approach the opening date.

In FY2020, this budget will grow substantially.

SIGNIFICANT CHANGES:

This is a new budget for the new WW Hastings Outpatient Health Center in Tahlequah. This budget contains an estimate for staffing, supplies and operational costs.

3323405	WW Hastings Outpatient Revenue	400000	-	(11,470,000.00)	(11,470,000.00)
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PAYROLL WORKSHEET

Accounting Unit Description: CONTRACT HEALTH SERVICE Accounting Unit Name: 3324200 For Budget Period: 04/01/2018 - 03/31/2019 Prepared By: KERI SISCO Printed Date: 15-Nov-18 Printed Time: 04:03 PM

Table with columns: Job Title, Position Status, Salary Class, Position, Grade Range, Emp #, Pay Rate, Expected Hours, Expected Wages, Fringe Rate, % Charged to this AU, On Multiple AUs, Expected Wages (Gross), Fringe, Expected Fringe Benefits. Includes a Totals row at the bottom right.

Please Input these totals on the Budget Request Form!

CHEROKEE NATION - FY2019 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2018 - 09/30/2019	Budget Preparer	Phone: 918-453-5166
Contract Period:		Name:	KERI SISCO
Contract Number:		Accounting Unit Director/Manager	Phone: 4072
Accounting Fund:	3-Special Revenue	Name:	STEVEN CAREY
Funding Source:	32-IHS-Self Governance-Health	Executive Director	Phone: 5680
AU Description:	CONTRACT HEALTH SERVICE	Name:	CHARLES GRIM
Accounting Unit:	3324200	1st Person Responsible	
	Place IDC Rate in Part 4 Below	Employee #	105602
Date/Time Printed:	30-Nov-18 10:43 AM		

Notes:

PART-2

Staffing Summary:	FY 2019 REVISION 1	FY 2019 ORIG REQUEST	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	41.75	41.75	-
# of Regular Part-Time Employee Equivalents:			-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:	0.81	0.81	-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	42.56	42.56	-

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Grants / contracts revenue	400000	\$36,063,534	\$31,589,628	\$ 4,473,906
Medicaid unrestricted	470030	\$110,000	\$110,000	\$ -
Medicare restricted	470040	\$175,000	\$175,000	\$ -
Insurance income	470120	\$275,000	\$275,000	\$ -
Carryover: "unappropriated" PY	490010	\$0	\$3,500,000	\$ (3,500,000)
Please enter a valid account number - >>>				\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				
Total Revenues		\$ 36,623,534	\$ 35,649,628	\$ 973,906

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
DO NOT COPY TO, COPY ABOVE, OR REMOVE THIS LINE!						
Salaries & wages	600000	\$2,066,644		\$2,066,644		\$ -
Fringe benefits	610000	\$604,525		\$604,525		\$ -
Staff development & training	620000	\$10,000		\$10,000		\$ -
Travel-staff	630000	\$10,000		\$10,000		\$ -
Contract services >=\$5K	650000		\$25,000		\$25,000	\$ -
Contract health service >= \$5K	650050		\$33,385,477		\$32,411,571	\$ 973,906
Office supplies	680010	\$38,566		\$38,566		\$ -
Direct billed: telephone expense	690080	\$10,000		\$10,000		\$ -
Direct billed: cell/mobile phone	690090	\$12,000		\$12,000		\$ -
Direct billed: mailing cost	690120	\$25,000		\$25,000		\$ -
Lease/rent: furniture & equip	690500	\$12,000		\$12,000		\$ -
Direct billed: space cost	700080	\$75,000		\$75,000		\$ -
Direct billed: property insurance	710090	\$300		\$300		\$ -
Direct billed: auto insurance	710100	\$1,200		\$1,200		\$ -
Employee mileage reimbursement	720040	\$4,000		\$4,000		\$ -
Direct billed: GSA vehicle	720050	\$8,000		\$8,000		\$ -
Recovered: internal services	760090	(\$60,000)		(\$60,000)		\$ -
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			\$ 33,410,477		\$ 32,436,571	\$ 973,906
Expenditures SUBJECT to IDC		\$ 2,817,235		\$ 2,817,235		\$ -
Indirect Cost Rate (If blank or zero, must explain in Notes above)		14.05%		14.05%		
Indirect Cost Allocation	970000	\$ 395,822		\$ 395,822		\$ -
Total Expenditures			\$ 36,623,534		\$ 35,649,628	\$ 973,906

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		\$ -
Cash in: debt service	900070		\$ -

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

Transfers In/Out - Net	\$ -	\$ -	\$ -
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Take to Narrative ==>	\$ 36,623,534	\$ 35,649,628	
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Excess\ (Deficit) of Revenues, Expenditures and Net Transfers	\$ -	\$ -	\$ -
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Cherokee Nation FY 2019 Comprehensive Budget Narrative

Department/Program		Executive Director		ED Phone #
07 - Health Services		CHARLES GRIM		5680
Accounting Unit		Accounting Unit Name		
3324200		CONTRACT HEALTH SERVICE		
Program Director/Manager		Pgm Dir/Mgr Phone #	Period Budget Covers	
STEVEN CAREY		4072	10/01/2018 - 09/30/2019	
FY2018 Budget Approved	FY2019 Budget Request	\$ Increase/(Decrease) Requested - Approved	% Increase/(Decrease) (Request - Approved) / Approved	
\$ 35,649,628	\$ 36,623,534	\$ 973,906	2.73%	
Staffing Plan (FTE)	FY2019 Budget Request	FY2018	Net Change in Staffing	
Regular Full-Time	41.75	41.75	-	
Regular Part-Time	-	-	-	
Temporary Full-Time	-	-	-	
Temporary Part-Time	0.81	0.81	-	
IPA/MOA/Other	-	-	-	
Total	42.56	42.56	-	

PROGRAM NARRATIVE:

This is the Contract Health Services (CHS) Program. This is an Indian Health Service (IHS) program that serves eligible Indian patients who live within the Contract Health Service Delivery Area (CHSDA). This program funds Inpatient Services, Outpatient Services, Dental Services, and Behavioral Health Services. The administrative costs associated with the Contract Health Service Program are also funded in this budget.

To be eligible for the CHS program you must be an eligible Indian patient of the Cherokee Nation or another IHS or tribal health system.

The delivery area is different from the Tribal Jurisdictional Service Area (TJSA). The Cherokee Nation has the inpatient services for Cherokee, Sequoyah and Adair counties and the outpatient service for Cherokee, Sequoyah, Adair, Muskogee, Delaware, Mayes, Nowata, Craig and Washington Counties. Additionally, the outpatient services for Cherokees living in Tulsa County (North of Admiral) and Rogers County and within our CHSDA.

The CHS program utilizes a number of external entities to provide services to the eligible patients. There are currently well over active vendors in our system.

The CHS staff goes to great pains to pay claims at the Medicare rate. CHS Auditors and other staff have taken coding classes and are strongly encouraged to become certified coders.

These funds are utilized for specialty physician care such as cardiology, oncology, urology, etc.; outpatient diagnostics/treatments such as MRI, chemotherapy, cardiovascular procedures, etc.; and tertiary hospitalizations.

In 2016 the program served 24,365 patients spending \$34,964,309. The average spending for those patients was \$1,435.02. CHS processed 87,681 PO's in that period of time. In 2017 the program served 22,744 patients spending \$29,621,368. The average expense was \$1,303.38 per patient processing 78,602 purchase orders at an average of 3.46 per CHS patient. In FY 2018 (as of 5/7/2018) the program has served 16,565 patients at an expense of \$15,383,170. 40,873 purchase orders were processed for those patients, an average of 2.46 per patient at an average expense of \$928.66.

In 2016, 90.8% of these patients were Cherokee. That number was 90.5% in 2017 and 90.9% in 2018.

SIGNIFICANT CHANGES:

This budget modification adds \$973,906 recurring IHS funding for Purchased and Referred Care (PRC). The modification also removes \$3.5 million in health carryover (non-recurring funding) and replaces it with \$3.5 million recurring IHS dollars.

3324200	Contract Health Service	FY 2019 Approved Budget	400000	(31,589,628.00)	(4,473,906.00)	(36,063,534.00)	Total FY19 Budget
3324200	Contract Health Service	FY 2019 Approved Budget	470030	(110,000.00)		(110,000.00)	
3324200	Contract Health Service	FY 2019 Approved Budget	470035	-		-	
3324200	Contract Health Service	FY 2019 Approved Budget	470040	(175,000.00)		(175,000.00)	
3324200	Contract Health Service	FY 2019 Approved Budget	470045	-		-	
3324200	Contract Health Service	FY 2019 Approved Budget	470047	-		-	
3324200	Contract Health Service	FY 2019 Approved Budget	470120	(275,000.00)		(275,000.00)	
3324200	Contract Health Service	FY 2019 Approved Budget	470125	-		-	
3324200	Contract Health Service	FY 2019 Approved Budget	470126	-		-	
3324200	Contract Health Service	FY 2019 Approved Budget	470127	-		-	
3324200	Contract Health Service	FY 2019 Approved Budget	470128	-		-	
3324200	Contract Health Service	FY 2019 Approved Budget	470210	-		-	
3324200	Contract Health Service	FY 2019 Approved Budget	470215	-		-	
3324200	Contract Health Service	FY 2019 Approved Budget	490010	(3,500,000.00)	3,500,000.00	-	36,623,534.00

CHEROKEE NATION - FY2019 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2018 - 09/30/2019	Budget Preparer	Phone: 453-5166
Contract Period:		Name:	KERI SISCO
Contract Number:		Accounting Unit Director/Manager	Phone: 458-3100
Accounting Fund:	3-Special Revenue	Name:	STEPHEN JONES
Funding Source:	32-THS-Self Governance-Health	Executive Director	Phone: 453-5680
AU Description:	DENTAL	Name:	CHARLES GRIM
Accounting Unit:	3324400	1st Person Responsible	
	Place IDC Rate in Part 4 Below	Employee #	110369
Date/Time Printed:	16-Nov-18		10:19 AM

Notes:

PART-2

Staffing Summary:	FY 2019 REVISION 2	FY 2019 REVISION 1	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	172.00	172.00	-
# of Regular Part-Time Employee Equivalents:	1.70	1.70	-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:	1.25	1.25	-
# of Other Employee Equivalents:	9.00	9.00	-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS	183.95	183.95	-

PART-3

Revenues: (Show as positive #)	Account #				Incr \ (Decr)
Grants / contracts revenue	400000		\$14,963,261	\$14,961,261	\$ 2,000
Health services income	470010		\$130,000	\$130,000	\$ -
Medicaid restricted	470020		\$3,750,000	\$3,750,000	\$ -
Insurance dental	470140		\$2,026,693	\$2,026,693	\$ -
Please enter a valid account number - >>>					\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!					
Total Revenues			\$ 20,869,954	\$ 20,867,954	\$ 2,000

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
DO NOT COPY TO, COPY ABOVE, OR REMOVE THIS LINE!						
Salaries & wages	600000	\$11,511,160		\$11,511,160		\$ -
Fringe benefits	610000	\$3,714,544		\$3,714,544		\$ -
Staff development & training	620000	\$57,157		\$57,157		\$ -
CME Training	620300	\$45,000		\$45,000		\$ -
Travel-staff	630000	\$15,000		\$15,000		\$ -
Contract services >=\$5K	650000		\$20,000		\$20,000	\$ -
MOA/IFA contracts >= \$5K	650030		\$1,207,151		\$1,207,151	\$ -
Supplies on agreement: medical	660020		\$500,000		\$500,000	\$ -
Supplies	680000	\$1,426,710		\$1,424,956		\$ 1,754
Employee mileage reimbursement	720040	\$15,000		\$15,000		\$ -
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			\$ 1,727,151		\$ 1,727,151	\$ -
Expenditures SUBJECT to IDC		\$ 16,784,571		\$ 16,782,817		\$ 1,754
Indirect Cost Rate (If blank or zero, must explain in Notes above)		14.05%		14.05%		
Indirect Cost Allocation	970000	\$ 2,358,232		\$ 2,357,986		\$ 246
Total Expenditures			\$ 20,869,954	\$ 20,867,954		\$ 2,000

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					\$ -
Cash in: debt service	900070					\$ -

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

Transfers In/Out - Net		\$ -		\$ -		\$ -
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Take to Narrative ==>		\$ 20,869,954		\$ 20,867,954		
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Excess/(Deficit) of Revenues, Expenditures and Net Transfers		\$ -		\$ -		\$ -
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PAYROLL WORKSHEET

Accounting Unit Description: DENTAL
 Accounting Unit Name: 3324400
 For Budget Period: 10/01/2018 - 09/30/2019
 Prepared by: KERI SISCO
 Printed Date: 29-Nov-18
 Printed Time: 08:29 AM

Job Title	Position Status	Salary Class:	Position Code	Grade Range	Emp. #	Expected Hours To Pay on this AU		Series-Status	Fringe Rate %	% Charged to this AU	On Multiple AUs	Expected Wages (Gross)	Expected Fringe Benefits
						Regular	Overtime						
1 AMOHC Dental Clinic Assistant Supervisor	E	H	289	134	102079	2,080		Full Time	33.80%	100%		\$52,000	\$17,578
2 AMOHC Dental Clinic Dental Assistant	E	H	337	26	103409	2,080		Full Time	33.80%	100%		\$27,040	\$9,140
3 AMOHC Dental Clinic Dental Assistant	E	H	337	26	104521	2,080		Full Time	33.80%	100%		\$31,200	\$10,546
4 AMOHC Dental Clinic Dental Assistant	E	H	337	26	102720	2,080		Full Time	33.80%	100%		\$27,040	\$9,140
5 AMOHC Dental Clinic Dental Assistant	E	H	337	26	103407	2,080		Full Time	33.80%	100%		\$29,120	\$9,843
6 AMOHC Dental Clinic Dental Assistant	E	H	337	26	103408	2,080		Full Time	33.80%	100%		\$33,280	\$11,249
7 AMOHC Dental Clinic Dental Assistant	E	H	337	26	103549	2,080		Full Time	33.80%	100%		\$24,960	\$8,326
8 AMOHC Dental Clinic Dental Assistant	E	H	337	26	101852	2,080		Full Time	33.80%	100%		\$31,200	\$10,546
9 AMOHC Dental Clinic Dental Assistant	E	H	337	26	500101	2,080		Full Time	33.80%	100%		\$31,200	\$10,546
10 AMOHC Dental Clinic Dental Assistant	E	S	328	247	500584	2,080		Full Time	33.80%	100%		\$83,500	\$28,223
11 AMOHC Dental Clinic Dental Assistant	E	S	317	380	110431	2,080		Full Time	33.80%	100%		\$71,500	\$24,167
12 AMOHC Dental Clinic Health Registration Specialist	E	H	310	18	109869	2,080		Full Time	33.80%	100%		\$166,000	\$56,108
13 AMOHC Dental Clinic Office Manager	E	H	306	42	101831	2,080		Full Time	33.80%	100%		\$27,872	\$9,421
14 NE AMOHC Dental Clinic Supervisor	E	H	0	0	509	2,080		Full Time	33.80%	100%		\$26,624	\$8,989
15 Office Mgr.	V	H	1093	42		2,080		Full Time	33.80%	100%		\$25,106	\$8,498
16 CWSCHC Dental Clinic Dental Assistant	E	H	339	26	500270	2,080		Full Time	33.80%	100%		\$24,960	\$8,326
17 CWSCHC Dental Clinic Dental Assistant	E	H	339	26	500416	2,080		Full Time	33.80%	100%		\$29,120	\$9,843
18 CWSCHC Dental Clinic Dental Assistant	E	H	339	26	500504	2,080		Full Time	33.80%	100%		\$24,960	\$8,326
19 CWSCHC Dental Clinic Dental Assistant	E	H	339	26	500516	2,080		Full Time	33.80%	100%		\$22,880	\$7,733
20 CWSCHC Dental Clinic Dental Assistant	E	H	339	26	500573	2,080		Full Time	33.80%	100%		\$29,120	\$9,843
21 CWSCHC Dental Clinic Dental Assistant	E	H	311	247	110498	2,080		Full Time	33.80%	100%		\$82,500	\$27,885
22 CWSCHC Dental Clinic Health Registration Specialist	E	H	312	18	104299	2,080		Full Time	33.80%	100%		\$23,338	\$7,868
23 CWSCHC Dental Clinic Health Registration Specialist	E	H	312	18	104299	2,080		Full Time	33.80%	100%		\$22,880	\$7,733
24 CWSCHC Dental Clinic Health Registration Specialist	E	H	312	18	104299	2,080		Full Time	33.80%	100%		\$22,880	\$7,733
25 CWSCHC Dental Clinic Supervisor	E	S	320	380	110430	2,080		Full Time	33.80%	100%		\$176,000	\$59,488
26 RSHC Dental Clinic Assistant Supervisor	E	H	302	134	102116	2,080		Full Time	33.80%	100%		\$49,920	\$16,873
27 RSHC Dental Clinic Dental Assistant	E	H	340	26	103662	2,080		Full Time	33.80%	100%		\$31,200	\$10,546
28 RSHC Dental Clinic Dental Assistant	E	H	340	26	500252	2,080		Full Time	33.80%	100%		\$24,960	\$8,326
29 RSHC Dental Clinic Dental Assistant	E	H	340	26	108439	2,080		Full Time	33.80%	100%		\$35,360	\$11,962
30 RSHC Dental Clinic Dental Assistant	E	H	340	26	106663	2,080		Full Time	33.80%	100%		\$43,680	\$14,784
31 RSHC Dental Clinic Dental Assistant	E	H	340	26	102951	2,080		Full Time	33.80%	100%		\$29,556	\$9,983
32 RSHC Dental Clinic Dental Assistant	E	H	340	26	103279	2,080		Full Time	33.80%	100%		\$27,040	\$9,140
33 RSHC Dental Clinic Dental Assistant	E	H	340	26	120285	2,080		Full Time	33.80%	100%		\$24,960	\$8,326
34 RSHC Dental Clinic Dental Assistant	E	H	340	26	103411	2,080		Full Time	33.80%	100%		\$24,960	\$8,326
35 RSHC Dental Clinic Dental Assistant	E	H	340	26	500453	2,080		Full Time	33.80%	100%		\$22,880	\$7,733
36 RSHC Dental Clinic Dental Assistant	E	H	340	26	105477	2,080		Full Time	33.80%	100%		\$37,440	\$12,655
37 RSHC Dental Clinic Dental Assistant	E	S	332	247	107548	2,080		Full Time	33.80%	100%		\$92,500	\$31,265
38 RSHC Dental Clinic Dental Assistant	E	S	320	380	110520	2,080		Full Time	33.80%	100%		\$210,000	\$70,980
39 RSHC Dental Clinic Dental Assistant	E	S	320	380	110520	2,080		Full Time	33.80%	100%		\$210,000	\$70,980
40 RSHC Dental Clinic Dental Assistant	E	S	320	380	110009	2,080		Full Time	33.80%	100%		\$22,993	\$7,761
41 RSHC Dental Clinic Health Registration Specialist	E	H	313	18	103370	2,080		Full Time	33.80%	100%		\$22,993	\$7,761
42 RSHC Dental Clinic Health Registration Specialist	E	H	313	18	103370	2,080		Full Time	33.80%	100%		\$22,993	\$7,761
43 RSHC Dental Clinic Health Registration Specialist	E	H	821	42	120280	2,080		Full Time	33.80%	100%		\$25,480	\$8,125
44 RSHC Dental Clinic Supervisor	E	H	1751	380	500490	2,080		Full Time	33.80%	100%		\$25,480	\$8,125
45 SHHC Dental Clinic Assistant Supervisor	E	H	303	134	103342	2,080		Full Time	33.80%	100%		\$44,138	\$14,919
46 SHHC Dental Clinic Clerk III	V	H	1626	6		2,080		Full Time	33.80%	100%		\$28,475	\$9,625
47 SHHC Dental Clinic Dental Assistant	E	H	341	26	103706	2,080		Full Time	33.80%	100%		\$36,646	\$12,082
48 SHHC Dental Clinic Dental Assistant	E	H	341	26	105384	2,080		Full Time	33.80%	100%		\$33,779	\$11,417
49 SHHC Dental Clinic Dental Assistant	E	H	341	26	103267	2,080		Full Time	33.80%	100%		\$33,779	\$11,417
50 SHHC Dental Clinic Dental Assistant	E	H	341	26	105118	2,080		Full Time	33.80%	100%		\$38,459	\$12,939
51 SHHC Dental Clinic Dental Assistant	E	H	341	26	106651	2,080		Full Time	33.80%	100%		\$32,760	\$10,773
52 SHHC Dental Clinic Dental Assistant	E	H	341	26	109468	2,080		Full Time	33.80%	100%		\$38,459	\$12,939
53 SHHC Dental Clinic Dental Assistant	E	H	341	26	104368	2,080		Full Time	33.80%	100%		\$32,760	\$10,773
54 SHHC Dental Clinic Dental Assistant	E	H	341	26	103608	2,080		Full Time	33.80%	100%		\$38,459	\$12,939
55 SHHC Dental Clinic Dental Assistant	E	S	333	247	110462	2,080		Full Time	33.80%	100%		\$92,500	\$31,265
56 SHHC Dental Clinic Dental Assistant	E	S	333	247	500479	2,080		Full Time	33.80%	100%		\$92,500	\$31,265
57 SHHC Dental Clinic Dental Assistant	E	S	322	380	110484	2,080		Full Time	33.80%	100%		\$162,000	\$54,756
58 SHHC Dental Clinic Health Registration Specialist	E	H	314	18	102280	2,080		Full Time	33.80%	100%		\$24,918	\$8,422
59 SHHC Dental Clinic Office Manager	E	H	2751	42	107771	2,080		Full Time	33.80%	100%		\$32,427	\$10,960
60 SHHC Dental Clinic Supervisor	E	H	297	380	110317	2,080		Full Time	33.80%	100%		\$32,427	\$10,960
61 TRHC Dental Clinic Assistant Supervisor	E	H	1618	134	101046	2,080		Full Time	33.80%	100%		\$44,138	\$14,919
62 TRHC Dental Clinic Dental Assistant	E	H	1627	26	500070	2,080		Full Time	33.80%	100%		\$44,138	\$14,919
63 TRHC Dental Clinic Dental Assistant	E	H	1627	26	103128	2,080		Full Time	33.80%	100%		\$33,779	\$11,417
64 TRHC Dental Clinic Dental Assistant	E	H	1627	26	120068	2,080		Full Time	33.80%	100%		\$31,200	\$10,546
65 TRHC Dental Clinic Dental Assistant	E	H	1627	26	100058	2,080		Full Time	33.80%	100%		\$37,440	\$12,655
66 TRHC Dental Clinic Dental Assistant	E	H	1627	26	500096	2,080		Full Time	33.80%	100%		\$24,960	\$8,326

Totals For This Accounting Unit

67	TRHC Dental Clinic Dental Assistant	E	H	1627	26	103327	\$14.00	2,080	\$29,120	Full Time	33.80%	100%	\$28,120	\$9,843
68	TRHC Dental Clinic Dental Assistant	E	H	1627	26	103492	\$17.00	2,080	\$35,360	Full Time	33.80%	100%	\$35,360	\$11,952
69	TRHC Dental Clinic Dental Assistant	E	H	1627	26	103987	\$14.00	2,080	\$29,120	Full Time	33.80%	100%	\$29,120	\$9,843
70	TRHC Dental Clinic Dental Assistant	E	H	1627	26	103986	\$14.00	2,080	\$29,120	Full Time	33.80%	100%	\$29,120	\$9,843
71	TRHC Dental Clinic Dental Assistant	E	H	1627	26	101840	\$15.00	2,080	\$33,200	Full Time	33.80%	100%	\$33,200	\$10,546
72	TRHC Dental Clinic Dental Assistant	E	H	1627	26	500208	\$12.00	2,080	\$24,960	Full Time	33.80%	100%	\$24,960	\$8,436
73	TRHC Dental Clinic Dental Assistant	E	H	1627	26	500558	\$13.00	2,080	\$27,040	Full Time	33.80%	100%	\$27,040	\$8,436
74	TRHC Dental Clinic Dental Assistant	E	H	1627	26	500507	\$16.00	2,080	\$33,280	Full Time	33.80%	100%	\$33,280	\$11,249
75	TRHC Dental Clinic Dental Assistant	E	H	1627	26	105342	\$17.95	2,080	\$37,336	Full Time	33.80%	100%	\$37,336	\$12,620
76	TRHC Dental Clinic Dental Assistant	E	H	1627	26	102239	\$16.00	2,080	\$33,280	Full Time	33.80%	100%	\$33,280	\$11,249
77	TRHC Dental Clinic Dental Assistant	E	H	1627	26	500081	\$12.00	2,080	\$24,960	Full Time	33.80%	100%	\$24,960	\$8,436
78	TRHC Dental Clinic Dental Assistant	E	H	1627	26	105755	\$12.00	2,080	\$24,960	Full Time	33.80%	100%	\$24,960	\$8,436
79	TRHC Dental Clinic Dental Assistant	E	H	1627	26	102199	\$17.00	2,080	\$35,360	Full Time	33.80%	100%	\$35,360	\$11,952
80	TRHC Dental Clinic Dental Assistant	E	H	1627	26	102170	\$18.00	2,080	\$39,520	Full Time	33.80%	100%	\$39,520	\$12,665
81	TRHC Dental Clinic Dental Assistant	E	H	1627	26	106891	\$16.00	2,080	\$33,280	Full Time	33.80%	100%	\$33,280	\$11,249
82	TRHC Dental Clinic Dental Assistant	E	H	1627	26	100078	\$16.64	2,080	\$34,611	Full Time	33.80%	100%	\$34,611	\$11,699
83	TRHC Dental Clinic Dental Assistant	E	H	1627	26	500116	\$15.00	2,080	\$31,200	Full Time	33.80%	100%	\$31,200	\$10,546
84	TRHC Dental Clinic Dental Assistant	V	H	1627	26	102399	\$13.00	2,080	\$27,040	Full Time	33.80%	100%	\$27,040	\$8,436
85	TRHC Dental Clinic Dental Assistant	V	H	1627	26	102398	\$13.00	2,080	\$27,040	Full Time	33.80%	100%	\$27,040	\$8,436
86	TRHC Dental Clinic Dental Hygienist	E	S	1623	247	110461	\$35.82	2,080	\$74,500	Full Time	33.80%	100%	\$74,500	\$25,181
87	TRHC Dental Clinic Dental Hygienist	E	S	1623	247	110466	\$43.75	2,080	\$91,000	Full Time	33.80%	100%	\$91,000	\$30,758
88	TRHC Dental Clinic Dental Hygienist	E	S	1623	247	100063	\$44.47	2,080	\$92,500	Full Time	33.80%	100%	\$92,500	\$31,265
89	TRHC Dental Clinic Dental Hygienist	E	S	1623	247	110460	\$35.82	2,080	\$74,500	Full Time	33.80%	100%	\$74,500	\$25,181
90	TRHC Dental Clinic Dental Hygienist	E	S	1623	380	110376	\$37.50	2,080	\$81,000	Full Time	33.80%	100%	\$81,000	\$28,516
91	TRHC Dental Clinic Dental Hygienist	E	S	323	380	110525	\$75.96	2,080	\$158,000	Full Time	33.80%	100%	\$158,000	\$53,404
92	TRHC Dental Clinic Dental Hygienist	E	S	323	380	110513	\$75.96	2,080	\$158,000	Full Time	33.80%	100%	\$158,000	\$53,404
93	TRHC Dental Clinic Dental Hygienist	E	S	323	380	110337	\$83.95	2,080	\$174,000	Full Time	33.80%	100%	\$174,000	\$58,812
94	TRHC Dental Clinic Dental Hygienist	E	S	323	380	110409	\$81.73	2,080	\$170,000	Full Time	33.80%	100%	\$170,000	\$57,460
95	TRHC Dental Clinic Dental Hygienist	E	S	324	380	500141	\$111.54	2,080	\$232,000	Full Time	33.80%	100%	\$232,000	\$78,416
96	TRHC Dental Clinic Dental Hygienist	E	S	324	380	110364	\$134.62	2,080	\$280,000	Full Time	33.80%	100%	\$280,000	\$94,640
97	TRHC Dental Clinic Health Registration Specialist	E	H	1621	18	104303	\$12.43	2,080	\$25,854	Full Time	33.80%	100%	\$25,854	\$8,739
98	TRHC Dental Clinic Health Registration Specialist	E	H	1621	18	101949	\$13.64	2,080	\$28,371	Full Time	33.80%	100%	\$28,371	\$9,566
99	TRHC Dental Clinic Health Registration Specialist	E	H	1621	18	103665	\$13.10	2,080	\$27,248	Full Time	33.80%	100%	\$27,248	\$9,210
100	TRHC Dental Clinic Health Registration Specialist	E	H	1621	18	105337	\$15.76	2,080	\$32,781	Full Time	33.80%	100%	\$32,781	\$11,080
101	TRHC Dental Clinic Office Manager	E	H	1620	42	106876	\$15.99	2,080	\$33,259	Full Time	33.80%	100%	\$33,259	\$11,242
102	TRHC Dental Clinic Supervisor	E	S	2657	380	110331	\$110.58	2,080	\$230,000	Full Time	33.80%	100%	\$230,000	\$77,740
103	NE TRHC Dental Clinic Dental Hygienist	E	N	0	0	108		2,080	\$0	Full Time	33.80%	100%	\$0	\$0
104	VHC Dental Clinic Dental Assistant Supervisor	E	H	304	134	102025	\$24.00	2,080	\$49,920	Full Time	33.80%	100%	\$49,920	\$16,873
105	VHC Dental Clinic Dental Assistant	E	H	342	26	108440	\$14.00	2,080	\$29,120	Full Time	33.80%	100%	\$29,120	\$9,843
106	VHC Dental Clinic Dental Assistant	E	H	342	26	105672	\$13.00	2,080	\$27,040	Full Time	33.80%	100%	\$27,040	\$8,140
107	VHC Dental Clinic Dental Assistant	E	H	342	26	105930	\$15.00	2,080	\$31,200	Full Time	33.80%	100%	\$31,200	\$10,546
108	VHC Dental Clinic Dental Assistant	E	H	342	26	103907	\$13.00	2,080	\$27,040	Full Time	33.80%	100%	\$27,040	\$8,140
109	VHC Dental Clinic Dental Assistant	E	H	342	26	500502	\$11.00	2,080	\$22,880	Full Time	33.80%	100%	\$22,880	\$7,733
110	VHC Dental Clinic Dental Assistant	E	H	342	26	103684	\$15.00	2,080	\$31,200	Full Time	33.80%	100%	\$31,200	\$10,546
111	VHC Dental Clinic Dental Assistant	E	H	342	26	500098	\$15.45	2,080	\$32,136	Full Time	33.80%	100%	\$32,136	\$10,862
112	VHC Dental Clinic Dental Assistant	E	H	342	26	500204	\$11.33	2,080	\$23,566	Full Time	33.80%	100%	\$23,566	\$7,965
113	VHC Dental Clinic Dental Assistant	E	H	342	26	106969	\$12.00	2,080	\$24,960	Full Time	33.80%	100%	\$24,960	\$8,436
114	VHC Dental Clinic Dental Assistant	E	H	342	26	500089	\$13.00	2,080	\$27,040	Full Time	33.80%	100%	\$27,040	\$8,140
115	VHC Dental Clinic Dental Assistant	E	H	342	26	103251	\$15.00	2,080	\$31,200	Full Time	33.80%	100%	\$31,200	\$10,546
116	VHC Dental Clinic Dental Assistant	E	H	342	26	500502	\$12.00	2,080	\$24,960	Full Time	33.80%	100%	\$24,960	\$8,436
117	VHC Dental Clinic Dental Assistant	E	H	342	26	102372	\$16.00	2,080	\$33,280	Full Time	33.80%	100%	\$33,280	\$11,249
118	VHC Dental Clinic Dental Assistant	V	H	342	26	102372	\$13.00	2,080	\$27,040	Full Time	33.80%	100%	\$27,040	\$8,140
119	VHC Dental Clinic Dental Assistant	V	H	342	26	110472	\$13.00	2,080	\$27,040	Full Time	33.80%	100%	\$27,040	\$8,140
120	VHC Dental Clinic Dental Hygienist	E	S	334	247	101990	\$37.26	2,080	\$77,500	Full Time	33.80%	100%	\$77,500	\$26,195
121	VHC Dental Clinic Dental Hygienist	E	S	334	247	101990	\$42.31	2,080	\$88,000	Full Time	33.80%	100%	\$88,000	\$29,744
122	VHC Dental Clinic Dental Hygienist	E	S	334	247	500492	\$36.54	2,080	\$76,000	Full Time	33.80%	100%	\$76,000	\$25,688
123	VHC Dental Clinic Dental Hygienist	V	S	325	380		\$75.96	2,080	\$157,997	Full Time	33.80%	100%	\$157,997	\$53,403
124	VHC Dental Clinic Dental Hygienist	V	S	325	380		\$75.96	2,080	\$157,997	Full Time	33.80%	100%	\$157,997	\$53,403
125	VHC Dental Clinic Health Registration Specialist	E	H	315	18	102120	\$13.06	2,080	\$26,208	Full Time	33.80%	100%	\$26,208	\$8,858
126	VHC Dental Clinic Health Registration Specialist	E	H	315	18	106739	\$12.60	2,080	\$26,208	Full Time	33.80%	100%	\$26,208	\$8,858
127	VHC Dental Clinic Office Manager	E	H	308	42	100588	\$15.99	2,080	\$33,259	Full Time	33.80%	100%	\$33,259	\$11,242
128	NE VHC Dental Clinic Supervisor	E	S	298	380	110157	\$111.24	2,080	\$231,376	Full Time	33.80%	100%	\$231,376	\$78,205
129	NE VHC Dental Clinic Supervisor	E	N	0	0	609		2,080	\$0	Full Time	33.80%	100%	\$0	\$0
130	WPMHC Dental Clinic Assistant Supervisor	E	H	305	134	100196	\$25.76	2,080	\$53,581	Full Time	33.80%	100%	\$53,581	\$18,110
131	WPMHC Dental Clinic Dental Assistant	E	H	343	26	104937	\$18.53	2,080	\$38,542	Full Time	33.80%	100%	\$38,542	\$13,027
132	WPMHC Dental Clinic Dental Assistant	E	H	343	26	100637	\$18.31	2,080	\$38,085	Full Time	33.80%	100%	\$38,085	\$12,873
133	WPMHC Dental Clinic Dental Assistant	E	H	343	26	101551	\$15.00	2,080	\$31,200	Full Time	33.80%	100%	\$31,200	\$10,546
134	WPMHC Dental Clinic Dental Assistant	E	H	343	26	103948	\$21.00	2,080	\$43,680	Full Time	33.80%	100%	\$43,680	\$14,764
135	WPMHC Dental Clinic Dental Assistant	E	H	343	26	100919	\$19.00	2,080	\$39,520	Full Time	33.80%	100%	\$39,520	\$13,358
136	WPMHC Dental Clinic Dental Assistant	E	H	343	26	500307	\$12.00	2,080	\$24,960	Full Time	33.80%	100%	\$24,960	\$8,436
137	WPMHC Dental Clinic Dental Assistant	E	H	343	26	103125	\$12.36	2,080	\$25,709	Full Time	33.80%	100%	\$25,709	\$8,690
138	WPMHC Dental Clinic Dental Assistant	E	H	343	26	104264	\$21.00	2,080	\$43,680	Full Time	33.80%	100%	\$43,680	\$14,764
139	WPMHC Dental Clinic Dental Assistant	E	H	343	26	500500	\$11.00	2,080	\$22,880	Full Time	33.80%	100%	\$22,880	\$7,733
140	WPMHC Dental Clinic Dental Assistant	E	H	343	26	104508	\$21.00	2,080	\$43,680	Full Time	33.80%	100%	\$43,680	\$14,764
141	WPMHC Dental Clinic Dental Hygienist	E	S	335	247	100270	\$39.42	2,080	\$82,000	Full Time	33.80%	100%	\$82,000	\$27,716
142	WPMHC Dental Clinic Dental Hygienist	E	S	335	247	110547	\$34.38	2,080	\$71,500	Full Time	33.80%	100%	\$71,500	\$24,167
143	WPMHC Dental Clinic Dental Hygienist	E	S	327	380	110339	\$83.65	2,080	\$174,000	Full Time	33.80%	100%	\$174,000	\$58,812

144	WPMHC Dental Clinic Dentist-B	E	S	326	380	110509	\$83.17	2,080	\$173,000	Full Time	33.80%	100%	\$173,000	\$58,474	144
145	WPMHC Dental Clinic Dentist-B	V	S	326	380	110509	\$75.96	2,080	\$157,987	Full Time	33.80%	100%	\$157,987	\$53,403	145
146	WPMHC Dental Clinic Health Registration Specialist	E	H	316	18	101251	\$11.92	2,080	\$24,784	Full Time	33.80%	100%	\$24,784	\$8,380	146
147	WPMHC Dental Clinic Health Registration Specialist	E	H	316	18	102688	\$11.37	2,080	\$23,660	Full Time	33.80%	100%	\$23,660	\$7,994	147
148	WPMHC Dental Clinic Office Manager	E	H	309	42	105806	\$16.47	2,080	\$34,258	Full Time	33.80%	100%	\$34,258	\$11,579	148
149	WPMHC Dental Clinic Dental Hygienist	E	S	330	247	110488	\$44.47	2,080	\$92,500	Full Time	33.80%	100%	\$92,500	\$31,265	149
150	WPMHC Dental Clinic Dental Hygienist	E	S	330	247	102534	\$36.54	2,080	\$76,000	Full Time	33.80%	100%	\$76,000	\$25,688	150
151	WPMHC Dental Clinic Hourly-A	E	H	2906	380	110407	\$149.04	1,040	\$155,002	Part Time	12.10%	100%	\$155,002	\$17,755	151
152	WPMHC Dental Clinic Assistant Supervisor	E	H	2906	380	110500	\$170.00	416	\$70,720	Part Time	12.10%	100%	\$70,720	\$8,557	152
153	WPMHC Dental Clinic Dental Assistant	E	H	300	134	101231	\$23.00	2,080	\$47,840	Full Time	33.80%	100%	\$47,840	\$16,170	153
154	WPMHC Dental Clinic Dental Assistant	E	H	338	26	120276	\$13.00	2,080	\$27,040	Full Time	33.80%	100%	\$27,040	\$9,140	154
155	WPMHC Dental Clinic Dental Assistant	E	H	338	26	104099	\$19.10	2,080	\$39,728	Full Time	33.80%	100%	\$39,728	\$13,428	155
156	WPMHC Dental Clinic Dental Assistant	E	H	338	26	103864	\$15.00	2,080	\$31,200	Full Time	33.80%	100%	\$31,200	\$10,546	156
157	WPMHC Dental Clinic Dental Assistant	E	H	338	26	109442	\$16.00	2,080	\$33,280	Full Time	33.80%	100%	\$33,280	\$11,249	157
158	WPMHC Dental Clinic Dental Assistant	E	H	338	26	109781	\$25.51	2,080	\$53,061	Full Time	33.80%	100%	\$53,061	\$17,935	158
159	WPMHC Dental Clinic Dental Assistant	E	H	338	26	103096	\$16.00	2,080	\$29,120	Full Time	33.80%	100%	\$29,120	\$9,843	159
160	WPMHC Dental Clinic Dental Assistant	E	H	338	26	120288	\$14.00	2,080	\$29,120	Full Time	33.80%	100%	\$29,120	\$9,843	160
161	WPMHC Dental Clinic Dental Assistant	E	H	338	26	500459	\$11.00	2,080	\$22,880	Full Time	33.80%	100%	\$22,880	\$7,733	161
162	WPMHC Dental Clinic Dental Assistant	E	H	338	26	500624	\$11.00	2,080	\$22,880	Full Time	33.80%	100%	\$22,880	\$7,733	162
163	WPMHC Dental Clinic Dental Assistant	E	H	338	26	500462	\$11.00	2,080	\$22,880	Full Time	33.80%	100%	\$22,880	\$7,733	163
164	WPMHC Dental Clinic Dental Assistant	E	H	338	26	500052	\$13.00	2,080	\$27,040	Full Time	33.80%	100%	\$27,040	\$9,140	164
165	WPMHC Dental Clinic Dental Assistant	E	H	338	26	100783	\$15.00	2,080	\$31,200	Full Time	33.80%	100%	\$31,200	\$10,546	165
166	WPMHC Dental Clinic Dental Assistant	E	H	338	26	101311	\$15.00	2,080	\$31,200	Full Time	33.80%	100%	\$31,200	\$10,546	166
167	WPMHC Dental Clinic Dental Assistant	V	H	338	26	101311	\$13.00	2,080	\$27,040	Full Time	33.80%	100%	\$27,040	\$9,140	167
168	WPMHC Dental Clinic Dentist-A	E	S	1622	380	110220	\$100.96	1,040	\$105,000	Part Time	12.10%	100%	\$105,000	\$12,702	168
169	WPMHC Dental Clinic Dentist-A	E	S	1622	380	110454	\$100.96	1,040	\$105,000	Part Time	12.10%	100%	\$105,000	\$12,702	169
170	WPMHC Dental Clinic Dentist-A	E	S	1622	380	110256	\$100.96	2,080	\$210,000	Full Time	33.80%	100%	\$210,000	\$27,040	170
171	WPMHC Dental Clinic Dentist-B	E	S	318	380	110455	\$125.00	2,080	\$260,000	Full Time	33.80%	100%	\$260,000	\$87,880	171
172	WPMHC Dental Clinic Dentist-B	E	S	318	380	110249	\$100.96	2,080	\$210,000	Full Time	33.80%	100%	\$210,000	\$27,040	172
173	WPMHC Dental Clinic Health Registration Specialist	V	S	318	380	110249	\$75.96	2,080	\$157,987	Full Time	33.80%	100%	\$157,987	\$53,403	173
174	WPMHC Dental Clinic Health Registration Specialist	E	H	311	18	105659	\$12.21	2,080	\$25,397	Full Time	33.80%	100%	\$25,397	\$8,564	174
175	WPMHC Dental Clinic Health Registration Specialist	E	H	311	18	107255	\$10.72	2,080	\$22,298	Full Time	33.80%	100%	\$22,298	\$7,537	175
176	WPMHC Dental Clinic Office Manager	E	H	307	42	500614	\$13.36	2,080	\$27,769	Full Time	33.80%	100%	\$27,769	\$9,393	176
177	WPMHC Dental Clinic Senior Director	E	S	1617	402	110369	\$149.04	2,080	\$310,000	Full Time	33.80%	100%	\$310,000	\$104,780	177
178	WPMHC Dental Clinic Supervisor	E	H	1624	76	101430	\$16.18	2,080	\$33,694	Full Time	33.80%	100%	\$33,694	\$11,375	178
179	WPMHC Dental Clinic Supervisor	E	N	0	0	614	\$112.96	2,080	\$234,957	Full Time	33.80%	100%	\$234,957	\$79,415	179
180	WPMHC Dental Clinic Dentist - B	E	N	0	0	480		2,080		Full Time	33.80%	100%	\$0	\$0	180
181	WPMHC Dental Clinic Dentist Assistant	E	N	0	0	489		2,080		Full Time	33.80%	100%	\$0	\$0	181
182	WPMHC Dental Clinic Dentist Assistant	E	N	0	0	477		2,080		Full Time	33.80%	100%	\$0	\$0	182
183	WPMHC Dental Clinic Dentist Assistant	E	N	0	0	546		2,080		Full Time	33.80%	100%	\$0	\$0	183
184	WPMHC Dental Clinic Dentist Assistant	E	N	0	0	499		2,080		Full Time	33.80%	100%	\$0	\$0	184
185	WPMHC Dental Clinic Secretary	E	N	0	0	499		2,080		Full Time	33.80%	100%	\$0	\$0	185
186	WPMHC Dental Clinic Hourly-A	E	H	2906	380	110456	\$130.00	1,040	\$135,200	Temp FT or PT	8.70%	100%	\$135,200	\$11,762	186
187	WPMHC Dental Clinic Hourly-A	V	H	2906	380	110456	\$130.00	520	\$67,600	Temp FT or PT	8.70%	100%	\$67,600	\$5,881	187
188	WPMHC Dental Clinic Hourly-A	V	H	2906	380	110456	\$130.00	520	\$67,600	Temp FT or PT	8.70%	100%	\$67,600	\$5,881	188
189	WPMHC Dental Clinic Hourly-A	V	H	2906	380	110456	\$130.00	520	\$67,600	Temp FT or PT	8.70%	100%	\$67,600	\$5,881	189
190													\$0	\$0	190
191	Anticipated Turnover												\$0	\$0	191
192	Adjustment to Fringe Benefits												(\$578,427)	(\$186,539)	192
193	Adjustment to Fringe Benefits												\$0	\$0	193
194	Shift Differential												\$347,056	\$111,923	194
195	Christmas Bonus - Regular Full Time												\$0	\$0	195
196	Christmas Bonus - Regular Part Time												\$172,000	\$58,136	196
197	Christmas Bonus - Regular Part Time												\$2,000	\$242	197
Totals													\$1,511,160	\$3,714,544	

Please input these totals on the Budget Request Form

3324400	Dental	FY 2019 Approved Budget	400000	(14,961,261.00)	(2,000.00)	(14,963,261.00)	Total FY19 Budget
3324400	Dental	FY 2019 Approved Budget	470010	(130,000.00)		(130,000.00)	
3324400	Dental	FY 2019 Approved Budget	470020	(3,750,000.00)		(3,750,000.00)	
3324400	Dental	FY 2019 Approved Budget	470130	-		-	
3324400	Dental	FY 2019 Approved Budget	470140	(2,026,693.00)		(2,026,693.00)	20,869,954.00

CHEROKEE NATION - FY2019 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2018 - 09/30/2019	Budget Preparer	Phone: 453-5636
Contract Period:		Name:	AMI SAMS
Contract Number:		Accounting Unit Director/Manager	Phone: 453-5680
Accounting Fund:	3-Special Revenue	Name:	CHARLES GRIM
Funding Source:	32-IHS-Self Governance-Health	Executive Director	Phone: 453-5680
AU Description:	Health Staff Trng & Dev	Name:	CHARLES GRIM
Accounting Unit:	3325900	1st Person Responsible	
	Place IDC Rate In Part 4 Below	Employee #	110227
Date/Time Printed:	30-Nov-18	10:50 AM	

PART-2

Staffing Summary:	FY 2019 ORIG REQUEST	FY 2018 BUDGET	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	4.00		4.00
# 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	4.00		4.00

PART-3

Revenues: (Show as positive #)	Account #		Incr \ (Decr)
Grants / contracts revenue	400000	\$489,509	\$ 489,509
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		\$ 489,509	\$ - \$ 489,509

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
DO NOT COPY TO, COPY ABOVE, OR REMOVE THIS LINE!						
Salaries & wages	600000	\$265,850				\$ 265,850
Fringe benefits	610000	\$89,856				\$ 89,856
Staff development & training	620000	\$30,000				\$ 30,000
Travel-staff	630000	\$10,000				\$ 10,000
Supplies	680000	\$30,000				\$ 30,000
Direct billed: cell/mobile phone	690090	\$3,500				\$ 3,500
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
Please enter a valid account number - >>>						\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!						
Expenditures NOT Subject to IDC			\$ -		\$ -	\$ -
Expenditures SUBJECT to IDC		\$ 429,206		\$ -		\$ 429,206
Indirect Cost Rate (If blank or zero, must explain in Notes above)		14.05%		14.05%		
Indirect Cost Allocation	970000	\$ 60,303		\$ -		\$ 60,303
Total Expenditures		\$ 489,509		\$ -		\$ 489,509

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				\$ -
Cash in: debt service	900070				\$ -

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

Transfers In/Out - Net		\$ -	\$ -	\$ -
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Take to Narrative ==>	\$ 489,509	\$ -	\$ -
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Excess \ (Deficit) of Revenues, Expenditures and Net Transfers	\$ -	\$ -	\$ -
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PAYROLL WORKSHEET

Accounting Unit Description: Health Staff Trng & Dev
 Accounting Unit Name: 332500

For Budget Period: 10/1/2018 - 09/30/2019
 Prepared By: AMI SAMS

Printed Date: 18-Nov-18
 Printed Time: 10:27 AM

Job Title	Position Status	Vacancy	New/Existing	Salary Class	Hourly Rate	Position Code	Grade Range	Emp #	Expected Hours to Pay		Expected Wages (Gross)	Series-Status	Fringe Rate %	% Charged to this AU	On Multiple AUs	Expected Wages (Gross)	Expected Fringe Benefits
									Regular	Overtime							
1 Quality Improvement Director	N	N	S	1481	310	185	185	2	2,080	2,080	\$41,250	Full Time	33.05%	100%	1	\$5,800	\$29,000
2 Nursing Svcs - Primary Care Nursing RN	N	N	H	709	185	185	185	2	2,080	2,080	\$22,400	Full Time	33.05%	100%	2	\$2,400	\$21,000
3 Nursing Svcs - Primary Care Nursing RN	N	N	H	709	185	185	185	2	2,080	2,080	\$22,400	Full Time	33.05%	100%	3	\$2,400	\$21,000
4 WWPH Executive Direction Special Projects Officer	N	N	S	2518	141	141	141	2	2,080	2,080	\$41,250	Full Time	0.00%	100%	4	\$0	\$16,057
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Totals																	
Please Input these totals on the Budget Request Form																	

Cherokee Nation FY 2019 Comprehensive Budget Narrative

Department/Program	Executive Director	ED Phone #
09 - Community Services	CHARLES GRIM	453-5680
Accounting Unit	Accounting Unit Name	
3325900	Health Staff Trng & Dev	
Program Director/Manager	Pgm Dir/Mgr Phone #	Period Budget Covers
CHARLES GRIM	453-5680	10/01/2018 - 09/30/2019
FY2018 Budget Approved	FY2019 Budget Request	\$ Increase/(Decrease) Requested - Approved
\$ -	\$ 489,509	\$ 489,509
Staffing Plan (FTE)	FY2019 Budget Request	FY2018
Regular Full-Time	4.00	-
Regular Part-Time	-	-
Temporary Full-Time	-	-
Temporary Part-Time	-	-
IPA/MOA/Other	-	-
Total	4.00	-

PROGRAM NARRATIVE:

The purpose of this budget is to establish and fund a Health Staff Training and Development Program. The mission of this department is to identify appropriate strategies and activities required to achieve desired learning and competency outcomes for staff that make up Cherokee Nation Health Services (CNHS). The ultimate outcome is end-users will have the knowledge, skills, and/or abilities required to provide the service, care and other activities within their defined roles.

SIGNIFICANT CHANGES:

This department is necessary to organize training strategies and activities for a health system of our size to ensure our staff meet the standards required to provide high quality appropriate care in a safe environment. This department will serve all employees of Health Services.

3325900 Health Staff Trng & Dev	40000	-	(489,509.00)	(489,509.00)
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CHEROKEE NATION - FY2019 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2018 - 09/30/2019	Budget Preparer	Name:	AMI SAMS	Phone:	453-5836
Contract Period:		Accounting Unit Director/Manager	Name:	GEORGE LONG	Phone:	458-7662
Contract Number:		Executive Director	Name:	CHARLES GRIM	Phone:	453-5880
Accounting Fund:	3-Special Revenue	1st Person Responsible	Employee #	100007		
Funding Source:	32-IHS-Self Governance-Health					
AU Description:	IHS BEMAR Projects					
Accounting Unit:	3329080					
Date/Time Printed:		15-Nov-18		02:43 PM		

Notes:

PART-2

Staffing Summary:

	FY 2019 ORIG REQUEST	FY 2018 BUDGET	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:			-
# of Regular Part-Time Employee Equivalents:			-
# of Temp. Full-Time Employee Equivalents:			-
# of Temp. Part-Time Employee Equivalents:			-
# of Other Employee Equivalents:			-
TOTAL NUMBER OF EMPLOYEE-EQUIVALENTS			-

PART-3

Revenues:

(Show as positive #)

Account #	Incr \ (Decr)
Grants / contracts revenue	\$ 1,665,923
Please enter a valid account number - >>>	\$ -
Please enter a valid account number - >>>	\$ -
Please enter a valid account number - >>>	\$ -
Total Revenues	\$ 1,665,923

PART-4

Expenditures:

Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
	YES	NO	YES	NO	
DO NOT COPY TO, COPY ABOVE, OR REMOVE THIS LINE!					
Salaries & wages	\$0				\$ -
Fringe benefits	\$0				\$ -
Capital acquisitions >= \$5K		\$1,665,923			\$ 1,665,923
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		\$ 1,665,923		\$ -	\$ 1,665,923
Expenditures SUBJECT to IDC	\$ -		\$ -		\$ -
Indirect Cost Rate (If blank or zero, must explain in Notes above)	14.05%		14.05%		
Indirect Cost Allocation	970000				\$ -
Total Expenditures		\$ 1,665,923		\$ -	\$ 1,665,923

Revenues OVER \ (UNDER) Expenditures

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

Operating Transfers IN

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

Operating Transfers OUT

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

Transfers In\Out - Net

Take to Narrative ==>		\$ 1,665,923		\$ -	\$ -
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Excess\ (Deficit) of Revenues, Expenditures and Net Transfers

	\$ -	\$ -	\$ -
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Cherokee Nation FY 2019 Comprehensive Budget Narrative

Department/Program		Executive Director		ED Phone #	
07 - Health Services		CHARLES GRIM		453-5680	
Accounting Unit			Accounting Unit Name		
3329080			IHS BEMAR Projects		
Program Director/Manager			Pgm Dir/Mgr Phone #		Period Budget Covers
GEORGE LONG			458-7662		10/01/2018 - 09/30/2019
FY2018 Budget Approved		FY2019 Budget Request		% Increase/(Decrease) (Request – Approved) / Approved	
\$ -		\$ 1,665,923		\$ 1,665,923 100.00%	
Staffing Plan (FTE)		FY2019 Budget Request		FY2018	
				Net Change in Staffing	
Regular Full-Time		-		-	
Regular Part-Time		-		-	
Temporary Full-Time		-		-	
Temporary Part-Time		-		-	
IPA/MOA/Other		-		-	
Total		-		-	

PROGRAM NARRATIVE:

These funds have been awarded by IHS to Cherokee Nation for specific BEMAR projects. BEMAR is the acronym IHS uses for the Backlog of Essential Maintenance, Alteration, and Repair. The following projects were approved and funded by IHS in Amendment 1 of the FY19 Funding Agreement:

TEC Building (old Homeland):

1. Replace Roof
2. Lightning Protection
3. Paint Exterior

WW Hastings Hospital:

1. Replace HVAC Unit in Operating Room 1 and 2
2. Replace emergency generator
3. Replace fire alarm system in Annex
4. Replace medical vacuum system
5. Replace sprinkler zone valve
6. Replace coil in air handler units 2-8
7. Replace doors on the 1st and 2nd floor for positive latching
8. Upgrade parking lot exterior lighting to LED
9. Install retaining wall/fence around generator tank

Will Rogers Health Center:

1. Install emergency generator

Three Rivers Health Center:

1. Upgrade transfer switch

Cascade/Woods Building:

1. Replace remote terminal unit

This accounting unit will span the life of these projects.

SIGNIFICANT CHANGES:

New accounting unit to track expenditures related to specifically funded projects by IHS.

3329080	IHS BEMAR Projects	40000	-	(1,665,923.00)	(1,665,923.00)
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CHEROKEE NATION - FY2019 BUDGET REQUEST FORM

PART-1

Budget Period:	10/01/2018 - 09/30/2019	Budget Preparer	Phone: 5285
Contract Period:	09/30/2018 - 09/29/2019	Name:	Mary A. Campbell
Contract Number:	5BAHQ18PR0006	Accounting Unit Director/Manager	Phone: 5534
Accounting Fund:	3-Special Revenue	Name:	Shay Smith
Funding Source:	75-Federal Other	Executive Director	Phone: 5532
AU Description:	58A Prime	Name:	Anna Knight
Accounting Unit:	3755800	1st Person Responsible	
	Place IDC Rate in Part 4 Below	Employee #	101074
Date/Time Printed:	21-Nov-18 08:57 AM		

Notes: Cash in from AU 3222020, SBAC. Budget for the Kawi Cafe entrepreneurial training

PART-2

Staffing Summary:	FY 2019 ORIG REQUEST	FY 2018 BUDGET	Incr \ (Decr)
# of Regular Full-Time Employee Equivalents:	1.59	1.45	0.14
# 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	1.59	1.45	0.14

PART-3

Revenues: (Show as positive #)	Account #			Incr \ (Decr)
Grants / contracts revenue	400000	\$150,000	\$150,000	\$ -
Contributions: in-kind revenue	480030	\$37,735	\$38,414	\$ (679)
Please enter a valid account number - >>>				\$ -
Please enter a valid account number - >>>				\$ -
DO NOT COPY TO, COPY BELOW, OR REMOVE THIS LINE!				
Total Revenues		\$ 187,735	\$ 188,414	\$ (679)

PART-4

Expenditures:	Account #	Subject to IDC ?		Subject to IDC ?		Incr \ (Decr)
		YES	NO	YES	NO	
DO NOT COPY TO, COPY ABOVE, OR REMOVE THIS LINE!						
Salaries & wages	600000	\$94,883		\$91,041		\$ 3,842
Fringe benefits	610000	\$31,747		\$30,282		\$ 1,465
Salaries & wages: participants	600030		\$30,160		\$32,844	\$ (2,684)
Direct billed: space cost	700080	\$5,318		\$11,008		\$ (5,690)
Advertising	740000	\$8,215		\$5,220		\$ 995
Contributions: in-kind	750020		\$37,735		\$38,414	\$ (679)
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		\$ 138,163	\$ 67,895	\$ 137,551	\$ 71,258	\$ (3,363)
Expenditures SUBJECT to IDC						\$ 612
Indirect Cost Rate (If blank or zero, must explain in Notes above)		14.05%		13.10%		
Indirect Cost Allocation	970000	\$ 19,412		\$ 18,019		\$ 1,393
Total Expenditures		\$ 225,470	\$ 225,470	\$ 226,828	\$ 226,828	\$ (1,358)
Revenues OVER \ (UNDER) Expenditures		\$ (37,735)		\$ (38,414)		\$ 679

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		\$37,735	\$38,414	\$ (679)
Cash in: motor fuel tax	900040				\$ -
Cash in: vehicle tax	900050				\$ -
Cash in: interprogram contract	900060				\$ -
Cash in: debt service	900070				\$ -
Operating Transfers OUT					
Other financing uses	900001				\$ -
Cash out: tribally required	900011				\$ -
Cash out: grant required	900021				\$ -
Cash out: motor fuel tax	900041				\$ -
Cash out: vehicle tax	900051				\$ -
Cash out: interprogram contract	900061				\$ -
Cash out: debt service	900071				\$ -
Transfers In/Out - Net		\$ 37,735		\$ 38,414	\$ (679)
Take to Narrative ==>		\$ 225,470		\$ 226,828	
Excess(Deficit) of Revenues, Expenditures and Net Transfers		\$ -		\$ -	\$ -

PAYROLL WORKSHEET

Accounting Unit Description: SBA Prims
 Accounting Unit Name: 3755600
 For Budget Period: 10/01/2018 - 09/30/2019
 Prepared By: Mary A. Campbell
 Printed Date: 21 Nov 18
 Printed Time: 08:37 AM

TOTAL PERSONNEL COST FOR EMPLOYEE												
Job Title	Position Status	Vacant/Exchange	Benefit	Salary Class	Position Code	Grade Range	Emp. #	Pay Rate	Expected Hours To Pay on this AU		Expected Wages (Gross)	Expected Fringe Benefits
									Regular	Overtime		
1. Commerce Services Small Business Assistance Center Director	E			Salary = 5 Monthly = 11 MO/STRA = 11	1050	283	106555	\$38.07	2,000	0	\$79,186	\$2,919
2. Entrepreneurial Development Manager	E			S	1059	223	107843	\$32.57	2,000	0	\$67,146	\$2,098
3. Entrepreneurial Development Business Coach	E			S	2315	141	102851	\$19.99	2,000	0	\$41,673	\$1,632
4. Entrepreneurial Development Business Coach	E			H	2315	141	500069	\$18.28	2,000	0	\$38,043	\$1,858
5.											\$0	\$0
6.											\$0	\$0
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69.											\$0	\$0
70.											\$0	\$0
71. Anticipated Turnover											\$0	\$0
72. Adjustment to Fringe Benefits											\$0	\$0
73. 2019 Merit Increase											\$0	\$0
74. Christmas Bonus - Regular Full Time											\$0	\$0
75. Christmas Bonus - Regular Part Time											\$0	\$0
76. Christmas Bonus - Regular Part Time											\$0	\$0
Totals											\$2,683	\$338
Totals											\$1,000	\$338
Totals											\$1,500	\$112
Totals											\$94,883	\$37,747

Please input these totals on the Budget Request Form!

Cherokee Nation FY 2019 Comprehensive Budget Narrative

Department/Program		Executive Director		ED Phone #
12 - Commerce Services		Anna Knight		5532
Accounting Unit		Accounting Unit Name		
3755800		SBA Prime		
Program Director/Manager		Pgm Dir/Mgr Phone #	Period Budget Covers	
Shay Smith		5534	10/01/2018 - 09/30/2019	
FY2018 Budget Approved	FY2019 Budget Request	\$ Increase/(Decrease) Requested - Approved	% Increase/(Decrease) (Request - Approved) / Approved	
\$ 226,828	\$ 225,470	\$ (1,358)	-0.60%	
Staffing Plan (FTE)	FY2019 Budget Request	FY2018	Net Change in Staffing	
Regular Full-Time	1.59	1.45	0.14	
Regular Part-Time	-	-	-	
Temporary Full-Time	-	-	-	
Temporary Part-Time	-	-	-	
IPA/MOA/Other	-	-	-	
Total	1.59	1.45	0.14	

PROGRAM NARRATIVE:


This grant will allow the SBAC to partner with the Cherokee Nation Career Services Re-Entry Coming Home program. The Re-Entry program works with felons who are released from jail or will be released within three months and are determined to have a need for vocational training. The partnership would identify individuals who are interested in owning a business or interested in the food service industry and place them to work in the Kawi Café. The Kawi Café is an entrepreneurial training experience, where participants receive on-the-job training in a real life food service atmosphere. Participants will go through a six month training program in which they will attend 32-40 hours of training per week in the Café. Participants will be trained in business planning, payroll, inventory control, shift management, marketing, sales, and other skills important to owning, operating, or working within the food service industry.

Many of the Re-Entry program participants could benefit from the entrepreneurship training but not all are eligible to participate in the Kawi Café program. In addition to the participants in the Kawi Café program, we will partner with the Re-Entry program to offer class room style entrepreneurship training to all participants in the Re-Entry program.

SIGNIFICANT CHANGES:

New Budget.

NOTICE OF AWARD

U.S. Small Business Administration		NOTICE OF AWARD																																												
1. AUTHORIZATION (Legislation/Regulation) Act of 1999 - "PRIME" 15 U.S.C. § 6901 note; 13 C.F.R. Part 119		2. Grant/Cooperative Agreement No. SBAHQ18PR0006																																												
3. RECIPIENT: (Name, Organizational Unit, Address) THE CHEROKEE NATION Attn: LACEY A. HORN PO BOX 1669 TAHLEQUAH OK 74465-1669		4. PROJECT PERIOD (Mo./Day/Yr.) From 09/30/2018 Through 09/29/2019																																												
		5. BUDGET PERIOD (Mo./Day/Yr.) From 09/30/2018 Through 09/29/2019																																												
		6. FEDERAL CATALOG NO. 59.050	7. ADMINISTRATIVE CODES 8503300EZ0151																																											
8. TITLE OF PROJECT/PROGRAM (limit to 53 spaces) PROGRAM FOR INVESTMENT IN MICROENTREPRENEURS - PRIME		9. AWARD AMOUNT Amount of SBA Financial Assistance \$150,000.00																																												
10. DIRECTOR OF PROJECT (Program or Center Director, Coordinator or Principal Investigator) NAME Smith Shay Last First Initial ADDRESS: PO Box 1669 Tahlequah, OK 74465-1669		11. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>BUDGET YEAR</th> <th>TOTAL DIRECT COST</th> <th>BUDGET YEAR</th> <th>TOTAL DIRECT COST</th> </tr> <tr> <td>a.</td> <td style="text-align: center;">\$0.00</td> <td>b.</td> <td style="text-align: center;">\$0.00</td> </tr> </table>			BUDGET YEAR	TOTAL DIRECT COST	BUDGET YEAR	TOTAL DIRECT COST	a.	\$0.00	b.	\$0.00																																		
BUDGET YEAR	TOTAL DIRECT COST	BUDGET YEAR	TOTAL DIRECT COST																																											
a.	\$0.00	b.	\$0.00																																											
12. Approved Budget (Excludes SBA Direct Assistance) <input type="checkbox"/> SBA Funds Only <input checked="" type="checkbox"/> Total project costs including all other financial participation.		13. Remarks (Other Terms & Conditions Attached) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Federal Share</th> <th style="text-align: center;">Non-Federal Share</th> </tr> </thead> <tbody> <tr> <td>a. Personal Service</td> <td style="text-align: right;">70,066.63</td> <td style="text-align: right;">49,530.14</td> </tr> <tr> <td>b. Fringe Benefits</td> <td style="text-align: right;">23,542.39</td> <td style="text-align: right;">16,642.13</td> </tr> <tr> <td>c. Consultants</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>d. Travel</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>e. Equipment</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>f. Supplies</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>g. Contractual</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>h. Other</td> <td style="text-align: right;">41,827.70</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>i. TOTAL DIRECT COSTS</td> <td style="text-align: right;">\$135,236.72</td> <td style="text-align: right;">\$66,172.27</td> </tr> <tr> <td>j. Indirect cost</td> <td style="text-align: right;">14,763.28</td> <td style="text-align: right;">9,297.20</td> </tr> <tr> <td colspan="3">(Rate). 14.05 % of S & W/TADC</td> </tr> <tr> <td>k. OTHER APPL. COSTS</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>l. TOTAL APPROVED BUDGET</td> <td style="text-align: right;">\$150,000.00</td> <td style="text-align: right;">\$75,469.47</td> </tr> </tbody> </table>			Federal Share	Non-Federal Share	a. Personal Service	70,066.63	49,530.14	b. Fringe Benefits	23,542.39	16,642.13	c. Consultants	0.00	0.00	d. Travel	0.00	0.00	e. Equipment	0.00	0.00	f. Supplies	0.00	0.00	g. Contractual	0.00	0.00	h. Other	41,827.70	0.00	i. TOTAL DIRECT COSTS	\$135,236.72	\$66,172.27	j. Indirect cost	14,763.28	9,297.20	(Rate). 14.05 % of S & W/TADC			k. OTHER APPL. COSTS	0.00	0.00	l. TOTAL APPROVED BUDGET	\$150,000.00	\$75,469.47	14. THIS AWARD IS SUBJECT TO THE FOLLOWING COST PRINCIPLES AND OMB UNIFORM ADMINISTRATIVE REQUIREMENTS : <ul style="list-style-type: none"> <input type="checkbox"/> 2 CFR Part 220 - Cost Principles for Educational Institutions <input type="checkbox"/> 2 CFR Part 225 - Cost Principles for State and Local Governments <input checked="" type="checkbox"/> 2 CFR Part 230 - Cost Principles for Non-Profit Organizations <input type="checkbox"/> FAR Subpart 31.2 - Principles for Determining Cost Applicable to Awards with For-Profit Organizations <input type="checkbox"/> 13 C.F.R. Part 143 - Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments <input checked="" type="checkbox"/> 2 CFR Part 215 - Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and other Non-Profit Organizations. <input checked="" type="checkbox"/> OMB Circular - A - 133 - Audits of States, Local Governments, and other Non-Profit Orgs. 		
	Federal Share	Non-Federal Share																																												
a. Personal Service	70,066.63	49,530.14																																												
b. Fringe Benefits	23,542.39	16,642.13																																												
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e. Equipment	0.00	0.00																																												
f. Supplies	0.00	0.00																																												
g. Contractual	0.00	0.00																																												
h. Other	41,827.70	0.00																																												
i. TOTAL DIRECT COSTS	\$135,236.72	\$66,172.27																																												
j. Indirect cost	14,763.28	9,297.20																																												
(Rate). 14.05 % of S & W/TADC																																														
k. OTHER APPL. COSTS	0.00	0.00																																												
l. TOTAL APPROVED BUDGET	\$150,000.00	\$75,469.47																																												
15. THIS AWARD IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE																																														
16. CRS - EIN 73-0757033		17. COUNTY NAME Cherokee		18. CONGRESSIONAL DISTRICT NO. OK-002																																										
19a. CITY CODE 72100	b. COUNTY CODE 021	c. STATE CODE 40	d. PROGRAM CODE 7003																																											
BUDGET CODE 20a. 1818.890400DB.503300.2016		DOCUMENT NO. b. SBAHQ18PR0006	AMT. ACTION FIN. ASST. c. 150000	TYPE OF ORGANIZATION d. NONPROFIT																																										
21. AGENCY OFFICIAL (Signature, Name and Title) Jazzmin Gayle		22. DATE ISSUED (Mo./Day/Yr.) 09/20/2018																																												
23. RECIPIENT OFFICIAL (Signature, Name and Title) Lacey A. Horn, Treasurer		24. DATE (Mo./Day/Yr.) 10/01/2018																																												

Cherokee Nation Act/Resolution Proposal Form

ADMINISTRATIVE CLEARANCE

Act Resolution

Dept/Program:

AN ACT AMENDING LEGISLATIVE ACT #22-18 AUTHORIZING
THE COMPREHENSIVE BUDGET FOR FISCAL YEAR 2019
TITLE: OPERATING – MOD 03 ; AND DECLARING AN EMERGENCY

Signature/Initial Date

DEPARTMENT CONTACT: Gaylon Thompson

Executive Director:

RESOLUTION PRESENTER: _____

Signature/Initial Date

COUNCIL SPONSOR: _____

Treasurer: (Required:
Grants/Contracts/Budgets)

NARRATIVE:

JRC for LAH 11/30/18
Signature/Initial Date

Government Resources:

Signature/Initial Date

Administration Approval:

Bill John Baker 12-3-18
Signature/Initial Date

LEGISLATIVE CLEARANCE:

Legal & Legislative Coordinator:

Abraham 12/4/18
Signature/Initial Date

Standing Committee & Date:

Executive Finance

Chairperson: 12/17/18

Taylor
Signature/Initial Date

Returned to Presenter: _____

Date