

LEGISLATIVE SUMMARY SHEET

Tracking No. 0237-19

DATE: July 25, 2019

TITLE OF RESOLUTION: AN ACT RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES, BUDGET AND FINANCE, AND NAABIK'ÍYÁTI' COMMITTEES, AND NAVAJO NATION COUNCIL; APPROVING SUPPLEMENTAL FUNDING FROM THE UNRESERVED, UNDESIGNATED FUND BALANCE IN THE AMOUNT OF NINE HUNDRED FIFTY-FOUR THOUSAND NINE HUNDRED SEVENTY-THREE DOLLARS (\$954,973) FOR THE DIVISION OF AGING AND LONG TERM CARE SUPPORT

PURPOSE: The purpose of this resolution is to approve a supplemental appropriation for DALTCS in the amount of \$954,973.

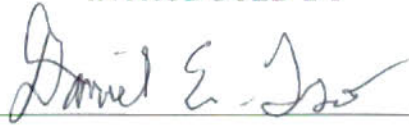
This written summary does not address recommended amendments as may be provided by the standing committees. The Office of Legislative Counsel requests each Council Delegate to review each proposed resolution in detail.

5-DAY BILL HOLD PERIOD: None
Website Posting Time/Date: 5:29 PM 7/25/19
Posting End Date: 7/30/19
Eligible for Action: 7/31/19

Health Education & Human Services Committee
Thence
Budget & Finance Committee
Thence
Naabik'íyáti' Committee
Thence
Navajo Nation Council

PROPOSED NAVAJO NATION COUNCIL RESOLUTION
24th NAVAJO NATION COUNCIL – First Year, 2019

INTRODUCED BY



(Prime Sponsor)

TRACKING NO. 0237-19

AN ACT

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES; BUDGET AND
FINANCE, AND NAABIK'ÍYÁTI' COMMITTEES, AND NAVAJO NATION COUNCIL;
APPROVING SUPPLEMENTAL FUNDING FROM THE UNRESERVED,
UNDESIGNATED FUND BALANCE IN THE AMOUNT OF NINE HUNDRED FIFTY-
FOUR THOUSAND NINE HUNDRED SEVENTY-THREE DOLLARS (\$954,973) FOR
THE DIVISION OF AGING AND LONG TERM CARE SUPPORT

BE IT ENACTED:

SECTION 1. AUTHORITY

- A. The Health, Education and Human Services Committee is empowered HEHSC to review and recommend resolutions relating to social services. 2 N.N.C. § 401 (B)(6)(a).
- B. The Budget and Finance Committee (BFC) is empowered to review and recommend to the Navajo Nation Council the management of all funds. 2 N.N.C. § 301 (B)(2).
- C. The Navajo Nation Council established the Naabik'íyáti' Committee as a Navajo Nation standing committee and as such proposed legislation that requires final

1 action by the Navajo Nation Council shall be assigned to the Naabik'iyáti'
2 Committee. 2 N.N.C. §§ 164 (A)(9) and 700 (A).

3 D. When the Controller identifies additional sources of revenues above and beyond
4 the initial or current revenue projections, supplemental appropriations may be
5 allocated by the Navajo Nation Council. 12 N.N.C. § 820(L).

6 E. All requests for annual operating funds and supplemental funds shall be
7 submitted to the Office of Management and Budget (OMB) for budget impact
8 analysis. 12 N.N.C. § 820(M).

9
10 **SECTION 2. FINDINGS**

11 A. The Division of Aging and Long Term Care Support (DALTCS) has requested a
12 supplemental appropriation of Nine Hundred Fifty-Four Thousand Nine Hundred
13 Seventy-Three Dollars (\$954,973) for Chinle, Crownpoint, Fort Defiance,
14 Shiprock Agency, Tuba City, and Administrative Offices. The budget forms for
15 each office are attached as **Exhibit A**.

16 B. The supplemental appropriation amounts requested for each office are as follows:

- 17 1. DALTCS- Chinle, BU# 113011, \$222,814
- 18 2. DALTCS - Crownpoint, BU# 113013, \$189,739
- 19 3. DALTCS - Fort Defiance, BU# 113012, \$ 77,122
- 20 4. DALTCS - Shiprock Agency, BU# 113015, \$326,273
- 21 5. DALTCS - Tuba City, BU# 113014, \$ 123,430; and
- 22 6. DALTCS – Administrative Offices, BU# 113010, \$15,595.

23 C. The Title 12 Finance Act Supplemental Appropriation requirements include:

- 24 1. Pursuant to 12 N.N.C. § 820(L), when the Controller identifies
25 additional sources of revenues above and beyond the initial or current
26 revenue projections, supplemental appropriations may be allocated by
27 the Navajo Nation Council. The Office of the Controller has indicated
28 that as of April 10, 2019 the updated balance in the Unreserved,
29 Undesignated Fund Balance (UUFB) is \$42,334,700.00. An updated
30

1 balance from the Office of the Controller was not available at the time of
2 drafting this proposed resolution.

3 2. Pursuant to 12 N.N.C. § 820(M), all requests for annual operating funds
4 and supplemental funds shall be submitted to the Office of Management
5 and Budget (OMB) for budget impact analysis. The OMB budget
6 impact analysis for this legislation was not available at the time of
7 drafting the proposed resolution.

8 3. The Office of Controller memo stating the current balance of the UUFB
9 and whether the allocation is considered a recurring cost was not
10 available at the time of drafting the proposed resolution.

11
12 **SECTION 3. APPROVING SUPPLEMENTAL FUNDING FROM THE**
13 **UNRESERVED, UNDESIGNATED FUND BALANCE IN THE AMOUNT OF**
14 **NINE HUNDRED FIFTY-FOUR THOUSAND NINE HUNDRED SEVENTY-**
15 **THREE DOLLARS (\$954,973) FOR BUSINESS UNIT NUMBERS 113010-113015**

16 A. This supplemental appropriation of \$954,973 shall be from that amount of funds
17 that exceeds the minimum fund balance of the Unreserved, Undesignated Fund
18 Balance as determined by the Office of the Controller and to Business Unit
19 Numbers 113010-113015.

20 B. The Navajo Nation hereby approves supplemental funding from the Unreserved,
21 Undesignated Fund Balance in the amount of \$954,973 for Business Unit
22 Numbers 113010-113015.

23 C. The supplemental funding shall be deposited in accordance with the budget
24 forms in **Exhibit A**.

EXHIBIT

A

,sniqet

Agency		FY 19		FY 19		TOTAL
		Base		Supplemental		
Admin		\$ 91,349		\$ 15,595		\$ 106,944
Crownpoint		\$ 2,650,901		\$ 189,739		\$ 2,840,640
Fort Defiance		\$ 2,101,335		\$ 77,122		\$ 2,178,457
Chinle		\$ 1,859,656		\$ 222,814		\$ 2,082,470
Tuba City		\$ 1,982,713		\$ 123,430		\$ 2,106,143
Shiprock		\$ 1,727,258		\$ 326,273		\$ 2,053,531
Total		\$ 10,413,212		\$ 954,973		\$ 11,368,185

**THE NAVAJO NATION
SUPPLEMENTAL FUNDING PROPOSAL SUMMARY**

PART I. Business Unit No.: 113010 Program Title: Division of Aging & Long Term Care Support
Division/Branch: Health Amount Requested: \$15,595.00 Phone No.: (928) 871-6536
Prepared By: Bernita Wheeler Email Address: bwhlr2003@yahoo.com

PART II. REASON FOR REQUEST AND STATEMENT OF NEED:

The supplemental request is to purchase much needed operating and office supplies such as Ink Cartridges, Toners, Drum for the copiers and printers for the administration use. Request also includes travel expense for staff to continue monitoring, attend meetings and provide training for staff and others. The request for \$5,000 to cover refreshments is for the last 3-days Quarterly Staff Training and the site visit and cluster trainings by Title VI Regional Office (Denver, Co).

PART III. LIST ALTERNATIVE FUNDING SOURCES BEING PURSUED AND CONTINGENCY PLAN IF REQUEST IS NOT FUNDED:

New Mexico House Bill is very limited in funding for administration use. 90% of budget is for direct services. If funding is not provided, alternative would be not to provide refreshments, carpool or borrow vehicle from agency office(s) to conduct official businesses, and use executive office's mail room copier machine.

**PART IV. AFFIRMATION IS PROVIDED THAT THE PROPOSAL INFORMATION IS COMPLETE AND ACCURATE AND THE APPROPRIATE
BRANCH CHIEF RECOMMENDS APPROVAL.**


REVIEWED BY: Division Director's Signature / Date


RECOMMEND APPROVAL: Branch Chief's Signature / Date

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

PART I. PROGRAM INFORMATION:		Business Unit No.: 113010		Program Name/Title: Division of Aging & Long Term Care Support-Administration					
PART II. PLAN OF OPERATION REFERENCE/LEGISLATED PROGRAM PURPOSE:									
HEHSCJA-01-18: The purpose of the DALTCS is to ensure that high quality, comprehensive, and culturally congruent aging and long term care support are provided to eligible Navajo individuals in coordination with other tribal and non-tribal providers and agencies.									
PART III. PROGRAM PERFORMANCE CRITERIA:									
1. Goal Statement:		DALTC Staff 4th Quarterly Training, and Title VI Cluster Training							
		Program Performance Area							
		Provide refreshments for Cooks, Drivers and Supervisors during the 2 trainings						2	
2. Goal Statement:		Purchase Operating and Office Supplies for daily operation							
		Program Performance Area							
		Collect bids/quotations from various vendors to purchase much needed supplies						1	
3. Goal Statement:		Travel Expenses							
		Program Performance Area							
		Provide reimbursement for staff while conducting official business and to do monitoring						5	
4. Goal Statement:									
		Program Performance Area							
5. Goal Statement:									
		Program Performance Area							
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.									
				Program Manager's Printed Name Lucinda Martin, Health Service Administrator Division Director/Branch Chief's Printed Name Dr. Jill Jim, Executive Director					
				Program Manager's Signature and Date Division Director/Branch Chief's Signature and Date 6/22/19					

THE NAVY NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION: Program Name/Title: _____ Division of Aging and Long Term Care Support-Administration Business Unit No.: 113010			
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
	3000 TRAVEL EXPENSE		2,635
	Travel expense for staff while conducting official business on behalf of program to do monitoring, attend meetings and elder events.		
3240	\$55/day x 3 trips x 5 staff = \$825.00	\$ 825.00	
3250	\$94/night x nights x 5 staff = \$940.00	\$ 940.00	
3260	\$.58/mi x 300/mi x 5 = \$870.00	\$ 870.00	
	4000 SUPPLIES		7,960
	Stationary, envelopes, binders, folders, labels, pens and pencils, stapler/staples, correction tape, home delivery trays, kitchen utensils, pots, ink, cartridges, cleaning supplies, and any other supplies necessary for the day to day operation of the program.		
4120	OFFICE SUPPLIES 4130 General Office Supplies	\$ 2,900	
4410	OPERATING SUPPLIES 4420 General Operating Supplies:	\$ 5,060	
	SPECIAL TRANSACTION		5,000
7190	Provide refreshments for the upcoming visit from Title VI and the 4th Quarterly Cook's, Driver's and Supervisor's training. Refreshments \$2,500 x 2 training = \$5,000.00	\$ 5,000	
TOTAL		\$ 15,595	\$ 15,595

**THE NAVAJO NATION
SUPPLEMENTAL FUNDING PROPOSAL SUMMARY**

PART I. Business Unit No.: 113011 Program Title: NDOH- DALTCS
Division/Branch: HEALTH Amount Requested: \$ 222,814.00 Phone No.: 928-674-2369
Prepared By: James Begay Jr, PS II Email Address: james.begay@ndoh.org

PART II. REASON FOR REQUEST AND STATEMENT OF NEED:

The FY19 Budget allocation for DALTCS, Chinle Agency is insufficient and not enough to operate the entire Agency. The program is encountering budget short fall and hindering program to meet goals and objectives. The short fall is impacting our transportation, congregate and home delivery services to eligible elderly clients. Other recurring expenses are propane, basic telephone services, electric, natural gas, water, sewage and repairs and maintenance for senior centers. DALTCS is required by OEH, Older American Act, Contract Compliance, Data, Annual Audit to comply with Local, State and Federal Policies and Procedures.

PART III. LIST ALTERNATIVE FUNDING SOURCES BEING PURSUED AND CONTINGENCY PLAN IF REQUEST IS NOT FUNDED:

DALTCS, Chinle Agency is also funded by AZDES Title III. We are only funded by two sources of funding (General Funds and Title III). Title III funding has restrictions and limited contract in place so it basically funds the Congregate, Home Delivery and Transportation services. So General funds is used for operation such as Staff Salaries, fringe, travels, general operating, office supplies, food supplies, insurance for tribal vehicles. If the supplemental budget isn't accepted, a plan to merge some Senior Centers will be forth coming. There will be NO layoffs for those communities and services will continue from neighboring Senior Center.

PART IV. AFFIRMATION IS PROVIDED THAT THE PROPOSAL INFORMATION IS COMPLETED AND ACCURATE AND THE APPROPRIATE BRANCH CHIEF RECOMMENDS APPROVAL.

 6/25/19
REVIEWED BY: Division Director's signature / Date

 7/2/19
RECOMMEND APPROVAL: Division Director/Branch Chief's Signature / Date

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

FY 2019

PART I. Business Unit No.: 113011		Program Title: Division of Aging & Long Term Care Support, Chinle		Division/Branch: Health/Executive	
Prepared By: James Begay Jr		Phone No.: (928)674-2369		Email Address: james.begay@nndoh.org	

PART II. FUNDING SOURCE(S)		Fiscal Year	Amount	% of Total	PART III. BUDGET SUMMARY			Fund Type Code	(A) NNC Original Budget	(B) Proposed Budget	(C) Adjusted (Column A + B)
		/Term									
SUPPLEMENTAL BUDGET		10/1/18-9/30/19	222,814.00	100%				1	1,756,866		1,756,866
FY19 Base Budget		10/1/18-9/30/19	1,859,656.00		2001 Personnel Expenses			1	1,756,866		1,756,866
					3000 Travel Expenses			1	4,500		4,500
					3500 Meeting Expenses			1	4,819		4,819
					4000 Supplies			1	28,000	141,014	169,014
					5000 Lease and Rental			1			0
					5500 Communications and Utilities			1	39,122	69,000	108,122
					6000 Repairs and Maintenance			1	2,581	6,300	8,881
					6500 Contractual Services			1		6,500	6,500
					7000 Special Transactions			1	23,768		23,768
					8000 Public Assistance						0
					9000 Capital Outlay						0
					9500 Matching Funds						0
					9500 Indirect Cost						0
					TOTAL				\$1,859,656.00	\$ 222,814.00	2,082,470

PART IV. POSITIONS AND VEHICLES		(D)	(E)
Total # of Positions Budgeted:		47	
Total # of Permanently Assigned Vehicles:		15	

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

SUBMITTED BY: <u>Lucinda Martin, Health Service Administrator</u> 7/1/19	APPROVED BY: <u>Division Director/Branch Chief's Printed Name</u> Dr. Jill Jim, NDOH Executive Director
SUBMITTED BY: <u>Program Manager's Signature and Date</u> [Signature] 7/1/19	APPROVED BY: <u>Division Director/Branch Chief's Signature and Date</u> [Signature] 7/1/19

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

PART I. PROGRAM INFORMATION:													
Business Unit No.:	113011	Program Name/Title:		Division of Aging and Long Term Care Support - Chinle									
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:													
HEHSCJA-01-18: The purpose of the DALTCS is to ensure that high quality, comprehensive and culturally congruent aging and long term care support are provided to eligible Navajo individuals in coordination with other tribal and non-tribal providers and agencies													
PART III. PROGRAM PERFORMANCE CRITERIA:													
1. Goal Statement:		Meal Service		1st QTR		2nd QTR		3rd QTR		4th QTR			
				Goal Actual		Goal Actual		Goal Actual		Goal Actual			
Program Performance Measure:													
		Provide home delivery and congregate (breakfast/lunch/dinner) meals to eligible participants											
												34,000	
2. Goal Statement:													
		Social Service/Transportation/Health Promotion											
Program Performance Measure:													
		Health education activities and intergenerational events											
												4,500	
3. Goal Statement:													
		Case Management											
Program Performance Measure:													
		To provide elderly assessment for C1 & C2 service, Caregiver, Respite and Referrals											
												300	
4. Goal Statement:													
		Employee/Elderly/Foster Grandparent Training											
Program Performance Measure:													
		Coordinate training to assist with staff development/elderly healthy aging and independence											
												24	
5. Goal Statement:													
		Senior Center Monitoring											
Program Performance Measure:													
		Ensure compliance with monitoring tool provided for facilities & equipment											
												6	
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.													
				Dr. Jill Jim, NDOH Executive Director									
				Division Director/Branch Chief's Printed Name									
				a/1/19									
				Program Manager's Signature and Date									
				a/1/19									
				Program Manager's Printed Name									
				a/1/19									
				Program Manager's Signature and Date									

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:			
Program Name/Title: Division of Aging and Long Term Care Support - Chinle Agency		Business Unit No.: 113011	
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
4000 SUPPLIES			
	Janitorial supplies and raw food supplies.		141,014
4410	Operating Supplies		
4460	Food Supplies		
	\$2500 x 5 large SC x 3 months =	37,500.00	
	\$2000 x 5 medium SC x 3 months =	30,000.00	
	\$1500 x 5 small SC x 3 months =	22,500.00	
	FY 2017 outstanding food invoices	33,181.49	
	FY 2018 outstanding food invoices	15,761.65	
		138,943.14	
4490	Custodial Supplies	2,071.00	
5500 COMMUNICATION & UTILITIES			
	Utilities, propane, natural gas, water and sewage		69,000
5710	Energy		
5720	Electric	11,250.00	
5730	Natural Gas	9,000.00	
5740	Propane	36,000.00	
		56,250.00	
5750	Services	12,750	
5760	Water	6,750.00	
5770	Sewage	6,000.00	
		12,750.00	
6000 REPAIRS & MAINTENANCE			
	Waste disposal services for 7 Senior Centers.		6,300
6200	External Contractors	6,300	
6250	Waste Disposal	6,300.00	
6500 CONTRACTUAL SERVICES			
	Attorney fees for 2 grievance cases (outstanding bills).		6,500
6660	Attorneys	6,500	
6670	Attorney - Fees	6,500.00	
	\$2000 + \$4500 =		
TOTAL		222,814	222,814

**THE NAVAJO NATION
SUPPLEMENTAL FUNDING PROPOSAL SUMMARY**

PART I. Business Unit No.: 113013 Program Title: NDOH- DALTCS
Division/Branch: HEALTH Amount Requested: \$189,739.00 Phone No.: 505-786-2042
Prepared By: Juanita Dennison, PSII Email Address: juanita.dennison@nndoh.org

PART II. REASON FOR REQUEST AND STATEMENT OF NEED:

The allocation for Crownpoint - DALTCS is very limited and not enough to operate the senior centers and Agency office. The impact will definately encounter a short fall and hinder full implementation of program's goals and objectives. This will reduce transportation services, congregate and home delivered meals to eligible elderly clients daily and limit the use of transporation by staff for meetings, trainings, program related conferences, and Elder fest. Some Centes need replacement of equipment(s) such as refrigerators, freezers, stoves, tables, chairs, dishes, cookware, pots/pans, toasters, milk cooler, furnitures, computers, and printers. With this request it will keep the Senior Centers in operation and in compliance with OEH standards. against the centers. The other program expenses is for utilities, center vans, janitorial supplies, home delivered meals for the homebound clients, telephone and internet services. The Centers must have first aid kits and fire extinguishers inspected on a yearly basis, placed in the Center van and the Centers in case of an accident to the elder clients and staff. Some Centers don't have first aid kits and this is a safety and health concern and it's an OEH finding. Many of the staff need additional training in computer, supervisory and how to manage the Centers and it leads to personnel issues at the Centers. The Foster Grandparent Program is a component of DALTCS and the Agency Office does assist with supplies and use of the Agency's tribal vehicles. The Program Supervisor II does site visits to the Centers to ensure the Centers are operating accordingly and address any issues such as, equipment, personnel, and attend Chapter and planning meetings to keep them inform of the Center operation.

PART III. LIST ALTERNATIVE FUNDING SOURCES BEING PURSUED AND CONTINGENCY PLAN IF REQUEST IS NOT FUNDED:

DALTCS receives additional funds from NM State, which only covers partial transportation and food expenses, so the impact will still exist and will lead to cutting all staff hours, limiting transportation services where mileages would have to be capped, home deliveries would have to be limited once mileages are capped, less recretational and educational trips for elders. The quality services and full operation of the senior centers and agency office will have to be compromised. Many of the gatherings that the elders attend during the year will be cut and making it impossible for them to mingle among one another. Some of the staff will not be able to attend training that is necessary to keep up with program compliance and changes that are made internally and externally.

PART IV. AFFIRMATION IS PROVIDED THAT THE PROPOSAL INFORMATION IS COMPLETED AND ACCURATE AND THE APPROPRIATE BRANCH CHIEF RECOMMENDS APPROVAL.

 6/25/19
VIEWED BY: Division Director's signature / Date

 7/2/19
RECOMMEND APPROVAL: Division Director/Branch Chief's Signature / Date

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

FY 2019

PART I. Business Unit No.: 113013		Program Title: Division of Aging & Long Term Care Support/Crownpoint		Division/Branch: Health / Executive	
Prepared By: Juanita Dennison		Phone No.: (505) 786-2042		Email Address: juanita.dennison@nndoh.org	

PART II. FUNDING SOURCE(S)			PART III. BUDGET SUMMARY			PART IV. POSITIONS AND VEHICLES		
Fiscal Year / Term	Amount	% of Total	Fund Type Code	Original Budget (A)	Proposed Budget (B)	Difference (Column B - A)	Total # of Positions Budgeted:	Total # of Vehicles Budgeted:
NN Gen Fund Base Allocation	2,650,901.00	90%		2,358,427		2,358,427		
NN Gen Fund Amended Amount	92,478.85	3%						
NN Supplemental Budget	189,739.00	6%						
			2001 Personnel Expenses	17,087	54,035	71,122		
			3000 Travel Expenses	1,294		1,294		
			3500 Meeting Expenses	25,790	121,826	147,616		
			4000 Supplies			0		
			5000 Lease and Rental					
			5500 Communications and Utilities	161,000	13,878	174,878		
			6000 Repairs and Maintenance	62,700		62,700		
			6500 Contractual Services			0		
			7000 Special Transactions	24,603		24,603		
			8000 Public Assistance			0		
			9000 Capital Outlay			0		
			9500 Matching Funds			0		
			9500 Indirect Cost					
			TOTAL	\$2,650,901.00	189,739.00	2,840,640		
TOTAL: \$2,933,118.85			TOTAL: 26			TOTAL: 26		

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

Lucinda Martin, Health Service Administrator  SUBMITTED BY: Program Manager's Printed Name <u>7/1/19</u>	Dr. Jill Jim, Executive Director  APPROVED BY: Division Director/Branch Chief's Printed Name <u>7/1/19</u>
 SUBMITTED BY: Program Manager's Signature and Date	 APPROVED BY: Division Director/Branch Chief's Signature and Date

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

PART I. PROGRAM INFORMATION:		Business Unit No.: 113013		Program Name/Title: Division of Aging and Long Term Care Support		Crownpoint	
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:							
HEHSCJA-01-18: The purpose of the DAL TCS is to ensure that high quality, comprehensive, and culturally congruent aging and long term care support are provided to eligible Navajo individuals in coordination with other tribal and no-tribal providers and agencies.							
PART III. PROGRAM PERFORMANCE CRITERIA:							
1. Goal Statement:		1st QTR		2nd QTR		3rd QTR	
MEAL SERVICES		Goal Actual		Goal Actual		Goal Actual	
Program Performance Measure:							
To provide congregate and home delivered meals to eligible participants.						10,000	
2. Goal Statement:							
SOCIAL SERVICES							
Program Performance Measure:							
Senior Centers, medical appointments, health education activities, and intergenerational events						500	
3. Goal Statement:							
CASE MANAGEMENT							
Program Performance Measure:							
To provide elderly assessments for C1 & C2 services, caregiver, housekeeping & respite ser.						200	
4. Goal Statement:							
EMPLOYEE / ELDERS / FGP TRAINING							
Program Performance Measure:							
Coordinate training to assist with staff development, elder healthy aging & independence.						10	
5. Goal Statement:							
SENIOR CENTER MONITORING							
Program Performance Measure:						2	
Ensure compliance with monitoring tools for facilities, vehicles, and equipment							
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.							
 Lucinda Martin, Health Service Administrator Program Manager's Printed Name <u>7/1/19</u> Program Manager's Signature and Date		Dr. Jill Jim, Executive Director Division Director/Branch Chief's Printed Name <u>7/1/19</u> Division Director/Branch Chief's Signature and Date					

THE NAVAJO NATION
Detailed Budget and Justification

FY 2019

PART I. PROGRAM INFORMATION:			
Program Name/Title: _____		Division of Aging and Long Term Care Support / Crownpoint	Business Unit No.: 113013
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
	3000 TRAVEL EXPENSES		44,291
3110	Monthly Mileage and fleet rental		
	Fleet		
	3111 - Monthly/Perm - Cover deficit 26 vehicles x \$108.00 x 1 months = 1	\$ 20,111.32	
	3113 - Mileage 26 vehicles x .31 x 1,000 miles x 3 mos =	\$ 24,180.00	44,291
		\$ 44,291.32	
	3200 PERSONAL TRAVEL		9,744
	Personal travel is requested to pay for staff traveling to conferences, meeting and to Central to submit documents - Cc		
	Cover deficit	\$9,743.79	
3230	Personal travel	\$ 9,743.79	9,744
	4000 SUPPLIES		121,826
	Desktop supplies, folders, envelopes, pens, pencils, postage, computer/copier toner cartridges, printing manuals, binding, photocopying		
	custodial supplies and raw food		
4120	Office Supplies		
	4130 - General Office Supplies 19 Senior Centers / Agency Office x 500 =	\$ 9,500.00	9,500
		\$ 9,500.00	
4410	4460 -Food supplies - Cover deficit 1,500 x 20 = 30,000	\$112,326.26	112,326
		\$ 112,326.26	
TOTAL			175,861
			175,861

**THE NAVAJO NATION
SUPPLEMENTAL FUNDING PROPOSAL SUMMARY**

PART I. Business Unit No.: 113012 Program Title: DALTCS - Fort Defiance Agency
Division/Branch: HEALTH Amount Requested: \$77,122 Phone No.: 928.729.4019
Prepared By: Leonora Henderson, PS II Email Address: leonora.henderson@nndoh.org

PART II. REASON FOR REQUEST AND STATEMENT OF NEED:

The current FY 2019 allocation for DALTCS - Fort Defiance Agency is insufficient. Additional funds in the amount of \$77,122 is needed to operate the senior centers through the end of the fiscal year. We will encounter a short fall in several line items which includes monthly premium and mileage for our senior center vans, operating and janitorial supplies is needed to ensure reports are being prepared and submitted and to maintain the cleanliness of the senior centers. Non Capital furniture and equipment, and computer equipment is being requested because of sudden breakdown of kitchen appliances and printers. Utilities, repairs and maintenance are for four senior centers that are not currently being taken care of by NNTU and emergency repair or maintenance on senior center furniture and equipment.

PART III. LIST ALTERNATIVE FUNDING SOURCES BEING PURSUED AND CONTINGENCY PLAN IF REQUEST IS NOT FUNDED:

Alternative funding is provided by the state of New Mexico and Arizona, both contracts are in the SAS review process and we may not be able to have access to these funds till August or September 2019.
Contingency plan is to request for Chapter Houses to take care of these operating expenses until all funds are in place.

PART IV. AFFIRMATION IS PROVIDED THAT THE PROPOSAL INFORMATION IS COMPLETED AND ACCURATE AND THE APPROPRIATE BRANCH CHIEF RECOMMENDS APPROVAL.

 6/25/19
REVIEWED BY: Division Director's signature / Date

 7/2/19
RECOMMEND APPROVAL: Division Director/Branch Chief's Signature / Date

THE NAVAJO NATION PROGRAM BUDGET SUMMARY

FY 2019

PART I. Business Unit No.: 113012		Program Title: DALTCS - Fort Defiance Agency		Division/Branch: NDOH	
Prepared By: Leonora Henderson, PSII		Phone No.: 928-729-4019		Email Address: leonora.henderson@nndoh.org	
PART II. FUNDING SOURCE(S)		Fiscal Year / Term	Amount	% of Total	
SUPPLEMENTAL		10/1/18-9/30/19	77,122	4%	
GEN FUND BASE ALLOCATION		10/1/18-9/30/19	2,101,335	96%	
PART III. BUDGET SUMMARY					(C) Difference
	Fund Type Code	(A) Original Budget	(B) Proposed Budget	(Column B - A)	
2001 Personnel Expenses	1	1,947,761	-	1,947,761	
3000 Travel Expenses	1	13,076	6,682	19,758	
3500 Meeting Expenses	1	1,608	-	1,608	
4000 Supplies	1	26,472	45,400	71,872	
5000 Lease and Rental	1	2,028	-	2,028	
5500 Communications and Utilities	1	65,880	13,040	78,920	
6000 Repairs and Maintenance	1	12,080	12,000	24,080	
6500 Contractual Services		-	-	-	
7000 Special Transactions	1	32,430	-	32,430	
8000 Public Assistance				-	
9000 Capital Outlay				-	
9500 Matching Funds		-	-	-	
9500 Indirect Cost		-	-	-	
TOTAL		2,101,335	77,122	2,178,457	
PART IV. POSITIONS AND VEHICLES					(E)
Total # of Positions Budgeted:					0
Total # of Permanently Assigned Vehicles:					24
TOTAL:					2,178,457
PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.					
SUBMITTED BY: Program Manager's Printed Name <i>Lucinda Martin</i> 4/25/19 SUBMITTED BY: Program Manager's Signature and Date SUBMITTED BY: Division Director/Branch Chief's Printed Name Dr. Jill Jim, NDOH Executive Director SUBMITTED BY: Division Director/Branch Chief's Signature and Date <i>Jill Jim</i> 6/25/19					

THE NAVAJO NATION PROGRAM PERFORMANCE CRITERIA

Page 2 of 4
BUDGET FORM 1

FY 2019

PART I. PROGRAM INFORMATION:									
Business Unit No.:	113012	Program Name/Title:		DALTCS - Fort Defiance Agency					
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:									
HEHSC-JA-01-18: The purpose of the DALTCS is to ensure that high quality, comprehensive, and culturally congruent aging and long term care support are provided to eligible Navajo individuals in coordination with other tribal and no-tribal providers and agencies.									
PART III. PROGRAM PERFORMANCE CRITERIA:									
1. Goal Statement:		1st QTR		2nd QTR		3rd QTR		4th QTR	
Meal Service		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
Program Performance Measure:									
Provide Home Delivered and Congregate meals to eligible participants.								5,000	
2. Goal Statement:		1st QTR		2nd QTR		3rd QTR		4th QTR	
Social Services/Transportation/Health Promotion		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
Program Performance Measure: To provide transportation services to eligible participants to senior center, medical appts, health education activities and intergenerational activities.								2,000	
3. Goal Statement:		1st QTR		2nd QTR		3rd QTR		4th QTR	
Case Management		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
Program Performance Measure: To provide elderly assessments for C1 & C2 Services, caregiver and housekeeping/respite services.								50	
4. Goal Statement:		1st QTR		2nd QTR		3rd QTR		4th QTR	
Employee/Elderly/Foster Grandparent Training		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
Program Performance Measure: Coordinate trainings to assist with staff development, elderly healthy aging and independence.								10	
5. Goal Statement:		1st QTR		2nd QTR		3rd QTR		4th QTR	
Senior Center Monitoring		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
Program Performance Measure:		Ensure compliance with monitoring tools provided for facilities, vehicles and equipment.							
								2	
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.									
Lucinda Martin Health Services Administrator Program Manager's Printed Name <i>Lucinda Martin</i> 6/25/19 Program Manager's Signature and Date					Dr. Jill Jim. NDOH Executive Director Division Director/Branch Chief's Printed Name <i>Jill Jim</i> 6/25/19 Division Director/Branch Chief's Signature and Date				

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION: Program Name/Title: <u>DALTCS - Fort Defiance Agency</u>		Business Unit No.: <u>113012</u>	
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
3000 TRAVEL EXPENSES			
Monthly mileage and fleet rentals.			
3110	Fleet		
3111	Monthly/Perm: 24 Vehicles@ 108 x 3 mos	5,184	
	6% Tax	311	
	TOTAL	5,495	
3113	Mileage: 2000x 28x2	1,120	
	67	1,187	
4000 SUPPLIES			
Operating supplies, home delivery trays, toner cartridges, xerox paper, janitorial supplies and arts and crafts supplies. Photocopying, binding, and non cap furniture and computer/printer.			
4120	Office Supplies		
4130	General Office Supplies (18 x \$300.)	5,400	
4200	Non Capital Assets		
4210	Non Capital Furniture & Equipment	10,000	
4230	Non Capital Computer & Equipment	5,000	
4410	Operating Supplies		
4420	General Operating Supplies (\$500 x 18)	9,000	
4460	Food Supplies (3000 x \$5.00)	15,000	
4530	Printing/Binding/Photocopying - Outreach Brochures	1,000	
		25,000	
		5,400	
		15,000	
		5,400	
		6,682	
		45,400	
TOTAL		52,082	52,082

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

Page 4 of 4
BUDGET FORM 4

FY 2019

PART I. PROGRAM INFORMATION:		Business Unit No.: 113012	
Program Name/Title: DALTCS - Fort Defiance Agency			
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
	5500 COMMUNICATIONS & UTILITIES		13,040
	Basic telephone and long distance services. Hardware and installation. DSL and internet services.		
5710	Energy		
	Electric	2,640	
5720	Propane	8,000	
	Services		
5750	Water	1,200	
	Sewage	1,200	
	6000 REPAIRS & MAINTENANCE		12,000
	Annual repair, maintenance and service of furniture, equipment and building.		
6020	Supplies		
	Building R&M Supplies (For 18 Senior Centers)	3,000	
6040	Services		
	Building R&M Services (For 18 Senior Centers)	3,000	
6110	Supplies		
	Furniture & Equipment R&M Supplies (For 18 Senior Centers)	3,000	
6130	Services		
	Furniture & Equipment R&M Services (For 18 Senior Centers)	3,000	
TOTAL		25,040	25,040

**THE NAVAJO NATION
SUPPLEMENTAL FUNDING PROPOSAL SUMMARY**

PART I. Business Unit No.: 113014 Program Title: NDOH- DALTCS
Division/Branch: HEALTH Amount Requested: \$123,430.00 Phone No.: 928-283-3351
Prepared By: Charles Joe, Program Supervisor II Email Address: charles.joe@ndoh.org

PART II. REASON FOR REQUEST AND STATEMENT OF NEED:

The allocation for Tuba City - DALTCS is very limited and insufficient to operate the senior centers including agency office. Tuba City DALTCS encounter short fall and hinder full implementation of program's goals and objectives. This will reduced daily transportation services, congregate and home delivered meals to eligible elderly clients. Short fall also limited use privately owned vehicle(s) to attend & participate trainings, meetings, program related conferences, and other functions. Funding is needed for replacement of equipment's, such as computers Printers, facilities, kitchen appliances, dishes, cookware's, furniture's, dinning tables, chairs, and etc. to keep the facilities in operation and also a need to constantly make corrections of minor and major deficiencies cited against the senior centers by OEH. Other expenses are rental of storage spaces, propane tanks, utilities expenses, meeting room rentals for work sessions meetings, telephone services, electric, natural gas, water, sewage, contractual services for senior centers to obtain annual safety services such as: HVAC, fire safety services, major building repairs. Training for staff development is necessary in computer literacy, finances, supervisory, management and other necessary training areas relevant to the program. Foster Grand parent Program is a component of the DALTCS program and assistant is provided when necessary with equipment's, other volunteer expenses.

PART III. LIST ALTERNATIVE FUNDING SOURCES BEING PURSUED AND CONTINGENCY PLAN IF REQUEST IS NOT FUNDED:

DALTCS receives additional funds from AZ State, which only covers partial transportation and food expenses, so the impact will still exist and will lead to cutting all staff hours, limiting transportation services where mileages would have to be capped, home deliveries would have to be limited once mileages are capped, less recreational and educational trips for elders, The quality services and full operation of the senior centers and agency office will have to be compromised.

PART IV. AFFIRMATION IS PROVIDED THAT THE PROPOSAL INFORMATION IS COMPLETED AND ACCURATE AND THE APPROPRIATE BRANCH CHIEF RECOMMENDS APPROVAL.

Samuel Antonio 6/25/19
REVIEWED BY: Division Director's signature / Date

Charles Joe 7/2/19
RECOMMEND APPROVAL: Division Director/Branch Chief's Signature / Date

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

PART I. PROGRAM INFORMATION:											
Business Unit No.:	113014	Program Name/Title:		Div/Aging & Long Term Care Sup- Tuba City							
PART II. PLAN OF OPERATION REFERENCE/LEGISLATED PROGRAM PURPOSE:											
HEHSCJA-01-18: The purpose of the DALTCS is to ensure that high quality, comprehensive, and culturally congruent aging and long term care support are provided to eligible Navajo individuals in coordination with other tribal and non-tribal providers and agencies.											
PART III. PROGRAM PERFORMANCE CRITERIA:											
1. Program Performance Area: Meal Services				1st QTR		2nd QTR		3rd QTR		4th QTR	
				Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
Goal Statement:											
Provide Home Delivery and Congregate meals to eligible participants.										10,140	
2. Program Performance Area: Social Services, Transportation and Health Promotion.											
Goal Statement:											
To provide transportation services to eligible participation to Senior Center, Medical Appts. Health Education, Activity and Intergenerational.										2,000	
3. Program Performance Area: Case Management											
Goal Statement:											
To provide Elderly assessment for C1 & C2 Services, Caregiver, Housekeeping and Respite.										300	
4. Program Performance Area: Employee, Elderly, Foster Grand Parent, Training Development/Training											
Goal Statement:											
Coordinator training to assist with staff development, elder health aging and independences.										20	
5. Program Performance Area: Senior Center Monitoring											
Goal Statement:											
Ensure compliance with monitoring tools provided for Facilities, Vehicles and Equipments.										5	
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.											
				Dr. Jill Jim, Executive Director							
				Division Director/Branch Chief's Printed Name							
				7/1/19							
				Division Director/Branch Chief's Signature and Date							
				Program Manager's Signature and Date							

THE NAVY NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION: Program Name/Title: _____ Div/Aging & Long Term Care Sup- Tuba City Business Unit No.: 113014			
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
	3000 TRAVEL EXPENSES: Transportation to and from Senior Centers to provide congregate and home delivery meals to eligible elderly clients. Transportation to and from authorized training, meeting, conferences, and other program related functions. Meals and Lodging expense directly related to program business.		\$ 65,729
3110	FLEET 3111 Fleet Lease - Monthly/Perm Remove deficit of \$21,131.20 Month/Perm 10 Suburbans @ \$21.00/mo x 3 mo = Month/Perm 7 Vans @ 460.00/mo x 6 mo = \$2,760.00 Month/Perm Dept. Purchase. 1 Suburban @ \$140.00/mo X 3 mo = Month/Perm Dept. Purchase. 1 Van @ \$108.00/mo X 3 mo =	\$ 47,165.20	
	3113 Mileage: 10 -Suburbans: \$28 per mile x 1300 miles x 3 mos = 7 Vans: 28 X 1300 miles X 3 mos =	\$ 18,564.00	
TOTAL		\$ 65,729	\$ 65,729

THE NAVY NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION: Program Name/Title: _____ Div/Aging & Long Term Care Support - Tuba City Business Unit No.: _____ 113014			
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
4000 SUPPLIES	Stationary, envelopes, binders, folders, labels, pens and pencils, stapler/staples, correction tape, home delivery trays, kitchen utensils, pots, ink, cartridges, cleaning supplies, and any other supplies necessary for the day to day operation of the program.		31,651
4120	OFFICE SUPPLIES 4130 General Office Supplies	\$ 2,001	
4410	OPERATING SUPPLIES 4420 General Operating Supplies: 4460 Food Supplies 13 SC x 1300 x 3 mo. 4490 Custodial Supplies 4520 Bulk Paper 4530 Printing, Binding, Photocopying	\$ 2,000 \$ 26,000 \$ 600 \$ 600 \$ 450	29,650
TOTAL		\$ 31,651	\$ 31,651

THE NAVY NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION: Name/Title: _____ Div/Aging & Long Term Care Support - Tuba City Business Unit No.: 113014			
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
	5500 COMMUNICATIONS & UTILITIES		\$ 23,300
	Basic telephone services and line charges. DSL, internet, electrical, propane, natural gas, water, and sewage services to maintain operations.		
5570	INTERNET		
	5580 DSL	\$ 1,800	
	5600 Internet Services	\$ 2,500	\$ 4,300
5710	ENERGY		
	5720 Electric	\$ 2,000	
	5740 Propane	\$ 12,000	\$ 14,000
5750	SERVICES		
	5760 Water	\$ 3,500	
	5770 Sewage	\$ 1,500	\$ 5,000
TOTAL		\$ 23,300	\$ 23,300

THE NAVY NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION: Name/Title: _____ Div/Aging & Long Term Care Support - Tuba City Business Unit No.: 113014			
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
	6000 REPAIRS & MAINTENANCE		\$ 2,750
	Annual repairs and maintenance services for hood exhaustion, fire extinguishers, freezers, refrigerators, stove, oven, heating and cooling units. Monthly pesticide and waste pick up service		
6110	SUPPLIES 6120 Furniture & Equipment R&M Supplies: \$ 950	\$ 950	
6130	SERVICES 6140 Furniture & Equipment R&M Services: \$ 1,800	\$ 1,800	
TOTAL		\$ 2,750	\$ 123,430

**THE NAVAJO NATION
SUPPLEMENTAL FUNDING PROPOSAL SUMMARY**

PART I. Business Unit No.:	113015	Program Title:	Shiprock Agency / DALTCs
Division/Branch:	NDOH / DALTCs	Amount Requested:	\$326,273.00
		Phone No.:	(505) 368-1250
Prepared By:	Dewayne Johnson	Email Address:	dewayne.johnson@nndoh.org

PART II. REASON FOR REQUEST AND STATEMENT OF NEED:

Due to a drastic budget cut in fiscal year 2019, to present date, funding for energy/utilities have all been depleted with a large negative balance. In addition, under "Operating Supplies", only a small amount was allocated to serve fifteen senior centers for twelve (12) months; hence, now all senior centers are completely out of cleaning supplies, printer ink cartridges, copier paper, and necessary supplies to provide Home Delivered meals. Additional funding support in the "Operating Supplies" will allow for the purchases of the items mentioned above for all fifteen senior centers. An immediate fund support is critical as business vendors are, again, beginning to withhold deliveries until outstanding debts have been cleared and home bound clients are not receiving their meals. This lack of fund support could be detrimental to provide proper nourishment and direct care services to Navajo Nation senior/elders.

PART III. SCOPE OF WORK/METHODOLOGY

The Scope of Work is simple and direct. The additional funding will help alleviate outstanding debts, refurbish needed janitorial and sanitation supplies, Home-Delivery trays for seniors at home, ink cartridges for printers, copier paper, miscellaneous office supplies such as staples, ink pens, transparent tape, sticky notes, filing tabs, folders, tape dispensers, new staplers, medium and large binders, assorted correction tapes, various types of paper clips, rubber bands, new scissors, legal pads or notebooks for drivers and cooks to do their daily notes and various types of logging notes, sanitation wipes for drivers, plastic gloves, etc. The fund would also support securing propane/natural gas charges for the next three months, all utility charges (i.e. water, electric, waste-water), telephone and DSL charges, Sanitation charges (Trash), and others. The funding request will support all senior centers within the Shiprock agency for the next three (3) months, July, August, and September.

PART IV. AFFIRMATION IS PROVIDED THAT THE PROPOSAL INFORMATION IS COMPLETE AND ACCURATE AND THE APPROPRIATE BRANCH CHIEF RECOMMENDS APPROVAL.


Dr. Jill Jim, NDOH Executive Director

REVIEWED BY: Division Director's Signature / Date


RECOMMEND APPROVAL: Branch Chief's Signature / Date

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

**1 of 4
BUDGET FORM 1**

FY 2019

PART I. Business Unit No.: 113015		Program Title: DALTCS Shiprock		Division/Branch: HEALTH / EXECUTIVE	
Prepared By: Dewayne Johnson, PS II		Phone No.: 928-871-6265		Email Address: dewayne.johnson@nndoh.org	

PART II. FUNDING SOURCE(S)		Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY			Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference (Column B - A)
Gen Fund Base Alloc		10/1/18 - 9/30/19	1,727,258	86%	2001	Personnel Expenses	1	1,604,722	344	1,605,066	
Gen Fund Amended Amt		10/1/18 - 9/30/19	24,445.00	1%	3000	Travel Expenses	1	13,216	30,175	43,391	
UUFB Supplemental Funds		10/1/18 - 9/30/19	248,104.00	12%	3500	Meeting Expenses	1	1,255		1,255	
					4000	Supplies	1	17,143	122,182	139,325	
					5000	Lease and Rental	1	1,500	5,708	7,208	
					5500	Communications and Utilities	1	56,655	156,076	212,731	
					6000	Repairs and Maintenance	1	10,500	11,788	22,288	
					6500	Contractual Services	1	0		0	
					7000	Special Transactions	1	22,267		22,267	
					8000	Public Assistance	1			0	
					9000	Capital Outlay	1			0	
					9500	Matching Funds	1			0	
					9500	Indirect Cost	1			0	
TOTAL:								\$1,727,258	326,273	2,053,531	

PART IV. POSITIONS AND VEHICLES		(D)	(E)
Total # of Positions Budgeted:		43	0
Total # of Permanently Assigned Vehicles:		21	0

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

Lucinda Martin, Health Services Administrator SUBMITTED BY: Program Manager's Printed Name <i>Lucinda Martin</i> 7/1/19 SUBMITTED BY: Program Manager's Signature and Date	Dr. Jill Jim, NDOH Executive Director APPROVED BY: Division Director/Branch Chief's Printed Name <i>Jill Jim</i> 7/1/19 APPROVED BY: Division Director/Branch Chief's Signature and Date
--	--

PART I. PROGRAM INFORMATION:		Business Unit No.: 113015		Program Name/Title: DALTCS - Shiprock					
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:									
HEHSCJA-01-18: The purpose of the DALTCS is to ensure that high quality, comprehensive, and culturally congruent aging and long term care support are provided to eligible Navajo individuals in coordination with other tribal and non-tribal providers and agencies.									
PART III. PROGRAM PERFORMANCE CRITERIA:									
1. Goal Statement:	Meal Services	1st QTR		2nd QTR		3rd QTR		4th QTR	
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
Program Performance Measure:	Provide home delivery and congregate meals to eligible participants.							9,000	
2. Goal Statement:	Social Services, Transportation, and Health Promotion								
Program Performance Measure:	Provide transportation services to eligible participants to senior centers, medical appts, health ed							600	
3. Goal Statement:	Case Management								
Program Performance Measure:	To provide elderly assessment for C1 & C2 Services, Caregiver, and Housekeeping							150	
4. Goal Statement:	Employee, Elderly, Foster Grandparents, Training & Development								
Program Performance Measure:	Coordinate training to assist with staff development, elder health aging and independency.							75	
5. Goal Statement:	Senior Center Monitoring								
Program Performance Measure:	Ensure compliance with monitoring tools provided for all facilities, vehicles, and equipment.							5	
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.									
Lucinda Martin, Health Services Administrator Program Manager's Printed Name					Dr. Jill Jim, Executive Director Division Director/Branch Chief's Printed Name				
 Program Manager's Signature and Date					 Division Director/Branch Chief's Signature and Date				

THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

FY 2019

PART I. PROGRAM INFORMATION:		Business Unit No.:	
Program Name/Title:			
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
	2001 PERSONNEL EXPENSES		344
	Employment salary and fringe benefits.		
2310	Temporary Remove deficit of \$343.64	344	
	3000 TRAVEL EXPENSES		30,175
3110	Fleet Remove deficit of \$3,085.19 + \$9,030 X 20 vehicles X 3 mos. =	30,175.00	
	4000 SUPPLIES		122,182
	To buy general office supply, paper, pen, etc. Operating supplies for 15 Senior Centers.		
4120	Office Supplies	18,000	
	4130 - General Office Supplies \$1,200 X 15 Senior Centers		
4410	Operating Supplies	104,182	
	Purchase printer cartridges, Toners, Home Delivery Trays, Janitorial Supplies, etc.		
	4420 - General Operating Supplies \$3,000 X 15 Senior Centers		
	4460 - Food Supplies (Pay Unpaid PR's With Blue Mountain Meats, Inc.)		
	Clear Past-Due Invoice With Blue Mountain Meats, Inc.		
	PR# 56619 6/6/19 @ \$3,723.32 & PR# 56625 6/21/19 @ \$8,868.10		
		\$ 45,000.00	
		\$ 12,591.42	
		\$ 34,000.00	
		\$ 12,591.00	
		<u>\$ 104,182.42</u>	
	5000 LEASE & RENTAL		5,708
5160	Equipment Copier Rental - Agency Office	5,708	
	5170 - Office Equipment Remove deficit of \$2,104.47 + \$3,604 rental fee		
	TOTAL	158,409	158,409

PART I. PROGRAM INFORMATION:			
Program Name/Title: _____		Business Unit No.: _____	
PART II. DETAILED BUDGET:			
(A)	(B)		(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)		Total by MAJOR Object Code (LOD 4)
			Total by DETAILED Object Code (LOD 6)
5500 COMMUNICATIONS & UTILITIES			
5520	Telephone	Remove deficit \$ 3,143.96 + \$5,310 (\$118 x 15 ctrs x 3 mos)	\$ 8,453.96
5570	Internet	Remove deficit \$2,518.85 + \$3,870 (\$86 x 15 x 3 mos)	\$ 6,388.85
5710	Energy	Remove deficit of \$33,558.04	\$ 33,558.04
		Unpaid Utilities Statements	\$ 16,826.24
	5720 - Electric	\$1157 X 15 X 3 months	\$ 52,065.00
	5730 - Natural Gas	\$500 X 1 X 3 months	\$ 1,500.00
	5740 - Propane	\$472 X 14 X 3 months	\$ 19,824.00
	5760 - Water	\$388 X 15 X 3 months	\$ 17,460.00
		<u>\$ 141,233.28</u>	<u>\$ 141,233.28</u>
6000 REPAIRS & MAINTENANCE			
6130	Services		6,000
	6140 - Furn & Equip R&M Serv	HVAC-Reclbto/SR/Hogbtk/Newcb \$1,500 x 4 centers	\$ 6,000.00
6200	External Contractors		5,788
	6250 - Waste Disposal	Remove deficit \$3,626.96	\$ 3,627.00
		Unpaid PR# 906105	\$ 2,160.87
		<u>5,787.87</u>	<u>5,787.87</u>
TOTAL			167,864
			11,788
			156,076
			326,273

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

PART I. Business Unit No.: 113011		Program Title:	Division of Aging & Long Term Care Support, Chinle		Division/Branch:	Health/Executive
Prepared By: James Begay Jr		Phone No.:	(928)674-2369	Email Address:	james.begay@nndoh.org	

PART II. FUNDING SOURCE(S)			Fiscal Year /Term	Amount	% of Total
SUPPLEMENTAL BUDGET			10/1/18-9/30/19	222,814.00	100%

PART III. BUDGET SUMMARY			Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Adjusted (Column A + B)
FY19 Base Budget	10/1/18-9/30/19		1	1,756,866		1,756,866
		2001 Personnel Expenses	1			
		3000 Travel Expenses	1	4,500		4,500
		3500 Meeting Expenses	1	4,819		4,819
		4000 Supplies	1	28,000	141,014	169,014
		5000 Lease and Rental	1			0
		5500 Communications and Utilities	1	39,122	69,000	108,122
		6000 Repairs and Maintenance	1	2,581	6,300	8,881
		6500 Contractual Services	1		6,500	6,500
		7000 Special Transactions	1	23,768		23,768
		8000 Public Assistance				0
		9000 Capital Outlay				0
		9500 Matching Funds				0
		9500 Indirect Cost				0
TOTAL				\$1,859,656.00	\$ 222,814.00	2,082,470

PART IV. POSITIONS AND VEHICLES		(D)	(E)
Total # of Positions Budgeted:		47	
Total # of Permanently Assigned Vehicles:		15	

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.


 Lucinda Martin, Health Service Administrator
SUBMITTED BY: Program Manager's Printed Name
James Begay Jr 7/1/19
SUBMITTER'S Signature and Date

Dr. Jill Jim, NDOH Executive Director
APPROVED BY: Division Director/Branch Chief's Printed Name
Jill Jim 7/1/19
APPROVER'S Signature and Date

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

PART I. PROGRAM INFORMATION:													
Business Unit No.:	113011	Program Name/Title:										Division of Aging and Long Term Care Support - Chinle	
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:													
HEHSCJA-01-18: The purpose of the DAL TCS is to ensure that high quality, comprehensive and culturally congruent aging and long term care support are provided to eligible Navajo individuals in coordination with other tribal and non-tribal providers and agencies													
PART III. PROGRAM PERFORMANCE CRITERIA:													
1. Goal Statement:		1st QTR		2nd QTR		3rd QTR		4th QTR					
Meal Service		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
Program Performance Measure:													
Provide home delivery and congregate (breakfast/lunch/dinner) meals to eligible participants												34,000	
2. Goal Statement:													
Social Service/Transportation/Health Promotion													
Program Performance Measure:													
Health education activities and intergenerational events												4,500	
3. Goal Statement:													
Case Management													
Program Performance Measure:													
To provide elderly assessment for C1 & C2 service, Caregiver, Respite and Referrals												300	
4. Goal Statement:													
Employee/Elderly/Foster Grandparent Training													
Program Performance Measure:													
Coordinate training to assist with staff development/elderly healthy aging and independence												24	
5. Goal Statement:													
Senior Center Monitoring													
Program Performance Measure:													
Ensure compliance with monitoring tool provided for facilities & equipment.												6	
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.													
<u>Lucinda Martin, Health Service Administrator</u> Program Manager's Printed Name										<u>Dr. Jill Jim, NDOH Executive Director</u> Division Director/Branch Chief's Printed Name			
<u>9/1/19</u> Program Manager's Signature and Date										<u>9/1/19</u> Division Director/Branch Chief's Signature and Date			

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION: Program Name/Title: <u>Division of Aging and Long Term Care Support - Chinle Agency</u> Business Unit No.: <u>113011</u>			
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
4410	4000 SUPPLIES Janitorial supplies and raw food supplies. Operating Supplies 4460 Food Supplies \$2500 x 5 large SC x 3 months = 37,500.00 \$2000 x 5 medium SC x 3 months = 30,000.00 \$1500 x 5 small SC x 3 months = 22,500.00 FY 2017 outstanding food invoices 33,181.49 FY 2018 outstanding food invoices 15,761.65 <u>138,943.14</u> 14 SC's x 147.93 x 1 months 2,071.00	141,014	141,014
5710	5500 COMMUNICATION & UTILITIES Utilities, propane, natural gas, water and sewage Energy 5720 Electric 11,250.00 5730 Natural Gas 9,000.00 5740 Propane 36,000.00 <u>56,250.00</u> 5750 Services	56,250	69,000
6200	6000 REPAIRS & MAINTENANCE Waste disposal services for 7 Senior Centers. External Contractors 6250 Waste Disposal 6,300.00 6500 CONTRACTUAL SERVICES Attorney fees for 2 grievance cases (outstanding bills). Attorneys 6670 Attorney - Fees \$2000 + \$4500 = 6,500.00	6,300	6,300
6660	6660 Attorney fees for 2 grievance cases (outstanding bills). Attorneys 6670 Attorney - Fees \$2000 + \$4500 = 6,500.00	6,500	6,500
TOTAL		222,814	222,814

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

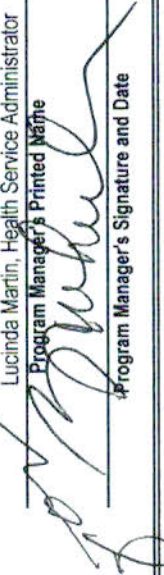
FY 2019

PART I. Business Unit No.: 113010		Program Title: Division of Aging & Long Term Care Support-Administration		Division/Branch: Health / Executive	
Prepared By: Bernita Wheeler		Phone No.: (928) 871-6536		Email Address: bernita.wheeler@nndoh.org	

PART II. FUNDING SOURCE(S)			PART III. BUDGET SUMMARY			PART IV. POSITIONS AND VEHICLES		
Fiscal Year Term	Amount	% of Total	Fund Type Code	Original Budget	Proposed Budget	Adjusted Budget	Original Budget	Proposed Budget
General Funds Supplemental	10/01/18-9/30/19 \$ 15,595	8%						
FY'19 Base Budget	10/01/18-09/30/19 \$ 182,470	92%	2001 Personnel Expenses	1 \$ 178,148	-	\$ 178,148	1 \$ 178,148	-
			3000 Travel Expenses	1 \$ 2,626	\$ 2,635	\$ 5,261	1 \$ 2,626	\$ 2,635
			3500 Meeting Expenses	1 \$ -	\$ -	\$ -	1 \$ -	\$ -
			4000 Supplies	1 \$ -	\$ -	\$ -	1 \$ -	\$ -
			5000 Lease and Rental	1 \$ -	\$ -	\$ -	1 \$ -	\$ -
			5500 Communications and Utilities	1 \$ -	\$ -	\$ -	1 \$ -	\$ -
			6000 Repairs and Maintenance	1 \$ -	\$ -	\$ -	1 \$ -	\$ -
			6500 Contractual Services	1 \$ 1,696	\$ 1,696	\$ 1,696	1 \$ 1,696	\$ 1,696
			7000 Special Transactions	1 \$ -	\$ -	\$ -	1 \$ -	\$ -
			8000 Public Assistance			\$ 5,000		\$ 5,000
			9000 Capital Outlay					\$ 0
			9500 Matching Funds					\$ 0
			9500 Indirect Cost					\$ 0
			TOTAL	\$ 182,470	\$ 15,595	\$ 198,065	\$ 182,470	\$ 198,065

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.		
Ms. Lucinda Martin, Health Service Administrator	Dr. Jill Jim, Executive Director	
SUBMITTED BY: Program Manager's Printed Name	APPROVED BY: Division Director/Branch Chief's Printed Name	
<i>[Signature]</i> 6/27/19	<i>[Signature]</i> 6/27/19	
SUBMITTED BY: Program Manager's Signature and Date	APPROVED BY: Division Director/Branch Chief's Signature and Date	

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

PART I. PROGRAM INFORMATION: Business Unit No.: 113010		Program Name/Title: Division of Aging & Long Term Care Support-Administration									
PART II. PLAN OF OPERATION REFERENCE/LEGISLATED PROGRAM PURPOSE: HEHSCJA-01-18: The purpose of the DALTCS is to ensure that high quality, comprehensive, and culturally congruent aging and long term care support are provided to eligible Navajo individuals in coordination with other tribal and non-tribal providers and agencies.											
PART III. PROGRAM PERFORMANCE CRITERIA:											
		1st QTR		2nd QTR		3rd QTR		4th QTR			
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement:											
DALTC Staff 4th Quarterly Training, and Title VI Cluster Training											
Program Performance Area											
Provide refreshments for Cooks, Drivers and Supervisors during the 2 trainings											
2. Goal Statement:											
Purchase Operating and Office Supplies for daily operation											
Program Performance Area											
Collect bids/quotations from various vendors to purchase much needed supplies											
3. Goal Statement:											
Travel Expenses											
Program Performance Area											
Provide reimbursement for staff while conducting official business and to do monitoring											
4. Goal Statement:											
Program Performance Area											
5. Goal Statement:											
Program Performance Area											
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.											
Lucinda Martin, Health Service Administrator Program Manager's Printed Name						Dr. Jill Jim, Executive Director Division Director/Branch Chief's Printed Name					
 Program Manager's Signature and Date						 Division Director/Branch Chief's Signature and Date					

THE NAVY NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:			
Program Name/Title: Division of Aging and Long Term Care Support-Administration		Business Unit No.: 113010	
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
	3000 TRAVEL EXPENSE		2,635
	Travel expense for staff while conducting official business on behalf of program to do monitoring, attend meetings and elder events.		
3240	\$55/day x 3 trips x 5 staff = \$825.00	\$ 825.00	
3250	\$94/night x nights x 5 staff = \$940.00	\$ 940.00	
3260	\$.58/mi x 300/mi x 5 = \$870.00	\$ 870.00	
	4000 SUPPLIES		7,960
	Stationary, envelopes, binders, folders, labels, pens and pencils, stapler/staples, correction tape, home delivery trays, kitchen utensils, pots, ink, cartridges, cleaning supplies, and any other supplies necessary for the day to day operation of the program.		
4120	OFFICE SUPPLIES		
	4130 General Office Supplies	\$ 2,900	
4410	OPERATING SUPPLIES		
	4420 General Operating Supplies:	\$ 5,060	
	SPECIAL TRANSACTION		5,000
	Provide refreshments for the upcoming visit from Title VI and the 4th Quarterly Cook's, Driver's and Supervisor's training.		
7190	Refreshments \$2,500 x 2 training = \$5,000.00	\$ 5,000	
TOTAL		\$ 15,595	\$ 15,595

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

PART I. Business Unit No.: 113012		Program Title: DALTCS - Fort Defiance Agency		Division/Branch: NDOH	
Prepared By: Leonora Henderson, PSII		Phone No.: 928-729-4019		Email Address: leonora.henderson@nndoh.org	

PART II. FUNDING SOURCE(S)		Fiscal Year /Term	Amount	% of Total
SUPPLEMENTAL		10/1/18-9/30/19	77,122	4%
GEN FUND BASE ALLOCATION		10/1/18-9/30/19	2,101,335	96%

PART III. BUDGET SUMMARY				Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference (Column B - A)
2001	Personnel Expenses	1	1,947,761				1,947,761
3000	Travel Expenses	1	13,076			6,682	19,758
3500	Meeting Expenses	1	1,608			-	1,608
4000	Supplies	1	26,472			45,400	71,872
5000	Lease and Rental	1	2,028			-	2,028
5500	Communications and Utilities	1	65,880			13,040	78,920
6000	Repairs and Maintenance	1	12,080			12,000	24,080
6500	Contractual Services		-			-	-
7000	Special Transactions	1	32,430			-	32,430
8000	Public Assistance						-
9000	Capital Outlay						-
9500	Matching Funds						-
9500	Indirect Cost						-
TOTAL					2,101,335	77,122	2,178,457

PART IV. POSITIONS AND VEHICLES				(D)	(E)
Total # of Positions Budgeted:				0	0
Total # of Permanently Assigned Vehicles:				0	24

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

Lucinda Martin, Health Services Administrator

SUBMITTED BY: Program Manager's Printed Name

Lucinda Martin 6/25/19

SUBMITTED BY: Program Manager's Signature and Date

Dr. Jill Jim, NDOH Executive Director

APPROVED BY: Division Director/Branch Chief's Printed Name

Dr. Jill Jim 6/25/19

APPROVED BY: Division Director/Branch Chief's Signature and Date

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA

PART I. PROGRAM INFORMATION:									
Business Unit No.:	113012	Program Name/Title:		DALTCS - Fort Defiance Agency					
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:									
HEHSCJA-01-18: The purpose of the DALTCS is to ensure that high quality, comprehensive, and culturally congruent aging and long term care support are provided to eligible Navajo individuals in coordination with other tribal and non-tribal providers and agencies.									
PART III. PROGRAM PERFORMANCE CRITERIA:									
1. Goal Statement:		1st QTR		2nd QTR		3rd QTR		4th QTR	
Meal Service		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
Program Performance Measure:									
Provide Home Delivered and Congregate meals to eligible participants.								5,000	
2. Goal Statement:		1st QTR		2nd QTR		3rd QTR		4th QTR	
Social Services/Transportation/Health Promotion		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
Program Performance Measure: To provide transportation services to eligible participants to senior center, medical appts, health education activities and intergenerational activities.								2,000	
3. Goal Statement:		1st QTR		2nd QTR		3rd QTR		4th QTR	
Case Management		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
Program Performance Measure: To provide elderly assessments for C1 & C2 Services, caregiver and housekeeping/respite services.								50	
4. Goal Statement:		1st QTR		2nd QTR		3rd QTR		4th QTR	
Employee/Elderly/Foster Grandparent Training		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
Program Performance Measure: Coordinate trainings to assist with staff development, elderly healthy aging and independence.								10	
5. Goal Statement:		1st QTR		2nd QTR		3rd QTR		4th QTR	
Senior Center Monitoring		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
Program Performance Measure:		Ensure compliance with monitoring tools provided for facilities, vehicles and equipment.							
								2	
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.									
Lucinda Martin Health Services Administrator		Dr. Jill Jim, NDOH Executive Director							
Program Manager's Printed Name		Division Director/Branch Chief's Printed Name							
<i>Lucinda Martin</i> 6/25/19		<i>Dr. Jill Jim</i> 6/25/19							
Program Manager's Signature and Date		Division Director/Branch Chief's Signature and Date							

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

FY 2019

PART I. PROGRAM INFORMATION:		Business Unit No.: 113012	
Program Name/Title: DALTCS - Fort Defiance Agency			
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
3000 TRAVEL EXPENSES			
	Monthly mileage and fleet rentals.		6,682
3110	Fleet		
3111	Monthly/Perm: 24 Vehicles@ 108 x 3 mos	5,184	5,495
	6% Tax	311	
	TOTAL		6,682
3113	Mileage: 2000x.28x2	1,120	1,187
	67		
4000 SUPPLIES			
	Operating supplies, home delivery trays, toner cartridges, xerox paper, janitorial supplies and arts and crafts supplies. Photocopying, binding, and non cap furniture and computer/printer.		45,400
4120	Office Supplies		
4130	General Office Supplies (18 x \$300.)	5,400	5,400
4200	Non Capital Assets		
4210	Non Capital Furniture & Equipment	10,000	15,000
4230	Non Capital Computer & Equipment	5,000	
4410	Operating Supplies		
4420	General Operating Supplies (\$500 x 18)	9,000	25,000
4460	Food Supplies (3000 x \$5.00)	15,000	
4530	Printing/Binding/Photocopying - Outreach Brochures	1,000	
TOTAL		52,082	52,082

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

FY 2019

PART I. PROGRAM INFORMATION:		Business Unit No.: 113012	
Program Name/Title: DALTCS - Fort Defiance Agency			
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
5500 COMMUNICATIONS & UTILITIES			
	Basic telephone and long distance services. Hardware and installation. DSL and internet services.		13,040
5710	Energy		
5720	Electric	2,640	10,640
5740	Propane	8,000	
5750	Services		
5760	Water	1,200	2,400
5770	Sewage	1,200	
6000 REPAIRS & MAINTENANCE			
	Annual repair, maintenance and service of furniture, equipment and building.		12,000
6020	Supplies		
6030	Building R&M Supplies (For 18 Senior Centers)	3,000	3,000
6040	Services		
6050	Building R&M Services (For 18 Senior Centers)	3,000	3,000
6110	Supplies		
6120	Furniture & Equipment R&M Supplies (For 18 Senior Centers)	3,000	3,000
6130	Services		
6140	Furniture & Equipment R&M Services (For 18 Senior Centers)	3,000	3,000
TOTAL		25,040	25,040

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

PART I. Business Unit No.: 113013		Program Title: Division of Aging & Long Term Care Support/Crownpoint		Division/Branch: Health / Executive	
Prepared By: Juanita Dennison		Phone No.: (505) 786-2042		Email Address: juanita.dennison@nndoh.org	

PART II. FUNDING SOURCE(S)			Fiscal Year / Term	Amount	% of Total
NN Gen Fund Base Allocation			10/1/19-9/30/19	2,650,901.00	90%
NN Gen Fund Amended Amount			10/1/19-9/30/20	92,478.85	3%
NN Supplemental Budget			10/1/19-9/30/21	189,739.00	6%

PART III. BUDGET SUMMARY				Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference (Column B - A)
2001	Personnel Expenses				2,358,427		2,358,427
3000	Travel Expenses			1	17,087	54,035	71,122
3500	Meeting Expenses			1	1,294		1,294
4000	Supplies			1	25,790	121,826	147,616
5000	Lease and Rental						0
5500	Communications and Utilities			1	161,000	13,878	174,878
6000	Repairs and Maintenance			1	62,700		62,700
6500	Contractual Services						0
7000	Special Transactions			1	24,603		24,603
8000	Public Assistance						0
9000	Capital Outlay						0
9500	Matching Funds						0
9500	Indirect Cost						
TOTAL					\$2,650,901.00	189,739.00	2,840,640

PART IV. POSITIONS AND VEHICLES		(D)	(E)
Total # of Positions Budgeted:		26	
Total # of Vehicles Budgeted:			26

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

Lucinda Martin, Health Service Administrator
 SUBMITTED BY: Program Manager's Printed Name
 SUBMITTED BY: Program Manager's Signature and Date 2/1/19

Dr. Jill Jim, Executive Director
 APPROVED BY: Division Director/Branch Chief's Printed Name
 APPROVED BY: Division Director/Branch Chief's Signature and Date 2/1/19

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

PART I. PROGRAM INFORMATION:		Business Unit No.: 113013		Program Name/Title: Division of Aging and Long Term Care Support				Crownpoint			
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:											
HEHSC-JA-01-18: The purpose of the DAL TCS is to ensure that high quality, comprehensive, and culturally congruent aging and long term care support are provided to eligible Navajo individuals in coordination with other tribal and no-tribal providers and agencies.											
PART III. PROGRAM PERFORMANCE CRITERIA:											
1. Goal Statement:		MEAL SERVICES		1st QTR		2nd QTR		3rd QTR		4th QTR	
				Goal Actual		Goal Actual		Goal Actual		Goal Actual	
Program Performance Measure:		To provide congregate and home delivered meals to eligible participants.								10,000	
2. Goal Statement:		SOCIAL SERVICES									
Program Performance Measure:		Senior Centers, medical appointments, health education activities, and intergenerational events								500	
3. Goal Statement:		CASE MANAGEMENT									
Program Performance Measure:		To provide elderly assessments for C1 & C2 services, caregiver, housekeeping & respite ser.								200	
4. Goal Statement:		EMPLOYEE / ELDERS / FGP TRAINING									
Program Performance Measure:		Coordinate training to assist with staff development, elder healthy aging & independence.								10	
5. Goal Statement:		SENIOR CENTER MONITORING									
Program Performance Measure:		Ensure compliance with monitoring tools for facilities, vehicles, and equipment								2	
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.											
 Lucinda Martin, Health Service Administrator Program Manager's Printed Name <u>7/1/19</u> Program Manager's Signature and Date				Dr. Jill Jim, Executive Director Division Director/Branch Chief's Printed Name <u>7/1/19</u> Division Director/Branch Chief's Signature and Date							

THE NAVAJO NATION

Detailed Budget and Justification

FY 2019

PART I. PROGRAM INFORMATION:						
Program Name/Title:		Division of Aging and Long Term Care Support / Crownpoint		Business Unit No.: 113013		
PART II. DETAILED BUDGET:						
(A)	(B) Object Code Description and Justification (LOD 7)				(C) Total by DETAILED Object Code (LOD 6)	(D) Total by MAJOR Object Code (LOD 4)
3110	3000 TRAVEL EXPENSES					44,291
	Monthly Mileage and fleet rental					
	Fleet					
	3111 - Monthly/Perm - Cover deficit	26 vehicles x \$108.00 x 1 months = 1	\$	20,111.32		
	3113 - Mileage	26 vehicles x .31 x 1,000 miles x 3 mos =	\$	24,180.00	44,291	
			\$	44,291.32		
3230	3200 PERSONAL TRAVEL					9,744
	Personal travel is requested to pay for staff traveling to conferences, meeting and to Central to submit documents - Cc					
	Cover deficit					
	Personl travel		\$	9,743.79	9,744	
			\$	9,743.79		
4120	4000 SUPPLIES					121,826
	Desktop supplies, folders, envelopes, pens, pencils, postage, computer/copier toner cartridges, printing manuals, binding, photocopying custodial supplies and raw food					
	Office Supplies					
	4130 - General Office Supplies	19 Senior Centers / Agency Office x 500 =	\$	9,500.00	9,500	
			\$	9,500.00		
4410	4460 - Food supplies - Cover deficit					112,326
		1,500 x 20 = 30,000	\$	112,326.26		
			\$	112,326.26		
TOTAL					175,861	175,861

THE NAVAJO NATION
Detailed Budget and Justification

PART I. PROGRAM INFORMATION:			
Program Name/Title:		Business Unit No.:	
Division of Aging and Long Term Care Support / Crownpoint		113013	
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
	5500 COMMUNICATION & UTILITIES		13,878
	To pay for telephone, DSL, Internet, cellular phone for Agency staff, electric, propane, natural gas, water and sewage for 20 Senior Centers		
5520	Telephone		
	5610 - Wireless 185.00 x SCs/Agency Office = 3,885	6,090	
	5540 - Long Distance 75.00 x 21 SCs/Agency Office = 4,200	2,205	
		6,090	
5570	Internet		
	5580 - DSL 25.00 x 21 SCs/Agency Office = 575.00	575	
	5600 - Internet 25.00 x 21 SCs/Agency Office = 525	575	
		1,150	
5710	Energy		
	5720 - Electric 200.00 x 21 SCs/Agency Office = 4,200	1,000	
	5730 - Natural Gas 50.00 x 1 SC x 3 months = 150	\$150	
	5740 - Propane 10,832.87 x 21 SCs/Agency	5,488	
	Cover deficit	6,638	
TOTAL		13,878	13,878

PART I. Business Unit No.: 113015		Program Title: DALTCS Shiprock		Division/Branch: HEALTH / EXECUTIVE	
Prepared By: Dewayne Johnson, PS II		Phone No.: 928-871-6265		Email Address: dewayne.johnson@nndoh.org	

PART II. FUNDING SOURCE(S)		Fiscal Year	Amount	% of Total	PART III. BUDGET SUMMARY			Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference (Column B - A)
		/Term									
Gen Fund Base Alloc		10/1/18 - 9/30/19	1,727,258	86%	2001	Personnel Expenses	1	1,604,722	344	1,605,066	
Gen Fund Amended Amt		10/1/18 - 9/30/19	24,445.00	1%	3000	Travel Expenses	1	13,216	30,175	43,391	
UUFBSupplemental Funds		10/1/18 - 9/30/19	248,104.00	12%	3500	Meeting Expenses	1	1,255		1,255	
					4000	Supplies	1	17,143	122,182	139,325	
					5000	Lease and Rental	1	1,500	5,708	7,208	
					5500	Communications and Utilities	1	56,655	156,076	212,731	
					6000	Repairs and Maintenance	1	10,500	11,788	22,288	
					6500	Contractual Services	1	0		0	
					7000	Special Transactions	1	22,267		22,267	
					8000	Public Assistance	1			0	
					9000	Capital Outlay	1			0	
					9500	Matching Funds	1			0	
					9500	Indirect Cost	1			0	
TOTAL:								\$1,727,258	326,273	2,053,531	

PART IV. POSITIONS AND VEHICLES		(D)	(E)
Total # of Positions Budgeted:		43	0
Total # of Permanently Assigned Vehicles:		21	0

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

Lucinda Martin, Health Services Administrator

SUBMITTED BY: Program Manager's Printed Name

[Signature] 7/1/19

SUBMITTED BY: Program Manager's Signature and Date

Dr. Jill Jim, NDOH Executive Director

APPROVED BY: Division Director/Branch Chief's Printed Name

[Signature] 7/1/19

APPROVED BY: Division Director/Branch Chief's Signature and Date

PART I. PROGRAM INFORMATION:		Business Unit No.: 113015		Program Name/Title: DALTCS - Shiprock	
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:					
HEHSCJA-01-18: The purpose of the DALTCS is to ensure that high quality, comprehensive, and culturally congruent aging and long term care support are provided to eligible Navajo individuals in coordination with other tribal and non-tribal providers and agencies.					
PART III. PROGRAM PERFORMANCE CRITERIA:					
1. Goal Statement:	1st QTR	2nd QTR	3rd QTR	4th QTR	
Meal Services	Goal	Actual	Goal	Actual	Goal
Program Performance Measure:					
Provide home delivery and congregate meals to eligible participants.					9,000
2. Goal Statement:					
Social Services, Transportation, and Health Promotion					
Program Performance Measure:					
Provide transportation services to eligible participants to senior centers, medical appts, health ed					600
3. Goal Statement:					
Case Management					
Program Performance Measure:					
To provide elderly assessment for C1 & C2 Services, Caregiver, and Housekeeping					150
4. Goal Statement:					
Employee, Elderly, Foster Grandparents, Training & Development					
Program Performance Measure:					
Coordinate training to assist with staff development, elder health aging and independency.					75
5. Goal Statement:					
Senior Center Monitoring					
Program Performance Measure:					
Ensure compliance with monitoring tools provided for all facilities, vehicles, and equipment.					5
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.					
for <u>Lucinda Martin, Health Services Administrator</u> Program Manager's Printed Name		Dr. Jill Jim, Executive Director Division Director/Branch Chief's Printed Name			
<u>[Signature]</u> Program Manager's Signature and Date		<u>[Signature]</u> 7/1/19 Division Director/Branch Chief's Signature and Date			

PART I. PROGRAM INFORMATION:		Business Unit No.:	
Program Name/Title:			
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
5500 COMMUNICATIONS & UTILITIES			
5520	Telephone		156,076
5570	Internet	\$ 8,453.96	8,454
		\$ 6,388.85	6,389
5710	Energy		141,233
	Remove deficit of \$33,558.04	\$ 33,558.04	
	Unpaid Utilities Statements	\$ 16,826.24	
5720 - Electric	\$1157 X 15 X 3 months	\$ 52,065.00	
5730 - Natural Gas	\$500 X 1 X 3 months	\$ 1,500.00	
5740 - Propane	\$472 X 14 X 3 months	\$ 19,824.00	
5760 - Water	\$388 X 15 X 3 months	\$ 17,460.00	
		\$ 141,233.28	
6000 REPAIRS & MAINTENANCE			
6130	Services		11,788
6140 - Furn & Equip R&M Serv	HVAC-Becbio/SR/Hogbk/Newcb \$1,500 x 4 centers	\$ 6,000.00	6,000
6200	External Contractors		5,788
6250 - Waste Disposal	Remove deficit \$3,626.96	\$ 3,627.00	
	Unpaid PR# 906105	\$ 2,160.87	
		5,787.87	
TOTAL		167,864	326,273

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

PART I. Business Unit No.: 113014		Program Title: Div/Aging & Long Term Care Sup- Tuba City		Division/Branch: Health / Executive	
Prepared By: Charles Joe, PS II		Phone No.: (928) 283-3351		Email Address: Charles.Joe@nndoh.org	

PART II. FUNDING SOURCE(S)			Fiscal Year Term	Amount	% of Total	PART III. BUDGET SUMMARY			
						Fund Type Code	NNC Approved Original Budget (A)	Proposed Budget (B)	Adjusted (Column A + B) (C)
General Funds Supplemental		10/01/18-9/30/19	\$ 123,430	94%		1	\$ 1,825,920	-	\$ 1,825,920
General Funds Amended Aml.		10/01/18-9/30/19	\$ 96,799	3%	2001 Personnel Expenses	1	\$ 29,280	\$ 65,729	\$ 95,009
General Fund Base Allocation		10/01/18-9/30/19	\$ 1,982,713	3%	3000 Travel Expenses	1	\$ 2,800	\$ -	\$ 2,800
					3500 Meeting Expenses	1	\$ 36,952	\$ 31,651	\$ 68,603
					4000 Supplies	1	\$ 800	\$ -	\$ 800
					5000 Lease and Rental	1	\$ 48,100	\$ 23,300	\$ 71,400
					5500 Communications and Utilities	1	\$ 14,000	\$ 2,750	\$ 16,750
					6000 Repairs and Maintenance	1	\$ 2,500	\$ -	\$ 2,500
					6500 Contractual Services	1	\$ 22,361	\$ -	\$ 22,361
					7000 Special Transactions	1			0
					8000 Public Assistance				0
					9000 Capital Outlay				0
					9500 Matching Funds				0
					9500 Indirect Cost				0
TOTAL					TOTAL		\$ 1,982,713	\$ 123,430	\$ 2,106,143

PART IV. POSITIONS AND VEHICLES		(D)	(E)
Total # of Positions Budgeted:		46	0
Total # of Permanently Assigned Vehicles:		19	19

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

Ms. Lucinda Martin, Health Service Administrator SUBMITTED BY: <i>Lucinda Martin</i> 7/1/19 SUBMITTED BY: Program Manager's Signature and Date	Dr. Jill Jim, Executive Director APPROVED BY: Division Director/Branch Chief's Printed Name <i>Jill Jim</i> 7/1/19 APPROVED BY: Division Director/Branch Chief's Signature and Date
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**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

PART I. PROGRAM INFORMATION:		Business Unit No.: 113014		Program Name/Title: Div/Aging & Long Term Care Sup- Tuba City	
PART II. PLAN OF OPERATION REFERENCE/LEGISLATED PROGRAM PURPOSE:					
HEHSCJA-01-18: The purpose of the DALTCS is to ensure that high quality, comprehensive, and culturally congruent aging and long term care support are provided to eligible Navajo individuals in coordination with other tribal and non-tribal providers and agencies.					
PART III. PROGRAM PERFORMANCE CRITERIA:					
1. Program Performance Area: Meal Services		1st QTR		2nd QTR	
Goal Statement:		3rd QTR		4th QTR	
Provide Home Delivery and Congregate meals to eligible participants.		Goal	Actual	Goal	Actual
2. Program Performance Area: Social Services, Transportation and Health Promotion.					10,140
Goal Statement:					
To provide transportation services to eligible participation to Senior Center, Medical Appis. Health Education, Activity and Intergenerational					2,000
3. Program Performance Area: Case Management					
Goal Statement:					
To provide Elderly assessment for C1 & C2 Services, Caregiver, Housekeeping and Respite.					300
4. Program Performance Area: Employee, Elderly, Foster Grand Parent, Training Development/Training					
Goal Statement:					
Coordinator training to assist with staff development, elder health aging and independences.					20
5. Program Performance Area: Senior Center Monitoring					
Goal Statement:					
Ensure compliance with monitoring tools provided for Facilities, Vehicles and Equipments.					5
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.					
Lucinda Martin, Health Service Administrator		Dr. Jill Jim, Executive Director		7/1/19	
Program Manager's Printed Name		Division Director/Branch Chief's Printed Name		Signature	
Program Manager's Signature and Date		Division Director/Branch Chief's Signature and Date			

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

FY 2019

PART I. PROGRAM INFORMATION: Program Name/Title: _____ Div/Aging & Long Term Care Sup- Tuba City _____ Business Unit No.: _____ 113014			
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
	3000 TRAVEL EXPENSES: Transportation to and from Senior Centers to provide congregate and home delivery meals to eligible elderly clients. Transportation to and from authorized training, meeting, conferences, and other program related functions. Meals and Lodging expense directly related to program business.		\$ 65,729
3110	FLEET 3111 Fleet Lease - Monthly/Perm Remove deficit of \$21,131.20 Monthly/Perm 10 Suburbans @ \$21.00/mo x 3 mo = Monthly/Perm 7 Vans @ \$460.00/mo x 6 mo = \$2,760.00 Monthly/Perm Dept. Purchase: 1 Suburban @ \$140.00/mo X 3 mo = Monthly/Perm Dept. Purchase: 1 Van @ \$108.00/mo X 3 mo =	\$ 47,165.20	
	3113 Mileage: 10 -Suburbans: \$28 per mile x 1300 miles x 3 mos = 7 Vans: .28 X 1300 miles X 3 mos =	\$ 18,564.00	
TOTAL		\$ 65,729	\$ 65,729

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

FY 2019

PART I. PROGRAM INFORMATION:			
Program Name/Title: _____		Business Unit No.: _____	
Div/Aging & Long Term Care Support - Tuba City		113014	
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
	4000 SUPPLIES Stationary, envelopes, binders, folders, labels, pens and pencils, stapler/staples, correction tape, home delivery trays, kitchen utensils, pots, ink, cartridges, cleaning supplies, and any other supplies necessary for the day to day operation of the program.		31,651
4120	OFFICE SUPPLIES 4130 General Office Supplies	\$ 2,001	
4410	OPERATING SUPPLIES 4420 General Operating Supplies: 4460 Food Supplies 13 SC x 1300 x 3 mo. 4490 Custodial Supplies 4520 Bluk Paper 4530 Printing, Binding, Photocopying	\$ 29,650	
TOTAL		\$ 31,651	\$ 31,651

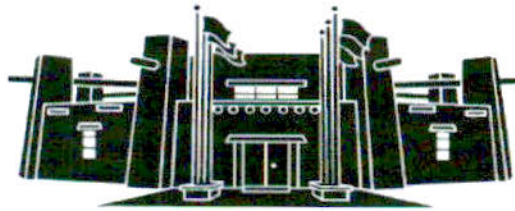
**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

FY 2019

PART I. PROGRAM INFORMATION:			
Name/Title:		Div/Aging & Long Term Care Support - Tuba City	Business Unit No.: 113014
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
	5500 COMMUNICATIONS & UTILITIES		\$ 23,300
	Basic telephone services and line charges. DSL, internet, electrical, propane, natural gas, water, and sewage services to maintain operations.		
5570	INTERNET		
	5580 DSL	\$ 1,800	
	5600 Internet Services	\$ 2,500	
5710	ENERGY		
	5720 Electric	\$ 2,000	
	5740 Propane	\$ 12,000	
5750	SERVICES		
	5760 Water	\$ 3,500	
	5770 Sewage	\$ 1,500	
TOTAL		\$ 23,300	\$ 23,300

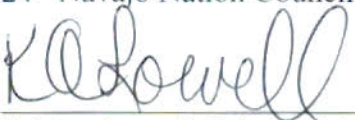
THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:			
Name/Title: _____		Div/Aging & Long Term Care Support - Tuba City Business Unit No.: 113014	
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
	6000 REPAIRS & MAINTENANCE		\$ 2,750
	Annual repairs and maintenance services for hood exhaustion, fire extinguishers, freezers, refrigerators, stove, oven, heating and cooling units. Monthly pesticide and waste pick up service		
6110	SUPPLIES 6120 Furniture & Equipment R&M Supplies: \$ 950	\$ 950	
6130	SERVICES 6140 Furniture & Equipment R&M Services: \$ 1,800	\$ 1,800	
TOTAL		\$ 2,750	\$ 123,430



MEMORANDUM

TO: Honorable Daniel E. Tso
24th Navajo Nation Council

FROM: 
Kristen Lowell, Principal Attorney
Office of Legislative Counsel

DATE: July 25, 2019

SUBJECT: **AN ACT RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES, BUDGET AND FINANCE, AND NAABIK'ÍYÁTI' COMMITTEES, AND NAVAJO NATION COUNCIL; APPROVING SUPPLEMENTAL FUNDING FROM THE UNRESERVED, UNDESIGNATED FUND BALANCE IN THE AMOUNT OF NINE HUNDRED FIFTY-FOUR THOUSAND NINE HUNDRED SEVENTY-THREE DOLLARS (\$954,973) FOR THE DIVISION OF AGING AND LONG TERM CARE SUPPORT**

As requested, I have prepared the above-referenced proposed resolution and associated legislative summary sheet pursuant to your request for legislative drafting. Based on existing law and review of documents submitted, the resolution as drafted is legally sufficient. As with any action of government however, it can be subject to review by the courts in the event of proper challenge.

As discussed, this proposed resolution is being released per your request without the review of the Office of the Controller and the Office of Management and Budget. This was done based on representations that senior centers will be forced to close unless supplemental funding is approved.

However, amendments will be needed to this proposed resolution as it proceeds through the legislative process. The amendments will include adding the memoranda from OMB and OOC. Additionally, if the Office of the Controller designates this request as a recurring expense, waiver language will also need to be added to the resolution.

Please ensure that this particular resolution request is precisely what you want. You are encouraged to review the proposed resolution to ensure that it is drafted to your satisfaction.

The Office of Legislative Counsel confirms the appropriate standing committee(s) based on the standing committees' powers outlined in 2 N.N.C. §§301, 401, 501, 601 and 701. Nevertheless, "the

Speaker of the Navajo Nation Council shall introduce [the proposed resolution] into the legislative process by assigning it to the respective oversight committee(s) of the Navajo Nation Council having authority over the matters for proper consideration.” 2 N.N.C. §164(A)(5).

If the proposed resolution is unacceptable to you, please contact me at the Office of Legislative Counsel and advise me of the changes you would like made to the proposed resolution.

THE NAVAJO NATION
LEGISLATIVE BRANCH
INTERNET PUBLIC REVIEW PUBLICATION



LEGISLATION NO: 0237-19

SPONSOR: Daniel Tso

TITLE: An Action Relating To Health, Education And Human Services; Budget And Finance, And NAABIK'IYATTI' Committees, And Navajo Nation Council; Approving Supplement Funding From The Unreserved, Undesignated Fund Balance In The Amount Of Nine Hundred Fifty-Four Thousand Nine Hundred Seventy-Three Dollars (\$954,973) For The Division Of Aging And Long Term Care Support

Date posted: July 25, 2019 at 5:29 PM

Digital comments may be e-mailed to comments@navajo-nsn.gov

Written comments may be mailed to:

Executive Director
Office of Legislative Services
P.O. Box 3390
Window Rock, AZ 86515
(928) 871-7586

Comments may be made in the form of chapter resolutions, letters, position papers, etc. Please include your name, position title, address for written comments; a valid e-mail address is required. Anonymous comments will not be included in the Legislation packet.

Please note: This digital copy is being provided for the benefit of the Navajo Nation chapters and public use. Any political use is prohibited. All written comments received become the property of the Navajo Nation and will be forwarded to the assigned Navajo Nation Council standing committee(s) and/or the Navajo Nation Council for review. Any tampering with public records are punishable by Navajo Nation law pursuant to 17 N.N.C. §374 *et. seq.*