

RESOLUTION OF THE  
HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE

23<sup>rd</sup> NAVAJO NATION COUNCIL - Third Year, 2017

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE;  
APPROVING A BUDGET REALLOCATION IN THE TOTAL AMOUNT OF \$12,544  
WITHIN THE NAVAJO AREA AGENCY ON AGING, BUSINESS UNIT NUMBER  
113010, FOR OUTSTANDING INVOICES FROM FISCAL YEARS 2014 AND 2016

BE IT ENACTED:

SECTION ONE. AUTHORITY

- A. The Health, Education and Human Services Committee is a standing committee of the Navajo Nation Council. 2 N.N.C. § 400(A).
- B. The Health, Education and Human Services Committee serves as the oversight committee for the Division of Health; the Navajo Area Agency (NAAA) on Aging is under the Department of Health. 2 N.N.C. § 401(C)(1).
- C. A budget reallocation is a budget revision that reallocates funds between business units. Navajo Nation Budget Instruction Manual, Fiscal Year 2017, Section XIII.C. Additionally, OMB directs that any budget request that includes the payment of prior years' costs of \$1,000 or above, be submitted for approval as a reallocation of funds by the program's respective oversight committee. Navajo Nation Budget Instruction and Policies Manual, Fiscal Year 2014, Section II.A.8.
- D. An oversight committee may reallocate funds appropriated by the Navajo Nation Council to a division or program over which the committee has oversight, provided that funds are determined available by the controller, further provided the reallocation is upon the request of the affected division, department or program and shall approve a reallocation by two-thirds (2/3rds) vote of the full membership of the committee. 2 N.N.C. §185(A).

SECTION TWO. FINDINGS

- A. The Navajo Nation Area Agency on Aging requests a reallocation of funds to Business Unit No. 113010 for the purpose of paying invoices from FY 2014 and 2016. The Budget Revision Request, invoices from FY 2014 and 2016, and NAAA's correspondence on this issue is attached as **Exhibit "A"**.

- B. The Office of Management and Budget has indicated this request is sufficient. See **Exhibit "B"**.
- C. The Office of the Controller in indicating the request is sufficient, has determined funds are available for the reallocation requested. See **Exhibit "B"**.
- D. The Department of Justice has indicated the reallocation request is legally sufficient. See **Exhibit "B"**.
- E. The Navajo Nation hereby finds it in its best interest to approve the reallocation of funds within the Navajo Area Agency on Aging program.

**SECTION THREE. APPROVAL OF REALLOCATION**

- A. The Health, Education and Human Services Committee hereby approves the budget reallocation in the total amount of \$12,544 within Business Unit No. 113010 to cover invoices from Fiscal Years 2014 and 2016 as set forth in the budget reallocation documents hereto attached as **Exhibit A**.

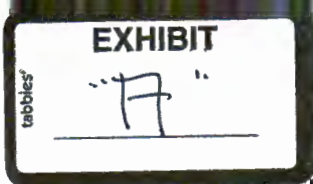
**CERTIFICATION**

I, hereby, certify that the following resolution was duly considered by the Health, Education and Human Services Committee of the 23<sup>rd</sup> Navajo Nation Council at a duly called meeting at Window Rock, (Navajo Nation) Arizona, at which quorum was present and that same was passed by a vote of 4 in favor, 0 opposed, 1 abstained this 18<sup>th</sup> day of September, 2017.



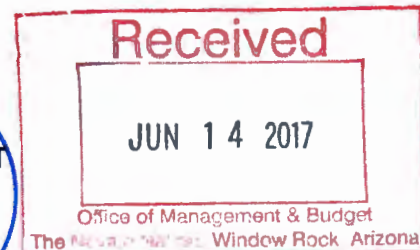
Norman M. Begay, Chairperson  
Health, Education and Human Services Committee

Motion: Honorable Amber Kanazbah Crotty  
Second: Honorable Steven Begay



General  
Received  
JUN 14 2017  
NNOOC  
Lee.Begay@ndoh.org  
Accounting

THE NAVAJO NATION  
OFFICE OF MANAGEMENT AND BUDGET  
BUDGET REVISION REQUEST



Lee Begay, Programs & Projects Specialist

6/13/2017

REQUESTED BY (PRINTED NAME & TITLE)

E-MAIL ADDRESS

DATE

113010

NDOH/ Navajo Area Agency on Aging - Admin.

928-871-6796

BUSINESS UNIT NO.

PROGRAM / DEPARTMENT TITLE

PHONE NO.

FUNDS AVAILABLE (OMB USE ONLY)	LOD	FROM OBJECT CODE & DESCRIPTION	AMOUNT	LOD	TO OBJECT CODE & DESCRIPTION	AMOUNT	
	6	4120 - General Operating Supplies	2,000	6	5520 - Telephone	1,974	
	6	5310 - Building/Space	1,000	6	7310 - Contingencies & Losses	10,485	
	6	6660 - Attorneys	9,544	6	7600 - Employee Related Expenses	85	
TOTAL			12,544	TOTAL			12,544

**JUSTIFICATION FOR BUDGET REVISION (Must be detailed and complete):** Explain why the request is required and provide calculations to show the amount is sufficient to cover personnel expenditures.

The purpose for the budget revision request is to pay off bad debt incurred by NAAA in FY2014 and 2016; Gallup Independent in the amount of \$800.00 and American Home Furnishing in the amount of \$9,683.36. NAAA tried to use external funding to pay for these expenses in the fiscal year that these expenses were incurred, but OOC Accounts Payable did not pay claiming receipts were not original. For Telephone, Training & Professional Dues, and Employee Related Expenses; expenses have occurred in those line-items and transferring budget to cover those expenditures. Calculation method is as follow: 1) Gallup Independent - June's receipt of \$717.29 + 3.5% interest charged per month x 3 months. 2) American Home Furnishing - actual invoice dating September 20, 2016. 3) Telephone and ERE amount obtained from the Budget Status Report from FMIS.

**IMPACT ON PROGRAM PERFORMANCE CRITERIA (Must be detailed and complete):**

There will be no impact on Program Performance Criteria as NAAA has sufficient external funds that will be used to meet our program criteria.

Lucinda Martin, Health Services Administrator

Dr. Glorinda Segay, Executive Director

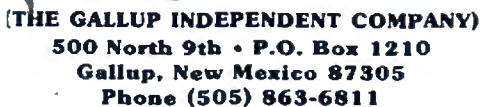
DEPARTMENT/PROGRAM DIRECTOR (PRINTED)

BRANCH/DIVISION DIRECTOR (PRINTED)

*Lucinda Martin*  
APPROVAL SIGNATURE

*[Signature]*  
CONCURRENCE SIGNATURE  
6/14/17

DO NOT ATTACH ORIGINAL FINANCIAL DOCUMENTS. DO NOT ALTER THIS FORM.



5/31/17

1034

**Please Refer to  
Your Account Number  
When Remitting**

NAVAJO NATION AREA AGENCY ON  
AGING  
P O BOX 1390  
WINDOW ROCK AZ 86515

RECEIVED  
JUN 5 2017  
NAAA ADMIN.

**DISCOUNTS NOT EARNED CANNOT BE TAKEN**

A Service Charge of 3.50% Per Month (an annual rate of 42.00) will be charged on all past due accounts

**AND C**

**R**—Retail                      **B**—Classified Color  
**A**—Retail Color            **1**—Page One  
**C**—Classified Display    **O**—Other  
**L**—Classified Lines      **T**—TV Log



P.O. BOX 3685

ALBUQUERQUE, NEW MEXICO 87190 (505) 883-2211

# AMERICAN

HOME • FURNISHINGS

09/20/16

## VIA CERTIFIED MAIL

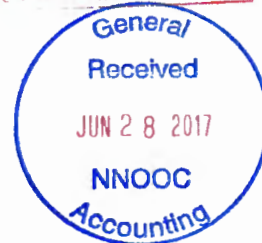
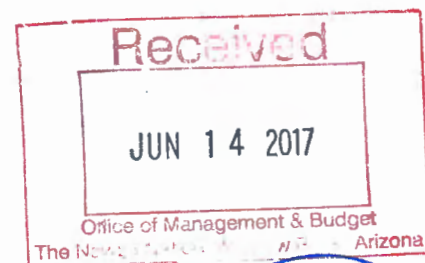
The Controller,  
Controller's Office  
Navajo Nation  
PO Drawer E  
Window Rock, AZ 86515

Ref # Payment on PO 333524 OP - \$ 9683.36

Dear Sir,

On 05/25/16 our store in Farmington received a furniture order for \$ 9683.36 from NAAA Administration vide Navajo Nation's PO # 333524 OP dated 05/27/2016. American Furniture honored this Purchase Order in good faith and delivered the furniture as requested on 06/22/16. Upon delivery, Bernita Wheeler from NAAA Administration requested a copy of the invoice for payment, at which time Invoice # 5928274 for \$ 9683.36 was emailed to her.

This order was placed on thirty day "financing" through American Furniture as reflected on the invoice that was e-mailed to Bernita ("Amount financed" \$ 9683.36). However Bernita Wheeler asked for an invoice showing \$ 9683.36 due. Requested invoice for \$ 9683.36 was sent to her on 07/11/16 by email and US Mail with an explanation as to why the previous copy of invoice # 5928274 said "financed amount" \$9683.36. This was followed up with another email on 08/03/16 when a request for payment was sent to Navajo Nation's Accounts Payable Manager, Supervisor and Bernita Wheeler on 08/12/16. With no response, I called the Accounts Payable Manager on 08/22/16 and left a voice mail message requesting the status of



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HOME • FURNISHINGS

this payment. After still no response, another request for payment was sent by "certified mail" on 08/23/16 to Accounts Payable Manager and Bernita Wheeler at NAAA Administration, We received signature confirmation that they received the request for payment letters on 08/29/16 and 08/30/16 respectively.

To date we have not received the payment. Copies of emails, certified mail letter, PO #333524 OP and our invoice # 5928274 are being attached here for your information.

We honored Navajo Nation's PO # 333524 in good faith and delivered the furniture relative to this PO on 06/22/16. We would therefore, like to request your office's assistance in getting this invoice paid without further delay.

Thank you and the Navajo Nation for over 50 years of business with American Home.

Sincerely yours



Kilu Tsering  
American Home  
ktsering@americanhome.com  
(505) 883 – 2116

CC: Bernita Wheeler, NAAA Administration, PO BOX 1390, Window Rock, AZ 86515 and Navajo Nation Accounts Payable section.

P.O. BOX 3685

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HOME • FURNISHINGS

08/24/16

The Manager  
Accounts Payable Section  
Navajo Nations  
PO BOX 1660  
Window Rock, AZ 86515

Ref # Payment on PO 333524 OP

7001 0320 0005 0590 8503  
AP Manager

Dear Madam,

Our records show that order 5928274 relative to your PO # 333524 OP for \$ 9683.36 was delivered on 06/22/16. Our records also show that we have not received this payment. Currently your account is in Past Due status and is accruing interest.

Please find enclosed a copy of your PO # 333524 OP, our invoice # 5928274 for \$ 9683.36 and a self addressed return envelope for immediate payment.

Thank you in advance for your assistance in expediting this payment.

Sincerely yours

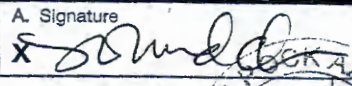


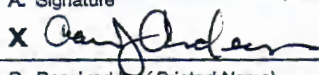
Kilu Tsering  
American Home  
(505) 883 - 2116

NAAA Adm.

7009 2250 0003 5316 7402

CC: Bernita Wheeler, NAAA Administration, PO BOX 1390, Window Rock, AZ 86515

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: The Manager Accounts Payable Navajo Nations P.O. Box 1660 Window Rock, AZ 86515		B. Received by (Printed Name) Volando Cha C. Date of Delivery 8/30/16 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Bernita Wheeler NAAA Administration Navajo Nations P.O. Box 1390 Window Rock, AZ - 86515		B. Received by (Printed Name) Aaron J. Anderson C. Date of Delivery 08/29/16 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	



# AMERICAN HOME

Your Total Home Store

AMERICAN HOME (13)  
1001 W BROADWAY  
FARMINGTON, NM 87401  
TEL: 505 326-3393

INVOICE # 5928274  
\* REPRINT \*

CUST INIT \_\_\_\_\_ Call Ext# \_\_\_\_\_ for questions.

ORDER NUMBER 5928274 DATE 06/22/16  
My days off: M T W T F S S

Special Orders: A 20% deposit is required for all special orders, some orders like rugs, odd pieces require 100% prepayment. Cancellation will only be accepted within 72 hours of purchase or on our ability to cancel with the manufacturer. No cancellations will be accepted after scheduled production date or once merchandise is shipped from manufacturer. Failure to accept any order that cannot be cancelled will result in forfeiture of 20% (deposit or prepayment).

SOLD TO:  
THE NAVAJO NATION  
ACCOUNTS PAYABLE SECTION  
PO BOX 1660  
WINDOW ROCK, AZ 86515

SHIP TO:  
SHIPROCK SENIOR CENTER  
HWY 491 NEXT TO POST OFFICE  
PO BOX 3845  
SHIPROCK, NM 87420

CUSTOMER PHONE #	TERMS	SLSPERSN	CUSTOMER #	STORE
HOME: 505 368-1250	0 BAL PRIOR DLVRY	FRANKLIN, FLEE	0084814	13
SHIP VIA		REMARKS		
PO # 333524 OP				

1	07543-1416RO-CT	SIDE CHR WITH BRN UPH SEAT	57	57	134.99	7694.43
2	00483-20101-38SF	SOFA ALLISTON DURABLEND CHOC	1	1	422.99	422.99
3	00483-20101-35LS	LOVE ALLISTON DURABLEND CHOC	2	2	386.99	773.98
4	00483-20101-25RR	RR ALLISTON DURABLEND CHOC	1	1	386.99	386.99
5	07543-1416RO-CT	SIDE CHR WITH BRN UPH SEAT	3	3	134.99	404.97
MERCHANDISE SUB-TOTAL:					9683.36	
TOTAL INVOICE VALUE:					9683.36	

ALL FURNITURE USED IN A COMMERCIAL SETTING VOIDS ALL WARRANTIES  
PLEASE INSPECT UPON DELIVERY  
NO RETURNS

Please Pay From This  
Invoice

P.O. # 333524-OP

AMERICAN HOME  
P.O. Box 3685  
Albuquerque, N.M. 87190

TERMS  
NET 30 DAYS  
DUE upon receipt

\* MATTRESS COMFORT EXCHANGE GUARANTEE:  
Guest must keep mattress a minimum of 30 days.  
365 Day "Comfort Guarantee" Requires purchase of "Protect-a-Bed" Mattress Protector  
No Refunds will be made on Mattresses or Protect-a-Bed products.  
A \$65 handling fee plus delivery charge will apply for return of original selection.  
Tempur-Pedic 90 day comfort exchange has \$199 handling fee plus delivery fee.  
One time reslection applies. No refunds or returns on adjustable bases and pillows.

Refer to Customer Purchase Information Pamphlet.

Merchandise must be returned in original condition, as-is and special order merchandise cannot be returned.  
The customer has been advised that unless the mattress is used with a compliant boxspring, there is no guarantee that the mattress will pass the Open Flame Requirements set out at 16 CFR 1633

Fabric/Leather Protection Declined \_\_\_\_\_ Layaway cancellation fee \$25 \_\_\_\_\_

VERIFIED: # \_\_\_\_\_ ANY EXCHANGE OR RETURN OF MERCHANDISE IS SUBJECT TO INSPECTION BY AMERICAN HOME

RETURN POLICY:  
1. FURNITURE/RUG EXCHANGE: CUSTOMER HAS 5 DAYS FROM DATE OF RECEIPT OF FURNITURE AND 7 DAYS FROM DATE OF RECEIPT OF RUGS.  
2. MATTRESS EXCHANGE: CUSTOMER HAS 365 DAYS FROM DATE OF RECEIPT OF MATTRESS \*

Guest Services/Delivery Info:  
- Outside Albuquerque - 1-800-854-6755  
- In Albuquerque - 761-3203  
- Statement Information 1-866-576-0660

Store Hours: M-F 10a - 8p  
Sat 9:30a - 6p Sun 11a - 6p  
NM Warehouse Customer Pickup:  
Mon - Fri Noon - 6p  
Sat 9:30a - 6p  
Sun 11a - 5p

**THE NAVAJO NATION**

PO Box 9000  
Window Rock, AZ 86515

**INVOICE TO:**

Accounts Payable Section  
PO Box 1660  
Window Rock, AZ 86515

V  
E  
N  
D  
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R

AMERICAN HOME FURNISHINGS  
1001 W. BROADWAY  
FARMINGTON NM 87401

Contact  
Person:

Phone: (928) 871-6868

Fax: (928) 871-6868

S  
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NAAA-ADMINISTRATION  
PO BOX 1390  
WINDOW ROCK AZ 86515

**Requisition Number****Date Requested**

05/27/2016

**Terms**

Net 30 Days

**Date Ordered**

05/27/2016

**Freight****Order Taken By**

JJAMES

**Delivery Instructions****Phone:**

(928) 871-6868

**Fax:**

(928) 871-6868

Line	Rev	Item #	Description/ Description 2	Quantity Ordered	PU UM	Account Number	Unit Price	Extended Price
1.000	20		07543-1416RO-CT Side CHR W/Brown UPH Seat	60	EA	K143024.4210	134.99	8,099.40
2.000	20		00483-20101-38SF Sofa Alliston Durablend Choc	1	EA	K143024.4210	422.99	422.99
3.000	20		00483-20101-35LS Love Alliston Durablend Choc	2	EA	K143024.4210	386.99	773.98
4.000	20		00483-20101-25RR RR Alliston Durablend Choc	1	EA	K143024.4210	386.99	386.99

Tax Rate

Sales  
Tax

See Last Page of Order for Total Amount Due

Total Order

9,683.36

05-27-16

DATE

  
 BUYER'S SIGNATURE

Terms and conditions on reverse side are an integral part of this Purchase Order.

①

**Subject:** Fwd: FW: Furniture Purchase  
**From:** Kilu Tsering <ktsering@americanhome.com>  
**Date:** 7/11/2016 12:47 PM  
**To:** Bernita.Wheeler@nndoh.org  
**CC:** dsalazar@americanhome.com

Hello Bernita,

Thank you so very much for your attempt to pay for order 5928274. This order has not been paid for. The copy of the invoice sent earlier had a zero balance because the purchase was financed and temporarily charged to your account with us until the payment was received. I have attached a copy of the invoice that shows balance due of \$ 9683.36. The original copy this invoice is being mailed to your attention by US mail.  
Please accept my apology for this confusion ( I was on vacation and got back today)

Thanks

Kilu Tsering  
(505) 883 - 2116

----- Forwarded Message -----

**Subject:**FW: Furniture Purchase  
**Date:**Fri, 8 Jul 2016 21:50:36 +0000  
**From:**Bernita Wheeler <Bernita.Wheeler@nndoh.org>  
**To:**[ktsering@americanhome.com](mailto:ktsering@americanhome.com) <[ktsering@americanhome.com](mailto:ktsering@americanhome.com)>

*Bernita Wheeler, Associate Contract Analyst  
NAAA-Administration  
PO Box 1390  
Window Rock, Arizona 86515  
Ph# (928) 871-6536  
Cell# (928) 313-4456  
Fax#*

---

**From:** Bernita Wheeler  
**Sent:** Friday, July 08, 2016 3:47 PM  
**To:** Martinez, Rebecca S, ALTSD  
**Cc:** [dsalazar@americanhome.com](mailto:dsalazar@americanhome.com); [ktsering@americanhome.com](mailto:ktsering@americanhome.com); Ruth Benally  
**Subject:** RE: Furniture Purchase

Hi Rebecca

R55BU500	NAVAJO NATION	6/13/2017	10:42:26
NN0001	Budget Status Report		
LEEBEGAY	As of 6/30/2017		

Account Range	Original Budget	Revised Budget	Actuals	Encumbrances	Budget Available	% Expensed of Total
00010 GENERAL FUND						
113010 NAV AREA AGCY ON AGIN						
11000 Revenues						
1100 Royalties						
1200 Taxes						
1350 Rentals & Leasing Rev						
1351 Natural Resources						
1400 Financial Revenues, n						
1500 Fees & Permits						
1600 Fines & Court Fees						
1700 External C/G Revenue						
1850 Other Revenue Sources						
1851 Program Revenue						
1852 Fees						
1930 Miscellaneous						
1990 Other Revenues						
1991 Overhead Allocation						
1996 Allocation	182,470.00-	324,553.00-			324,553.00-	
1991 Overhead Allocation	182,470.00-	324,553.00-			324,553.00-	
1990 Other Revenues	182,470.00-	324,553.00-			324,553.00-	
1850 Other Revenue Sources	182,470.00-	324,553.00-			324,553.00-	
1000 Revenues	182,470.00-	324,553.00-			324,553.00-	



R55BL500	NAVAJO NATION	6/13/2017	10:42:26
NN0001	Budget Status Report		
LEEBEGAY	As of 6/30/2017		

Account Range	Original Budget	Revised Budget	Actuals	Encumbrances	Budget Available	% Expensed of Total
2000 Expenses						
2001 Personnel Expenses						
2100 Permanent						
2110 Regular	99,985.00	99,985.00			99,985.00	
2120 Person-Regular FT			50,972.80		50,972.80	
2110 Regular	99,985.00	99,985.00	50,972.80		49,012.20	50.98
2200 Salary Adj						
2100 Permanent	99,985.00	99,985.00	50,972.80		49,012.20	50.98
2300 Temporary						
2310 Temporary						
2500 Overtime						
2510 Overtime						
2600 Holiday Pay						
2610 Regular						
2700 Merit & Bonus Pay						
2710 Regular						
2900 Fringe Benefits	48,693.00	48,693.00			48,693.00	
2910 FICA						
2912 FICA			3,160.31		3,160.31	
2914 Medicare			739.11		739.11	
2910 FICA			3,899.42		3,899.42	
2920 Group Insurance						
2921 Medical			3,456.19		3,456.19	
2926 Life			477.53		477.53	
2928 Short-Term Disabil			77.82		77.82	

R55BU500  
NN0001  
LEEBEGAY

NAVAJO NATION  
Budget Status Report  
As of 6/30/2017

6/13/2017 10:42:26

Account Range	Original Budget	Revised Budget	Actuals	Encumbrances	Budget Available	% Expensed of Total
2920 Group Insurance			4,011.54		4,011.54-	
2940 Retirement						
2942 401K-Nihitceso Sav			509.83		509.83-	
2944 NN Retirement			13,813.69		13,813.69-	
2940 Retirement			14,323.52		14,323.52-	
2950 Unemployment Benefi						
2951 State Unemployment			1,483.41		1,483.41-	
2950 Unemployment Benefi			1,483.41		1,483.41-	
2960 Worker's Comp						
2970 Annual Leave						
2971 Annual Leave Pay			305.83		305.83-	
2970 Annual Leave			305.83		305.83-	
2990 Payroll Clearing						
2900 Fringe Benefits	48,693.00	48,693.00	24,023.72		24,669.28	49.34
2001 Personnel Expenses	148,678.00	148,678.00	74,996.52		73,681.48	50.44
3000 Travel Expenses						
3100 Vehicle Use						
3110 Fleet						
3120 Program						
3130 External Fleet Rent						
3140 GSA						
3200 Personal Travel Expe						

R55BU500	NAVAJO NATION	6/13/2017	10:42:26
NN0001	Budget Status Report		
LEEBEGAY	As of 6/30/2017		

Account Range	Original Budget	Revised Budget	Actuals	Encumbrances	Budget Available	% Expensed of Total
3210 Vehicle Rental (off						
3230 Personal Travel	10,200.00	10,200.00			10,200.00	
3240 Per Diem Meals			1,197.53		1,197.53-	
3250 Lodging			3,893.53		3,893.53-	
3260 POV Mileage			3,788.22		3,788.22-	
3230 Personal Travel	10,200.00	10,200.00	8,879.08		1,320.92	87.05
3200 Personal Travel Expe	10,200.00	10,200.00	8,879.08		1,320.92	87.05
3300 Commercial Charter F						
3310 Air						
3320 Commercial			863.58		863.58-	
3310 Air			863.58		863.58-	
3360 Bus						
3380 Train						
3300 Commercial Charter F			863.58		863.58-	
3000 Travel Expenses	10,200.00	10,200.00	9,742.66		457.34	95.52
3500 Meeting Expenses						
3501 NN Council Delegates						
3510 Regular Meetings						
3520 Special Meetings						
3530 Committee Meetings						
3540 Sub-Committee Meeti						
3550 Agency Meetings						

R55BU500  
NN0001  
LEEBEGA

NAVAJO NATION  
Budget Status Report  
As of 6/30/2017

6/15/2017 10:42:26

Account Range	Original Budget	Revised Budget	Actuals	Encumbrances	Budget Available	% Expensed of Total
3560 Chapter Meetings						
3570 Orientation/Trainin						
3580 Work Sessions						
3590 Budget Hearings						
3600 Commissions/Boards						
3610 Meetings						
3700 Chapter Officials						
3710 Meetings						
3800 Other Non Employees						
3810 Meetings						
4000 Supplies						
4100 Office Supplies & Eq					5,300.00	
4120 Office Supplies	5,300.00	5,300.00			184.64	
4130 General Office Sup			184.64			
4120 Office Supplies	5,300.00	5,300.00	184.64		5,115.36	3.48
4200 Non Capital Assets						
4100 Office Supplies & Eq	5,300.00	5,300.00	184.64		5,115.36	3.48
4400 Operating Supplies						
4410 Operating Supplies						
4420 General Operating			376.95		376.95	
4450 Postage, Courier,			30.24		30.24	
4410 Operating Supplies			407.19		407.19	



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NAVAJO NATION  
Budget Status Report  
As of 6/30/2017

6/30/2017 10:42:26

Account Range	Original Budget	Revised Budget	Actuals	Encumbrances	Budget Available	% Expended of Total
4400 Operating Supplies			407.19	-	407.19	
4600 Transportation Suppl						
4610 Supplies						
4700 Fuel						
4000 Supplies	5,300.00	5,500.00	591.83		4,708.17	11.17
5000 Lease & Rental						
5100 Lease						
5110 Building						
5130 Land						
5160 Equipment						
5300 Rental						
5310 Building/Space	5,000.00	5,000.00			5,000.00	
5320 Meeting Space			2,268.56		2,268.56	
5310 Building/Space	5,000.00	5,000.00	2,268.56		2,731.44	45.37
5360 Equipment/Supplies						
5370 Equipment Rental			105.05		105.05	
5360 Equipment/Supplies			105.05		105.05	
5300 Rental	5,000.00	5,000.00	2,373.41		2,626.59	47.47
5000 Lease & Rental	5,000.00	5,000.00	2,373.41		2,626.59	47.47
5500 Communications & Util						
5510 Communications						
5520 Telephone						

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NAVAJO NATION  
Budget Status Report  
As of 6/30/2017

6/13/2017 10:42:26

Account Range	Original Budget	Revised Budget	Actuals	Encumbrances	Budget Available	% Expensed of Total
5530 Basic Services			2,961.34		2,961.34	
5550 Optional Charges			11.85		11.85	
5520 Telephone			2,973.19		2,973.19	
5570 Internet	800.00	800.00			800.00	
5580 DSL			489.93		489.93	
5570 Internet	800.00	800.00	489.93		310.07	61.24
5610 Wireless	3,500.00	3,500.00			3,500.00	
5620 Cellular			888.14		888.14	
5610 Wireless	3,500.00	3,500.00	888.14		2,611.86	25.38
5510 Communications	4,300.00	4,300.00	4,351.26		51.26	101.19
5700 Utilities						
5710 Energy						
5750 Services						
5500 Communications & Util	4,300.00	4,300.00	4,351.26		51.26	101.19
6000 Repairs & Maintenance						
6010 Building						
6020 Supplies						
6040 Services						
6100 Plant, Property & Eq						
6110 Supplies						
6130 Services						
6200 External Contractor						

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NAVAJO NATION  
Budget Status Report  
As of 6/30/2017

6/13/2017 10:42:26

Account Range	Original Budget	Revised Budget	Actuals	Encumbrances	Budget Available	% Expensed of Total
6300 Technology						
6400 Transportation						
6410 Vehicle R&M - Exter						
6500 Contractual Services						
6510 Professional Service						
6520 Consulting						
6600 Audit						
6660 Attorneys		17,083.00			17,083.00	
6660 Attorneys		17,083.00			17,083.00	
6700 Financial Services						
6770 Other Professional						
6510 Professional Service		17,083.00			17,083.00	
6800 Technical Services						
6810 Architecture/Design						
6820 Geo Tech Services (						
6830 Other Technical Ser		125,000.00			125,000.00	
6850 Diagnostics/Testin			15,090.00	3,400.00	18,490.00	
6830 Other Technical Ser		125,000.00	15,090.00	3,400.00	106,510.00	14.79
6800 Technical Services		125,000.00	15,090.00	3,400.00	106,510.00	14.79
6900 Other Contractual Se						
6910 Other Contractual S						

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NAVAJO NATION  
Budget Status Report  
As of 6/30/2017

6/13/2017 10:42:26

Account Range	Original Budget	Revised Budget	Actuals	Encumbrances	Budget Available	% Expended of Total
6950 Subcontracted Service						
6960 Subcontracted Service						
6500 Contractual Services		142,085.00	15,090.00	3,400.00	123,593.00	13.01
7000 Special Transactions						
7100 Programs					8,043.00	
7110 Programs	8,043.00	8,043.00			2,275.92	
7130 Promotional Items			2,275.92		873.06	
7140 Gifts & Awards			873.06		4,193.72	
7180 Catering			4,193.72		528.50	
7190 Refreshments			528.50		261.74	96.75
7110 Programs	8,043.00	8,043.00	7,781.20		261.74	96.75
7100 Programs	8,043.00	8,043.00	7,781.20			
7300 Contingencies & Loss						
7310 Contingencies & Loss						
7400 Media						
7410 Media						
7500 Employee Special Tra						
7510 Training & Professi					245.00	
7520 Training, Registrat			245.00		245.00	
7510 Training & Professi			245.00			
7600 Employment Related					84.63	
7650 Background Check			84.63		84.63	
7600 Employment Related						
7500 Employee Special Tra			329.63		329.63	



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NAVAJO NATION  
Budget Status Report  
As of 6/30/2017

6/13/2017 10:42:26

Account Range	Original Budget	Revised Budget	Actuals	Encumbrances	Budget Available	% Expensed of Total
7700 Insurance & Benefits						
7710 Insurance Premiums	949.00	949.00			949.00	
7720 Property - Content			18.70		18.70	
7765 Policy Payment			297.00		297.00	
7767 Workers' Comp Prem			321.13		321.13	
7710 Insurance Premiums	949.00	949.00	636.83		312.17	67.11
7770 Insurance Payouts						
7800 Benefit Payments						
7700 Insurance & Benefits	949.00	949.00	636.83		312.17	67.11
7000 Special Transactions	8,992.00	8,992.00	8,747.72		244.28	97.28
8000 Assistance						
8010 Public						
8020 Social						
8300 Participant Training						
8500 Infrastructure (non cap)						
8700 Grants						
8705 Chapter						
8780 Entities						
8800 Scholarships						
8805 Corporate						
8900 Other						

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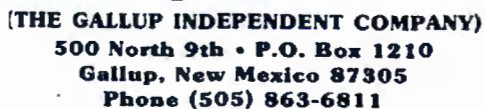
NAVAJO NATION  
Budget Status Report  
As of 6/30/2017

6/13/2017

10:42:26

Account Range	Original Budget	Revised Budget	Actuals	Encumbrances	Budget Available	% Expensed of Total
9000 Capital Outlay						
9003 Real Property						
9010 Land & Improvements						
9020 Infrastructure						
9050 Building						
9100 Personal Property						
9110 Furniture & Fixture						
9140 Equipment						
9160 Vehicles						
9180 Intangible Assets						
9300 Other Income and Expe						
9310 Other Income						
9320 Gain/Loss on Sale o						
9400 Other Expense						
9410 Contributed Capital						
9490 PCard Exception Exp						
9500 Matching & Indirect C						
9503 Matching Funds						
9510 Cash Matching Funds						
9610 In-Kind Matching-no						
9700 Indirect Cost (Overh						

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			NAVAJO NATION			6/13/2017	10/12/26
			Budget Status Report				
			As of 6/30/2017				
Account Range	Original Budget	Revised Budget	Actuals	Encumbrances	Budget Available	% Expensed of Total	
9710 IDC							
2000 Expenses	82,470.00	524,553.40	115,893.40	3,400.00	205,259.60	36.76	
113010 NAV AREA AGCY ON AGIN			115,893.40	3,400.00	119,293.40		
00010 GENERAL FUND			115,893.40	3,400.00	119,293.40		



7/31/17

1034

**Please Refer to  
Your Account Number  
When Remitting**

NAVAJO NATION AREA AGENCY ON  
AGING  
P O BOX 1390  
WINDOW ROCK AZ 86515

AUG - 2 2017

NET

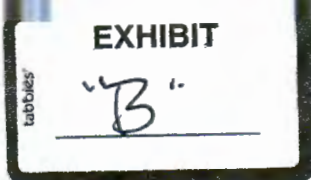
**DISCOUNTS NOT EARNED CANNOT BE TAKEN**

A Service Charge of 3.50% Per Month (an annual rate of 42.00) will be charged on all past due accounts

**R**—Retail  
**A**—Retail Color  
**C**—Classified Display  
**L**—Classified Lines

**B**—Classified Color  
**1**—Page One  
**O**—Other  
**T**—TV Log





Document No. 008161

Date Issued: 06/13/2017

**SECTION 164 REVIEW FORM**

Title of Document: Budget Modification-NAAA Administration Contact Name: MARTIN, LUCINDA ROSE

Program/Division: DEPARTMENT OF HEALTH

Email: lucinda.martin@nndoh.org Phone Number: 928-871-6868

Division Director Approval for 164A: [Signature] 4/14/17

**Check document category: only submit to category reviewers. Each reviewer has a maximum 7 working days, except Business Regulatory Department which has 2 days, to review and determine whether the document(s) are sufficient or insufficient. If deemed insufficient, a memorandum explaining the insufficiency of the document(s) is required.**

**Section 164(A) Final approval rests with Legislative Standing Committee(s) or Council**

<input type="checkbox"/> Statement of Policy or Positive Law:			Sufficient	Insufficient
1. OAG:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>IGA, Budget Resolutions, Budget Reallocations or amendments: (OMB and Controller sign ONLY if document expends or receives funds)</b>				
1. OMB:	<u>[Signature]</u>	Date: <u>6-27-17</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. OOC:	<u>[Signature]</u>	Date: <u>6-28-17</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. OAG:	<u>[Signature]</u>	Date: <u>6/30/17</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

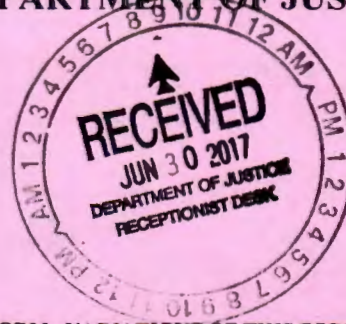
**Section 164(B) Final approval rests with the President of the Navajo Nation**

<input type="checkbox"/> Grant/Funding Agreement or amendment:				
1. Division:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. OMB:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. OOC:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. OAG:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Subcontract/Contract expending or receiving funds or amendment:				
1. Division:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. BRD:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. OMB:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. OOC:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. OAG:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Letter of Assurance/M.O.A./M.O.U./Other agreement not expending funds or amendment:				
1. Division:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. OAG:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> M.O.A. or Letter of Assurance expending or receiving funds or amendment:				
1. Division:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. OMB:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. OOC:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. OAG:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>



# NAVAJO NATION DEPARTMENT OF JUSTICE

## DOCUMENT REVIEW REQUEST FORM



DOJ	
6/30/17	8:22 am
DATE / TIME	
<input type="checkbox"/> 7 Day Deadline	
DOC #:	008161
SAS #:	
UNIT:	HSGU

☐ RESUBMITTAL

\*\*\* FOR NNDJ USE ONLY - DO NOT CHANGE OR REVISE FORM. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. \*\*\*

CLIENT TO COMPLETE			
DATE OF REQUEST:	6/29/2017	DIVISION:	Department of Health
CONTACT NAME:	Martin, Lucinda Rose	DEPARTMENT:	NAAA
PHONE NUMBER:	(928) 871-6868	E-MAIL:	lucinda.martin@nndoh.org
TITLE OF DOCUMENT: Budget Modification - NAAA Administration; budget revision request			
DOJ SECRETARY TO COMPLETE			
DATE/TIME IN UNIT:		REVIEWING ATTORNEY/ADVOCATE:	
6/30/17 @ 11am		CE	
DATE TIME OUT OF UNIT:			
7/6/17 @ 8:30 am			
DOJ ATTORNEY / ADVOCATE COMMENTS			
legally sufficient			
REVIEWED BY: (Print)		SURNAMED BY: (Print)	
Date / Time		Date / Time	
Cherie Espinoza		Kandis Martin	
6/30/17 3:01 pm		6/30/17 3:18 pm	
DOJ Secretary Called: left VM		for Document Pick Up on 7/6/17 at 8:10 am By: ob	
PICKED UP BY: (Print)		DATE / TIME:	

NNDJ/DRRF-July 2013

