

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.

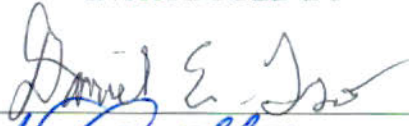
This written summary does not address recommended amendments as may be provided by the standing committees. The Office of Legislative Counsel requests each Council Delegate to review each proposed resolution in detail.

5-DAY BILL HOLD PERIOD: None
Website Posting Time/Date: 5:29pm 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'iyáti' 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'iyáti' 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:

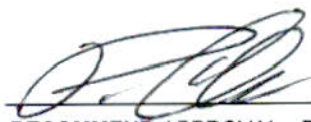
The supplemental request is to purchase much needed operating and office supplies such as Ink Cartridges, Toners, Drum for the copiers and printers for the administration use. Request also includes travel expense for staff to continue monitoring, attend meetings and provide training for staff and others. 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.									
_____ 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
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		
		/Term			Fund Type Code	Original Budget	Adjusted Budget (Column A + B)
SUPPLEMENTAL BUDGET		10/1/18-9/30/19	222,814.00	100%			
FY19 Base Budget		10/1/18-9/30/19	1,859,656.00		2001	1,756,866	1,756,866
					3000	4,500	4,500
					3500	4,819	4,819
					4000	28,000	169,014
					5000		0
					5500	39,122	108,122
					6000	2,581	8,881
					6500	6,500	6,500
					7000	23,768	23,768
					8000		0
					9000		0
					9500		0
					9500		0
					TOTAL	\$1,859,656.00	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>Dr. Jill Jim, NDOH Executive Director</u> Division Director/Branch Chief's Printed Name
SUBMITTED BY: <u>[Signature]</u> Program Manager's Signature and Date	APPROVED BY: <u>[Signature]</u> Division Director/Branch Chief'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 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									
				<i>Jill Jim</i> 7/1/19									
				Division Director/Branch Chief's Signature and Date									
				Lucinda Martin, Health Service Administrator									
				Program Manager's Printed Name									
				<i>Lucinda Martin</i> 6/1/19									
				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		
6250	Waste Disposal	6,300.00	
6500 CONTRACTUAL SERVICES			
	Attorney fees for 2 grievance cases (outstanding bills).		6,500
6660	Attorneys		
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)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY						
NN Gen Fund Base Allocation	10/1/19-9/30/19	2,650,901.00	90%					(A)	(B)	(C)
NN Gen Fund Amended Amount	10/1/19-9/30/20	92,478.85	3%					NNC Approved Original Budget	Proposed Budget	Difference (Column B - A)
NN Supplemental Budget	10/1/19-9/30/21	189,739.00	6%	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.										
Submitted By: <u>Juanita Dennison</u> Signature: _____ Date: 2/1/19				Dr. Jill Jim, Executive Director APPROVED BY: Division Director/Branch Chief's Printed Name Signature: _____ 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:

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:****MEAL SERVICES****Program Performance Measure:**

To provide congregate and home delivered meals to eligible participants.

2. Goal Statement:**SOCIAL SERVICES****Program Performance Measure:**

Senior Centers, medical appointments, health education activities, and intergenerational events

3. Goal Statement:**CASE MANAGEMENT****Program Performance Measure:**

To provide elderly assessments for C1 & C2 services, caregiver, housekeeping & respite ser.

4. Goal Statement:**EMPLOYEE / ELDERS / FGP TRAINING****Program Performance Measure:**

Coordinate training to assist with staff development, elder healthy aging & independence.

5. Goal Statement:**SENIOR CENTER MONITORING****Program Performance Measure:**

Ensure compliance with monitoring tools for facilities, vehicles, and equipment

1st QTR		2nd QTR		3rd QTR		4th QTR	
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual

						10,000	
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						500	
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						200	
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PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.

Lucinda Martin, Health Service Administrator

Program Manager's Printed Name

7/1/19

Program Manager's Signature and Date

Dr. Jill Jim, Executive Director

Division Director/Branch Chief's Printed Name

7/1/19

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**

Page 1 of 4
BUDGET FORM 1

FY 2019

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

PART II. FUNDING SOURCE(S)		Fiscal Year	Amount	% of Total	PART III. BUDGET SUMMARY			Fund Type Code	NNC Approved Original Budget	Proposed Budget	Difference (Column B - A)
		Term									
SUPPLEMENTAL		10/1/18-9/30/19	77,122	4%							
GEN FUND BASE ALLOCATION		10/1/18-9/30/19	2,101,335	96%							
					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: <u>Program Manager's Printed Name</u> <u>Lucinda Martin</u> <u>6/25/19</u> SUBMITTED BY: <u>Program Manager's Signature and Date</u>	Dr. Jill Jim, NDOH Executive Director SUBMITTED BY: <u>Division Director/Branch Chief's Printed Name</u> <u>Theresa Martinez</u> <u>6/25/19</u> SUBMITTED BY: <u>Division Director/Branch Chief's Signature and Date</u>
---	---

THE NAVAJO NATION PROGRAM PERFORMANCE CRITERIA

Page 2 of 4
BUDGET FORM 1

FY 2019

PART I. PROGRAM INFORMATION:		DALTCS - Fort Defiance Agency							
Business Unit No.:	113012	Program Name/Title:							
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:		1st QTR		2nd QTR		3rd QTR		4th QTR	
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement:									
Meal Service									
Program Performance Measure:									
Provide Home Delivered and Congregate meals to eligible participants.								5,000	
2. Goal Statement:									
Social Services/Transportation/Health Promotion									
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:									
Case Management									
Program Performance Measure:									
To provide elderly assessments for C1 & C2 Services, caregiver and housekeeping/respite services.								50	
4. Goal Statement:									
Employee/Elderly/Foster Grandparent Training									
Program Performance Measure:									
Coordinate trainings to assist with staff development, elderly healthy aging and independence.								10	
5. Goal Statement:									
Senior Center Monitoring									
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>Theresa McIntire</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

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		6,682
	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		45,400
	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	
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PART I. PROGRAM INFORMATION:			Business Unit No.:	
Program Name/Title:			113012	
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.				
5710	Energy		10,640	13,040
5720	Electric	220x4x3 mos	2,640	
5740	Propane	1000x8x1 mos	8,000	
5750	Services		2,400	
5760	Water	100x4x3 mos	1,200	
5770	Sewage	100x4x3 mos	1,200	
6000 REPAIRS & MAINTENANCE				
Annual repair, maintenance and service of furniture, equipment and building.				
6020	Supplies		3,000	12,000
6030	Building R&M Supplies (For 18 Senior Centers)	3,000		
6040	Services		3,000	
6050	Building R&M Services (For 18 Senior Centers)	3,000		
6110	Supplies		3,000	
6120	Furniture & Equipment R&M Supplies (For 18 Senior Centers)	3,000		
6130	Services		3,000	
6140	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.

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

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

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

**PAGE 1 of 6
BUDGET FORM 1**

FY 2019

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	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Adjusted (Column A + B)
General Funds Supplemental		10/01/18-9/30/19	\$ 123,430	94%				
General Funds Amended Amt.		10/01/18-9/30/19	\$ 96,799	3%	2001	Personnel Expenses	\$ 1,825,920	\$ - \$ 1,825,920
General Fund Base Allocation		10/01/18-9/30/19	\$ 1,982,713	3%	3000	Travel Expenses	\$ 29,280	\$ 65,729 \$ 95,009
					3500	Meeting Expenses	\$ 2,800	\$ - \$ 2,800
					4000	Supplies	\$ 36,952	\$ 31,651 \$ 68,603
					5000	Lease and Rental	\$ 800	\$ - \$ 800
					5500	Communications and Utilities	\$ 48,100	\$ 23,300 \$ 71,400
					6000	Repairs and Maintenance	\$ 14,000	\$ 2,750 \$ 16,750
					6500	Contractual Services	\$ 2,500	\$ - \$ 2,500
					7000	Special Transactions	\$ 22,361	\$ - \$ 22,361
					8000	Public Assistance		\$ 0
					9000	Capital Outlay		\$ 0
					9500	Matching Funds		\$ 0
					9500	Indirect Cost		\$ 0
TOTAL: \$ 2,106,143					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:  Program Manager's Printed Name <u>7/1/19</u> SUBMITTED BY:  Program Manager's Signature and Date	Dr. Jill Jim, Executive Director APPROVED BY:  Division Director/Branch Chief's Printed Name <u>7/1/19</u> APPROVED BY:  Division Director/Branch Chief's Signature and 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		Goal Statement: Provide Home Delivery and Congregate meals to eligible participants.		1st QTR		2nd QTR		3rd QTR		4th QTR	
				Goal		Actual		Goal		Actual	
										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.											
				Lucinda Martin, Health Service Administrator				Dr. Jill Jim, Executive Director			
				Program Manager's Printed Name				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: _____ 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	
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:									
		1st QTR		2nd QTR		3rd QTR		4th QTR	
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement:									
Meal Services									
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)
2310	2001 PERSONNEL EXPENSES Employment salary and fringe benefits. Temporary Remove deficit of \$343.64	344	344
3110	3000 TRAVEL EXPENSES Fleet Remove deficit of \$3,085.19 + \$9,030 X 20 vehicles X 3 mos. = \$ 30,175.19	30,175.00	30,175
4120	4000 SUPPLIES To buy general office supply, paper, pen, etc. Operating supplies for 15 Senior Centers. Office Supplies	18,000	122,182
4410	4130 - General Office Supplies \$1,200 X 15 Senior Centers \$ 18,000.00 Operating Supplies Purchase printer cartridges, Toners, Home Delivery Trays, Janitorial Supplies, etc. 4420 - General Operating Supplies \$3,000 X 15 Senior Centers \$ 45,000.00 4460 - Food Supplies (Pay Unpaid PR's With Blue Mountain Meats, Inc.) \$ 12,591.42 Clear Past-Due Invoice With Blue Mountain Meats, Inc. \$ 34,000.00 PR# 56619 6/6/19 @ \$3,723.32 & PR# 56625 6/21/19 @ \$8,868.10 \$ 12,591.00 \$ 104,182.42	104,182	
5160	5000 LEASE & RENTAL Equipment Copier Rental - Agency Office 5170 - Office Equipment Remove deficit of \$2,104.47 + \$3,604 rental fee \$ 5,708.47	5,708	5,708
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
		\$ 141,233.28	\$ 141,233.28
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
			5,787.87
TOTAL			167,864
			326,273

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

FY 2019

[illegible]

**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: 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.													
<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>[Signature]</u> 9/1/19 Program Manager's Signature and Date										<u>[Signature]</u> 7/1/19 Division Director/Branch Chief's Signature and Date			

THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:			Business Unit No.: 113011	
Program Name/Title: Division of Aging and Long Term Care Support - Chinle 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)	
	4000 SUPPLIES		141,014	141,014
4410	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		
4490	Custodial Supplies			
	5500 COMMUNICATION & UTILITIES			69,000
	Utilities, propane, natural gas, water and sewage			
5710	Energy			
5720	Electric	11,250.00		
5730	Natural Gas	9,000.00		
5740	Propane	36,000.00		
	Services	<u>56,250.00</u>	56,250	
5750			12,750	
5760	Water	6,750.00		
5770	Sewage	6,000.00		
		<u>12,750.00</u>		
	6000 REPAIRS & MAINTENANCE			6,300
	Waste disposal services for 7 Senior Centers.			
6200	External Contractors			
6250	Waste Disposal	6,300.00	6,300	
	6500 CONTRACTUAL SERVICES			6,500
	Attorney fees for 2 grievance cases (outstanding bills).			
6660	Attorneys			
6670	Attorney - Fees	6,500.00	6,500	
	\$2000 + \$4500 =			
	TOTAL		222,814	222,814

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

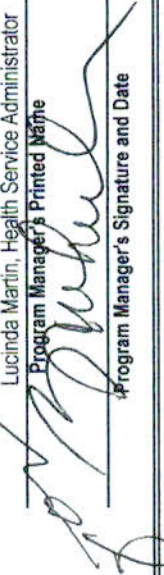
FY 2019

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 (Column A + B)	Total # of Positions Budgeted:	Total # of Permanently Assigned Vehicles:
General Funds Supplemental	\$ 15,595	8%					2	0
FY'19 Base Budget	\$ 182,470	92%	2001 Personnel Expenses	\$ 178,148	\$ -	\$ 178,148		
			3000 Travel Expenses	\$ 2,635	\$ 2,635	\$ 5,261		
			3500 Meeting Expenses	\$ -	\$ -	\$ -		
			4000 Supplies	\$ -	\$ 7,960	\$ 7,960		
			5000 Lease and Rental	\$ -	\$ -	\$ -		
			5500 Communications and Utilities	\$ -	\$ -	\$ -		
			6000 Repairs and Maintenance	\$ -	\$ -	\$ -		
			6500 Contractual Services	\$ 1,696	\$ -	\$ 1,696		
			7000 Special Transactions	\$ -	\$ 5,000	\$ 5,000		
			8000 Public Assistance					
			9000 Capital Outlay					
			9500 Matching Funds					
			9500 Indirect Cost					
			TOTAL	\$ 182,470	\$ 15,595	\$ 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 SUBMITTED BY: Program Manager's Printed Name  SUBMITTED BY: Program Manager's Signature and Date 6/27/19	Dr. Jill Jim, Executive Director APPROVED BY: Division Director/Branch Chief's Printed Name  APPROVED BY: Division Director/Branch Chief's Signature and Date 6/27/19

**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	
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.											
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	PART III. BUDGET SUMMARY			
					Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference (Column B - A)
SUPPLEMENTAL		10/1/18-9/30/19	77,122	4%				
GEN FUND BASE ALLOCATION		10/1/18-9/30/19	2,101,335	96%				
					2001	Personnel Expenses	1,947,761	1,947,761
					3000	Travel Expenses	13,076	6,682
					3500	Meeting Expenses	1,608	1,608
					4000	Supplies	26,472	45,400
					5000	Lease and Rental	2,028	2,028
					5500	Communications and Utilities	65,880	13,040
					6000	Repairs and Maintenance	12,080	12,000
					6500	Contractual Services	-	-
					7000	Special Transactions	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.

SUBMITTED BY: Program Manager's Printed Name <i>Lucinda Martin</i> 6/25/19 SUBMITTED BY: Program Manager's Signature and Date	APPROVED BY: Division Director/Branch Chief's Printed Name <i>Dr. Jill Jim</i> 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 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		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: *Lucinda Martin* 2/1/19
 SUBMITTED BY: Program Manager's Signature and Date

Dr. Jill Jim, Executive Director
 APPROVED BY: Division Director/Branch Chief's Printed Name
Jill Jim 2/1/19
 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:											
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 Monthly Mileage and fleet rental Fleet 3111 - Monthly/Perm - Cover deficit \$ 20,111.32 3113 - Mileage 26 vehicles x .31 x 1,000 miles x 3 mos = \$ 24,180.00 \$ 44,291.32				44,291	44,291
3230	3200 PERSONAL TRAVEL 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 \$ 9,743.79				9,744	9,744
4120	4000 SUPPLIES 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 \$ 9,500.00				9,500	
4410	4460 - Food supplies - Cover deficit 1,500 x 20 = 30,000 \$112,326.26 \$ 112,326.26				112,326	121,826
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.: 928-871-6255		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%				1	1,604,722	344	1,605,066
Gen Fund Amended Amt		10/1/18 - 9/30/19	24,445.00	1%				1	13,216	30,175	43,391
UUFBSupplemental Funds		10/1/18 - 9/30/19	248,104.00	12%	2001	Personnel Expenses		1	1,255		1,255
					3000	Travel Expenses		1	17,143	122,182	139,325
					3500	Meeting Expenses		1	1,500	5,708	7,208
					4000	Supplies		1	56,655	156,076	212,731
					5000	Lease and Rental		1	10,500	11,788	22,288
					5500	Communications and Utilities		1	0		0
					6000	Repairs and Maintenance		1	22,267		22,267
					6500	Contractual Services		1			
					7000	Special Transactions		1			
					8000	Public Assistance		1			
					9000	Capital Outlay		1			
					9500	Matching Funds		1			
					9500	Indirect Cost		1			
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)
	2001 PERSONNEL EXPENSES		344
2310	Employment salary and fringe benefits. 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
4120	To buy general office supply, paper, pen, etc. Operating supplies for 15 Senior Centers. Office Supplies	18,000	
4410	4130 - General Office Supplies \$1,200 X 15 Senior Centers Operating Supplies 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	104,182	
	5000 LEASE & RENTAL		5,708
5160	Equipment Copier Rental - Agency Office 5170 - Office Equipment Remove deficit of \$2,104.47 + \$3,604 rental fee	5,708	
TOTAL		158,409	158,409

FY 2019
THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

4 of 4
BUDGET FORM 4

PART I. PROGRAM INFORMATION: Program Name/Title: _____		Business Unit No.: _____	
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		
	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	
	\$1157 X 15 X 3 months	\$ 52,065.00	
	\$500 X 1 X 3 months	\$ 1,500.00	
	\$472 X 14 X 3 months	\$ 19,824.00	
	\$388 X 15 X 3 months	\$ 17,460.00	
		\$ 141,233.28	156,076
6000 REPAIRS & MAINTENANCE			
6130	Services		
	HVAC-Becbtor/SR/Hogbtk/Newcb \$1,500 x 4 centers	\$ 6,000.00	
6200	External Contractors		
	Remove deficit \$3,626.96	\$ 3,627.00	
	Unpaid PR# 906105	\$ 2,160.87	
		5,787.87	
		6,000	11,788
		5,788	
TOTAL		167,864	326,273

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: Program Manager's Printed Name <i>[Signature]</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>[Signature]</i> 7/1/19 APPROVED BY: Division Director/Branch Chief's Signature and 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 Statement: Provide Home Delivery and Congregate meals to eligible participants.		Goal	Actual	Goal	Actual	Goal	Actual	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.											
Program Manager's Printed Name Lucinda Martin, Health Service Administrator										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: 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

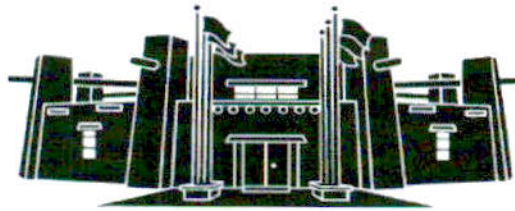
**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

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

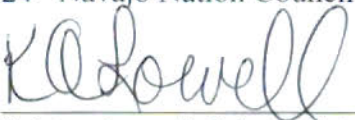
THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

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	\$ 950	
	6120 Furniture & Equipment R&M Supplies:		
6130	SERVICES	\$ 1,800	
	6140 Furniture & Equipment R&M Services:		
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.*

THE NAVAJO NATION
LEGISLATIVE BRANCH
INTERNET PUBLIC REVIEW SUMMARY

LEGISLATION NO.: 0237-19

SPONSOR: Honorable Daniel Tso

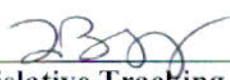
TITLE: An Act Relating To Health, Education And Human Services; Budget And Finance, And Naabik'iváti' Committees, And Navajo Nation Council; Approving Supplemental Funding From The Unreserved, Undesignated Fund Balance In The Amount Of Nine Hundred Fifty-Four Thousand Nine Hundred Seventy-Three Dollars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

Posted: July 25, 2019 at 5:29 PM

5 DAY Comment Period Ended: July 30, 2019

Digital Comments received:

Comments Supporting	<i>1. George Tolth, Casamero Lake President of Navajo Council on Aging</i>
Comments Opposing	<i>None</i>
Inconclusive Comments	<i>None</i>



Legislative Tracking Secretary
Office of Legislative Services

7/31/19 8:20 AM

Date/Time



NAVAJO COUNCIL ON AGING
P. O. Box 1390
WINDOW ROCK, ARIZONA 86515
(Contact Number: 928/871-6868)

George H. Tolth, President *Lena Clark*, Vice-President *Kerry Smallcanyon*, Recording Secretary

Date: July 28, 2019

OFFICE OF LEGISLATIVE SERVICES
MR. TOM PLATERO, EXECUTIVE DIRECTOR
P.O. Box 3390
Window Rock, Arizona 86515

Dear Mr. Platero,

Ref: Comment on Legislation-0237-19

My name is George H. Tolth of Casamero Lake, New Mexico. Currently, I am the President of Navajo Council on Aging. I have been advocating for our Senior Citizens Elderly's of the Navajo Nation. The Local Senior Citizens Center Elderly's is dire need of funds for their utility's payment, funds for purchase food their daily meals, and transportation.

We, the Navajo Council on Aging is in support of the Legislation-0237-19, which is sponsoring by Honorable Daniel Tso and the HEHSC members; to appropriate \$9,54,973.00 dollars from the Unreserved, Undesignated Fund for the Division of Aging and Local Senior Citizens Program. Make sure the funds goes to directly to the Local Senior Citizens Center for their needs. If you have any question pertaining to this matter, please call me at 505/285-8480. Thank you.

Respectfully submitted by:

George H. Tolth, NCOA President (georgetolth@gmail.com)

Committee Report

THE HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE OF THE NAVAJO NATION COUNCIL to whom has been assigned;

LEGISLATION NO. 0237-19

AN ACT RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE AND BUDGET AND FINANCE, AND NAABIK'IYATI' 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

(Note: Eligible for Committee Action July 31, 2019)

Amendment One (1): Page 3 of 3, Line 6, 7: Overstrike and Delete "~~for this legislation was not available at the time of the drafting of the proposed resolution~~" and insert "is attached as Exhibit B.;

At Page 2 of 3, Line 15: To replace and include DALTCS revised updated budgets as new Exhibit A;

At Page 3 of 3, Line 7: to include the OMB memoranda for budget impact analysis.

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.

Sponsor: Honorable Daniel E. Tso

Co-Sponsor: Honorable Amber Kanazbah Crotty

Has had under consideration and report the same with the recommendation that Legislation 0237-19 PASS with One (1) Amendment and no Directive; and therefore referred the same to the BUDGET AND FINANCE COMMITTEE OF THE NAVAJO NATION COUNCIL

Respectfully Submitted,


Edison J. Wauneka, Chairperson Pro Tem
Health, Education and Human Services Committee

August 07, 2019 - Amendment One (1) Motion

Motion by: Honorable Pernell Halona

Seconded by: Honorable Daniel E. Tso

Vote: 2 in favor; 0 Opposed; Chairperson Pro Tem Not Voting

Yeas: Pernell Halona; Daniel E. Tso

Nays: None

Absent (excused): Charlaine Tso; Paul Begay, Jr.

August 07, 2019 - Main Motion

Motion by: Honorable Pernell Halona

Seconded by: Honorable Daniel E. Tso

Vote: 2 in favor; 0 Opposed; Chairperson Pro Tem Not Voting

Yeas: Pernell Halona; Daniel E. Tso

Nays: None

Absent (excused): Charlaine Tso; Paul Begay, Jr.

HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE
Regular Meeting
August 07, 2019

Roll Call
Vote Tally Sheet

LEGISLATION NO. 0237-19

AN ACT RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE AND BUDGET AND FINANCE, AND NAABIK'IYATI' 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

(Note: Eligible for Committee Action July 31, 2019)

Sponsor: Honorable Daniel E. Tso

Co-Sponsor: Honorable Amber Kanazbah Crotty

August 07, 2019 - Amendment One (1) Motion

Motion by: Honorable Pernell Halona

Seconded by: Honorable Daniel E. Tso

Vote: 2 in favor; 0 Opposed; Chairperson Pro Tem Not Voting

Yeas: Pernell Halona; Daniel E. Tso

Nays: None

Absent (excused): Charlaine Tso; Paul Begay, Jr.

August 07, 2019 - Main Motion

Motion by: Honorable Pernell Halona

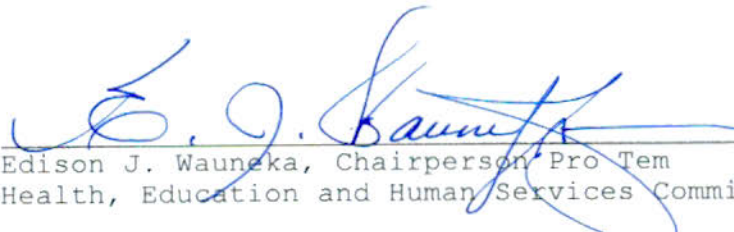
Seconded by: Honorable Daniel E. Tso

Vote: 2 in favor; 0 Opposed; Chairperson Pro Tem Not Voting

Yeas: Pernell Halona; Daniel E. Tso

Nays: None

Absent (excused): Charlaine Tso; Paul Begay, Jr.


Edison J. Wauneka, Chairperson Pro Tem
Health, Education and Human Services Committee


Beverly Martinez, Legislative Advisor
Health, Education and Human Services Committee

NEW Exhibit A

Six (6)

DALTCs Revised

Updated Budgets

Submitted

8/07/19

THE NAVAJO NATION
SUPPLEMENTAL FUNDING PROPOSAL SUMMARY

Received

JUL 18 2019

Office of Management & Budget
The Navajo Nation, Window Rock, Arizona

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:

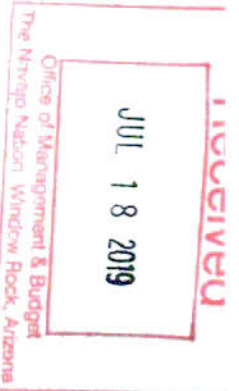
New Mexico House Bill is very limited in funding for administration use. 90% of budget is for direct services. If funding is not provided, alternative would be not to provide refreshments, carpool or borrow vehicle from agency office(s) to conduct official businesses, and use executive office's mail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

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

gllg 6/27/19
REVIEWED BY: Division Director's Signature / Date

[Signature]
RECOMMEND APPROVAL: Branch Chief's Signature / Date

FY 2019



THE NAVAJO NATION PROGRAM BUDGET SUMMARY

PAGE 1 of 3
BUDGET FORM 1

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@nndch.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) Adjusted (Column A + B)
General Funds Supplemental	10/01/18-9/30/19	\$ 15,595	8%	2001 Personnel Expenses	1	\$ 178,148	-	\$ 178,148
				3000 Travel Expenses	1	\$ 2,626	\$ 2,635	\$ 5,261
				3500 Meeting Expenses	1	\$ -	\$ -	\$ -
				4000 Supplies	1	\$ -	\$ 7,960	\$ 7,960
				5000 Lease and Rental	1	\$ -	\$ -	\$ -
				5500 Communications and Utilities	1	\$ -	\$ -	\$ -
				6000 Repairs and Maintenance	1	\$ -	\$ -	\$ -
				6500 Contractual Services	1	\$ 1,696	\$ -	\$ 1,696
				7000 Special Transactions	1	\$ -	\$ 5,000	\$ 5,000
				8000 Public Assistance				0
				9000 Capital Outlay				0
				9500 Matching Funds				0
				9500 Indirect Cost				0
				TOTAL		\$ 182,470	\$ 15,595	\$ 198,065
				PART IV. POSITIONS AND VEHICLES				
				Total # of Positions Budgeted:	(D)	2	0	
				Total # of Permanently Assigned Vehicles:	(E)	1	0	

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: Program Manager's Printed Name

Lucinda Martin 6/22/19

SUBMITTED BY: Program Manager's Signature and Date

Dr. Jill Jim, Executive Director

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

Jill Jim 6/22/19

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

JUL 18 2019

Office of Management & Budget
The Navajo Nation Window Rock, Arizona

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 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:**

DAL TC 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

Program Manager's Signature and Date

Dr. Jill Jim, Executive Director

Division Director/Branch Chief's Printed Name

Division Director/Branch Chief's Signature and Date

THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

3 of 3
BUDGET FORM 4

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) Object Code (LOD 6)	(B) Object Code Description and Justification (LOD 7)	(C) Total by DETAILED Object Code (LOD 6)	(D) 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.		
3230	Personal Travel	2,635	
	3240 - \$56/day x 3 trips x 5 staff = \$825.00		\$825
	3250 - \$94/night x 2 nights x 5 staff = \$940.00		\$940
	3260 - \$.58/mile x 300/mile x 5 = \$870.00		\$870
	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 other other supplies necessary for the day to day operation of the program.		
4120	Office Supplies	2,900	
	4130 - General Office Supplies		\$2,900
4410	Operating Supplies	5,060	
	4420 - General Operating Supplies		\$5,060
	7000 SPECIAL TRANSACTION		5,000
7100	Provide refreshments for the upcoming visit from funding agencies and the 4th Quarterly Cook's, Driver's and Supervisor's training.	5,000	
	7190 - Refreshments \$2,500 x 2 trainings = \$5,000		\$5,000
TOTAL		15,595	15,595

**THE NAVAJO NATION
SUPPLEMENTAL FUNDING PROPOSAL SUMMARY**

Received

JUL 18 2019

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

Office of Management & Budget
The Navajo Nation, Window Rock, Arizona

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 definitely 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 transportation by staff for meetings, trainings, program related conferences, and Elder fest. Some Centers 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 recreational 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.

Thomson/Dennison 6/25/19

REVIEWED BY: Division Director's signature / Date

[Signature] 7/2/19

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

FY 2019

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

Page 1 of 4
BUDGET FORM 1

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	PART III. BUDGET SUMMARY	Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference (Column B + A)
NN Gen Fund Base Allocation	10/1/19-9/30/19	2,650,901.00	93%					
NN Gen Fund Amended Amount	10/1/19-9/30/20	24,445.00	1%					
UUFB	10/1/19-9/30/21	189,739.37	7%	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	2,840,640

PART IV. POSITIONS AND VEHICLES	(D)	(E)
Total # of Positions Budgeted:	63	
Total # of Vehicles Budgeted:	24	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 <i>[Signature]</i> 8/7/19 SUBMITTED BY: Program Manager's Signature and Date	Dr. Jill Jim, Executive Director APPROVED BY: Division Director/Branch Chief's Printed Name <i>[Signature]</i> 8/7/19 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

Crowpoint

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:

	1st QTR	2nd QTR	3rd QTR	4th QTR
Goal	Actual	Goal	Actual	Goal
				Actual

1. Goal Statement:**MEAL SERVICES****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

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

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		54,035
	Monthly Mileage and fleet rental		
3110	Fleet	44,291	
	3111 - Mileage	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
			\$ 44,291.32
	3200 PERSONAL TRAVEL		
	Personal travel is requested to pay for staff travelling to conference, meeting and to Central to submit documents and to cover deficit		
3230	Personal travel	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	9,500	
	4130 - General Office Supplies 19 Senior Centers / Agency Office x 500 =	\$ 9,500.00	
	Operating Supplies	\$ 9,500.00	112,326
4410			
	4460 -Food supplies 1,500 x 20 = 30,000	\$ 112,326.26	
TOTAL		175,861	175,861

THE NAVAJO NATION
Detailed Budget and Justification

Page 4 of 4
BUDGET FORM 1

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)
	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 = 2,205		
		<u>6,090</u>	
5570	Internet		
	5580 - DSL 100.00 x 21 SCs/Agency Office x 3 mos = 575	1,150	
	5600 - Internet 100.00 x 21 SCs/Agency Office x 3 mos = 575		
		<u>1,150</u>	
5710	Energy		
	5720 - Electric 500.00 x 21 SCs/Agency Office x 3 mos = 4,200	6,638	
	5730 - Natural Gas 85.00 x 3 SC x 3 months = 150		
	5740 - Propane 500.00 x 21 SCs/Agency Office x 3 month = 2,100		
		<u>6,638</u>	
TOTAL		13,878	13,878

**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.

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

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

FY 2019

THE NAVAJO NATION PROGRAM BUDGET SUMMARY

 1 of 4
BUDGET FORM 1

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
UFB	10/1/18-9/30/19	123,430	100%

General Funds Amended Amt. 24,445

General Fund Base Allocation 1,982,713

PART III. BUDGET SUMMARY

	Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Adjusted (Column A+B)
2001 Personnel Expenses	1	1,825,920	-	1,825,920
3000 Travel Expenses	1	29,280	65,729	95,009
3500 Meeting Expenses	1	2,800		2,800
4000 Supplies	1	36,952	31,651	68,603
5000 Lease and Rental	1	800		800
5500 Communications and Utilities	1	48,100	23,300	71,400
6000 Repairs and Maintenance	1	14,000	2,750	16,750
6500 Contractual Services	1	2,500		2,500
7000 Special Transactions	1	22,361		22,361
8000 Public Assistance				0
9000 Capital Outlay				0
9500 Matching Funds				0
9500 Indirect Cost				0
TOTAL		1,982,713	123,430	2,106,143

PART IV. POSITIONS AND VEHICLES

	(D) Total # of Positions Budgeted:	(E) Total # of Permanently Assigned Vehicles:
	46	0
TOTAL:	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: Program Manager's Printed Name

 8/7/19
 SUBMITTED BY: Program Manager's Signature and Date

Dr. Jill Jim, Executive Director

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

 8/7/19
 APPROVED BY: Division Director/Branch Chief's Signature and 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 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:

1st QTR		2nd QTR		3rd QTR		4th QTR	
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual

1. Program Performance Area:

Meal Services

Goal Statement:

Provide Home Delivery and Congregate meals to eligible participants.

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.

3. Program Performance Area:

Case Management

Goal Statement:

To provide Elderly assessment for C1 & C2 Services, Caregiver, Housekeeping and Respite.

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.

5. Program Performance Area:

Senior Center Monitoring

Goal Statement:

Ensure compliance will monitoring tools provided for Facilities, Vehicles and Equipments.

PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.

Lucinda Martin, Health Service Administrator

Program Manager's Printed Name

 8/7/19

Program Manager's Signature and Date

Dr. Jill Jim, Executive Director

Division Director/Branch Chief's Printed Name

 8/21/19

Division Director/Branch Chief's Signature and Date

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:

Program Name/Title: _____

DALTCS - Tuba City Agency

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:		65,729
	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.		
3110	FLEET	65,729	
	3111 Fleet Lease - Monthly/Perm		
	Remove deficit of \$21,131.20	21,132.20	
	Month/Perm 10 Suburbans @ \$21.00/mo x 3 mo =	15,630.00	
	Month/Perm 7 Vans @ 460.00/mo x 3 mo =	9,660.00	
	Month/Perm Dept. Purchase: 1 Suburban @ \$140.00/mo X 3 mo =	420.00	
	Month/Perm Dept. Purchase: 1 Van @ \$108.00/mo X 3 mo =	324.00	
	3113 Mileage:	47,166.20	
	10 Suburbans x \$0.28 per mile x 1300 miles x 3 mos =	10,920.00	
	7 Vans x \$0.28 X 1300 miles X 3 mos =	7,644.00	
		18,564.00	
TOTAL		65,729	\$ 65,729

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

PART I. PROGRAM INFORMATION:

Program Name/Title: _____

DALTCS - Tuba City Agency

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)
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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.

4120**OFFICE SUPPLIES**

4130 General Office Supplies

2,001.00

2,001

4410**OPERATING SUPPLIES**

4420 General Operating Supplies:

2,000.00

4460 Food Supplies

10 SC x \$1300 x 2 mos

26,000.00

4490 Custodial Supplies

600.00

4520 Bulk Paper

600.00

4530 Printing, Binding, Photocopying

450.00

29,650.00

29,650

TOTAL

31,651

31,651

THE NAVAJO NATION
SUPPLEMENTAL FUNDING PROPOSAL SUMMARY

Received

JUL 18 2019

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

Office of Management & Budget
The Navajo Nation, Window Rock, Arizona

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.

James Begay Jr 7/25/19
REVIEWED BY: Division Director's signature / Date

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

Division of Aging and Long Term Care Support - Chinle

HEHS&A-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

1st QTR		2nd QTR		3rd QTR		4th QTR	
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual

- Ensure compliance with monitoring tool provided for facilities & equipment.

Division Director/Branch Chief's Signature and Date

THE NAVAJO NATION PROGRAM BUDGET SUMMARY

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

PART II. FUNDING SOURCE(S)	Fiscal Year	Term	Amount	% of Total	PART III. BUDGET	Fund Type Code	(A) NCC Approved Original Budget	(B) Proposed Budget	(C) Adjusted (Column A + B)
SUPPLEMENTAL BUDGET/UJFB	10/1/18-9/30/19		210,064.00	100%					
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	56,250	95,372
					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	\$ 210,064.00	2,069,720

PART IV. POSITIONS AND VEHICLES	Total # of Positions Budgeted:	(D)	(E)
Total # of Permanently Assigned Vehicles:	49		

TOTAL: \$2,069,720.00 100%

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
Lucinda Martin 8/7/19

SUBMITTED BY: Program Manager's Signature and Date
[Signature] 8/7/19

Dr. Jill Jim, NDOH Executive Director

APPROVED BY: Division Director/Branch Chief's Printed Name
Dr. Jill Jim 8/7/19

APPROVED BY: Division Director/Branch Chief's Signature and Date
[Signature] 8/7/19

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 = \$2000 x 5 medium SC x 3 months = \$1500 x 5 small SC x 3 months = FY 2017 outstanding food invoices FY 2018 outstanding food invoices	37,500.00 30,000.00 22,500.00 33,181.49 15,761.65	
	Custodial Supplies 14 SC's x 147.93 x 1 months	138,943.14 2,071.00	141,014
5500 COMMUNICATION & UTILITIES			
	Utilities, propane, natural gas, water and sewage		56,250
5710	Energy		
5720	Electric		
5730	Natural Gas	11,250.00 9,000.00 36,000.00	
5740	Propane	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		
6250	Waste Disposal	6,300.00	
6500 CONTRACTUAL SERVICES			
Attorney fees for 2 grievance cases (outstanding bills).			
6660	Attorneys	6,500	
6670	Attorney - Fees	\$2000 + \$4500 = 6,500.00	
	TOTAL	222,814	210,064

THE NAVAJO NATION
SUPPLEMENTAL FUNDING PROPOSAL SUMMARY

Received

JUL 18 2019

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.

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

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

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

PART I. Business Unit No.: 113012		Program Title: DALICS - Fort Defiance Agency		Division/Branch: Health / Executive	
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	PART III. BUDGET SUMMARY	Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference (Column B+A)
UUF8	10/1/18-9/30/19	77,122	4%					
Gen Funds Base Allocation	10/1/18-9/30/19	2,101,335	96%					
				2001 Personnel Expenses	1	1,947,761	-	(1,947,761)
				3000 Travel Expenses	1	13,076	6,682	(6,394)
				3500 Meeting Expenses	1	1,608	-	(1,608)
				4000 Supplies	1	26,472	45,400	18,928
				5000 Lease and Rental	1	2,028	-	(2,028)
				5500 Communications and Utilities	1	65,880	13,040	(52,840)
				6000 Repairs and Maintenance	1	12,080	12,000	(80)
				6500 Contractual Services	1			-
				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	(2,024,213)

PART IV. POSITIONS AND VEHICLES	(D)	(E)
Total # of Positions Budgeted:	52	0
Total # of Permanently Assigned Vehicles:	24	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 <i>Lucinda Martin</i> 8/7/19 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> 8/5/19 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.: 113012

Program Name/Title:

DAL TCS - Fort Defiance Agency

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:

1st QTR		2nd QTR		3rd QTR		4th QTR	
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual

1. Goal Statement:

Meal Service

Program Performance Measure:

Provide Home Delivered and Congregate meals to eligible participants.

2. Goal Statement:

Social Services/Transportation/Health Promotion

Program Performance Measure: To provide transportation services to eligible

participants to senior center, medical apps, health education activities and intergenerational activities.

3. Goal Statement:

Case Management

Program Performance Measure: To provide elderly assessments for C1 & C2

Services, caregiver and housekeeping/respite services

4. Goal Statement:

Employee/Elderly/Foster Grandparent Training

Program Performance Measure: Coordinate trainings to assist with staff

development, elderly healthy aging and independence.

5. Goal Statement:

Senior Center Monitoring

Program Performance Measure:

Ensure compliance with monitoring tools provided for facilities, vehicles and equipments.

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, NDOH 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

PART I. PROGRAM INFORMATION:

Program Name/Title: _____

DALTCS - Fort Defiance Agency

Business Unit No.: _____

113012

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		6,682
3110	Monthly mileage and fleet rentals. Meals, lodging and mileage related to program business travel expenses.		
	Fleet		
3111	Monthly/Perm: 24 Vehicles@ 108 x 2 mos	6% Tax 5,184	TOTAL 5,495
3113	Mileage: 2000x28x2	311 1,120	67 1,187
	4000 SUPPLIES		44,400
	Operating supplies, home delivery trays, toner cartridges, xerox paper, janitorial supplies and arts and crafts supplies. Postage, box rental, photocopying, binding, and non cap furniture and computer/printer. Purchase vehicle parts for tribal vehicles (tires, tubes, window replacement).		
4120	Office Supplies		
4130	General Office Supplies 18 centers 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 18 centers x \$500	9,000	24,000
4460	Food Supplies (3000 x \$5.00)	15,000	
4530	Printing/Binding/Photocopying - Outreach Brochures	1,000	
	TOTAL	51,082	51,082

FY 2019

THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

Page 3 of 4
BUDGET FORM 4

PART I. PROGRAM INFORMATION:Program Name/Title: DALTCS - Fort Defiance AgencyBusiness Unit No.: 113012**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
5710	Basic telephone and long distance services. Hardware and installation. DSL and internet services.		
	Energy		10,640
5720	Electric	2,640	
5740	Propane	8,000	
5750	Services		2,400
5760	Water	1,200	
5770	Sewage	1,200	
	6000 REPAIRS & MAINTENANCE		12,000
	Annual repair, maintenance and service of furniture, equipment and building. Preventative maintenance of plumbing, electrical, HVAC, pest and waste control.		
6020	Supplies	3,000	
6030	Building R&M Supplies (For 18 Senior Centers)	3,000	
6040	Services		
6050	Building R&M Services (For 18 Senior Centers)	3,000	
6110	Supplies		
6120	Furniture & Equipment R&M Supplies (For 18 Senior Centers)	3,000	
6130	Services		
6140	Furniture & Equipment R&M Services (For 18 Senior Centers)	3,000	
	TOTAL	25,040	25,040

Received
JUL 18 2019

**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

[Signature]
RECOMMEND APPROVAL: Branch Chief's Signature / Date

FY 2019

THE NAVAJO NATION PROGRAM BUDGET SUMMARY

1 of 1
BUDGET FORM 1

PART I. Business Unit No.: 113015		Program Title: DALICS 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	83%					
Gen Fund Amended Amt	10/1/18 - 9/30/19	24,445.00	1%					
UUFB Supplemental Funds	10/1/18 - 9/30/19	326,273.00	16%	2001 Personnel Expenses	1	1,604,722	344	1,605,066
				3000 Travel Expenses	1	13,216	30,175	43,391
				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.

SUBMITTED BY: <u>Lucinda Martin, Health Services Administrator</u> SUBMITTED BY: Program Manager's Printed Name <u>8/1/15</u> SUBMITTED BY: Program Manager's Signature and Date	APPROVED BY: <u>Dr. Jill Jim, NDOH Executive Director</u> APPROVED BY: Division Director/Branch Chief's Printed Name <u>8/7/19</u> APPROVED BY: Division Director/Branch Chief's Signature and Date
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FY 2019

THE NAVAJO NATION PROGRAM PERFORMANCE CRITERIA

1 of 1
BUDGET FORM 2**PART I. PROGRAM INFORMATION:**

Business Unit No.: 113015

Program Name/Title:

DAL TCS - Shiprock

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:

1st QTR		2nd QTR		3rd QTR		4th QTR	
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual

1. Goal Statement:

Meal Services

Program Performance Measure:

Provide home delivery and congregate meals to eligible participants.

						2,518	

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.

						15	

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 8/7/19



 Division Director/Branch Chief's Signature and Date 8/7/19

FY 2019

THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

 3 of 4
BUDGET FORM 4
PART I. PROGRAM INFORMATION:

Program Name/Title: _____

DALTCS - Shiprock

Business Unit No.: _____

113015

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 \$3,086.19) + (\$9,030 X 3 months) =	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	\$ 45,000.00	
4460	Food Supplies (Pay Unpaid PR's With Blue Mountain Meats, Inc.)	\$ 12,591.42	
	Clear Past-Due Invoice With Blue Mountain Meats, Inc.	\$ 34,000.00	
	PR# 56619 6/6/19 @ \$3,723.32 & PR# 56625 6/21/19 @ \$8,868.10	\$ 12,591.00	
		\$ 104,182.42	
	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	\$ 5,708.47	
TOTAL		158,409	158,409

FY 2019

THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

 4 of 4
BUDGET FORM 4
PART I. PROGRAM INFORMATION:

Program Name/Title: _____

DALTCS - Shiprock

Business Unit No.: _____

113015

PART II. DETAILED BUDGET:

(A) Object Code (LOD 6)	(B) Object Code Description and Justification (LOD 7)	(C) Total by DETAILED Object Code (LOD 6)	(D) Total by MAJOR Object Code (LOD 4)
5500 COMMUNICATIONS & UTILITIES			
5520	Telephone Remove deficit \$ 3,143.96 + \$5,310 (\$118 x 15 ctrs x 3 mos)	8,453.96	8,454
5570	Internet Remove deficit \$2,518.85 + \$3,870 (\$96 x 15 x 3 mos)	6,388.85	6,389
5710	Energy Remove deficit of \$33,558.04 Unpaid Utilities Statements \$1157 X 15 X 3 months \$52,065.00 \$500 X 1 X 3 months \$1,500.00 \$472 X 14 X 3 months \$19,824.00 \$388 X 15 X 3 months \$17,460.00	141,233	141,233
6130	Services 6140 - Furn & Equip R&M Serv HVAC-Bechtel/SR/Hogbk/Newcb \$1,500 x 4 centers \$ 6,000.00	6,000	6,000
6200	External Contractors 6250 - Waste Disposal Remove deficit \$3,626.96 Unpaid PR# 906105 \$ 3,627.00 \$ 2,160.87 5,787.87	5,788	5,788
6000 REPAIRS & MAINTENANCE			11,788
TOTAL		167,864	326,273

Exhibit B
OMB Budget Analysis
Memo
Submitted
8/07/19

THE NAVAJO NATION



JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE PRESIDENT

MEMORANDUM

TO : 2 NNC 164 A Reviewers

FROM : Lisa Jymm
Lisa Jymm, Principal Budget Analyst
OMB/Budget Section

Germaine Jones
Germaine Jones, Deputy Contracting Officer
OMB/Contracts & Grants Section

DATE : August 6, 2019

SUBJECT : Legis. 0237-19: Approving supplemental funding from the UUFB in the amount of \$954,973 for the Division of Aging and Long Term Care Support.

The Office of Management and Budget reviewed above budget documents according to 12 N.N.C. § 820 (M) and the following are noted:

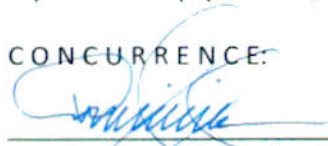
1. The DOH DALTCS program is funded with General Funds and State (New Mexico/Arizona) Funds. Therefore, it is wise to look at both funding sources. The General Funds are running low, only \$67,590 left; but external funds are over \$4.2 million.
2. External Funds: DALTCS has been awarded FY 2020 NM House Bill II and AZ Title III awards in the amount of \$1,070,000 and \$2,091,318 respectively. The beginning date for both awards are July 1, 2019 and end June 30, 2020. DALTCS also has a carryover amount of \$1,102,606 from FY 2019 that could be used in FY 2019 - 2020. Therefore with the two FY 2020 awards and carryover amounts, DALTCS will be able to operate with \$4,263,924 in FY 2020 in State funds.
3. DALTCS has requested \$954,973 in General Funds UUFB Funds to expend for travel expenses, operating and office supplies, non-capital assets, energy, services, repairs and maintenance, and communications and utilities, however these expenses can be incurred by the FY 2020 external fund awards. Because DALTCS does not specially state which months object codes involving energy, services, communications and utilities, these fixed bills may be before June 30, 2019 and therefore cannot be paid for with FY 2020 Awards.
4. DALTCS has listed expenditures that cannot be paid for by State funds such as refreshments, debts, and unpaid bills. Therefore, total amount of \$109,526.42 cannot be paid for using State funds. CGS does have a concern as FY 2019 DALTCS Grant had a balance of \$701,780.60 which may have been used for these unpaid bills and/or debts.
5. The only DALTCS agency that is in compliance with expending their awarded amounts and needs additional amount is DALTCS Chinle agency. They've used Ninety percent (90%) of their award and sufficiently justified their amount needed.
6. This supplemental budget should have gone through the required Executive Branch 164 document review processes to receive full and proper review from the necessary divisions and offices before funding.
7. OMB recommends that this packet be corrected before further review, the proposed budgets attached are marked in red ink.

Legis. 0237-19: DALTCS Supplemental
OMB Memo dated 8/6/19
Page 2 of 2

8. In 2004 the Navajo Office of Auditor General did a performance audit on the then - NAAA Program. Findings included inefficiencies including matching available budget funds to services levels. This audit is still in effect and corrective actions plans remain unmet. The Auditor General can provide additional clarification.
9. Because of the limited availability of funds, OMB advises the Branch Chiefs to prioritize all supplemental funding proposals pursuant to the FY 2019 Budget Resolution CS-68-18 (paragraph 'M'), the FY 2019 Budget Instructions Manual (Section XIV), and the Appropriations Act. This activity should be completed by the three branches to determine priorities.

If you have any questions, contact Lisa Jymm at (928) 871-6230 or email at ljymm@omb.navajo-nsn.gov.

CONCURRENCE:



Dominic Beyer, Executive Director
Office of Management and Budget

xc: OMB File

P. Chaco, Chief of Staff, OPVP

Y. Billison, Executive Staff Assistant, OPVP

Dr. J. Jim, Division Director, NDOH



THE NAVAJO NATION
SUPPLEMENTAL FUNDING PROPOSAL SUMMARY

Received

JUL 18 2019

Office of Management & Budget
The Navajo Nation, Window Rock, Arizona

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.

Jul 18 2019
REVIEWED BY: Division Director's Signature / Date

[Signature]
RECOMMEND APPROVAL: Branch Chief's Signature / Date

FY 2019

JUL 18 2019

Office of Management & Budget
The Navajo Nation Window Rock, ArizonaTHE NAVAJO NATION
PROGRAM BUDGET SUMMARYPAGE 1 of 3
BUDGET FORM 1

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@nndch.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) Adjusted (Column A + B)
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
				3000 Travel Expenses	1	\$ 2,626	\$ 2,335	\$ 5,261
				3500 Meeting Expenses	1	\$ -	\$ -	\$ -
				4000 Supplies	1	\$ -	\$ 7,960	\$ 7,960
				5000 Lease and Rental	1	\$ -	\$ -	\$ -
				5500 Communications and Utilities	1	\$ -	\$ -	\$ -
				6000 Repairs and Maintenance	1	\$ -	\$ -	\$ -
				6500 Contractual Services	1	\$ 1,696	\$ -	\$ 1,696
				7000 Special Transactions	1	\$ -	\$ 5,000	\$ 5,000
				8000 Public Assistance				0
				9000 Capital Outlay				0
				9500 Matching Funds				0
				9500 Indirect Cost				0
				TOTAL		\$ 182,470	\$ 15,595	\$ 198,065
				PART IV. POSITIONS AND VEHICLES				
				Total # of Positions Budgeted:	(D)	2	0	
				Total # of Permanently Assigned Vehicles:	(E)	1	0	
				TOTAL:		\$ 198,065	100%	

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: Program Manager's Printed Name

Bernita Wheeler 6/27/19

SUBMITTED BY: Program Manager's Signature and Date

Dr. Jill Jim, Executive Director

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

Jill Jim 6/27/19

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

PAGE 2 of 3
BUDGET FORM 2

Received

Office of Management & Budget
The Navajo Nation Window Rock, Arizona

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 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:

	1st QTR		2nd QTR		3rd QTR		4th QTR	
	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

Program Manager's Signature and Date

Dr. Jill Jim, Executive Director
Division Director/Branch Chief's Printed Name

Division Director/Branch Chief's Signature and Date

THE NATIONAL 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			
3240	Travel expense for staff while conducting official business on behalf of program to do monitoring, attend meetings and elder events. <i>3230 events → Personal Travel</i>	\$ 825.00	\$ 825.00
3250	\$55/day x 3 trips x 5 staff = \$825.00	\$ 825.00	\$ 825.00
3260	\$94/night x nights x 5 staff = \$940.00	\$ 940.00	\$ 940.00
	\$.58/mi x 300/mi x 5 = \$870.00	\$ 870.00	\$ 870.00
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.			
4120	OFFICE SUPPLIES		
4130 General Office Supplies		\$ 2,900	\$ 2,900
4410	OPERATING SUPPLIES		
4420 General Operating Supplies:		\$ 5,060	\$ 5,060
SPECIAL TRANSACTION			
7110	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 <i>Programs</i>	\$ 5,000	\$ 5,000
7190			
TOTAL		\$ 15,595	\$ 15,595

THE NAVAJO NATION
SUPPLEMENTAL FUNDING PROPOSAL SUMMARY

Received

JUL 18 2019

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.

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

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

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	Amount	% of Total																																																																																																									
SUPPLEMENTAL BUDGET			10/1/18-9/30/19	222,814.00	100%																																																																																																									
FY19 Base Budget			10/1/18-9/30/19	1,859,656.00																																																																																																										
<table border="1"> <thead> <tr> <th colspan="3">PART III. BUDGET SUMMARY</th> <th>Fund Type Code</th> <th>(A) NNC Approved Original Budget</th> <th>(B) Proposed Budget</th> <th>(C) Adjusted (Column A + B)</th> </tr> </thead> <tbody> <tr> <td>2001</td> <td>Personnel Expenses</td> <td>1</td> <td>1,756,866</td> <td></td> <td>1,756,866</td> <td></td> </tr> <tr> <td>3000</td> <td>Travel Expenses</td> <td>1</td> <td>4,500</td> <td></td> <td></td> <td>4,500</td> </tr> <tr> <td>3500</td> <td>Meeting Expenses</td> <td>1</td> <td>4,819</td> <td></td> <td></td> <td>4,819</td> </tr> <tr> <td>4000</td> <td>Supplies</td> <td>1</td> <td>28,000</td> <td></td> <td>141,014</td> <td>169,014</td> </tr> <tr> <td>5000</td> <td>Lease and Rental</td> <td>1</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>5500</td> <td>Communications and Utilities</td> <td>1</td> <td>39,122</td> <td></td> <td>69,000</td> <td>108,122</td> </tr> <tr> <td>6000</td> <td>Repairs and Maintenance</td> <td>1</td> <td>2,581</td> <td></td> <td>6,300</td> <td>8,881</td> </tr> <tr> <td>6500</td> <td>Contractual Services</td> <td>1</td> <td></td> <td></td> <td>6,500</td> <td>6,500</td> </tr> <tr> <td>7000</td> <td>Special Transactions</td> <td>1</td> <td>23,768</td> <td></td> <td></td> <td>23,768</td> </tr> <tr> <td>8000</td> <td>Public Assistance</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>9000</td> <td>Capital Outlay</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>9500</td> <td>Matching Funds</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>9500</td> <td>Indirect Cost</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td colspan="3">TOTAL</td> <td>\$1,859,656.00</td> <td>\$</td> <td>222,814.00</td> <td>2,082,470</td> </tr> </tbody> </table>						PART III. BUDGET SUMMARY			Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Adjusted (Column A + B)	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
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TOTAL			\$1,859,656.00	\$	222,814.00	2,082,470																																																																																																								

PART IV. POSITIONS AND VEHICLES		
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> <u>7/11/19</u>	APPROVED BY: <u>Dr. Jill Jim, NDOH Executive Director</u> <u>7/11/19</u>
SUBMITTED BY: <u>Program Manager's Signature and Date</u>	APPROVED BY: <u>Division Director/Branch Chief's Signature and Date</u>

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:**

Meal Service

Program Performance Measure:

Provide home delivery and congregate (breakfast/lunch/dinner) meals to eligible participants

2. Goal Statement:

Social Service/Transportation/Health Promotion

Program Performance Measure:

Health education activities and intergenerational events

3. Goal Statement:

Case Management

Program Performance Measure:

To provide elderly assessment for C1 & C2 service, Caregiver, Respite and Referrals

4. Goal Statement:

Employee/Elderly/Foster Grandparent Training

Program Performance Measure:

Coordinate training to assist with staff development/elderly healthy aging and Independence

5. Goal Statement:

Senior Center Monitoring

Program Performance Measure:

Ensure compliance with monitoring tool provided for facilities & equipment.

PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.

Lucinda Martin, Health Service Administrator

Program Manager's Printed Name

Program Manager's Signature and Date

Dr. Jill Jim, NDOH Executive Director

Division Director/Branch Chief's Printed Name

Division Director/Branch Chief's Signature and Date

1st QTR		2nd QTR		3rd QTR		4th QTR	
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual

So, providing additional 34,000 meals on original bldgt. 34,000 is the goal for 4th qtr. Total meals 109,000 meals for 4th qtr.

4,500 ppl? 4,500 activities? 4,500 transportation provided? What is being measured? 4,500

34 ppl? on original bldgt (6) trng 34 trng? ea. qtr. What is being measured? 24

How many ctrs do we have on original bldgt 34 ea. qtr. 15 being monitored.

6

18 2019

FY 2019

THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

Page 3 of 3
BUDGET FORM 4

PART I. PROGRAM INFORMATION:

Program Name/Title: _____

Division of Aging and Long Term Care Support - Chirine 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)
4400 SUPPLIES	Janitorial supplies and raw food supplies.	141,014	141,014
4410	Operating Supplies	141,014	
4460	Food Supplies	141,014	
4490	Custodial Supplies	141,014	
5500 COMMUNICATION & UTILITIES	Utilities, propane, natural gas, water and sewage	56,250	69,000
5710	Energy	56,250	
5720	Electric	11,250.00	
5730	Natural Gas	9,000.00	
5740	Propane	36,000.00	
5750	Services	12,750	
5760	Water	6,750.00	
5770	Sewage	6,000.00	
6000 REPAIRS & MAINTENANCE	Waste disposal services for 7 Senior Centers.	12,750.00	
6200	External Contractors	6,300	
6250	Waste Disposal	6,300.00	
6500 CONTRACTUAL SERVICES	7 SC's x 300.00 x 3 months	6,300.00	
6660	Attorney fees for 2 grievance cases (outstanding bills).	6,500	
6670	Attorneys	6,500	
6670	Attorney - Fees	6,500.00	
TOTAL	\$2000 + \$4500 =	222,814	222,814

THE NAVAJO NATION
SUPPLEMENTAL FUNDING PROPOSAL SUMMARY

Received

JUL 18 2019

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.

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

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

Page 1 of 4
BUDGET FORM 1

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

PART II. FUNDING SOURCE(S)	Fiscal Year	Amount	% of Total
SUPPLEMENTAL- CURB	10/1/18-9/30/19	77,122	4%
GEN FUND BASE ALLOCATION ✓	10/1/18-9/30/19	2,101,335	96%
TOTAL: 2,178,457 100%			

PART III. BUDGET SUMMARY				
	Fund Type Code	(A) NMC 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	
Total # of Positions Budgeted: Total # of Permanently Assigned Vehicles:	(D) (E)
0	0
0	24

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

Submitted by: <u>Lucinda Martin, Health Services Administrator</u> SUBMITTED BY: Program Manager's Signature and Date <u>Lucinda Martin</u> <u>6/25/19</u>	Approved by: <u>Dr. Jill Jim, NDOH Executive Director</u> APPROVED BY: Division Director/Branch Chief's Printed Name <u>Dr. Jill Jim</u> <u>6/25/19</u>
--	---

Program Name/Title:

DAL TCS - Fort Defiance Agency

PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM.

HEHS-CA-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:

Meal Service

Program Performance Measure:

Provide Home Delivered and Congregate meals to eligible participants.

- ## 2. Goal Statement:

Social Services/Transportation/Health Promotion

Program Performance Measure: To provide transportation services to eligible

- ### 3. Goal Statement:

Case Management

Program Performance Measure: To provide elderly assessments for C1 & C2

- #### 4. Goal Statement:

Employee/Elderly/Foster Grandparent Training

Program Performance Measure: Coordinate trainings to assist with staff

- ## 5. Goal Statement:

Senior Center Monitoring

Program Performance Measure:

Ensure compliance with monitoring tools provided for facilities, vehicles and equipment

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, NDOH Executive Director

Division Director/Branch Chief's Printed Name

Program Manager's Signature and Date

Division Director/Branch Chief's Signature and Date

FY 2019

THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

Page 3 of 4
BUDGET FORM 4

PART I. PROGRAM INFORMATION:

Program Name/Title: _____

DALTCS - Fort Defiance Agency

Business Unit No.: _____

113012

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			
3110	Monthly mileage and fleet rentals.	6% Tax	TOTAL
3111	Fleet Monthly/Perm: 24 Vehicles@ 108 x 3 mos	5,184 -	311
3113	Mileage: 2000x 28x2	1,120 -	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.	1,182	45,400
4120	Office Supplies	5,400 -	5,400
4130	General Office Supplies (18 x \$300.)	5,400 -	5,400
4200	Non Capital Assets	10,000 -	15,000
4210	Non Capital Furniture & Equipment	10,000 -	15,000
4230	Non Capital Computer & Equipment	5,000 -	5,000
4410	Operating Supplies	9,000 -	25,000
4420	General Operating Supplies (\$500 x 18)	9,000 -	25,000
4460	Food Supplies (3000 x \$5.00)	15,000 -	15,000
4530	Printing/Binding/Photocopying - Outreach Brochures	1,000 -	1,000
TOTAL		52,082	52,082

FY 2019

THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

Page 4 of 4
BUDGET FORM 4

PART I. PROGRAM INFORMATION:

Program Name/Title: _____

DAL TCS - Fort Defiance Agency

Business Unit No.: _____

113012

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.		13,000
5710	Energy	10,640	
5720	Electric	2,640	
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	3,000	
6030	Building R&M Supplies (For 18 Senior Centers)	3,000	
6040	Services		
6050	Building R&M Services (For 18 Senior Centers)	3,000	
6110	Supplies		
6120	Furniture & Equipment R&M Supplies (For 18 Senior Centers)	3,000	
6130	Services		
6140	Furniture & Equipment R&M Services (For 18 Senior Centers)	3,000	
TOTAL		25,040	25,040

JUL 18 2019

Office of Management & Budget
The Navajo Nation, Window Rock, Arizona

RECOMMEND APPROVAL: 7/12/19
Division Director/Branch Chief's Signature / Date

FY 2019

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

Page 1 of 4
BUDGET FORM 1

PART I. Business Unit No.: 113013		Program Title:		Division of Aging & Long Term Care Support/Crowmpoint		Division/Branch: Health / Executive	
Prepared By: Juanita Dennison		Phone No.: (505) 786-2042		Email Address: juanita.dennison@nndch.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)
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 1448	10/1/19-9/30/21	189,739.00	6%	2001 Personnel Expenses	1	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				0
TOTAL:		\$2,933,118.85	100%	TOTAL		\$2,650,901.00	189,739.00	2,840,640

PART IV. POSITIONS AND VEHICLES	(D)	(E)
Total # of Positions Budgeted:	63	63
Total # of Vehicles Budgeted:	26	26

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

SUBMITTED BY: Lucinda Martin, Health Service Administrator
2/1/19

APPROVED BY: Dr. Jill Jim, Executive Director
2/1/19

JUL 18 2019

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 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

1. Goal Statement:

MEAL SERVICES

Program Performance Measure:

To provide congregate and home delivered meals to eligible participants.

2. Goal Statement:

SOCIAL SERVICES

Program Performance Measure:

Senior Centers, medical appointments, health education activities, and intergenerational events

3. Goal Statement:

CASE MANAGEMENT

Program Performance Measure:

To provide elderly assessments for C1 & C2 services, caregiver, housekeeping & respite ser.

4. Goal Statement:

EMPLOYEE / ELDERS / FGP TRAINING

Program Performance Measure:

Coordinate training to assist with staff development, elder healthy aging & independence.

5. Goal Statement:

SENIOR CENTER MONITORING

Program Performance Measure:

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

7/1/19

Program Manager's Signature and Date

Dr. Jill Jim, Executive Director

Division Director/Branch Chief's Printed Name

7/1/19

Division Director/Branch Chief's Signature and Date

FY 2019

THE NAVAJO NATION
Detailed Budget and Justification

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		
3110	Monthly Mileage and fleet rental Fleet		
	3111 - Monthly/Perm - Cover deficit		
	26 vehicles x \$108.00 x 1 months = 1		
	3113 - Mileage		
	26 vehicles x .31 x 1,000 miles x 3 mos =		
		\$ 20,111.32	
		\$ 24,180.00	
		\$ 44,291.32	
	3200 PERSONAL TRAVEL		
	Personal travel is requested to pay for staff traveling to conferences, meeting and to Central to submit documents - Cc		
	Cover deficit		
3230	Personal travel		
		\$ 9,743.79	
		\$ 9,743.79	
	4000 SUPPLIES		
	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	
		\$ 9,500.00	
4410	4460 - Food supplies - Cover deficit		
	1,500 x 20 = 30,000		
		\$ 112,326.26	
		\$ 112,326.26	
	TOTAL	175,861	175,861

FY 2019

THE NAVAJO NATION
Detailed Budget and Justification

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)
5500 COMMUNICATION & UTILITIES			
To pay for telephone, DSL, Internet, cellular phone for Agency staff, electric, propane, natural gas, water and sewage for 20 Senior Centers			
5520	Telephone	3,885	
	5510 - Wireless 185.00 x SCS/Agency Office =	2,205	
	5540 - Long Distance 75.00 x 21 SCS/Agency Office = 4,200	6,090	6,090
5570	Internet	575	
	5580 - DSL 25.00 x 21 SCS/Agency Office = 575.00	575	1,150
	5600 - Internet 25.00 x 21 SCS/Agency Office = 525	1,150	
5710	Energy	1,000	
	5720 - Electric 200.00 x 21 SCS/Agency Office = 4,200	\$150	
	5730 - Natural Gas 50.00 x 1 SC x 3 months = 150	5,488	6,638
	5740 - Propane 10,832.87 x 21 SCS/Agency	Cover deficit	
TOTAL		13,878	13,878

**THE NAVAJO NATION
SUPPLEMENTAL FUNDING PROPOSAL SUMMARY**

RECEIVED
JUL 18 2019

Office of Management & Budget
The Navajo Nation

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.

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

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

FY 2019

THE NAVAJO NATION PROGRAM BUDGET SUMMARY

PAGE 1 of 6
BUDGET FORM 1

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

General Funds Supplemental

10/01/18-9/30/19

\$ 123,430

94%

General Funds Amended Aml.

10/01/18-9/30/19

\$ 96,799

3%

General Fund Base Allocation

10/01/18-9/30/19

\$ 1,982,713

3%

PART III. BUDGET SUMMARY

Fund Type Code

(A) NNC Approved Original Budget

(B) Proposed Budget

(C) Adjusted (Column A + B)

2001 Personnel Expenses

1

\$ 1,825,920

\$ -

\$ 1,825,920

3000 Travel Expenses

1

\$ 29,280

\$ 65,729

\$ 95,009

3500 Meeting Expenses

1

\$ 2,800

\$ -

\$ 2,800

4000 Supplies

1

\$ 36,952

\$ 31,651

\$ 68,603

5000 Lease and Rental

1

\$ 800

\$ -

\$ 800

5500 Communications and Utilities

1

\$ 48,100

\$ 23,300

\$ 71,400

6000 Repairs and Maintenance

1

\$ 14,000

\$ 2,750

\$ 16,750

6500 Contractual Services

1

\$ 2,500

\$ -

\$ 2,500

7000 Special Transactions

1

\$ 22,361

\$ -

\$ 22,361

8000 Public Assistance

0

9000 Capital Outlay

0

9500 Matching Funds

0

9500 Indirect Cost

0

TOTAL

\$ 1,982,713

\$ 123,430

\$ 2,106,143

PART IV. POSITIONS AND VEHICLES

Total # of Positions Budgeted:

(D)

(E)

Total # of Permanently Assigned Vehicles:

46

0

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: Program Manager's Printed Name

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

Dr. Jill Jim, Executive Director

SUBMITTED BY: Program Manager's Signature and Date

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

JUL 13 2019

THE NAVAJO NATION PROGRAM PERFORMANCE CRITERIA

PART I. PROGRAM INFORMATION:

Business Unit No.: 113014

Program Name/Title:

Dividing & Long Term Care Sup- Tuba City

PART II. PLAN OF OPERATION REFERENCE/LEGISLATED PROGRAM PURPOSE:

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. Program Performance Area:

Meal Services

Goal Statement:

2. Program Performance Area:

Provide Home Delivery and Congregate meals to eligible participants.

Social Services, Transportation and Health Promotion.

Goal Statement:

3. Program Performance Area:

Health Education, Activity and Intergenerational.

4. Program Performance Area:

Case Management

Goal Statement:

5. Program Performance Area:

Employee, Elderly, Foster Grand Parent, Training Development/Training

Goal Statement:

6. Program Performance Area:

Senior Center Monitoring

Goal Statement:

Ensure compliance with monitoring tools provided for Facilities, Vehicles and Equipments.

PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.

Lucinda Martin, Health Service Administrator

Program Manager's Printed Name

Program Manager's Signature and Date

Dr. Jill Jim, Executive Director

Division Director/Branch Chief's Printed Name

Division Director/Branch Chief's Signature and Date

1st QTR		2nd QTR		3rd QTR		4th QTR	
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual

in original bdyt you have 29,200 meals to provide w/ 10,140 you will serve 39,340 just for 4th qtr.

						2,000	

						300	
--	--	--	--	--	--	-----	--

original bdyt you have (100) trng ea. qtr. in 4th qtr. (130) trng will be provided? is this correct?

original bdyt (10) in ea. qtr. totaling (40) w/ (5) its (30) how many chrs. w/ in tobacco city?

						20	
						5	

THE NA JO 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.			
3110	FLEET		
3111 Fleet Lease - Monthly/Perm			
Remove deficit of \$21,131.20			
Monthly/Perm 10 Suburbans @ 521.00/mo x 3 mo =	\$ 21,131		
Monthly/Perm 7 Vans @ 460.00/mo x 3 mo = \$2,760.00	\$ 15,630		15,630
Monthly/Perm Depl. Purchase: 1 Suburban @ \$140.00/mo X 3 mo =	\$ 9,660		
Monthly/Perm Depl. Purchase: 1 Van @ \$108.00/mo X 3 mo =	\$ 420		
3113 Mileage:			
10 -Suburbans: \$.28 per mile x 1300 miles x 3 mos =	\$ 10,920		
7 Vans: .28 X 1300 miles X 3 mos =	\$ 7,644		
TOTAL			
		\$ 65,729	\$ 65,729

THE NAJO 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 -	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 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			
Basic telephone services and line charges. DSL, internet, electrical, propane, natural gas, water, and sewage services to maintain operations.			
5570	INTERNET	\$ 4,300	\$ 23,300
	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 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)
	5000 REPAIRS & MAINTENANCE		
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	
6130	SERVICES 6140 Furniture & Equipment R&M Services:	\$ 1,800	
TOTAL		\$ 2,750	\$ 123,430

Received

JUL 18 2019

**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

[Signature]
RECOMMEND APPROVAL: Branch Chief's Signature / Date

1 of 4
BUDGET FORM 1

JUL 18 2019

FY 2019

THE NAVAJO NATION PROGRAM PERFORMANCE CRITERIA

2 of 4
BUDGET FORM 2

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

Program Performance Measure:

Provide home delivery and congregate meals to eligible participants.

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

3. Goal Statement:

Case Management

Program Performance Measure:

To provide elderly assessment for C1 & C2 Services, Caregiver, and Housekeeping

4. Goal Statement:

Employee, Elderly, Foster Grandparents, Training & Development

Program Performance Measure:

Coordinate training to assist with staff development, elder health aging and independency.

5. Goal Statement:

Senior Center Monitoring

Program Performance Measure:

Ensure compliance with monitoring tools provided for all facilities, vehicles, and equipment.

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

1st QTR		2nd QTR		3rd QTR		4th QTR	
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual

39,000 total meals will be provided in 4th qtr.

						9,000	

						600	

						150	

15 hrs in each qtr. in original budget
in 4th qtr. (90) hrs will be provided?
15 hrs correct?

						75	

						5	1

Received

JUL 1 2019

Office of Management & Budget
Navajo Nation, Window Rock, Arizona

FY 2019

THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

 3 of 4
BUDGET FORM 4
PART I. PROGRAM INFORMATION:

Program Name/Title: _____

Business Unit No.: _____

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)
2310	2001 PERSONNEL EXPENSES Employment salary and fringe benefits. Temporary Remove deficit of \$343.64	344	344
3110	3000 TRAVEL EXPENSES Fleet Remove deficit of \$3,085.19 + \$9,030 X 20 vehicles X 3 mos. =	30,175.00	30,175
4120	4000 SUPPLIES To buy general office supply, paper, pen, etc. Operating supplies for 15 Senior Centers.	18,000	18,000
4410	Office Supplies 4130 - General Office Supplies \$1,200 X 15 Senior Centers Operating Supplies 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 PRs 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	104,182	104,182
5160	5000 LEASE & RENTAL Equipment Copier Rental - Agency Office 5170 - Office Equipment Remove deficit of \$2,104.47 + \$3,604 rental fee	5,708	5,708
TOTAL		158,409	158,409

FY 2019

THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

4 of 4
BUDGET FORM 4

PART I. PROGRAM INFORMATION:

Program Name/Title: _____

Business Unit No.: _____

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)
	6500 COMMUNICATIONS & UTILITIES		
5520	Telephone	8,453.96	8,454
5570	Internet	6,389	6,389
	Remove deficit \$ 3,143.96 + \$5,310 (\$118 x 15 ctrs x 3 mos)		
	Remove deficit \$2,518.85 + \$3,870 (\$86 x 15 x 3 mos)		
5710	Energy	33,558.04	141,233
	Remove deficit of \$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
6200	6140 - Furn & Equip R&M Serv	\$ 6,000.00	6,000
	External Contractors		
6250 - Waste Disposal	Remove deficit \$3,626.96	\$ 3,627.00	5,788
	Unpaid PR# 906105	\$ 2,160.87	
		5,787.87	
TOTAL		167,864	326,273

24th NAVAJO NATION COUNCIL

First Year 2019

Mr. Speaker:

The **BUDGET & FINANCE COMMITTEE** to whom has been assigned

NAVAJO LEGISLATIVE BILL # 0237-19:

An Act Relating to Health, Education and Human Services; Budget and Finance, and Naabikiyati 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 *Sponsored by Daniel E. Tso and Amber K. Crotty, Council Delegates*

has had it under consideration and reports the same with the recommendation that It **Do Pass** without amendment.

1. On page --, line -- insert “_” and on page -- line -- insert “-----”.

M: S: Vote: Yeas: Nays:

[Electronically read into the record; 10 October 2019 agenda item; Main motion held by Raymond Smith, Jr. Second: Elmer P. Begay; Temporary table for program to bring in updated budget forms Tabling motion: Elmer P. Begay Second: Nathaniel Brown Vote: 4-0 Yeas: Jimmy Yellowhair, Raymond Smith, Jr., Nathaniel Brown, Elmer P. Begay]

And, therefore referred to the **NAABIKIYATI** Committee

Respectfully submitted,



Jamie Henio, Chairman

Adopted: _____
Legislative Advisor

Not Adopted: 
Legislative Advisor

10 October 2019

The vote was __ in favor _ opposed yeas: nays:
Main Motion: Raymond Smith Jr.
Second: Elmer P. Begay

BUDGET AND FINANCE COMMITTEE

1 October 2019

Regular Meeting

VOTE TALLY SHEET:

Legislation No. 0237-19:

An Act Relating to Health, Education and Human Services; Budget and Finance, and Naabikiyati 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 *Sponsored by Daniel E. Tso and Amber K. Crotty, Council Delegates*

Motion: Raymond Smith, Jr.

Second: Elmer P. Begay

Vote: 0-0, Chairman not voting

[Electronically read into the record; 10 October 2019 agenda item; Main motion held by Raymond Smith, Jr. Second: Elmer P. Begay; Temporary table for program to bring in updated budget forms Tabling motion: Elmer P. Begay Second: Nathaniel Brown Vote: 4-0 Yeas: Jimmy Yellowhair, Raymond Smith, Jr., Nathaniel Brown, Elmer P. Begay]

Vote Tally:

Jamie Henio		
Jimmy Yellowhair		
Raymond Smith Jr.		
Elmer P. Begay		
Amber K. Crotty		
Nathaniel Brown		

Absent: Amber K. Crotty


Jamie Henio, Chairman
Budget & Finance Committee


Peggy Nakai, Legislative Advisor
Budget & Finance Committee

24th NAVAJO NATION COUNCIL NAABIK'ÍYÁTI' COMMITTEE REPORT First Year 2019

The **NAABIK'ÍYÁTI' COMMITTEE** to whom has been assigned:

NAVAJO LEGISLATIVE BILL #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

Sponsored by: Honorable Daniel E. Tso

Co-Sponsored by: Honorable Amber Kanazbah Crotty

Has had it under consideration and reports the same that the legislation **WAS PASSED WITH ONE (1) AMENDMENT AND REFERRED TO THE NAVAJO NATION COUNCIL.**

Respectfully Submitted,



*Honorable Raymond Smith, Jr., Chairman Pro Tem
NAABIK'ÍYÁTI' COMMITTEE*

10 October 2019

MAIN MOTION

Motioned by: Honorable Mark A. Freeland

Seconded by: Honorable Rickie Nez

Vote: 15 in Favor, 00 Opposed (Chairman Pro Tem Smith, Jr. Not Voting)

AMENDMENT #1

Proposed amendment to Legislation No. 0237-19

Insert new Exhibit A and make the following changes:

1. Page 1, line 15 – 16: strike "~~...Nine Hundred Fifty-Four Thousand Nine Hundred Seventy-Three Dollars (\$954,973)...~~" and insert "...One Hundred Seventy Thousand Five Hundred Eighty Two Dollars (\$170,582)..."

2. Page 2, line 12-13: strike "...~~Nine Hundred Fifty-Four Thousand Nine Hundred Seventy-Three Dollars (\$954,973)~~..." and insert "...One Hundred Seventy Thousand Five Hundred Eighty Two Dollars (\$170,582)..."
3. Page 2, line 17: strike "\$222,814" and insert "\$27,365"
4. Page 2, line 18: strike "\$189,739" and insert "\$45,824"
5. Page 2, line 19: strike "\$77,122" and insert "\$24,891"
6. Page 2, line 20: strike "\$326,273" and insert "\$7,835"
7. Page 2, line 21: strike "\$123,430" and insert "\$20,168"
8. Page 2, line 22: strike "\$15,595" and insert "\$44,499"
9. Page 3, line 14-15: strike "...~~Nine Hundred Fifty-Four Thousand Nine Hundred Seventy-Three Dollars (\$954,973)~~..." and insert "...One Hundred Seventy Thousand Five Hundred Eighty Two Dollars (\$170,582)..."
10. Page 3, line 16: strike "\$954,973" and insert "\$170,582"
11. Page 3, line 21: strike "\$954,973" and insert "\$170,582"
12. Delete all amendments made at HEHSC and make the following changes:
 - a. Page 3 of 3, Lines 5-7, make the following changes:

The OMB budget impact analysis for this legislation was ~~not available at the time of drafting this proposed resolution~~ is attached as **Exhibit B**.
 - b. Page 3 of 3, 8-10 make the following changes:

The Office of the Controller memo stating the current balance of the UUFB and whether the allocation is considered a recurring cost was ~~not available at the time of drafting the proposed resolution~~, which is attached as **Exhibit C**, indicates the balance in the UUFB as of September 17, 2019 is \$16,960,422. The memo from the Office of the Controller further indicates the cost is a recurring cost since it is for operational expenses.
13. On page 3 of 3, line 12, insert new Section 3 as follows:

SECTION 3. WAIVING §§ 820(F) AND (L) REGARDING THE RESTRICTION OF APPROPRIATIONS OF NON-RECURRING REVENUES TO RECURRING COSTS
The Navajo Nation Council hereby waives 12 N.N.C. §§ 820(F) and (L) with regard to the restriction of appropriations of non-recurring revenues to recurring costs.
14. Page 1 of 3, Line 17, insert the following new language:

WAIVING §§ 820(F) AND (L) REGARDING THE RESTRICTION OF APPROPRIATIONS OF NON-RECURRING REVENUES TO RECURRING COSTS
15. Renumber or re-letter succeeding paragraphs or sections accordingly, if necessary; and this amendment shall supersede inconsistent language contained in any other committee amendment, which shall be confirmed to the intent or language of this amendment. The Office of Legislative Services, with notice to the sponsor(s) of the Legislation, is hereby authorized to make necessary grammatical changes.

Motioned by: Honorable Nathaniel Brown

Seconded by: Honorable Mark A. Freeland

Vote: 15 in Favor, 00 Opposed (Chairman Pro Tem Smith, Jr. Not Voting)

NAVAJO NATION

10/10/2019

Naa'bik'iyati Committee Meeting

08:09:01 PM

Amd# to Amd#	Legislation 0237-19: Approving	PASSED
MOT Freeland, M	Supplemental Funding from the	
SEC Nez, R	Unreserved, Undesignated Fund	
	Balance in the Amount of....	

Yea : 15

Nay : 0

Excused : 0

Not Voting : 8

Yea : 15

Begay, E
Begay, K
Begay, P
Brown

Damon
Freeland, M
James, V
Nez, R

Slater, C
Stewart, W
Tso, C
Tso, D

Tso, E
Walker, T
Yellowhair

Nay : 0

Excused : 0

Not Voting : 8

Charles-Newton
Crotty

Daniels
Halona, P

Henio, J
Tso, O

Wauneka, E
Yazzie

Presiding Chair: Smith

NAVAJO NATION

10/10/2019

Naa'bik'iyati Committee Meeting

07:47:14 PM

Amd#1 to Amd# Page 1, Line 15-16 Strike "....
MOT Brown Nine Hundred Fifty-Four Thousand
SEC Freeland, M Nine Hundred Seventy-Three
Dollars (\$954,973)...

PASSED

Yea : 15

Nay : 0

Excused : 0

Not Voting : 8

Yea : 15

Begay, E
Begay, K
Begay, P
Brown

Damon
Freeland, M
James, V
Nez, R

Slater, C
Stewart, W
Tso, C
Tso, D

Tso, E
Walker, T
Yellowhair

Nay : 0

Excused : 0

Not Voting : 8

Charles-Newton
Crotty

Daniels
Halona, P

Henio, J
Tso, O

Wauneka, E
Yazzie

Presiding Chair: Smith

THE NAVAJO NATION
SUPPLEMENTAL FUNDING PROPOSAL SUMMARY

PART I. Business Unit No.: 113001 - 113015 Program Title: Division of Aging & Long Term Care Support
Division/Branch: Health / Executive Amount Requested: \$170,582.00 Phone No.: 928-871-6536
Prepared By: Lucinda Martin Email Address: lucinda.martin@nndoh.org

PART II. REASON FOR REQUEST AND STATEMENT OF NEED:

DALTCS has previously submitted a request for supplemental funding for FY 2019 in the amount of \$954,973.00; Legislation No. 0237-19-UUFB. The request was initiated in June 2019. This request was to supplement prior year outstanding invoices to food vendors and utility companies; and FY 2019 budget shortfall due to limited Navajo Nation general funds and external funds. The processes of obtaining external funds is very lengthy and cumbersome resulting in funds becoming available 3-6 months after budget year begins. Processing of invoices at year end is reduced by one month due to internal Navajo Nation procedures. DALTCS does need to process payment documents more timely and accurately to meet this deadline.

During this request process, DALTCS has acquired \$125,000 from FY 19 carryover and \$145,000 from Arizona Title VI, which became available 5 months after receipt. Also we were able to make budget transfers to spread funds where needed. These factors all reduced the need to prior year expenses which could not be addressed with the funds made available since the initial request in June 2019.

Therefore, DALTCS is now requesting \$170,582.00 for prior year unpaid invoices. These are primarily to food vendors that supply the Senior Centers' meals to elders and to utility companies. These two are the highest costing expenses to the program.

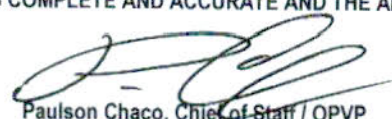
PART III. LIST ALTERNATIVE FUNDING SOURCES BEING PURSUED AND CONTINGENCY PLAN IF REQUEST IS NOT FUNDED:

Alternative funding was obtained as mentioned above, but there still remains a budget shortfall.

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


Paulson Chaco, Chief of Staff / OPVP

RECOMMEND APPROVAL: Branch Chief's Signature / Date

DIVISION OF AGING & LONG TERM CARE SUPPORT
FISCAL YEAR 2019 JUSTIFICATION FOR SUPPLEMENTAL REQUEST

Agency	Object & Description	Justification
Chinle	4000 SUPPLIES	FY19 Food Allocation from Title III & GF just wasn't enough to cover all operation expenses. Therefore, Chinle Agency had requested a Supplemental Budget for \$222,814.00 to cover the 4 th Quarter of FY19 but we were able to recover \$45,252.00 for Operating Supplies, Energy, Insurance Premiums and \$15,173.00 for Supplies.
Chinle	5500 COMMUNICATION and UTILITIES	FY19 Food Allocation from Title III & GF just wasn't enough to cover all operation expenses. Therefore, Chinle Agency had requested a Supplemental Budget for \$222,814.00 to cover the 4 th Quarter of FY19 but we were able to recover \$45,252.00 for Operating Supplies, Energy, Insurance Premiums and \$15,560.00 for Energy.
Shiprock	4000 SUPPLIES	To pay unpaid food supply invoices for Blue Mountain Meats. These invoices were overlooked.
Shiprock	5500 COMMUNICATIONS & UTILITIES	The budget was not sufficient in fiscal year 2019 was not sufficient to pay these unpaid Navajo Tribal Utility Authority invoices
Tuba City	4000 SUPPLIES	The DALTCS-Tuba City Agency is requesting for supplemental funds to cover an outstanding amount of \$20,167. The outstanding bill occur when the title III Amendment 10 came in late until end of June 2019. OOC was not accepting no invoices after June 30, 2019. The funding agency approved to process, OOC still did not process due to deadline.
Fort Defiance	4000 SUPPLIES	To pay unpaid Blue Mountain Meet invoices from July 1, 2019 thru September 30, 2019. Currently, our contract is effective thru December 31, 2019, but we ran out of funds in June 2019. So, an amendment had to be completed to add more funds to the contract and at that time Title III was not in place and no funds were added.
Crownpoint	4000 SUPPLIES	Of the \$42,363 requested, \$172.00 will cover operating supplies and \$42,192.00 will be used to pay for unpaid food invoices to Blue Mountain Meats for Fiscal Year 2017 in the amount of \$1,891.58, Fiscal Year 2018 in the amount of \$15,153.38 and Fiscal Year 2019 in the amount of \$25,146.63. The prior food invoices were founded at the Agency Office in March of this year. Further review into FMIS system no payments were made and to date the invoices remain unpaid.
Crownpoint	5500 COMMUNICATIONS & UTILITIES	Of the \$10,034 requested the following unpaid expenses will cover: telephone - \$763.00, satellite internet - \$1,526.00, Electric - \$1,815.42, propane - \$5,702.00 and water - \$228.00. The Centers must have the services to operate the senior center on a daily

		basis and provide the services to the clients. The communication services is important if and when the need arises
Crownpoint	6000 REPAIRS AND MAINTENANCE	Of \$35,573 requested, \$291.00 is for supplies-repairs and maintenance, External Contractor to make repairs at the senior centers, which requires a license/certified Electrician and HVAC technician. The waste disposal in the amount of \$24,673.00, is a safety and health issue, if not Office of Environmental Health (Tribal and IHS) will close the center until the trash issue is dealt with. The trash is picked up on a bi-weekly basis and payments must be made on a timely basis. Due to non-payment services were canceled to all centers, which left the Program having to haul trash to different locations, Gallup, Grants and Crownpoint. When OEH become aware of the trash situation the centers were faced with closure again. During this time center staff were using their own money to pay to dump their trash at transfer station.
Administration	7313 CONTINGENCIES AND LOSSES	\$40 for a PR that OOC did not pay for K-account in previous fiscal year. To pay Navajo Technical University for meeting space used for a FGP Advisory Council Meeting on May 22, 2019. \$318 for a PR that OOC didn't pay in previous fiscal year. This is to pay Fieldprint, Inc. for April 2019 invoice for conducting background investigation. \$5287 for a PR that OOC did not pay in previous fiscal year from K-Account. FGP conducted their volunteer recognition event at Sky City Casino Hotel. OOC cannot pay because Sky City refused to sign a service contract. FGP will audit by its funding source, Corporation for National and Community Service. There was one finding from the Office of Background Investigation that did not show documentations on state repositories they used when conducting criminal background check for senior programs & projects specialist. There will be a fine forthcoming, which is estimated at \$2,000.

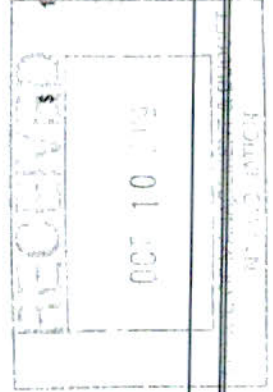
**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

PART I. PROGRAM INFORMATION:		Business Unit No.: 113010		Program Name/Title: Division of Aging & Long Term Care Support-Administration									
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:													
HEHSCJA-01-10: The purpose of 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: To maintain financial integrity													
Program Performance Measure: To pay all prior year outstanding invoices													
2. Goal Statement:													
Program Performance Measure:													
3. Goal Statement:													
Program Performance Measure:													
4. Goal Statement:													
Program Performance Measure:													
5. Goal Statement:													
Program Performance Measure:													

PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.																			
Lucinda Martin, Health Service Administrator										Dr. Jill Jim, Executive Director									
Program Manager's Printed Name <i>Lucinda Martin</i> 10/10/19										Division Director/Branch Chief's Printed Name <i>Jill Jim</i> 10/10/19									
Program Manager's Signature and Date										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 & Long Term Care Support - Administration</u> Business Unit No.: <u>113010</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)
3230	3000 TRAVEL EXPENSES To pay for prior year invoices PERSONAL TRAVEL 3250 Lodging FY'19 Invoices (3 invoices) 10,028.86 Total \$ 10,028.86	10,029	10,029
4410	4000 SUPPLIES To pay for prior year invoices OPERATING SUPPLIES 4460 FY'19 Invoices (80 invoices for all agencies) 30,728.23 Total \$ 30,728.23	30,728	30,728
5310	5000 LEASE & RENTAL To pay for prior year invoices BUILDING/SPACE 5320 Meeting Space FY'19 Invoices (1 invoice) 42.40 Total \$ 42.40	42	1,130
5360	EQUIPMENT/SUPPLIES 5370 Equipment Rental FY'19 Invoices (2 invoices) 1,088.00 Total 1,087.74 1,087.74	1,088	1,088
TOTAL		41,887	41,887



THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION: Program Name/Title: <u>Division of Aging & Long Term Care Support - Administration</u> Business Unit No.: <u>113010</u>				
PART II. DETAILED BUDGET:				
(A)	(B)	(C)	(U)	
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)	
7000 SPECIAL TRANSACTIONS To pay for prior year invoices PROGRAMS 7180 Catering FY'19 Invoices (2 Invoices) EMPLOYMENT RELATED EXPENSES 7650 Background Check FY'19 Invoice (1 invoice)	2,274.90 337.06	\$ 2,275.00 \$ 337.00	2,275 337	2,612
TOTAL		2,612	2,612	2,612

FY 2020

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

Page 1 of 3
BUDGET FORM 1

PART I. Business Unit No.: 113011		Program Title: Division of Aging & Longterm Care Support - Chinle		Division/Branch: Health/Executive	
Prepared By: Yolanda Gene, Sr. Accountant		Phone No.: (928) 674-2369		Email Address: yolanda.gene@nndoh.org	

PART II. FUNDING SOURCE(S)		Fiscal Year	Amount	% of Total
FY20 Supplemental Budget		10/1/19-9/30/20	27,365	100%
				0%

PART III. BUDGET SUMMARY				Fund Type Code	(A) NNC Original Budget	(B) Proposed Budget	(C) Adjustment (Column A+B)
2001	Personnel Expenses	1	1,884,994				1,884,994
3000	Travel Expenses	1	14,714				14,714
3500	Meeting Expenses	1					0
4000	Supplies	1	456		15,173		190,007
5000	Lease and Rental	1					0
5500	Communications and Utilities	1	170,286		12,192		182,478
6000	Repairs and Maintenance	1					0
6500	Contractual Services	1					0
7000	Special Transactions	1	17,510				17,510
8000	Public Assistance						0
9000	Capital Outlay						0
9500	Matching Funds						0
9500	Indirect Cost						0
TOTAL					\$2,087,960	27,365	2,289,703

PART IV. POSITIONS AND VEHICLES				(D)	(E)
Total # of Positions Budgeted:				0	0
Total # of Permanently Assigned Vehicles:				0	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>Yolanda Martin</i> 10/10/19 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> 10/10/19 APPROVED BY: Division Director/Branch Chief's Signature and Date
---	---

FY 2020

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA2 of 3
BUDGET FORM 2

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:

To maintain financial integrity

Program Performance Measure:

To pay prior year invoices

2. Goal Statement:

149

Program Performance Measure:

3. Goal Statement:

Program Performance Measure:

4. Goal Statement:

Program Performance Measure:

5. Goal Statement:

Program Performance Measure:

PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.

Lucinda Martin, Health Service Administrator

Program Manager's Printed Name

Lucinda Martin 10/10/19

Program Manager's Signature and Date

Dr. Jill Jim, NDOH Executive Director

Division Director/Branch Chief's Printed Name

Jill Jim 10/10/19

Division Director/Branch Chief's Signature and Date

THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:		Division of Aging and Long Term Care Support - Chinle Agency		Business Unit No.: 113011	
PART II. DETAILED BUDGET:		(B)		1,902,960	
General F				27,364	
FY20 Supplemental Budget	Object Code Description and Justification (LOD 7)	DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)	(D)	
4410	4000 SUPPLIES To pay for prior years' food supply invoices. Operating Supplies 4460 Food Supplies FY19 Food Invoices (21 invoices) 15,172.86	15,173	15,173	15,173	
5710	5500 COMMUNICATIONS & UTILITIES To pay for prior years electric, natural gas, water and sewage invoices. Energy 5720 Electric FY19 Energy Invoices (32 invoices) 7,731.71 5730 Natural Gas FY19 Energy Invoices (32 invoices) 981.45 Total: \$ 8,713.16	8,714	12,192	12,192	
5750	Services 5760 Water FY19 Energy Invoices (32 invoices) 2,994.88 5770 Sewage FY19 Energy Invoices (32 invoices) 482.70 Total: \$ 3,477.58	3,478			
			TOTAL	27,365	27,365

RECEIVED
 OCT 10 2019
 OFFICE OF THE COMPTROLLER

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

PART I. Business Unit No.: 113012		Program Title: DALTCS - Fort Defiance Agency		Division/Branch: Health / Executive	
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
FY 2020 Supplemental		10/1/19-9/30/20	24,891	100%

PART III. BUDGET SUMMARY				
	Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference (Column B - A)
2001 Personnel Expenses	1	1,984,990	-	(1,984,990)
3000 Travel Expenses	1	43,859	-	(43,859)
3500 Meeting Expenses	1	1,656	-	(1,656)
4000 Supplies	1	39,400	24,891	(14,509)
5000 Lease and Rental	1	26,740	-	(26,740)
5500 Communications and Utilities	1	90,843	-	(90,843)
6000 Repairs and Maintenance	1	14,000	-	(14,000)
6500 Contractual Services	1	1,000	-	(1,000)
7000 Special Transactions	1	29,881	-	(29,881)
8000 Public Assistance				
9000 Capital Outlay				
9500 Matching Funds				
9500 Indirect Cost				
TOTAL		2,232,369	24,891	(2,207,478)

PART IV. POSITIONS AND VEHICLES		
	(D)	(E)
Total # of Positions Budgeted:	51	0
Total # of Permanently Assigned Vehicles:	24	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
Lucinda Martin 10/10/18

SUBMITTED BY: Program Manager's Signature and Date

Dr. Jill Jim, NDOH Executive Director

APPROVED BY: Division Director/Branch Chief's Printed Name
Jill Jim 10/10/18

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

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA

FY 2020

PART I. PROGRAM INFORMATION: Business Unit No.: 113012		Program Name/Title: DAL TCS - Fort Defiance Agency									
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: To maintain the financial integrity		1st QTR		2nd QTR		3rd QTR		4th QTR			
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
Program Performance Measure: To pay all outstanding invoices											
2. Goal Statement: 25											
Program Performance Measure: _____											
3. Goal Statement: _____											
Program Performance Measure: _____											
4. Goal Statement: _____											
Program Performance Measure: _____											
5. Goal Statement: _____											
Program Performance Measure: _____											
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> 10/10/19 Program Manager's Signature and Date						Dr. Jill Jim, NDOH Executive Director Division Director/Branch Chief's Printed Name <i>Jill Jim</i> 10/10/19 Division Director/Branch Chief's Signature and Date					

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

FY 2020

PART I. PROGRAM INFORMATION:		Business Unit No.: 113012	
Program Name/Title: DALTCS - Fort Defiance Agency			
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(U)
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			24,891
	To pay for outstanding food supply invoices.		
4410	Operating Supplies	24,891	
4460	FY'20 Food Invoices (25 invoices)	\$ 24,891.00	
		\$ 24,890.87	
TOTAL		24,891	24,891

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

FY 2020

PART I. Business Unit No.: 113013		Division of Aging & Long Term Care Support -		Division/Branch: Executive/Health	
Prepared By: Juanita Dennison, Prog Spvr II		Crownpoint Agency		Email Address: Juanita.Dennison@nndoh.org	
Phone No.: 505-786-2042					

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) Adjustment Column A+B
FY2020 Supplemental Budget		Term									
		10/1/19-9/30/20	45,824	100%	2001	Personnel Expenses	1	2,511,199	0	2,511,199	
					3000	Travel Expenses				0	
					3500	Meeting Expenses	1	0	80	80	
					4000	Supplies	1	91,549	40,300	131,849	
					5000	Lease and Rental				0	
					5500	Communications and Utilities	1	47,110	5,444	52,554	
					6000	Repairs and Maintenance	1	57,110	0	57,110	
					6500	Contractual Services				0	
					7000	Special Transactions	1	22,647	0	22,647	
					8000	Public Assistance				0	
					9000	Capital Outlay				0	
					9500	Matching Funds				0	
					9500	Indirect Cost				0	
TOTAL								\$2,729,615	45,824	2,775,439	

PART IV. POSITIONS AND VEHICLES		(D)	(E)
Total # of Positions Budgeted:		64	0
Total # of Vehicles Budgeted:		0	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> 10/10/19 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> 10/10/19 APPROVED BY: Division Director/Branch Chief's Signature and Date
---	---

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

FY 2020

PART I. PROGRAM INFORMATION:		Business Unit No.: 113013		Program Name/Title: Division of Aging and Long Term Care Support - Crownpoint Agency	
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:					
HEHSC/A-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:					
To maintain financial integrity					
Program Performance Measure:					
To pay all prior year outstanding invoices.					
2. Goal Statement:					
32					
Program Performance Measure:					
3. Goal Statement:					
Program Performance Measure:					
4. Goal Statement:					
Program Performance Measure:					
5. Goal Statement:					
Program Performance Measure:					
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.					
 Lucinda Martin, Health Service Administrator Program Manager's Printed Name 10/10/19 Program Manager's Signature and Date		 Dr. Jill Jim, NDOH Executive Director Division Director/Branch Chief's Printed Name 10/10/19 Division Director/Branch Chief's Signature and Date			

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:				
Program Name/Title: _____		Division of Aging & Long Term Care Support-Crownpoint Agency		Business Unit No.: 113013
PART II. DETAILED BUDGET:				
(A)	(B)	(C)	(D)	(E)
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)	Total by MAJOR Object Code (LOD 4)
3810	3500 Meeting Expenses To pay for prior year general claim form for NOCA member Meetings 3811 Stipend FY2019 General Claim Form (1) 80.00 Total: \$ 80.00	80	80	80
4410	4000 SUPPLIES To pay for prior years food supply invoices Operating Supplies 4460 Food Supplies 15,153.38 25,146.63 Total: \$ 40,300.01	40,300	40,300	40,300
5710	5500 COMMUNICATION & UTILITIES To pay for prior year propane invoices Energy 5740 Propane FY19 Invoices (6 invoices) 5,443.93 Total: \$ 5,443.93	5,444	5,444	5,444
TOTAL		45,824	45,824	45,824



THE NAVAJO NATION PROGRAM BUDGET SUMMARY

Page 1 of 3
BUDGET FORM 1

FY 2020

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	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Adjusted (Column A+B)
FY 2020 SUPPLEMENTAL		10/1/19-9/30/20	20,168	100%				
					2001	Personnel Expenses	1	1,949,251
					3000	Travel Expenses	1	-
					3500	Meeting Expenses	1	-
					4000	Supplies	1	62,948
					5000	Lease and Rental	1	-
					5500	Communications and Utilities	1	95,000
					6000	Repairs and Maintenance	1	27,500
					6500	Contractual Services	1	-
					7000	Special Transactions	1	18,149
					8000	Public Assistance		
					9000	Capital Outlay		
					9500	Matching Funds		
					9500	Indirect Cost		
					TOTAL			2,152,848
					PART IV. POSITIONS AND VEHICLES		(D)	(E)
					Total # of Positions Budgeted:		46	0
					Total # of Permanently Assigned Vehicles:		19	0
					TOTAL		20,168	2,173,016

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: Program Manager's Printed Name <i>Lucinda Martin</i> 10/10/19 SUBMITTED BY: Program Manager's Signature and Date	Dr. Jill JIM, Executive Director APPROVED BY: Division Director/Branch Chief's Printed Name APPROVED BY: Division Director/Branch Chief's Signature and Date
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THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:			
Program Name/Title:		Division of 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	To pay for prior years food supply invoices		\$ 20,168
4410	OPERATING SUPPLIES	20,168	
	4460 Food Supplies		
	FY'19 Food Invoices (22 invoices)	20,168.00	
	Total:	<u>\$ 20,168.00</u>	
TOTAL		20,168	\$ 20,168

THE NAVAJO NATION PROGRAM BUDGET SUMMARY

FY 2020

[illegible]

THE NAVAJO NATION PROGRAM PERFORMANCE CRITERIA

PART I. PROGRAM INFORMATION:																									
Business Unit No.: 113015	Program Name/Title: Shiprock Agency DALTCS																								
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. Program Performance Area: To maintain financial integrity	<table border="1"> <thead> <tr> <th colspan="2">1st QTR</th> <th colspan="2">2nd QTR</th> <th colspan="2">3rd QTR</th> <th colspan="2">4th QTR</th> </tr> <tr> <th>Goal</th> <th>Actual</th> <th>Goal</th> <th>Actual</th> <th>Goal</th> <th>Actual</th> <th>Goal</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td colspan="8">52</td> </tr> </tbody> </table>	1st QTR		2nd QTR		3rd QTR		4th QTR		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	52							
1st QTR		2nd QTR		3rd QTR		4th QTR																			
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual																		
52																									
Goal Statement: To pay all prior year outstanding invoices																									
2. Program Performance Area:																									
Goal Statement:																									
3. Program Performance Area:																									
Goal Statement:																									
4. Program Performance Area:																									
Goal Statement:																									
5. Program Performance Area:																									
Goal Statement:																									
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.																									
Program Manager's Printed Name Lucinda Martin, Health Services Administrator <i>Lucinda Martin</i> 10/10/19 Program Manager's Signature and Date	Dr. Jill Jim, Executive Director Division Director/Branch Chief's Printed Name Division Director/Branch Chief's Signature and Date <i>Jill Jim</i> 10/10/19																								

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION: Program Name/Title: _____ Division of Aging and Long Term Care Support - Shiprock Agency Business Unit No.: 113015			
PART II. DETAILED BUDGET:			
(B)			
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 To pay for prior years food supply invoices. Supplies 4460 Food Supplies	\$ 1,876.00 1,875.74 Total: \$ 1,875.74	1,876
5710	5500 COMMUNICATIONS & UTILITIES To pay for prior years electric, natural gas, water and sewage invoices. Energy 5720 Electric 5730 Natural Gas	\$ 4,156.00 3,821.28 335.01 Total: \$ 4,156.29	4,156
5750	Services 5760 Water 5770 Sewage	\$ 1,803.00 1,588.04 214.72 Total: \$ 1,802.76	1,803
TOTAL		7,835	7,835

THE NAVAJO NATION

JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE PRESIDENT



MEMORANDUM

TO : Naabik'iyati' Committee,
24th Navajo Nation Council

FROM : 
Lisa Jymm, Principal Budget Analyst
OMB/Budget Section

DATE : October 10, 2019

SUBJECT : Legis. 0237-19: Approving supplemental funding from the UUFB in the amount of \$954,973 for the Division of Aging and Long Term Care Support (DALTCS) under the Department of Health.

The Office of Management and Budget reviewed above budget documents according to 12 N.N.C. § 820 (M) and the following are noted:

1. Because of the limited availability of funds, OMB advises the Branch Chiefs to prioritize all supplemental funding proposals pursuant to the FY 2020 Budget Resolution CS-30-19 (paragraph 'N'), the FY 2020 Budget Instructions Manual (Section XII), and the Appropriations Act. This activity should be completed by the three branches to determine priorities. This supplemental budget should have gone through the required Executive Branch 164 document review processes to receive full and proper review from the necessary divisions and offices before funding.
2. The original requested amount of \$954,973 for FY 2019 has been reduced to \$170,582 for FY 2020. The five (5) agencies (business unit #113011-113015) under DALTCS did receive \$125,000 from the Executive Branch's FY 2019 Carryover.

If you have any questions, contact Lisa Jymm at (928) 871-6230 or email at ljymm@omb.navajo-nsn.gov.

CONCURRENCE:


Dominic Beyal, Executive Director
Office of Management and Budget

xc: OMB File
P. Chaco, Chief of Staff, OPVP
Y. Billison, Executive Staff Assistant, OPVP
Dr. J. Jim, Division Director, NDOH



THE NAVAJO NATION

JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE PRESIDENT



Memorandum:

To: 2 NNC § 164 Reviewers
Delegates & 2 NNC '164 Reviewers
Navajo Nation Government

From: *Pearline Kirk*
Pearline Kirk, Controller
Office of the Controller

Date: September 10, 2019

Subject: Legis No. 0237-19-UUFB \$954,973 for Division of Aging and Long-Term Care Support



The Office of the Controller has reviewed the above referenced document.

1. The balance of the UUFB is \$37,960,422 as of June 20, 2019. Within the Resolution CS-30-19 which is pending the President's signature is an amount of \$21,000,000 which is intended to be set aside as part of the FY 2020 comprehensive budget to address the impending FY 2021 projected General Fund Revenue decrease. If approved the balance of the UUFB would be \$16,960,422. Unmet needs amounts have yet to be determined but would also reduce this available amount. In addition, there are requests from the UUFB for water rights and UNM Lobo Rainforest that would further reduce the amount of the UUFB.
2. The request is for \$954,973 for office supplies, travel to continue monitoring and attend meetings and provide training for others and refreshments and with transportation, congregate and home delivery services to eligible elderly clients. Other recurring expenses are propane, basic telephone services, electric and natural gas etc.
3. There may be a decrease in external funds as there is a history of non-spending of the external funds(NM, HBII, FGP, Title III, NM Capital Funds). June 2019 grant year ended.

NAVAJO NATION OFFICE OF THE CONTROLLER

P.O.BOX 3150 · WINDOW ROCK, AZ 86515 · PHONE: (928) 871-6398 · FAX: (928) 871-6026

4. The external fund budget balances for DALTCS as of July 31, 2019 is \$5,496,685 see attached.
5. There is limited funding from the General Funds and a program that does have federal funds that it could utilize should be spending these dollars so that other programs could utilize.
6. This request would be considered RECURRING expenses.

If you should have any questions you can contact me at tribal extension X6125

DALTCS BUDGET BALANCES
AS OF 7/31/19

Job	Company	Business Unit Description	Account ID	DEPARTMENT	Actual Start Date	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	Reimb. Rec'd	Cash Need	Comments
1	K182052	04458 NAA AZONCS FGP EXPENSE	17SFWAZ001	NAV AREA AGCY ON AGING (NAAA)	07/01/18	439,084.00	403,243.55	0.00	33,827.75	357,301.75	47,354.50	Final Inv Due 7/31/19
2	K182053	04458 DALTCS AZONCS FGP SUPPORT	17SFWAZ001	NAV AREA AGCY ON AGING (NAAA)	07/01/18	173,855.00	129,423.76	951.62	35,982.31	116,176.39	22,226.47	Final Inv Due 7/31/19
3	K182055	4458 DALTCS AZONCS FGP EXPENSE	17SFWAZ001	Total Foster Grandparent Award - FY19	06/30/19	812,949.00	532,667.31	951.62	69,810.06	474,078.14	69,580.97	No Exp to report
4	K182056	4458 DALTCS AZONCS FGP SUPPORT	17SFWAZ001	NAV AREA AGCY ON AGING (NAAA)	07/01/19	171,361.00	394,271.00	0.00	171,361.00	0.00	0.00	No Exp to report
5	K193002	04563 DALTCS NMHB II FY19-ADMIN	19-624-4000-00107	Total Foster Grandparent Award - FY20	06/30/20	565,632.00	0.00	0.00	565,632.00	0.00	0.00	No Exp to report
6	K193003	04563 DALTCS NMHB II FY19 SCOP-CP	19-624-4000-0107	NAV AREA AGCY ON AGING (NAAA)	07/01/18	107,000.00	65,814.72	0.00	41,185.28	65,814.72	-	Final Inv 7/12/19
7	K193004	04563 DALTCS NMHB II FY19 SCOP-FD	19-624-4000-0107	NAV AREA AGCY ON AGING (NAAA)	07/01/18	535,000.00	508,180.83	2,348.57	24,470.60	508,180.83	-	Final Inv 7/12/19
8	K193005	04563 DALTCS NMHB II FY19 SCOP-SR	19-624-4000-0107	NAV AREA AGCY ON AGING (NAAA)	07/01/18	203,300.00	168,659.23	0.00	34,640.77	168,659.23	-	Final Inv 7/12/19
9	K203001	4682 DALTCS NMHB II FY20 ADMIN	20-624-4000-00107	NAV AREA AGCY ON AGING (NAAA)	07/01/18	224,700.00	196,659.61	0.00	28,040.39	196,659.61	-	Final Inv 7/12/19
10	K203002	4682 DALTCS NMHB II FY20 SCOP-CP	20-624-4000-00107	Total New Mexico House Bill II Award - FY19	06/30/19	1,070,000.00	939,314.39	2,348.57	128,337.04	939,314.39	0.00	No Exp to report
11	K203003	4682 DALTCS NMHB II FY20 SCOP-FD	20-624-4000-00107	NAV AREA AGCY ON AGING (NAAA)	07/01/19	107,000.00	0.00	0.00	107,000.00	-	-	No Exp to report
12	K203004	4682 DALTCS NMHB II FY20 SCOP-SR	20-624-4000-00107	NAV AREA AGCY ON AGING (NAAA)	07/01/19	490,595.00	0.00	0.00	490,595.00	-	-	No Exp to report
13	K183017	04544 NAAA-BACA SR CTR IMPROVE CODE	A15-0134	NAV AREA AGCY ON AGING (NAAA)	07/01/18	228,237.00	0.00	0.00	228,237.00	-	-	No Exp to report
14	K183033	04273 NAAA COTOTE CANYON SR CTR CONS	A15-0135	NAV AREA AGCY ON AGING (NAAA)	04/01/16	100,000.00	0.00	0.00	100,000.00	-	-	No Exp to report
15	K183040	04321 NAAA PUEBLO PINTADO SR CTR	A15-0138	NAV AREA AGCY ON AGING (NAAA)	07/18/16	122,760.00	0.00	122,760.00	0.00	-	-	No Exp to report
16	K173012	04447 UPPERFRUITLAND SR CTR CONS	A15A-2002	NAV AREA AGCY ON AGING (NAAA)	05/15/17	445,500.00	0.00	0.00	445,500.00	-	-	No Exp to report
17	K183009	04519 NAAA-BAHAU SR CTR EXPANSI	A16A-5033	NAV AREA AGCY ON AGING (NAAA)	01/08/18	46,300.00	37,555.00	0.00	8,745.00	-	-	No Exp to report
18	K183016	04543 NAAA-BACA CHFT SR CTR VEHICLE	A16A-5035	NAV AREA AGCY ON AGING (NAAA)	02/27/18	56,400.00	37,555.00	0.00	18,845.00	-	-	No Exp to report
19	K183010	04520 NAAA-PUEBLO PINTADO SR CTR VEH	A16A-5037	NAV AREA AGCY ON AGING (NAAA)	01/08/18	36,600.00	0.00	0.00	36,600.00	-	-	No Exp to report
20	K183054	04655 DALTCS-COYOTE CANYON EQUIPMENT	C4669	NAV AREA AGCY ON AGING (NAAA)	01/17/19	1,327,160.00	504,229.00	122,760.00	700,171.00	429,119.00	75,110.00	Final Invoice due 8/15/19
21	K192001	04289 DALTCS AZOES TITLE III ADMIN	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	214,815.00	111,736.47	0.00	103,078.53	110,129.71	9,360.23	Final Invoice due 8/15/19
22	K192002	04289 DALTCS CAREGIVER ADMINISTRAT	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	28,671.00	24,895.76	0.00	3,775.22	24,583.99	1,739.96	Final Invoice due 8/15/19
23	K192003	04289 DALTCS CAREGIVER OUTREACH	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	114,044.00	53,615.58	0.00	60,428.42	49,819.51	4,869.44	Final Invoice due 8/15/19
24	K192004	04289 DALTCS CAREGIVER TRAINING	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	79,260.00	50,421.78	0.00	28,838.22	47,551.49	12,408.53	Final Invoice due 8/15/19
25	K192005	04289 DALTCS CH CONGREGATE MEALS	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	172,823.00	134,186.96	0.00	38,636.04	134,186.96	-	Final Invoice due 8/15/19
26	K192006	04289 DALTCS CH HOME DELIVERED MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	103,255.00	90,208.19	0.00	13,046.81	98,019.67	40,861.51	Final Invoice due 8/15/19
27	K192007	04289 DALTCS CH TRANSPORTATION	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	196,008.00	131,959.13	0.00	34,048.87	109,887.55	7,637.76	Final Invoice due 8/15/19
28	K192008	04289 DALTCS CH HOUSEKEEPING	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	16,877.00	0.00	0.00	16,877.00	-	-	No exp to report
29	K192009	04289 DALTCS CH NSIP HOME DELV MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	15,730.00	15,630.00	0.00	100.00	15,499.31	130.69	Final Invoice due 8/15/19
30	K192010	04289 DALTCS CH NSIP CONGREGAT MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	29,650.00	29,650.00	0.00	0.00	-	-	Final Invoice due 8/15/19
31	K192011	04289 DALTCS CP CONGREGATE MEALS	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	27,875.00	16,633.06	0.00	11,241.94	12,152.73	4,480.33	Final Invoice due 8/15/19
32	K192012	04289 DALTCS CP NSIP CONGREGAT MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	16,654.00	14,708.04	0.00	1,945.96	10,071.52	4,636.52	Final Invoice due 8/15/19
33	K192013	04289 DALTCS CP NSIP CONGREGAT MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	4,782.00	2,311.00	0.00	2,471.00	277.17	2,033.83	Final Invoice due 8/15/19
34	K192014	04289 DALTCS CP NSIP HOME DELV MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	2,538.00	809.87	0.00	1,728.13	-	809.87	Final Invoice due 8/15/19
35	K192015	04289 DALTCS CP TRANSPORTATION	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	26,775.00	17,001.73	0.00	9,774.27	12,278.19	1,162.31	Final Invoice due 8/15/19
36	K192016	04289 DALTCS FD CONGREGATE MEALS	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	128,224.00	91,652.64	0.00	36,571.36	61,065.46	30,587.18	Final Invoice due 8/15/19
37	K192017	04289 DALTCS FD HOME DELV MEALS	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	76,608.00	60,158.09	0.00	16,449.91	42,568.02	17,590.07	Final Invoice due 8/15/19
38	K192018	04289 DALTCS FD NSIP CONGREGAT MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	21,999.00	21,999.00	0.00	0.00	14,098.33	7,900.67	Final Invoice due 8/15/19
39	K192019	04289 DALTCS FD NSIP HOME DELV MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	11,671.00	11,281.83	0.00	389.17	11,281.83	-	Final Invoice due 8/15/19
40	K192020	04289 DALTCS FD HOUSEKEEPING	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	16,877.00	0.00	0.00	16,877.00	-	-	No exp to report
41	K192021	04289 DALTCS FD TRANSPORTATION	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	123,167.00	100,401.76	0.00	16,765.24	99,359.61	8,461.79	Final Invoice due 8/15/19
42	K192022	04289 DALTCS SR CONGREGATE MEALS	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	55,749.00	26,182.36	0.00	29,566.64	26,129.85	52.51	Final Invoice due 8/15/19
43	K192023	04289 DALTCS SR HOME DELV MEALS	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	33,308.00	24,322.62	0.00	8,985.38	-	24,322.62	Final Invoice due 8/15/19
44	K192024	04289 DALTCS SR NSIP CONGREGAT MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	9,565.00	9,565.00	0.00	0.00	-	9,565.00	Final Invoice due 8/15/19
45	K192025	04289 DALTCS SR NSIP HOME DELV MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	5,074.00	2,873.88	0.00	2,200.12	-	2,873.88	Final Invoice due 8/15/19
46	K192026	04289 DALTCS SR TRANSPORTATION	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	53,551.00	36,886.22	0.00	16,665.78	26,516.38	561.23	Final Invoice due 8/15/19
47	K192027	04289 DALTCS T/C CONGREGATE MEALS	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	165,781.00	90,327.64	0.00	75,453.36	55,024.02	35,303.62	Final Invoice due 8/15/19
48	K192028	04289 DALTCS T/C HOME DELV MEALS	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	103,256.00	62,601.16	0.00	40,654.84	53,615.49	8,985.67	Final Invoice due 8/15/19
49	K192029	04289 DALTCS T/C NSIP CONGREGAT MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	29,959.00	29,959.00	0.00	0.00	29,959.00	-	Final Invoice due 8/15/19
50	K192030	04289 DALTCS T/C NSIP HOME DELV MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	15,730.00	15,730.00	0.00	0.00	15,730.00	-	No exp to report
51	K192031	04289 DALTCS T/C HOUSEKEEPING	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	16,878.00	0.00	0.00	16,878.00	-	-	Final Invoice due 8/15/19
52	K192032	04289 DALTCS T/C TRANSPORTATION	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	172,742.00	145,935.24	0.00	26,806.76	114,847.29	31,087.95	Final Invoice due 8/15/19
53	K192033	04289 DALTCS HEALTH PROMOTION	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	84,298.00	0.00	0.00	84,298.00	-	-	No exp to report
54	K192034	04289 DALTCS CASE MANAGEMENT	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	53,006.00	0.00	0.00	53,006.00	-	-	No exp to report
55	K192035	04289 DALTCS OMBUDSMAN PROGRAM	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	50,130.00	0.00	0.00	50,130.00	-	-	No exp to report

DAL TCS BUDGET BALANCES
AS OF 7/31/19

56	K192036	04289	DAL TCS RESPITE SERVICES	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	06/30/19	56,991.00	0.00	56,991.00	-	-	No exp to report
57	K192057	04289	DAL TCS ADULT PREVENTION	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/18	06/30/19	17,504.00	0.00	17,504.00	-	-	No exp to report
1	K202005	04289	DAL TCS A2/DES TITLE III ADMIN	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	2,321,826.00	1,429,643.03	874,678.97	1,174,853.08	297,073.07	No exp to report
2	K202006	04289	DAL TCS CAREGIVER ADMINSTRAT	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	200,223.00	0.00	200,223.00	-	-	No exp to report
3	K202007	04289	DAL TCS CAREGIVER OUTREACH	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	28,164.00	0.00	28,164.00	-	-	No exp to report
4	K202008	04289	DAL TCS CAREGIVER TRAINING	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	97,225.00	0.00	97,225.00	-	-	No exp to report
5	K202009	04289	DAL TCS CH CONGREGATE MEALS	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	144,322.00	0.00	144,322.00	-	-	No exp to report
6	K202010	04289	DAL TCS CH HOME DELIVERED MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	97,818.00	0.00	97,818.00	-	-	No exp to report
7	K202011	04289	DAL TCS CH TRANSPORTATION	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	135,312.00	0.00	135,312.00	-	-	No exp to report
8	K202012	04289	DAL TCS CH HOUSEKEEPING	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	12,935.00	0.00	12,935.00	-	-	No exp to report
9	K202013	04289	DAL TCS CH NSIP HOME DELV MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	37,205.00	0.00	37,205.00	-	-	No exp to report
10	K202014	04289	DAL TCS CP CONGREGATE MEALS	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	37,205.00	0.00	37,205.00	-	-	No exp to report
11	K202015	04289	DAL TCS CP CONGREGATE MEALS	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	23,279.00	0.00	23,279.00	-	-	No exp to report
12	K202016	04289	DAL TCS CP HOME DELV MEALS	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	15,777.00	0.00	15,777.00	-	-	No exp to report
13	K202017	04289	DAL TCS CP NSIP CONGREGAT MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	6,001.00	0.00	6,001.00	-	-	No exp to report
14	K202018	04289	DAL TCS CP NSIP HOME DELV MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	6,001.00	0.00	6,001.00	-	-	No exp to report
15	K202019	04289	DAL TCS CP TRANSPORTATION	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	21,834.00	0.00	21,834.00	-	-	No exp to report
16	K202020	04289	DAL TCS FID CONGREGATE MEALS	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	107,078.00	0.00	107,078.00	-	-	No exp to report
17	K202021	04289	DAL TCS FID HOME DELV MEALS	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	72,574.00	0.00	72,574.00	-	-	No exp to report
18	K202022	04289	DAL TCS FID NSIP CONGREGAT MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	27,603.00	0.00	27,603.00	-	-	No exp to report
19	K202023	04289	DAL TCS FID NSIP HOME DELV MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	12,936.00	0.00	12,936.00	-	-	No exp to report
20	K202024	04289	DAL TCS FID HOUSEKEEPING	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	103,215.00	0.00	103,215.00	-	-	No exp to report
21	K202025	04289	DAL TCS FID TRANSPORTATION	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	46,556.00	0.00	46,556.00	-	-	No exp to report
22	K202026	04289	DAL TCS SR CONGREGATE MEALS	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	31,554.00	0.00	31,554.00	-	-	No exp to report
23	K202027	04289	DAL TCS SR HOME DELV MEALS	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	12,001.00	0.00	12,001.00	-	-	No exp to report
24	K202028	04289	DAL TCS SR NSIP CONGREGAT MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	40,890.00	0.00	40,890.00	-	-	No exp to report
25	K202029	04289	DAL TCS SR NSIP HOME DELV MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	144,323.00	0.00	144,323.00	-	-	No exp to report
26	K202030	04289	DAL TCS SR TRANSPORTATION	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	97,818.00	0.00	97,818.00	-	-	No exp to report
27	K202031	04289	DAL TCS TIC CONGREGATE MEALS	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	37,204.00	0.00	37,204.00	-	-	No exp to report
28	K202032	04289	DAL TCS TIC HOME DELV MEALS	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	12,935.00	0.00	12,935.00	-	-	No exp to report
29	K202033	04289	DAL TCS TIC NSIP CONGREGAT MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	37,204.00	0.00	37,204.00	-	-	No exp to report
30	K202034	04289	DAL TCS TIC NSIP HOME DELV MEAL	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	29,320.00	0.00	29,320.00	-	-	No exp to report
31	K202035	04289	DAL TCS TIC HOUSEKEEPING	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	135,313.00	0.00	135,313.00	-	-	No exp to report
32	K202036	04289	DAL TCS TIC TRANSPORTATION	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	29,320.00	0.00	29,320.00	-	-	No exp to report
33	K202037	04289	DAL TCS HEALTH PROMOTION	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	64,784.00	0.00	64,784.00	-	-	No exp to report
34	K202038	04289	DAL TCS CASE MANAGEMENT	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	68,225.00	0.00	68,225.00	-	-	No exp to report
35	K202039	04289	DAL TCS OMBUDSMAN PROGRAM	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	6,272.00	0.00	6,272.00	-	-	No exp to report
36	K202040	04289	DAL TCS RESPIRE SERVICES	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	3,162.00	0.00	3,162.00	-	-	No exp to report
37	K202041	04289	DAL TCS ADULT PREVENTION SERVIC	D116-002154	NAV AREA AGCY ON AGING (NAAA)	07/01/19	06/30/20	2,091,218.00	0.00	2,088,056.00	0.00	0.00	No exp to report
Total Arizona Title III Award - FY20								5,331,935.00	3,405,853.73	1,772,997.07	3,017,164.61	441,764.04	
FY19 FUNDS								3,726,850.00	0.00	3,723,688.00	0.00	0.00	
Division of Aging and Long Term Care Support Total								9,058,785.00	3,405,853.73	5,496,885.07	3,017,164.61	441,764.04	

**THE NAVAJO NATION
SUPPLEMENTAL FUNDING PROPOSAL SUMMARY**

PART I. Business Unit No.: 113001 - 113015 Program Title: Division of Aging & Long Term Care Support
Division/Branch: Health / Executive Amount Requested: \$170,582.00 Phone No.: 928-871-6536
Prepared By: Lucinda Martin Email Address: lucinda.martin@nndoh.org

PART II. REASON FOR REQUEST AND STATEMENT OF NEED:

DALTCS has previously submitted a request for supplemental funding for FY 2019 in the amount of \$954,973.00; Legislation No. 0237-19-UUFB. The request was initiated in June 2019. This request was to supplement prior year outstanding invoices to food vendors and utility companies; and FY 2019 budget shortfall due to limited Navajo Nation general funds and external funds. The processes of obtaining external funds is very lengthy and cumbersome resulting in funds becoming available 3-6 months after budget year begins. Processing of invoices at year end is reduced by one month due to internal Navajo Nation procedures. DALTCS does need to process payment documents more timely and accurately to meet this deadline.

During this request process, DALTCS has acquired \$125,000 from FY 19 carryover and \$145,000 from Arizona Title VI, which became available 5 months after receipt. Also we were able to make budget transfers to spread funds where needed. These factors all reduced the need to prior year expenses which could not be addressed with the funds made available since the initial request in June 2019.

Therefore, DALTCS is now requesting \$170,582.00 for prior year unpaid invoices. These are primarily to food vendors that supply the Senior Centers' meals to elders and to utility companies. These two are the highest costing expenses to the program.

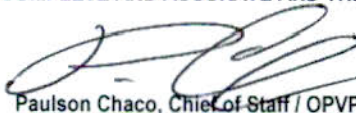
PART III. LIST ALTERNATIVE FUNDING SOURCES BEING PURSUED AND CONTINGENCY PLAN IF REQUEST IS NOT FUNDED:

Alternative funding was obtained as mentioned above, but there still remains a budget shortfall.

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


Paulson Chaco, Chief of Staff / OPVP

RECOMMEND APPROVAL: Branch Chief's Signature / Date

		basis and provide the services to the clients. The communication services is important if and when the need arises
Crownpoint	6000 REPAIRS AND MAINTENANCE	Of \$35,573 requested, \$291.00 is for supplies-repairs and maintenance, External Contractor to make repairs at the senior centers, which requires a license/certified Electrician and HVAC technician. The waste disposal in the amount of \$24,673.00, is a safety and health issue, if not Office of Environmental Health (Tribal and IHS) will close the center until the trash issue is dealt with. The trash is picked up on a bi-weekly basis and payments must be made on a timely basis. Due to non-payment services were canceled to all centers, which left the Program having to haul trash to different locations, Gallup, Grants and Crownpoint. When OEH become aware of the trash situation the centers were faced with closure again. During this time center staff were using their own money to pay to dump their trash at transfer station. \$40 for a PR that OOC did not pay for K-account in previous fiscal year. To pay Navajo Technical University for meeting space used for a FGP Advisory Council Meeting on May 22, 2019. \$318 for a PR that OOC didn't pay in previous fiscal year. This is to pay Fieldprint, Inc. for April 2019 invoice for conducting background investigation. \$5287 for a PR that OOC did not pay in previous fiscal year from K-Account. FGP conducted their volunteer recognition event at Sky City Casino Hotel. OOC cannot pay because Sky City refused to sign a service contract. FGP will audit by its funding source, Corporation for National and Community Service. There was one finding from the Office of Background Investigation that did not show documentations on state repositories they used when conducting criminal background check for senior programs & projects specialist. There will be a fine forthcoming, which is estimated at \$2,000.
Administration	7313 CONTINGENCIES AND LOSSES	

DIVISION OF AGING & LONG TERM CARE SUPPORT
FISCAL YEAR 2019 JUSTIFICATION FOR SUPPLEMENTAL REQUEST

Agency	Object & Description	Justification
Chinle	4000 SUPPLIES	FY19 Food Allocation from Title III & GF just wasn't enough to cover all operation expenses. Therefore, Chinle Agency had requested a Supplemental Budget for \$222,814.00 to cover the 4 th Quarter of FY19 but we were able to recover \$45,252.00 for Operating Supplies, Energy, Insurance Premiums and \$15,173.00 for Supplies.
Chinle	5500 COMMUNICATION and UTILITIES	FY19 Food Allocation from Title III & GF just wasn't enough to cover all operation expenses. Therefore, Chinle Agency had requested a Supplemental Budget for \$222,814.00 to cover the 4 th Quarter of FY19 but we were able to recover \$45,252.00 for Operating Supplies, Energy, Insurance Premiums and \$15,560.00 for Energy.
Shiprock	4000 SUPPLIES	To pay unpaid food supply invoices for Blue Mountain Meats. These invoices were overlooked.
Shiprock	5500 COMMUNICATIONS & UTILITIES	The budget was not sufficient in fiscal year 2019 was not sufficient to pay these unpaid Navajo Tribal Utility Authority invoices
Tuba City	4000 SUPPLIES	The DALTCS-Tuba City Agency is requesting for supplemental funds to cover an outstanding amount of \$20,167. The outstanding bill occur when the title III Amendment 10 came in late until end of June 2019. OOC was not accepting no invoices after June30, 2019. The funding agency approved to process, OOC still did not process due to deadline.
Fort Defiance	4000 SUPPLIES	To pay unpaid Blue Mountain Meet invoices from July 1, 2019 thru September 30, 2019. Currently, our contract is effective thru December 31, 2019, but we ran out of funds in June 2019. So, an amendment had to be completed to add more funds to the contract and at that time Title III was not in place and no funds were added.
Crownpoint	4000 SUPPLIES	Of the \$42,363 requested, \$172.00 will cover operating supplies and \$42,192.00 will be used to pay for unpaid food invoices to Blue Mountain Meats for Fiscal Year 2017 in the amount of \$1,891.58, Fiscal Year 2018 in the amount of \$15,153.38 and Fiscal Year 2019 in the amount of \$25,146.63. The prior food invoices were founded at the Agency Office in March of this year. Further review into FMIS system no payments were made and to date the invoices remain unpaid.
Crownpoint	5500 COMMUNICATIONS & UTILITIES	Of the \$10,034 requested the following unpaid expenses will cover: telephone - \$763.00, satellite internet - \$1,526.00, Electric - \$1,815.42, propane - \$5,702.00 and water - \$228.00. The Centers must have the services to operate the senior center on a daily

THE NAVAJO NATION PROGRAM BUDGET SUMMARY

FY 2020

PART I. Business Unit No.: 113010		Program Title: Division of Aging & Long Term Care Support-Administration		Division/Branch: Health/Executive	
Prepared By: Yolanda Gene, Sr. Accountant		Phone No.: (328) 871-6658		Email Address: yolanda.gene@nndoh.org	
PART II. FUNDING SOURCE(S)	Fiscal Year	Amount	% of Total	PART III. BUDGET SUMMARY	
FY2020 Supplemental Budget	10/1/19-9/30/20	44,499.00	100%	Fund Type Code	Original Budget
				2001 Personnel Expenses	1
				3000 Travel Expenses	1
				3500 Meeting Expenses	
				4000 Supplies	1
				5000 Lease and Rental	1
				5500 Communications and Utilities	1
				6000 Repairs and Maintenance	
				6500 Contractual Services	
				7000 Special Transactions	1
				8000 Public Assistance	
				9000 Capital Outlay	
				9500 Matching Funds	
				9500 Indirect Cost	
				TOTAL	251,996.00
				PART IV. POSITIONS AND VEHICLES	
				Total # of Positions Budgeted:	0
				Total # of Vehicles Budgeted:	0
				TOTAL	44,499.00
PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.					

SUBMITTED BY: Program Manager's Printed Name
Lucinda Martin 10/10/19

SUBMITTED BY: Program Manager's Signature and Date
Lucinda Martin 10/10/19

SUBMITTED BY: Division Director/Branch Chief's Printed Name
 Dr. Jill Jim, Executive Director

SUBMITTED BY: Division Director/Branch Chief's Signature and Date
Jill Jim 10/10/19

**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/RESOLUTION NUMBER/PURPOSE OF PROGRAM:

HEHSCJA-01-10: The purpose of 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:**

To maintain financial integrity

Program Performance Measure:

To pay all prior year outstanding invoices

2. Goal Statement:

89

Program Performance Measure:**3. Goal Statement:****Program Performance Measure:****4. Goal Statement:****Program Performance Measure:****5. Goal Statement:****Program Performance Measure:****PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.**

Lucinda Martin, Health Service Administrator

Program Manager's Printed Name

Lucinda Martin 10/10/19

Program Manager's Signature and Date

Dr. Jill Jim, Executive Director

Division Director/Branch Chief's Printed Name

Jill Jim 10/10/19

Division Director/Branch Chief's Signature and Date

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:			
Program Name/Title:		Business Unit No.:	
Division of Aging & Long Term Care Support - Administration		113010	
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(U)
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		10,029
	To pay for prior year invoices		
3230	PERSONAL TRAVEL		
3250	Lodging		
	FY19 Invoices (3 invoices)	\$ 10,029.00	
	Total	\$ 10,028.86	
4000	SUPPLIES		30,728
	To pay for prior year invoices		
4410	OPERATING SUPPLIES		
4460			
	FY19 Invoices (80 invoices for all agencies)	\$ 30,728.00	
	Total	\$ 30,728.23	
5000	LEASE & RENTAL		1,130
	To pay for prior year invoices		
5310	BUILDING/SPACE		
5320	Meeting Space		
	FY19 Invoices (1 invoice)	\$ 42.00	
	Total	\$ 42.40	
5360	EQUIPMENT/SUPPLIES		
5370	Equipment Rental		
	FY19 Invoices (2 invoices)	\$ 1,088.00	
	Total	\$ 1,087.74	
TOTAL		41,887	41,887



THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

Page 4 of 4
BUDGET FORM 4

FY 2020

PART I. PROGRAM INFORMATION:				
Program Name/Title: _____		Division of Aging & Long Term Care Support - Administration		Business Unit No.: <u>113010</u>
PART II. DETAILED BUDGET:				
(A) Object Code (LOD 6)	(B) Object Code Description and Justification (LOD 7)	(C) Total by DETAILED Object Code (LOD 6)	(U) Total by MAJOR Object Code (LOD 4)	
7000 SPECIAL TRANSACTIONS				
	To pay for prior year invoices			2,612
7110	PROGRAMS 7180 Catering FY*19 Invoices (2 Invoices) 2,274.90	\$ 2,275.00	2,275	
7600	EMPLOYMENT RELATED EXPENSES 7650 Background Check FY*19 Invoices (1 Invoice) 337.08	\$ 337.00	337	
TOTAL			2,612	2,612

OCT 16 2019
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 DIVISION OF AGING & LONG TERM CARE SUPPORT

THE NAVAJO NATION PROGRAM BUDGET SUMMARY

FY 2020

PART I. Business Unit No.: 113011		Program Title: Division of Aging & Longterm Care Support - Chinle		Division/Branch: Health/Executive	
Prepared By: Yolanda Gene, Sr. Accountant		Phone No.: (928) 674-2369		Email Address: yolanda.gene@nndoh.org	
PART II. FUNDING SOURCE(S)		Fiscal Year	% of	PART III. BUDGET SUMMARY	
FY20 Supplemental Budget	Term	Amount	Total	Fund Type Code	Adjustment (Column A+B)
	10/1/19-9/30/20	27,365	100%	1	1,884,994
			0%	1	14,714
				1	0
				1	190,007
				1	0
				1	182,478
				1	0
				1	0
				1	17,510
				1	0
				1	0
				1	0
				1	2,289,703
TOTAL:			\$27,365	100%	
PART IV. POSITIONS AND VEHICLES					
				(D)	(E)
Total # of Positions Budgeted:			0	0	0
Total # of Permanently Assigned Vehicles:			0	0	0
PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.					
Lucinda Martin, Health Services Administrator		Dr. Jill Jim, NDOH Executive Director		APPROVED BY: Division Director/Branch Chief's Printed Name	
SUBMITTED BY: Program Manager's Printed Name		SUBMITTED BY: Division Director/Branch Chief's Signature and Date		APPROVED BY: Division Director/Branch Chief's Signature and Date	

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:

To maintain financial integrity

Program Performance Measure:

To pay prior year invoices

149

2. Goal Statement:

Program Performance Measure:

3. Goal Statement:

Program Performance Measure:

4. Goal Statement:

Program Performance Measure:

5. Goal Statement:

Program Performance Measure:

PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.

Lucinda Martin, Health Service Administrator

Program Manager's Printed Name

Lucinda Martin 10/10/19

Program Manager's Signature and Date

Dr. Jill Jim, NDOH Executive Director

Division Director/Branch Chief's Printed Name

Jill Jim 10/10/19

Division Director/Branch Chief's Signature and Date

PART I. PROGRAM INFORMATION:		Business Unit No.: 113011	
Program Name/Title: Division of Aging and Long Term Care Support - Chinle Agency			
PART II. DETAILED BUDGET:			
General F	(B)	1,902,960	(D)
FY'20 Supplemental Budget	Object Code Description and Justification (LOD 7)	DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
	4000 SUPPLIES		15,173
	To pay for prior years' food supply invoices.		
4410	Operating Supplies Food Supplies FY19 Food Invoices (21 invoices) 15,172.86	15,173	
	5500 COMMUNICATIONS & UTILITIES		12,192
	To pay for prior years electric, natural gas, water and sewage invoices.		
5710	Energy Electric Natural Gas FY'19 Energy Invoices (32 invoices) 7,731.71 FY'19 Energy Invoices (32 invoices) 981.45 Total \$ 8,713.16	8,714	
5750	Services Water Sewage FY'19 Energy Invoices (32 invoices) 2,994.88 FY'19 Energy Invoices (32 invoices) 482.70 Total \$ 3,477.58	3,478	
	TOTAL	27,365	27,365

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

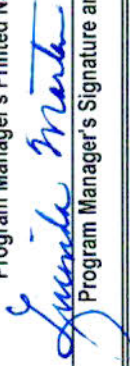
PART I. Business Unit No.: 113012		Program Title: DALTCS - Fort Defiance Agency		Division/Branch: Health / Executive	
Prepared By: Leonora Henderson, PSII		Phone No.: 928-729-4019		Email Address: leonora.henderson@nndoh.org	

PART II. FUNDING SOURCE(S)		Fiscal Year / Term	Amount	% of Total	PART III. BUDGET SUMMARY			Fund Type Code	Original Budget	Approved Budget	Proposed Budget	Difference (Column B - A)
FY 2020 Supplemental		10/1/19-9/30/20	24,891	100%				1	1,984,990		-	(1,984,990)
					2001 Personnel Expenses			1	43,859		-	(43,859)
					3000 Travel Expenses			1	1,656		-	(1,656)
					3500 Meeting Expenses			1	39,400		24,891	(14,509)
					4000 Supplies			1	26,740		-	(26,740)
					5000 Lease and Rental			1	90,843		-	(90,843)
					5500 Communications and Utilities			1	14,000		-	(14,000)
					6000 Repairs and Maintenance			1	1,000		-	(1,000)
					6500 Contractual Services			1	29,881		-	(29,881)
					7000 Special Transactions							-
					8000 Public Assistance							-
					9000 Capital Outlay							-
					9500 Matching Funds							-
					9500 Indirect Cost							-
					TOTAL				2,232,369		24,891	(2,207,478)

PART IV. POSITIONS AND VEHICLES		(D)	(E)
Total # of Positions Budgeted:		51	0
Total # of Permanently Assigned Vehicles:		24	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 <u>Lucinda Martin</u> 10/10/18 SUBMITTED BY: Program Manager's Signature and Date _____	Dr. Jill Jim, NDOH Executive Director APPROVED BY: Division Director/Branch Chief's Printed Name <u>Jill Jim</u> 10/10/18 APPROVED BY: Division Director/Branch Chief's Signature and Date _____
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PART I. PROGRAM INFORMATION:		DALTCS - Fort Defiance Agency											
Business Unit No.: 113012		Program Name/Title:											
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:		1st QTR		2nd QTR		3rd QTR		4th QTR					
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual				
1. Goal Statement:													
To maintain the financial integrity													
Program Performance Measure:													
To pay all outstanding invoices		25											
2. Goal Statement:													
Program Performance Measure:													
3. Goal Statement:													
Program Performance Measure:													
4. Goal Statement:													
Program Performance Measure:													
5. Goal Statement:													
Program Performance Measure:													
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											
 10/16/19		 10/10/19											
Program Manager's Signature and Date		Division Director/Branch Chief's Signature and Date											

THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

FY 2020

PART I. PROGRAM INFORMATION:					
DALTONS - Fort Defiance Agency					
Business Unit No.: 113012					
PART II. DETAILED BUDGET:					
(A)	(B)	(C)	(D)	Total by MAJOR Object Code (LOD 4)	Total by DETAILED Object Code (LOD 6)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)				
4000 SUPPLIES	To pay for outstanding food supply invoices.			24,891	
Operating Supplies	\$ 24,891.00				24,891
FY'20 Food Invoices (25 invoices)	\$ 24,890.87				
TOTAL				24,891	24,891

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

FY 2020

PART I. Business Unit No.: 113013		Division of Aging & Long Term Care Support -		Division/Branch: Executive/Health	
Prepared By: Juanita Dennison, Prog Spvr II		Crownpoint Agency		Email Address: Juanita.Dennison@nndoh.org	
Phone No.: 505-786-2042					

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) Adjustment Column A+B
		/Term									
FY 2020 Supplemental Budget		10/1/19-9/30/20	45,824	100%				1	2,511,199	0	2,511,199
					2001 Personnel Expenses						
					3000 Travel Expenses						0
					3500 Meeting Expenses			1	0	80	80
					4000 Supplies			1	91,549	40,300	131,849
					5000 Lease and Rental						0
					5500 Communications and Utilities			1	47,110	5,444	52,554
					6000 Repairs and Maintenance			1	57,110	0	57,110
					6500 Contractual Services						0
					7000 Special Transactions			1	22,647	0	22,647
					8000 Public Assistance						0
					9000 Capital Outlay						0
					9500 Matching Funds						0
					9500 Indirect Cost						0
					TOTAL				\$2,729,615	45,824	2,775,439

PART IV. POSITIONS AND VEHICLES		(D)	(E)
Total # of Positions Budgeted:		64	0
Total # of Vehicles Budgeted:		0	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> 10/10/19 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> 10/10/19 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.: 113013		Program Name/Title: Division of Aging and Long Term Care Support - Crownpoint Agency																									
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:	<table border="1"> <tr> <th colspan="2">1st QTR</th> <th colspan="2">2nd QTR</th> <th colspan="2">3rd QTR</th> <th colspan="2">4th QTR</th> </tr> <tr> <td>Goal</td> <td>Actual</td> <td>Goal</td> <td>Actual</td> <td>Goal</td> <td>Actual</td> <td>Goal</td> <td>Actual</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>					1st QTR		2nd QTR		3rd QTR		4th QTR		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual								
1st QTR		2nd QTR		3rd QTR		4th QTR																							
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual																						
Program Performance Measure:	To maintain financial integrity																												
2. Goal Statement:	<table border="1"> <tr> <td>32</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					32																							
32																													
Program Performance Measure:	To pay all prior year outstanding invoices.																												
3. Goal Statement:	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>																												
Program Performance Measure:																													
4. Goal Statement:	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>																												
Program Performance Measure:																													
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Program Performance Measure:																													
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, NDOH Executive Director																											
Program Manager's Signature and Date <i>Lucinda Martin</i> 10/10/19		Division Director/Branch Chief's Signature and Date <i>Jill Jim</i> 10/10/19																											

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
FY 2020 SUPPLEMENTAL			10/1/19-9/30/20	20,168	100%

PART III. BUDGET SUMMARY				Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Adjusted (Column A+B)
2001	Personnel Expenses	1	1,949,251	1	1,949,251	-	1,949,251
3000	Travel Expenses	1	-	1	-	-	0
3500	Meeting Expenses	1	-	1	-	-	0
4000	Supplies	1	62,948	1	62,948	20,168	83,116
5000	Lease and Rental	1	-	1	-	-	0
5500	Communications and Utilities	1	95,000	1	95,000	-	95,000
6000	Repairs and Maintenance	1	27,500	1	27,500	-	27,500
6500	Contractual Services	1	-	1	-	-	0
7000	Special Transactions	1	18,149	1	18,149	-	18,149
8000	Public Assistance						0
9000	Capital Outlay						0
9500	Matching Funds						0
9500	Indirect Cost						0
TOTAL					2,152,848	20,168	2,173,016

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

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: Program Manager's Printed Name

Lucinda Martin

10/10/19

SUBMITTED BY: Program Manager's Signature and Date

Dr. Jill JIM, Executive Director

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

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

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

PART I. PROGRAM INFORMATION:											
Business Unit No.:	113014	Program Name/Title:		Division of Aging & Long Term Care Support - 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:											
		1st QTR		2nd QTR		3rd QTR		4th QTR			
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Program Performance Area:											
Maintain financial obligation for goods rendered											
Goal Statement:											
Pay 26 outstanding invoices for food supply purchases											
2. Program Performance Area:											
Goal Statement:											
3. Program Performance Area:											
Goal Statement:											
4. Program Performance Area:											
Goal Statement:											
5. Program Performance Area:											
Goal Statement:											
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.											
Program Manager's Printed Name		Dr. Jill Jim, Executive Director									
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:		Division of 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		\$ 20,168
	To pay for prior years food supply invoices		
4410	OPERATING SUPPLIES	20,168	
	4460 Food Supplies		
	FY19 Food Invoices (22 invoices)	20,168.00	
	Total:	<u>\$ 20,168.00</u>	
TOTAL		20,168	\$ 20,168

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

**1 of 3
BUDGET FORM 1**

FY 2020

PART I. Business Unit No.: 113015		Program Title: Division of Aging & Longterm Care Support - Shiprock		Division/Branch: Health/Executive	
Prepared By: Taylor Pinto		Phone No.: (505) 368-1251		Email Address: taylor.pinto@nndoh.org	

PART II. FUNDING SOURCE(S)			Fiscal Year	Amount	% of Total
			Term		
FY2020 Supplemental Budget			10/1/19-9/30/20	7,835	100%

PART III. BUDGET SUMMARY				Fund Type Code	NNC Approved Original Budget (A)	(B) Proposed Budget	(C) Adjustment (Column A+B)
	2001	Personnel Expenses		1	1,728,117	0	1,728,117
	3000	Travel Expenses		1	2,296	0	2,296
	3500	Meeting Expenses					0
	4000	Supplies		1	48,000	1,876	190,007
	5000	Lease and Rental		1	1,500	0	1,500
	5500	Communications and Utilities		1	114,342	5,959	120,301
	6000	Repairs and Maintenance		1	22,658	0	22,658
	6500	Contractual Services					0
	7000	Special Transactions		1	20,684	0	20,684
	8000	Public Assistance					0
	9000	Capital Outlay					0
	9500	Matching Funds					0
	9500	Indirect Cost					0
TOTAL					\$1,937,597	7,835	2,085,563

PART IV. POSITIONS AND VEHICLES			(D)	(E)
Total # of Positions Budgeted:			0	0
Total # of Vehicles Budgeted:			0	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> 10/10/19 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> 10/10/19 APPROVED BY: Division Director/Branch Chief's Signature and Date
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PART I. PROGRAM INFORMATION:		Business Unit No.: 113015		Program Name/Title: Shiprock Agency DALTCS																																																																																																									
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:		<table border="1"> <thead> <tr> <th colspan="2">1st QTR</th> <th colspan="2">2nd QTR</th> <th colspan="2">3rd QTR</th> <th colspan="2">4th QTR</th> </tr> <tr> <th>Goal</th> <th>Actual</th> <th>Goal</th> <th>Actual</th> <th>Goal</th> <th>Actual</th> <th>Goal</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td colspan="8">1. Program Performance Area: To maintain financial integrity</td> </tr> <tr> <td colspan="8">Goal Statement:</td> </tr> <tr> <td colspan="8">To pay all prior year outstanding invoices</td> </tr> <tr> <td colspan="8">2. Program Performance Area:</td> </tr> <tr> <td colspan="8">Goal Statement:</td> </tr> <tr> <td colspan="8">3. Program Performance Area:</td> </tr> <tr> <td colspan="8">Goal Statement:</td> </tr> <tr> <td colspan="8">4. Program Performance Area:</td> </tr> <tr> <td colspan="8">Goal Statement:</td> </tr> <tr> <td colspan="8">5. Program Performance Area:</td> </tr> <tr> <td colspan="8">Goal Statement:</td> </tr> </tbody> </table>				1st QTR		2nd QTR		3rd QTR		4th QTR		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	1. Program Performance Area: To maintain financial integrity								Goal Statement:								To pay all prior year outstanding invoices								2. Program Performance Area:								Goal Statement:								3. Program Performance Area:								Goal Statement:								4. Program Performance Area:								Goal Statement:								5. Program Performance Area:								Goal Statement:							
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PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.																																																																																																													
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THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION: Program Name/Title: _____ Division of Aging and Long Term Care Support - Shiprock Agency _____ Business Unit No.: 113015			
PART II. DETAILED BUDGET: Supplementa			
Object Code (LOD 6)	(B) Object Code Description and Justification (LOD 7)	(C) Total by DETAILED Object Code (LOD 6)	(D) Total by MAJOR Object Code (LOD 4)
	4000 SUPPLIES		1,876
4410	To pay for prior years food supply invoices. Supplies 4460 Food Supplies FY'19 Food Invoices (4 invoices) 1,875.74 Total: \$ 1,875.74	1,876	
	5500 COMMUNICATIONS & UTILITIES		5,959
5710	To pay for prior years electric, natural gas, water and sewage invoices. Energy 5720 Electric 5730 Natural Gas FY'19 Energy Invoices (12 invoices) FY'19 Energy Invoices (12 invoices) 3,821.28 335.01 Total: \$ 4,156.29	4,156	
5750	Services 5760 Water 5770 Sewage FY'19 Energy Invoices (12 invoices) FY'19 Energy Invoices (12 invoices) 1,588.04 214.72 Total: \$ 1,802.76	1,803	
TOTAL		7,835	7,835