RESOLUTION OF THE

BUDGET AND FINANCE COMMITTEE

OF THE NAVAJO NATION COUNCIL

23RD NAVAJO NATION COUNCIL - Second Year, 2016

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES, BUDGET AND FINANCE; APPROVING THE NAVAJO NATION COMMUNITY HEALTH REPRESENTATIVE PROGRAM GRANT AWARD IN THE AMOUNT OF $25,000.00 FOR GRANT PERIOD DECEMBER 1, 2016 TO NOVEMBER 30, 2017 FUNDED BY THE DELTA DENTAL OF ARIZONA FOUNDATION

BE IT ENACTED:

SECTION ONE. AUTHORITY

A. The Health, Education and Human Services Committee is a standing committee of the Navajo Nation Council and as such has oversight authority over the Navajo Division of Health. 2 N.N.C. §§ 400 (A) and 401 (C)(1).

B. The Budget and Finance Committee is a standing committee of the Navajo Nation Council and is empowered to authorize, review, approve and accept agreements, including contracts and grants, between the Navajo Nation and any federal, state or regional authority upon the recommendation of the standing committee which has oversight of the division, department or program which has applied for the agreement, or upon recommendation of the Chapter." *See* 2 N.N.C. §§ 300 (A) and 301 (B)(15).

SECTION TWO. FINDINGS

A. The Navajo Nation Community Health Representative Program (CHR) has been awarded a grant in the amount of $25,000.00 through the Delta Dental of Arizona Foundation Board of Directors. *See* **Exhibit A.**

B. The funding goal is to build the necessary organizational and workforce capacity to expand access to oral health education, prevention and treatment services to all new and expecting mothers, infants and children throughout the Navajo Nation.

C. The purpose is to create a proactive, collaborative oral health environment within the Navajo Nation where the practical goals defined in the Navajo Nation Oral Health Plan can be achieved through:

1. Access to the benefits of fluoride.
2. Pregnant women will have a healthy mouth.
3. Children will be caries-free upon entering kindergarten.
4. Individuals with chronic disease, such as diabetes or HIV, will receive oral health care as an integral part of their disease management.
5. Elders will have access to dentures or other replacement options.

D. The Process to achieve the goals and purpose is to: (1) organize and manage a Navajo Nation Oral Health Coalition; (2) train ten (10) CHRs in each service unit with essential dental skills; (3) train one community dental health coordinator in each service unit; (4) design and implement scopes of work for CHRs and Community Dental Health Coordinator in collaboration with Indian Health Service and 638 service units; and (5) strategically position CHRs and coordinators to serve as the tribe's primary drivers of community-based educational and preventative services. *See* **Exhibit B.**

E. The grant award has been reviewed through the Section 164 Review process, attached as **Exhibit C**.

F. It is in the best interest of the Navajo Nation to approve the Navajo Nation Community Health Representative Program grant award in the amount of $25,000.00 from the Delta Dental of Arizona Foundation.

SECTION THREE. APPROVE GRANT AWARD

The Navajo Nation hereby approves the Navajo Nation Community Health Representative Program grant award in the amount of $25,000.00 from the Delta Dental of Arizona Foundation.

CERTIFICATION

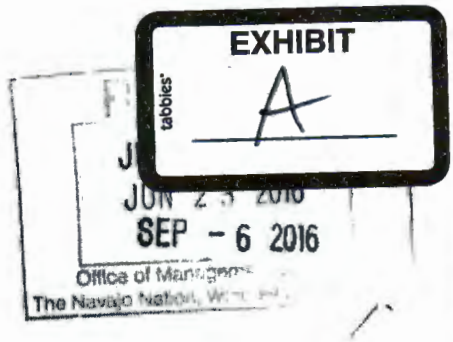
I hereby certify that the foregoing resolution was duly considered by the Budget and Finance Committee of the Navajo Nation Council at a duly called meeting held at Window Rock, Navajo Nation (New Mexico), at which a quorum was present and that the same was passed by a vote of 3 in favor, 0 opposed, this 15th day of November, 2016.

Dwight Witherspoon

Honorable Dwight Witherspoon, Vice Chairperson
Budget and Finance Committee

Motion: Honorable Lee Jack, Sr.
Second: Honorable Tom T. Chee

DELTA DENTAL OF ARIZONA
FOUNDATION



December 17, 2015

Mae-Gilene Begay
Program Director
Navajo Nation Community Health Representative Program
P.O. Box 2280
Window Rock, AZ 86515

Dear Ms. Begay:

On behalf of the Board of Directors of the Delta Dental of Arizona Foundation, I am pleased to inform you that a grant in the amount of $25,000 for 1 year was approved by the Foundation's Board of Directors for your organization's work in 2016. In order for our office to properly and promptly process your grant award, we need a few items from your organization.

Please have the enclosed two copies of the grant agreement reviewed and signed by the Executive Director or Chief Executive Officer of your organization. Also enclosed is a copy of the brand guidelines and usage requirements. After reading and signing the documents, keep one copy for your records and mail the second copy to Delta Dental of Arizona Foundation, 5656 West Talavi Blvd., Glendale, AZ 85306. Your grant check will be given out at our grants luncheon. Please note that we must have your signed grant agreement before we can issue the check.

We are excited to invite two representatives from your organization to attend our grants luncheon on **Friday, January 29, 2016, at the Tempe Center for the Arts.** An invitation will be emailed to you shortly. We hope that you can attend and pick up the check!

The Foundation is honored and excited to support the work of your organization. We thank you for your ongoing commitment to improving oral health in Arizona and look forward to working with you in the New Year.

Sincerely,

Sandi Perez

Sandi Ernst Perez, Ph.D.
Executive Director
Delta Dental of Arizona Foundation

Enc: grant agreement (2 copies), logo agreement (2 copies)

DELTA DENTAL OF ARIZONA
FOUNDATION

December 17, 2015

Mae-Gilene Begay
Program Director
Navajo Nation Community Health Representative Program
P.O. Box 2280
Window Rock, AZ 86515

Delta Dental of Arizona Foundation 2016 Grant Agreement

Dear Ms. Begay:

Congratulations on receiving a grant award of $25,000 to Navajo Nation Community Health Representative Program ("Organization") for one year, as approved by the Delta Dental of Arizona Foundation Board of Directors.

Signing this letter of understanding will constitute the Organization's agreement with the Foundation. After signing both copies, please keep one copy for your records and mail the second copy to Dr. Sandi Perez at Delta Dental of Arizona Foundation, 5656 West Talavi Blvd., Glendale, AZ 85306 by **January 22, 2016.**

- The grant period for this award is **March 1, 2016 – February 28, 2017.**
- This agreement includes an understanding that the Foundation may make public disclosure of the amount and intent of the grant and the identity of the Organization as the recipient if the Foundation elects to do so.
- It is our understanding that the Organization is a 501 c (3) organization or eligible government entity, sovereign Indian Nation, or public school, and that the Foundation will be promptly notified if that tax status is altered.
- The unused portion of the grant funding will be withdrawn if at any time the Organization's status with the IRS is terminated, and may be withdrawn at the discretion of the Foundation if there are any claims, charges, or investigations of alleged fraud, misrepresentation, crime, or regulatory infraction pertaining to the program, the Organization, or its principals or affiliates.
- Grant funding will be used and restricted for the sole purpose of funding the program as outlined in the grant application. Any portion of the grant funding not used should be remitted back to the Foundation at the end of the grant period.

- None of the grant funding can be used for private benefit, political campaign, or carrying on propaganda.

- The Organization may not assign its rights and/or obligations under this agreement to any other party.

- The Organization is required to maintain adequate financial records and books. The Foundation will have the right to inspect these as well as any records or databases associated with this grant.

- It is mutually understood that the Foundation will be given prompt written notice of any material change in the budget or operations that exceeds ten percent (10%) of the whole proposed budget as outlined in the grant proposal.

- The Organization must submit **3 Interim Reports no later than June 1, September 1 and December 1, 2016.** An Interim Report template will be sent no later than a month before the due date.

- The Organization must submit a complete **Final Report no later than March 31, 2017.** A Final Report template will be sent no later than a month before the due date.

- A financial report detailing the use of the Delta Dental of Arizona Foundation funds is required to be completed within each of the above-mentioned reports.

- For proper use of the logo of the Delta Dental of Arizona Foundation, please read and sign the enclosed policy. **Return the signed policy form with the signed grant agreement to the Foundation office.**

- Any external communications and publicity related to the proposal supported by the Foundation must include a standard public acknowledgement that funding for this program is: **"Generously funded by the Delta Dental of Arizona Foundation" or "Partially funded by the Delta Dental of Arizona Foundation".**

- Please keep the Foundation informed of any and all events related to the program and provide the Foundation with copies of all related news releases, articles, newsletters and/or other communications.

- In the process of delivering services as noted in the grant proposal, the Organization is expected to adhere to all applicable Federal and State laws, rules, regulations and statutes, including the Arizona Board of Dental Examiners Practice Act and dental standards of care.

- If the funded program includes dental exams or dental screenings, then the Organization is *strongly* encouraged to have a protocol in place to provide a link to available dental care services for individuals with dental needs, particularly urgent needs.

- Delta Dental of Arizona Foundation may request approval to distribute materials created as a result of the grant, and/or present/publish on the results of the funded program.

- The Organization may be asked to have a representative attend (in person or via teleconference, if available) any grantee trainings offered by Delta Dental of Arizona Foundation.

This letter constitutes the entire Foundation agreement with the Organization as to its subject matter and any modifications must be in writing and signed by an *authorized* Officer of each party. We look forward to working with you in the coming year.

Sincerely,

Sandi Perez

Sandra Ernst Perez, Ph.D.
Executive Director

Cc: Ashlee Dailey, Director, Finance Department, Delta Dental of Arizona

By signing this agreement, I represent that I have the authority to and intent to bind the Organization to the terms of this agreement.

Signature: _____ Date: _____

Organization: _____

Title: _____

DELTA DENTAL OF ARIZONA
FOUNDATION

September 20, 2016

Anita Muneta
Senior Program and Project Specialist
Navajo Nation Community Health Representative Program
P.O. Box 2280
Window Rock, AZ 86515

Dear Ms. Muneta:

On behalf of the Board of Directors of the Delta Dental of Arizona Foundation, I am pleased to inform you that a 1-year grant in the amount of $25,000 was approved by the Foundation's Board of Directors for your organization's work. In order for our office to properly and promptly process your grant award, we need a few items from your organization.

Please have the enclosed two copies of the grant agreement reviewed and signed by the Chief Executive Officer of your organization no later than December 15, 2016. If we do not receive an executed grant agreement by this date, Delta Dental of Arizona Foundation will not be able to provide a grant for programs requested in the application filed September 3, 2015. Upon receipt of the executed agreement, a check for the full amount will be sent no later than December 23, 2016.

Also enclosed is a copy of the brand guidelines and usage requirements. After reading and signing both the grant agreement and the logo usage guidelines, please keep one copy for your records and mail the second copy to me at Delta Dental of Arizona Foundation, 5656 West Talavi Blvd., Glendale, AZ 85306.

The Foundation is honored and excited to support the work of your organization. We thank you for your ongoing commitment to improving oral health in Arizona and look forward to working with you.

Sincerely,

Sandi Perez

Sandi Ernst Perez, Ph.D.
Executive Director
Delta Dental of Arizona Foundation

Enc: grant agreement (2 copies), logo agreement (2 copies)

EXHIBIT
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DELTA DENTAL OF ARIZONA
FOUNDATION

2016 GRANTS APPLICATION FOR FUNDING

Cover Sheet

Please review the Grant Application Instruction page carefully before completing this application.
Use this *completed* page as the Cover Sheet for the narrative questions that follow.

1. Organization Name	**Navajo Nation Community Health Representative Program**	
2. Organization's Executive Director	*Name* Mae-Gilene Begay	*Phone* (928) 871-6786
3. Contact person for correspondence regarding **this application**	*Name* Mae-Gilene Begay	*Title* Program Director
	Email mgbegay@yahoo.com	*Phone* 928) 871-6786
4. Program Coordinator for the **proposed program**	*Name* Mae-Gilene Begay	*Title* Program Director
	Email mgbegay@yahoo.com	*Phone* (928) 871-6786
5. Contact person for any **oral hygiene supplies** requested	*Name* Maxine Lynch	*Title* Senior Accountant
	Email maxine.lynch@nndoh.org	*Phone* (928) 871-6665
6. Mailing address for correspondence and notifications regarding this grant	*Addr 1* Post Office Box 2280 *Addr 2* *City, State, ZIP* Window Rock, Arizona 86515	
7. Type of project funding	☒ Community-based Prevention Program ☐ Educational Program ☐ Clinical Support	☐ Dental Sealant Program ☒ Oral Health Coalition
8. Project name	**Navajo Nation Oral Health Coalition**	
9. Number of years that funding is requested *(1-3)*	☒ One ☒ Two ☒ Three	
10. Amount requested for each year from Delta Dental of Arizona Foundation	*Year One:* $ 25,000	*Year Two:* $ 25,000 *Year Three:* $ 25,000
11. Total dollar amount requested	**$ 75,000 ($25,000 per year for 3 years)**	
12. Counties or geographic area(s) to be served by this grant	Navajo Nation, which includes Apache, Arizona, Coconino,and Navajo Counties in the state of Arizona.	
13. Previous DDAZF grants that your organization has received	☐ 2015 ☐ 2014 ☐ 2013 ☐ 2012 ☐ 2011 ☒ none	
14. Name(s) of oral health coalitions in which your organization participates	Arizona American Indian Oral Health Initiative	

15. Brief summary describing how the proposed funding will be used *(not to exceed 300 words)*	Goal: The Navajo Community Health Representative Program will build the necessary organizational and workforce capacity to expand access to oral health education, prevention and treatment services to all new and expecting mothers, infants and children throughout the Navajo Nation. Purpose: To create a proactive, collaborative oral health environment within the Navajo Nation where the practical goals defined in the Navajo Nation Oral Health Plan can be achieved: • Every Navajo individual will have access to the benefits of fluoride. • Every Navajo pregnant woman will have a healthy mouth. • Every Navajo child will be caries-free upon entering kindergarten. • Every Navajo individual with a chronic disease, such as diabetes or HIV, will receive oral health care as an integral part of their disease management. • Every Navajo elder will have access to dentures or other replacement options. Process: Navajo Community Health Representative (CHR) Program will: 1) organize and manage a Navajo Nation Oral Health Coalition; 2) train 10 CHRs in each service unit with essential dental skills; 3) train one community dental health coordinator (CDHC) in each service unit; 4) design and implement scopes of work for CHRs and CDHCs in collaboration with IHS and 638 service units; 5) Strategically position CHRs and CDHCs them to serve as the tribe's primary drivers of community-based educational and preventative services.

Narrative

Review the Grant Application Instructions carefully before completing this Narrative. Please list the question first and then provide your response in paragraph form. This section is not to exceed four pages.

16. Briefly summarize the **organization's mission, history and goals.**

The Community Health Representative (CHR) Program is the largest health care program contracted to American Indian tribes in terms of program dollars, number of people involved, and the number of tribes holding contracts. For this reason CHRs are the cornerstone of tribal self-determination in the area of health care.

The CHR program was created to meet four needs:

- The need for greater involvement of American Indians in their own health programs, and greater participation in the identification and solving of their health problems.
- The need for greater understanding between the Indian people and the Indian Health Service Staff.
- The need to improve cross-cultural communication between the Indian community and the providers of health service.
- The need to increased basic health care and instruction in Indian homes and communities.

The Navajo Community Health Representatives Program is committed to the Health and well-being of the Navajo People. CHRs address health care needs of Navajo people through the provision of community-oriented primary care services, including traditional Navajo concepts in multiple' settings, utilizing community-based, well-trained, medically-guided health care workers.

Navajo CHRs perform the following tasks:

- Provide community-based educational, preventive, and rehabilitative services.
- Provide transportation within the local community to/from an IHS or tribal hospital or clinic for routine, non-emergency problems, to a patient without other means of transportation, when necessary.
- Act as a liaison/advocate for the communities served by Federal, State, and local agencies. The liaison/advocate motivates and assists the agencies by clarifying the role of Navajo traditions, value systems, and cultural beliefs, to meet the health care needs of the communities, thereby reducing the potential for conflict and misunderstanding regarding health care services.
- Facilitate communications between community members and health care' providers, thereby enhancing accessibility and acceptability of health care facilities. The CHRs assist IHS and non-IHS health agencies to design and/or redesign services to ensure greater responsiveness to the needs of Navajo communities.
- Develop annual program plans which address specific community health care needs.
- Assess community health care resources, both IHS and non-IHS, and to facilitate appropriate utilization of those resources.

17. Describe the **goals and activities of the proposed project** and how they are connected to the mission and vision of the organization.

The Navajo Community Health Representative Program will build the necessary knowledge and organizational and workforce capacities to expand access to oral health education, prevention and treatment services to all new and expecting mothers, infants and children throughout the Navajo Nation. Achieving this goal will be the Navajo Nation's first step toward achieving the tribe's larger strategic vision, which is to create an oral health environment where education, prevention and treatment services are available to all Navajo people.

The proposed activities outlined below serve multiple purposes: 1) structuring interagency, interdisciplinary collaboration that compliments existing administrative processes and policies 2) designing systems with structured community, government and provider engagement; 3) implementing the goals of the Navajo Nation Oral Health Plan.

Organize Navajo Nation Oral Health Coalition

- Organize interdisciplinary coalition comprised of representatives from Navajo Nation Health, Education and Human Services Committee, Department of Health, Department of Education, Epidemiology Center, CHR Program, Food and Wellness Councils, Navajo 638 service units and clinics, IHS service units and clinics, Head Start, First Things First, Arizona American Indian Oral Health Initiative, and other key oral health stakeholders.
- Coalition Outcomes:
  - Bridge gaps between providers, tribal government and communities.
  - Leverage resources and capacity among participating agencies and stakeholders.
  - Collaborate to design and implement a pilot project that expands access to education and prevention services to new and expecting mothers, infants and children.
  - Develop a public policy and legislative strategy to enhance the oral health delivery system.

Train CHRs

- Adapt the "Smiles for Life" curriculum to be responsive to the unique social, cultural and environmental needs of Navajo people.
- Utilize the "Navajo Smiles for Life" curriculum to train 85 CHRs in Navajo Nation service region with essential oral health knowledge and skills.
- Training Outcomes:
  - Incorporate oral health education, prevention, and patient navigation activities into CHR scope of work.
  - Develop MOUs between the Navajo Nation CHR program and each IHS or 638 service unit to integrate CHRs into collaborative community education, prevention and treatment plans.

Train CDHCs

- Enroll eight CHRs, one from each service unit, into CDHC training program.
- Provide scholarships and supportive services to trainees to ensure their success.
- Place trainees in Navajo communities.
- Training Outcomes:
  - Develop MOUs with each IHS or 638 service unit to integrate CDHCs into the management of community oral health care.
  - Position the CHR program and CDHCs as key drivers of the oral health education, prevention and patient navigation.

Timeline:

Years 1-2: Coaliiton organizing; CHR and CDHC training; program design; systematize collaborative processes; finalize MOUs.
Year 3: Integrate CHRs and CDHCs into the delivery system as key drivers of the oral health education, prevention and patient navigation; report on public policy and legislative strategy to enhance the oral health delivery system.

18. Describe **how your proposal meets Delta Dental of Arizona Foundation (DDAZF)'s funding criteria** of supporting oral health promotion and dental disease prevention programs through
    - serving pregnant women
    - serving children through 18 years of age, and/or
    - partnerships addressing local oral health projects

Estimate how many individuals will be served.

The proposed project is focused on expanding access to educational and preventive dental health services for new and expecting mothers, infants and children throughout the Navajo Nation. Our objective is to achieve this by integrating CHRs and CDHCs into the oral health delivery system as key drivers of community-based education and prevention services. This represents a significant shift in which the tribe will take a more strategic role in managing community outreach and directly engaging expecting mothers, infants and children to ensure that they have access to education and prevention services, as well as helping navigate them through the delivery system.

The Navajo CHR program will organize an interdisciplinary Navajo Nation Oral Health Coalition comprised of representatives from Navajo Nation Health, Education and Human Services Committee, Department of Health, Department of Education, Epidemiology Center, CHR Program, Food and Wellness Councils, Navajo 638 service units and clinics, IHS service units and clinics, Head Start, First Things First, Arizona American Indian Oral Health Initiative, and other key oral health stakeholders. This facilitate interagency and interdisciplinary collaboration and provide a structure for partnerships that coordinate and leverage the resources and efforts of community-based groups the and Partnerships Addressing Local Oral Health Projects . This Coaliiton will serve as the primary tribal mechanism for oral health capacity building, systems design, infrastructure development and systems evaluation and refinement.

19. Identify and describe the **preventive aspects of the program** or project. If you are providing direct preventive services (e.g., screening, fluoride varnish applications, dental sealants), please describe how you will approach dental treatment needs that are identified in the course of providing services.

- Train eight CHRs as CDHC's, one from each service unit.
- Adapt the "Smiles for Life" curriculum to be responsive to the unique social, cultural and environmental needs of Navajo people.
- Utilize the "Navajo Smiles for Life" curriculum to train 85 CHRs in Navajo Nation service region with essential oral health knowledge and skills.
- Collaborate to design and implement a pilot project that expands access to education and prevention services to new and expecting mothers, infants and children.
- Position the CHR program and CDHCs as key drivers of the oral health education, prevention and patient navigation.
- Expand access to oral health education, prevention and treatment services to all new and expecting mothers, infants and children throughout the Navajo Nation.

20. Describe your **organization's relationship with other community efforts** (if applicable), and **how your organization is coordinating with other agencies**.

The Navajo CHR Program coordinates multiple community health education and prevention efforts with multiple tribal, state and federal agencies. The CHR Program is the primary conduit between tribal, state and federal agency programs and tribal communities. By design and practice, the CHR program bridges the gaps between communities and providers, and coordinates resources and administrative processes to empower positive community impacts. Please see the organization information provided above for scope of work examples.

The Navajo Nation is also a member of the Arizona American Indian Oral Health Initiative (AAIOHI). Mae-Gilene Begay, the Navajo CHR Program director, is a member of AAIOHI's Statewide Executive Committee. Since 2011 AAIOHI -- a statewide coalition of tribes, urban Indian communities, the American Indian oral health delivery system, and public oral health care stakeholders -- has been working with tribes, American Indian communities, the oral health delivery system and stakeholders

to improve American Indian oral health in Arizona. AAIOHI is a statewide community organizing, capacity building and training and technical assistance network that: 1) facilitates communication and collaboration among tribal governments, urban Indian organizations, communities, service providers and stakeholders; 2) empowers tribes to determine how oral health care services are provided to their tribal members; 3) promotes the development of more efficient and effective oral health delivery systems serving Arizona American Indian communities; 4) elevates oral health as a top health care priority among tribal governments, urban Indian communities, and state and federal health care agencies.

21. Describe the **efforts you have made during the development phase of this program to avoid duplication of services** provided by other organizations in your area.

    Navajo's active participation in the work of AAIOHI, and it's oversight, ensures that the tribe has access to technical assistance providers, key stakeholders, government administrators and elected officials at the state and federal levels. Navajo's participation also ensures that the tribe is part of a larger statewide collaborative effort that facilitates information sharing, oral health planning, peer-to-peer mentorship, and project and proposal development among AAIOHI member tribes and stakeholders that eliminates potential for dulicated efforts and inefficient use of resources. AAIOHI ensures that resources are leveraged, rather than duplicated; and that successful processes for expanding access to education and prevention services is replicated among tribal communities in a manner that is most strategic for the Navajo Nation.

22. Delta Dental of Arizona Foundation strives to support oral health promotion and dental disease prevention programs for the uninsured. If you are providing direct services, describe **how your program determines/focuses on uninsured status.**

23. Explain **how your organization will evaluate the results** of the proposed project/program.

    The Navajo CHR Program will evaluate and assess project milestones, benchmarks, successes and failures to determine: 1) how structural processes function, and what makes them function effectively; 2) what strategies and processes lead to desired outcomes; 3) the successes, challenges, and opportunities (realized and unrealized) associated with collaborative processes; 4) the implications of intended outcomes and unintended outcomes; 5) the strategies, structural components and processes that are most feasible to replicate and sustain. A successful evaluation process will lead to strategies for improving the collaborative infrastructure and providing a helpful mechanism for implementing similar collaborative infrastructures in other regions of Indian Country. Methods: 1) Surveys; 2) Interviews; 3)Data analysis; 4) Monitoring work plan milestones, benchmarks and metrics; 5) Reports.

24. Outline the **plans you are making to sustain this program** beyond DDAZF's grant cycle.

    - Establish coalition charter
    - Establish MOU between the Coalition, Navajo Nation Health, Education and Human Services Committee, Navajo Department of Health, and Navajo Department of Education
    - Establish MOU between the Coalition and AAIOHI.
    - Establish MOU between the Coalition and AzDA.
    - Grants
    - Public policy and legislation
    - Membership

Project Budget

Please review the Application Instructions carefully before completing this Project Budget.

Revenue	Funding Sources for Proposed Program Organization Name	Amount	Funding Status
1. Government Funding *(Please specify County, State, or Federal)*	N/A	$ 0	☐ Committed ☐ Pending
2. Contributions/Donations/Match	N/A	$ 0	☐ Committed ☐ Pending
3. Special Events/Fundraising	N/A	$ 0	☐ Committed ☐ Pending
4. Proposed DDAZF grant funds	**DDASF**	$ **25,000**	☐ Committed ☒ Pending
5. Other Foundation/Corporate Support	N/A	$ 0	☐ Committed ☐ Pending
6. Program Service Fees/ Reimbursements	0	$ 0	☐ Committed ☐ Pending
7. In-Kind Support	CHR/Outreach Program	$ 50,000	☒ Committed ☐ Pending
8. Other Income	0	$ 0	☐ Committed ☐ Pending
9. Total		**$ 85,000**	

Expense	Proposed DDAZF Funding ($)	Other Funding Sources ($)
10. Salaries	$ 0	$ 0
11. Employee Benefits and Taxes	$ 0	$ 0
12. Employee Education/Training	$ 0	$ 0
13. Professional Fees and Contracts	$ 0	$ 0
14. Communications (phone, fax, postage)	$ 0	$ 0
15. Supplies **not including** DDAZF Smile Bags (e.g., tooth brushes, tooth paste, or floss). *See Application Instructions.*	$ 10,000	$ 0
16. Occupancy (rent, utilities, building & facilities)	$ 2,400	$ 0
17. Advertising/Printing/Publication	$	$ 0
18. Travel/Meetings/Conferences	$ 8,935	$ 0
19. Membership Dues/Support to any affiliate Organizations	$ 0	$ 0
20. Evaluation	$ 0	$ 0
21. Non-Payroll Insurance	$ 0	$ 0
22. In-Kind Expense	$ 0	$ 50,000
23. Other Expenses	$ 3,665	$ 0
24. Total	**$ 25,000**	**$ 50,000**

Project Budget Narrative

Please review the Grant Application Instructions carefully before completing this Budget Narrative.
Provide a short description for each of the items in the following list that were a part of your Project Budget.

Revenue	Description
1. Government Funding *(Please specify County, State, or Federal)*	The CHR/Outreach program is 100% funded by federal funds via Indian Health Service
2. Contributions/Donations/Match	The CHR/Outreach program does not receive any donations or matching funds
3. Special Events/Fundraising	The CHR/Outreach program does not engage in any fundraising
4. Proposed DDAZF grant funds	Requesting funds for three years at $25,000 per year
5. Other Foundation/Corporate Support	The CHR/Outreach program does not receive any foundation or corporate support
6. Program Service Fees/ Reimbursements	The CHR/Outreach program does not submit for any reimbursement, the program does not have a provider number to submit for reimbursement
7. In-Kind Support	The CHR/Outreach program is willing to provide in-kind support where DDAZF funds cannot be used to implement the goals and activities of proposed grant. The program will pay for vehicles lease/mileage/maintenance, use of equipments, telephone and for travel for this initiative. Program likely pay for staff travel due to 106 CHRs in the program.
8. Other Income	The CHR/Outreach program does not have other income other than federal fund it receives from Indian Health Service.

Expense	Description
10. Salaries	N/A
11. Employee Benefits and Taxes	N/A
12. Employee Education/Training	N/A
13. Professional Fees and Contracts	The CHR/Outreach program received commitment from Richard A. Champany, DDS, MPH, to present the Smiles for Life Oral Health Curriculum to about 106 Navajo CHRs. The amount is Dr. Champany's fee at $90. per hour at 68 hours to train the CHRs.
14. Communications (phone, fax, postage)	The CHR/Outreach program will provide telephone, fax and postage for this project as in-kind.
15. Supplies **not including** DDAZF Smile Bags (e.g., tooth brushes, tooth paste, or floss). See Application Instructions.	To purchase flip charts, flipchart stand, markers, notebooks, zerox papers, flashdrive, oral health educational flipchart to be develop, teaching models and other reqeust from Dr. Champany in preparaton for his training of CHRs.
16. Occupancy (rent, utilities, building & facilities)	N/A
17. Advertising/Printing/Publication	Will have Navajo Nation Records do bulk copying of flyers, teaching documents for group education or training/meetings relating to initiatives of this proposal
18. Travel/Meetings/Conferences	Program director and other staff will travel to attend meetings with higher learning institutions and other meetings to advocate for CHRs to qaulify for CDHC training, meetings for formation of coalition and staff travel to receive training or to conduct Oral Health education. Will help pay for staff meal during the Smiles for Life training.
19. Membership Dues/Support to	N/A

any affiliate Organizations	
20. Evaluation	N/A
21. Non-Payroll Insurance	N/A
22. In-Kind Expense	The CHR/Outreach program will be paying for all associated vehicles rental fees, including fuel, salary to implement the project, use of equipment, telephone. The program will pay for any expenses not covered by DDAZF
23. Other Expenses	To pay for meeting/training room usage fees and audio visual equipment if warrant

Separate Questions for Clinics and Satellite Sites

If this funding is for a dental clinic or satellite dental site, please answer to the following questions on a separate sheet and include it after the Budget Narrative.

A1. What sources of revenue support the operations of the clinic? Please list your five largest funders.

A2. How many dental staff is employed and what level of credentialing do they have?

A3. How do you determine eligibility for the individuals you serve?

A4. What percentage of the patient population are children and youth, or pregnant mothers?

A5. If your proposed program provides direct preventive services off-site, will your clinic accept resultant uninsured and AHCCCS-insured referrals for dental treatment? If not, discuss your alternative referral plan.

A6. How many operatories are available? How many are routinely used?

A7. What is the age of the dental equipment used for this program?

A8. Are equipment maintenance plans in place for the dental program?

EXHIBIT
tabbies

THE NAVAJO NATION RUSSELL BEGAYE PRESIDENT
JONATHAN NEZ VICE-PRESIDENT

MEMORANDUM

October 5, 2016

MEMORANDUM

TO : 164 Reviewers

THRU : Laura Johnson, Accounting Manager
Office of the Controller

FROM : Valerie M. Hubbard, Accounting Supervisor
Contract Accounting, Office of the Controller

SUBJECT: Delta Dental of Arizona Foundation 2016 Grant Agreement, 164 Review Form #5361

Our Office has reviewed and marked the document as "Sufficient" however please note that if the Office of the Controller had been given the opportunity to review the grant proposal **prior** to submittal it would have been noted no funds were budgeted for indirect cost. The Program did request to transfer indirect cost at the rate of 17.18%; however this was denied by the funding agency citing the amount would exceed a 10% range for transfers. Contracts & Grants Section has revised the budget to include funds for indirect cost at the rate of 10%. As such a NNC Oversight Committee resolution to waive the Indirect Cost at the rate change is required.

If there are any further questions, please contact our Office.

cc: file

Contracts and Grants Section / OMB
Request for NN General Fund Appropriation
for Required Cash Match on Contract / Grant

8/26/2016
Date

I. Information on the Program:

A. CHR/Outreach Program - NDOH
Title of Program / Division

B. Mae-Gilene Begay
Name of Program Manager

C. (928) 871-6786
Phone No. of Program Manager

D. mae-gilene.begay@nndoh.org
Email of Program Manager

II. Information on the Contract / Grant:

A. Delta Dental of Arizona Foundation
Title of Contract / Grant

B.
Contract / Grant No.

C. $ 45,000
Total Funding of All Sources:

D. March 1, 2016 to February 28, 2017
Annual Funding Period, Begin & End

E. If Contract is on multiple year, indicate the term FY 2016, FY 2017 & 2018
Begin / End - mm/dd/yy

	Yes	NO
F. Does Unexpended Award Lapse at the end of funding year?	☐	X
G. Is Unexpended Award carried over at the end of funding year?	☐	X

III. Information on Funding Need and Cost Contributions:

A. Total Cost of the Project or Activity: $ 85,000

Entity Contributors	Percent	Amount
B. Grantor / Funding Agency Share:	0.55	$ 25,000
C. Grantee / Recipient Share:		
1. Cash Match - Required		
2. In-kind Match - Required	0.45	20,000
3. Cost Sharing - Leverage		-
D. Third Party Contributions:		
1. NTUA		-
2. IHS		-
Total Source Contribution:	100%	$ 45,000

IV. Justification and Certification:

Justification on Request for Appropriation. 1) Cite section of regulation on required matching & attach copy of the same; 2) Explain why it is crucial cash match be appropriated and 3) explain impact if cash match is not appropriated. Attach additional page if more space is required.

Project budget indicates that CHR/Outreach Program will provide In-Kind Support in the amount of $20,000 by providing 8 vehicles plus mileage to this project: (3 vehs * 12 mos * $483 = $17,388 + $2,612.). This is for three multiple years (FY 2016, 2017 and 2018).

We, the undersigned below, certify that the information provided in this document is complete and accurate:

Mae-Gilene Begay, Program Director — PREPARED BY: Program Manager-Print, Sign & Date

Ramona Antone Nez, Executive Director 9/6/16 — APPROVED BY: Division Director-Print, Sign & Date

FOR CONTRACTS AND GRANTS SECTION/OMB USE ONLY - Comments & Recommendations:

CONCURRED BY: Contracting Officer, Signature / Date:

FY_____

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

PART I. Business Unit No.: _____ Program Title: CHR/Outreach Program Division/Branch: Division of Health

Prepared By: Maxine Lynch, Senior Accountant Phone No.: (928) 871-6665 Email Address: maxine.lynch@nndoh.org

PART II. FUNDING SOURCE(S)	Fiscal Year Term	Amount	% of Total
Delta Dental AZ Foundation	1/1/16 to 12/31/16	45,000.00	100%
			0%
			0%
			0%
	TOTAL:	$45,000.00	100%

PART III. BUDGET SUMMARY		(A)	(B)	(C)
	Fund Type Code	NNC Approved Original Budget	Proposed Budget	Difference (Column B - A)
2001 Personnel Expenses				0
3000 Travel Expenses			6,880	6,880
3500 Meeting Expenses				0
4000 Supplies			11,000	11,000
5000 Lease and Rental				0
5500 Communications and Utilities				0
6000 Repairs and Maintenance				0
6500 Contractual Services			6,120	6,120
7000 Special Transactions				0
8000 Public Assistance				0
9000 Capital Outlay				0
9500 Matching Funds			20,000	20,000
9500 Indirect Cost			1,000	1,000
TOTAL		$0.00	45,000	45,000

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.

8/29/16
Mae-Gilene Begay, Program Manager
SUBMITTED BY: Program Manager's Printed Name and Signature / Date

Ramona Nez-Antone 9/6/16
Ramona Nez-Antone, Acting Division Director
APPROVED BY: Division Director/Branch Chief's Printed Name and Signature / Date

*fpu reviewed 9/13/16.

FY _____

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA

Received
SEP - 6 2016
Management & Budget
Window Rock, Arizona

PART I. PROGRAM INFORMATION:

Business Unit No.: _____ Program Name/Title: CHR/Outreach Program

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

To create a proactive, collaborative oral health environment within the Navajo Nation where the practical goals defined in the Navajo Nation Oral Health Plan can be achieved. To make sure all Navajo's have access to benefits of fluoride, pregnant women have a healthy mouth, children will be caries-free upon entering kindergarten, and every elder will have access to dentures or other replacement options.

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: Develop a NN Oral Health Plan through collaboration with partners Goal Statement: Organize and manage a Navajo Nation Oral Health Coalition to develop the Oral Health Plan	2		2		2		2	
2. Program Performance Area: Enhance and delevop CHR skills and knowledge in oral health Goal Statement: Train the CHR's on the "Smiles for Life Oral Health Curriculum"	1				1			
3. Program Performance Area: Sustain and support the oral health initiative through continued staff development Goal Statement: Advocate for the training of community dental health coordinator (CDHC) in each service unit					1		1	
4. Program Performance Area: Sustain and support the oral health initiative through collaboration with IHS and 638 Service Units Goal Statement: Develop MOU's between the Navajo Nation and HIS and 638 Service Units to incorporate the CHR's & CDHC			1		1		1	
5. Program Performance Area: _____ Goal Statement: _____								

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

8/29/16
Program Manager's Printed Name and Signature/Date

9/6/16
Division Director/Branch Chief's Printed Name and Signature / Date

*fm reviewed 9/13/16

FY _____

THE NAVAJO NATION
DETAILED LINE ITEM BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:

Program Name/Title: CHR/Outreach Program

Business Unit No.:

PART II. DETAILED BUDGET:

(A) Object Code (LOD 6)	(B) Object Code Description and Justification	(C) Total by DETAILED Object Code	(D) Total by MAJOR Object Code
	3000 TRAVEL EXPENSES		6,880
3230	Personal Travel Meals, lodging, and POV Mileage directly related to program business. Other miscellaneous travel expenses. Transportation to and from authorized training seminars, conferences and other program related functions. 3240 Meals 3250 Lodging 3260 Mileage/Rate 3290 Other Travel Expenses	~~6,880~~ 5,601	
	4000 SUPPLIES		11,000
4410	Operating Supplies To purchase flip charts, notebooks, binders, flash drives, etc. 4420 General Office Supplies 4450 Postage, Courier, Shipping 4500 Medical Supplies 4530 Printing, Binding, Photocopying 4540 Book, Periodicals, Subscriptions 4550 Media Supplies	11,000	
	CONTRACTUAL SERVICES		6,120
6520	Consulting 6530 Fees	6,120	
	TOTAL	24,000	24,000

*9m reviewed 9/13/16

FY _____

THE NAVAJO NATION
DETAILED LINE ITEM BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:

Program Name/Title: CHR/Outreach Program **Business Unit No.:**

PART II. DETAILED BUDGET:

(A) Object Code (LOD 6)	(B) Object Code Description and Justification	(C) Total by DETAILED Object Code	(D) Total by MAJOR Object Code
	9500 MATCHING & INDIRECT COST		21,000
9610	In-Kind Matching	20,000	
	9620 Internal In-Kind		
9710	IDC	~~1,000~~ 2,273 fm 9/13	
	9720 Indirect Cost		
	TOTAL	21,000	21,000

IDC SIB $2,273 according to calculations on Budget for IDC fm 9/13

*fm reviewed.

FY _____

THE NAVAJO NATION
EXTERNAL CONTRACT AND GRANT FUNDING INFORMATION

PART I. PROGRAM INFORMATION: Funding Period: 1/1/2016 to 12/31/2016

Program Name/Title: CHR/Outreach Program K #:

Contract/Grant No.: _____ Prepared by: Maxine Lynch, Senior Accountant

PART II. PURPOSE OF FUNDING AND MATCH FUNDS REQUIREMENT

PART III. BUDGET INFORMATION:

(A) Major Object Code	and Description	(B) Current Award Fiscal Year _15_	(C) Anticipated Funding Fiscal Year _16_	(D) Difference Columns (C) - (B)
2001	Personnel Expenses			-
3000	Travel Expenses		6,880	6,880.00
3500	Meeting Expenses			-
4000	Supplies		11,000	11,000.00
5000	Lease and Rental			-
5500	Communication and Utilities			-
6000	Repairs and Maintenance			-
6500	Contractual Services		6,120	6,120.00
7000	Special Transaction			-
8000	Assistance			-
9000	Capital Outlay			-
9510	Matching - Cash			-
9610	Matching - In - Kind		20,000	20,000.00
9710	Indirect Cost (Overhead) Allocation		1,000	1,000.00
	TOTALS:	-	45,000	45,000.00

PART IV. FTEs/MATCH FUNDS:

No. of Positions/ FTEs:			-
Required GF Cash Match:			-
Required GF In - Kind Match:			-
Required GF % Match:			-

MATCHING FUND REQUIRED:

CONCURRED BY:

_____
Contracting Officer's Signature / Date:

PART V. ACKNOWLEDGEMENT:

Submitted by (print): Mae-Gilene Begay, Program Director

Signature/Date: Mae-Gilene Begay 8/29/16

Approved by (print): Ramona Nez-Antone, Division Director

Signature/Date: Ramona Nez-Antone 9/6/16

*9/13reviewed 9/13/16.

Document No. 005361 Date Issued: 01/28/2016

SECTION 164 REVIEW FORM

Title of Document: Navajo Nation Oral Health Coalition Contact Name: ANNA RONDON/ NNCS or Anita Munata

Program/Division: DEPARTMENT OF HEALTH

Email: anna.rondon@nndoh.org / or anita.munata@nndoh.org Phone Number: 8716857 / 871-6788, 82

Division Director Approval for 164A: _____

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

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

				Sufficient	Insufficient
☐	**Statement of Policy or Positive Law:**				
	1. OAG:		Date:	☐	☐
☐	**IGA, Budget Resolutions, Budget Reallocations or amendments: (OMB and Controller sign ONLY if document expends or receives funds)**				
	1. OMB:		Date:	☐	☐
	2. OOC:		Date:	☐	☐
	3. OAG:		Date:	☐	☐

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

☒	**Grant/Funding Agreement or amendment:**				
	1. Division:	Johnson Attorney	Date: 06/23/16	☒	☐
	2. OMB:	for C. Shorty	Date: 5/16/16	☑	☐
	3. OOC: see memo	Valerie M Hubbard	Date: 10/5/16	☑	☐
	4. OAG:		Date:	☐	☐
☐	**Subcontract/Contract expending or receiving funds or amendment:**				
	1. Division:		Date:	☐	☐
	2. BRD:		Date:	☐	☐
	3. OMB:		Date:	☐	☐
	4. OOC:		Date:	☐	☐
	5. OAG:		Date:	☐	☐
☐	**Letter of Assurance/M.O.A./M.O.U./Other agreement not expending funds or amendment:**				
	1. Division:		Date:	☐	☐
	2. OAG:		Date:	☐	☐
☐	**M.O.A. or Letter of Assurance expending or receiving funds or amendment:**				
	1. Division:		Date:	☐	☐
	2. OMB:		Date:	☐	☐
	3. OOC:		Date:	☐	☐
	4. OAG:		Date:	☐	☐

2015 JUL

2015 - 6 DEC

Pursuant to 2 N.N.C. § 164 and Executive Order Number 07-2013