# 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:
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'íyáti' Committee
Thence
Navajo Nation Council

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

INTRODUCED BY

(Prime Sponsor)

TRACKING NO. 0237-19

AN ACT

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

BE IT ENACTED:

**SECTION 1. AUTHORITY**

A. The Health, Education and Human Services Committee is empowered HEHSC to review and recommend resolutions relating to social services. 2 N.N.C. § 401 (B)(6)(a).

B. The Budget and Finance Committee (BFC) is empowered to review and recommend to the Navajo Nation Council the management of all funds. 2 N.N.C. § 301 (B)(2).

C. The Navajo Nation Council established the Naabik'íyáti' Committee as a Navajo Nation standing committee and as such proposed legislation that requires final

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

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

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

**SECTION 2. FINDINGS**

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

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

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

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

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

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

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

3. The Office of 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.

**SECTION 3. 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 BUSINESS UNIT NUMBERS 113010-113015**

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

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

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

EXHIBIT A

tabbies

| Agency | FY 19 Base | FY 19 Supplemental | TOTAL |
|---|---|---|---|
| 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.

6/27/19

REVIEWED BY: Division Director's Signature / Date

RECOMMEND APPROVAL: Branch Chief's Signature / Date

# THE NAVAJO NATION
# PROGRAM BUDGET SUMMARY



**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) | Fiscal Year Term | Amount | % of Total |
|---|---|---|---|
| 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% |
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| | TOTAL: | $ 198,065 | 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 | $ 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 | (D) | (E) |
|---|---|---|
| Total # of Positions Budgeted: | 2 | 0 |
| Total # of Permanently Assigned Vehicles: | 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

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 |
| **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**

**Program Manager's Signature and Date**

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

4/27/19
**Division Director/Branch Chief's Signature and Date**

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. | | | |
| 3240 | $55/day x 3 trips x 5 staff = $825.00 | $ 825.00 | $ 825.00 | |
| 3250 | $94/night x nights x 5 staff = $940.00 | $ 940.00 | $ 940.00 | |
| 3260 | $.58/mi x 300/mi x 5 = $870.00 | $ 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 | $ 2,900 | |
| 4410 | **OPERATING SUPPLIES** | | | |
| | 4420 General Operating Supplies: | $ 5,060 | $ 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 | $ 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



PART I. Business Unit No.: 113011 Program Title: Division of Aging & Long Term Care Support, Chinle Division/Branch: Health/Executive

Prepared By: James Begay Jr Phone No.: (928)674-2369 Email Address: james.begay@nndoh.org

| PART II. FUNDING SOURCE(S) | Fiscal Year /Term | Amount | % of Total |
|---|---|---|---|
| SUPPLEMENTAL BUDGET | 10/1/18-9/30/19 | 222,814.00 | 100% |
| | | | |
| FY19 Base Budget | 10/1/18-9/30/19 | 1,859,656.00 | |
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| | TOTAL: | $2,082,470.00 | 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 | 1,756,866 | | 1,756,866 |
| 3000 | Travel Expenses | 1 | 4,500 | | 4,500 |
| 3500 | Meeting Expenses | 1 | 4,819 | | 4,819 |
| 4000 | Supplies | 1 | 28,000 | 141,014 | 169,014 |
| 5000 | Lease and Rental | 1 | | | 0 |
| 5500 | Communications and Utilities | 1 | 39,122 | 69,000 | 108,122 |
| 6000 | Repairs and Maintenance | 1 | 2,581 | 6,300 | 8,881 |
| 6500 | Contractual Services | 1 | | 6,500 | 6,500 |
| 7000 | Special Transactions | 1 | 23,768 | | 23,768 |
| 8000 | Public Assistance | | | | 0 |
| 9000 | Capital Outlay | | | | 0 |
| 9500 | Matching Funds | | | | 0 |
| 9500 | Indirect Cost | | | | 0 |
| | TOTAL | | $1,859,656.00 | $ 222,814.00 | 2,082,470 |

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

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

Lucinda Martin, Health Service Administrator
SUBMITTED BY: Program Manager's Printed Name

SUBMITTED BY: Program Manager's Signature and Date 7/1/19

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

APPROVED BY: Division Director/Branch Chief's Signature and Date 7/1/19

# THE NAVAJO NATION
# PROGRAM PERFORMANCE CRITERIA



**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 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 Service | | | | | | | | |
| **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 activties 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.**

for Lucinda Martin, Health Service Administrator
**Program Manager's Printed Name**

9/1/19
**Program Manager's Signature and Date**

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

7/1/19
**Division Director/Branch Chief's Signature and Date**

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) 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** | | | | | **141,014** |
| | Janitorial supplies and raw food supplies. | | | | | |
| 4410 | Operating Supplies | | | | 141,014 | |
| | 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 | 14 SC's x 147.93 x 1 months | 2,071.00 | | |
| | **5500 COMMUNICATION & UTILITIES** | | | | | **69,000** |
| | Utilities, propane, natural gas, water and sewage | | | | | |
| 5710 | Energy | | | | 56,250 | |
| | 5720 | Electric | 15 SC's x 250.00 x 3 months | 11,250.00 | | |
| | 5730 | Natural Gas | 3 SC's x 1000.00 x 3 months | 9,000.00 | | |
| | 5740 | Propane | 12 SC's x 3000.00 x 2 months | 36,000.00 | | |
| 5750 | Services | | | 56,250.00 | 12,750 | |
| | 5760 | Water | 15 SC's x 150.00 x 3 months | 6,750.00 | | |
| | 5770 | Sewage | 15 SC's x 400.00 x 1 month | 6,000.00 | | |
| | | | | 12,750.00 | | |
| | **6000 REPAIRS & MAINTENANCE** | | | | | **6,300** |
| | Waste disposal services for 7 Senior Centers. | | | | | |
| 6200 | External Contractors | | | | 6,300 | |
| | 6250 | Waste Disposal | 7 SC's x 300.00 x 3 months | 6,300.00 | | |
| | **6500 CONTRACTUAL SERVICES** | | | | | **6,500** |
| | Attorney fees for 2 grievance cases (outstanding bills). | | | | | |
| 6660 | Attorneys | | | | 6,500 | |
| | 6670 | Attorney - Fees | $2000 + $4500 = | 6,500.00 | | |
| | | | | 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 implemention 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

EVIEWED BY: Division Director's signature / Date

7/2/19

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

# 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% |
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| | TOTAL: | $2,933,118.85 | 100% |

| 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: | | |
| Total # of Vehicles Budgeted: | 26 | 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

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

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.:** 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 proveded to eligible Navajo individuals in coordination with other tribal and no-tribal proveders 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. | | | | | | | 10,000 | |
| **2. Goal Statement:** SOCIAL SERVICES | | | | | | | | |
| **Program Performance Measure:** Senior Centers, medical appointments, health education activities, and intergenerational events | | | | | | | 500 | |
| **3. Goal Statement:** CASE MANAGEMENT | | | | | | | | |
| **Program Performance Measure:** To provide elderly assessments for C1 & C2 services, caregiver, housekeeping & respite ser. | | | | | | | 200 | |
| **4. Goal Statement:** EMPLOYEE / ELDERS / FGP TRAINING | | | | | | | | |
| **Program Performance Measure:** Coordinate training to assist with staff development, elder healthy aging & independence. | | | | | | | 10 | |
| **5. Goal Statement:** SENIOR CENTER MONITORING | | | | | | | | |
| **Program Performance Measure:** | | | | | | | 2 | |
| Ensure compliance with monitoring tools for facilities, vehicles, and equipment | | | | | | | | |

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

Lucinda Martin, Health Service Administrator
**Program Manager's Printed Name**

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**

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) 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 EXPENSES | | | | 44,291 |
| | Monthly Mileage and fleet rental | | | | |
| 3110 | Fleet | | | | |
| | 3111 - Monthly/Perm - Cover deficit | 26 vehicles x $108.00 x 1 months = 1 | $ 20,111.32 | 44,291 | |
| | 3113 - Mileage | 26 vehicles x .31 x 1,000 miles x 3 mos = | $ 24,180.00 | | |
| | | | $ 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 | | | | |
| 3230 | Personl travel | | $9,743.79 | 9,744 | |
| | | | $ 9,743.79 | | |
| | 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 |

**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 = 4,200 | 2,205 | | | |
| | | | 6,090 | | | |
| 5570 | Internet | | | | | |
| | 5580 - DSL | 25.00 x 21 SCs/Agency Office = 575.00 | 575 | | 1150 | |
| | 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 | | 6,638 | |
| | 5740 - Propane | 10,832.87 x 21 SCs/Agency | 5,488 | Cover deficit | | |
| | | | 6,638 | | | |
| | | | | TOTAL | 13,878 | 13,878 |

# 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



**BUDGET FORM 1**

PART I. Business Unit No.: 113012 Program Title: DALTCS - Fort Defiance Agency Division/Branch: NDOH

Prepared By: Leonora Henderson, PSII Phone No.: 928-729-4019 Email Address: leonora.henderson@nndoh.org

| PART II. FUNDING SOURCE(S) | Fiscal Year /Term | Amount | % of Total |
|---|---|---|---|
| SUPPLEMENTAL | 10/1/18-9/30/19 | 77,122 | 4% |
| GEN FUND BASE ALLOCATION | 10/1/18-9/30/19 | 2,101,335 | 96% |
| | | | |
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| | | | |
| | TOTAL: | 2,178,457 | 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 | 1,947,761 | - | 1,947,761 |
| 3000 Travel Expenses | 1 | 13,076 | 6,682 | 19,758 |
| 3500 Meeting Expenses | 1 | 1,608 | - | 1,608 |
| 4000 Supplies | 1 | 26,472 | 45,400 | 71,872 |
| 5000 Lease and Rental | 1 | 2,028 | - | 2,028 |
| 5500 Communications and Utilities | 1 | 65,880 | 13,040 | 78,920 |
| 6000 Repairs and Maintenance | 1 | 12,080 | 12,000 | 24,080 |
| 6500 Contractual Services | | - | | - |
| 7000 Special Transactions | 1 | 32,430 | - | 32,430 |
| 8000 Public Assistance | | | | - |
| 9000 Capital Outlay | | | | - |
| 9500 Matching Funds | | - | | - |
| 9500 Indirect Cost | | - | | - |
| TOTAL | | 2,101,335 | 77,122 | 2,178,457 |

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

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

Lucinda Martin, Health Services Administrator
SUBMITTED BY: Program Manager's Printed Name

Lucinda Martin 6/25/19
SUBMITTED BY: Program Manager's Signature and Date

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

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:**

| | 1st QTR | | 2nd QTR | | 3rd QTR | | 4th QTR | |
|---|---|---|---|---|---|---|---|---|
| | Goal | Actual | Goal | Actual | Goal | Actual | Goal | Actual |
| **1. Goal Statement:** Meal Service<br>**Program Performance Measure:** Provide Home Delivered and Congregate meals to eligible participants. | | | | | | | 5,000 | |
| **2. Goal Statement:** Social Services/Transportation/Health Promotion<br>**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<br>**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<br>**Program Performance Measure:** Coordinate trainings to assist with staff development, elderly healthy aging and independence. | | | | | | | 10 | |
| **5. Goal Statement:** Senior Center Monitoring<br>**Program Performance Measure:** Ensure compliance with monitoring tools provided for facilities, vehicles and equipment. | | | | | | | 2 | |

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

Lucinda Martin Health Services Administrator
**Program Manager's Printed Name**

Lucinda Martin 6/25/19
**Program Manager's Signature and Date**

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

6/25/19
**Division Director/Branch Chief's Signature and Date**

PART I. PROGRAM INFORMATION:

Program Name/Title: DALTCS - Fort Defiance Agency  Business Unit No.: 113012

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 EXPENSES** | | | | | | **6,682** |
| | Monthly mileage and fleet rentals. | | | | | | |
| 3110 | Fleet | | | 6% Tax | TOTAL | 6,682 | |
| | 3111 | Monthly/Perm: 24 Vehicles@ 108 x 3 mos | 5,184 | 311 | 5,495 | | |
| | 3113 | Mileage: 2000x.28x2 | 1,120 | 67 | 1,187 | | |
| | **4000 SUPLIES** | | | | | | **45,400** |
| | Operating supplies, home delivery trays, toner cartridges, xeorx paper, janitorial supplies and arts and crafts supplies. Photocopying, binding, and non cap furniture and computer/printer. | | | | | | |
| 4120 | Office Supplies | | | | | 5,400 | |
| | 4130 | General Office Supplies (18 x $300.) | 5,400 | | | | |
| 4200 | Non Capital Assets | | | | | 15,000 | |
| | 4210 | Non Capital Furniture & Equipment | 10,000 | | | | |
| | 4230 | Non Capital Computer & Equipment | 5,000 | | | | |
| 4410 | Operating Supplies | | | | | 25,000 | |
| | 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 | | | | |
| | | | | | TOTAL | 52,082 | 52,082 |

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) |
| | **5500 COMMUNICATIONS & UTILITIES** | | | | | **13,040** |
| | Basic telephone and long distance services. Hardware and installation. DSL and internet services. | | | | | |
| 5710 | Energy | | | | 10,640 | |
| | 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** | | | | | **12,000** |
| | Annual repair, maintenance and service of furniture, equipment and building. | | | | | |
| 6020 | Supplies | | | | 3,000 | |
| | 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.**

Tamara Whitehorse 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



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 Amt. | 10/01/18-9/30/19 | $ 96,799 | 3% |
| General Fund Base Allocation | 10/01/18-9/30/19 | $ 1,982,713 | 3% |
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| | | | |
| | | | |
| | TOTAL: | $ 2,106,143 | 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 | $ 1,825,920 | - | $ 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) | (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

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

7/11/19
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:**

| | 1st QTR | | 2nd QTR | | 3rd QTR | | 4th QTR | |
|---|---|---|---|---|---|---|---|---|
| | Goal | Actual | Goal | Actual | Goal | Actual | Goal | Actual |
| 1. Program Performance Area: Meal Services<br>Goal Statement:<br>Provide Home Delivery and Congregate meals to eligible participants. | | | | | | | 10,140 | |
| 2. Program Performance Area: Social Services, Transportation and Health Promotion.<br>Goal Statement:<br>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<br>Goal Statement:<br>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<br>Goal Statement:<br>Coordinator training to assist with staff development, elder health aging and independences. | | | | | | | 20 | |
| 5. Program Performance Area: Senior Center Monitoring<br>Goal Statement:<br>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
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

7/1/19

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:** | | | | | $ 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. Meals and Lodging expense directly related to program business. | | | | | |
| 3110 | **FLEET** | | | | | |
| | 3111 Fleet Lease - Monthly/Perm | | | | $ 47,165.20 | |
| | Remove deficit of $21,131.20 | $ | 21,131 | | | |
| | Month/Perm 10 Suburbans @ 521.00/mo x 3 mo = | $ | 15,630 | 15,630 | | |
| | Month/Perm 7 Vans @ 460.00/mo x 6 mo = $2,760.00 | $ | 9,660 | | | |
| | Month/Perm Dept. Purchase: 1 Suburban @ $140.00/mo X 3 mo = | $ | 420 | | | |
| | Month/Perm Dept. Purchase: 1 Van @ $108.00/mo X 3 mo = | $ | 324 | | | |
| | **3113 Mileage:** | | | | | |
| | 10 -Suburbans: $.28 per mile x 1300 miles x 3 mos = | $ | 10,920 | | $ 18,564.00 | |
| | 7 Vans: .28 X 1300 miles X 3 mos = | $ | 7,644 | | | |
| TOTAL | | | | | $ 65,729 | $ 65,729 |

PART I. PROGRAM INFORMATION:

Program Name/Title: Div/Aging & Long Term Care Support - Tuba City  Business Unit No.: 113014

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) |
|---|---|---|---|---|
| | **4000 SUPPLIES** | | | **31,651** |
| | 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 | $ 2,001 | |
| 4410 | **OPERATING SUPPLIES** | | | |
| | 4420 General Operating Supplies: | $ 2,000 | $ 29,650 | |
| | 4460 Food Supplies 13 SC x 1300 x 3 mo. | $ 26,000 | | |
| | 4490 Custodial Supplies | $ 600 | | |
| | 4520 Bluk Paper | $ 600 | | |
| | 4530 Printing ,Binding, Photocopying | $ 450 | | |
| TOTAL | | | $ 31,651 | $ 31,651 |

PART I. PROGRAM INFORMATION:

Name/Title: Div/Aging & Long Term Care Support - Tuba City  Business Unit No.: 113014

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** | | | **$ 23,300** |
| | Basic telephone services and line charges. DSL, internet, electrical, propane, natural gas, water, and sewage services to maintain operations. | | | |
| 5570 | INTERNET | | $ 4,300 | |
| | 5580 DSL | $ 1,800 | | |
| | 5600 Internet Services | $ 2,500 | | |
| 5710 | ENERGY | | | |
| | 5720 Electric | $ 2,000 | $ 14,000 | |
| | 5740 Propane | $ 12,000 | | |
| 5750 | SERVICES | | $ 5,000 | |
| | 5760 Water | $ 3,500 | | |
| | 5770 Sewage | $ 1,500 | | |
| TOTAL | | | $ 23,300 | $ 23,300 |

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 presticide and waste pick up service | | | | |
| 6110 | SUPPLIES | | | $ 950 | |
| | 6120 Furniture & Equipment R&M Supplies: | $ | 950 | | |
| 6130 | SERVICES | | | $ 1,800 | |
| | 6140 Furniture & Equipment R&M Services: | $ | 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.

Ramona Nabwena 6/20/19

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



**BUDGET FORM 1**

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 |
|---|---|---|---|
| Gen Fund Base Alloc | 10/1/18 - 9/30/19 | 1,727,258 | 86% |
| Gen Fund Amended Amt | 10/1/18 - 9/30/19 | 24,445.00 | 1% |
| UUFB Supplemental Funds | 10/1/18 - 9/30/19 | 248,104.00 | 12% |
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| | | | |
| | TOTAL: | $1,999,807 | 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 | 1,604,722 | 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.

Lucinda Martin, Health Services Administrator
SUBMITTED BY: Program Manager's Printed Name

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

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.:** 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 othe rtribal 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<br>**Program Performance Measure:** Provice home delivery and congregate meals to eligible participants. | | | | | | | 9,000 | |
| **2. Goal Statement:** Social Services, Transportation, and Health Promotion<br>**Program Performance Measure:** Provide transportation services to eligible participants to senior centers, medical appts, health ed | | | | | | | 600 | |
| **3. Goal Statement:** Case Management<br>**Program Performance Measure:** To provide elderly assessment for C1 & C2 Services, Caregiver, and Housekeeping | | | | | | | 150 | |
| **4. Goal Statement:** Employee, Elderly, Foster Grandparents, Training & Development<br>**Program Performance Measure:** Coordinate training to assist with staff development, elder health aging and independency. | | | | | | | 75 | |
| **5. Goal Statement:** Senior Center Monitoring<br>**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 Lucinda Martin, Health Services Administrator
**Program Manager's Printed Name**

**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**

PART I. PROGRAM INFORMATION:

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

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) |
|---|---|---|---|---|
| | **2001 PERSONNEL EXPENSES** | | | **344** |
| | Employment salary and fringe benefits. | | | |
| 2310 | Temporary Remove deficit of $343.64 | | 344 | |
| | **3000 TRAVEL EXPENSES** | | | **30,175** |
| 3110 | Fleet Remove deficit of $3,085.19 + $9,030 X 20 vehicles X 3 mos. = | $ 30,175.19 | 30,175.00 | |
| | **4000 SUPPLIES** | | | **122,182** |
| | To buy general office supply, papar, pen, etc. Operating supplies for 15 Senior Centers. | | | |
| 4120 | Office Supplies | | 18,000 | |
| | 4130 - General Office Supplies $1,200 X 15 Senior Centers | $ 18,000.00 | | |
| 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 Wiith 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 |

PART I. PROGRAM INFORMATION:

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

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** | | | | | **156,076** |
| 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 ($86 x 15 x 3 mos) | | $ 6,388.85 | 6,389 | |
| 5710 | Energy | Remove deficit of $33,558.04 | | $ 33,558.04 | 141,233 | |
| | | 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** | | | | | **11,788** |
| 6130 | Services | | | | 6,000 | |
| | 6140 - Furn & Equip R&M Serv | HVAC-Beclbto/SR/Hogbk/Newcb | $1,500 x 4 centers | $ 6,000.00 | | |
| 6200 | External Contractors | | | | 5,788 | |
| | 6250 - Waste Discposal | Remove deficit $3,626.96 | | $ 3,627.00 | | |
| | | Unpaid PR# 906105 | | $ 2,160.87 | | |
| | | | | 5,787.87 | | |
| | | | | TOTAL | 167,864 | 326,273 |

FY 2019

# THE NAVAJO NATION
# PROGRAM BUDGET SUMMARY


BUDGET FORM 1

PART I. Business Unit No.: 113011 Program Title: Division of Aging & Long Term Care Support, Chinle Division/Branch: Health/Executive

Prepared By: James Begay Jr Phone No.: (928)674-2369 Email Address: james.begay@nndoh.org

| PART II. FUNDING SOURCE(S) | Fiscal Year /Term | Amount | % of Total |
|---|---|---|---|
| SUPPLEMENTAL BUDGET | 10/1/18-9/30/19 | 222,814.00 | 100% |
| | | | |
| FY19 Base Budget | 10/1/18-9/30/19 | 1,859,656.00 | |
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| TOTAL: | | $2,082,470.00 | 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 | 1,756,866 | | 1,756,866 |
| 3000 | Travel Expenses | 1 | 4,500 | | 4,500 |
| 3500 | Meeting Expenses | 1 | 4,819 | | 4,819 |
| 4000 | Supplies | 1 | 28,000 | 141,014 | 169,014 |
| 5000 | Lease and Rental | 1 | | | 0 |
| 5500 | Communications and Utilities | 1 | 39,122 | 69,000 | 108,122 |
| 6000 | Repairs and Maintenance | 1 | 2,581 | 6,300 | 8,881 |
| 6500 | Contractual Services | 1 | | 6,500 | 6,500 |
| 7000 | Special Transactions | 1 | 23,768 | | 23,768 |
| 8000 | Public Assistance | | | | 0 |
| 9000 | Capital Outlay | | | | 0 |
| 9500 | Matching Funds | | | | 0 |
| 9500 | Indirect Cost | | | | 0 |
| | TOTAL | | $1,859,656.00 | $ 222,814.00 | 2,082,470 |

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

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

Lucinda Martin, Health Service Administrator
SUBMITTED BY: Program Manager's Printed Name

SUBMITTED BY: Program Manager's Signature and Date 7/1/19

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

APPROVED BY: Division Director/Branch Chief's Signature and Date 7/1/19

# THE NAVAJO NATION
# PROGRAM PERFORMANCE CRITERIA



**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 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 Service | | | | | | | | |
| **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 activties 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.**

Lucinda Martin, Health Service Administrator
**Program Manager's Printed Name**

4/1/19
**Program Manager's Signature and Date**

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

7/2/19
**Division Director/Branch Chief's Signature and Date**

**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** | | | | | 141,014 |
| | Janitorial supplies and raw food supplies. | | | | | |
| 4410 | Operating Supplies | | | | 141,014 | |
| | 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 | 14 SC's x 147.93 x 1 months | 2,071.00 | | |
| | **5500 COMMUNICATION & UTILITIES** | | | | | 69,000 |
| | Utilities, propane, natural gas, water and sewage | | | | | |
| 5710 | Energy | | | | 56,250 | |
| | 5720 | Electric | 15 SC's x 250.00 x 3 months | 11,250.00 | | |
| | 5730 | Natural Gas | 3 SC's x 1000.00 x 3 months | 9,000.00 | | |
| | 5740 | Propane | 12 SC's x 3000.00 x 2 months | 36,000.00 | | |
| 5750 | Services | | | 56,250.00 | 12,750 | |
| | 5760 | Water | 15 SC's x 150.00 x 3 months | 6,750.00 | | |
| | 5770 | Sewage | 15 SC's x 400.00 x 1 month | 6,000.00 | | |
| | | | | 12,750.00 | | |
| | **6000 REPAIRS & MAINTENANCE** | | | | | 6,300 |
| | Waste disposal services for 7 Senior Centers. | | | | | |
| 6200 | External Contractors | | | | 6,300 | |
| | 6250 | Waste Disposal | 7 SC's x 300.00 x 3 months | 6,300.00 | | |
| | **6500 CONTRACTUAL SERVICES** | | | | | 6,500 |
| | Attorney fees for 2 grievance cases (outstanding bills). | | | | | |
| 6660 | Attorneys | | | | 6,500 | |
| | 6670 | Attorney - Fees | $2000 + $4500 = | 6,500.00 | | |
| | | | | TOTAL | 222,814 | 222,814 |

# THE NAVAJO NATION
# PROGRAM BUDGET SUMMARY



**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) | Fiscal Year Term | Amount | % of Total |
|---|---|---|---|
| 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% |
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| TOTAL: | | $ 198,065 | 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 | $ 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 | (D) | (E) |
|---|---|---|
| Total # of Positions Budgeted: | 2 | 0 |
| Total # of Permanently Assigned Vehicles: | 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

SUBMITTED BY: Program Manager's Signature and Date 4/27/19

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

APPROVED BY: Division Director/Branch Chief's Signature and Date 4/27/19

**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 |
| **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**

**Program Manager's Signature and Date**

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

4/27/19
**Division Director/Branch Chief's Signature and Date**

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 | $ 825.00 | |
| 3250 | $94/night x nights x 5 staff = $940.00 | $ | 940.00 | $ 940.00 | |
| 3260 | $.58/mi x 300/mi x 5 = $870.00 | $ | 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 | $ 2,900 | |
| 4410 | **OPERATING SUPPLIES** | | | | |
| | 4420 General Operating Supplies: | $ | 5,060 | $ 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 | $ 5,000 | |
| TOTAL | | | | $ 15,595 | $ 15,595 |

# THE NAVAJO NATION
# PROGRAM BUDGET SUMMARY



**BUDGET FORM 1**

PART I. Business Unit No.: 113012 Program Title: DALTCS - Fort Defiance Agency Division/Branch: NDOH

Prepared By: Leonora Henderson, PSII Phone No.: 928-729-4019 Email Address: leonora.henderson@nndoh.org

| PART II. FUNDING SOURCE(S) | Fiscal Year /Term | Amount | % of Total |
|---|---|---|---|
| SUPPLEMENTAL | 10/1/18-9/30/19 | 77,122 | 4% |
| GEN FUND BASE ALLOCATION | 10/1/18-9/30/19 | 2,101,335 | 96% |
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| | | | |
| | TOTAL: | 2,178,457 | 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 | 1,947,761 | - | 1,947,761 |
| 3000 Travel Expenses | 1 | 13,076 | 6,682 | 19,758 |
| 3500 Meeting Expenses | 1 | 1,608 | - | 1,608 |
| 4000 Supplies | 1 | 26,472 | 45,400 | 71,872 |
| 5000 Lease and Rental | 1 | 2,028 | - | 2,028 |
| 5500 Communications and Utilities | 1 | 65,880 | 13,040 | 78,920 |
| 6000 Repairs and Maintenance | 1 | 12,080 | 12,000 | 24,080 |
| 6500 Contractual Services | | - | | - |
| 7000 Special Transactions | 1 | 32,430 | - | 32,430 |
| 8000 Public Assistance | | | | - |
| 9000 Capital Outlay | | | | - |
| 9500 Matching Funds | | - | | - |
| 9500 Indirect Cost | | - | | - |
| TOTAL | | 2,101,335 | 77,122 | 2,178,457 |

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

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

Lucinda Martin, Health Services Administrator
SUBMITTED BY: Program Manager's Printed Name

Lucinda Martin 6/25/19
SUBMITTED BY: Program Manager's Signature and Date

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

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:**

| | 1st QTR | | 2nd QTR | | 3rd QTR | | 4th QTR | |
|---|---|---|---|---|---|---|---|---|
| | Goal | Actual | Goal | Actual | Goal | Actual | Goal | Actual |
| **1. Goal Statement:** Meal Service<br>**Program Performance Measure:** Provide Home Delivered and Congregate meals to eligible participants. | | | | | | | 5,000 | |
| **2. Goal Statement:** Social Services/Transportation/Health Promotion<br>**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<br>**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<br>**Program Performance Measure:** Coordinate trainings to assist with staff development, elderly healthy aging and independence. | | | | | | | 10 | |
| **5. Goal Statement:** Senior Center Monitoring<br>**Program Performance Measure:** Ensure compliance with monitoring tools provided for facilities, vehicles and equipment. | | | | | | | 2 | |

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

Lucinda Martin Health Services Administrator
**Program Manager's Printed Name**

Lucinda Martin 6/25/19
**Program Manager's Signature and Date**

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

6/25/19
**Division Director/Branch Chief's Signature and Date**

PART I. PROGRAM INFORMATION:

Program Name/Title: DALTCS - Fort Defiance Agency  Business Unit No.: 113012

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 EXPENSES** | | | | | | 6,682 |
| | Monthly mileage and fleet rentals. | | | | | | |
| 3110 | Fleet | | | 6% Tax | TOTAL | 6,682 | |
| | 3111 | Monthly/Perm: 24 Vehicles@ 108 x 3 mos | 5,184 | 311 | 5,495 | | |
| | 3113 | Mileage: 2000x.28x2 | 1,120 | 67 | 1,187 | | |
| | **4000 SUPLIES** | | | | | | 45,400 |
| | Operating supplies, home delivery trays, toner cartridges, xeorx paper, janitorial supplies and arts and crafts supplies. Photocopying, binding, and non cap furniture and computer/printer. | | | | | | |
| 4120 | Office Supplies | | | | | 5,400 | |
| | 4130 | General Office Supplies (18 x $300.) | 5,400 | | | | |
| 4200 | Non Capital Assets | | | | | 15,000 | |
| | 4210 | Non Capital Furniture & Equipment | 10,000 | | | | |
| | 4230 | Non Capital Computer & Equipment | 5,000 | | | | |
| 4410 | Operating Supplies | | | | | 25,000 | |
| | 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 | | | | |
| | | | | | TOTAL | 52,082 | 52,082 |

**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) |
| | **5500 COMMUNICATIONS & UTILITIES** | | | | | 13,040 |
| | Basic telephone and long distance services. Hardware and installation. DSL and internet services. | | | | | |
| 5710 | Energy | | | | 10,640 | |
| | 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** | | | | | 12,000 |
| | Annual repair, maintenance and service of furniture, equipment and building. | | | | | |
| 6020 | Supplies | | | | 3,000 | |
| | 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
# 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% |
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| | | | |
| | TOTAL: | $2,933,118.85 | 100% |

| 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: | | |
| Total # of Vehicles Budgeted: | 26 | 26 |

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

Lucinda Martin, Health Service Administrator
SUBMITTED BY: Program Manager's Printed Name

SUBMITTED BY: Program Manager's Signature and Date 7/1/19

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

APPROVED BY: Division Director/Branch Chief's Signature and Date 7/1/19

# 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 DALTCS is to ensure that high quality, comprehensive, and culturally congruent aging and long term care support are proveded to eligible Navajo individuals in coordination with other tribal and no-tribal proveders 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. | | | | | | | 10,000 | |
| **2. Goal Statement:** SOCIAL SERVICES | | | | | | | | |
| **Program Performance Measure:** Senior Centers, medical appointments, health education activities, and intergenerational events | | | | | | | 500 | |
| **3. Goal Statement:** CASE MANAGEMENT | | | | | | | | |
| **Program Performance Measure:** To provide elderly assessments for C1 & C2 services, caregiver, housekeeping & respite ser. | | | | | | | 200 | |
| **4. Goal Statement:** EMPLOYEE / ELDERS / FGP TRAINING | | | | | | | | |
| **Program Performance Measure:** Coordinate training to assist with staff development, elder healthy aging & independence. | | | | | | | 10 | |
| **5. Goal Statement:** SENIOR CENTER MONITORING | | | | | | | | |
| **Program Performance Measure:** | | | | | | | 2 | |
| Ensure compliance with monitoring tools for facilities, vehicles, and equipment | | | | | | | | |

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

Lucinda Martin, Health Service Administrator
**Program Manager's Printed Name**

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**

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) 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 EXPENSES** | | | | 44,291 |
| | Monthly Mileage and fleet rental | | | | |
| 3110 | Fleet | | | | |
| | 3111 - Monthly/Perm - Cover deficit | 26 vehicles x $108.00 x 1 months = 1 | $ 20,111.32 | 44,291 | |
| | 3113 - Mileage | 26 vehicles x .31 x 1,000 miles x 3 mos = | $ 24,180.00 | | |
| | | | $ 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** | | | | |
| 3230 | Personl travel | | $9,743.79 | 9,744 | |
| | | | $ 9,743.79 | | |
| | **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 |

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) 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 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 | | | |
| | 5540 - Long Distance | 75.00 x 21 SCs/Agency Office = 4,200 | 2,205 | | 6,090 | |
| | | | 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 | | 1150 | |
| | | | 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 | |
| | | | 6,638 | | | |
| | | | | TOTAL | 13,878 | 13,878 |

# THE NAVAJO NATION
# PROGRAM BUDGET SUMMARY



**BUDGET FORM 1**

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 |
|---|---|---|---|
| Gen Fund Base Alloc | 10/1/18 - 9/30/19 | 1,727,258 | 86% |
| Gen Fund Amended Amt | 10/1/18 - 9/30/19 | 24,445.00 | 1% |
| UUFB Supplemental Funds | 10/1/18 - 9/30/19 | 248,104.00 | 12% |
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| | TOTAL: | $1,999,807 | 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 | 1,604,722 | 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.

Lucinda Martin, Health Services Administrator
SUBMITTED BY: Program Manager's Printed Name

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

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.:** 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 othe rtribal 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<br>**Program Performance Measure:** Provice home delivery and congregate meals to eligible participants. | | | | | | | 9,000 | |
| **2. Goal Statement:** Social Services, Transportation, and Health Promotion<br>**Program Performance Measure:** Provide transportation services to eligible participants to senior centers, medical appts, health ed | | | | | | | 600 | |
| **3. Goal Statement:** Case Management<br>**Program Performance Measure:** To provide elderly assessment for C1 & C2 Services, Caregiver, and Housekeeping | | | | | | | 150 | |
| **4. Goal Statement:** Employee, Elderly, Foster Grandparents, Training & Development<br>**Program Performance Measure:** Coordinate training to assist with staff development, elder health aging and independency. | | | | | | | 75 | |
| **5. Goal Statement:** Senior Center Monitoring<br>**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 Lucinda Martin, Health Services Administrator
**Program Manager's Printed Name**

**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**

PART I. PROGRAM INFORMATION:

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

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) |
|---|---|---|---|---|
| | **2001 PERSONNEL EXPENSES** | | | **344** |
| | Employment salary and fringe benefits. | | | |
| 2310 | Temporary Remove deficit of $343.64 | | 344 | |
| | **3000 TRAVEL EXPENSES** | | | **30,175** |
| 3110 | Fleet Remove deficit of $3,085.19 + $9,030 X 20 vehicles X 3 mos. = | $ 30,175.19 | 30,175.00 | |
| | **4000 SUPPLIES** | | | **122,182** |
| | To buy general office supply, papar, pen, etc. Operating supplies for 15 Senior Centers. | | | |
| 4120 | Office Supplies | | 18,000 | |
| | 4130 - General Office Supplies $1,200 X 15 Senior Centers | $ 18,000.00 | | |
| 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 Wiith 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 |

# THE NAVAJO NATION
# DETAILED BUDGET AND JUSTIFICATION



PART I. PROGRAM INFORMATION:

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

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** | | | | | 156,076 |
| 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 ($86 x 15 x 3 mos) | | $ 6,388.85 | 6,389 | |
| 5710 | Energy | Remove deficit of $33,558.04 | | $ 33,558.04 | 141,233 | |
| | | 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** | | | | | 11,788 |
| 6130 | Services | | | | 6,000 | |
| | 6140 - Furn & Equip R&M Serv | HVAC-Beclbto/SR/Hogbk/Newcb | $1,500 x 4 centers | $ 6,000.00 | | |
| 6200 | External Contractors | | | | 5,788 | |
| | 6250 - Waste Discposal | Remove deficit $3,626.96 | | $ 3,627.00 | | |
| | | Unpaid PR# 906105 | | $ 2,160.87 | | |
| | | | | 5,787.87 | | |
| | | | | TOTAL | 167,864 | 326,273 |

# THE NAVAJO NATION
# PROGRAM BUDGET SUMMARY



PART I. Business Unit No.: 113014 Program Title: Div/Aging & Long Term Care Sup- Tuba City Division/Branch: Health / Executive

Prepared By: Charles Joe, PS II Phone No.: (928) 283-3351 Email Address: Charles.Joe@nndoh.org

| PART II. FUNDING SOURCE(S) | Fiscal Year Term | Amount | % of Total |
|---|---|---|---|
| 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% |
| General Fund Base Allocation | 10/01/18-9/30/19 | $ 1,982,713 | 3% |
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| | | | |
| TOTAL: | | $ 2,106,143 | 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 | $ 1,825,920 | - | $ 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) | (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

SUBMITTED BY: Program Manager's Signature and Date 7/1/19

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

APPROVED BY: Division Director/Branch Chief's Signature and Date 7/11/19

# 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:**

| | 1st QTR | | 2nd QTR | | 3rd QTR | | 4th QTR | |
|---|---|---|---|---|---|---|---|---|
| | Goal | Actual | Goal | Actual | Goal | Actual | Goal | Actual |
| 1. Program Performance Area: Meal Services<br>Goal Statement: Provide Home Delivery and Congregate meals to eligible participants. | | | | | | | 10,140 | |
| 2. Program Performance Area: Social Services, Transportation and Health Promotion.<br>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<br>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<br>Goal Statement: Coordinator training to assist with staff development, elder health aging and independences. | | | | | | | 20 | |
| 5. Program Performance Area: Senior Center Monitoring<br>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
Program Manager's Printed Name

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

PART I. PROGRAM INFORMATION:

Program Name/Title: Div/Aging & Long Term Care Sup- Tuba City  Business Unit No.: 113014

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 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. Meals and Lodging expense directly related to program business. | | | | |
| 3110 | **FLEET** | | | | |
| | 3111 Fleet Lease - Monthly/Perm | | | $ 47,165.20 | |
| | Remove deficit of $21,131.20 | $ 21,131 | | | |
| | Month/Perm 10 Suburbans @ 521.00/mo x 3 mo = | $ 15,630 | 15,630 | | |
| | Month/Perm 7 Vans @ 460.00/mo x 6 mo = $2,760.00 | $ 9,660 | | | |
| | Month/Perm Dept. Purchase: 1 Suburban @ $140.00/mo X 3 mo = | $ 420 | | | |
| | Month/Perm Dept. Purchase: 1 Van @ $108.00/mo X 3 mo = | $ 324 | | | |
| | **3113 Mileage:** | | | | |
| | 10 -Suburbans: $.28 per mile x 1300 miles x 3 mos = | $ 10,920 | | $ 18,564.00 | |
| | 7 Vans: .28 X 1300 miles X 3 mos = | $ 7,644 | | | |
| TOTAL | | | | $ 65,729 | $ 65,729 |

PART I. PROGRAM INFORMATION:

Program Name/Title: Div/Aging & Long Term Care Support - Tuba City  Business Unit No.: 113014

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) |
|---|---|---|---|---|
| | **4000 SUPPLIES** | | | 31,651 |
| | 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 | $ 2,001 | |
| 4410 | **OPERATING SUPPLIES** | | | |
| | 4420 General Operating Supplies: | $ 2,000 | $ 29,650 | |
| | 4460 Food Supplies 13 SC x 1300 x 3 mo. | $ 26,000 | | |
| | 4490 Custodial Supplies | $ 600 | | |
| | 4520 Bluk Paper | $ 600 | | |
| | 4530 Printing ,Binding, Photocopying | $ 450 | | |
| TOTAL | | | $ 31,651 | $ 31,651 |

PART I. PROGRAM INFORMATION:

Name/Title: Div/Aging & Long Term Care Support - Tuba City  Business Unit No.: 113014

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** | | | $ 23,300 |
| | Basic telephone services and line charges. DSL, internet, electrical, propane, natural gas, water, and sewage services to maintain operations. | | | |
| 5570 | INTERNET | | $ 4,300 | |
| | 5580 DSL | $ 1,800 | | |
| | 5600 Internet Services | $ 2,500 | | |
| 5710 | ENERGY | | | |
| | 5720 Electric | $ 2,000 | $ 14,000 | |
| | 5740 Propane | $ 12,000 | | |
| 5750 | SERVICES | | $ 5,000 | |
| | 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) 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) |
|---|---|---|---|---|
| | **6000 REPAIRS & MAINTENANCE** | | | $ 2,750 |
| | Annual repairs and maintenance services for hood exhaustion, fire extinguishers, freezers, refrigerators, stove, oven, heating and cooling units. Monthly presticide and waste pick up service | | | |
| 6110 | SUPPLIES | | $ 950 | |
| | 6120 Furniture & Equipment R&M Supplies: | $ 950 | | |
| 6130 | SERVICES | | $ 1,800 | |
| | 6140 Furniture & Equipment R&M Services: | $ 1,800 | | |
| TOTAL | | | $ 2,750 | $ 123,430 |

*Office of Legislative Counsel*
*Telephone: (928) 871-7166*
*Fax # (928) 871-7576*

*Honorable Seth Damon*
*Speaker*
*24th Navajo Nation Council*

**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'IYATI' 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'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

**Posted:** July 25, 2019 at 5:29 PM

**5 DAY Comment Period Ended:** July 30, 2019

**Digital Comments received:**

| | |
|---|---|
| **Comments Supporting** | *1. George Tolth, Casamero Lake President of Navajo Council on Aging* |
| **Comments Opposing** | *None* |
| **Inconclusive Comments** | *None* |

**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)