

# THE NAVAJO NATION

JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE PRESIDENT



January 13, 2022

## TRANSMITTAL

TO : Dr. Jill Jim, Executive Director  
Navajo Department of Health (NDOH)

FROM : CMS  
Cordell Shortey, Contracting Officer  
Contracts and Grants Section / OMB

SUBJECT : NDOH - Covid - 19 Emergency Food; Fiscal Recovery Funds (FRF)- Defunded CARES Act

### I. Information on Contract (per Original Award):

NDOH - Covid-19 Emergency Food	U.S. Treasury American Recovery Plan Act (ARPA)	21.019
Title of Contract	Funding Agency	CFDA No. - Federal
CJY-41-21	\$ 3,000,000.00	2022
Grant No.	Amount	Fiscal Year
		Term - Begin and End Date
		03/11/2021 to 12/31/2026

### II. Data Entered in FMIS Regarding:

☒ New Contract or Grant Company No. 8059 Business Unit (K#) K211525

☐ Contract Mod No. \_\_\_\_\_

☐ Amt of Award \_\_\_\_\_ to \_\_\_\_\_

AMOUNT FROM TO

☐ Budget Period - Extend End Date: From \_\_\_\_\_ To \_\_\_\_\_

☐ Other, specify: \_\_\_\_\_

### Authorizing Document - Attached:

☐ Contract / Agreement - Date executed \_\_\_\_\_

☐ NNC / Committee Resolution - No. & Date \_\_\_\_\_

☒ Other, specify: NN Council Resolution CJY-41-21

### III. Comments by CGS:

Budget received on January 10, 2022 is authorized for implementation pursuant to FY 2022 NN BIM Appendix L Section II.B and approved by Mr. Tom Platero.

Attachment

Copy: Contract files  
Contract Accounting / OOC / DPM  
Tom Platero, Interim E.D. - NN FRF Office

Revised April 2018



Office of Management and Budget ♦ Post Office Box 646 ♦ Window Rock, AZ 86515  
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## THE NAVAJO NATION PROGRAM BUDGET SUMMARY

<b>PART I. Business Unit No.:</b> <u>NEW</u>		<b>Program Title:</b> <u>COVID 19- FOOD</u> <u>NAVAJO HEALTH COMMAND OPERATIONS CENTER</u>		<b>Division/Branch:</b> <u>NDOH</u>	
<b>Prepared By:</b> <u>Taryn Nofchissey</u>		<b>Phone No.:</b> <u>871-6068</u>		<b>Email Address:</b> <u>tnofchissey@navajo-nsh.gov</u>	

  

PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference or Total
CARES ACT Funding	01/17/21-12/31/24	3,000,000.00	100%	2001 Personnel Expenses	6			
				3000 Travel Expenses	6			
				3500 Meeting Expenses	6			
				4000 Supplies	6			
				5000 Lease and Rental	6			
				5500 Communications and Utilities	6			
				6000 Repairs and Maintenance	6			
				6500 Contractual Services	6			
				7000 Special Transactions	6			
				8000 Public Assistance	6		3,000,000	3,000,000
				9000 Capital Outlay	6			
				9500 Matching Funds	6			
				9500 Indirect Cost	6			
				<b>TOTAL</b>		\$0.00	3,000,000.00	3,000,000

  

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

  

<b>PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.</b>	
<b>SUBMITTED BY:</b> <u>Dr. Jill Jim, Executive Director</u> <b>Program Manager's Printed Name</b> <u>Jill Jim 1/5/22</u> <b>Program Manager's Signature and Date</b>	<b>APPROVED BY:</b> <u>Paulson Chaco, Chief of Staff</u> <b>Division Director / Branch Chief's Printed Name</b> <u>Paulson Chaco 01/10/22</u> <b>Division Director / Branch Chief's Signature and Date</b>

1.97 1/3/22



FY 2022

**THE NAVAJO NATION  
PROGRAM PERFORMANCE CRITERIA**

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BUDGET FORM 2

<b>PART I. PROGRAM INFORMATION:</b>									
Business Unit No.: <u>NEW</u>			Program Name/Title: <u>COVID 19- FOOD</u> <u>NAVAJO HEALTH OPERATIONS COMMAND CENTER</u>						
<b>PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:</b>									
<b>PART III. PROGRAM PERFORMANCE CRITERIA:</b>									
		1st QTR		2nd QTR		3rd QTR		4th QTR	
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement:									
Provide emergency food and/or water to COVID-19 patients									
Program Performance Measure/Objective:									
All agencies receive food/water to COVID-19 patients		50		50		50		50	
2. Goal Statement:									
Program Performance Measure/Objective:									
3. Goal Statement:									
Program Performance Measure/Objective:									
4. Goal Statement:									
Program Performance Measure/Objective:									
5. Goal Statement:									
Program Performance Measure/Objective:									
<b>PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.</b>									
Dr. Jil Jim, Executive Director					Paulson Chaco, Chief of Staff				
Program Manager's Printed Name					Division Director/Branch Chief's Printed Name				
<u><i>[Signature]</i></u> <u>1/5/22</u>					<u><i>[Signature]</i></u> <u>01/10/22</u>				
Program Manager's Signature and Date					Division Director/Branch Chief's Signature and Date				

*[Handwritten Signature]* 1/13/22

FY 2022

## THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

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BUDGET FORM 4

PART I. PROGRAM INFORMATION:				
Program Name/Title:		Navajo Health Command Operations Center		Business Unit No.: NEW
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)	
8000 ASSISTANCE				
8020	Purchase care packages (food & water) \$ 3,000,000	3,000,000	3,000,000	
	8060 Emergency Assistance			
TOTAL		3,000,000	3,000,000	

v. Hg 11/13/22

FY 2022

**THE NAVAJO NATION**  
**EXTERNAL CONTRACT AND GRANT FUNDING INFORMATION**

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**BUDGET FORM 6**

<b>PART I. PROGRAM INFORMATION:</b>		Funding Period: <u>01/17/2021-12/31/2024</u>	
Program Name/Title: <u>COVID 19- FOOD</u> <u>Navajo Health Command Operations Center</u>		K #: <u>NEW</u>	
Contract/Grant No.: _____		Prepared by: <u>Taryn Nofchissey</u>	
<b>PART II. PURPOSE OF FUNDING AND MATCH FUNDS REQUIREMENT</b>			
<b>PART III. BUDGET INFORMATION:</b>			
(A) Major Object Code and Description	(B) Current Award Fiscal Year 2020	(C) Anticipated Funding Fiscal Year 2021	(D) Difference Columns (C) - (B)
2001 Personnel Expenses			
3000 Travel Expenses			
3500 Meeting Expenses			
4000 Supplies			
5000 Lease and Rental			
5500 Communication and Utilities			
6000 Repairs and Maintenance			
6500 Contractual Services			
7000 Special Transaction			
8000 Assistance			
9000 Capital Outlay		3,000,000	3,000,000.00
9510 Matching - Cash			
9610 Matching - In - Kind			
9710 Indirect Cost (Overhead) Allocation			
<b>TOTALS:</b>	-	<b>3,000,000</b>	<b>3,000,000.00</b>
<b>PART IV.</b>	<b>MATCH FUNDS - No. of Positions:</b>		-
	<b>MATCH FUNDS - Required GF Cash Match:</b>		-
<b>CONCURRED BY:</b>	<b>Required GF In-Kind Match:</b>		-
<b>Contracting Officer's Signature / Date:</b>	<b>Required GF % Match:</b>		-
<b>PART V. ACKNOWLEDGEMENT:</b>			
Submitted by (print): <u>Dr. Jill Jim, Executive Director</u>		Approved by (print): <u>Paulson Chaco, Chief of Staff</u>	
Signature/Date: <u>[Signature] 1/5/22</u>		Signature/Date: <u>[Signature] 01/14/22</u>	

*J. P. 1/13/22*