

THE NAVAJO NATION

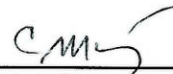
JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE PRESIDENT



January 13, 2022

TRANSMITTAL

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

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

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

I. Information on Contract (per Original Award):

NDOH - Covid-19 Personal Protective Equipment (PPE)		U.S. Treasury American Recovery Plan Act (ARPA)	21.019
Title of Contract		Funding Agency	CFDA No. - Federal
CJY-41-21	\$ 600,000.00	2022	03/11/2021 to 12/31/2026
Grant No.	Amount	Fiscal Year	Term - Begin and End Date

II. Data Entered in FMIS Regarding:

☒ New Contract or Grant Company No. 8059 Business Unit (K#) K211526

☐ 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



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FY 2022

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

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BUDGET FORM 1

PART I. Business Unit No.: <u>NEW</u> Program Title: <u>COVID 19- PPE NAVAJO HEALTH COMMAND OPERATION CENTER</u> Division/Branch: <u>NDOH</u>			
Prepared By: <u>Taryn Nofchissey</u> Phone No.: <u>871-6068</u> Email Address: <u>tnofchissey@navajo-nsn.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	1/17/21/12/31/24	600,000.00	100%	2001 Personnel Expenses	6			
				3000 Travel Expenses	6			
				3500 Meeting Expenses	6			
				4000 Supplies	6		600,000	600,000
				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			
				9000 Capital Outlay	6			
				9500 Matching Funds	6			
				9500 Indirect Cost	6			
				TOTAL		\$0.00	600,000.00	600,000

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


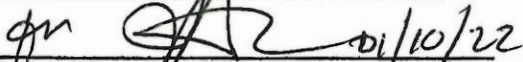
PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.			
SUBMITTED BY: <u>Dr. Jill Jim, Executive Director</u> Program Manager's Printed Name <u><i>Jill Jim</i></u> 1/5/22 Program Manager's Signature and Date	APPROVED BY: <u>Paulson Chaco, Chief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

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**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

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BUDGET FORM 2

PART I. PROGRAM INFORMATION:									
Business Unit No.: <u>NEW</u>		Program Name/Title: <u>COVID 19- PPE</u> <u>NAVAJO HEALTH COMMAND OPERATIONS CENTER</u>							
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM: CJN-46-20 Authorities the Navajo Nation to develop an expenditure plan in accordance with resolution No CMY 44-20									
PART III. PROGRAM PERFORMANCE CRITERIA:		1st QTR		2nd QTR		3rd QTR		4th QTR	
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement: Protect employees from COVID-19 infection									
Program Performance Measure/Objective: PPEs and cleaning supplies to be distributed to Navajo Nation Employees		100		100		100		100	
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:									
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.									
Dr. Jill Jim, Executive Director _____ Program Manager's Printed Name  Program Manager's Signature and Date					Paulson Chaco, Chief of Staff _____ Division Director/Branch Chief's Printed Name  Division Director/Branch Chief's Signature and Date				

1-17/1/13/22

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DETAILED BUDGET AND JUSTIFICATIONPage 3 of 4
BUDGET FORM 4

PART I. PROGRAM INFORMATION:				
Program Name/Title: <u>COVID 19 - PPE</u>		Business Unit No.: <u>NEW</u>		
PART II. DETAILED BUDGET:				
(A)	(B)	(C)	(D)	
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)	
4410	4000 SUPPLIES Purchase PPEs for the entire Navajo Nation Employees, medical supplies (gloves, surgical/KN9Masks. face shields for first responders, gowns, testing kits & cleaning supplies 4500 Medical Supplies	\$ <u>600,000</u>	600,000	600,000
TOTAL		600,000	600,000	

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

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BUDGET FORM 6

PART I. PROGRAM INFORMATION:		Funding Period: <u>1/17/21-12/31/24</u>	
Program Name/Title: <u>COVID19-PPE</u> <u>NAVAJO HEALTH COMMAND OPERATIONS CENTER</u>		K #: <u>NEW</u>	
Contract/Grant No.: _____		Prepared by: <u>Taryn Nofchissey</u>	
PART II. PURPOSE OF FUNDING AND MATCH FUNDS REQUIREMENT			
PART III. BUDGET INFORMATION:			
(A) Major Object Code and Description	(B) Current Award Fiscal Year ____	(C) Anticipated Funding Fiscal Year ____	(D) Difference Columns (C) - (B)
2001 Personnel Expenses			
3000 Travel Expenses			
3500 Meeting Expenses			
4000 Supplies		600,000	600,000.00
5000 Lease and Rental			
5500 Communication and Utilities			
6000 Repairs and Maintenance			
6500 Contractual Services			
7000 Special Transaction			
8000 Assistance			
9000 Capital Outlay			
9510 Matching - Cash			
9610 Matching - In - Kind			
9710 Indirect Cost (Overhead) Allocation			
TOTALS:	-	600,000	600,000.00
PART IV.	MATCH FUNDS - No. of Positions:		-
	MATCH FUNDS - Required GF Cash Match:		-
CONCURRED BY:	Required GF In-Kind Match:		-
Contracting Officer's Signature / Date:	Required GF % Match:		-
PART V. ACKNOWLEDGEMENT:			
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] 01/10/22</u>	

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