

**Summary of Federal Funding Budget Request
Instructions on Completing the Form**

PURPOSE: This form will obtain the Navajo Nation's Fiscal Year (FY) 2012 Federal Funding Budget Request information to assist in advocacy efforts to the Federal government.

Box 1. Identify the Navajo Nation Branch/Division i.e. Executive/Division of Social Services or Judicial /Tribal Courts.

Box 2. Identify the Navajo Nation Program, i.e., Temporary Assistance to Needy Families/Program for Self Reliance.

Box 3. Identify the Federal department from which the federal funding originates, i.e., Department of Health and Human Services.

Box 4. Identify the Federal Office/Bureau/Division within the Federal department identified in Box 3, from which the federal funding originates, i.e., Administration for Children and Families, Temporary Assistance for Needy Families.

Box 5. Identify the Federal region which the Navajo Branch/Division/Program works with, i.e., Federal Region 9 (Arizona); Federal Region 6 (New Mexico); or Federal Region 8 (Utah).

Box 6. Identify Congressional District in which services are rendered, i.e., New Mexico Congressional District 1 (Tohajilee), District 2 (Alamo), District 3 (Shiprock), Arizona Congressional District 1 (All of Navajo Nation in Arizona), Utah Congressional District 2 (Montezuma).

Box 7. Budget Information

Section a) - Funds Awarded for FY 2008.

Section b) – Funds Awarded for FY 2009.

Section c) through d) - Budget Request endorsed by IGR Committee for FY 2010-2011, respectively.

Section e) - Budget Request proposed for FY 2012. It is recommended provision for 6 % increase be made to FY 2011 amount in box 7d. This is 3% each for cost of living and new monies. The maximum amount should be at a level the program expects to achieve the intent of funding via service delivery by fully expending the funds within the terms of the annual funding or budget.

Box 8. Funding Information

a) Indicate the type of funding on the latest contract, grant or other, and provide the related fiscal year (FY) and contract/grant number.

b) Indicate if the fund source is a P.L. 93-638 or non-638.

c) If applicable, provide the term dates for the contract or grant authorized by Congress. For example, CCDF was for 3 years, which began FY 2005 to 2008, and fiscal year term is November to October. The start date would be "November 2005" and the end date would be "October 2008".

Box 9. Matching Funds and Indirect Cost Recovery Information

a) Match Fund required? – check the appropriate response, Yes or No.

b) Check the Type of Match required cash, in-kind or other. For "other", specify the form of match acceptable.

c) Basis or Level – provide the amount or percent of the required match pursuant to funding source rules.

d) Will Indirect Cost be recovered? Check Yes or No. If Yes, indicate expected amount of IDC recovery and/or rate of recovery.

Box 10. Justification Statement on Requested Budget:

a) Explain the current overall need in quantifiable form.

b) Provide expected deliverables and results at the end of the funding year in question.

c) What changes are expected so as to optimize results?

Box 11. Statement of Performance:

a) List the accomplishments with current funds?

b) List external challenges that impeded performance.