

THE NAVAJO NATION FISCAL RECOVERY FUNDS **REQUEST FORM & EXPENDITURE PLAN**FOR **NON-GOVERNANCE CERTIFIED CHAPTERS**

Part 1. Identification of parties.

Non-Governance Certified Chapter requesting FRF:		Da	te prepared:
Chapter's mailing address:		•	
This Form prepared by:		· •/	
	NTACT PERSON'S name and title		CONTACT PERSON'S info
Title and type of Project:			
Chapter President:		phone & email:	
Chapter Vice-President:		phone & email:	
Chapter Secretary:		phone & email:	
Chapter Treasurer:		phone & email:	
Chapter Manager or CSC:		phone & email:	
DCD/Chapter ASO:		phone & email:	
Amount of FRF requested:		known):	<u> </u>
Amount of the requested.	i Ni Turiuring period	indicate Project starting and endir	ng/deadline date
Part 2. Expenditure Plan deta	ils.		
(a) Describe the Program(s) and/or P and what COVID-related needs w		w the funds will be used, for what purpose	es, the location(s) to be served,
			☐ document attached
(b) Explain how the Program or Proje	ect will benefit the Navajo Nation, N	avajo communities, or the Navajo People	e:
			☐ document attached

⁽c) Provide a prospective timeline showing the estimated date of completion of the Project and/or each phase of the Project. Disclose any challenges that may prevent you from incurring costs for all funding by December 31, 2024 and/or fully expending funds and completing the

APPENDIX A

Program(s) or Project(s) by December 31, 2026:	
	☐ document attached
(d) Identify who will be responsible for implementing the Progra	
(a) rearranty while will be responsible for implementaling the rinegre	111011101000
	☐ document attached
(e) Explain who will be responsible for operations and mainter	nance costs for the Project once completed, and how such costs will be funded
prospectively:	,
•	
	☐ document attached
(f) State which of the 66 Fiscal Recovery Fund expenditure ca	tegories in the attached U.S. Department of the Treasury Appendix 1 listing the
proposed Program or Project falls under, and explain the reaso	
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	☐ document attached
Part 3. Additional documents.	
List here all additional supporting documents attached to this l	EDE Evpanditura Dian (or indicata N/A):
List here all additional supporting documents attached to this i	The Experiorate Flam (of indicate N/A).
	☐ Chapter Resolution attached
Part 4. Affirmation by Funding Recipient.	
Funding Recipient affirms that its receipt of Fiscal Recovery Fu	unds and the implementation of this FRF Expenditure Plan shall be in accordance
	, and with all applicable federal and Navajo Nation laws, regulations, and policies:
Chapter's	
Preparer:	Approved by:
signature of Preparer/CONTACT PERSON	signature of Chapter President (or Vice-President)
Approved by:	Approved by:
Approved by:signature of CSC	signature o/Chapter ASO
	Approved to submit for Review:
	IOI Review signature of DCD Director