

THE NAVAJO NATION  
FISCAL RECOVERY FUNDS **REQUEST FORM & EXPENDITURE PLAN**  
FOR **EXTERNAL ENTITIES**

**Part 1. Identification of parties.**

External Entity requesting FRF: \_\_\_\_\_ Date prepared: \_\_\_\_\_

External Entity's mailing address: \_\_\_\_\_ phone/email: \_\_\_\_\_  
website (if any): \_\_\_\_\_

This Form prepared by: \_\_\_\_\_ phone/email: \_\_\_\_\_

\_\_\_\_\_  
*CONTACT PERSON'S name and title*

\_\_\_\_\_  
*CONTACT PERSON'S info*

Title and type of Project: \_\_\_\_\_

External Entity's CEO (or equivalent): \_\_\_\_\_ phone & email: \_\_\_\_\_

Board President: \_\_\_\_\_ phone & email: \_\_\_\_\_

Board Treasurer or Financial Officer: \_\_\_\_\_ phone & email: \_\_\_\_\_

Funding Recipient will be working with: \_\_\_\_\_ on the Project  
indicate name of Director of assisting Division and Division; if none, indicate "NN President and OPVP"  
and same will be submitting the Funding Request Package for Review, and will have Administrative Oversight over this FRF Expenditure Plan.

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): \_\_\_\_\_

document attached

Amount of FRF requested: \_\_\_\_\_ FRF funding period: \_\_\_\_\_  
indicate Project starting and ending/deadline date

**Part 2. Expenditure Plan details.**

(a) Describe the Program(s) and/or Project(s) to be funded, including how the funds will be used, for what purposes, the location(s) to be served, and what COVID-related needs will be addressed:

document attached

(b) Explain how the Program or Project will benefit the Navajo Nation, Navajo communities, or the Navajo People:

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 Program(s) or Project(s) by December 31, 2026:

document attached

(d) Identify who will be responsible for implementing the Program or Project:

document attached

(e) Explain who will be responsible for operations and maintenance 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 categories in the attached U.S. Department of the Treasury Appendix 1 listing the proposed Program or Project falls under, and explain the reason why:

document attached

**Part 3. Additional documents.**

List here all additional supporting documents attached to this FRF Expenditure Plan (or indicate N/A):

Board Resolution attached

**Part 4. Affirmation by Funding Recipient.**

Funding Recipient affirms that its receipt of Fiscal Recovery Funds and the implementation of this FRF Expenditure Plan shall be in accordance with Resolution No. CJY-41-21, the ARPA, ARPA Regulations, and with all applicable federal and Navajo Nation laws, regulations, and policies:

External Entity's Preparer: \_\_\_\_\_ Approved by: \_\_\_\_\_  
*signature of Preparer/CONTACT PERSON* *signature of Board Chairperson or President (or Vice-President)*

Approved by: \_\_\_\_\_ Approved to submit for Review: \_\_\_\_\_  
*signature of External Entity's CEO (or equivalent)* *signature of Director of assisting Division*

-OR- Approved to submit for Review: \_\_\_\_\_  
*signature of NN President*