

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

Part 1. Identification of parties.

NN-Owned Entity requesting FRF: _____ Date prepared: _____

NN-Owned Entity's phone/email: _____
mailing address: _____ website (if any): _____

This Form prepared by: _____ phone/email: _____

CONTACT PERSON'S name and title

CONTACT PERSON'S info

Title and type of Project: _____

NN-Owned 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 assisting Division and name of Division Director; 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:

NN-Owned 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 NN-Owned Entity's CEO (or equivalent) *signature of Director of assisting Division*

-OR- Approved to submit for Review: _____
signature of NN President