



**NAVAJO NATION DEPARTMENT OF JUSTICE**  
*OFFICE OF THE ATTORNEY GENERAL*

ETHEL B. BRANCH  
Attorney General

HEATHER CLAH  
Deputy Attorney General

**DEPARTMENT OF JUSTICE**  
**INITIAL ELIGIBILITY DETERMINATION**  
**FOR NAVAJO NATION FISCAL RECOVERY FUNDS**

**RFS/HK Review #:** \_\_\_\_\_

**Date & Time Received:** \_\_\_\_\_

**Date & Time of Response:** \_\_\_\_\_

**Entity Requesting FRF:** \_\_\_\_\_

**Title of Project:** \_\_\_\_\_

**Administrative Oversight:** \_\_\_\_\_

**Amount of Funding Requested:** \_\_\_\_\_

**Eligibility Determination:**

- FRF eligible
- FRF ineligible
- Additional information requested

**FRF Eligibility Category:**

- (1) Public Health and Economic Impact
- (2) Premium Pay
- (3) Government Services/Lost Revenue
- (4) Water, Sewer, Broadband Infrastructure

**U.S. Department of Treasury Reporting Expenditure Category:** \_\_\_\_\_

**Returned for the following reasons (Ineligibility Reasons/Paragraphs 5.E.(1)-(10) of FRF Procedures):**

- Missing Form
- Supporting documentation missing
- Project will not be completed by 12/31/2026
- Ineligible purpose
- Submitter failed to timely submit CARES reports
- Additional information submitted is insufficient to make a proper determination
- Expenditure Plan incomplete
- Funds will not be obligated by 12/31/2024
- Incorrect Signatory
- Inconsistent with applicable NN or federal laws

Other Comments: \_\_\_\_\_  
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Name of DOJ Reviewer: \_\_\_\_\_

Signature of DOJ Reviewer: \_\_\_\_\_

**Disclaimers:**

If additional information has been requested and you wish to provide it, please resubmit all the required forms updated to include the additional information. Full resubmission will expedite the Initial Eligibility Determination process. Therefore, please include a new RFS form indicating resubmission, revised Appendix A, Budget Form 1, and other supporting documents. **Please email your resubmission to arpa@nndoj.org.** Please be aware that under Resolution BFS-31-21 a Project or Program can only be reviewed twice, therefore it is critical that you include all the requested additional information for your second submission.

An NNDOJ Initial Eligibility Determination is based on the documents provided, which NNDOJ will assume are true, correct, and complete. Should the Project or Program change in any material way after the initial determination, the requestor must seek the advice of NNDOJ. An initial determination is limited to review of the Project or Program as it relates to whether the Project or Program is a legally allowable use – it does not serve as an opinion as to whether or not the Project or Program should be funded, nor does it serve as an opinion as to whether or not the amount requested is reasonable or accurate.

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

**Part 1. Identification of parties.**

Governance-Certified Chapter requesting FRF: Greasewood Springs Chapter Date prepared: 8/22/22

Chapter's mailing address: PO Box 1260 Ganado, AZ 85605 phone & email: (928) 654-3239 website (if any): dacurley@nnchapters.org

This Form prepared by: Dereck Curley phone/email: (928) 313-2070  
Dereck Curley, Chapter Manager dacurley@nnchapters.org  
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Home Repair/Improvement

Chapter President: Calvin F. Lee phone & email: (505) 406-0806 leecalvin235@yahoo.com

Chapter Vice-President: Julia Benally phone & email: (928) 797-1744 juliabenally2@gmail.com

Chapter Secretary: Linda S. Yazzie phone & email: (480) 580-4631 lynda\_yazzie2006@yahoo.com

Chapter Treasurer: Linda S. Yazzie phone & email: \_\_\_\_\_

Chapter Manager or CSC: Dereck Curley phone & email: (928) 313-2070 dacurley@nnchapters.org

DCD/Chapter ASO: Eunice Begay phone & email: (928) 240-3401 ejbegay@nndcd.org

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

document attached

Amount of FRF requested: \$1,400,000.00 FRF funding period: 10/1/2022-<sup>12</sup>9/30/2026  
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:

The Greasewood Springs Chapter Home Repair/Improvement Project will allocate \$1,400,000.00 to existing homes in the community that need repair or improvement. The funds will be utilized for materials/supplies, delivery costs, and hiring contractors. This project will help community members improve their homes for safety, stable housing, and to eliminate the spread of COVID-19 and other diseases. Additionally, community members will also be allowed to contribute sweat equity.

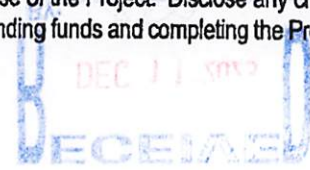
document attached

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

This Project will allow homeowners to improve living conditions and their way of living by having more stable and standardized homes. Greasewood Springs Chapter strives to improve quality of life for community members, especially those with limited economic opportunities. During this pandemic, foundational weaknesses in homes were found to increase the detrimental effects of COVID-19.

document attached

(c) 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:



Identify & assess homes for repair/improvement: present to February 2023  
Advertisement for contractor(s): February 2023 to August 2023  
Procurement: August 2023 to March 2024  
Construction: September 2023 to September 2026  
Purchasing building materials in bulk amounts and the supply chain could be challenging.

document attached

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

Greasewood Springs Chapter will be responsible implementing the 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:

Homeowners are responsible for continued maintenance and operation.

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:

This project falls under Expenditure Category: 6.1 Provision of Government Services  
Improving existing homes for Greasewood Springs community members/families in need will help to address access to secure and stable housing.

document attached

**Part 3. Additional documents.**

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

Chapter 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:

Chapter's Preparer: Arnell Curley, CM  
signature of Preparer/CONTACT PERSON

Approved by: [Signature]  
signature of Chapter President (or Vice-President)

Approved by: Arnell Curley, CM  
signature of Chapter Manager or CSC

Approved by: [Signature], SPPS / Tiqui Mena, ASO  
signature of DCD Chapter ASO

Approved to submit for Review: [Signature]  
signature of DCD Director

FY 2024

THE NAVAJO NATION  
PROGRAM BUDGET SUMMARY

PART I. Business Unit No.: <u>          New          </u> Program Title: <u>Greasewood Springs Chapter/</u> <u>Home Repair/Improvement</u> Division/Branch: <u>DCD/ASC</u>				Prepared By: <u>Dereck Curley, Chapter Manager</u> Phone No.: <u>928-654-3239</u> Email Address: <u>dacurley@nnchapters.org</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
ARPA	10/1/22- <u>12/31/26</u>	1,400,000.00	100%	2001 Personnel Expenses				
				3000 Travel Expenses				
				3500 Meeting Expenses				
				4000 Supplies	5		840,000	840,000
				5000 Lease and Rental				
				5500 Communications and Utilities				
				6000 Repairs and Maintenance				
				6500 Contractual Services	6		560,000	560,000
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL			1,400,000.00	1,400,000
TOTAL: \$1,400,000.00 100%				PART IV. POSITIONS AND VEHICLES				
						(D)	(E)	
				Total # of Positions Budgeted:				
				Total # of Vehicles Budgeted:				
PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.								
SUBMITTED BY: <u>Jeron Cherley, Dept Mgr II</u>				APPROVED BY: <u>Artan Mitchell, Executive Director</u>				
Program Manager's Printed Name				Division Director / Branch Chief's Printed Name				
<u>[Signature]</u> Program Manager's Signature and Date				<u>[Signature]</u> Division Director / Branch Chief's Signature and Date				
12-11-23								

THE NAVAJO NATION  
PROGRAM PERFORMANCE CRITERIA

PART I. PROGRAM INFORMATION:  
 Business Unit No.: NEW Program Name/Title: Greasewood Springs Chapter/ Home Repair/Improvement

PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:  
 The Greasewood Springs Chapter Home Repair/Improvement Project will repair homes in poor conditions for residents of Greasewood Springs Chapter. This project will improve the quality of life, I

PART III. PROGRAM PERFORMANCE CRITERIA:	1st QTR		2nd QTR		3rd QTR		4th QTR	
	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement: <u>Our goal is to identify and assess homes for repair/improvement, present to February 2023.</u> Program Performance Measure/Objective: <u>Review data forms that were submitted to community members for repair assistance.</u>	10		10					
2. Goal Statement: <u>Advertise for contractors, February 2023 to August 2023</u> Program Performance Measure/Objective: <u>Procure contractors through public notice.</u>			10		10			
3. Goal Statement: <u>Our goal for construction is September 2023 to September 2026. All homes completed.</u> Program Performance Measure/Objective: <u>All applicants that applied for home repair assistance will be completed.</u>					10		10	
4. Goal Statement: <u>_____</u> Program Performance Measure/Objective: <u>_____</u>								
5. Goal Statement: <u>_____</u> Program Performance Measure/Objective: <u>_____</u>								

PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.

<u>Jaron Charley, Dept. Mgr.</u> Program Manager's Printed Name	<u>Arvin Mitchell, Exec Director</u> Division Director/Branch Chief's Printed Name
<u>[Signature]</u> 12-11-23 Program Manager's Signature and Date	<u>[Signature]</u> Division Director/Branch Chief's Signature and Date

FY 2022

THE NAVAJO NATION  
 DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Greasewood Springs Chapter / Home Repair / Improvement</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)
4000	4000 Supplies		
	4000 General Contractors Labor and material for rehabilitation of homes per scope of work.	840,000	840,000
6500	6500 Contractual Services		
	6500 General Contractors Contractual Services per contract for Home Repair/Improvements for all applicants.	560,000	560,000
<b>TOTAL</b>		<b>1,400,000</b>	<b>1,400,000</b>

**THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE**

<b>PART I.</b> Business Unit No.: <u>New</u> Project Title: <u>Greasewood Springs Chapter- ARPA Home Repair/Improvement</u> Project Description: <u>Home Repair/Improvement: Project will allocate \$1,4000,000.00 to assist existing homes that are in need of repair or improvement. Funds will be utilized for materials/supplies,delivery costs and hiring contractors.</u> Check one box: <input checked="" type="checkbox"/> Original Budget <input checked="" type="checkbox"/> Budget Revision <input type="checkbox"/> Budget Reallocation <input type="checkbox"/> Budget Modification													<b>PART II.</b> Project Information Project Type: <u>Housing Repair/Improvement</u> Planned Start Date: <u>10/1/2022</u> Planned End Date: <u>12/30/2026</u> Project Manager: _____																		
<b>PART III.</b> List Project Task separately; such as Plan, Design, Construct, Equip or Furnish.	<b>PART IV.</b> Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.																				Expected Completion Date if project exceeds 8 FY Qtrs.  <u>12/30/26</u>										
	FY 2023												FY 2024																		
	1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.									
	O	N	D	J	F	M	A	M	J	Jul	A	S	O	N	D	J	F	M	A	M	J	Jul	A	S	O	N	D	J	F	M	
Planning and Assessments		x	x	x	x	x																									
Advertisement for Contractors					x	x	x	x	x	x	x																				
Procurement										x	x	x	x	x	x	x	x	x													
Construction											x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
<b>PART V.</b>	\$			\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL						
Expected Quarterly Expenditures	0.00			5,000.00			5,000.00			188,000.00			300,500.00			300,500.00			300,500.00			300,500.00			\$1,400,000.00						

FOR OMB USE ONLY: Resolution No: \_\_\_\_\_ FMIS Set Up Date: \_\_\_\_\_ Company No: \_\_\_\_\_ OMB Analyst: \_\_\_\_\_



GREASEWOOD SPRINGS CHAPTER  
HK0242  
HOME REPAIR/IMPROVEMENT PROJECT

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APPENDIX A  
SCOPE OF WORK

OVERVIEW

1. Project Description

The Greasewood Springs Home Repair/Improvement Project is approved under the Navajo Nation, American Rescue Plan Act. The Project will improve the community housing in the Greasewood Springs area with construction repairs to their homes. The repair/improvements will help with structural safety and structural integrity reinforcement. The homeowners will have the opportunity to install water cistern systems and update the plumbing, electrical, roofing, doors, windows, foundation, disability access, heating, and cooling of the homes. The repairs/improvements of the home will have a positive effect to the family that resides on the property and in the home. The Greasewood Springs Chapter is committed to its community membership with this project and helping families with providing technical support while utilizing the American Rescue Plan Act funding.

Greasewood Springs is located on the Navajo Nation Reservation in the north-eastern portion of Arizona State and within the Navajo and Apache County service area. The community of Greasewood has a population of 408 persons according to the 2020 United States Census Bureau report. Greasewood Springs is a small community with a local school that has an average enrollment of 209 students per school year, that are from surrounding communities.

The effects of the Corona Virus Pandemic have placed a burden on the community, especially those families without running water, plumbing, electricity and living in substandard housing that has an immediate need to be improved with roofing, new windows, insulation, water damage, to name a few issues. The \$1,400,000.00 in funding that has been awarded to the Chapter, will be used to help alleviate and solve some of the conditions that are defined as unsanitary and are detrimental to their quality of life.

2. Project Scope

The scope of the project is to provide approximately 400 homes in the community of Greasewood Springs with funding for home improvement/repairs. The Chapter administration will be accepting and processing the Greasewood Springs Community registered membership application(s). There will be an applicant review process prior to awarding the community member/applicant with home repair/improvement funding. When the community member is selected and awarded funding for their home repair/improvement, the Chapter will work with the assigned consultant from the Division of Community Development, ARPA office. The chapter will be involved throughout the process of their project. The Chapter will be responsible for accountability of materials and taking photographs of the home project, from the start of the project to the completion of

GREASEWOOD SPRINGS CHAPTER  
HK0242  
HOME REPAIR/IMPROVEMENT PROJECT

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the project. The chapter will be responsible for providing updates and reports to the Fiscal Recovery Fund Office based on funding agreements with the chapter and the Navajo Nation. The Chapter will be documenting all financial transactions while using ARPA funding and will keep copies readily available for future auditing purposes. The Chapter will also be working closely with IDSA to keep a complete record of transactions and expenditures related to the home repair/improvement project. The request for home repair/home improvement funding will be based on the assessment of the home and will be determined by the Chapter as acceptable.

The Chapter will review the type of home repair/improvement that is requested for the home and must work with the community member to deem what is acceptable by the FRF office, ARPA policy, auditing requirements. The purchase of the project materials will be done by the home owner after a thorough review of the construction material cost estimate or quotation, the Greasewood Springs Chapter will work with the assigned consultant project manager, Indigenous Design Studios Architecture (IDSA), to ensure the purchasing of the building materials are in compliance with the American Rescue Plan Act policies as well as the Navajo Nation procurement policy. 100% accountability of all construction materials will be necessary and conducted by the chapter before each home owner can start their home repair/improvement project(s). The Greasewood Springs Chapter will work closely with the community member(s) that are stakeholders of this community home repair/improvement project.

The Chapter will not require Home Site Leases (HSL) from the Navajo Nation to improve the existing structure. There will be no new construction or new additions to the existing structure/home. The Tenants/home owners of a Navajo Housing Authority homes will be able to utilize their conveyance form as legal documentation or proof of ownership of home. In the event, the Navajo Housing Authority home is still under rent to own or has a balance on the home account, they will not be eligible to receive funding, with the exception of the approval of Navajo Housing Authority (NHA). JUA homeowners will be eligible with proof of ownership or with a homesite lease from the Navajo Nation. In the event that the home owner has more than one home, only the primary home will be eligible.

### 3. High Level Requirements

- Building material will be used for home repair/home improvement.
- No new construction or new building additions to structure.
- Navajo Housing Authority home owners must provide home ownership conveyance form.
- JUA home owners must provide home ownership documents (HSL will be acceptable)
- All building materials will be subject to inspection and will be recorded by the Chapter for auditing purposes.
- I.D.S.A. will provide project support for the Chapter for duration of the project.
- All Applications shall be reviewed by the Chapter administration and documented, filed by the Chapter for future audit purposes.

GREASEWOOD SPRINGS CHAPTE.  
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HOME REPAIR/IMPROVEMENT PROJECT

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- All material price estimates or material price quotes will be reviewed by the Chapter and filed with the Chapter for future audit purposes.

#### 4. Deliverables

The stakeholders of the project will be The Greasewood Springs Community members, The Greasewood Springs Chapter, Indigenous Design Studios Architecture, Division of Community Development, Navajo Nation, The Fiscal Recovery Fund Office, Navajo Nation.

The local community will be able to improve their home living and this project will provide a higher quality of life for the homeowner. The COVID-19 Pandemic has had huge impact on the quality of life

#### 5. Affected Parties

- Greasewood Springs Community Members
- Division of Community Development, Navajo Nation
- Fiscal Recovery Fund Office, Navajo Nation
- Office of the Controller, Navajo Nation
- Indigenous Design Studios Architecture (assigned consultants)
- Greasewood Springs Chapter

#### 6. Affected Processes and Systems

The home repair/home improvement project will affect the local community members in a positive capacity. The project will help community members repair their home structure with purchased building material. The home repair/home improvement project will help alleviate home living issues and provide a healthy living environment.

The Navajo Housing Authority may be affected as there are homes with broken water lines and other infrastructure issues. They may be required to inspect the home prior, during, and after the repair/improvement has been made to the home.

The Fiscal Recovery Fund Office will be notified of all changes to the project and will be used as technical support as well as direct policy guidance during the project. The Division of Community Development will also function as policy advisors and provide technical support as well as administrative support.

The Greasewood Springs Chapter will be working with Indigenous Design Studios Architecture (IDSA) to process all applications requests and will work with the home owners for their individual home assessments. IDSA has been assigned to the Chapter as the project manager under the Division of Community Development and will be assisting the Chapter with project administrative assistance.

GREASEWOOD SPRINGS CHAPTER  
HK0242  
HOME REPAIR/IMPROVEMENT PROJECT

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7. Specific Exclusions from Scope of Work

- Home owners building a new structure or new addition to the existing structure.
- Home repairs being made to home rental units (i.e., Navajo Housing Authority).
- The purchase of building materials without the Chapter's consent.

8. Implementation Plan

The Greasewood Springs Chapter will be the project manager for the duration of the project as well as the financial manager of the project funds from the American Rescue Plan Act. The Greasewood Springs Chapter will work with the Navajo Nation FRF office to keep strict compliance with all funding expenditure policies and regulations. The Chapter will be working with IDSA to develop an application process as well as a home improvement assessment for individual home owners. All applications will be numbered and stored at the Chapter in a secured filing cabinet.

The Greasewood Springs Chapter will review the project and provide an update to the Greasewood community as an invested stakeholder.

9. Timeline / Schedule

Description	Start Date	End Date	Duration
Project Start	11/15/2023	09/30/2024	10 months
Milestone 1 Application Submission	11/15/2023	12/15/2023	1 month
Milestone 2 Home Assessments	12/16/2023	01/15/2024	1 month
Milestone 3 Building Material Purchase	01/15/2024	04/15/2024	3 months
Milestone 4 Home Repairs	02/15/2024	09/30/2024	7 months
Milestone 5 Administrative Closeout	10/01/2024	10/31/2024	1 month
Milestone 6 Project Closeout	10/01/2024	10/31/2024	1 month
COMPLETION OF DELIVERABLES			



**Greasewood Springs Chapter**  
**Diwozhii Bii' To doo' Bi'Naha'ta'**

**Calvin F. Lee, President**  
**Julia Benally, Vice-President**

**Bill Spencer, Grazing Official**  
**Elmer P. Begay, Council Delegate**  
**Linda S. Yazzie, Secretary/Treasurer**

**GSC09-22-1177**

**RESOLUTION OF THE**  
**GREASEWOOD SPRINGS CHAPTER**

Resolution Requesting, Accepting and Approving CJN-29-22, American Rescue Plan Act (ARPA) Funding in the amount of \$1,760,468.00 for Greasewood Springs Chapter to be utilized for Reservoir/Aquifer Recharge, Home Repair/Improvement and/or New Home Construction.

**WHEREAS:**

1. The Greasewood Springs Chapter exists as a local unit of government recognized as a political subdivision of the Navajo Nation, pursuant of the Navajo Nation Code No. 26, Section (a) and is authorized to review all matter effecting the community in order to address the needs of the local residents with the authority to act in the best interest of the general welfare of its community membership; and
2. Pursuant to Resolution No. CAP-34-98, the Navajo Nation council approved the Historic Local Governance Act, which authorized the local Navajo Communities to plan develop and implement a restructuring process to improve community decision making allowing communities to excel and flourish enabling Navajo leaders to lead toward a prosperous future and improve the strength of the Navajo Nation Sovereignty; and
3. The Greasewood Springs Chapter Formally Requests, Accepts and Approves CJN-29-22, American Rescue Plan Act (ARPA) Funding in the amount of \$1,760,468.00 for Greasewood Springs Chapter to be utilized for Reservoir/Aquifer Recharge, Home Repair/Improvement and/or New Home Construction.

**NOW THEREFORE IT BE RESOLVED THAT:**

The Greasewood Springs Chapter Hereby Requests, Accepts and Approves CJN-29-22, American Rescue Plan Act (ARPA) Funding in the amount of \$1,760,468.00 for Greasewood Springs Chapter to be utilized for Reservoir/Aquifer Recharge, Home Repair/Improvement and/or New Home Construction.

**CERTIFICATION**

We, hereby certify that the foregoing was duly considered by the Greasewood Springs Chapter at a duly called regular chapter meeting in Greasewood Springs (Navajo Nation), Arizona, at which a quorum of community membership was present and the same had passed with a vote of: 9 in favor, 0 in opposed and 0 in abstained on this 19th day of September, in the year 2022.

Motioned By:

Linda L. Yazzie

Seconded By:

Julia Benally

  
\_\_\_\_\_  
Calvin F. Lee, President



**Greasewood Springs Chapter**  
*Diwozhii Bii' To doo' Bi'Naha'ta'*

Calvin F. Lee, President  
Julia Benally, Vice-President  
Linda S. Yazzie, Secretary/Treasurer

Bill Spencer, Grazing Official  
Cherilyn Yazzie, Council Delegate

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**A.R.P.A. Home Repair/Improvement**  
**Application Checklist:**

- Application**
- Homesite Lease/NHA Conveyance Form**
- Certificate of Indian Blood (CIB)**
- Social Security Cards**
- Verification of Employment**
- Material List**
- (3) Vendor Price Quotations**



Income Information

**Earned Income:**

Please include supporting documentation. Example: W-2 forms; wage stubs

Name	Annual Earned Income	Source of Income

TOTAL ANNUAL EARNED INCOME: \$ \_\_\_\_\_

**Unearned Income:**

Please provide all unearned income. Example: Social security; retirement; disability; unemployment benefits; child support; alimony; royalties; per capita payments; investment interest

Name	Annual Earned Income	Source of Income

TOTAL ANNUAL UNEARNED INCOME: \$ \_\_\_\_\_

TOTAL COMBINED ANNUAL HOUSEHOLD INCOME (EARNED + UNEARNED) \$ \_\_\_\_\_

Housing Information

Physical Location of the House:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Draw a map to your house on the back of this page**

Describe the type of housing assistance you are requesting for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Do you own your home?: Y / N If no, please provide more information

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Do you live in a Rent to Own home? Or Subsidized Housing? Y / N Please provide more information

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Are you living in overcrowded conditions? Y / N

Is the condition of your home in dilapidated state? Y / N

House size: \_\_\_\_\_ (square feet) Number of bedrooms: \_\_\_\_\_

Does your home have adequate bathroom facilities? Y / N If no, are you working on a bathroom addition for your home?

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Land Information

What is the status of the Land your house resides on? \_\_\_ Trust Land \_\_\_ Fee Land \_\_\_ NPL \_\_\_ Other: \_\_\_\_\_

Do you have a Homesite Lease? Y / N Document Number: \_\_\_\_\_

General Information

Do you own more than one home? Y / N If yes, where is the other home located? \_\_\_\_\_

Have you applied for other assistance from other Housing assistance programs? If yes, please provide more information

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Does anyone in the household have a medical disability? Y / N If yes, provide a name

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Is anyone in the household considered high risk by a social worker or medical personnel? Y / N if yes, provide a name

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**Please provide documentation from a Health Care provider or other Government documentation if you answered "Yes" to any of the previous questions related to disabilities.**

Applicant Certification

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I CERTIFY THAT ALL THE ANSWERS GIVEN ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THEY ARE MADE IN GOOD FAITH. THIS CERTIFICATION IS MADE WITH THE KNOWLEDGE THAT THE INFORMATION WILL BE USED TO DETERMINE ELIGIBILITY TO RECEIVE FINANCIAL ASSISTANCE, AND THAT FALSE OR MISLEADING STATEMENTS MAY CONSTITUTE FOREFEITING OF YOUR APPLICATION.

THIS APPLICATION CONTAINS MATERIAL COVERED BY THE PRIVACY ACT. NO RECORD WILL BE COMMUNICATED TO ANYONE OR ANY AGENCY UNLESS REQUESTED IN WRITING, BY THE APPLICANT, OR UNLESS AN EMPLOYEE OF THE HOUSING PROGRAM OR THE CHAPTER REQUIRES IT IN THE PERFORMANCE OF THEIR DUTIES.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



THE NAVAJO NATION  
**GREASEWOOD SPRING CHAPTER**

P.O. Box 1260 \* Ganado, Arizona \* 86505  
 Telephone: (928) 654-3239 \* Fax: (928) 654-3232  
 Email: [greasewoodsprings@navajochapters.org](mailto:greasewoodsprings@navajochapters.org)

**VERIFICATION OF EMPLOYMENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

The Greasewood Springs Chapter, Navajo Nation is requesting for employment and salary verification for the above individual. This form is used to complete the housing application process and to determining eligibility for housing assistance. The information obtained will be kept confidential. Your assistance and cooperation are appreciated. Thank you.

**THIS SECTION MUST BE COMPLETED AND SIGN BY EMPLOYER**

Applicant's Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Employment Date(s): From: \_\_\_\_\_ To: \_\_\_\_\_

Permanent  Temporary  Seasonal  Part-time

How often paid:  Weekly  Bi-Weekly  Bi-Monthly  Monthly

Hours per week: \_\_\_\_\_ Hourly Pay Rate: \_\_\_\_\_ Annual Gross Salary: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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**NO INCOME STATEMENT**

This form is used for Housing Assistance Application Process Only

Name: \_\_\_\_\_

Chapter: \_\_\_\_\_

**Household member over the age of 18 years old must complete this form.**

**Provide a statement on how you support yourself if you have no income.**

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**YOU MUST SIGN THE FORM IN PRESENT OF THE NOTARY PUBLIC**

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief and they are made in good faith.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**NOTARY**

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Personally appeared before me and signed the foregoing instrument and I acknowledged that he/she signed the name.

State of: \_\_\_\_\_

County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_

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State of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



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**HOUSING ASSISTANCE VERIFICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

The Greasewood Springs Chapter, Navajo Nation is requesting assistance in completing the verification form to be used to determine the applicant's eligibility for Housing assistance from the American Rescue Plan Act funding. The information obtained will be kept in strict confidentiality. Your assistance and cooperation are appreciated. Thank you.

**THIS SECTION MUST BE COMPLETED BY THE NAVAJO HOUSING AUTHORITY (NHA)**

Has the above-named applicant applied for the Navajo Housing Authority public rental, Mutual Help Housing and Homeownership programs?

\_\_\_\_\_ Yes, application of file                      Date of Application: \_\_\_\_\_

\_\_\_\_\_ Yes, Applicant resides in NHA Housing (Type of Housing)

\_\_\_\_\_ Public Rental    \_\_\_\_\_ Mutual Help Housing    \_\_\_\_\_ Homeownership

\_\_\_\_\_ Homeownership Paid off?                      Date: \_\_\_\_\_

\_\_\_\_\_ Denied    \_\_\_\_\_ Ineligible    \_\_\_\_\_ Moved Out Date: \_\_\_\_\_

\_\_\_\_\_ Never applied with NHA

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_

**NAVAJO NATION CERTIFICATION  
Regarding Debarment, Suspension, and  
Contracting Eligibility**

1. Applicant entity acknowledges that to the best of its knowledge that the Applicant entity, either in its present form or in any identifiable capacity, has not, in accordance with 12 N.N.C. § 361:
  - A. Been convicted of the commission of criminal offenses incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of any such contract or subcontract;
  - B. Been convicted of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offenses indicating a lack of business integrity or honesty, which currently, seriously, and directly affect responsibility as a Navajo Nation contractor;
  - C. Been convicted under antitrust statutes arising out of the submission of bids or proposals;
  - D. Violated contract provisions, including:
    - i. Deliberate failure, without good cause, to perform in accordance with the contract specifications or within the time limit provided in the contract,
    - ii. A recent record of failure to perform or of unsatisfactory performance with the terms of any contract, or
    - iii. Any other cause so serious and compelling as to affect responsibility as a Navajo Nation contractor, including debarment by another governmental entity.
2. Applicant acknowledges that if the Navajo Nation determines that the executed Certification provided herein is untrue or not wholly accurate, it shall be grounds for the Navajo Nation to terminate the contract and pursue other legal remedies, at the Navajo Nation's discretion.
3. Applicant certifies to the best of its knowledge that it is eligible to do business with the

Navajo Nation, in its present form or in any other identifiable capacity, pursuant to 12 N.N.C. § 1501 and 5 N.N.C. § 301. Applicant also acknowledges that per 12 N.N.C. § 1505, it will not be eligible to contract with the Navajo Nation if deemed ineligible by the appropriate department or entity of the Navajo Nation which receives the Applicant's request for consideration for a business opportunity.

**GREASEWOOD SPRINGS CHAPTER**

Applicant Name

**P.O. Box 1260**

Applicant Address

**Ganado, Arizona 86505**

Applicant Address

Applicant Address

Name of individual signing on Applicant's behalf (print)

**Vice-President**

Title of individual signing on Applicant's behalf

*Julia Brally*

Signature of individual signing on Applicant's behalf

*11/9/2023*

Date

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**GREASEWOOD CHAPTER**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC    
  C Corporation    
  S Corporation    
  Partnership    
  Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_  
 Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  
 Other (see instructions) ▶ **NON PROFIT**

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.) See instructions.  
**PO BOX 1260**

**6** City, state, and ZIP code  
**GANADO, AZ 86505**

**7** List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
8	6	-	0	8	7	4	2	8	4

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**     Signature of U.S. person ▶ *Aureed Curley*     Date ▶ *11/9/23*

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*