



**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):**

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

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](mailto: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.



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

DOREEN N. MCPAUL  
Attorney General

KIMBERLY A. DUTCHER  
Deputy Attorney General

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

RFS/HK Review #: HK0242

Date & Time Received: 11/29/2022 at 15:41

Date & Time of Response: 7 December, 2022; 9:06 am

Entity Requesting FRF: Greasewood Springs Chapter

Title of Project: Home Repair/Renovation

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$1,400,000

**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: TBD

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

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

Other Comments:

**We need more information to determine if the proposed home repair/improvement is an eligible use. To assist us, please provide answers to the following questions, in as much detail as possible, and include any other relevant information, including any attachments:**

- 1. What kind of home repair/improvement projects will the Project provide?**
- 2. How does someone qualify for a home improvement/renovation project?**
- 3. Approximately how many homes will be improved/renovated through the Project?**
- 4. Are there any limitations on the types of home improvement/renovation projects covered by the Project and/or the dollar amounts involved?**

Name of DOJ Reviewer: Adjua Adjei-Danso

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

If you wish to provide the additional information requested, 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](mailto:arpa@nndoj.org).** Please be aware that under Resolution BFS-31-21 a Project can only be reviewed twice, therefore it is critical that you include all the requested additional information for your second submission.



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

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President: Calvin Frank Lee \* Vice President: Julia Benally \* Secretary/Treasurer: Linda S. Yazzie  
Council Delegate: Elmer P. Begay \* Grazing Official: Bill Spencer,

**Title of Project:** Home Repair/Renovation

**RFS/HK Review:** HK0242

**Amount of Funding Requested:** \$1,400,000.00

**Additional Information Requested:**

- 1. What kind of home repair/improvement projects will the project provide?**  
Repairs/improvements will be at the discretion of the home owner based on the amount available per home. Repairs are subject to minor improvements to assist as many community members as possible. Any indoor and outdoor repairs within the budget will be allowed. Window replacements, door replacements, drywall repairs, floor tile repairs, roofing/ceiling repairs/improvements would be examples of what each applicant/home owner would get assisted with.
- 2. How does someone qualify for a home improvement/renovation project?**  
All community members that currently own a home will be eligible for assistance. A few qualifications that were considered are being a registered voter of Greasewood Springs Chapter, having an approved Homesite Lease, ownership of a NHA House or JUA House. These qualifications are still subject to change based on DOJ Approval. The chapter will use their Housing Improvement Program Application that was developed. Attached as reference.
- 3. Approximately how many homes will be improved/renovated through the project?**  
Based on a rough estimate and collaboration with officials and Community Health Representative, **400** homes will be assisted at **\$3,525.00** per home in assistance for repairs and improvements.
- 4. Are there any limitations on the types of home improvement/renovation projects covered by the project and/or the dollar amounts involved?**  
Repair/renovation improvements will be up to the homeowner's discretion since all homes will be allocated equal distribution of funds. Any expenses in repairs/renovation materials accumulated over the allowed budget will be the responsibility of the homeowner. The Chapter will not allow home improvement/renovation for rental units, homes without a legal Homesite Lease from the Navajo Nation General Land Department and homes with unstable foundations.





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President: Calvin Frank Lee \* Vice President: Julia Benally \* Secretary/Treasurer: Linda S. Yazzie  
Council Delegate: Elmer P. Begay \* Grazing Official: Bill Spencer,

**Title of Project:** Home Repair/Renovation      **RFS/HK Review:** HK0242

**Amount of Funding Requested:** \$1,400,000.00

**Additional Information Requested:**

**1. What kind of home repair/improvement projects will the project provide?**

Repairs/improvements will be at the discretion of the home owner based on the amount available per home. Repairs are subject to minor improvements to assist as many community members as possible. Any indoor and outdoor repairs within the budget will be allowed. Window replacements, door replacements, drywall repairs, floor tile repairs, roofing/ceiling repairs/improvements would be examples of what each applicant/home owner would get assisted with.

**2. How does someone qualify for a home improvement/renovation project?**

All community members that currently own a home will be eligible for assistance. A few qualifications that were considered are being a registered voter of Greasewood Springs Chapter, having an approved Homesite Lease, ownership of a NHA House or JUA House. ~~These qualifications are still subject to change based on DOJ Approval.~~ **The criteria needs to be developed by the chapter, before resubmitting to DOJ for a second review. Item 3, below, provides that 400 homes will be eligible for assistance, which means the chapter needs a plan to determine which homes will qualify. Please indicate the criteria the chapter will use to make that determination. Resolution BFS-31-21 only allows for a second review, but not a third, so this document needs to be as comprehensive as possible, or the project will not be determined eligible.**

**3. Approximately how many homes will be improved/renovated through the project?**

Based on a rough estimate and collaboration with officials and Community Health Representative, **400** homes will be assisted at **\$3,525.00** per home in assistance for repairs and improvements.

**4. Are there any limitations on the types of home improvement/renovation projects covered by the project and/or the dollar amounts involved?**

Repair/renovation improvements will be up to the homeowner's discretion since all homes will be allocated equal distribution of funds. Any expenses in repairs/renovation materials accumulated over the allowed budget will be the responsibility of the homeowner. **Is there anything that wouldn't be allowed?**



### 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:

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

Describe the type of housing assistance you are requesting for:

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

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

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?

#### 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

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

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

**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 \_\_\_\_\_

\_\_\_\_\_  
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.

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**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. \_\_\_\_\_

\_\_\_\_\_

FY 2023

**THE NAVAJO NATION  
PROGRAM BUDGET SUMMARY**

Page 1 of 3  
BUDGET FORM 1

PART I. Business Unit No.: <u>NEW</u>		Program Title: <u>Greasewood Springs Chapter</u>		Division/Branch: <u>DCD/Executive</u>	
Prepared By: <u>Dereck Curley, Chapter Manager</u>		Phone No.: <u>928-654-3239</u>		Email Address: <u><a href="mailto:dacurley@nnchapters.org">dacurley@nnchapters.org</a></u>	

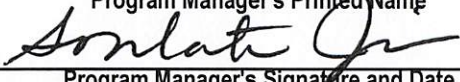

  

PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	(B) Proposed Budget	(C) Difference or Total
ARPA funds	10/1/22-9/30/26	1,400,000.00	100%	2001 Personnel Expenses			
				3000 Travel Expenses			
				3500 Meeting Expenses			
				4000 Supplies	6	840,000	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			
				<b>TOTAL</b>		\$0.00	1,400,000.00
						1,400,000.00	1,400,000

PART IV. POSITIONS AND VEHICLES	(D)	(E)
Total # of Positions Budgeted:	0	0
Total # of Vehicles Budgeted:	0	0

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.	
<p align="center">Sonlasta Jim-Martin, Program Manager</p> <p align="center">Program Manager's Printed Name</p> <p align="center"> 11.22.22</p> <p align="center">Program Manager's Signature and Date</p>	<p align="center">APPROVED BY: Dr. Pearl Yelloman, Division Director</p> <p align="center">Division Director / Branch Chief's Printed Name</p> <p align="center"> 11.22.22</p> <p align="center">Division Director / Branch Chief's Signature and Date</p>



FY 2022

**THE NAVAJO NATION  
PROGRAM PERFORMANCE CRITERIA**

**Page 2 of 3  
BUDGET FORM 2**

**PART I. PROGRAM INFORMATION:**Business Unit No.: NEWProgram Name/Title: 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, provide a safe and sanitary homes. Resolution GSC09-22-1177.

**PART III. PROGRAM PERFORMANCE CRITERIA:**

1st QTR		2nd QTR		3rd QTR		4th QTR	
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual

**1. Goal Statement:**

Our goal is to identify and assess homes for repair/improvement, present to February 2023.

**Program Performance Measure/Objective:**

Review data forms that were submitted to community members for repair assistance.

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**2. Goal Statement:**

Advertise for contractors, February 2023 to August 2023

**Program Performance Measure/Objective:**

Procure contractors through public notice.

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**3. Goal Statement:**

Our goal for construction is September 2023 to September 2026. All homes completed.

**Program Performance Measure/Objective:**

All applicants that applied for home repair assistance will be completed.

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**4. Goal Statement:****Program Performance Measure/Objective:**

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**5. Goal Statement:****Program Performance Measure/Objective:**

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

Sonlatsa Jim-Martin, Program Manager

Program Manager's Printed Name

 11.22.22

Program Manager's Signature and Date

Dr. Pearl Yellowman, Division Director

Division Director/Branch Chief's Printed Name

 11.22.22

Division Director/Branch Chief's Signature and Date

FY 2023

**THE NAVAJO NATION  
DETAILED BUDGET AND JUSTIFICATION**

**Page 3 of 3  
BUDGET FORM 4**

<b>PART I. PROGRAM INFORMATION:</b>			
Program Name/Title: <u>Greasewood Springs Chapter</u>		Business Unit No.: <u>NEW</u>	
<b>PART II. DETAILED BUDGET:</b>			
(A)	(B)	(C)	(D)
<b>Object Code (LOD 6)</b>	<b>Object Code Description and Justification (LOD 7)</b>	<b>Total by DETAILED Object Code (LOD 6)</b>	<b>Total by MAJOR Object Code (LOD 4)</b>
4000	4000 Supplies		840,000
	4000 General Contractors Labor and material for rehabilitation of homes per scope of work.	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>		1,400,000	1,400,000

**Page 1 of 1**  
**PROJECT FORM**

<b>FOR OMB USE ONLY:</b>	<b>Resolution No:</b>	<b>FMIS Set Up Date:</b>	<b>Company No:</b>	<b>OMB Analyst:</b>
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**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  
Elmer P. Begay, Council Delegate

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**

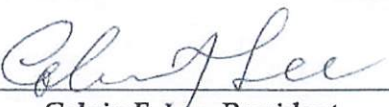
We, hereby certify that the foregoing was duly considered by the Greasewood Springs Chapter at a duly called regular chapter meeting in Greasewood Springs (Navajo Nation), Arizona, at which a quorum of community membership was present and the same had passed with a vote of: 9 in favor, 0 in opposed and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