



**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:** \_\_\_\_\_

- ☐ 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

Name of DOJ Reviewer: \_\_\_\_\_

**Disclaimers:**

An NNDNJ Initial Eligibility Determination is based on the documents provided, which NNDNJ 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 NNDNJ. 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: Whitehorse Lake Chapter Date prepared: 11-23-22

Chapter's HCR 79 Box 4069, Cuba, New Mexico 87013 phone & email: 505-655-5430 whitehorsetlake@navajochapters.org  
mailing address: website (if any):

This Form prepared by: Fran George phone/email: 505-726-3310 compassion@frontiernet.net  
Chapter Secretary Treasurer 505-726-3310  
CONTACT PERSON'S name and title CONTACT PERSON'S job

Title and type of Project: Whitehorse Lake Chapter : power line extensions

Chapter President: Art Lee Chavez phone & email: 505-655-5430 whitehorsetlake@navajochapters.org

Chapter Vice-President: Vacant phone & email: Vacant

Chapter Secretary: Fran George phone & email: 505-726-3310 compassion@frontiernet.net

Chapter Treasurer: Fran George phone & email: 505-726-3310 compassion@frontiernet.net

Chapter Manager or CSC: Dedrick Tolino phone & email: 505-655-5430 whitehorsetlake@navajochapters.org

CCO/Chapter ASC: Myrhis Bigay phone & email: WASH264my@nndcd.org

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

☐ document attached

Amount of FRF requested: \$350,000.00 FRF funding period: September 1, 2023 to December 31, 2026  
Indicate Project starting and ending/expiration 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 project is to provide electric extensions to 25 homes where there is currently no electric power for the homes in the three communities of Whitehorse Lake. Approved funds will pay for power lines to these homes which will serve at least 150 individuals including 70 school aged children and 15 elderly. The horrible negative effects of COVID-19 ceased construction and field work for needed electric for over three years. This caused rampant infections wherein dozen of family members of these needy families passed away. Needed electricity will greatly aid with prevention, sanitation and in home treatment. Average cost will be about \$14,000.00 per home.

☐ document attached

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

The project will provide dozen of jobs, provide an encouraging environment for the youth in their education endeavors and a great sense of security. Use of available food items will last longer, heat will be readily available, and in home care and treatment will greatly aide with prevention of COVID-19 infections. Communications will be improved so emergencies can be responded to more readily, severe storms will be known ahead of time and needed available assistance can be communicated

☐ 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:

## APPENDIX A

Timeline for completion can be achieved by December 31, 2026. Full expenditure of approved funds will also be achieved. This project will surely incur all needed and available funds before December 31, 2024 since all projects have been waiting to be worked on for three years or longer. The only problem will be timely approval and timely disbursement of funds.

☐ document attached

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

Division of Community Development, Navajo Nation and Whitehorse Lake Chapter will implement the project with the CSC, Chapter officials and the CLUPC committee providing coordination, monitoring and

☐ 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:

### 3.12 - Other Housing Assistance

This will help community members get electricity to refrigerate food.

As well as have access to Television/Radio news for any pandemic related news.

☐ 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  
Preparation:

Signature of Preparation/Contact Person

Approved by:

Signature of Chapter President (or Vice-President)

Approved by:

Signature of Chapter Manager or CSC

Approved by:

Signature of DCD/Chapter ASO

Approved to submit  
for Review

Signature of DCD Director

07/24/2023

FY 2023/2026

# THE NAVAJO NATION PROGRAM BUDGET SUMMARY

Page 1 of 4  
BUDGET FORM 1

PART I Business Unit No <u>new</u>		Program Title: <u>Whitson Lake Chapter - Powerline Extension</u>		Division/Branch: <u>DCD/Executive</u>	
Prepared By: <u>FRANNIE GEORGE</u>		Phone No.: <u>505-726-3310</u>		Email Address: <u>compassion@frontiernet.net</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
NNFRF	9-1-23 12-31-24	\$350,000.00	100%	2001 Personnel Expenses				
				3000 Travel Expenses				
				3500 Meeting Expenses				
				4000 Supplies				
				5000 Lease and Rental				
				5500 Communications and Utilities				
				6000 Repairs and Maintenance				
				6500 Contractual Services		0	\$350,000	\$350,000
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	350,000	350,000

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

TOTAL: 350,000 100%

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

SUBMITTED BY: James Adakai, Deputy Director APPROVED BY: Calvin Castillo, Director  
 Program Manager's Printed Name Division Director / Branch Chief's Printed Name

7-13-23 7/23/2023  
 Program Manager's Signature and Date Division Director / Branch Chief's Signature and Date



FY 2023/2026

THE NAVAJO NATION  
PROGRAM PERFORMANCE CRITERIAPage 2 of 4  
BUDGET FORM 2

PART I. PROGRAM INFORMATION:																																																																																																	
Business Unit No.: <u>New</u>	Program Name/Title: <u>Whitehorse Lake Chapter - Powerline Extension</u>																																																																																																
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM: The goal is to have community members who do not have electricity connected to the grid. Will contract to Continental Divide Coop.																																																																																																	
PART III. PROGRAM PERFORMANCE CRITERIA:																																																																																																	
	<table border="1"><thead><tr><th colspan="2">1st QTR</th><th colspan="2">2nd QTR</th><th colspan="2">3rd QTR</th><th colspan="2">4th QTR</th></tr><tr><th>Goal</th><th>Actual</th><th>Goal</th><th>Actual</th><th>Goal</th><th>Actual</th><th>Goal</th><th>Actual</th></tr></thead><tbody><tr><td colspan="2">1. Goal Statement: To Provide a safe and healthy by providing power lines to 25 homes through Continental Divide Electric</td><td colspan="6"></td></tr><tr><td colspan="2">Program Performance Measure/Objective: Complete power line extensions by 12-31-25</td><td>6</td><td></td><td>6</td><td></td><td>6</td><td>1</td></tr><tr><td colspan="2">2. Goal Statement:</td><td colspan="6"></td></tr><tr><td colspan="2">Program Performance Measure/Objective:</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">3. Goal Statement:</td><td colspan="6"></td></tr><tr><td colspan="2">Program Performance Measure/Objective:</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">4. Goal Statement:</td><td colspan="6"></td></tr><tr><td colspan="2">Program Performance Measure/Objective:</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">5. Goal Statement:</td><td colspan="6"></td></tr><tr><td colspan="2">Program Performance Measure/Objective:</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>	1st QTR		2nd QTR		3rd QTR		4th QTR		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	1. Goal Statement: To Provide a safe and healthy by providing power lines to 25 homes through Continental Divide Electric								Program Performance Measure/Objective: Complete power line extensions by 12-31-25		6		6		6	1	2. Goal Statement:								Program Performance Measure/Objective:								3. Goal Statement:								Program Performance Measure/Objective:								4. Goal Statement:								Program Performance Measure/Objective:								5. Goal Statement:								Program Performance Measure/Objective:							
1st QTR		2nd QTR		3rd QTR		4th QTR																																																																																											
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual																																																																																										
1. Goal Statement: To Provide a safe and healthy by providing power lines to 25 homes through Continental Divide Electric																																																																																																	
Program Performance Measure/Objective: Complete power line extensions by 12-31-25		6		6		6	1																																																																																										
2. Goal Statement:																																																																																																	
Program Performance Measure/Objective:																																																																																																	
3. Goal Statement:																																																																																																	
Program Performance Measure/Objective:																																																																																																	
4. Goal Statement:																																																																																																	
Program Performance Measure/Objective:																																																																																																	
5. Goal Statement:																																																																																																	
Program Performance Measure/Objective:																																																																																																	
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.																																																																																																	
<u>JAMES ADASKAL, Deputy Director</u> Program Manager's Printed Name	<u>Calvin Castillo, Director</u> Division Director/Branch Chief's Printed Name																																																																																																
<u>[Signature]</u> 7-13-23 Program Manager's Signature and Date	<u>[Signature]</u> 7/12/2023 Division Director/Branch Chief's Signature and Date																																																																																																

**FY 2023/2026**

**Page 3 of 4**  
**BUDGET FORM 4**

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Whitehorse Lake Chapter</u>		Business Unit No.: <u>NEW</u>	
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 5)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
6500	Contractual Services		350,000
6510	Professional Services	350,000	
TOTAL		350,000	350,000

**Page 4 of 4**  
**PROJECT FORM**

## Appendix





WHITEHORSE LAKE CHAPTER  
HCR 79 BOX 4069  
CUBA, NEW MEXICO 87301  
TELEPHONE 505 655-5430  
FAX NUMBER 505 655-5430,5431  
[Whitehorselake@navajochapters.org](mailto:Whitehorselake@navajochapters.org)

Art Lee Chavez, President  
Derrick Yazzie, Vice President  
Fran George, Secretary Treasure  
Clyde Yazzie, Land Board Member  
Daniel Tso, Council Delegate  
Dedrick Tolino, CSC  
AMS Vacant

President Navajo Nation Jonathan Nez

Vice President Navajo Nation Myron Lizer

### RESOLUTION OF WHITEHORSE LAKE CHAPTER

WHLC-12-22

#### SUPPORTING RESOLUTION OF THE WHITEHORSE LAKE CHAPTER TO EXTEND POWERLINE FOR 25 FAMILIES IN IN THE AMOUNT OF \$350,000.00 USING THE A.P.R.A. FUNDING

WHEREAS;

1. Pursuant to 26 N.N.C. Section 3 (A) Whitehorse Lake Chapter is a duly recognized certified chapter of the Navajo Nation Government as listed at 11 N.N.C. part 1, section 10; AND
2. Pursuant to 26 N.N.C. section 1 (B) is vested with the authority to review all matters affecting the community to make appropriate corrections when necessary and make recommendations to the Navajo Nation and other local agencies for appropriate actions; AND
3. Whitehorse Lake has an allocation of \$1.1 million dollars under the American Rescue Plan Act Fiscal Recovery Fund to provide chapter services to community members, who are eligible and in most need and without electrical services for years; AND
4. The Whitehorse Lake Chapter has identified 25 community members who need help with drop line or electrical powerline extension who are at least one mile away from the main utility line

NOW THEREFORE BE IT RESOLVED THAT;

Whitehorse Lake Chapter hereby approves forwarding this resolution and forwards this request to the American Rescue Plan Act Fiscal Recovery Fund Committee, Community Development Project Management, Navajo Nation for APRA to fund and pay for the drop line electrical services or powerline extension that are a mile away from the main power line.in the amount of \$350,000.00



WHITEHORSE LAKE CHAPTER  
HCR 79 BOX 4069  
CUBA, NEW MEXICO 87301  
TELEPHONE 505 655-5430  
FAX NUMBER 505 655-5430,5431  
[Whitehorselake@navajochapters.org](mailto:Whitehorselake@navajochapters.org)

Art Lee Chavez, President  
Derrick Yazzie, Vice President  
Fran George, Secretary Treasure  
Clyde Yazzie, Land Board Member  
Daniel Tso, Council Delegate  
Dedrick Tolino, CSC  
AMS Vacant

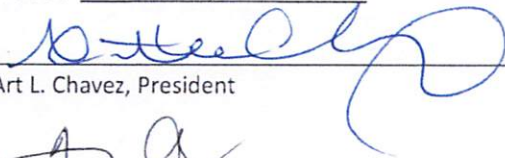
President Navajo Nation Jonathan

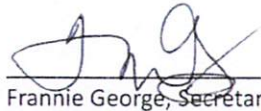
Vice President Navajo Nation Myron Lizer

#### CERTIFICATION

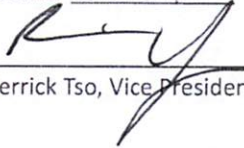
We hereby certify that the foregoing resolution was duly considered by Whitehorse Lake Chapter at a duly called chapter meeting at the Whitehorse Lake (Navajo Nation) at which a quorum was present and that same was passed by a vote of 17 in favor, 0 opposed 1 abstained on this 17<sup>th</sup> day of December 2022

Motion Chee Smith Jr.

  
Art L. Chavez, President

  
Frannie George, Secretary/Treasurer

Second Rena Perry

  
Derrick Tso, Vice President

\_\_\_\_\_  
Daniel Tso, Council Delegate

REPORTING PERSON : \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

PHYSICAL ADDRESS : \_\_\_\_\_ PO BOX: \_\_\_\_\_

TYPE OF SERVICE(S) REQUESTED :

TELEPHONE #: \_\_\_\_\_

☐ HOME IMPROVEMENT

☐ FUNERAL EXPENSE ASSISTANCE

☐ ROAD IMPROVEMENT

☐ SCHOLARSHIP ASSISTANCE

☐ WOOD OR COAL

☐ TEMPORARY EMPLOYMENT

☐ FINANCIAL ASSISTANCE

☐ OTHERS: \_\_\_\_\_

NARRATIVE ( Explain assistances requested)

DISPOSITION (conclusion) :

	Field Assessment Required? Yes No

REFERRED TO :

☐ CHAPTER ADMINISTRATION

☐ SENIOR CITIZEN CENTER

☐ COMM. HEALTH REPRESENTATIVE

☐ OTHER: \_\_\_\_\_

Date/Time/Narrative:


Completed: \_\_\_\_\_ Incomplete due to : \_\_\_\_\_  
Total hours spent on project: \_\_\_\_\_

Optional: \_\_\_\_\_

Type of materials used?	How many?	Cost?	Grand Total

ACKNOWLEDGEMENT

REPORTING PERSON'S NAME      DATE      CHAPTER COORDINATOR      DATE

CHAPTER OFFICIAL      DATE

Completed/Closed: \_\_\_\_\_

ADDITIONAL COMMENTS:

Date/Time




**Whitehorse Lake Chapter**  
HCR 79 Box 4069 • Cuba, New Mexico 87013



**Housing Discretionary Application**

Email: [whitehorselake@navajochapters.org](mailto:whitehorselake@navajochapters.org)

• (505) 655-5430 • Fax (505) 655-5432 • Website: [whitehorselake.navajochapters.org](http://whitehorselake.navajochapters.org)

Applicant(s) Name: \_\_\_\_\_

- ☐ Housing Application for Housing Discretionary Funds
- ☐ Building Materials (Include Before & After Photos)
- ☐ Survey
- ☐ Archaeological Clearance
- ☐ State Issued Driver License or Identification Card
- ☐ Income Verification Statement
- ☐ Evidence of Land Ownership (Home Site Lease/Residential Lease-Must be in applicants name)
- ☐ Authorization for release of Information
- ☐ Map to Property with House Number (Rural Address)
- ☐ Social Security Card for all Household Members
- ☐ Voter Registration
- ☐ Certificates of Indian Blood for all Household Members
- ☐ Referrals - If claiming disability, a written Doctor's statement
- ☐ 3 Price Quotations

Received by (Name Title Date): \_\_\_\_\_

***ADMINISTRATION USE ONLY***

Approved __ By: _____ Amount: \$ _____ Meeting Date: _____	Disapproved __ Meeting Date: _____ Indicate Reason: _____
Check Number: _____ Date: _____ Vendor Name: _____	Receipts Returned? Yes __ No __ By: _____

Last assisted with Housing Discretionary: \_\_\_\_\_

WHITEHORSE LAKE CHAPTER  
HOUSING DISCRETIONARY ASSISTANCE  
SCOPE OF WORK

APPLICANT'S NAME: \_\_\_\_\_

PHONE/MESSAGE NO.: \_\_\_\_\_

DATE	TIME	CALLER/OR PERSON CONTACTED	PURPOSE

SCOPE OF WORK: \_\_\_\_\_

---

---

---

---

---

PERFORMANCE REPORT – ACCOMPLISHMENTS:

BEFORE: \_\_\_\_\_

---

---

AFTER: \_\_\_\_\_

---

---

\_\_\_\_\_  
Community Service Coordinator / Date

\_\_\_\_\_  
Accounts Maintenance Specialist / Date



WHITEHORSE LAKE CHAPTER  
HOUSING DISCRETIONARY ASSISTANCE APPLICATION

***APPLICANT INFORMATION***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Registered Chapter: \_\_\_\_\_  
Census No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Message No.: \_\_\_\_\_

***SPOUSE INFORMATION***

Name: \_\_\_\_\_ Census No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Registered Chapter: \_\_\_\_\_

***FAMILY INFORMATION***

Name	Date of Birth	Relationship	Census No.

***HOUSING INFORMATION***

Type of Home: \_\_\_\_ House \_\_\_\_ Hogan \_\_\_\_ Trailer  
Type of Construction: \_\_\_\_ Frame \_\_\_\_ Cinder Block \_\_\_\_ Other  
House Size: \_\_\_\_ Square Feet \_\_\_\_ Length \_\_\_\_ Width  
Year Built: \_\_\_\_ Number of Bedrooms: \_\_\_\_

Provide brief description of repairs needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Laborers:**    \_\_\_ Self        \_\_\_ Family Members        \_\_\_ PEP        \_\_\_ Other

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby acknowledge that the information provided above is true and correct for the purpose of obtaining home improvement assistance through Whitehorse Lake Chapter Housing Discretionary allocation fund. This information will be used to determine my eligibility. Any false or misleading statement will result in denial of eligibility determination.

Upon approval of Housing Discretionary funds, I agree to pick up the building materials within 30 days. Any unused funds will be reverted back to Whitehorse Lake Chapter Housing Discretionary funds.

I am fully responsible in submitting all receipts and status report with 30 days upon receipt of check.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

## PERMISSION TO ENTER PREMISES

### *TO THE BUILDING OWNER:*

*Your building is being considered for renovation under the Whitehorse Lake Chapter Housing Assistance Program. This program is funded by the Navajo Nation under Fund 09-Housing Discretionary Fund and administered by the Whitehorse Lake Chapter Administration.*

### PERMISSION TO ENTER PREMISES:

I,      as      owner      authorize      for      the      building      located      at  
\_\_\_\_\_, \_\_\_\_\_ miles  
\_\_\_\_\_ of Whitehorse Lake Chapter have read and understand the above and  
hereby grant permission for Whitehorse Lake Chapter Administration or PEP to enter  
the premises when I am present for the purposes of conducting a work plan which may  
include an assessment for housing renovation.

\_\_\_\_\_  
Applicant's Signature

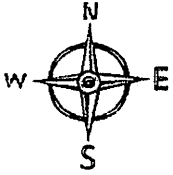
\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

## MAP TO RESIDENCE

Draw a map of where you live.



---

Applicant's Signature

---

Date

---

Spouse's Signature

---

Date

# Re: Fw: Whitehorse Lake Chapter - Powerline Extension

Whitehorse Lake Chapter <whitehorselake@navajochapters.org>

Fri 10/6/2023 9:35 AM

To: Leonora Henderson <lhenderson@navajo-nsn.gov>;

📎 3 attachments (8 MB)

OutlookEmoji-1656012286624a63b86d8-2fdb-420f-8373-0fb3a2d3304e.png; DIRECT SERVICE FORM.pdf; Application.pdf;

The list of names is to be determined.

A thorough community assessment is needed.

On Fri, Oct 6, 2023 at 9:04 AM Leonora Henderson <lhenderson@navajo-nsn.gov> wrote:

Please see comments below from DOJ. Please provide what they are requesting and send back to me, so that I can resubmit for you. Thank You.

Leonora Henderson, MBA  
Senior Program & Project Specialist  
Navajo Nation Fiscal Recovery Fund Office  
[P.O. Box 2469](#)  
[Window Rock, Arizona 86515](#)  
Business Phone: (928) 309-5532  
Business Cell Phone: (928) 270-8407  
Email: [lhenderson@navajo-nsn.gov](mailto:lhenderson@navajo-nsn.gov)  


---

**From:** ARPA <[ARPA@nndoj.org](mailto:ARPA@nndoj.org)>

**Sent:** Friday, October 6, 2023 8:36 AM

**To:** Leonora Henderson

**Cc:** Lisa Jymm; Shirlene S. Johnson; Michael M. Tsosie; Leslie Bahe-Morgan; Wilson Stewart; Raina Brown

**Subject:** RE: Whitehorse Lake Chapter - Powerline Extension

Good morning,

We are returning your packet due to the following.

Missing information- is there an application for the community members to fill out to determine eligible to receive services? If so, please attached. Also a list would be great to add.

DOJ 4

---

**From:** Leonora Henderson [mailto:[lhenderson@navajo-nsn.gov](mailto:lhenderson@navajo-nsn.gov)]

**Sent:** Thursday, October 5, 2023 9:20 AM

**To:** ARPA <[ARPA@nndoj.org](mailto:ARPA@nndoj.org)>



**Cc:** Lisa Jymm <[ljymm@navajo-nsn.gov](mailto:ljymm@navajo-nsn.gov)>; Shirlene S. Johnson <[ssjohnson@navajo-nsn.gov](mailto:ssjohnson@navajo-nsn.gov)>; Michael M. Tsosie <[mmtsosie@navajo-nsn.gov](mailto:mmtsosie@navajo-nsn.gov)>; Leslie Bahe-Morgan <[leslie.bahe-morgan@navajo-nsn.gov](mailto:leslie.bahe-morgan@navajo-nsn.gov)>; Wilson Stewart <[wstewart@navajo-nsn.gov](mailto:wstewart@navajo-nsn.gov)>; Raina Brown <[raina.brown@navajo-nsn.gov](mailto:raina.brown@navajo-nsn.gov)>

**Subject:** Whitehorse Lake Chapter - Powerline Extension

Ready for review. Thank You.

Leonora Henderson, MBA  
Senior Program & Project Specialist  
Navajo Nation Fiscal Recovery Fund Office  
P.O. Box 2469  
Window Rock, Arizona 86515  
Business Phone: (928) 309-5532  
Business Cell Phone: (928)270-8407  
Email: [lhenderson@navajo-nsn.gov](mailto:lhenderson@navajo-nsn.gov)

 1656012286624

WARNING: External email. Please verify sender before opening attachments or clicking on links.

--  
**Whitehorse Lake Chapter**  
**(505) 655-5430/5431**  
**Fax: (505) 655-5432**

WARNING: External email. Please verify sender before opening attachments or clicking on links.