



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: _____

Name of DOJ Reviewer: _____

Signature of DOJ Reviewer: lorenzo Curley

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 NON-GOVERNANCE CERTIFIED CHAPTERS**

Part 1. Identification of parties.

Non-Governance Certified Chapter requesting FRF: Nenahnezad Chapter Date prepared: 8.29.22

Chapter's P.O. Box 438
mailing address: Fruitland, NM 87416 phone/email: aabavaro@nnchapters.org 505.960.9702
website (if any): _____

This Form prepared by: Arthur Bavaro phone/email: 505-960-9702 aabavaro@nnchapters.org
Arthur Bavaro, Community Services Coordinator aabavaro@nnchapters.org
CONTACT PERSON'S name and title *CONTACT PERSON'S info*

Title and type of Project: Equipment Purchase

Chapter President: Norman Begaye phone & email: 505.960.9702

Chapter Vice-President: LoJan Watson phone & email: 505.960.9702

Chapter Secretary: Andrea Faye Lope phone & email: 505.960.9702

Chapter Treasurer: Anrdrea Faye Lope phone & email: 505.960.9702

Chapter Manager or CSC: Arthur Bavaro, CSC phone & email: 505.960.9702

DCD/Chapter ASO: Northern Agency phone & email: 505.368.1020

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): 4-Rivers Equipment, Heavy Equipment Dealer
 document attached

Amount of FRF requested: 483,642. FRF funding period: September 01,2022 - December 31, 2026
Indicate Project starting and ending/teadline 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:

Purchase John Deere 50G Hydraulic Mini Excavator and John Deere 672G Motor Grader. Funds to purchase equipment for digging wastewater infrastructure and for other related projects. To help community farmers maintain and clean irrigation canals for crop harvest. To mitigate COVID-19 sanitary conditions for community members.

document attached

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

The project will ensure that community farmers will be able to continue their farming lifestyle to provide nutritious food for the community. This project will also help ensure lack of sanitation conditions are improved by providing sanitation facilities.

document attached

(c) Provide a prospective timeline showing the estimated date of completion of the Project and/or each phase of the Project. Disclose any challenges that may prevent you from incurring costs for all funding by December 31, 2024 and/or fully expending funds and completing the

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

Upon receipt of funding and purchase order for equipment the chapter will proceed with transport and delivery services. This project is projected to take approximately 2 months. Administrative procedures with the funding source. Also vendor equipment inventory availability may cause a delay.

document attached

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

Nenahnezad Chapter administration and chapter officials.

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:

The chapter administration will be responsible for day to day operation and maintenance. Both, the chapter administration and the chapter officials will ensure that funds are budgeted for the equipment repair and maintenance on an annual cycle.

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:

6.1 Provision for government services. To facilitate and mitigate all COVID-19 negative impact on the community, To ensure the community is brought back into traditional farming activities and other spiritual rituals that were provided through local government services by the Nenahnezad Chapter.

document attached

Part 3. Additional documents.

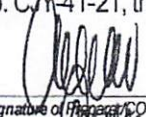
List here all additional supporting documents attached to this FRF Expenditure Plan (or indicate N/A):

Request for Direct Payment to vendor, W-9 Request for Taxpayer Identification Number and Certification. Chapter Resolution with community approval and support.

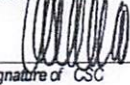
Chapter Resolution attached

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. C.Y. 41-21, the ARPA, ARPA Regulations, and with all applicable federal and Navajo Nation laws, regulations, and policies:

Chapter's Preparer: 
signature of Preparer/CONTACT PERSON

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

Approved by: 
signature of CSC

Approved by: 
signature of Chapter ASO

Approved to submit for Review: 
signature of DCD Director

FY-23

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

APPENDIX B
BUDGET FORM 1

PART I. Business Unit No.: NEW Program Title: NNFRFNenahnezad Chapter Division/Branch: Division of Community Developer
 Prepared By: Arthur Bavaro Phone No.: 505-960-9702 Email Address: aabavaro@nnchapters.org

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
Special Revenue	8/31/22	483,642	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				
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay	6		483,642	483,642
				9500 Matching Funds				
				9500 Indirect Cost			\$483,642	
				TOTAL			483,642.44	483,642
TOTAL:				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.

SUBMITTED BY: Jaron Charley, Dept. Manager APPROVED BY: Arvin Mitchell, Director
 Program Manager's Printed Name Division Director / Branch Chief's Printed Name
10-30-23 Division Director / Branch Chief's Signature and Date
 Program Manager's Signature and Date

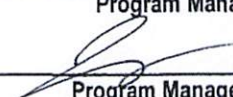

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA

PART I. PROGRAM INFORMATION:
 Business Unit No.: 108094 New Program Name/Title: NNFRFNenahnezad Chapter

PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:
 Purpose of the equipment purchase is to clear roads and ditches to provide EMS vehicles access to community members affected by covid or other health related issues that require EMS services.

PART III. PROGRAM PERFORMANCE CRITERIA:	1st QTR		2nd QTR		3rd QTR		4th QTR	
	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement: To purchase 2022 Motor Grader Program Performance Measure/Objective: Purchase (1) 2022 Motor Grader to Mitigate COVID-19 in the community							1	
2. Goal Statement: To purchase 2023 Mini Excavator Program Performance Measure/Objective: Purchase (1) 2023 Mini Excavator to Mitigate COVID-19 in the community							1	
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>Jaron Chanley, Dept. Manager</u> Program Manager's Printed Name	<u>Arbin Mitchell, Director</u> Division Director/Branch Chief's Printed Name
 Program Manager's Signature and Date	 Division Director/Branch Chief's Signature and Date

10-30-23

FY-23

THE NAVAJO NATION
 DETAILED BUDGET AND JUSTIFICATION

APPENDIX B
 BUDGET FORM 4

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>NNFRFNenahnezad Chapter</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)
9140	Equipment- 2022 Motor Grader	391,952	
9140	Equipment- 2023 Mini Excavator	91,690	
			483,642
TOTAL		483,642	483,642

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

PART I. Business Unit No.: <u>NEW</u> Project Title: <u>4-Rivers Equipment</u> Project Description: <u>Purchase Excavator and Mini-Grader</u> Check one box: <input checked="" type="checkbox"/> Original Budget <input type="checkbox"/> Budget Revision <input type="checkbox"/> Budget Reallocation <input type="checkbox"/> Budget Modification													PART II. Project Information Project Type: <u>Equipment Purchase</u> Planned Start Date: <u>9/1/22</u> Planned End Date: <u>12/31/26</u> Project Manager: <u>Arthur Bavaro</u>																	
PART III. List Project Task separately; such as Plan, Design, Construct, Equip or Furnish.	PART IV. 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. Date <u>12/31/26</u>													
	FY 2023								FY								Date <u>12/31/26</u>													
	1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			O	N	D	J	F	M
Purchase equipment																														
Equipment Delivery									xx																					
PART V.	\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL								
Expected Quarterly Expenditures							<u>483,642.44</u>			0.00												\$483,642.								

FOR OMB USE ONLY: Resolution No: _____ \$483,642 FMIS Set Up Date: _____ Company No: _____ OMB Analyst: _____

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See specific instructions on page 3.	1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. 4RIVERS HOLDINGS, LLC	
	2	Business name/disregarded entity name, if different from above 4RIVERS EQUIPMENT, LLC	
	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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <small>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.</small> <input type="checkbox"/> Other (see instructions) ► _____	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5	Address (number, street, and apt. or suite no.) See instructions. 1557 PROMONTORY CIRCLE SUITE 110	Requester's name and address (optional)
	6	City, state, and ZIP code GREELEY, CO 80634	
	7	List account number(s) here (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.

Social security number										
or										
Employer identification number										
8	4		-	1	2	5	0	1	2	2

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 ► <i>[Handwritten Signature]</i>	Date ► 03.03.2023
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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.

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 1089-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.

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.

4 Rivers Equipment, LLC
Applicant Name

1100 Troy King Road
Applicant Address

Farmington, NM
Applicant Address

87401
Applicant Address

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

Administrative Assistant
Title of individual signing on Applicant's behalf

Vikki O'Neal
Signature of individual signing on Applicant's behalf

03.03.2023
Date



Albuquerque NM * Cheyenne WY * Colorado Springs CO * El Paso TX * Farmington NM * Fort Collins CO
Frederick CO * Greeley CO * Hobbs NM * Holly CO * Lamar CO * Pueblo CO * Rocky Ford CO * Strasburg CO
www.4RiversEquipment.com

Quotation

To: NN Nenahnezad Chapter
Po Box 438
Fruitland NM. 87416

Date: 3.31.2023
FOB: Farmington
Delivery Date: 30-120days ARO

Attention: Mr. President Norman C. Begaye & Mr. CSC. Arthur Bavaro (Quotation Void after 30 Days)

1 each New 2022 John Deere 672G All Wheel (6WD) Motor Grader Equipped With:
9.0L Engine (548 cu. in.) displacement (240 VHP) Final Tier 4 Emissions, 200 Amp Alternator,
Antler Rack Controls (traditional), Steering Wheel, Hydraulic Pump Disconnect, *JD Link Ultimate Life Time service*, 14'x 24"x 7/8" MB (6"CEX 5/8"), Single Input w/Slip Clutch Gearbox, 14.0-24 16PR Bias Tires with 3pc Rims, EH Low Cab with Open Front and Side Windows, Auto Shift Plus Transmission 8FWD 8REV Gears, Transmission solenoid valve guard, Low Cab with Open Windows, Premium Heated Air Suspension Seat with Arm Rests, Front Push Block, Rear Ripper/Scarifier Combo w/9Extra SCFR Shanks and 5-rippers shanks w/teeth, Deluxe Lighting Package 18 Halogen with LED Brake and Tail, Converter 10/15Amp 24v To 12v, Heated Mirrors External, Lower Front Intermittent Wiper/Washer, Radio AM/FM/WB Blue Tooth, Rear Camera, Rear Retractable Sunshade, Pedal Decelerator, LH Beacon Strobe for safety, Fire Extinguisher, SMV Sign, Engine Coolant Heater, 9L 14" Air Cleaner, Adjusting Rotary Ejector Pre-cleaner, Severe Duty Fuel filter/lines, ether Aid less canister, Right Side engine Compartment light, Plus All Other Standard Equipment.

NN Nenahnezad Chapter Price using NN Governmental Discounts:	\$358,700.00
Navajo Nation Tax 6%	\$ 21,522.00
Grand Total with discounts and added NN Taxes:	\$380,222.00

Optional:

Machine Care Plan: 5Yr./ 2000 Hours Machine Care Plan w/tax:	\$11,730.41
(This covers all maintenance intervals up to 2000 hours for 5-years. Filters, oils, parts Environmental fees, labor, travel time, mileage and NN Taxes. Locked in price. (inflation proof))	
Grand total with Machine Care Option added:	\$391,952.41



Albuquerque NM * Cheyenne WY * Colorado Springs CO * El Paso TX * Farmington NM * Fort Collins CO
Frederick CO * Greeley CO * Hobbs NM * Holly CO * Lamar CO * Pueblo CO * Rocky Ford CO * Strasburg CO
www.4RiversEquipment.com

Quotation

**To: NN Nenahnezad Chapter
Po Box 438
Fruitland NM. 87416**

**Date: 3.31.2023
FOB: Farmington**

Delivery Date: 60-90 Day ARO

Attention: Mr. President Norman C. Begaye & Mr. CSC. Arthur Bavaro (Quotation Void after 30 Days)

**1 Each New 2023 John Deere 50G Hydraulic Mini Excavator Equipped With:
Full Cab with Heat and A/C, Cloth Suspension Seat, 16" Wide Rubber Tracks, SAE/DEERE
Pattern Control Switch, Manual Quick Coupler, Hydraulic Thumb, Boom Swing, Proportional
Auxiliary Hydraulics, Heavy Duty 12" & 18" Buckets, Work Lights, 2 Speed Travel, Angle
Backfill Blade w/bolt on cutting edge, PA30B Auger Drive and mount with 6 & 18" HD bits,
13,795.00 Lb. Machine, 5'7" Long Arm for a 12'7" Dig Depth, Plus All Standard Equipment.**

NN Nenahnezad Chapter price with Navajo Nation Gov. Discounts: \$86,500.00

Note:

**We can deliver to chapter for same price but a 6% NN tax will apply: \$5,190.00
Total if delivered to the chapter house. \$91,690.00**

Warranty:

**2-Years or 2000 Hours of Full Machine Factory Warranty, Plus an Additional 36-Months or
3000 Hours whichever occurs First of the Comprehensive (Full Machine) Extended Warranty,
FOB 4 Rivers Facility.**

Operator Training:

Free of charge for training on operation and maintenance of the machine at time of delivery.

By: David Valdez

Accepted By: Norman C. Begaye

Order Accepted By: 4 Rivers Equipment, LLC.



Albuquerque NM • Cheyenne WY • Colorado Springs CO • El Paso TX • Farmington NM • Fort Collins CO
Frederick CO • Greeley CO • Hobbs NM • Holly CO • Lamar CO • Pueblo CO • Rocky Ford CO • Strasburg CO
www.4RiversEquipment.com

Machine Warranty:

12-Months Full Machine Factory Warranty, plus an additional 72-Months/4000 hours whichever occurs first of Powertrain plus Hydraulics extended warranty. FOB a 4Rivers Equipment Facility.

Operator Training:

Free of charge for training on operation and maintenance of the machine at time of delivery.

By: David Valdez

Accepted By:

Order Accepted By: 4 Rivers Equipment, LLC.