

# THE NAVAJO NATION

---

JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE PRESIDENT



November 03, 2022

HODISHOOH SPECIALTY MAINTENANCE, INC  
P.O. BOX 2221  
BLOOMFIELD, NEW MEXICO 87413

ATTENTION: ABIEGAIL YAZZIE, MSW/CEO

REFERENCE: 164 Review 019028/Contract

Dear Abiegail:

Attached please find your copy of the approved Contract (CO15718) with the Navajo Nation Department of Natural Resources. The Contract has been awarded in the amount of \$26,002.92. The term of the contract will commence September 01, 2022 and expires January 31, 2024.

The above contract number must be referenced on all invoices, documents, and correspondence as it relates to this contract.

Should you have any questions, please contact Karen Bedonie at 928-871-6982.

Sincerely,

A handwritten signature in black ink, appearing to read "Darlene Begay".

Darlene Begay, Senior Accountant  
OOC – Contract Administration

xc: Karen Bedonie, Navajo Nation DNR  
Merlin Johnson, Contract Accounting/Navajo Nation Office of the Controller  
Contract Folder: CO15718

NAVAJONATION OFFICE OF THE CONTROLLER

POST OFFICE BOX 3 150 · WINDOW ROCK, AZ 86515 · PHONE: (928) 871-6308 · FAX: (928) 871-6026

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## SERVICES CONTRACT

### ATTACHMENT A- Mutual Promises and Agreements

This Services Contract ("Contract") is made and entered into by and between the Navajo Nation, hereinafter called the "NATION" and Hodishooh Specialty Maintenance, Inc., hereinafter called the "CONSULTANT." Collectively, the NATION and the CONSULTANT are the "PARTIES." The PARTIES agree as follows:

1. **Contract Term.** The NATION agrees to use the non-exclusive services of the CONSULTANT beginning September 01, 2022, and ending January 31, 2024.
2. **Scope of Work.** The CONSULTANT agrees to perform the services described in ATTACHMENT B - Scope of Work ("Scope of Work"). Any changes to the Scope of Work must be agreed to by the PARTIES through a formal Modification of the Contract pursuant to Paragraph 13 below.
3. **Compensation.** The NATION agrees to compensate the CONSULTANT for services performed under this Contract by paying a sum not to exceed \$ 26,002.92, as per EXHIBIT A – Accounting Codes and Budget, to include the Navajo Nation and local government sales tax amounts described in Paragraph 18, below, for work performed within the territorial jurisdiction of the NATION.
4. **Authorized Representative.** The CONSULTANT shall work with the Navajo AML Reclamation (Contracting Program), and its Authorized Representative, Karen L. Bedonie, in the performance of work or services under this Contract. No payment shall be made unless said Authorized Representative approves the work performed or services provided under this Contract and has approved the invoice(s) submitted by the CONSULTANT. Only the Authorized Representative or someone formally delegated by the Authorized Representative may assign tasks under the Scope of Work. All invoiced expenditures must be supported by receipts.
5. **Contract Number.** Contract Number C-\_\_\_\_\_ shall cover this Contract, and reference to this number shall be made on all invoices submitted by the CONSULTANT to the NATION for payment.
6. **Availability of Funds.** The liability of the NATION under this Contract is contingent upon the availability of funds. Pursuant to 2 N.N.C. §223(B), all contracts shall have sufficient funds available to perform the services under the Contract.
7. **Travel Expenses.** The PARTIES recognize that the CONSULTANT may incur reasonable travel expenses in connection with providing services to the NATION. For said travel expenses to be eligible for reimbursement hereunder, the Authorized Representative must approve the travel in writing before said expenses are incurred.
8. **Consultant is an Independent Contractor.** Neither CONSULTANT nor its employees are, or shall be deemed, NATION employees. In its capacity as an independent contractor, CONSULTANT agrees and represents, and the NATION agrees, that CONSULTANT: (a) has the sole right to control and direct the means, manner, and method by which the services will be performed; (b) shall utilize its own employees, facilities, equipment, tools, and supplies in performing the services; (c) is not eligible to participate in, and is not eligible for coverage under any NATION employee benefit plans or offerings; and (d) is free to make its services available to third parties. Nothing in this Contract shall be construed to create any agency or employment relationship between CONSULTANT or any of its employees and the NATION. Neither Party shall have any right, power, or authority to assume, create, or incur any expense, liability, or obligation, express or implied, on behalf of the other. The

**CONSULTANT** is responsible for payment of all taxes related to this Contract, and except as otherwise provided in Section 18 below, the **NATION** is not responsible for withholding, and shall not withhold, income taxes, FICA, unemployment taxes, or other taxes of any kind from any payment it owes to **CONSULTANT**, nor shall the **NATION** be responsible for remitting the employer's share of employment taxes to federal or state governments.

9. **The Nation's Ownership of Work Product.** The product(s) and title of the **CONSULTANT'S** work and services under this Contract shall be and will remain the property of the **NATION**. The **NATION** may use the work product for any purpose without prior approval or additional payment.
10. **The Nation's Right to Inspect Place of Business and to Inspect and Audit Books and Records.** The **CONSULTANT** agrees that the **NATION** may, at reasonable times, inspect the part of the plant or place of business of the **CONSULTANT** that is related to the performance of this Contract; and **CONSULTANT** further agrees that the **NATION** may, at reasonable times and places, inspect and audit the **CONSULTANT'S** books and records to the extent that such books and records relate to the performance of this Contract. The **CONSULTANT** shall maintain such books and records, and such books and records of any Subcontractor, for at least five (5) years from the date of final payment under this Contract. Further, **CONSULTANT** agrees to include in any Subcontractor agreement related to this Contract, provisions that the Subcontractor agrees (a) that the **NATION** may, at reasonable times, inspect the part of the plant or place of business of the Subcontractor that is related to the performance of this Contract; (b) that the **NATION** may, at reasonable times and places, inspect and audit the Subcontractor's books and records to the extent that such books and records relate to the performance of this Contract; and (c) that the Subcontractor shall maintain its books and records related to the performance of this Contract for at least five (5) years from the date of the **CONSULTANT'S** final payment under this Contract.
11. **Contact Information; Final Invoice.** Copies of all correspondence, reports, and invoices under this Contract shall be furnished to:

<i>Insert the NATION'S and the CONSULTANT'S contact and contact information:</i>	
<u>Karen L. Bedonie, Dept. Manager III</u>	<u>Abiegail B. Yazzie, MSW, CEO</u>
<u>Navajo AMLR Department</u>	<u>Hodishooh Specialty Maintenance, Inc.</u>
<u>PO Box 1875</u>	<u>PO Box 2221</u>
<u>Window Rock, AZ 86515</u>	<u>Bloomfield, NM 87413</u>
<u>(928) 871-6982</u>	<u>(505) 486-0381</u>

**NOTE:** The final invoice will be due within thirty (30) days after the Contract ends.

12. **Indemnification.** The **CONSULTANT** agrees to hold harmless and indemnify the **NATION** against any and all losses, costs, damages, claims, accident or injury to person or property including death, attorneys' fees, expenses, and other liability whatsoever (collectively, "Claims"), arising under, related to, or in connection with this Contract, except to the extent such Claims are directly caused by the gross negligence or wanton and willful conduct of the **NATION** or to the extent they result from the negligence of **NATION** officials or employees as provided for and in accordance with 1 N.N.C. §§551 *et seq.*
13. **Modifications.** Any modifications to this Contract shall be made only by written amendment, signed and executed by all parties to this Contract. If a cost-based selection method, such as the submission and evaluation of bids, was used to procure this Contract, any amendment to increase this Contract that exceeds twenty percent (20%) of the original accepted bid amount shall be handled pursuant to 2 N.N.C. §223(F).

14. **Disputes; No Waiver of Sovereign Immunity.** Any and all disputes arising under, related to, or in connection with this Contract will be resolved first through negotiation between the **PARTIES** under the laws of the **NATION**. If negotiation does not resolve the dispute, the **NATION** may pursue legal action. Nothing herein shall be construed as a waiver of the **NATION'S** sovereign immunity.
15. **Termination.** The **NATION** may terminate this Contract at any time upon ten (10) days advance written notice to the **CONSULTANT**, in the event that: (a) the **NATION**, in its sole discretion, determines the **CONSULTANT'S** work or services provided are not satisfactory; (b) the **CONSULTANT** fails to submit reports and other documents as requested by the **NATION** within defined time schedules to the satisfaction of the **NATION**; (c) the **CONSULTANT** fails to submit verification of invoices to the **NATION** for payment to the satisfaction of the **NATION**; (d) the **CONSULTANT** is in breach of any material term or condition of this Contract; or (e) funds are not appropriated or otherwise made available to support continuation of this Contract.
16. **Applicable Law and Jurisdiction.** The **CONSULTANT** shall comply with all Navajo Nation laws, as they may be amended from time to time, including, but not limited to, the Navajo Business and Procurement Act, 12 N.N.C. §§1501 *et seq.*, the Navajo Preference in Employment Act, 15 N.N.C. §§601 *et seq.*, the Navajo Nation Business Opportunity Act, 5 N.N.C. §§201 *et seq.*, the Navajo Nation Corporation Act, 5 N.N.C. §§3101 *et seq.*, the Navajo Nation Limited Liability Company Act, 5 N.N.C. §§3600 *et seq.*, and the Navajo Uniform Commercial Code, 5A N.N.C. §§1-101 *et seq.*, and applicable regulations. The **CONSULTANT** agrees to be subject to the jurisdiction of Navajo Nation courts and tribunals.
17. **Pre-Contract Costs.** Costs incurred before the finalization of this Contract deemed reasonable, allowable, and allocable to performance of the Contract as agreed to by the **PARTIES** may be paid under this Contract.
18. **Navajo Nation Taxes.** The **CONSULTANT** shall comply with all applicable Navajo Nation tax laws under Title 24 of the Navajo Nation Code and corresponding regulations. The **CONSULTANT** is subject to and shall be liable for payment of the Navajo Nation Sales Tax, at the prevailing rate, on gross receipts for all work performed within the territorial jurisdiction of the Navajo Nation pursuant to 24 N.N.C. §§601 *et seq.*, and the Navajo Nation Sales Tax Regulations §§6.101 *et seq.*, as amended from time to time, except that work performed within the To'Nanees'Dizi Local Government ("Tuba City Chapter") or the Kayenta Township is subject to their respective local sales taxes as amended from time to time. In addition to being subject to Navajo Nation Sales Tax, the **CONSULTANT** is subject to local sales tax on gross receipts for all work performed within a governance-certified chapter that imposes a local sales tax pursuant to a duly enacted local tax ordinance and the Uniform Local Tax Code, 24 N.N.C. §§150 *et seq.*

The **CONSULTANT** shall segregate, on each invoice, the work performed within and outside the territorial jurisdiction of the Navajo Nation, and within and outside the jurisdictions of governance-certified chapters that impose a local sales tax. The **NATION** shall withhold from each payment to the **CONSULTANT** the applicable Navajo Nation Sales Tax and/or local sales tax due from the total invoice amount associated with work performed within the Navajo Nation and/or within governance-certified chapters that impose a local sales tax (excluding Tuba City Chapter and Kayenta Township). The amount withheld reflects the Navajo Nation Sales Tax and/or local sales tax due on such invoice amounts. The **NATION** shall transfer the withheld amount to the Office of the Navajo Tax Commission as payment of the Navajo Nation Sales Tax and/or local sales tax on behalf of the **CONSULTANT**. The **CONSULTANT** will then indicate on the quarterly tax return or returns required for the Navajo Nation Sales Tax and/or local sales tax that this amount

has been previously withheld and paid to the Office of the Navajo Tax Commission. It is hereby acknowledged that the NATION withholding amounts pursuant to this section in no way removes responsibility from the CONSULTANT as a taxpayer for timely filing of tax returns and timely payment of any other amounts, which may be owed for taxes.


The CONSULTANT is subject to the Tuba City Chapter Sales Tax on gross receipts for all work performed within the Tuba City Chapter pursuant to the To’Nanees’Dizi Local Government Tax Code, as may be amended from time to time, and shall pay the sales tax directly to the Tuba City Chapter. The CONSULTANT is subject to the Kayenta Township Sales Tax on gross receipts for all work performed within the Kayenta Township pursuant to the Kayenta Township Tax Ordinances, as may be amended from time to time, and shall pay the sales tax directly to the Kayenta Township. The NATION shall not withhold this portion of the tax that is directly payable to Tuba City Chapter or Kayenta Township.

The CONSULTANT is solely responsible for the payment of all applicable taxes.


19. **Consultant Debarment; Suspension.** If the CONSULTANT in its present form or any other identifiable capacity as an individual, business corporation, partnership or other entity is deemed ineligible, debarred, or suspended pursuant to the Navajo Business and Procurement Act, 12 N.N.C. §§1501, *et seq.* or the Navajo Nation Procurement Act, 12 N.N.C. §§301, *et seq.*, the CONSULTANT is not legally able to enter into this Contract, and this Contract shall be null and void unless the factors that warranted the ineligibility, debarment or suspension have been sufficiently addressed as provided by applicable Navajo Nation laws.
20. **Insurance Coverage.** The CONSULTANT shall obtain and maintain adequate insurance coverage as recommended and verified by the Navajo Nation Risk Management Program (“RMP”) for the entire term of the Contract. The insurance coverage shall name the NATION as an additional insured as specified by the RMP, and the CONSULTANT shall notify the contracting program and the RMP, c/o The Navajo Nation, P.O. Box 1690, Window Rock, Arizona 86515 within five days of any change in the insurance policy. Proof of such insurance is attached as **Exhibit C – Certificate of Insurance**, which is made part of this Contract. The failure to fully comply with this provision shall render this Contract null and void.
21. **Conflicting and Additional Terms.** Any additional terms and conditions of the CONSULTANT are attached hereto and incorporated into this Contract, provided however that in the event of any conflict between the terms and conditions of this Contract and any of the CONSULTANT’S additional terms and conditions, the terms and conditions of this Contract shall control and govern. Any additional terms and conditions not attached to this Contract shall have no force or effect.

### SIGNATURES OF THE CONTRACT

For the Consultant:

  
Abigail B. Yazzie, MSW, CEO Date 09/15/2022  
Hodishooh Speciality Maintena  
PO Box 2221  
Bloomfield, NM 87413

For The Navajo Nation:

  
Navajo Nation President Date 09.15.2022  
The Navajo Nation  
Post Office Box 9000  
Window Rock, Arizona 86515

## SERVICES CONTRACT

### ATTACHMENT B – Scope of Work (include timeframe)

FIRM NAME	<u>Hodishooh Specialty Maintenance, Inc.</u>
ADDRESS	<u>PO Box 2221</u> <u>Bloomfield, New Mexico 87413</u>
TELEPHONE NO.	<u>(505) 486-0381</u>

This Scope of Work is made and entered into, effective September 1<sup>st</sup>, 2022 through January 31<sup>st</sup>, 2024, by and between the Navajo Abandoned Mine Lands (AML) Reclamation/Uranium Mill Tailing Remedial Action (UMTRA) Department, Shiprock Field Office, hereinafter called "AML/UMTRA", and Hodishooh Specialty Maintenance, Inc., hereinafter called "CONSULTANT". The parties hereto agree to perform Custodial Services in the two premises with a square footage of 2,128 ft<sup>2</sup> and 1,860 ft<sup>2</sup> located at 1 Uranium Boulevard, Shiprock, New Mexico 87420.

The Custodial Services to be performed by the CONSULTANT, for the duration of one year and five months will include the front area, two set of staircases with a chair lift, vacuum and sweep the floors in the offices, conference room and computer training room; wipe the desks, chairs and tables, dust low and high areas, sanitize restrooms thoroughly due to public use, clean the glass doors and report any malfunction and water leaks.

CONSULTANT agrees to provide all labor, supervision, cleaning tools, disinfection tools, and floor equipment necessary to assure a comprehensive cleaning on a weekly basis. The Disinfection Service will be provided every month using EPA-registered disinfectant that is on List N. The thorough wooden floor cleaning will be provided on a quarterly basis. This is under the Specialized Project Services. The specialized services consist of sanding, sealing and refinishing the wooden floors and stripping and waxing of tile floors in restrooms. Services will be performed monthly and then every two months after March 2023.

CONSULTANT will furnish the necessary cleaning equipment inclusive of but not limited to floor machines, buffers, mop buckets, wringers, mops, vacuum cleaner, broom, and all the necessary cleaning tools. AML/UMTRA will provide all general cleaning supplies and paper supplies; in addition, provide a secure space or storage of these equipment as necessary. CONSULTANT will furnish the Electrostatic Sprayer and the disinfectant product for the Disinfection Service. Product used for disinfecting will be registered/approved by EPA as effective for use against Coronavirus SARS-CoV-2, the virus that causes COVID-19. Disinfection Services will be performed monthly until March 31<sup>st</sup>, 2023.

CONSULTANT will comply with current OSHA regulations and proven procedures pertaining to all work performed at AML/UMTRA's location, including personal protective equipment, having Safety Data Sheet Log and First Aid Procedure.



**SERVICES CONTRACT**

**EXHIBIT A – Accounting Codes and Budget**

FIRM NAME Hodishooh Specialty Maintenance, Inc.  
 ADDRESS PO Box 2221  
Bloomfield, New Mexico 87413  
 TELEPHONE NO. (505) 486-0381

**ACCOUNTING CODES**

<u>Account Number</u>	<u>Account Name</u>	<u>Item Totals</u>
K211511 - 6260	ARPA/FRF: CJY-44-21	\$ 11,737.06
K190788 - 6260	S/R ADMIN: S19AF20028	\$ 14,265.86
-	-	\$
TOTAL CONSULTANT FEES AND EXPENSES:		\$ 26,002.92

**ATTACH A DETAILED BUDGET TO THIS EXHIBIT A USING THE FORMULAS BELOW.  
 The detailed budget total must match the totals above and the totals on Page 1 of the Contract.**

REGULAR CUSTODIAL SERVICES				
Months	Monthly Rate	Monthly NN Tax	Monthly Total	Account No.
Sep-22	\$ 762.60	\$ 45.76	\$ 808.36	K190788.6260
Oct-22	\$ 762.60	\$ 45.76	\$ 808.36	K190788.6260
Nov-22	\$ 762.60	\$ 45.76	\$ 808.36	K190788.6260
Dec-22	\$ 762.60	\$ 45.76	\$ 808.36	K190788.6260
Jan-23	\$ 762.60	\$ 45.76	\$ 808.36	K190788.6260
Feb-23	\$ 762.60	\$ 45.76	\$ 808.36	K190788.6260
Mar-23	\$ 762.60	\$ 45.76	\$ 808.36	K190788.6260
Apr-23	\$ 762.60	\$ 45.76	\$ 808.36	K211511.6260
May-23	\$ 762.60	\$ 45.76	\$ 808.36	K211511.6260
Jun-23	\$ 762.60	\$ 45.76	\$ 808.36	K211511.6260
Jul-23	\$ 762.60	\$ 45.76	\$ 808.36	K211511.6260
Aug-23	\$ 762.60	\$ 45.76	\$ 808.36	K211511.6260
Sep-23	\$ 762.60	\$ 45.76	\$ 808.36	K211511.6260
Oct-23	\$ 762.60	\$ 45.76	\$ 808.36	K211511.6260
Nov-23	\$ 762.60	\$ 45.76	\$ 808.36	K211511.6260
Dec-23	\$ 762.60	\$ 45.76	\$ 808.36	K211511.6260
Jan-24	\$ 762.60	\$ 45.76	\$ 808.36	K211511.6260
			<u>\$ 13,742.05</u>	

SPECIALIZED CLEANING				
Months	Monthly Rate	Monthly NN Tax	Monthly Total	Account No.
Sep-22	\$ 689.34	\$ 41.36	\$ 730.70	K190788.6260
Oct-22	\$ 689.34	\$ 41.36	\$ 730.70	K190788.6260
Nov-22	\$ 689.34	\$ 41.36	\$ 730.70	K190788.6260
Dec-22	\$ 689.34	\$ 41.36	\$ 730.70	K190788.6260
Jan-23	\$ 689.34	\$ 41.36	\$ 730.70	K190788.6260
Feb-23	\$ 689.34	\$ 41.36	\$ 730.70	K190788.6260
Mar-23	\$ 689.34	\$ 41.36	\$ 730.70	K190788.6260
May-23	\$ 689.34	\$ 41.36	\$ 730.70	K211511.6260
Jul-23	\$ 689.34	\$ 41.36	\$ 730.70	K211511.6260
Sep-23	\$ 689.34	\$ 41.36	\$ 730.70	K211511.6260
Nov-23	\$ 689.34	\$ 41.36	\$ 730.70	K211511.6260
Jan-24	\$ 689.34	\$ 41.36	\$ 730.70	K211511.6260
			<u>\$ 8,768.40</u>	

DISINFECTING				
Months	Monthly Rate	Monthly NN Tax	Monthly Total	Account No.
Sep-22	\$ 549.13	\$ 32.95	\$ 582.08	K190788.6260
Oct-22	\$ 549.13	\$ 32.95	\$ 582.08	K190788.6260
Nov-22	\$ 549.13	\$ 32.95	\$ 582.08	K190788.6260
Dec-22	\$ 549.13	\$ 32.95	\$ 582.08	K190788.6260
Jan-23	\$ 549.13	\$ 32.95	\$ 582.08	K190788.6260
Feb-23	\$ 549.13	\$ 32.95	\$ 582.08	K190788.6260
			<u>\$ 3,492.47</u>	

Account No: K211511 \$ 11,737.06  
 Account No: K190788 \$ 14,265.86  
\$ 26,002.92

Job K211511 US TREASURY- AMLR - FRF

From Date 1/1/2019 Thru Date 7/30/2022

Project

Cost Code	Cost Type	Description	L P M DE CUM	Original	Revised	Actual	Open Commit	Budget	% Revised	% Revised
				Budget Amt	Budget Amt	Amount	Amount	Balance	Spent	Remaining
4120	Office Supplies	6 B N		10,000.00	10,000.00			10,000.00		1.00
4130	General Office Supplies	7 N					2,181.66	2,181.66-		
4120	Office Supplies	6 T		10,000.00	10,000.00		2,181.66	7,818.34	.22	.78
4200	Non Capital Assets	6 B N		35,000.00	35,000.00			35,000.00		1.00
4230	Non Cap Computer Equip	7 N				1,012.30		1,012.30-		
4200	Non Capital Assets	6 T		35,000.00	35,000.00	1,012.30		33,987.70	.03	.97
4100	Office Supplies & Equipme	5 T		45,000.00	45,000.00	1,012.30	2,181.66	41,806.04	.07	.93
4410	Operating Supplies	6 B N		18,770.00	18,770.00			18,770.00		1.00
4410	Operating Supplies	6 T		18,770.00	18,770.00			18,770.00		1.00
4400	Operating Supplies	5 T		18,770.00	18,770.00			18,770.00		1.00
4000	Supplies	4 T		63,770.00	63,770.00	1,012.30	2,181.66	60,576.04	.05	.95
5130	Land	6 B N		29,384.00	29,384.00			29,384.00		1.00
5140	Land Lease	7 N					15,264.00	15,264.00-		
5130	Land	6 T		29,384.00	29,384.00		15,264.00	14,120.00	.52	.48
5100	Lease	5 T		29,384.00	29,384.00		15,264.00	14,120.00	.52	.48
5000	Lease & Rental	4 T		29,384.00	29,384.00		15,264.00	14,120.00	.52	.48
5520	Telephone	6 B N		33,660.00	33,660.00			33,660.00		1.00
5520	Telephone	6 T		33,660.00	33,660.00			33,660.00		1.00
5570	Internet	6 B N		56,340.00	56,340.00			56,340.00		1.00
5570	Internet	6 T		56,340.00	56,340.00			56,340.00		1.00
5510	Communications	5 T		90,000.00	90,000.00			90,000.00		1.00
5500	Communications & Utilities	4 T		90,000.00	90,000.00			90,000.00		1.00
6200	External Contractors	6 B N		38,200.00	38,200.00			38,200.00		1.00
6200	External Contractors	6 T		38,200.00	38,200.00			38,200.00		1.00
6100	Plant, Property & Equipme	5 T		38,200.00	38,200.00			38,200.00		1.00
6000	Repairs & Maintenance	4 T		38,200.00	38,200.00			38,200.00		1.00
7710	Insurance Premiums	6 B N		34,791.00	34,791.00			34,791.00		1.00
7767	Workers' Comp Premium	7 N				329.98		329.98-		
7710	Insurance Premiums	6 T		34,791.00	34,791.00	329.98		34,461.02	.01	.99
7700	Insurance & Benefits	5 T		34,791.00	34,791.00	329.98		34,461.02	.01	.99
7000	Special Transactions	4 T		34,791.00	34,791.00	329.98		34,461.02	.01	.99
2000	Expenses	3 T		2,033,414.00	2,033,414.00	64,582.41	17,445.66	1,951,385.93	.04	.96
K211511	US TREASURY- AMLR - FRF	2 T				12,404.01	17,445.66	29,849.67-		
	Total:	1 T				12,404.01	17,445.66	29,849.67-		

NAVAJO NATION  
Job Status Inquiry Print

Job K190788 2019 AML ADMIN - S/R

From Date 1/1/2019 Thru Date 7/30/2022

Project

Cost Code	Cost Type	Description	L P M D E C U M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
3310	Air		6 B N	2,400.00						
3310	Air		6 T	2,400.00						
3300	Commercial/Charter Fares		5 T	2,400.00						
3000	Travel Expenses		4 T	24,438.00	20,225.40			20,225.40		1.00
4120	Office Supplies		6 B N	3,400.00	5,680.65			5,680.65		1.00
4130	General Office Supplies		7 N			2,193.85		2,193.85-		
4120	Office Supplies		6 T	3,400.00	5,680.65	2,193.85		3,486.80	.39	.61
4100	Office Supplies & Equipme		5 T	3,400.00	5,680.65	2,193.85		3,486.80	.39	.61
4410	Operating Supplies		6 B N	5,480.00	5,480.00			5,480.00		1.00
4420	General Operating Suppl		7 N			213.02		213.02-		
4490	Custodial Supplies		7 N			580.49		580.49-		
4410	Operating Supplies		6 T	5,480.00	5,480.00	793.51		4,686.49	.14	.86
4400	Operating Supplies		5 T	5,480.00	5,480.00	793.51		4,686.49	.14	.86
4000	Supplies		4 T	8,880.00	11,160.65	2,987.36		8,173.29	.27	.73
5130	Land		6 B N	5,040.00	5,040.00			5,040.00		1.00
5140	Land Lease		7 N			5,040.00		5,040.00-		
5130	Land		6 T	5,040.00	5,040.00	5,040.00			1.00	
5100	Lease		5 T	5,040.00	5,040.00	5,040.00			1.00	
5000	Lease & Rental		4 T	5,040.00	5,040.00	5,040.00			1.00	
5520	Telephone		6 B N	740.00						
5520	Telephone		6 T	740.00						
5570	Internet		6 B N	8,640.00	8,268.00			8,268.00		1.00
5600	Internet Services		7 N			8,268.00		8,268.00-		
5570	Internet		6 T	8,640.00	8,268.00	8,268.00			1.00	
5510	Communications		5 T	9,380.00	8,268.00	8,268.00			1.00	
5710	Energy		6 B N	7,224.00						
5710	Energy		6 T	7,224.00						
5750	Services		6 B N	1,284.00						
5750	Services		6 T	1,284.00						
5700	Utilities		5 T	8,508.00						
5500	Communications & Utilities		4 T	17,888.00	8,268.00	8,268.00			1.00	
6020	Supplies		6 B N	700.00						
6020	Supplies		6 T	700.00						
6010	Building		5 T	700.00						
6130	Services		6 B N	2,000.00						
6130	Services		6 T	2,000.00						
6200	External Contractors		6 B N	13,934.00	31,725.96			31,725.96		1.00
6240	Pest Control		7 N			495.04		495.04-		
6250	Waste Disposal		7 N			1,609.56		1,609.56-		

Job K190788 2019 AML ADMIN - S/R

From Date 1/1/2019 Thru Date 7/30/2022

Project

Cost Code	Cost Type	Description	L P M D E C U M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
6260		Custodial Services	7 N			10,494.00		10,494.00-		
6200		External Contractors	6 T	13,934.00	31,725.96	12,598.60		19,127.36	.40	.60
6300		Technology	6 B N		990.14			990.14		1.00
6300		Technology	6 T		990.14			990.14		1.00
6100		Plant, Property & Equipme	5 T	15,934.00	32,716.10	12,598.60		20,117.50	.39	.61
6000		Repairs & Maintenance	4 T	16,634.00	32,716.10	12,598.60		20,117.50	.39	.61
7410		Media	6 B N	1,050.00	769.85			769.85		1.00
7440		Print Advertising	7 N			769.85		769.85-		
7410		Media	6 T	1,050.00	769.85	769.85			1.00	
7400		Media	5 T	1,050.00	769.85	769.85			1.00	
7510		Training & Professional	6 B N	4,250.00						
7510		Training & Professional	6 T	4,250.00						
7500		Employee Special Transact	5 T	4,250.00						
7710		Insurance Premiums	6 B N	2,174.00	2,174.00			2,174.00		1.00
7767		Workers' Comp Premium	7 N			1,591.68		1,591.68-		
7710		Insurance Premiums	6 T	2,174.00	2,174.00	1,591.68		582.32	.73	.27
7700		Insurance & Benefits	5 T	2,174.00	2,174.00	1,591.68		582.32	.73	.27
7000		Special Transactions	4 T	7,474.00	2,943.85	2,361.53		582.32	.80	.20
9710		IDC	6 B N	56,772.00	56,772.00			56,772.00		1.00
9720		Indirect Cost Charged	7 N			55,221.94		55,221.94-		
9710		IDC	6 T	56,772.00	56,772.00	55,221.94		1,550.06	.97	.03
9700		Indirect Cost (Overhead)	5 T	56,772.00	56,772.00	55,221.94		1,550.06	.97	.03
9500		Matching & Indirect Cost	4 T	56,772.00	56,772.00	55,221.94		1,550.06	.97	.03
2000		Expenses	3 T	414,955.00	414,955.00	354,464.05		60,490.95	.85	.15

**SERVICES CONTRACT**

**EXHIBIT B - Consultant Credentials**

FIRM NAME	<u>Hodishooh Specialty Maintenance, Inc.</u>
ADDRESS	<u>PO Box 2221</u>
	<u>Bloomfield, New Mexico 87413</u>
TELEPHONE NO.	<u>(505) 486-0381</u>

FOR INTERNAL GUIDANCE ONLY - Include in this section:

1. Consultant's current resume. If Consultant is a firm, use the resume of the primary responsible party,
2. Signed Navajo Nation Certification Regarding Debarment and Suspension,
3. Completed and signed W-9 Form, and
4. Any other credentials that are relevant to the work in this contract.

**NAVAJO NATION CERTIFICATION  
Regarding Debarment and  
Suspension**

Applicant acknowledges that to the best of his/her knowledge that their company and principal participants on this contract:

1. Are not debarred, suspended, or otherwise slated for debarment, ineligible and/or excluded from participation on Federal, State, and Tribal Government contracts etc.
2. Are not presently nor have been under criminal indictment or civilly charged by a governmental entity (Federal, State, and Tribal Government) for fraud, forgery, falsification, theft, bribery, destruction of records, receiving stolen property and other criminal offenses in the administration of a government contract.
3. Have not been terminated for cause or convenience by a governmental entity in the administration of a government contract (Federal, State, and Tribal Government).
4. If the Navajo Nation determines that the Certificate provided herein is not true, it will be grounds to terminate the contract and pursue other legal remedies.

Applicant's Address

Abiegail B Yazzie, MSW  
\_\_\_\_\_  
Hodishooh Specialty Maintenance, Inc  
\_\_\_\_\_  
PO Box 2221  
\_\_\_\_\_  
Bloomfield, NM 87413  
\_\_\_\_\_

Name & Signature of Applicant

Abiegail B Yazzie  
\_\_\_\_\_  
Type or Print Name

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
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.

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. <b>Hodishooh Specialty Maintenance, Inc</b>	
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 <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> 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. <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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. <b>PO Box 2221</b>	Requester's name and address (optional) <b>Navajo AMLR Department                  PO Box 1875                  Window Rock, AZ 86515</b>
6 City, state, and ZIP code <b>Bloomfield, NM 87413</b>	
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											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>											
OR											
Employer identification number											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> </tr> </table>	8	1	-	1	1	0	1	0	0	9	
8	1	-	1	1	0	1	0	0	9		

### 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>July 15, 2022</u>
------------------	----------------------------	-----------------------------

### 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.*

# The Navajo Nation

## Contract and Purchase Certification Certificate of Eligibility

Certificate No. 8721/8691



HODISHOOH SPECIALITY MAINTENANCE, INC - PROFESSIONAL SERVICES - Commercial custodial Services, Industrial janitorial Services, Carpet Cleaning, Hard Floor Maintenance Expert, Disinfection Offices, / Deep Cleaning Services; Plumbing Services; Landscape Maintenance; and welding Services.

Priority No. 1

### TO ALL PERSONS DOING BUSINESS ON THE NAVAJO NATION:

The above named entity is hereby certified, in accordance with the Navajo Business Opportunity Act, Title 5, Chapter 2, § 204 (A) (1) & (2), as a Navajo or Indian Owned Business and being duly certified with this Office, shall be afforded all economic opportunities pursuant to the Navajo Nation Council Resolution CAP-37-02.

A certified business entity is one owned by an Enrolled Member of the Navajo/Other Indian Tribe and is at least 51% or more Navajo/Indian owned and controlled.

ONE HUNDRED (100%)

PERCENTAGE OF BUSINESS OWNERSHIP

8/5/2021

DATE OF CERTIFICATION

8/4/2022

EXPIRATION DATE

Handwritten signature of Notah C. Silversmith.

**Notah C. Silversmith**, Department Manager

Business Regulatory Department  
Division of Economic Development



**SERVICES CONTRACT**

**EXHIBIT C - Certificate of Insurance**

FIRM NAME	<u>Hodishooh Specialty Maintenance, Inc.</u>
ADDRESS	<u>PO Box 2221</u>
	<u>Bloomfield, New Mexico 87413</u>
TELEPHONE NO.	<u>(505) 486-0381</u>

FOR INTERNAL GUIDANCE ONLY - Include in this section:

1. The Consultant's Certificate(s) of Insurance, and
2. The Risk Management Program's (RMP) signed Memorandum which indicates that this particular Certificate of Insurance meets RMP's minimum insurance requirements.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/13/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Kysar Millennium Leavitt Insurance Agency, Inc. 300 W Arrington Suite 100 Farmington NM 87401	<b>CONTACT NAME:</b> Mary Bacon <b>PHONE (A/C, No, Ext):</b> (505) 325-4561 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> mary-bacon@leavitt.com														
<b>INSURED</b> Hodishooh Specialty Maintenance, Inc., P. O. Box 2221 Bloomfield NM 87413-2221	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: General Insurance Company of America</td> <td style="text-align: center;">024732</td> </tr> <tr> <td>INSURER B: Mid-Continent Casualty Company</td> <td style="text-align: center;">23418</td> </tr> <tr> <td>INSURER C: Markel Insurance Company</td> <td style="text-align: center;">38970</td> </tr> <tr> <td>INSURER D: CNA Surety</td> <td style="text-align: center;">R18214</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: General Insurance Company of America	024732	INSURER B: Mid-Continent Casualty Company	23418	INSURER C: Markel Insurance Company	38970	INSURER D: CNA Surety	R18214	INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

**COVERAGES** **CERTIFICATE NUMBER: CL225932669** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		BWG (23) 60977879	2/11/2022	2/11/2023	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 15,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ 15,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000																				
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GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			04-CA-2852214	9/13/2022	9/13/2023	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>Medical payments</td><td style="text-align: right;">\$ 5,000</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	Medical payments	\$ 5,000				
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																				
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	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
EACH OCCURRENCE	\$																				
AGGREGATE	\$																				
	\$																				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	AWC0009000-03	2/10/2022	2/10/2023	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER																					
E.L. EACH ACCIDENT	\$ 1,000,000																				
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																				
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				
D	Janitorial Services Bond			65684705	11/3/2021	11/3/2022															

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b> The Navajo Nation Risk Management Program P. O. Box 1690 Window Rock, AZ 86515	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Bob Kysar/MABACO
--	--