

CD Region - Rickie Nez

"Exhibit /"

Revenue Replacement Reserve		Obligated ARPA	
✓ 1	K2115409 \$ 100,000.00	1	\$ -
✓ 2	K2115410 \$ 100,000.00	2	\$ -
✓ 3	K2115411 \$ 150,000.00	3	\$ -
✓ 4	K2115412 \$ 100,000.00	4	\$ -
✓ 5	K2115413 \$ 100,000.00	5	\$ -
✓ 6	K2115414 \$ 283,528.33		
✓ 7	K2115415 \$ 285,528.33		
✓ 8	K2115416 \$ 150,000.00		
✓ 9	K2115417 \$ 370,556.67		
✓ 10	K2115418 \$ 175,000.00		
✓ 11	K2115419 \$ 100,000.00		
✓ 12	K2115420 \$ 220,500.00		
✓ 13	K2115421 \$ 100,500.00		
✓ 14	K2115422 \$ 500,500.00		
✓ 15	K2115423 \$ 1,667,056.00		
✓ 16	K2115467 \$ 1,667,057.00		
✓ 17	K2115468 \$ 717,040.00		
✓ 18	K2115469 \$ 60,500.00		
✓ 19	K2115504 \$ 192,023.00		
✓ 20	K2115508 \$ 483,642.00		
✓ 21	K2115509 \$ 375,200.00		
✓ 22	K2115510 \$ 400,000.00		
	Total \$ 8,298,631.33	Total	\$ -

ARPA Allocated Amount \$ 8,298,631.33

Obligated ARPA Projects \$ -

Deobligated Amount \$ 8,298,631.33

	\$ 4,403,169.33
Previous ARPA	\$ 2,444,597.00
Allocation	\$ 192,023.00
	\$ 1,258,842.00
Total	\$ 8,298,631.33

Handwritten signature and date: 7/15/24



The Navajo Nation **DR. BUU NYGREN** *PRESIDENT*
Yideeskáądi Nitsáhákees **RICHELLE MONTOYA** *VICE PRESIDENT*

MEMORANDUM



TO : Dominic Beyal, Director
 Navajo Nation Office of Management & Budget

Cordell Shortey, Contracting Officer
 Navajo Nation Office of Management & Budget

FROM : *Lisa Jymm*
 Lisa Jymm, Executive Director
 Navajo Nation Fiscal Recovery Fund Office

DATE : July 15, 2024

SUBJECT : Summary of Change forms for Delegate Rickie Nez’s Delegate Region.

The Navajo Nation Fiscal Recovery Fund Office (NNFRFO) has attached twenty-two (22) Summary of Change forms for Rickie Nez Delegate Region per CMY-28-24, Section Six, identified as General Funds/Revenue Replacement Reserve (GF/RRR). Attached is the detailed worksheet of the ARPA/FRF and RRR/GF balances of the approved projects and the Summary of Change forms totaling the GF/RRR given.

No. of Summary Of Change forms	Delegate	VT 7-16-24 GF/RRR
22	Delegate Rickie Nez	8,298,631.33
	TOTAL:	VT 7-16-24 \$8,802,339.50 8,298,631.33

If you have any questions, please feel free to contact our office by phone at (928) 309-5535 or by email at ljymm@navajo-nsn.gov. Thank you.

CC: Germaine Jones, Deputy Contracting Officer, OMB/OCG
 Christine Chavez, Accounting Manager, OOC/CA

LJYM
7/16/2024

**DISTRIBUTION of APPROVED REGIONAL CHAPTER PROJECT FUNDING
ARPA/NNFRF vs. REVENUE REPLACEMENT RESERVE/GF**

Pursuant to CMY-28-24
June 15, 2024

Honorable Council Delegate: **RICKIE NEZ**

Delegate Region: **T'iistoh Sikad, Nenahnezad, Upper Fruitland, Tse'Daa'Kaan, Newcomb, San Juan (6) Chapters.**

Legislation	BU #	Description	AOS	PROJECT ALLOCATIONS		DISTRIBUTION of \$8,802,339.50	
				Original Budget	Revised Budget	FRF/ARPA	RRR/GF
1. NABIO-28-23							
	K2115409	UST- NEWCOMB CHAPTER BR ADDITIO	DCD	\$ 100,000.00	\$ 100,000.00	\$ -	\$ 100,000.00
	K2115410	UST- NEWCOMB CHAP BR NO TOUCH	DCD	\$ 100,000.00	\$ 100,000.00	\$ -	\$ 100,000.00
	K2115411	UST- NEWCOMB CHAP BUILDING VENT	DCD	\$ 150,000.00	\$ 150,000.00	\$ -	\$ 150,000.00
	K2115412	UST- NEWCOMB COMM WASTE WATER	EPA	\$ 100,000.00	\$ 100,000.00	\$ -	\$ 100,000.00
	K2115413	UST- NEWCOMB CHP BUILD BR RENOV	DCD	\$ 100,000.00	\$ 100,000.00	\$ -	\$ 100,000.00
	K2115414	UST- NEWCOMB COMM ELECTRICAL	DCD	\$ 285,528.33	\$ 285,528.33	\$ -	\$ 285,528.33
	K2115415	UST- NEWCOMB COMM POTABLE WATER	DCD	\$ 285,528.33	\$ 285,528.33	\$ -	\$ 285,528.33
	K2115416	UST- NEWCOMB CHAP BR & KITCHEN	DCD	\$ 150,000.00	\$ 150,000.00	\$ -	\$ 150,000.00
	K2115417	UST- UPPER FRUITLAND CEMETERY	DCD	\$ 370,556.67	\$ 370,556.67	\$ -	\$ 370,556.67
	K2115418	UST- UPPER FRUIT MOBILE SHOWER	DCD	\$ 175,000.00	\$ 175,000.00	\$ -	\$ 175,000.00
	K2115419	UST- UPPER FRUITLAND HVY TRUCK	DCD	\$ 100,000.00	\$ 100,000.00	\$ -	\$ 100,000.00
	K2115420	UST- UPPER FRUITLAND LEACH FLD	EPA	\$ 220,500.00	\$ 220,500.00	\$ -	\$ 220,500.00
	K2115421	UST- UPPER FRUIT CEMETERY & ROSE	DCD	\$ 100,500.00	\$ 100,500.00	\$ -	\$ 100,500.00
	K2115422	UST- UPPER FRUITLAND WAREHOUSE	DCD	\$ 500,500.00	\$ 500,500.00	\$ -	\$ 500,500.00
	K2115423	UST- TIISTSOH SIKAAD NEW CMLPX	DCD	\$ 1,667,056.00	\$ 1,667,056.00	\$ -	\$ 1,667,056.00
	Note: 1 of 4 Resolutions.			\$ 4,403,169.33	\$ 4,403,169.33	\$ -	\$ 4,403,169.33
2. NABID-51-23							
	K2115467	UST - TSEDAAKAAN CHP PROJEC	DCD	\$ 1,667,057.00	\$ 1,667,057.00	\$ -	\$ 1,667,057.00
	K2115468	UST - SAN JUAN N362 RD REPA	NDOT	\$ 717,040.00	\$ 717,040.00	\$ -	\$ 717,040.00
	K2115469	UST - NENAHNEZAD EQUIP TRLS	DCD	\$ 60,500.00	\$ 60,500.00	\$ -	\$ 60,500.00
	Note: 2 of 4 NNC Resolutions.			\$ 2,444,597.00	\$ 2,444,597.00	\$ -	\$ 2,444,597.00
3. NABIF-08-24							
	K2115504	UST - NENAHNEZAD DUMP TRK	DCD	\$ 192,023.00	\$ 192,023.00	\$ -	\$ 192,023.00
	Note: 3 of 4 NNC Resolutions.			\$ 192,023.00	\$ 192,023.00	\$ -	\$ 192,023.00
4. NABIAP-23-24							
	K2115508	UST - NENAHNEZAD EQUIPMENT	DCD	\$ 483,642.00	\$ 483,642.00	\$ -	\$ 483,642.00
	K2115509	UST - SAN JUAN HOUSING PROJ	DCD	\$ 375,200.00	\$ 375,200.00	\$ -	\$ 375,200.00
	K2115510	UST - SAN JUAN WAREHOUSE	DCD	\$ 400,000.00	\$ 400,000.00	\$ -	\$ 400,000.00
	Note: 4 of 4 NNC Resolutions.			\$ 1,258,842.00	\$ 1,258,842.00	\$ -	\$ 1,258,842.00
5. CJN-29-22	UNALLOCATED / REMAINING BALANCE from \$8,802,339.50 (See Below):						\$503,708.17
TOTAL:				\$ 8,298,631.33	\$ 8,298,631.33	\$ -	\$ 8,802,339.50

NOTES

- * No expenses or encumbrances recorded in FMIS.
- * No SRA's.
- * Remaining Balance Available for Chapter Projects →

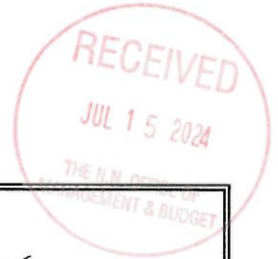
Per CJN-29-22:	\$ 8,802,339.50
Project Allocations:	\$ (8,298,631.33)
Unallocated/Remaining Balance:	\$ 503,708.17

[Handwritten Signature]
7/12/24

*22 Total
VA 7/19/24*



THE NAVAJO NATION
SUMMARY OF CHANGES on EXTERNAL GRANT BUDGET
BASED ON CONTRACT MODIFICATION NO. _____
 (For increase or decrease to initial Annual Funding Awarded Only)



PART I. PROGRAM / GRANT INFORMATION:

Title of Program: Newcomb Chapter Bathroom Addition ✓ FMIS Business Unit No. K2115409 ✓

Title of Grant: ARPA OF 2021 Grant No.: NABIO-28-23 ✓

CFDA No.: _____ Original Funding Period: Start - End: 10/1/21 - 9/30/26

PART II. BUDGET INFORMATION: In Columns A thru C below, enter data that is in the FMIS currently and at LOD 6.

(A)	(B)	(C)	(D)	(E)
Cost Type	Description	Revised Budget	Amount of Change (+/-) This Mod. *	Adjusted Budget (Sum of C & D)
✓ 8780	ENTITIES	100,000	(100,000)	
				-
				-
				-
				-
				-
				-
				-
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				-
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				-
				-
				-
				-
TOTALS:		✓ 100,000	✓ (100,000)	-
CONTRACTS & GRANTS PROGRAM REVENUE:				

* On separate page, provide justification on cost type(s) that are affected in Column D. This is a condition for processing the change. The modified budget will be authorized for use until the change is entered into FMIS by CGS/OMB.

PART III. CERTIFICATION:

Program Manager (print): Paulene Thomas, Dept Mgr II Division/Executive Director (print): Arbin Mitchell, Division Director

Signature/Date: 7/12/24 Signature/Date: 7/12/24

PART IV. CGS / OMB USE ONLY

Batch # 1414328

Verified & Recommend Approval: 7/15/24 Contract Analyst - Signature / Date

Approval for FMIS Entry: 7/15/24 Contracting Officer - Signature / Date

Copy: Contract files Contract Accounting/OOC FY'24 NN BIM

Job K2115409 UST:NEWCOMB CHAPTER BR.ADDITTO
Project

Cost Code	Cost Type	Description	L P M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6 B N	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1710		Program Revenue	6 T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1705		CG Revenue	5 T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1700		External C/G Revenue Source	4 T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1000		Revenues	3 T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
8780		Entites	6 B N	100,000.00	100,000.00			100,000.00	1.00	1.00
8780		Entites	6 T	100,000.00	100,000.00			100,000.00	1.00	1.00
8700		Grants	5 T	100,000.00	100,000.00			100,000.00	1.00	1.00
8000		Assistance	4 T	100,000.00	100,000.00			100,000.00	1.00	1.00
2000		Expenses	3 T	100,000.00	100,000.00			100,000.00	1.00	1.00

Job K2115409 UST-NEWCOMB CHAPTER BR ADDITIO
Project

Cost Code	Cost Type	Description	L F M	DE C UM	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	BN	100,000.00-						
1710		Program Revenue	6	T	100,000.00-						
1705		CG Revenue	5	T	100,000.00-						
1700		External C/G Revenue Source	4	T	100,000.00-						
1000		Revenues	3	T	100,000.00-						
8780		Entites	6	BN	100,000.00						
8780		Entites	6	T	100,000.00						
8700		Grants	5	T	100,000.00						
8000		Assistance	4	T	100,000.00						

THE NAVAJO NATION
SUMMARY OF CHANGES on EXTERNAL GRANT BUDGET
BASED ON CONTRACT MODIFICATION NO. _____
 (For increase or decrease to initial Annual Funding Awarded Only)



PART I. PROGRAM / GRANT INFORMATION:

Title of Program: Newcomb Chapter Bathroom No Touch ✓ FMIS Business Unit No. K2115410 ✓
 Title of Grant: ARPA OF 2021 Grant No.: NABIO-28-23 ✓
 CFDA No.: _____ Original Funding Period: Start - End: 10/1/21 - 9/30/26

PART II. BUDGET INFORMATION: In Columns A thru C below, enter data that is in the FMIS currently and at LOD 6.

(A)	(B)	(C)	(D)	(E)
Cost Type	Description	Revised Budget	Amount of Change (+/-) This Mod. *	Adjusted Budget (Sum of C & D)
✓ 8780	ENTITIES	100,000	(100,000)	
				-
				-
				-
				-
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				-
				-
TOTALS:		✓ 100,000	(100,000)	-
CONTRACTS & GRANTS PROGRAM REVENUE:				

* On separate page, provide justification on cost type(s) that are affected in Column D. This is a condition for processing the change. The modified budget will be authorized for use until the change is entered into FMIS by CGS/OMB.

PART III. CERTIFICATION:

Program Manager (print): Paulene Thomas, Dept Mgr II Division/Executive Director (print): Arbin Mitchell, Division Director
 Signature/Date: [Signature] 7/12/24 Signature/Date: [Signature]

PART IV. CGS / OMB USE ONLY

Batch# 1414332

Verified & Recommend Approval: [Signature] 7/15/24
 Contract Analyst - Signature / Date

Approval for FMIS Entry: [Signature] 7/15/24
 Contracting Officer - Signature / Date

Job K2115410 UST-NEWCOMB CHAP BR NO TOUCH
Project

Thru Date 7/31/2024

Cost Code	Cost Type	Description	L P M	DE C U M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1710		Program Revenue	6	T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1705		CG Revenue	5	T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1700		External C/G Revenue Sourc.	4	T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1000		Revenues	3	T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
8780		Entites	6	B N	100,000.00	100,000.00			100,000.00	1.00	1.00
8780		Entites	6	T	100,000.00	100,000.00			100,000.00	1.00	1.00
8700		Grants	5	T	100,000.00	100,000.00			100,000.00	1.00	1.00
8000		Assistance	4	T	100,000.00	100,000.00			100,000.00	1.00	1.00
2000		Expenses	3	T	100,000.00	100,000.00			100,000.00	1.00	1.00

Job K2115410 UST- NEWCOMB CHAP BR NO TOUCH
Project

Cost Code	Cost Type	Description	L P M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6 BN	100,000.00-						
1710		Program Revenue	6 T	100,000.00-						
1705		CG Revenue	5 T	100,000.00-						
1700		External C/G Revenue Source	4 T	100,000.00-						
1000		Revenues	3 T	100,000.00-						
8780		Entites	6 BN	100,000.00						
8780		Entites	6 T	100,000.00						
8700		Grants	5 T	100,000.00						
8000		Assistance	4 T	100,000.00						

**THE NAVAJO NATION
SUMMARY OF CHANGES on EXTERNAL GRANT BUDGET
BASED ON CONTRACT MODIFICATION NO. _____**

(For increase or decrease to initial Annual Funding Awarded Only)



PART I. PROGRAM / GRANT INFORMATION:

Title of Program: Newcomb Chapter Building Ventilation FMIS Business Unit No. K2115411 ✓
 Title of Grant : ARPA OF 2021 Grant No.: NABIO-28-23 ✓
 CFDA No.: _____ Original Funding Period: Start - End: 10/1/21 - 9/30/26

PART II. BUDGET INFORMATION: In Columns A thru C below, enter data that is in the FMIS currently and at LOD 6.

(A)	(B)	(C)	(D)	(E)
Cost Type	Description	Revised Budget	Amount of Change (+/-) This Mod. *	Adjusted Budget (Sum of C & D)
✓ 8780	ENTITIES	150,000	(150,000)	
				-
				-
				-
				-
				-
				-
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				-
				-
				-
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				-
				-
				-
				-
TOTALS:		✓ 150,000	(150,000)	-
CONTRACTS & GRANTS PROGRAM REVENUE:				

* On separate page, provide justification on cost type(s) that are affected in Column D. This is a condition for processing the change. The modified budget will be authorized for use until the change is entered into FMIS by CGS/OMB.

PART III. CERTIFICATION:

Program Manager (print): Paulene Thomas, Dept Mgr II Division/Executive Director (print): Arbin Mitchell, Division Director
 Signature/Date: 7/12/24 Signature/Date:

PART IV. CGS / OMB USE ONLY

Batch# 1414333

Verified & Recommend Approval: 7/15/24
 Contract Analyst - Signature / Date

Approval for FMIS Entry: for P. Shearkey 7/16/24
 Contracting Officer - Signature / Date

Job K211541 UST-NEWCOMB CHAP BUILDING VENT
Project

Thru Date 7/31/2024

Cost Code	Cost Type	Description	L P M	DE C UM	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	150,000.00-	150,000.00-			150,000.00-	1.00	1.00
1710		Program Revenue	6	T	150,000.00-	150,000.00-			150,000.00-	1.00	1.00
1705		CG Revenue	5	T	150,000.00-	150,000.00-			150,000.00-	1.00	1.00
1700		External C/G Revenue Source	4	T	150,000.00-	150,000.00-			150,000.00-	1.00	1.00
1000		Revenues	3	T	150,000.00-	150,000.00-			150,000.00-	1.00	1.00
8780		Entites	6	B N	150,000.00	150,000.00			150,000.00	1.00	1.00
8780		Entites	6	T	150,000.00	150,000.00			150,000.00	1.00	1.00
8700		Grants	5	T	150,000.00	150,000.00			150,000.00	1.00	1.00
8000		Assistance	4	T	150,000.00	150,000.00			150,000.00	1.00	1.00
2000		Expenses	3	T	150,000.00	150,000.00			150,000.00	1.00	1.00

Job K2115411 UST-NEWCOMB CHAP BUILDING VENT
Project

Cost Code	Cost Type	Description	L P M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6 BN	150,000.00-						
1710		Program Revenue	6 T	150,000.00-						
1705		CG Revenue	5 T	150,000.00-						
1700		External C/G Revenue Source	4 T	150,000.00-						
1000		Revenues	3 T	150,000.00						
8780		Entites	6 BN	150,000.00						
8780		Entites	6 T	150,000.00						
8700		Grants	5 T	150,000.00						
8000		Assistance	4 T	150,000.00						

THE NAVAJO NATION
SUMMARY OF CHANGES on EXTERNAL GRANT BUDGET
BASED ON CONTRACT MODIFICATION NO. _____

(For increase or decrease to initial Annual Funding Awarded Only)



PART I. PROGRAM / GRANT INFORMATION:

Title of Program: Newcomb Chapter Waste Water ✓ FMIS Business Unit No. K2115412 ✓
 Title of Grant: ARPA OF 2021 Grant No.: NABIO-28-23 ✓
 CFDA No.: _____ Original Funding Period: Start - End: 10/1/21 - 9/30/26

PART II. BUDGET INFORMATION: In Columns A thru C below, enter data that is in the FMIS currently and at LOD 6.

(A)	(B)	(C)	(D)	(E)
Cost Type	Description	Revised Budget	Amount of Change (+/-) This Mod. *	Adjusted Budget (Sum of C & D)
✓ 8780	ENTITIES	100,000	(100,000)	-
				-
				-
				-
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				-
				-
				-
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				-
				-
				-
				-
				-
				-
				-
TOTALS:		✓ 100,000	(100,000)	-
CONTRACTS & GRANTS PROGRAM REVENUE:				

* On separate page, provide justification on cost type(s) that are affected in Column D. This is a condition for processing the change. The modified budget will be authorized for use until the change is entered into FMIS by CGS/OMB.

PART III. CERTIFICATION:

Program Manager (print): Paulene Thomas, Dept Mgr II Division/Executive Director (print): Arbin Mitchell, Division Director
 Signature/Date: 7/12/24 Signature/Date:

PART IV. CGS / OMB USE ONLY

Batch # 1414334

Verified & Recommend Approval: 7/15/24
 Contract Analyst - Signature / Date

Approval for FMIS Entry:
 Contracting Officer - Signature / Date

Job K2115412 UST-NEWCOMB COMM WASTE WATER
Project

Thru Date 7/31/2024

Cost Code	Cost Type	Description	L P M	DE C UM	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710	Program Revenue	Program Revenue	6	B N	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1710	Program Revenue	Program Revenue	6	T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1705	CG Revenue	CG Revenue	5	T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1700	External C/G Revenue Source	External C/G Revenue Source	4	T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1000	Revenues	Revenues	3	T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
8780	Entites	Entites	6	B N	100,000.00	100,000.00			100,000.00	1.00	1.00
8780	Entites	Entites	6	T	100,000.00	100,000.00			100,000.00	1.00	1.00
8700	Grants	Grants	5	T	100,000.00	100,000.00			100,000.00	1.00	1.00
8000	Assistance	Assistance	4	T	100,000.00	100,000.00			100,000.00	1.00	1.00
2000	Expenses	Expenses	3	T	100,000.00	100,000.00			100,000.00	1.00	1.00

Job K2115412 UST-NEWCOMB COMM WASTE WATER
Project

Cost Code	Cost Type	Description	L P M	DE C U M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	100,000.00-						
1710		Program Revenue	6	T	100,000.00-						
1705		CG Revenue	5	T	100,000.00-						
1700		External C/G Revenue Sourc	4	T	100,000.00-						
1000		Revenues	3	T	100,000.00-						
8780		Entities	6	B N	100,000.00						
8780		Entities	6	T	100,000.00						
8700		Grants	5	T	100,000.00						
8000		Assistance	4	T	100,000.00						

THE NAVAJO NATION
SUMMARY OF CHANGES on EXTERNAL GRANT BUDGET
BASED ON CONTRACT MODIFICATION NO. _____
 (For increase or decrease to initial Annual Funding Awarded Only)



PART I. PROGRAM / GRANT INFORMATION:

Title of Program: Newcomb Chapter Building Bathroom Reno FMIS Business Unit No. K2115413 ✓
 Title of Grant: ARPA OF 2021 Grant No.: NABIO-28-23 ✓
 CFDA No.: _____ Original Funding Period: Start - End: 10/1/21 - 9/30/26

PART II. BUDGET INFORMATION: In Columns A thru C below, enter data that is in the FMIS currently and at LOD 6.

(A)	(B)	(C)	(D)	(E)
Cost Type	Description	Revised Budget	Amount of Change (+/-) This Mod. *	Adjusted Budget (Sum of C & D)
✓ 8780	ENTITIES	100,000	(100,000)	
				-
				-
				-
				-
				-
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				-
				-
				-
				-
				-
TOTALS:		✓ 100,000	(100,000)	-
CONTRACTS & GRANTS PROGRAM REVENUE:				

* On separate page, provide justification on cost type(s) that are affected in Column D. This is a condition for processing the change. The modified budget will be authorized for use until the change is entered into FMIS by CGS/OMB.

PART III. CERTIFICATION:

Program Manager (print): Raulene Thomas, Dept Mgr II Division/Executive Director (print): Arbin Mitchell, Division Director
 Signature/Date: [Signature] 7/12/24 Signature/Date: [Signature]

PART IV. CGS / OMB USE ONLY

Batch# 1414336

Verified & Recommend Approval: [Signature] 7/15/24
 Contract Analyst - Signature / Date

Approval for FMIS Entry: [Signature] 7/16/24
 Contracting Officer - Signature / Date

Job K2115413 UST-NEW/COMB CHP BUILD BR RENOV
Project

Cost Code	Cost Type	Description	L P M	DE C UM	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1710		Program Revenue	-	T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1705		CG Revenue	5	T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1700		External C/G Revenue Sourc	4	T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1000		Revenues	3	T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
8780		Entites	6	B N	100,000.00	100,000.00			100,000.00	1.00	1.00
8780		Entites	6	T	100,000.00	100,000.00			100,000.00	1.00	1.00
8700		Grants	5	T	100,000.00	100,000.00			100,000.00	1.00	1.00
8000		Assistance	4	T	100,000.00	100,000.00			100,000.00	1.00	1.00
2000		Expenses	3	T	100,000.00	100,000.00			100,000.00	1.00	1.00

Job K2115413 UST-NEWCOMB CHP BUILD BR RENOV
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
1710		Program Revenue	6	B N	100,000.00-						
1710		Program Revenue	6	T	100,000.00-						
1795		CG Revenue	5	T	100,000.00-						
1790		External C/G Revenue Sourc	4	T	100,000.00-						
1000		Revenues	3	T	100,000.00-						
8780		Entitles	6	B N	100,000.00						
8780		Entitles	6	T	100,000.00						
8700		Grants	5	T	100,000.00						
8000		Assistance	4	T	100,000.00						

THE NAVAJO NATION
SUMMARY OF CHANGES on EXTERNAL GRANT BUDGET
BASED ON CONTRACT MODIFICATION NO. _____
 (For increase or decrease to initial Annual Funding Awarded Only)



PART I. PROGRAM / GRANT INFORMATION:

Title of Program: Newcomb Community Electrical FMIS Business Unit No. K2115414 ✓

Title of Grant: ARPA OF 2021 Grant No.: NABIO-28-23 ✓

CFDA No.: _____ Original Funding Period: Start - End: 10/1/21 - 9/30/26

PART II. BUDGET INFORMATION: In Columns A thru C below, enter data that is in the FMIS currently and at LOD 6.

(A)	(B)	(C)	(D)	(E)
Cost Type	Description	Revised Budget	Amount of Change (+/-) This Mod. *	Adjusted Budget (Sum of C & D)
✓ 8780	ENTITIES	283,528.33	(283,528.33)	-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
TOTALS:		✓ 283,528.33	(283,528.33)	-
CONTRACTS & GRANTS PROGRAM REVENUE:				

* On separate page, provide justification on cost type(s) that are affected in Column D. This is a condition for processing the change. The modified budget will be authorized for use until the change is entered into FMIS by CGS/OMB.

PART III. CERTIFICATION:

Program Manager (print): Paulene Thomas, Dept Mgr II Division/Executive Director (print): Arbin Mitchell, Division Director

Signature/Date: 7/12/24 Signature/Date: 7/15/24

PART IV. CGS / OMB USE ONLY

Batch # 1414337

Verified & Recommend Approval: 7/15/24 Contract Analyst - Signature / Date

Approval for FMIS Entry: 7/15/24 Contracting Officer - Signature / Date

Copy: Contract files Contract Accounting/OOC FY'24 NN BIM

Job K2115414 UST-NEWCOMB COMM ELECTRICAL
Project

Thru Date 7/31/2024

Cost Code	Cost Type	Description	L P M	DE C UM	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	283,528.33-	283,528.33-			283,528.33-	1.00	1.00
1710		Program Revenue	6	T	283,528.33-	283,528.33-			283,528.33-	1.00	1.00
1705		C/G Revenue	5	T	283,528.33-	283,528.33-			283,528.33-	1.00	1.00
1700		External C/G Revenue Source	4	T	283,528.33-	283,528.33-			283,528.33-	1.00	1.00
1000		Revenues	3	T	283,528.33-	283,528.33-			283,528.33-	1.00	1.00
8780		Entites	6	B N	283,528.33	283,528.33			283,528.33	1.00	1.00
8780		Entites	6	T	283,528.33	283,528.33			283,528.33	1.00	1.00
8700		Grants	5	T	283,528.33	283,528.33			283,528.33	1.00	1.00
8000		Assistance	4	T	283,528.33	283,528.33			283,528.33	1.00	1.00
2000		Expenses	3	T	283,528.33	283,528.33			283,528.33	1.00	1.00

Job K2115414 UST-NEWCOMB COMM ELECTRICAL
Project

Cost Code	Cost Type	Description	L P M	DE C U M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue		6 BN	283,528.33-						
1710		Program Revenue		6 T	283,528.33-						
1705		CG Revenue		5 T	283,528.33-						
1700		External C/G Revenue Source		4 T	283,528.33-						
1000		Revenues		3 T	283,528.33-						
8780		Entities		6 BN	283,528.33						
8780		Entities		6 T	283,528.33						
8700		Grants		5 T	283,528.33						
8000		Assistance		4 T	283,528.33						

THE NAVAJO NATION
SUMMARY OF CHANGES on EXTERNAL GRANT BUDGET
BASED ON CONTRACT MODIFICATION NO. _____
 (For increase or decrease to initial Annual Funding Awarded Only)



PART I. PROGRAM / GRANT INFORMATION:

Title of Program: Newcomb Community Portable Water FMIS Business Unit No. K2115415 ✓
 Title of Grant: ARPA OF 2021 Grant No.: NABIO-28-23 ✓
 CFDA No.: _____ Original Funding Period: Start - End: 10/1/21 - 9/30/26

PART II. BUDGET INFORMATION: In Columns A thru C below, enter data that is in the FMIS currently and at LOD 6.

(A)	(B)	(C)	(D)	(E)
Cost Type	Description	Revised Budget	Amount of Change (+/-) This Mod. *	Adjusted Budget (Sum of C & D)
✓ 8780	ENTITIES	285,528.33	(285,528.33)	-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
TOTALS:		✓ 285,528.33	(285,528.33)	-
CONTRACTS & GRANTS PROGRAM REVENUE:				

* On separate page, provide justification on cost type(s) that are affected in Column D. This is a condition for processing the change. The modified budget will be authorized for use until the change is entered into FMIS by CGS/OMB.

PART III. CERTIFICATION:

Program Manager (print): Paulene Thomas, Dept Mgr II Division/Executive Director (print): Arbin Mitchell, Division Director
 Signature/Date: 7/12/24 Signature/Date: 7/15/24

PART IV. CGS / OMB USE ONLY

Batch # 1414338

Verified & Recommend Approval: 7/15/24 Contract Analyst - Signature / Date
 Approval for FMIS Entry: 7/15/24 Contracting Officer - Signature / Date

Job K2115415 UST-NEWCOMB COMM POTABLE WATER
Project

Cost Code	Cost Type	Description	L P M	DE C U M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	285,528.33-	285,528.33-			285,528.33-	1.00	1.00
1710		Program Revenue	6	T	285,528.33-	285,528.33-			285,528.33-	1.00	1.00
1705		CG Revenue	5	T	285,528.33-	285,528.33-			285,528.33-	1.00	1.00
1700		External C/G Revenue Source	4	T	285,528.33-	285,528.33-			285,528.33-	1.00	1.00
1000		Revenues	3	T	285,528.33-	285,528.33-			285,528.33-	1.00	1.00
8780		Entites	6	B N	285,528.33	285,528.33			285,528.33	1.00	1.00
8780		Entites	6	T	285,528.33	285,528.33			285,528.33	1.00	1.00
8700		Grants	5	T	285,528.33	285,528.33			285,528.33	1.00	1.00
8000		Assistance	4	T	285,528.33	285,528.33			285,528.33	1.00	1.00
2000		Expenses	3	T	285,528.33	285,528.33			285,528.33	1.00	1.00

Job K2115415 USF:NEWCOMB COMM POTABLE WATER
Project

Cost Code	Cost Type	Description	L P M	DE C UM	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	285,528.33-						
1710		Program Revenue	6	T	285,528.33-						
1705		CG Revenue	5	T	285,528.33-						
1700		External C/G Revenue Source	4	T	285,528.33-						
1000		Revenues	3	T	285,528.33-						
8780		Entites	6	B N	285,528.33						
8780		Entites	6	T	285,528.33						
8700		Grants	5	T	285,528.33						
8000		Assistance	4	T	285,528.33						

Job K2115416 UST-NEWCOMB GHAP BR & KITCHEN
Project
Thru Date 7/31/2024

Cost Code	Cost Type	Description	L P M	DE C U M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	150,000.00-	150,000.00-			150,000.00-	1.00	1.00
1710		Program Revenue	6	T	150,000.00-	150,000.00-			150,000.00-	1.00	1.00
1705		CG Revenue	5	T	150,000.00-	150,000.00-			150,000.00-	1.00	1.00
1700		External C/G Revenue Source	4	T	150,000.00-	150,000.00-			150,000.00-	1.00	1.00
1000		Revenues	3	T	150,000.00-	150,000.00-			150,000.00-	1.00	1.00
8780		Entites	6	B N	150,000.00	150,000.00			150,000.00	1.00	1.00
8780		Entites	6	T	150,000.00	150,000.00			150,000.00	1.00	1.00
8700		Grants	5	T	150,000.00	150,000.00			150,000.00	1.00	1.00
8800		Assistance	4	T	150,000.00	150,000.00			150,000.00	1.00	1.00
2000		Expenses	3	T	150,000.00	150,000.00			150,000.00	1.00	1.00

Job K2115416 UST:NEWCOMB CHAP BR & KITCHEN
Project

Thru Date 7/31/2024

Cost Code	Cost Type	Description	L P M	DE C UM	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue		6 B N	150,000,000-						
1710		Program Revenue		6 T	150,000,000-						
1705		CG Revenue		5 T	150,000,000-						
1700		External C/G Revenue Sourc		4 T	150,000,000-						
1000		Revenues		3 T	150,000,000-						
8780		Entites		6 B N	150,000,000						
8780		Entites		6 T	150,000,000						
8700		Grants		5 T	150,000,000						
8000		Assistance		4 T	150,000,000						

THE NAVAJO NATION
SUMMARY OF CHANGES on EXTERNAL GRANT BUDGET
BASED ON CONTRACT MODIFICATION NO. _____

(For increase or decrease to initial Annual Funding Awarded Only)



PART I. PROGRAM / GRANT INFORMATION:

Title of Program: Upper Fruitland Cemetary FMIS Business Unit No. K2115417 ✓
 Title of Grant: ARPA OF 2021 Grant No.: NABIO-28-23 ✓
 CFDA No.: _____ Original Funding Period: Start - End: 10/1/21 - 9/30/26

PART II. BUDGET INFORMATION: In Columns A thru C below, enter data that is in the FMIS currently and at LOD 6.

(A)	(B)	(C)	(D)	(E)
Cost Type	Description	Revised Budget	Amount of Change (+/-) This Mod. *	Adjusted Budget (Sum of C & D)
✓ 8780	ENTITIES	370,556.67	(370,556.67)	
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
TOTALS:		✓ 370,556.67	(370,556.67)	-
CONTRACTS & GRANTS PROGRAM REVENUE:				

* On separate page, provide justification on cost type(s) that are affected in Column D. This is a condition for processing the change. The modified budget will be authorized for use until the change is entered into FMIS by CGS/OMB.

PART III. CERTIFICATION:

Program Manager (print): Paulene Thomas, Dept Mgr II Division/Executive Director (print): Arbin Mitchell, Division Director
 Signature/Date: 7/12/24 Signature/Date: 7/15/24

PART IV. CGS / OMB USE ONLY

Batch # 1414341

Verified & Recommend Approval: 7/15/24
 Contract Analyst - Signature / Date

Approval for FMIS Entry: 7/15/24
 Contracting Officer - Signature / Date

Job K2115417 UST-UPPER FRUITLAND CEMETERY
Project

Cost Code	Cost Type	Description	L P M	DE C UM	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	370,556.67-	370,556.67-			370,556.67-		1.00
1710		Program Revenue	6	T	370,556.67-	370,556.67-			370,556.67-		1.00
1705		CG Revenue	5	T	370,556.67-	370,556.67-			370,556.67-		1.00
1700		External C/G Revenue Source	4	T	370,556.67-	370,556.67-			370,556.67-		1.00
1000		Revenues	3	T	370,556.67-	370,556.67-			370,556.67-		1.00
8780		Entites	6	B N	370,556.67	370,556.67			370,556.67		1.00
8780		Entites	6	T	370,556.67	370,556.67			370,556.67		1.00
8700		Grants	5	T	370,556.67	370,556.67			370,556.67		1.00
8000		Assistance	4	T	370,556.67	370,556.67			370,556.67		1.00
2000		Expenses	3	T	370,556.67	370,556.67			370,556.67		1.00

Job K2115417 UST- UPPER FRUITLAND CEMETERY
Project

Cost Code	Cost Type	Description	L P M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6 B N	370,556.67-						
1710		Program Revenue	6 T	370,556.67-						
1705		CG Revenue	5 T	370,556.67-						
1700		Extornal C/G Revenue Source	4 T	370,556.67-						
1000		Revenues	3 T	370,556.67-						
8780		Entites	6 B N	370,556.67						
8780		Entites	6 T	370,556.67						
8700		Grants	5 T	370,556.67						
8000		Assistance	4 T	370,556.67						

THE NAVAJO NATION
SUMMARY OF CHANGES on EXTERNAL GRANT BUDGET
BASED ON CONTRACT MODIFICATION NO. _____
 (For increase or decrease to initial Annual Funding Awarded Only)



PART I. PROGRAM / GRANT INFORMATION:

Title of Program: Upper Fruitland Mobile Shower ✓ FMIS Business Unit No. K2115418 ✓

Title of Grant: ARPA OF 2021 Grant No.: NABIO-28-23 ✓

CFDA No.: _____ Original Funding Period: Start - End: 10/1/21 - 9/30/26

PART II. BUDGET INFORMATION: In Columns A thru C below, enter data that is in the FMIS currently and at LOD 6.

(A)	(B)	(C)	(D)	(E)
Cost Type	Description	Revised Budget	Amount of Change (+/-) This Mod. *	Adjusted Budget (Sum of C & D)
✓ 8780	ENTITIES	175,000	(175,000)	
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
TOTALS:		✓ 175,000	✓ (175,000)	-
CONTRACTS & GRANTS PROGRAM REVENUE:				

* On separate page, provide justification on cost type(s) that are affected in Column D. This is a condition for processing the change. The modified budget will be authorized for use until the change is entered into FMIS by CGS/OMB.

PART III. CERTIFICATION:

Program Manager (print): Paulene Thomas, Dept Mgr II Division/Executive Director (print): Arbin Mitchell, Division Director

Signature/Date: 7/12/24 Signature/Date:

PART IV. CGS / OMB USE ONLY

Batch# 1414344

Verified & Recommend Approval: 7/15/24 Contract Analyst - Signature / Date

Approval for FMIS Entry: 7/16/24 Contracting Officer - Signature / Date

Copy: Contract files Contract Accounting/OOC FY'24 NN BIM

Job K2115418 UST- UPPER ERUIT MOBILE SHOWER
Project

Thru Date 7/31/2024

Cost Code	Cost Type	Description	L P M	DE C U M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	175,000.00-	175,000.00-			175,000.00-	1.00	1.00
1710		Program Revenue	6	T	175,000.00-	175,000.00-			175,000.00-	1.00	1.00
1705		CG Revenue	5	T	175,000.00-	175,000.00-			175,000.00-	1.00	1.00
1700		External C/G Revenue Source	4	T	175,000.00-	175,000.00-			175,000.00-	1.00	1.00
1000		Revenues	3	T	175,000.00-	175,000.00-			175,000.00-	1.00	1.00
8780		Entites	6	B N	175,000.00	175,000.00			175,000.00	1.00	1.00
8780		Entites	6	T	175,000.00	175,000.00			175,000.00	1.00	1.00
8700		Grants	5	T	175,000.00	175,000.00			175,000.00	1.00	1.00
8000		Assistance	4	T	175,000.00	175,000.00			175,000.00	1.00	1.00
2000		Expenses	3	T	175,000.00	175,000.00			175,000.00	1.00	1.00

Job K2115418 UST- UPPER FRUIT MOBILE SHOWER
Project

Cost Code	Cost Type	Description	L P M	DE CUM	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue		6 B N	175,000.00-						
1710		Program Revenue		6 T	175,000.00-						
1705		CG Revenue		5 T	175,000.00-						
1700		External C/G Revenue Source		4 T	175,000.00-						
1000		Revenues		3 T	175,000.00-						
8780		Entites		6 B N	175,000.00						
8780		Entites		6 T	175,000.00						
8700		Grants		5 T	175,000.00						
8000		Assistance		4 T	175,000.00						

THE NAVAJO NATION
SUMMARY OF CHANGES on EXTERNAL GRANT BUDGET
BASED ON CONTRACT MODIFICATION NO. _____
 (For increase or decrease to initial Annual Funding Awarded Only)



PART I. PROGRAM / GRANT INFORMATION:

Title of Program: Upper Fruitland Heavy Truck ✓ FMIS Business Unit No. K2115419 ✓
 Title of Grant: ARPA OF 2021 Grant No.: NABIO-28-23 ✓
 CFDA No.: _____ Original Funding Period: Start - End: 10/1/21 - 9/30/26

PART II. BUDGET INFORMATION: In Columns A thru C below, enter data that is in the FMIS currently and at LOD 6.

(A)	(B)	(C)	(D)	(E)
Cost Type	Description	Revised Budget	Amount of Change (+/-) This Mod. *	Adjusted Budget (Sum of C & D)
✓ 8780	ENTITIES	100,000	(100,000)	
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
TOTALS:		✓ 100,000	(100,000)	-
CONTRACTS & GRANTS PROGRAM REVENUE:				

* On separate page, provide justification on cost type(s) that are affected in Column D. This is a condition for processing the change. The modified budget will be authorized for use until the change is entered into FMIS by CGS/OMB.

PART III. CERTIFICATION:

Program Manager (print): Paulene Thomas, Dept Mgr II Division/Executive Director (print): Arbin Mitchell, Division Director

Signature/Date: 7/12/24 Signature/Date:

PART IV. CGS / OMB USE ONLY

Batch # 1414345

Verified & Recommend Approval: 7/15/24 Contract Analyst - Signature / Date

Approval for FMIS Entry: Contracting Officer - Signature / Date

Copy: Contract files Contract Accounting/OOC FY'24 NN BIM

Job K2115419 UST-UPPER FRUITLAND HVY TRUCK
Project

Cost Code	Cost Type	Description	L P M	DE C UM	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1710		Program Revenue	6	T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1705		CG Revenue	5	T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1700		External C/G Revenue Sourc	4	T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
1000		Revenues	3	T	100,000.00-	100,000.00-			100,000.00-	1.00	1.00
8780		Entites	6	B N	100,000.00	100,000.00			100,000.00	1.00	1.00
8780		Entites	6	T	100,000.00	100,000.00			100,000.00	1.00	1.00
8700		Grants	5	T	100,000.00	100,000.00			100,000.00	1.00	1.00
8000		Assistance	4	T	100,000.00	100,000.00			100,000.00	1.00	1.00
2000		Expenses	3	T	100,000.00	100,000.00			100,000.00	1.00	1.00

Job K2115419 UST-UPPER FRUITLAND HYY TRUCK
Project

Cost Code	Cost Type	Description	L P M	DE CUM	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	BN	100,000.00-						
1710		Program Revenue	6	T	100,000.00-						
1705		CG Revenue	5	T	100,000.00-						
1700		Excnal C/G Revenue Sourc	4	T	100,000.00-						
1000		Revenues	3	T	100,000.00-						
8780		Entites	6	BN	100,000.00						
8780		Entites	6	T	100,000.00						
8700		Grants	5	T	100,000.00						
8000		Assistance	4	T	100,000.00						

Job K2115420 USF-UPPER FRUITLAND LEACH FLD
Project
Thru Date 7/31/2024

Cost Code	Cost Type	Description	L P M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6 B N	220,500.00-	220,500.00-			220,500.00-		1.00
1710		Program Revenue	6 T	220,500.00-	220,500.00-			220,500.00-		1.00
1705		CG Revenue	5 T	220,500.00-	220,500.00-			220,500.00-		1.00
1700		External C/G Revenue Source	4 T	220,500.00-	220,500.00-			220,500.00-		1.00
1000		Revenues	3 T	220,500.00-	220,500.00-			220,500.00-		1.00
8780		Entites	6 B N	220,500.00	220,500.00			220,500.00		1.00
8780		Entites	6 T	220,500.00	220,500.00			220,500.00		1.00
8700		Grants	5 T	220,500.00	220,500.00			220,500.00		1.00
8000		Assistance	4 T	220,500.00	220,500.00			220,500.00		1.00
2000		Expenses	3 T	220,500.00	220,500.00			220,500.00		1.00

Job K2113420 UST-UPPER FRUITLAND LEACH FLD
Project

Cost Code	Cost Type	Description	L P M	DE C U M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	220,500.00-						
1710		Program Revenue	6	T	220,500.00-						
1705		CG Revenue	5	T	220,500.00-						
1700		External C/G Revenue Source	4	T	220,500.00-						
1000		Revenues	3	T	220,500.00-						
8780		Entities	6	B N	220,500.00						
8780		Entities	6	T	220,500.00						
8700		Grants	5	T	220,500.00						
8000		Assistance	4	T	220,500.00						

THE NAVAJO NATION
SUMMARY OF CHANGES on EXTERNAL GRANT BUDGET
BASED ON CONTRACT MODIFICATION NO. _____

(For increase or decrease to initial Annual Funding Awarded Only)



PART I. PROGRAM / GRANT INFORMATION:

Title of Program: Upper Fruitland Cemetery & Rose Garden FMIS Business Unit No. K2115421 ✓
 Title of Grant: ARPA OF 2021 Grant No.: NABIO-28-23 ✓
 CFDA No.: _____ Original Funding Period: Start - End: 10/1/21 - 9/30/26

PART II. BUDGET INFORMATION: In Columns A thru C below, enter data that is in the FMIS currently and at LOD 6.

(A)	(B)	(C)	(D)	(E)
Cost Type	Description	Revised Budget	Amount of Change (+/-) This Mod. *	Adjusted Budget (Sum of C & D)
✓ 8780	ENTITIES	100,500	(100,500)	-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
TOTALS:		✓ 100,500	(100,500)	-
CONTRACTS & GRANTS PROGRAM REVENUE:				

* On separate page, provide justification on cost type(s) that are affected in Column D. This is a condition for processing the change. The modified budget will be authorized for use until the change is entered into FMIS by CGS/OMB.

PART III. CERTIFICATION:

Program Manager (print): Paulene Thomas, Dept Mgr II Division/Executive Director (print): Arbin Mitchell, Division Director
 Signature/Date: 7/12/24 Signature/Date: 7/16/24

PART IV. CGS / OMB USE ONLY

Batch # 1414349

Verified & Recommend Approval: 7/15/24
 Contract Analyst - Signature / Date

Approval for FMIS Entry: 7/16/24
 Contracting Officer - Signature / Date

Job K2115421 UST-UPPER FRUIT CEMETERY & ROSE
Project

Cost Code	Cost Type	Description	L P M	DE CUM	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	100,500.00-	100,500.00-			100,500.00-	1.00	1.00
1710		Program Revenue	6	T	100,500.00-	100,500.00-			100,500.00-	1.00	1.00
1705		CG Revenue	5	T	100,500.00-	100,500.00-			100,500.00-	1.00	1.00
1700		External C/G Revenue Source	4	T	100,500.00-	100,500.00-			100,500.00-	1.00	1.00
1000		Revenues	3	T	100,500.00-	100,500.00-			100,500.00-	1.00	1.00
8780		Entites	6	B N	100,500.00	100,500.00			100,500.00	1.00	1.00
8780		Entites	6	T	100,500.00	100,500.00			100,500.00	1.00	1.00
8700		Grants	5	T	100,500.00	100,500.00			100,500.00	1.00	1.00
8000		Assistance	4	T	100,500.00	100,500.00			100,500.00	1.00	1.00
2000		Expenses	3	T	100,500.00	100,500.00			100,500.00	1.00	1.00

Job K2115421 UST-UPPER FRUIT CEMETERY & ROSE
Project

Cost Code	Cost Type	Description	L.P.M	DECUM	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	BN	100,500.00-						
1710		Program Revenue	6	T	100,500.00-						
1705		CG Revenue	5	T	100,500.00-						
1700		External C/G Revenue Source	4	T	100,500.00-						
1000		Revenues	3	T	100,500.00-						
8780		Entities	6	BN	100,500.00						
8780		Entities	6	T	100,500.00						
8700		Grants	5	T	100,500.00						
8000		Assistance	4	T	100,500.00						

THE NAVAJO NATION
SUMMARY OF CHANGES on EXTERNAL GRANT BUDGET
BASED ON CONTRACT MODIFICATION NO. _____

(For increase or decrease to initial Annual Funding Awarded Only)



PART I. PROGRAM / GRANT INFORMATION:

Title of Program: Upper Fruitland Warehouse ✓ FMIS Business Unit No. K2115422 ✓
 Title of Grant: ARPA OF 2021 Grant No.: NABIO-28-23 ✓
 CFDA No.: _____ Original Funding Period: Start - End: 10/1/21 - 9/30/26

PART II. BUDGET INFORMATION: In Columns A thru C below, enter data that is in the FMIS currently and at LOD 6.

(A)	(B)	(C)	(D)	(E)
Cost Type	Description	Revised Budget	Amount of Change (+/-) This Mod. *	Adjusted Budget (Sum of C & D)
✓ 8780	ENTITIES	500,500	(500,500)	
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
TOTALS:		✓ 500,500	(500,500)	-
CONTRACTS & GRANTS PROGRAM REVENUE:				

* On separate page, provide justification on cost type(s) that are affected in Column D. This is a condition for processing the change. The modified budget will be authorized for use until the change is entered into FMIS by CGS/OMB.

PART III. CERTIFICATION:

Program Manager (print): Paulene Thomas, Dept Mgr II Division/Executive Director (print): Arbin Mitchell, Division Director

Signature/Date: 7/12/24 Signature/Date:

PART IV. CGS / OMB USE ONLY

Batch # 1414355

Verified & Recommend Approval: 7/15/24 Approval for FMIS Entry: 7/16/24

Contract Analyst - Signature / Date Contracting Officer - Signature / Date

Job K2115422 UST- UPPER FRUITLAND WAREHOUSE
Project

Cost Code	Cost Type	Description	L P M	DE C U M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	500,500.00-	500,500.00-			500,500.00-	1.00	1.00
1710		Program Revenue	6	T	500,500.00-	500,500.00-			500,500.00-	1.00	1.00
1705		CG Revenue	5	T	500,500.00-	500,500.00-			500,500.00-	1.00	1.00
1700		External C/G Revenue Source	4	T	500,500.00-	500,500.00-			500,500.00-	1.00	1.00
1000		Revenues	3	T	500,500.00-	500,500.00-			500,500.00-	1.00	1.00
8780		Entites	6	B N	500,500.00	500,500.00			500,500.00	1.00	1.00
8780		Entites	6	T	500,500.00	500,500.00			500,500.00	1.00	1.00
8700		Grants	5	T	500,500.00	500,500.00			500,500.00	1.00	1.00
8000		Assistance	4	T	500,500.00	500,500.00			500,500.00	1.00	1.00
2000		Expenses	3	T	500,500.00	500,500.00			500,500.00	1.00	1.00

Job K2115422 UST- UPPER FRUITLAND WAREHOUSE
Project

Cost Code	Cost Type	Description	L P M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6 B N	500,500.00-						
1710		Program Revenue	6 T	500,500.00-						
1705		CG Revenue	5 T	500,500.00-						
1700		External C/G Revenue Source	4 T	500,500.00-						
1000		Revenues	3 T	500,500.00-						
8780		Entities	6 B N	500,500.00						
8780		Entities	6 T	500,500.00						
8700		Grants	5 T	500,500.00						
8000		Assistance	4 T	500,500.00						

THE NAVAJO NATION
SUMMARY OF CHANGES on EXTERNAL GRANT BUDGET
BASED ON CONTRACT MODIFICATION NO. _____

(For increase or decrease to initial Annual Funding Awarded Only)



PART I. PROGRAM / GRANT INFORMATION:

Title of Program: Tiistsoh Sikaad New Complex ✓ FMIS Business Unit No. K2115423 ✓
 Title of Grant: ARPA OF 2021 Grant No.: NABIO-28-23 ✓
 CFDA No.: _____ Original Funding Period: Start - End: 10/1/21 - 9/30/26

PART II. BUDGET INFORMATION: In Columns A thru C below, enter data that is in the FMIS currently and at LOD 6.

(A)	(B)	(C)	(D)	(E)
Cost Type	Description	Revised Budget	Amount of Change (+/-) This Mod. *	Adjusted Budget (Sum of C & D)
✓ 8780	ENTITIES	1,667,056	(1,667,056)	-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
TOTALS:		✓ 1,667,056	✓ (1,667,056)	-
CONTRACTS & GRANTS PROGRAM REVENUE:				

* On separate page, provide justification on cost type(s) that are affected in Column D. This is a condition for processing the change. The modified budget will be authorized for use until the change is entered into FMIS by CGS/OMB.

PART III. CERTIFICATION:

Program Manager (print): Paulene Thomas, Dept Mgr II Division/Executive Director (print): Arbin Mitchell, Division Director
 Signature/Date: 7/12/24 Signature/Date: 7/16/24

PART IV. CGS / OMB USE ONLY

Batch # 1414356

Verified & Recommend Approval: 7/15/24 Contract Analyst - Signature / Date
 Approval for FMIS Entry: 7/16/24 Contracting Officer - Signature / Date

Job K2115423 UST-THISTSOH SIKAPAD NEW CMPLX
Project
Thru Date 7/31/2024

Cost Code	Cost Type	Description	L P M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6 B N	1,667,056.00-	1,667,056.00-			1,667,056.00-		1.00
1710		Program Revenue	6 T	1,667,056.00-	1,667,056.00-			1,667,056.00-		1.00
1705		CG Revenue	5 T	1,667,056.00-	1,667,056.00-			1,667,056.00-		1.00
1700		External C/G Revenue Source	4 T	1,667,056.00-	1,667,056.00-			1,667,056.00-		1.00
1000		Revenues	3 T	1,667,056.00-	1,667,056.00-			1,667,056.00-		1.00
8780		Entites	6 B N	1,667,056.00	1,667,056.00			1,667,056.00		1.00
8780		Entites	6 T	1,667,056.00	1,667,056.00			1,667,056.00		1.00
8700		Grants	5 T	1,667,056.00	1,667,056.00			1,667,056.00		1.00
8000		Assistance	4 T	1,667,056.00	1,667,056.00			1,667,056.00		1.00
2000		Expenses	3 T	1,667,056.00	1,667,056.00			1,667,056.00		1.00

Job K2115423 UST-TIJUSTSOH SIKAAD NEW CMPLX
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
1710		Program Revenue	6	B N	1,667,056.00-						
1710		Program Revenue	6	T	1,667,056.00-						
1795		CG Revenue	5	T	1,667,056.00-						
1700		External C/G Revenue Source	4	T	1,667,056.00-						
1000		Revenues	3	T	1,667,056.00-						
8780		Entites	6	B N	1,667,056.00						
8780		Entites	6	T	1,667,056.00						
8700		Grants	5	T	1,667,056.00						
8000		Assistance	4	T	1,667,056.00						
2000		Expenses	3	T	1,667,056.00						

Job K2115467 US TREAS-TSEDAKAKAAN CHIP PROJEC
Project

Cost Code	Cost Type	Description	L P M	DE C U M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	1,667,057.00-	1,667,057.00-			1,667,057.00-	1.00	1.00
1710		Program Revenue	6	T	1,667,057.00-	1,667,057.00-			1,667,057.00-	1.00	1.00
1705		CG Revenue	5	T	1,667,057.00-	1,667,057.00-			1,667,057.00-	1.00	1.00
1700		External C/G Revenue Source	4	T	1,667,057.00-	1,667,057.00-			1,667,057.00-	1.00	1.00
1000		Revenues	3	T	1,667,057.00-	1,667,057.00-			1,667,057.00-	1.00	1.00
8780		Entities	6	B N	1,667,057.00	1,667,057.00			1,667,057.00	1.00	1.00
8780		Entities	6	T	1,667,057.00	1,667,057.00			1,667,057.00	1.00	1.00
8700		Grants	5	T	1,667,057.00	1,667,057.00			1,667,057.00	1.00	1.00
8000		Assistance	4	T	1,667,057.00	1,667,057.00			1,667,057.00	1.00	1.00
2000		Expenses	3	T	1,667,057.00	1,667,057.00			1,667,057.00	1.00	1.00

Job K2115467 US TREAS-TSEDAKAKAN CHP PROJEC
Project

Cost Code	Cost Type	Description	L P M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710	Program Revenue	Program Revenue	6 B N	1,667,057.00-						
1705	CG Revenue	CG Revenue	5 T	1,667,057.00-						
1700	External C/G Revenue Source	External C/G Revenue Source	4 T	1,667,057.00-						
1000	Revenues	Revenues	3 T	1,667,057.00-						
8780	Entities	Entities	6 B N	1,667,057.00						
8780	Entities	Entities	6 T	1,667,057.00						
8700	Grants	Grants	5 T	1,667,057.00						
8000	Assistance	Assistance	4 T	1,667,057.00						

THE NAVAJO NATION
SUMMARY OF CHANGES on EXTERNAL GRANT BUDGET
BASED ON CONTRACT MODIFICATION NO. _____

(For increase or decrease to initial Annual Funding Awarded Only)



PART I. PROGRAM / GRANT INFORMATION:

Title of Program: San Juan N362 Road Repair FMIS Business Unit No. K2115468 ✓
 Title of Grant: ARPA OF 2021 Grant No.: NABID-51-23 ✓
 CFDA No.: _____ Original Funding Period: Start - End: 10/1/21 - 9/30/26

PART II. BUDGET INFORMATION: In Columns A thru C below, enter data that is in the FMIS currently and at LOD 6.

(A)	(B)	(C)	(D)	(E)
Cost Type	Description	Revised Budget	Amount of Change (+/-) This Mod. *	Adjusted Budget (Sum of C & D)
✓ 6960	SUBCONTRACTED SERVICES	717,040	(717,040)	-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
TOTALS: ✓		717,040	(717,040)	-
CONTRACTS & GRANTS PROGRAM REVENUE:				

* On separate page, provide justification on cost type(s) that are affected in Column D. This is a condition for processing the change. The modified budget will be authorized for use until the change is entered into FMIS by CGS/OMB.

PART III. CERTIFICATION:
 Program Manager (print): Paulene Thomas, Dept Mgr II Division/Executive Director (print): Arbin Mitchell, Division Director
 Signature/Date: 7/12/24 Signature/Date:

PART IV. CGS / OMB USE ONLY Batch # 1414358

Verified & Recommend Approval: 7/15/24 Contract Analyst - Signature / Date
 Approval for FMIS Entry: Contracting Officer - Signature / Date

Job K2115468 US TREAS-SAN JUAN N362 RD REPA
Project

Thru Date 7/31/2024

Cost Code	Cost Type	Description	L P M	DE C U M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	717,040.00-	717,040.00-			717,040.00-		1.00
1710		Program Revenue	6	T	717,040.00-	717,040.00-			717,040.00-		1.00
1705		CG Revenue	5	T	717,040.00-	717,040.00-			717,040.00-		1.00
1700		External C/G Revenue Source	4	T	717,040.00-	717,040.00-			717,040.00-		1.00
1000		Revenues	3	T	717,040.00-	717,040.00-			717,040.00-		1.00
6960		Subcontracted Services	6	B N	717,040.00	717,040.00			717,040.00		1.00
6960		Subcontracted Services	6	T	717,040.00	717,040.00			717,040.00		1.00
6950		Subcontracted Services	5	T	717,040.00	717,040.00			717,040.00		1.00
6500		Contractual Services	4	T	717,040.00	717,040.00			717,040.00		1.00
2000		Expenses	3	T	717,040.00	717,040.00			717,040.00		1.00

Job K2115468 US TREAS-SAN JUAN N362 RD REPA

Cost Code	Cost Type	Description	L P M	DE C U M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	717,040.00-						
1710		Program Revenue	6	T	717,040.00-						
1705		CG Revenue	5	T	717,040.00-						
1700		External C/G Revenue Source	4	T	717,040.00-						
1000		Revenues	3	T	717,040.00-						
6960		Subcontracted Services	6	B N	717,040.00						
6960		Subcontracted Services	6	T	717,040.00						
6950		Subcontracted Services	5	T	717,040.00						
6500		Contractual Services	4	T	717,040.00						

Job K2115469 US TREAS-NENAHNEZAD EQUIP TRLS
Project

Thru Date 7/31/2024

Cost Code	Cost Type	Description	L P M	DE C UM	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	60,500.00-	60,500.00-			60,500.00-	1.00	1.00
1710		Program Revenue	6	T	60,500.00-	60,500.00-			60,500.00-	1.00	1.00
1705		CG Revenue	5	T	60,500.00-	60,500.00-			60,500.00-	1.00	1.00
1700		External C/G Revenue Source	4	T	60,500.00-	60,500.00-			60,500.00-	1.00	1.00
1000		Revenues	3	T	60,500.00-	60,500.00-			60,500.00-	1.00	1.00
9140		Equipment	6	B N	60,500.00	60,500.00			60,500.00	1.00	1.00
9140		Equipment	6	T	60,500.00	60,500.00			60,500.00	1.00	1.00
9100		Personal Property	5	T	60,500.00	60,500.00			60,500.00	1.00	1.00
9000		Capital Outlay	4	T	60,500.00	60,500.00			60,500.00	1.00	1.00
2000		Expenses	3	T	60,500.00	60,500.00			60,500.00	1.00	1.00

Job K2115469 US TREAS-NENAHNEZAD EQUIP TRLS
Project

Cost Code	Cost Type	Description	L P M	DE C U M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	60,500.00-						
1710		Program Revenue	6	T	60,500.00-						
1705		CG Revenue	5	T	60,500.00-						
1700		External C/G Revenue Source	4	T	60,500.00-						
1000		Revenues	3	T	60,500.00-						
9140		Equipment	6	B N	60,500.00						
9140		Equipment	6	T	60,500.00						
9100		Personal Property	5	T	60,500.00						
9000		Capital Outlay	4	T	60,500.00						
2000		Expenses	3	T	60,500.00						

THE NAVAJO NATION
SUMMARY OF CHANGES on EXTERNAL GRANT BUDGET
BASED ON CONTRACT MODIFICATION NO. _____
 (For increase or decrease to initial Annual Funding Awarded Only)



PART I. PROGRAM / GRANT INFORMATION:

Title of Program: Nenahnezad Purchase of Dump Truck FMIS Business Unit No. K2115504
 Title of Grant: ARPA OF 2021 Grant No.: NABIF-08-24 ✓
 CFDA No.: _____ Original Funding Period: Start - End: 10/1/21 - 9/30/26

PART II. BUDGET INFORMATION: In Columns A thru C below, enter data that is in the FMIS currently and at LOD 6.

(A)	(B)	(C)	(D)	(E)
Cost Type	Description	Revised Budget	Amount of Change (+/-) This Mod. *	Adjusted Budget (Sum of C & D)
✓ 9140	Equipment	192,023	(192,023)	-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
TOTALS:		✓ 192,023	(192,023)	-
CONTRACTS & GRANTS PROGRAM REVENUE:				

* On separate page, provide justification on cost type(s) that are affected in Column D. This is a condition for processing the change. The modified budget will be authorized for use until the change is entered into FMIS by CGS/OMB.

PART III. CERTIFICATION:
 Program Manager (print): Paulene Thomas, Dept Mgr II Division/Executive Director (print): Arbin Mitchell, Division Director
 Signature/Date: 7/12/24 Signature/Date: 7/12/24

PART IV. CGS / OMB USE ONLY Batch # 1414361

Verified & Recommend Approval: 7/15/24 Contract Analyst - Signature / Date
 Approval for FMIS Entry: 7/16/24 Contracting Officer - Signature / Date

Job K2115504 US TREAS-NENAHNEZAD DUMP TRK
Project

Cost Code	Cost Type	Description	L P M	DE C UM	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	192,023.00-	192,023.00-			192,023.00-	1.00	1.00
1710		Program Revenue	6	T	192,023.00-	192,023.00-			192,023.00-	1.00	1.00
1705		CG Revenue	5	T	192,023.00-	192,023.00-			192,023.00-	1.00	1.00
1700		External C/G Revenue Source	4	T	192,023.00-	192,023.00-			192,023.00-	1.00	1.00
1000		Revenues	3	T	192,023.00-	192,023.00-			192,023.00-	1.00	1.00
9140		Equipment	6	B N	192,023.00	192,023.00			192,023.00	1.00	1.00
9140		Equipment	6	T	192,023.00	192,023.00			192,023.00	1.00	1.00
9100		Personal Property	5	T	192,023.00	192,023.00			192,023.00	1.00	1.00
9080		Capital Outlay	4	T	192,023.00	192,023.00			192,023.00	1.00	1.00
2000		Expenses	3	T	192,023.00	192,023.00			192,023.00	1.00	1.00

Job K2115504 US TREAS-NENAHNEZAD DUMP TRK

Cost Code	Cost Type	Description	L P M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6 B N	192,023,00-						
1710		Program Revenue	6 T	192,023,00-						
1705		CG Revenue	5 T	192,023,00-						
1700		External C/G Revenue Source	4 T	192,023,00-						
1000		Revenues	3 T	192,023,00-						
9140		Equipment	6 B N	192,023,00						
9140		Equipment	6 T	192,023,00						
9100		Personal Property	5 T	192,023,00						
9000		Capital Outlay	4 T	192,023,00						

THE NAVAJO NATION
SUMMARY OF CHANGES on EXTERNAL GRANT BUDGET
BASED ON CONTRACT MODIFICATION NO. _____
 (For increase or decrease to initial Annual Funding Awarded Only)



PART I. PROGRAM / GRANT INFORMATION:

Title of Program: Nenahnezad Chapter Equipment U MIS Business Unit No. K2115508 ✓
 Title of Grant: ARPA OF 2021 Grant No.: NABIAP-23-24 ✓
 CFDA No.: _____ Original Funding Period: Start - End: 10/1/21 - 9/30/26

PART II. BUDGET INFORMATION: In Columns A thru C below, enter data that is in the FMIS currently and at LOD 6.

(A)	(B)	(C)	(D)	(E)
Cost Type	Description	Revised Budget	Amount of Change (+/-) This Mod. *	Adjusted Budget (Sum of C & D)
✓ 9140	EQUIPMENT	483,642	(483,642)	-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
TOTALS:		✓ 483,642	(483,642)	-
CONTRACTS & GRANTS PROGRAM REVENUE:				

* On separate page, provide justification on cost type(s) that are affected in Column D. This is a condition for processing the change. The modified budget will be authorized for use until the change is entered into FMIS by CGS/OMB.

PART III. CERTIFICATION:

Program Manager (print): Paulene Thomas, Dept Mgr II Division/Executive Director (print): Arbin Mitchell, Division Director

Signature/Date: 7/12/24 Signature/Date:

PART IV. CGS / OMB USE ONLY

Batch # 1414362

Verified & Recommend Approval: 7/15/24 Approval for FMIS Entry:

Contract Analyst - Signature / Date Contracting Officer - Signature / Date

Job K2115508 UST - NENAHNEZAD EQUIPMENT
Project

Cost Code	Type	Description	L P M	DE C UM	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	483,642.00-	483,642.00-			483,642.00-	1.00	1.00
1710		Program Revenue	6	T	483,642.00-	483,642.00-			483,642.00-	1.00	1.00
1705		CG Revenue	5	T	483,642.00-	483,642.00-			483,642.00-	1.00	1.00
1700		External C/G Revenue Source	4	T	483,642.00-	483,642.00-			483,642.00-	1.00	1.00
1000		Revenues	3	T	483,642.00-	483,642.00-			483,642.00-	1.00	1.00
9140		Equipment	6	B N	483,642.00	483,642.00			483,642.00	1.00	1.00
9140		Equipment	6	T	483,642.00	483,642.00			483,642.00	1.00	1.00
9100		Personal Property	5	T	483,642.00	483,642.00			483,642.00	1.00	1.00
9000		Capital Outlay	4	T	483,642.00	483,642.00			483,642.00	1.00	1.00
2000		Expenses	3	T	483,642.00	483,642.00			483,642.00	1.00	1.00

Job K2115508 UST - NENAIHNEZAD EQUIPMENT
Project

Cost Code	Cost Type	Description	L P M	DE C UM	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	483,642.00-						
1710		Program Revenue	6	T	483,642.00-						
1705		CG Revenue	5	T	483,642.00-						
1700		External C/G Revenue Source	4	T	483,642.00-						
1000		Revenues	3	T	483,642.00-						
9140		Equipment	6	B N	483,642.00						
9140		Equipment	6	T	483,642.00						
9100		Personal Property	5	T	483,642.00						
9000		Capital Outlay	4	T	483,642.00						

THE NAVAJO NATION
SUMMARY OF CHANGES on EXTERNAL GRANT BUDGET
BASED ON CONTRACT MODIFICATION NO. _____

(For increase or decrease to initial Annual Funding Awarded Only)



PART I. PROGRAM / GRANT INFORMATION:

Title of Program: San Juan Housing Project FMIS Business Unit No. K2115509 ✓
 Title of Grant: ARPA OF 2021 Grant No.: NABIAP-23-24 ✓
 CFDA No.: _____ Original Funding Period: Start - End: 10/1/21 - 9/30/26

PART II. BUDGET INFORMATION: In Columns A thru C below, enter data that is in the FMIS currently and at LOD 6.

(A)	(B)	(C)	(D)	(E)
Cost Type	Description	Revised Budget	Amount of Change (+/-) This Mod. *	Adjusted Budget (Sum of C & D)
✓ 8780	ENTITIES	375,200	(375,200)	-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
TOTALS:		✓ 375,200	✓ (375,200)	-
CONTRACTS & GRANTS PROGRAM REVENUE:				

* On separate page, provide justification on cost type(s) that are affected in Column D. This is a condition for processing the change. The modified budget will be authorized for use until the change is entered into FMIS by CGS/OMB.

PART III. CERTIFICATION:

Program Manager (print): Paulene Thomas, Dept Mgr II Division/Executive Director (print): Arbin Mitchell, Division Director
 Signature/Date: 7/12/24 Signature/Date: 7/12/24

PART IV. CGS / OMB USE ONLY

Batch# 1414363

Verified & Recommend Approval: 7/15/24 Contract Analyst - Signature / Date
 Approval for FMIS Entry: 7/16/24 Contracting Officer - Signature / Date

Job K2115509 USTREAS-SAN JUAN HOUSING PROJ
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
1710		Program Revenue	6	B N	375,200.00-	375,200.00-			375,200.00-	1.00	1.00
1710		Program Revenue	6	T	375,200.00-	375,200.00-			375,200.00-	1.00	1.00
1705		CG Revenue	5	T	375,200.00-	375,200.00-			375,200.00-	1.00	1.00
1700		External C/G Revenue Source	4	T	375,200.00-	375,200.00-			375,200.00-	1.00	1.00
1000		Revenues	3	T	375,200.00-	375,200.00-			375,200.00-	1.00	1.00
8780		Entites	6	B N	375,200.00	375,200.00			375,200.00	1.00	1.00
8780		Entites	6	T	375,200.00	375,200.00			375,200.00	1.00	1.00
8700		Grants	5	T	375,200.00	375,200.00			375,200.00	1.00	1.00
8000		Assistance	4	T	375,200.00	375,200.00			375,200.00	1.00	1.00
2000		Expenses	3	T	375,200.00	375,200.00			375,200.00	1.00	1.00

Job K2115509 USTREAS-SAN JUAN HOUSING PROJ
Project

Cost Code	Cost Type	Description	L P M	DE C UM	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	375,200.00-						
1710		Program Revenue	6	T	375,200.00-						
1705		CG Revenue	5	T	375,200.00-						
1700		External C/G Revenue Source	4	T	375,200.00-						
1000		Revenues	3	T	375,200.00-						
8780		Entitles	6	B N	375,200.00						
8780		Entitles	6	T	375,200.00						
8700		Grants	5	T	375,200.00						
8000		Assistance	4	T	375,200.00						

THE NAVAJO NATION
SUMMARY OF CHANGES on EXTERNAL GRANT BUDGET
BASED ON CONTRACT MODIFICATION NO. _____

(For increase or decrease to initial Annual Funding Awarded Only)



PART I. PROGRAM / GRANT INFORMATION:

Title of Program: San Juan Warehouse U WIS Business Unit No. K2115510 ✓
 Title of Grant: ARPA OF 2021 Grant No.: NABIAP-23-24 ✓
 CFDA No.: _____ Original Funding Period: Start - End: 10/1/21 - 9/30/26

PART II. BUDGET INFORMATION: In Columns A thru C below, enter data that is in the FMIS currently and at LOD 6.

(A)	(B)	(C)	(D)	(E)
Cost Type	Description	Revised Budget	Amount of Change (+/-) This Mod. *	Adjusted Budget (Sum of C & D)
✓ 8780	ENTITIES	400,000	(400,000)	-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
TOTALS:		✓ 400,000	(400,000)	-
CONTRACTS & GRANTS PROGRAM REVENUE:				

* On separate page, provide justification on cost type(s) that are affected in Column D. This is a condition for processing the change. The modified budget will be authorized for use until the change is entered into FMIS by CGS/OMB.

PART III. CERTIFICATION:
 Program Manager (print): Paulene Thomas, Dept Mgr II Division/Executive Director (print): Arbin Mitchell, Division Director
 Signature/Date: 7/12/24 Signature/Date: 7/12/24

PART IV. CGS / OMB USE ONLY Batch# 1414364

Verified & Recommend Approval: 7/15/24 Contract Analyst - Signature / Date
 Approval for FMIS Entry: 7/15/24 Contracting Officer - Signature / Date

Copy: Contract files Contract Accounting/OOC FY'24 NN BIM

Job K2115110 US TREAS - SAN JUAN WAREHOUSE
Project
Thru Date 7/31/2024

Cost Code	Cost Type	Description	L P M	DE C U M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6	B N	400,000.00-	400,000.00-			400,000.00-	1.00	1.00
1710		Program Revenue	6	T	400,000.00-	400,000.00-			400,000.00-	1.00	1.00
1705		CG Revenue	5	T	400,000.00-	400,000.00-			400,000.00-	1.00	1.00
1700		External C/G Revenue Source	4	T	400,000.00-	400,000.00-			400,000.00-	1.00	1.00
1000		Revenues	3	T	400,000.00-	400,000.00-			400,000.00-	1.00	1.00
8780		Entitles	6	B N	400,000.00	400,000.00			400,000.00	1.00	1.00
8780		Entitles	6	T	400,000.00	400,000.00			400,000.00	1.00	1.00
8700		Grants	5	T	400,000.00	400,000.00			400,000.00	1.00	1.00
8000		Assistance	4	T	400,000.00	400,000.00			400,000.00	1.00	1.00
2000		Expenses	3	T	400,000.00	400,000.00			400,000.00	1.00	1.00

Job K211510 US TREAS - SAN JUAN WAREHOUSE
Project

Thru Date 7/31/2024

Cost Code	Cost Type	Description	L P M	Original Budget Amt	Revised Budget Amt	Actual Amount	Open Commit Amount	Budget Balance	% Revised Spent	% Revised Remaining
1710		Program Revenue	6 B N	400,000.00-						
1710		Program Revenue	6 T	400,000.00-						
1705		CG Revenue	5 T	400,000.00-						
1700		External C/G Revenue Sourc	4 T	400,000.00-						
1000		Revenues	3 T	400,000.00-						
8780		Entities	6 B N	400,000.00						
8780		Entities	6 T	400,000.00						
8700		Grants	5 T	400,000.00						
8000		Assistance	4 T	400,000.00						
2090		Expenses	3 T	400,000.00						