



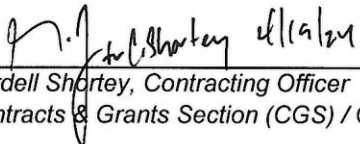
**DR. BUU NYGREN** *PRESIDENT*  
**RICHELLE MONTOYA** *VICE PRESIDENT*

The Navajo Nation | Yideeskáadi Nitsáhákees

April 19, 2024

**TRANSMITTAL**

TO : Arbin Mitchell, Executive Director  
 Division of Community Development (DCD)

FROM :   
 Cordell Shortey, Contracting Officer  
 Contracts & Grants Section (CGS) / OMB

SUBJECT : BU on Projects / Activities for Klagetoh Chapter, Wide Ruins Chapter, Houck Chapter, Tse Si' Ani Chapter, and Nahata Dziil Chapter- ARPA Funds Allocated to Delegate Lomardo Aseret

**I. Information on Contract (per Original Award):**

Klagetoh Chapter, Wide Ruins Chapter, Houck Chapter, Tse Si' Ani Chapter, and Nahata Dziil Chapter		U.S. Treasury American Recovery Plan Act (ARPA)	21.027
Title of Contract		Funding Agency	CFDA No. - Federal
CJY-54-23; CMY-41-23:			
NABIF-10-24	\$ 8,802,340.00	2022	03/11/2021 to 12/31/2026
Grant No.	Amount	Fiscal Year	Term - Begin and End Date

**II. Data Entered in FMIS Regarding:**

New Contract or Grant Company No. 8059 Business Unit (K#) K2115501 to K2115503

Contract Mod No. \_\_\_\_\_ Internal Modification No. 2

Amt of Budget Increase \$1,700,000.00 \$6,985,467.00 to \$8,685,467.00

AMOUNT FROM TO

Budget Period - Extend End Date: From \_\_\_\_\_ To \_\_\_\_\_

Other, specify: \_\_\_\_\_

**Authorizing Document - Attached:**

Contract / Agreement - Date executed \_\_\_\_\_

NNC / Committee Resolution - No. & Date \_\_\_\_\_

Other, specify: NN Council Resolution NABF-10-24

**III. Comments by CGS:**

This transmittal documents 3rd budget entered in FMIS on \$8.8 mil ARPA funds allocated to CD Lomardo Aseret Region. Y-T-D budget in FMIS for CD Lomardo Aseret totals \$8,685,467. Information on Section I. of Transmittal above reflects \$8,802,340 ARPA funding allocated for distribution to Chapters the respective Council Delegate service aka Region.

Attachment  
 Copy: Contract files  
 Contract Accounting / OOC / DPM  
 Lisa Jymn, Executive Director - NN FRF Office

Revised February 2023

  
 4/19/24



THE NAVAJO NATION  
**AAI CHECK OFF LIST**  
**FOR NEW COMPANY or BUSINESS UNIT**

NOTIFICATION ON NEW COMPANY AND BUSINESS UNIT ADDED, PLEASE COMPLETE AAI CHECK OFF LIST

<b>Company</b>	<b>*New Business Unit</b>	<b>Description</b>	<b>*Facility/Job Site#</b>
8059	K2115503	US TRESURY-TSESIANI H I/RENO PRJ	55261
<b>ENTERED BY (Step A to F) :</b>		<b>EXPLANATION/REFERENCE NO:</b>	<b>DATE:</b>
Lorena Atene / OMB-CGS (Initial)		Setup New BU #	3/28/2024

TASK	√	TASK DESCRIPTION	APPLIC	TASK EXPLANATION
A. Create New Fund		1. Copy Address Book Record – “O” Search Type (Company ST)	P01012	Use “COPY” of similar Address Book. Complete vital fields: 1) Enter Tax ID 860092335, 2) Related Address tab-5 <sup>th</sup> Address Number field enter “10” (Gen Fund)
		2. Add Fund/Company (CO)	P0010	Use “ADD” in CO Names & Numbers-Setup, use CO 10 info, *CO Number. & *CO Address number are identical.
B. Create Balance Sheet Business Unit		Create Balance Sheet BU by Copying	P0006	Use “COPY” of similar Balance Sheet (BS) Business Unit
C. Attach Objects to Balance Sheet BU		1. Operating	P09804	Copy from Model “1” Bus Unit to BS Business Unit (Object range 0100 thru 0999 only)
D. Create New Business Unit*:		1. a) Operating BU (or)	P0006	Use “COPY” of similar Business Unit.
		3. a) Operating BU- Create AB Facility	P0006	In BU Master “More” tab-Address Number (Job Site) field-Visual Assist search type “F” (facility), select AB#
	√	1. b) Project BU (Job)	P51006	Use “COPY” of similar Project BU
	√	2. Project Job Dates	P51006	Create extended master, set job dates
	√	3. b) Project BU-Create AB Facility	P51006	In Job Master “More” tab-Address Number (Job Site) field- Visual Assist search type “F” (facility), select AB#
E. Attach Objects to Business Unit		1. a) Operating (or)	P09804	“Copy” from model BU 2 to IS BU (Obj 1000 thru 9999)
	√	1. b) Projects BU (Job)	P51091	“Copy” from Job Cost Code “CG1” Chart Type to Job #
F. Create ICCC AAI (New CO only)		1. Operating BU (or)	P0012	“Copy” similar Company “ICCC” AAI item no. Change BU and CO Fields only (must be identical)
		2. Project BU		
<b>SET-UP VERIFIED BY:</b>			<b>DATE:</b>	<b>COMMENTS/ACTION:</b>
[Signature]			4/3/24	Verified Business Unit

**AUTOMATIC ACCOUNTING INSTRUCTIONS**  
 (Forward to responsible section/module immediately)

MODULE	ITEM#	AAI DESCRIPTION	APPLIC	INITIAL	DATE
GEN ACCT'G	ICCC	Intercompany Settlements	P0012	New Company Only	
ACCOUNTS PAYABLE	PB	Default Bank Account (10.0120.02)	P0012	New Company Only	
	PC	Payable Class Code	P0012	New Company Only	
	PCPREP	Prepaid Voucher Offset	P0012	New Company Only	
	PCRETN	Retainage (Contract)	P0012	New Company Only	
	PKD	Discounts Available	P0012	No Discounts	
	PKL	Discounts Lost	P0012	No Discounts	
FIXED ASSETS	DEPN	*Depreciation Default Values	P12002	New BU's	
PURCHASING	4320	Received Not Vouchered	P40950	New Company Only	
		*Setup Hold Codes for each new BU(B1)	P42090	New BU's	
		*Review Hold Budget Review Hold (RW)	P42090	New BU's	
		Set default A/B for each BU		New Company Only	
		Add Purchasing Tolerance rules	P4322	New Company Only	
		*Set-up Branch/Plant Constant & Set-up Address Number	P41001	New BU's	
SECURITY	Not yet	BU Security		Not Applicable	

**RETURN COMPLETED FORM TO ISSUING DEPARTMENT**

Job K2115503 US TREASURY-TSESIANI H I/RENO P  
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	6 BN	800,000.00-	800,000.00-			800,000.00-	1.00	1.00
1705	CG Revenue	5 T	5 T	800,000.00-	800,000.00-			800,000.00-	1.00	1.00
1700	External C/G Revenue Source	4 T	4 T	800,000.00-	800,000.00-			800,000.00-	1.00	1.00
1000	Revenues	3 T	3 T	800,000.00-	800,000.00-			800,000.00-	1.00	1.00
8780	Entities	6 BN	6 BN	800,000.00	800,000.00			800,000.00	1.00	1.00
8780	Entities	6 T	6 T	800,000.00	800,000.00			800,000.00	1.00	1.00
8700	Grants	5 T	5 T	800,000.00	800,000.00			800,000.00	1.00	1.00
8000	Assistance	4 T	4 T	800,000.00	800,000.00			800,000.00	1.00	1.00
2000	Expenses	3 T	3 T	800,000.00	800,000.00			800,000.00	1.00	1.00



NAVAJO NATION DEPARTMENT OF JUSTICE  
OFFICE OF THE ATTORNEY GENERAL



ETHEL B. BRANCH  
Attorney General

HEATHER CLAH  
Deputy Attorney General

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

RFS/HK Review #: HK 0712

Date & Time Received: 12/12/23 at 14:01

Date & Time of Response: 12/18/23 at 17:00

Entity Requesting FRF: Tse Si Ani Chapter

Title of Project: Home Improvement/Renovation

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$800,000

Eligibility Determination:

- FRF eligible
- FRF ineligible
- Additional information requested

FRF Eligibility Category:

- (1) Public Health and Economic Impact
- (2) Premium Pay
- (3) Government Services/Lost Revenue
- (4) Water, Sewer, Broadband Infrastructure

U.S. Department of Treasury Reporting Expenditure Category: \_\_\_\_\_  
2.18, Housing Support: Other Housing Assistance

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

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

Other Comments: \_\_\_\_\_  
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Name of DOJ Reviewer: MacArthur Stant

Signature of DOJ Reviewer: MacArthur Stant

Digitally signed by MacArthur Stant  
Date: 2023.12.18 14:04:05 -0700'

**Disclaimers:**

If additional information has been requested and you wish to provide it, please resubmit all the required forms updated to include the additional information. Full resubmission will expedite the Initial Eligibility Determination process. Therefore, please include a new RFS form indicating resubmission, revised Appendix A, Budget Form I, and other supporting documents. Please email your resubmission to [arpa@nndoj.org](mailto:arpa@nndoj.org). Please be aware that under Resolution BFS-31-21 a Project or Program can only be reviewed twice, therefore it is critical that you include all the requested additional information for your second submission.

An NNDOJ Initial Eligibility Determination is based on the documents provided, which NNDOJ will assume are true, correct, and complete. Should the Project or Program change in any material way after the initial determination, the requestor must seek the advice of NNDOJ. An initial determination is limited to review of the Project or Program as it relates to whether the Project or Program is a legally allowable use – it does not serve as an opinion as to whether or not the Project or Program should be funded, nor does it serve as an opinion as to whether or not the amount requested is reasonable or accurate.

**THE NAVAJO NATION  
FISCAL RECOVERY FUNDS REQUEST FORM & EXPENDITURE PLAN  
FOR GOVERNANCE-CERTIFIED CHAPTERS**

**Part 1. Identification of parties.**

Governance-Certified Chapter requesting FRF: Tse Si Ani Chapter Date prepared: 11/17/23

Chapter's mailing address: PO Box 403 Lupton, AZ 86508 phone & email: lupton@navajochapters.org  
website (if any): \_\_\_\_\_

This Form prepared by: Yvonne Murphy phone/email: 928-688-2128  
Tse Si Ani Chapter President 602-376-9600  
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Home Improvement/Renovation

Chapter President: Yvonne Murphy phone & email: 602-376-9600  
Chapter Vice-President: Margaret Yazzie phone & email: 505-979-0400  
Chapter Secretary: Marlene Apachee phone & email: 928-245-2840  
Chapter Treasurer: Same As Above phone & email: Same As Above  
Chapter Manager or CSC: Shawn Goodluck phone & email: 928-688-2128  
DCD/Chapter ASO: Derek Echonauk phone & email: 928-871-7182

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

Amount of FRF requested: \$800,000 FRF funding period: December 1, 2023 to December 31, 2026  
indicate Project starting and ending/deadline date

**Part 2. Expenditure Plan details.**

(a) Describe the Program(s) and/or Project(s) to be funded, including how the funds will be used, for what purposes, the location(s) to be served, and what COVID-related needs will be addressed:

The home improvement/renovation project was determined based on community survey assessments for homeowners whose homes are in need of repairs, improvement, and renovations to improve current housing conditions to curb and mitigate COVID-19. Improvements/renovations to include windows, doors, bathroom upgrades, handicap accessibility, roof repair, drywall, insulation, and other related housing needs. 100 community members listed on the community survey listing will receive assistance. COVID-19 is still prevalent and this project will improve the quality of life for homeowners.  document attached

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

COVID-19 is still a prevalent pandemic that continues to plague the lives of Navajo families and communities. People's homes were built between 1960's - 1990's and have weather related damage, poor insulation, inadequate bathroom facilities that are non-ADA compliant, non-energy efficient windows to decrease drafts and loss of heat during winter months when COVID-19 protocols require quarantine. The project will improve the quality of life for homeowners and their families.  document attached

(c) A prospective timeline showing the estimated date of completion of the Project and/or each phase of the Project. Disclose any challenges that may prevent you from incurring costs for all funding by December 31, 2024 and/or fully expending funds and completing the Program(s) or Project(s) by December 31, 2026:

**APPENDIX A**

The project will begin as soon as funds are encumbered no later that December 2024 and funds will be expended by December 31, 2026.

document attached

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

Tse Si Ani Chapter

document attached

(e) Explain who will be responsible for operations and maintenance costs for the Project once completed, and how such costs will be funded prospectively:

Tse Si Ani Chapter will be responsible for overseeing the operations. Maintenance costs will be the homeowners' responsibility once the project is completed.

document attached

(f) State which of the 66 Fiscal Recovery Fund expenditure categories in the attached U.S. Department of the Treasury Appendix 1 listing the proposed Program or Project falls under, and explain the reason why:

3.12 Housing Support-Other Housing Assistance - The Tse Si Ani Chapter has attempted to assist its members with housing needs utilizing the chapter's Navajo Nation Housing Discretionary funding; however, the lack of adequate funding amounts has caused many members' housing needs to go unassisted. The funding will allow the chapter to address the housing needs in the community to improve and preserve the quality of life, and sustain life in the midst of the COVID-19 pandemic.

document attached

**Part 3. Additional documents.**


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

Chapter Resolution attached

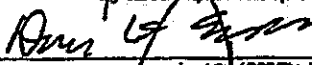
**Part 4. Affirmation by Funding Recipient.**


Funding Recipient affirms that its receipt of Fiscal Recovery Funds and the implementation of this FRF Expenditure Plan shall be in accordance with Resolution No. CJY-41-21, the ARPA, ARPA Regulations, and with all applicable federal and Navajo Nation laws, regulations, and policies:

Chapter's Preparer:   
*signature of Preparer CONTACT PERSON*

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

Approved by: \_\_\_\_\_  
*signature of Chapter Manager or CSC*

Approved by:   
*signature of DCD Chapter ASO*

Approved to submit for Review:   
*signature of DCD Director*

**Leonora Henderson**

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**From:** Y Murphy  
**Sent:** Thursday, December 7, 2023 2:42 PM  
**To:** Leonora Henderson  
**Subject:** Re: FW: Tse Si Ani Chapter - Housewiring Project  
**Attachments:** American Rescue Plan Act (ARPA).pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hi Leonora,

I am attaching our spreadsheet that was compiled from the ARPA surveys that were handed out or were conducted by in person interviews. We announced for people to come to the chapter and pick up a survey by word of mouth, chapter meeting announcements, posting flyers, and radio station announcements. We received roughly about 120 surveys and used this to create the spreadsheet that indicates housewiring/electrical and home renovation/repairs needs. During data collection (surveys), we informed members that although they might indicate both project needs on their survey, they will have to choose one project, not both. This means that not all 120 members who filled out a survey will receive help for both projects; therefore, we determined there will be more community members who will decide at the last minute to request for one of the project services so we set the recipient amount at 100 homes/members. The listing has the names of members who turned in their surveys. This same listing can be used for both housewiring and home renovation/repair proposals as documentation.

I don't know if this will satisfy DOJ's inquiry; however, if it does not and we need to change the language on the proposals, please advise as to how we would make the changes to eliminate the number of recipients on the proposals. Thank you,  
Yvonne Murphy, TSA President

On Wed, Dec 6, 2023 at 12:32 PM Leonora Henderson <[lhenderson@navajo-nsn.gov](mailto:lhenderson@navajo-nsn.gov)> wrote:

Good Evening Yvonne,

Please see comments below from DOJ. Make clarifications and email back to me. Thank You.

Leonora Henderson, MBA

Senior Programs and Projects Specialist

Email: [lhenderson@navajo-nsn.gov](mailto:lhenderson@navajo-nsn.gov)

Website: [www.frf.navajo-nsn.gov](http://www.frf.navajo-nsn.gov)

Navajo Nation Fiscal Recovery Fund Office



**THE NAVAJO NATION  
 PROGRAM BUDGET SUMMARY**

PART I. Business Unit No.: <u>NEW</u>		Program Title: <u>Tse Si Ani Chapter Home Improvement/Renovation</u>		Division/Branch: <u>Division of Community Development</u>	
Prepared By: <u>Yvonne S. Murphy, TSA President</u>		Phone No.: <u>928-688-2128</u>		Email Address: <u>pintosprings96@gmail.com</u>	
PART II. FUNDING SOURCE(S)		PART III. BUDGET SUMMARY		PART IV. POSITIONS AND VEHICLES	
Fiscal Year /Term	Amount	% of Total	Fund Type Code	Original Budget	Proposed Budget
12/1/23	800,000.00	100%			
12/31/26					
			2001 Personnel Expenses		0.00
			3000 Travel Expenses		0.00
			3500 Meeting Expenses		0.00
			4000 Supplies		0.00
			5000 Lease and Rental		0.00
			5500 Communications and Utilities		0.00
			6000 Repairs and Maintenance		0.00
			6500 Contractual Services		0.00
			7000 Special Transactions		0.00
			8000 Public Assistance	<u>0</u>	<u>800,000</u>
			9000 Capital Outlay	<u>0</u>	<u>-800,000.00</u>
			9500 Matching Funds		0.00
			9500 Indirect Cost		0.00
			<b>TOTAL</b>	<b>\$0.00</b>	<b>800,000.00</b>
PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.		Total # of Positions Budgeted:		Total # of Vehicles Budgeted:	
SUBMITTED BY: <u>Jaron Chavely, Program Manager</u>		APPROVED BY: <u>Avian Mikstet, Director</u>		Division Director / Branch Chief's Printed Name	
Program Manager's Printed Name		Program Manager's Signature and Date		Division Director / Branch Chief's Signature and Date	

FY 2024

THE NAVAJO NATION  
PROGRAM PERFORMANCE MEASURES

K2415503

PART I. PROGRAM INFORMATION:		Tse Si Ani Chapter Home Improvement/Renovation							
Business Unit No.:	<u>NEW</u>	Program Name/Title:							
PART II. PROGRAM PERFORMANCE CRITERIA:		1st QTR	2nd QTR	3rd QTR	4th QTR	Goal	Goal	Goal	Goal
1. Program Performance Measure:		Goal	Goal	Goal	Goal				
Assist families with minor/major improvement/renovations to their homes.		1	1	1	1				
2. Program Performance Measure:									
Complete housing improvement/renovation by the end of funding period.									
3. Program Performance Measure:		1	1	1	1				
4. Program Performance Measure:									
5. Program Performance Measure:									
PART III. CONCURRENCE/APPROVAL:									
Jaron Chawley, Program Manager		Arvin Mitchell, Director							
Program Manager's Printed Name		Division Director/Branch Chief's Printed Name							
11-28-23									
Program Manager's Signature and Date		Division Director/Branch Chief's Signature and Date							

THE NAVAJO NATION  
DETAILED BUDGET AND JUSTIFICATION

FY 2024

52115503

PART I. PROGRAM INFORMATION:  
 Program Name/Title: Tse Si Ani Chapter Home Improvement/Renovation Business Unit No.: NEW

PART II. DETAILED BUDGET:

(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
<u>8000</u> -5200-	<u>Assistance</u> Hiring Construction Contractor, minor/major home improvement/renovation consisting of windows and doors, roofing, insulation, sheetrock, flooring, bathroom upgrade/renovation, and other related housing construction materials, labor, advertisement, contractual services, for homes in the community.	800,000	800,000
<u>8180</u> Entities			
<b>TOTAL</b>		<b>800,000</b>	<b>800,000</b>

Reviewed 3/28/24

**ENTERED**

THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE

K2115503

<b>PART I. Business Unit No.:</b> <u>NEW</u>	<b>PART II. Project Information</b>
<b>Project Title:</b> <u>Use Si Ani Chapter Home Improvement/Renovation</u>	<b>Project Type:</b> <u>Housing Assistance Project</u>
<b>Project Description:</b> <u>Minor/Major improvement/renovation to homes, including construction of handicap ramps, bathroom upgrades</u>	<b>Planned Start Date:</b> <u>Dec. 01, 2023</u>
<b>Check one box:</b> <input checked="" type="checkbox"/> Original Budget <input type="checkbox"/> Budget Revision <input type="checkbox"/> Budget Reallocation <input type="checkbox"/> Budget Modification	<b>Planned End Date:</b> <u>Dec. 31, 2026</u>
	<b>Project Manager:</b> <u>Chapter Manager/Chap President</u>

PART III. List Project Task separately, such as Plan, Design, Construct, Equip or Furnish.	PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.												Expected Completion Date if project exceeds 8 FY Qtrs.				
	24						25										
	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.					
Advertise for RFPs for housing contractor	O	N	D	J	A	M	J	Jul	A	S	O	N	D	J	F	M	
Receive RFPs and select a contractor																	
Hire contractor following TSA																	
FMS Procurement Policy																	
Provide list of names of recipients using CLUP ARPA Survey to contractor to conduct home assessments, provide CLUP ARPA Survey to contractor to provide cost estimates for improvement/renovation																	
Start housing improvement/renovations																	
Completion of housing project																	
<b>PART V. Expected Quarterly Expenditures</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	<b>PROJECT TOTAL</b>
	80,000.00	80,000.00	80,000.00	560,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$800,000.00

FOR OMB USE ONLY: Resolution No: \_\_\_\_\_ FMS Set Up Date: \_\_\_\_\_ Company No: \_\_\_\_\_ OMB Analyst: \_\_\_\_\_

**NAVAJO NATION**

310

Naa'bik'iyati' Committee Regular Meeting

2/8/2024  
02:53:13 PM

Amd# to Amd#

New Business: Item A.

**PASSED**

MOT James, V

CONSENT AGENDA:#0021-24,0022-24

SEC Tolth, G

0023-24,0030-24,0032-24,0033-24,  
0034-24,0035-24

**Yeas : 13**

**Nays : 0**

**Excused : 3**

**Not Voting : 6**

**Yea : 13**

Aseret, L

Daniels, H

Nez, A

Slater, C

Begay, H

James, V

Notah, N

Tolth, G

Begay, N

Jesus, B

Simpson, D

Yanito, C

Crotty, A

**Nay : 0**

**Excused : 3**

Curley, C

Charles-Newton, E

Yazzie, C

**Not Voting : 6**

Arviso, S

Johnson, C

Simonson, G

Tso, O

Claw, S

Nez, R

**Presiding Speaker: Parrish, S**