

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 764										
Date & Time Received: 03/11/24 at 10:22										
Date & Time of Response: 03/20/24 at 17:00										
Entity Requesting FRF: Greasewood Springs Chapter										
Title of Project: Septic Cleanout Services										
Administrative Oversight: NNEPA - Surface and Groundwater Protection Department										
Amount of Funding Requested: \$100,000.00										
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: 5.5 Clean Water: Other Sewer Infrastructure										

Returned for the following reasons (Ineligibility Reasons/Paragraphs 5.E.(1)-(10) of FRF Procedures): Missing Form Expenditure Plan incomplete Supporting documentation missing Funds will not be obligated by Project will not be completed by 12/31/2026 12/31/2024 Ineligible purpose Incorrect Signatory Submitter failed to timely submit CARES reports Inconsistent with applicable NN or Additional information submitted is insufficient federal laws to make a proper determination Other Comments: Please note that we have modified the requested expenditure code from 6.1 (Provision of Government Services) to 5.5 (Clean Water: Other Sewer Infrastructure) to be consistent with the Nation's other projects. In addition, 5.5 is a more favorable category because it is not limited by the amount of the Nation's lost revenue. Name of DOJ Reviewer: Erika Pirotte Digitally signed by Erika R. Pirotte Date: 2024.03.20 15:07:39 -06'00' Signature of DOJ Reviewer: Erika R. Pirotte

Disclaimers:

If additional information has been requested and you wish to provide it, please resubmit all the required forms updated to include the additional information. Full resubmission will expedite the Initial Eligibility Determination process. Therefore, please include a new RFS form indicating resubmission, revised Appendix A, Budget Form 1, and other supporting documents. **Please email your resubmission to arpa@nndoj.org.** Please be aware that under Resolution BFS-31-21 a Project or Program can only be reviewed twice, therefore it is critical that you include all the requested additional information for your second submission.

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

APPENDIX A

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

Part 1. Identification of parties.

Non-Governance Certified Chapter Greasewood Springs C	hapter	Date prepared: 11/13/23
Chanter's PO Box 1260		e/email: (928) 654-3239
mailing address: Ganado, AZ 86505		te (if any): www.greasewoodsprings.navajochapters.org
This Form prepared by: Dereck Curley	pi	none/email: (928) 654-3239
Chapter Manager CONTACT PERSON'S name and title		dacurley@nnchapters.org
Title and type of Project: Septic Cleanout Services		CONTACT PERSON'S info
Chapter President: Vacant	phone & email:	
Chapter Vice President: Julia Benally	•	(928) 654-3239 juliabenally2@gmail.com
Chapter Secretary: Linda S. Yazzie	phone & email:	(928) 654-3239 lindasalabiye@gmail.com
Chapter Treasurer: Linda S. Yazzie		(928) 654-3239 lindasalabiye@gmail.com
Chapter Manager or CSC: Dereck Curley	phone & email:	(928) 654-3239 dacurley@nnchapters.org
DCD/Chapter ASO: Eunice Begay	phone & email:	ejbegay@nndcd.org
List types of Subcontractors or Subrecipients that will be paid with FRF (if kno	own):	
		□ document attached
Amount of FRF requested: \$100,000.00 FRF funding period: 11/	13/23-12/	31/2026
	indic	ate 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 and what COVID-related needs will be addressed:		
The Greasewood Springs Chapter will allocate \$100,00	00.00 to ho	meowners for Septic Tank
Cleanouts within the community. Septic tank cleanouts funds are depleted. An application drive will be initiated attached).	d upon proj	a first come first serve project until ect funding approval (Application is
•		
		document attached
(b) Explain how the Program or Project will benefit the Navajo Nation, Navaj	o communities	or the Navaio Popula:
This project will allow assistance to homeowners for Seconditions and reduce the spread of bacteria and back	ntio Tank	Clamantana
(c) Provide a prospective timeline showing the estimated date of completic challenges that may prevent you from incurring costs for all funding by D	on of the Design	document attached
challenges that may prevent you from incurring costs for all funding by Do	ecember 31, 20	is an arrow of the project. Disclose any live and/or fully expending funds and completing the

APPENDIX A

Program(s) or Project(s) by December 31, 2026:
December 2023-March 2024- Upon Project Approval, Chapter will assess, identify and select
homeowners that are in immediate need of septic tank cleaning.
<u> </u>
☐ document attache
(d) Identify who will be responsible for implementing the Program or Project:
Greasewood Springs Chapter Administration
☐ document attache
(e) Explain who will be responsible for operations and maintenance costs for the Project once completed, and how such costs will be funded
prospectively:
Greasewood Springs Chapter Administration will be responsible for operations. No maintenance cost
after project is complete.
document attached
(f) State which of the 66 Fiscal Recovery Fund expenditure categories in the attached U.S. Department of the Treasury Appendix 1 listing the
proposed Program or Project falls under, and explain the reason why:
6.1 Provision of Government Services
Improving homes for sanitary and healthier living conditions reducing the spread of bacteria and
health concerns.
☐ 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 (C)
Preparer: // Let Chiles Approved by: Signature of Original Revision Resident Residen
$O_{\bullet} \circ O_{\bullet} \circ O_{\bullet$
Approved by: Approved by: Approved by:
Signaturo di Caraciani del Car
Approved to subrifit for Review:
Signature of DCD Director

THE NAVAJO NATION PROGRAM BUDGET SUMMARY

Page 1 of 4 BUDGET FORM 1

PART I. Business Unit No.: K - [I		-	Grea Septic	pewood Springs Chapter Cleanout Services	er/	Division/Branch:	Executive 1000		
Prepared By: Dereck Curley,	Chapter Manage	er Phone	No.: <u>(92</u>	8) 654-3239 Ema	il Address:	dacurley@nnchar	oters.org		
PART II. FUNDING SOURCE(S) NN Fiscal Recovery Funds	Fiscal Year /Term ////////////////////////////////////	Amount 100,000.00	% of Total 100%	PART III. BUDGET SUMMARY	Fund Type Code	(A) NNC Approved	(B)	(C) Difference or	
	14100		100.0	2001 Personnel Expenses	Code	Original Budget	Proposed Budget	Total	
				3000 Travel Expenses	-				
				3500 Meeting Expenses					
				4000 Supplies					
				5000 Lease and Rental					
				5500 Communications and Utilities					
				6000 Repairs and Maintenance					
				6500 Contractual Services	6		100,000	100,000	
7000 Special Transactions								100,000	
			8000 Public Assistance						
				9000 Capital Outlay					
					TOTAL	\$0.00	100,000.00	100,000	
	-			PART IV. POSITIONS AND VEHICLES	3	(D)	(E)		
Total # of Positions Budgeted:									
TOTAL: \$100,000.00 100% Total # of Vehicles Budgeted:									
PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.									
SUBMITTED BY: Jaro	on Charley, Depart gram Manager's	ment Manager		APPROVED BY:	Arbin N	litchell Division Direct	or		
710	gran manager s			Divis	ion Directo	/ Branch Chief's Pr	inted Name	F.	
Progra	Program Manager's Signature and Date Division Director (Freeh Chial's Signature and Date								
	3	, and putt		Division	Director /	ranch Chief's Signa	ture and Date	*	

FY 2024

THE NAVAJO NATION PROGRAM PERFORMANCE CRITERIA

Page 3 of 4 BUDGET FORM 2

PAR	T I. PROGRAM INFORMATION:			4		Saci	ngo ch	4.00	7		
	Business Unit No.:	NEW	Program Name/Title:		Cleanout Se		. 95 0.0		,		
Tì	T II. PLAN OF OPERATION/RESO ne Greasewood Springs Chapter will	allocate \$100,000.00 for sep		mes. Eligit	ility will be b	pased on a	sessments a	t a first con	ne, first serve	e basis.	
PAR	T III. PROGRAM PERFORMANCE	CRITERIA:		1st	TR	2nd	QTR	3rd	QTR	416	QTR
				Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1.	Goal Statement:										
	Our goal is to assess and determine		come, first serve basis.								
	Program Performance Measure/C	bjective:	_								
_						10	10	10			
2.	Goal Statement:										<u> </u>
	Procure vendor for contractual servi										
	Program Performance Measure/O	bjective:									
_							10	10	10		
3.	Goal Statement:										
	Distribute appliances to applicants a		ports.								
	Program Performance Measure/O)bjective:									
									10	10	10
4.	Goal Statement:										
	Program Performance Measure/O	bjective:									
	·-										
5.	Goal Statement:									<u></u>	<u> </u>
	Program Performance Measure/O	bjective:									
AR	IV. I HEREBY ACKNOWLEDGE 1	HAT THE ABOVE INFORM	MATION HAS BEEN THOROUGHL	Y REVIEW	ÆD.	—		/			
	Jaron Chi	arley, Department Manager reger's Printed Name		_		Arbin Mil	chell, Divisio	Director			
	Program mar	_			Division	n Director	Branch Chie	r's Printed	Name	-	
			2-/1-23	_							
	Program Manág	ger's Signature and Date		-	Division D	irector/Br	anch Chiefs	Signature	and Date	-	
					/_						

THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

Page 2 of 4 BUDGET FORM 4

PARY I.	PROGRAM INFORMATION:				
	Program Name/Title:	Greasewood Springs Chapter-Septic Cleanout Services	Business Unit No.:	NEW	
PART II. (A)	DETAILED BUDGET:	(B)		***	
Object Code (LOD 6)		Object Code Description and Justification (LOD 7)		(C) Total by DETAILED Ubject Code (LCD 6)	(U) Total by MAJOR Ubject Code (LOD 4)
6500	6500 Supplies 6500 Contractua	ral Services Procure contract with vendor for community homeowner septic cleanout services	s.	100,000	100,000
			TOTAL	100,000	100,000

THE NAVAJO NATION PROJECT BUDGET SCHEDULE

PART I. Business Unit No.:	New	,												-	-						-	_								
		_		_	01-																	PAF	RT II.			Proje	ect In	forma	tion	
									_													Proj	ect Typ	oe:			Но	ome		
Project Description Home App	liance	Purc	hase-	Proje	ect wil	l alloc	ate \$	100,00	00.00	for Se	ptic C	leano	ut Ser	vices	for co	mmur	ity ho	me ov	vners.	Y		Plan	ned St	art Date	9		11/13	3/2023		
This will improve proper sanitize	Y11																					Pian	ned Er	nd Date	:		12/31	/2026		
Check one box:	☑ 0	rigina	al Bud	get	L	Bud	get R	evision		☐ Bu	dget F	teallo	cation		Budg	et Mo	dificat	tion				Proj	ect Ma	nager:						
PART III.	PAR	T IV.	Us	se Fis	cal Y	ear (F	Y) Qı	arters	to co	mplet	e the i	nform	ation	below	0=	Oct ·	N = N	ov · D	= Do	c etc			-						-	=
List Project Task separately; such							2024						T	00.01.		0011,						-		-	Exp	pecter	d Com	npletio	n Date	e if
as Plan, Design, Construct, Equip or Furnish.		1st Q	+-		Dad C		T			T		_	_			T			202									ds 8 F		S.
or i arrion.	0	N	D.	J	2nd C	Jtr.	A	3rd Q	_	_	4th Q		_	1st Q	_	-	2nd Q	_	_	ard Qt	r.		4th Q		Date	12	2/3/	1/20	_	
		1		0	'	(V)	^	M	J	Jul	A	S	0	N	D	J	F	M	A	М	J	Jul	A	S	0	N	D	J	F	М
Home Assessments				×	×	×																								
Procurement					×	×	x	x	x																					
Follow upx							x	×	x																					
Closeout										x	х	x																		
PART V.		\$			\$			\$			\$			\$			\$	-		S	-		S			DDC	JIEC.	TTOT	Al	
Expected Quarterly Expenditures				\$10	00,00	0.00																	Ą			_		TOT	AL	_
			0100,000.00															\$100,000.00												

FOR OMB USE ONLY:	Resolution No:	FMIS Set Up Date:		
	1000101011110.	rivito del up pate:	Company No:	OMB Analyst:
				- marjot.



Greasewood Springs Chapter Diwozhii Bii' To doo' Bi'Naha'ta'

Vacant, President Julia Benally, Vice-President Bill Spencer, Grazing Official Cherilyn Yazzie, Council Delegate

Linda S. Yazzie, Secretary/Treasurer

GSC11-23-1271

RESOLUTION OF THE GREASEWOOD SPRINGS CHAPTER

Resolution to reallocate \$200,000.00 from American Rescue Plan Act- Aquifer Recharge Project to new projects,

Appliance Purchase and Septic Cleanout Services.

WHEREAS:

- The Greasewood Springs Chapter exists as a local unit of government recognized as a political subdivision of the Navajo Nation, pursuant of the Navajo Nation Code No. 26, Section (a) and is authorized to review all matter effecting the community in order to address the needs of the local residents with the authority to act in the best interest of the general welfare of its community membership; and
- 2. Pursuant to Resolution No. CAP-34-98, the Navajo Nation council approved the Historic Local Governance Act, which authorized the local Navajo Communities to plan develop and implement a restructuring process to improve community decision making allowing communities to excel and flourish enabling Navajo leaders to lead toward a prosperous future and improve the strength of the Navajo Nation Sovereignty; and
- The Greasewood Springs Chapter Formally requests to reallocate from American Rescue Plan Act-Aquifer Recharge Project to new projects, Appliance Purchase and Septic Cleanout Services.

NOW THEREFORE IT BE RESOLVED THAT:

The Greasewood Springs Chapter Hereby reallocate from American Rescue Plan Act-Aquifer Recharge Project to new projects, Appliance Purchase and Septic Cleanout Services.

CERTIFICATION

We, hereby certify that the foregoing was duly considered by the Greasewood Springs Chapter at a duly called regular chapter meeting in Greasewood Springs (Navajo Nation), Arizona, at which a quorum of community membership was present and the same had passed with a vote of: <u>46</u> in favor, <u>0</u> in opposed and <u>1</u> in abstained on this 20th day of November, in the year 2023.

Motioned By: Patricia Lewis

Seconded By: Betty Jackson

Resolution GSC11-23-1271

NAVAJO NATION CERTIFICATION

Regarding Debarment, Suspension, and Contracting Eligibility

- 1. Applicant entity acknowledges that to the best of its knowledge that the Applicant entity, either in its present form or in any identifiable capacity, has not, in accordance with 12 N.N.C. § 361:
 - A. Been convicted of the commission of criminal offenses incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of any such contract or subcontract;
 - B. Been convicted of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offenses indicating a lack of business integrity or honesty, which currently, seriously, and directly affect responsibility as a Navajo Nation contractor;
 - C. Been convicted under antitrust statutes arising out of the submission of bids or proposals;
 - D. Violated contract provisions, including:
 - i. Deliberate failure, without good cause, to perform in accordance with the contract specifications or within the time limit provided in the contract,
 - ii. A recent record of failure to perform or of unsatisfactory performance with the terms of any contract, or
 - iii. Any other cause so serious and compelling as to affect responsibility as a Navajo Nation contractor, including debarment by another governmental entity.
- 2. Applicant acknowledges that if the Navajo Nation determines that the executed Certification provided herein is untrue or not wholly accurate, it shall be grounds for the Navajo Nation to terminate the contract and pursue other legal remedies, at the Navajo Nation's discretion.
- 3. Applicant certifies to the best of its knowledge that it is eligible to do business with the

Navajo Nation, in its present form or in any other identifiable capacity, pursuant to 12 N.N.C. § 1501 and 5 N.N.C. § 301. Applicant also acknowledges that per 12 N.N.C. § 1505, it will not be eligible to contract with the Navajo Nation if deemed ineligible by the appropriate department or entity of the Navajo Nation which receives the Applicant's request for consideration for a business opportunity.

GREASEWOOD SPRINGS CHAPTER	Devel Central
Applicant Name	Name of individual signing on Applicant's behalf (print)
P.O. Box 1260	Vice-President
Applicant Address	Title of individual signing on Applicant's behalf
Ganado, Arizona 86505	Julia Berally
Applicant Address	Signature of individual signing on Applicant's behalf
	11/21/23
Applicant Address	Date

Form **W-9** (Rev. October 2018)

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

2 Business namodisregarded critify name, if different from above 3 Check appropriate box for foderal tax classification of the person whose name is entered on fine 1. Check only one of the following seven boxes. 1 Seven propriate box for foderal tax classification of the person whose name is entered on fine 1. Check only one of the following seven boxes. 2 Seven propriate box for foderal tax classification of the person whose name is entered on fine 1. Check only one of the following seven boxes. 2 Seven propriate box for foderal tax classification of the stript-member owner. On not check the appropriate box in the line above for the stript-distinction of the stript-member owner. On not check another LLC that is not disregarded from the line above for the stript-distinction of the stript-member owner. On not check another LLC that is not disregarded from the line above for the stript-member owner. On not check another LLC that is not disregarded from the owner should check to expropriate box for the stript-member owner. On not check another LLC that is not disregarded from the owner should check to expropriate box for the stript-member owner. On not check another LLC that is not disregarded from the owner should check to expropriate box for the stript-disrelation of the owner. 3 Seven propriate box for the stript-disrelation of the stript-member owner. 4 Seven propriate box for the stript-disrelation of the stript-member owner. 5 Other (possible stript-member owner.) 5 Add and the stript-disrelation stript-member owner. 5 Other (possible stript-member owner.) 5 Other (possible stript-member owner.) 6 City, state, and 2P code 6 City, state, an		1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.													
3 Check appropriate box for foderal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. Individual/sels proprietor or Corporation Scorporation Partnership Trust/eastest proprietor Corporation Scorporation Partnership Trust/eastest proprietor Corporation Scorporation Partnership Trust/eastest proprietor Corporation Scorporation Partnership Trust/eastest Corporation Corporation Partnership Trust/eastest Corporation Corporation Corporation Partnership Trust/eastest Corporation Trust/eastest Corpo		GREASEWOOD CHAPTER													
City, state, and ZIP code CANADO, AZ 86505 Tust account number(s) here (optional)		2 Business name/disregarded entity name, if different from above													
City, state, and ZIP code CANADO, AZ 86505 Tust account number(s) here (optional)															
City, state, and ZIP code CANADO, AZ 86505 Tust account number(s) here (optional)	Je 3	3 Check appropriate box for federal tax classification of the person whose n	ame is entered on line 1. Ch	eck only o	one	of the									
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City, state, and ZIP code CANADO, AZ 86505 Tust account number(s) here (optional)	£ 5	another LLC that is not disregarded from the owner for U.S. federal tax is disregarded from the owner should check the engrousite how for the	purposes. Otherwise, a sing	gle-memb	er L	LC th	at	oue	fir sax	ıy)					_
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CANADO, AZ 86505 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 socurity 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. Part II Certification Under penalties of perjury, I certify that: 1. 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 2. 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; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. 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 falled 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. General Instructions Sign Here Under Penalty Signature of the Internal Revenue Code unless otherwise noted. Form 10	σ̈														
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 inclividuals, this is generally your social security number (SSN). However, for a resident after, sod perspected 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. Part II Certification Under penalties of perjury, I certify that: 1. 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 2. 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; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Carrification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding becausy you have falled to report all interest and dividends on your tax ratum. 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 is proceeds) 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-B (proceeds from real estate transactio															
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. Part II Certification Under penalities of perjury, I certify that: 1. 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 2.1 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; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. 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 frem 2 above if you have been notified by the IRS that you are currently subject to backup withholding because for a bandonment of secured property, cancellation of debt, contributions to an individual retent arrangement (IRA), and generally, payments other than interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment (IRA), and generally, payments other than interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment (IRA), and generally, payments other than interest and dividends on your tax return. For real estate transactions types of income, prizes, awards, or gross proceeds) Form 1099-B (stock or mutual fund s	ŀ														
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			•	•	n re	al es	state	tra	nsac	tion	(ei				
	Purp	ose of Form	• Form 1099-K (merc												
An individual or entity (Form W-9 requester) who is required to file an Form 1098 (home mortgage interest), 1098-E (student loan interest),															
information return with the IRS must obtain your correct taxpayer 1098-T (tuition)	informat	ion return with the IRS must obtain your correct taxpayer							•					••	
identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (TIN), adoption			 Form 1099-C (canc 	eled deb	t)										
taxpayer identification number (ATIN), or employer identification number • Form 1099-A (acquisition or abandonment of secured property)	taxpaye	identification number (ATIN), or employer identification number	• Form 1099-A (acqui	sition or	aba	ındoı	nmei	nt o	f sec	ure	d pro	ope	rty)		
(EIN), to report on an information return the amount paid to you, or other Use Form W-9 only if you are a U.S. person (including a resident	(EIN), to	report on an information return the amount paid to you, or other					. per	rsor	າ (ກາດ	dudi	ng a	2 res	sider	ıt	
	returns include but are not limited to the following														
amount reportable on an information return. Examples of information alien), to provide your correct TIN.		099-INT (interest earned or paid)	be subject to backup												
amount reportable on an information return, Examples of information alien), to provide your correct TIN.	returns i	nclude, but are not limited to, the following.							· • • • • • • • • • • • • • • • • • • •			IA -		-1	
amount reportable on an information return. Examples of information alien), to provide your correct TIN. returns include, but are not limited to, the following. If you do not return Form W-9 to the requester with a TIN, you might	• Form 1	099-INT (interest earned or paid)	be subject to backup withholding. See What is backup withholding, later.												

THE NAVAJO NATION

Greasewood Springs Chapter P.O. Box 1260 Ganado, Arizona 86505

Phone: (928) 654-3239

Email: greasewoodsprings@navajochapters.org



Vacant, President Julia Benally, Vice-President Linda S. Yazzie, Secretary/Treasurer Bill Spencer, Grazing Official Cherilyn Yazzie, Council Delegate

APPLICATION FOR SEPTIC TANK CLEANOUT SERVICE								
NAME:	DATE:							
ADDRESS:	CENSUS:							
LOCATION OF RESIDENCE: (APPLICANT MUST BE LIVING WITH IN	THE GREASEWOOD SPRINGS SERVICE AREA)							
CELL NUMBER:EMAIL:								
HOUSING INFORMATION:								
(TYPE OF STRUCTURE) HOUSE () HOGAN () OTHER ()								
IN-DOOR PLUMBING () YES () NO								
DO YOU OR A MEMBER OF YOUR FAMILY HAVE A MEDICAL	REFERRAL? () YES () NO							
IS THE HOME TO BE SERVICED, A PERMANENT RESIDENCE?	() YES () NO							
IS YOUR SEPTIC TANK CAUSING AN UNHEALTHY LIVING SITU	IATION? () YES () NO							
DO YOU CONSENT TO HAVE A LICENSED WASTE DISPOSAL C PROCEED TO PROVIDE SEPTIC CLEANING SERVICES ON YOUR								
SIGNATURE FOR CONSENT:								

DISCLOSURE: ONE APPLICATION PER HOUSEHOLD WILL BE STRICTLY ENFORCED