

RESOLUTION OF THE
 NAABIK'ÍYÁTI' STANDING COMMITTEE
 25th NAVAJO NATION COUNCIL -- First Year, 2023

AN ACTION RELATING TO THE NAABIK'ÍYÁTI' COMMITTEE; AMENDING NABIO-27-23 AND CMY-36-23, THE NAVAJO NATION FISCAL RECOVERY FUND DELEGATE REGION PROJECT PLAN FOR HONORABLE CURTIS YANITO'S DELEGATE REGION (CHAPTERS: MEXICAN WATER, TÓLIKAN, TEES NOS POS, ANETH, RED MESA), TO REMOVE A PROJECT AND INCLUDE ADDITIONAL PROJECTS FOR THIS DELEGATE REGION

BE IT ENACTED:

SECTION ONE. AUTHORITY

- A. The Naabik'iyáti' Committee is established as a standing committee of the Navajo Nation Council. 2 N.N.C. § 700(A).
- B. Navajo Nation Council Resolution No. CJN-29-22, as amended by CAU-74-23, mandates that Fiscal Recovery Fund ("NNFRF") Delegate Region Project Plans be approved by two-thirds (2/3) vote of the Naabik'iyáti' Committee members in attendance.
- C. Navajo Nation Council Resolution No. CMY-36-23, included and incorporated herein by reference, mandated that amendments to the Navajo Nation Fiscal Recovery Fund Delegate Region Project Plan for Honorable Curtis Yanito's Delegate Region (Chapters: Mexican Water, Tólikan, Tees Nos Pos, Aneth, Red Mesa) be approved by a Navajo Nation Council resolution and signed into law by the President of the Navajo Nation pursuant to 2 N.N.C. § 164(A)(17), and 2 N.N.C. §§ 1005(C)(10), (11), and (12).
- D. Navajo Nation Council Resolution No. CAU-74-23, which amended CJN-29-22 and CJY-41-21, included and incorporated herein by reference, delegated the Naabik'iyáti' Committee as the final approval authority for Delegate Region Project Plans funded through Navajo Nation's Fiscal Recovery Funds.
- E. Naabik'iyáti' Committee Resolution No. NABIO-27-23, attached as Exhibit 1 (without project exhibits), included and incorporated herein by reference, mandated that amendments to the Navajo Nation Fiscal Recovery Fund Delegate Region Project Plan for Hon. Curtis Yanito's Delegate Region (Chapter: Mexican Water, Tólikan, Tees Nos Pos, Aneth, Red Mesa) be adopted and approved by resolution of the Naabik'iyáti' Committee pursuant to two-thirds (2/3) vote of the Naabik'iyáti' Committee members in attendance.

SECTION TWO. FINDINGS

- A. The Navajo Nation Council Resolution No. CJN-29-22, AN ACTION RELATING TO THE NAABIK'ÍYÁTI' COMMITTEE AND NAVAJO NATION COUNCIL; ALLOCATING \$1,070,298,867 OF NAVAJO NATION FISCAL RECOVERY FUNDS; APPROVING THE NAVAJO NATION FISCAL RECOVERY FUND EXPENDITURE PLANS FOR: CHAPTER AND REGIONAL PROJECTS; PUBLIC SAFETY EMERGENCY COMMUNICATIONS, E911, AND RURAL ADDRESSING PROJECTS; CYBER SECURITY; PUBLIC HEALTH PROJECTS; HARDSHIP ASSISTANCE; WATER AND WASTEWATER PROJECTS; BROADBAND PROJECTS; HOME ELECTRICITY CONNECTION AND ELECTRIC CAPACITY PROJECTS; HOUSING PROJECTS AND MANUFACTURED HOUSING FACILITIES; BATHROOM ADDITION PROJECTS; CONSTRUCTION CONTINGENCY FUNDING; AND REDUCED ADMINISTRATIVE FUNDING, was signed into law by the President of the Navajo Nation on July 15, 2022.
- B. CJN-29-22, as amended by CAU-74-23, Section Three, now states, in part and among other things, that
1. The Navajo Nation hereby approves total funding for the NNFRF Chapter and Chapter Projects Expenditure Plan from the Navajo Nation Fiscal Recovery Fund in the total amount of two hundred eleven million two hundred fifty-six thousand one hundred forty-eight dollars (\$211,256,148) to be divided equally between the twenty-four (24) Delegate Regions in the amount of eight million eight hundred two thousand three hundred forty dollars (\$8,802,340) per Delegate Region . . . and allocated through Delegate Region Project Plans approved by two-thirds (2/3) vote of the Naabik'íyáti' Committee members in attendance. . . . See CJN-29-22, as amended by CAU-74-23, Section Three (B).
 2. The Delegate Region Project Plan funding will be allocated to the Navajo Nation Central Government, specifically the Division of Community Development or other appropriate Navajo Nation Division or Department, to implement the projects rather than directly to the Chapters. See CJN-29-22, Section Three (D).
 3. The Navajo Nation Central Government, specifically the Division of Community Development or other appropriate Navajo Nation Division or Department, shall manage and administer funds and Delegate Region Project Plans on behalf of Non-LGA-Certified Chapters. The Navajo Nation Central Government may award funding to LGA-Certified Chapters through sub-recipient agreements to implement and manage specific projects, but shall maintain

Administrative Oversight over such funding and Delegate Region Project Plans. See CJN-29-22, Section Three (E).

4. Each Navajo Nation Council delegate shall select Fiscal Recovery Fund eligible projects within their Delegate Region to be funded by the NNFRF Chapter and Regional Projects Expenditure Plan through a Delegate Region Projects Plan. The total cost of projects selected by each Delegate shall not exceed their Delegate Region distribution of eight million eight hundred two thousand three hundred forty dollars (\$8,802,340). See CJN-29-22, Section Three (F).
 5. Each Delegate Region Project shall identify its Administrative Oversight entity and its Oversight Committee(s) and be subject CJY-41-21's NNDOJ initial eligibility determination. See CJN-29-22, Section Three (L) (5) and (L) (6).
- C. The Navajo Nation Council Resolution No. CMY-36-23, AN ACTION RELATING TO THE NAABIK'ÍYÁTI' COMMITTEE AND NAVAJO NATION COUNCIL; APPROVING THE NAVAJO NATION FISCAL RECOVERY FUND DELEGATE REGION PROJECT PLAN FOR HONORABLE CURTIS YANITO'S DELEGATE REGION (CHAPTERS: MEXICAN WATER, TÓLIKAN, TEES NOS POS, ANETH, RED MESA), was signed into law by the President of the Navajo Nation on June 8, 2023.
- D. CMY-36-23, Section Four, states that:
1. Amendments to this legislation or to the Delegate Region Project Plan approved herein shall only be adopted by resolution of the Navajo Nation Council and approval of the President of the Navajo Nation pursuant to 2 N.N.C. § 164(A) (17) and 2 N.N.C. §§ 1005(C) (10), (11), and (12).
- E. The Navajo Nation Council Resolution No. CAU-74-23, AN ACTION RELATING TO THE NAABIK'ÍYÁTI' COMMITTEE AND NAVAJO NATION COUNCIL; AMENDING COUNCIL RESOLUTIONS CJY-41-21 AND CJN-29-22; DELEGATING THE NAABIK'ÍYÁTI' COMMITTEE AS THE FINAL APPROVAL AUTHORITY FOR DELEGATE REGION PROJECT PLANS FUNDED THROUGH THE NAVAJO NATION'S FISCAL RECOVERY FUNDS was signed into law by the President of the Navajo Nation on September 6, 2023.
- F. CJN-29-22, as amended by CAU-74-23, Section Three, now states, in part and among other things, that
1. The Navajo Nation hereby approves total funding for the NNFRF Chapter and Chapter Projects Expenditure Plan from

the Navajo Nation Fiscal Recovery Fund in the total amount of two hundred eleven million two hundred fifty-six thousand one hundred forty-eight dollars (\$211,256,148) to be divided equally between the twenty-four (24) Delegate Regions in the amount of eight million eight hundred two thousand three hundred forty dollars (\$8,802,340) per Delegate Region . . . and allocated through Delegate Region Project Plans approved by two-thirds (2/3) vote of the Naabik'íyáti' Committee members in attendance. . . . See CJN-29-22, as amended by CAU-74-23, Section Three (B).

- G. The Naabik'íyáti' Committee Resolution No. NABIO-27-23, AN ACTION RELATING TO THE NAABIK'ÍYÁTI' COMMITTEE; AMENDING CMY-36-23, THE NAVAJO NATION FISCAL RECOVERY FUND DELEGATE REGION PROJECT PLAN FOR HONORABLE CURTIS YANITO'S DELEGATE REGION (CHAPTERS: MEXICAN WATER, TÓLIKAN, TEES NOS POS, ANETH, RED MESA), TO INCLUDE ADDITIONAL PROJECTS FOR THIS DELEGATE REGION, was signed into law by the Chairperson of the Naabik'íyáti' Committee on October 17, 2023. Exhibit 1.
- H. NABIO-27-23, Section Four, states that:
1. Amendments to this legislation or to the Delegate Region Project Plan approved herein shall only be adopted and approved by resolution of the Naabik'íyáti' Committee.
- I. The Hon. Curtis Yanito has requested to amend NABIO-27-23 to remove the *Mexican Water Chapter Scattered Bathroom-Additions (2-Clients)* project (under NNDOJ Review No. HK0359-2) from the Delegate Region Projects Plan that covers the Mexican Water, Tólikan, Tees Nos Pos, Aneth, Red Mesa Chapters. The removal of this project will revert \$80,000.00 back to Hon. Curtis Yanito's Delegate Region Project Plan's Un-Allocated Amount.
- J. Further, the Hon. Curtis Yanito has requested that additional projects be added to his Delegate Region Projects Plan. The additional projects, which have been deemed Fiscal Recovery Fund eligible by NNDOJ, as well as the removed project, are set forth in Exhibit 2. After the deletion and addition of projects, Hon. Curtis Yanito's Delegate Region Projects Plan does not exceed the amount of \$8,802,340, as set forth in CJN-29-22, Section Three (F).
- K. The Navajo Nation Council hereby finds that it is in the best interest of the Navajo Nation and the Hon. Curtis Yanito's Delegate Region Chapters and communities to approve and adopt the removal of one-project and the addition of additional projects as part of the Navajo Nation Fiscal Recovery Fund

Delegate Region Project Plan for Hon. Curtis Yanito's Delegate Region (Chapters: Mexican Water, Tólikan, Tees Nos Pos, Aneth, Red Mesa) as set forth in Exhibit 2.

SECTION THREE. AMENDING NABIO-27-23 AND CMY-36-23, THE NAVAJO NATION FISCAL RECOVERY FUND DELEGATE REGION PROJECT PLAN FOR HONORABLE CURTIS YANITO'S DELEGATE REGION (CHAPTERS: MEXICAN WATER, TÓLIKAN, TEES NOS POS, ANETH, RED MESA), TO REMOVE A PROJECT AND INCLUDE ADDITIONAL PROJECTS FOR THIS DELEGATE REGION

- A. The Navajo Nation hereby approves the removal of one-project (the *Mexican Water Chapter Scattered Bathroom-Additions (2-Clients)* project (under NNDOJ Review No. HK0359-2) listed in NABIO-27-23 for Hon. Curtis Yanito's Delegate Region Projects Plan as stricken in Exhibit 2. The removal of this project from Hon. Curtis Yanito's Delegate Region Projects Plan will revert \$80,000.00 back to his Delegate Region's Project Plan's Un-Allocated Amount.
- B. The Navajo Nation hereby approves the additional projects as part of the Navajo Nation Fiscal Recovery Fund Delegate Region Project Plan for Hon. Curtis Yanito's Delegate Region (Chapters: Mexican Water, Tólikan, Tees Nos Pos, Aneth, Red Mesa) set forth in Exhibit 2.
- C. The Delegate Region Project Plan approved herein shall comply with all applicable provisions of CJY-41-21, CJN-29-22, and BFS-31-21.
- D. Any inconsistencies between this legislation, the Delegate Region Project Plan, and the individual project appendix, shall be resolved in favor of the project appendix reviewed by Department of Justice during their eligibility determination(s).

SECTION FOUR. AMENDMENTS

Amendments to this legislation or to the Delegate Region Project Plan approved herein shall only be adopted and approved by resolution of the Naabik'iyáti' Committee.

SECTION FIVE. EFFECTIVE DATE

This legislation shall be effective upon its approval pursuant to two-thirds (2/3) vote of the Naabik'iyáti' Committee members in attendance.

SECTION SIX. SAVING CLAUSE

If any provision of this legislation is determined invalid by the Navajo Nation Supreme Court, or by a Navajo Nation District Court without appeal to the Navajo Nation Supreme Court, those provisions of this legislation not determined invalid shall remain the law of the Navajo Nation.

CERTIFICATION

I, hereby certify that the foregoing resolution was duly considered by the Naabik'iyáti' Committee of the 25th Navajo Nation Council at a duly called meeting in Tse Bonito, New Mexico, at which a quorum was present and that the same was passed by a vote of 18 in Favor, and 00 Opposed, on this 28th day of December 2023.



Honorable Crystalyne Curley, Chairwoman
Naabik'iyáti' Committee

1/5/24
Date

Motion: Honorable Amber Kanazbah Crotty
Second: Honorable George H. Tolth

Chairwoman Crystalyne Curley not voting

Exhibit 1

RESOLUTION OF THE
NAABIK'ÍYÁTI' STANDING COMMITTEE
25th NAVAJO NATION COUNCIL -- First Year, 2023

AN ACTION RELATING TO THE NAABIK'ÍYÁTI' COMMITTEE; AMENDING CMY-36-23, THE NAVAJO NATION FISCAL RECOVERY FUND DELEGATE REGION PROJECT PLAN FOR HONORABLE CURTIS YANITO'S DELEGATE REGION (CHAPTERS: MEXICAN WATER, TO'LIKAN, TEES NOS POS, ANETH, RED MESA), TO INCLUDE ADDITIONAL PROJECTS FOR THIS DELEGATE REGION

BE IT ENACTED:

SECTION ONE. AUTHORITY

- A. The Naabik'iyáti' Committee is established as a standing committee of the Navajo Nation Council. 2 N.N.C. § 700(A).
- B. Navajo Nation Council Resolution No. CJN-29-22, as amended by CAU-74-23, mandates that Fiscal Recovery Fund ("NNFRF") Delegate Region Project Plans be approved by two-thirds (2/3) vote of the Naabik'iyáti' Committee members in attendance.
- C. Navajo Nation Council Resolution No. CMY-36-23, included and incorporated herein by reference, mandated that amendments to the Navajo Nation Fiscal Recovery Fund Delegate Region Project Plan for Honorable Curtis Yanito's Delegate Region (Chapters: Mexican Water, To'likan, Tees Nos Pos, Aneth, Red Mesa) be approved by a Navajo Nation Council resolution and signed into law by the President of the Navajo Nation pursuant to 2 N.N.C. § 164(A)(17), and 2 N.N.C. §§ 1005(C)(10), (11), and (12).
- D. Navajo Nation Council Resolution No. CAU-74-23, which amended CJN-29-22 and CJY-41-21, included and incorporated herein by reference, delegated the Naabik'iyáti' Committee as the final approval authority for Delegate Region Project Plans funded through Navajo Nation's Fiscal Recovery Funds.

SECTION TWO. FINDINGS

- A. The Navajo Nation Council Resolution No. CJN-29-22, AN ACTION RELATING TO THE NAABIK'ÍYÁTI' COMMITTEE AND NAVAJO NATION COUNCIL; ALLOCATING \$1,070,298,867 OF NAVAJO NATION FISCAL RECOVERY FUNDS; APPROVING THE NAVAJO NATION FISCAL RECOVERY FUND EXPENDITURE PLANS FOR: CHAPTER AND REGIONAL PROJECTS; PUBLIC SAFETY EMERGENCY COMMUNICATIONS, E911, AND RURAL ADDRESSING PROJECTS; CYBER SECURITY; PUBLIC HEALTH PROJECTS; HARDSHIP ASSISTANCE; WATER AND WASTEWATER PROJECTS; BROADBAND

PROJECTS; HOME ELECTRICITY CONNECTION AND ELECTRIC CAPACITY PROJECTS; HOUSING PROJECTS AND MANUFACTURED HOUSING FACILITIES; BATHROOM ADDITION PROJECTS; CONSTRUCTION CONTINGENCY FUNDING; AND REDUCED ADMINISTRATIVE FUNDING, was signed into law by the President of the Navajo Nation on July 15, 2022.

B. CJN-29-22, as amended by CAU-74-23, Section Three, now states, in part and among other things, that

1. The Navajo Nation hereby approves total funding for the NNFRF Chapter and Chapter Projects Expenditure Plan from the Navajo Nation Fiscal Recovery Fund in the total amount of two hundred eleven million two hundred fifty-six thousand one hundred forty-eight dollars (\$211,256,148) to be divided equally between the twenty-four (24) Delegate Regions in the amount of eight million eight hundred two thousand three hundred forty dollars (\$8,802,340) per Delegate Region . . . and allocated through Delegate Region Project Plans approved by two-thirds (2/3) vote of the Naabik'iyáti' Committee members in attendance. . . See CJN-29-22, as amended by CAU-74-23, Section Three (B).
2. The Delegate Region Project Plan funding will be allocated to the Navajo Nation Central Government, specifically the Division of Community Development or other appropriate Navajo Nation Division or Department, to implement the projects rather than directly to the Chapters. See CJN-29-22, Section Three (D).
3. The Navajo Nation Central Government, specifically the Division of Community Development or other appropriate Navajo Nation Division or Department, shall manage and administer funds and Delegate Region Project Plans on behalf of Non-LGA-Certified Chapters. The Navajo Nation Central Government may award funding to LGA-Certified Chapters through sub-recipient agreements to implement and manage specific projects, but shall maintain Administrative Oversight over such funding and Delegate Region Project Plans. See CJN-29-22, Section Three (E).
4. Each Navajo Nation Council delegate shall select Fiscal Recovery Fund eligible projects within their Delegate Region to be funded by the NNFRF Chapter and Regional Projects Expenditure Plan through a Delegate Region Projects Plan. The total cost of projects selected by each Delegate shall not exceed their Delegate Region distribution of eight million eight hundred two thousand

three hundred forty dollars (\$8,802,340). See CJN-29-22, Section Three (F).

5. Each Delegate Region Project shall identify its Administrative Oversight entity and its Oversight Committee(s) and be subject CJY-41-21's NNDOJ initial eligibility determination. See CJN-29-22, Section Three (L) (5) and (L) (6).
- C. The Navajo Nation Council Resolution No. CMY-36-23, AN ACTION RELATING TO THE NAABIK'ÍYÁTI' COMMITTEE AND NAVAJO NATION COUNCIL; APPROVING THE NAVAJO NATION FISCAL RECOVERY FUND DELEGATE REGION PROJECT PLAN FOR HONORABLE CURTIS YANITO'S DELEGATE REGION (CHAPTERS: MEXICAN WATER, TO'LIKAN, TEES NOS POS, ANETH, RED MESA), was signed into law by the President of the Navajo Nation on June 8, 2023.
- D. CMY-36-23, Section Four, states that:
1. Amendments to this legislation or to the Delegate Region Project Plan approved herein shall only be adopted by resolution of the Navajo Nation Council and approval of the President of the Navajo Nation pursuant to 2 N.N.C. § 164(A)(17) and 2 N.N.C. §§ 1005(C)(10), (11), and (12).
- E. The Navajo Nation Council Resolution No. CAU-74-23, AN ACTION RELATING TO THE NAABIK'ÍYÁTI' COMMITTEE AND NAVAJO NATION COUNCIL; AMENDING COUNCIL RESOLUTIONS CJY-41-21 AND CJN-29-22; DELEGATING THE NAABIK'ÍYÁTI' COMMITTEE AS THE FINAL APPROVAL AUTHORITY FOR DELEGATE REGION PROJECT PLANS FUNDED THROUGH THE NAVAJO NATION'S FISCAL RECOVERY FUNDS was signed into law by the President of the Navajo Nation on September 6, 2023.
- F. CJN-29-22, as amended by CAU-74-23, Section Three, now states, in part and among other things, that
1. The Navajo Nation hereby approves total funding for the NNFRF Chapter and Chapter Projects Expenditure Plan from the Navajo Nation Fiscal Recovery Fund in the total amount of two hundred eleven million two hundred fifty-six thousand one hundred forty-eight dollars (\$211,256,148) to be divided equally between the twenty-four (24) Delegate Regions in the amount of eight million eight hundred two thousand three hundred forty dollars (\$8,802,340) per Delegate Region . . . and allocated through Delegate Region Project Plans approved by two-thirds (2/3) vote of the Naabik'iyáti' Committee members in attendance. . . See CJN-29-22, as amended by CAU-74-23, Section Three (B).

- G. All additional projects listed in the Hon. Curtis Yanito's Delegate Region Projects Plan, attached as Exhibit A, have been deemed Fiscal Recovery Fund eligible by NNDOJ. In addition, Hon. Curtis Yanito's Delegate Region Projects Plan does not exceed the amount of \$8,802,340, as set forth in CJN-29-22, Section Three (F).
- H. The Navajo Nation Council hereby finds that it is in the best interest of the Navajo Nation and the Hon. Curtis Yanito's Delegate Region Chapters and communities to approve and adopt the additional projects as part of the Navajo Nation Fiscal Recovery Fund Delegate Region Project Plan for Hon. Curtis Yanito's Delegate Region (Chapters: Mexican Water, To'likan, Tees Nos Pos, Aneth, Red Mesa) as set forth in Exhibit A.

SECTION THREE. AMENDING CMY-36-23, THE NAVAJO NATION FISCAL RECOVERY FUND DELEGATE REGION PROJECT PLAN FOR HONORABLE CURTIS YANITO'S DELEGATE REGION (CHAPTERS: MEXICAN WATER, TO'LIKAN, TEES NOS POS, ANETH, RED MESA), TO INCLUDE ADDITIONAL PROJECTS FOR THIS DELEGATE REGION

- A. The Navajo Nation hereby approves the additional projects as part of the Navajo Nation Fiscal Recovery Fund Delegate Region Project Plan for Hon. Curtis Yanito's Delegate Region (Chapters: Mexican Water, To'likan, Tees Nos Pos, Aneth, Red Mesa) set forth in Exhibit A.
- B. The Delegate Region Project Plan approved herein shall comply with all applicable provisions of CJY-41-21, CJN-29-22, and BFS-31-21.
- C. Any inconsistencies between this legislation, the Delegate Region Project Plan, and the individual project appendix, shall be resolved in favor of the project appendix reviewed by Department of Justice during their eligibility determination(s).

SECTION FOUR. AMENDMENTS

Amendments to this legislation or to the Delegate Region Project Plan approved herein shall only be adopted and approved by resolution of the Naabik'iyáti' Committee.

SECTION FIVE. EFFECTIVE DATE

This legislation shall be effective upon its approval pursuant to two-thirds (2/3) vote of the Naabik'iyáti' Committee members in attendance.

SECTION SIX. SAVING CLAUSE

If any provision of this legislation is determined invalid by the Navajo Nation Supreme Court, or by a Navajo Nation District Court without appeal to the Navajo Nation Supreme Court, those provisions of this legislation not determined invalid shall remain the law of the Navajo Nation.

CERTIFICATION

I, hereby certify that the foregoing resolution was duly considered by the Naabik'iyáti' Committee of the 25th Navajo Nation Council at a duly called meeting in Window Rock, Navajo Nation (Arizona), at which a quorum was present and that the same was passed by a vote of 19 in Favor, and 00 Opposed, on this 12th day of October 2023.



Honorable Crystalyne Curley, Chairwoman
Naabik'iyáti' Committee

10/17/2023

Date

Motion: Honorable Vince R. James

Second: Honorable Curtis Yanito

Chairwoman Crystalyne Curley not voting

NAVAJO NATION FISCAL RECOVERY FUND DELEGATE REGION PROJECT PLAN

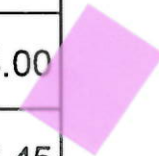
Exhibit 2

COUNCIL DELEGATE: Hon. Curtis Yanito

CHAPTERS: Mexican Water, To'Likan, Tees Nos Pos, Aneth, Red Mesa

FUNDING RECIPIENT	SUBRECIPIENT	EXPENDITURE PLAN / PROJECT	ADMIN OVERSIGHT	FRF CATEGORY	DOJ REVIEW #	AMOUNT
		TOTAL AMOUNT APPROPRIATED IN CMY-36-23 on June 8, 2023				\$ 1,817,357.00
		TOTAL AMOUNT APPROPRIATED IN NABIO-27-23 on October 17, 2023				\$ 3,800,882.84
Division of Community Development	*Aneth Chapter	Aneth Chapter Water Purification Facility Project	Department of Water Resources	5.10	HK0674	\$ 880,234.00
Division of Community Development	*Aneth Chapter	Aneth Chapter New Chapter/Administration Building Project	Division of Community Development	6.1	HK0675	\$ 880,234.00
Division of Community Development	*ToLikan Chapter	ToLikan Chapter Mobile Homes for Community Members Project	Division of Community Development	2.16	HK0701	\$ 737,118.45
Division of Community Development	None Identified	(Remove) Mexican Water Chapter Scattered Bathroom Additions (2 Clients) Project	Division of Community Development	4.14	HK0359-2	-\$ 80,000.00
		UN-ALLOCATED AMOUNT				\$ 766,513.71

*K215977
K211978
K211979*



*Per CJN-29-22, Section Three (E), the "Navajo Nation Central Government may award funding to LGA-Certified Chapters through sub-recipient agreements to implement and manage specific projects, but shall maintain Administrative Oversight over such funding and Delegate Region Project Plans."

TOTAL: \$ 8,802,340.00

NAVAJO NATION FISCAL RECOVERY FUND DELEGATE REGION PROJECT PLAN

Exhibit A

COUNCIL DELEGATE: Hon. Curtis Yanito

CHAPTERS: Mexican Water, To'Likan, Tees Nos Pos, Aneth, Red Mesa

FUNDING RECIPIENT	SUBRECIPIENT	EXPENDITURE PLAN / PROJECT	ADMIN OVERSIGHT	FRF CATEGORY	DOJ REVIEW #	AMOUNT
		TOTAL AMOUNT APPROPRIATED IN CMY-36-23 on June 8, 2023				\$ 1,817,357.00
Division of Community Development	None Identified	Mexican Water Chapter Scattered Bathroom-Additions (2-Clients) Project	Division of Community Development	1.14	HK0359-2	\$ 80,000.00
Division of Community Development	None Identified	Red Mesa Chapter House Renovation Project	Division of Community Development	2.22	HK0501	\$ 521,520.00
Division of Community Development	None Identified	Teec Nos Pos Chapter Warehouse (for Storage of Heavy Equipment and PPE) Project	Division of Community Development	6.1	HK0522	\$ 1,267,200.00
Division of Community Development	None Identified	Teec Nos Pos Chapter Purchase of Motor Grader Project	Division of Community Development	6.1	HK0548	\$ 460,799.27
Division of Community Development	None Identified	Teec Nos Pos Chapter Purchase of Backhoe Project	Division of Community Development	6.1	HK0585	\$ 204,163.57
Division of Community Development	None Identified	Red Mesa Chapter Warehouse (for Storage of Heavy Equipment and PPE) Project	Division of Community Development	6.1	HK0594	\$ 1,267,200.00
		UN-ALLOCATED AMOUNT				\$ 3,184,100.16

*Per CJN-29-22, Section Three (E), the "Navajo Nation Central Government may award funding to LGA-Certified Chapters through sub-recipient agreements to implement and manage specific projects, but shall maintain Administrative Oversight over such funding and Delegate Region Project Plans."

TOTAL: \$ 8,802,340.00

Exhibit 2



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

Company	*New Business Unit	Description	*Facility/Job Site#
8059	K2115479	US TREASURY – TOLIKAN CHAPTER MOBILE HOMES FOR COMMUNITY MEMBERS PROJECT	55261
ENTERED BY (Step A to F) : Andrea Boyd 1/25/24		EXPLANATION/REFERENCE NO: (1) New Business Unit	DATE: 1/24/2024

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 th 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		
SET-UP VERIFIED BY: <i>[Signature]</i>			DATE: 1/25/24	COMMENTS/ACTION: 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



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 701

Date & Time Received: 11/20/23 at 16:52

Date & Time of Response: 11/28/23 at 17:00

Entity Requesting FRF: Tolikan (Sweetwater) Chapter

Title of Project: Mobile Home for community members

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$737,118.45

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: _____
2.16, Long-term Housing Security: Services for Unhoused Persons

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

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

Other Comments: _____

Name of DOJ Reviewer: MacArthur Stant

Signature of DOJ Reviewer: MacArthur Stant

Digitally signed by MacArthur Stant
Date: 2023.11.28 11:37:31 -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 1, and other supporting documents. Please email your resubmission to arpa@nndoj.org. Please be aware that under Resolution BFS-31-21 a Project or Program can only be reviewed twice, therefore it is critical that you include all the requested additional information for your second submission.

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

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

Part 1. Identification of parties.

Governance-Certified Chapter requesting FRF: Tolikan (Sweetwater) Chapter

Date prepared: 07/17/2023

Chapter's P.O. Box 105
mailing address: Teec Nos Pos, Arizona 86514

phone & email: 928-429-0977 sweetwater@navajochapters.org

website (if any):

This Form prepared by: Tovina Yazzie
Chapter Manager
CONTACT PERSON'S name and title

phone/email: Sweetwater@navajochapters.org

928-429-0977

CONTACT PERSON'S info

Title and type of Project: Mobile Home for community members.

- Chapter President: Sarah Lee phone & email: 928-429-0977 sarahlee@naataanli.org
- Chapter Vice-President: Arnold Slowman phone & email: 928-429-0977 aslowman@naataanli.org
- Chapter Secretary: Rosalinda Nelson phone & email: 928-429-0977 mnelson@navajochapters.org
- Chapter Treasurer: Rosalinda Nelson phone & email: 928-429-0977 rnelson@navajochapters.org
- Chapter Manager or CSC: Tovina Yazzie phone & email: 928-429-0977 Toyazzie@nncapters.org
- DCD/Chapter ASO: Calvin Tsosie phone & email: 928-429-0977 cetsosie@nndcd.org

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

document attached

Amount of FRF requested: \$737,118.45 FRF funding period: 01/01/23 -12/30/2026
indicate Project starting and ending/outline 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 Tolikan Chapter will be using the funds to purchase mobile homes (1-2 bedroom w/1bth, 5-2 bedrooms/2bth and 2-3 bedrooms w/2bth=8 homes) for community members who are homeless or have homes that are dilapidated. The Chapter has identified families within the Tolikan Chapter services area that will receive these homes. Purchase of manufactured homes will assist families that are still impacted by the COVID-19 pandemic such as lost of employment, lost of home and life, by providing a safe, healthy, reliable home to shelter in place. Timeframe: 01/01/23-12/30/26.

document attached

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

Purchase of manufactured homes will assist families that are still impacted by the COVID-19 pandemic such as lost of employment, lost of home and life, by providing a safe, healthy, reliable home to shelter in place.

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 clients need to have all their (Homesite leases and surveys) for this project, which may caused a delay. Tolkan Chapter Administration and clients will work together to complete this project. the housing projects will be completed by 01/01/23-12/30/26.

document attached

(f) Identify who will be responsible for implementing the Program or Project:
The Tolkan (Sweetwater) Chapter with technical assistance from Administrative Service Center and clients, surveyors and constructors will work together for the implementation of the housing project.

document attached

(g) Explain who will be responsible for operations and maintenance costs for the Project once completed, and how such costs will be funded prospectively:
After the project is Complete, the home owners will be responsible for operation and maintenance of their home. This is a ONE-TIME assistance.

document attached

(i) 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:
2.14 Assistance to Household. To provide housing to two homeless families who most likely are under another families homes which creates crowding and is more susceptible to covid-19 virus.

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: Tovina Yazzie
Signature of Approving Official: Tovina Yazzie
Approved by: Tovina Yazzie
Signature of Chapter President: Tovina Yazzie

Approved by: Sarah Lee
Signature of Chapter President (or Vice-President): Sarah Lee, President

Approved by: Calvin Tequila
Signature of Chapter ASO: Calvin Tequila, Mayonta ASO

Approved to submit for Review: Calvin Castillo
Signature of BCO Director: Calvin Castillo, Executive Director

Job K2115479 US TREAS-TOLIKAN MOBILE HM CMP

Thru Date 1/31/2024

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		737,118.45-	737,118.45-			737,118.45-		1.00
1710	Program Revenue	6 T		737,118.45-	737,118.45-			737,118.45-		1.00
1705	CG Revenue	5 T		737,118.45-	737,118.45-			737,118.45-		1.00
1700	External C/G Revenue Sourc	4 T		737,118.45-	737,118.45-			737,118.45-		1.00
1000	Revenues	3 T		737,118.45-	737,118.45-			737,118.45-		1.00
8780	Entities	6 B N		737,118.45	737,118.45			737,118.45		1.00
8780	Entities	6 T		737,118.45	737,118.45			737,118.45		1.00
8700	Grants	5 T		737,118.45	737,118.45			737,118.45		1.00
8000	Assistance	4 T		737,118.45	737,118.45			737,118.45		1.00
2000	Expenses	3 T		737,118.45	737,118.45			737,118.45		1.00

FY2023

K2115471 AB

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

PART I. Business Unit No.: <u>NEW</u>		Program Title: <u>Totikan (Sweetwater) Chapter-MOBILE HOME</u>		Division/Branch: <u>DCD/Executive</u>			
Prepared By: <u>Tovina Yazzie</u>		Phone No.: <u>(928) 428-0977</u>		Email Address: <u>sweetwater@navajochapters.org</u>			
PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY			
ARPA Funding	01/01/23-12/30/28	737,118.45	100%	Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference (Column B - A)
				2001 Personnel Expenses			
				3000 Travel Expenses			
				3500 Meeting Expenses			
				4000 Supplies			
				5000 Lease and Rental			
				5500 Communications and Utilities			
				6000 Repairs and Maintenance			
				6500 Contractual Services	6	\$ 737,118.45	\$ 737,118.45
				7000 Special Transactions			
				8000 Public Assistance			0
				9000 Capital Outlay			0
				9500 Matching Funds			
				9500 Indirect Cost			0
				TOTAL	\$0.00	\$ 737,118.45	\$ 737,118.45
				PART IV. POSITIONS AND VEHICLES		(D)	(E)
				Total # of Positions Budgeted:	0	0	
				Total # of Permanently Assigned Vehicles:	0	0	
	TOTAL:	737,118.45	100%				
PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.							
<u>Jaron Charley, Program Manager I</u> SUBMITTED BY: Program Manager's Printed Name				<u>Calvin Castillo, Executive Director</u> APPROVED BY: Division Director/Branch Chief's Printed Name			
<u>09/19/2023</u> SUBMITTED BY: Program Manager's Signature and Date				<u>9/19/2023</u> APPROVED BY: Division Director/Branch Chief's Signature and Date			

AB 11/25/24

K2115479 to

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:									
Business Unit No.: <u>NEW</u>			Program Name/Title: <u>Tolkan (Sweetwater) Chapter Mobile Home</u>						
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:									
Purchase eight (8) mobile homes for our community members who are homeless, overcrowded families, no homes or dilapidated homes with homesite lease. These eight members will have homesite lease as we are still affected with the covid 19 as to current. This will include the contingency cost to be used towards the purchase or set-up of the mobile homes.									
PART III. PROGRAM PERFORMANCE CRITERIA:									
		1st QTR		2nd QTR		3rd QTR		4th QTR	
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement:									
Purchase mobile homes for 8 community members who are homeless, no homes or dilapidated homes.									
Program Performance Measure:									
8 Community members registered voters w/homesite lease to be safe.		2		2		2		2	
2. Goal Statement:									
Program Performance Measure:									
3. Goal Statement:									
Program Performance Measure:									
4. Goal Statement:									
Program Performance Measure:									
5. Goal Statement:									
Program Performance Measure:									
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.									
<u>Jaron Charley</u> Program Manager's Printed Name				Calvin Castillo, Executive Director Division Director/Branch Chief's Printed Name					
<u>[Signature]</u> Program Manager's Signature and Date				<u>[Signature]</u> Division Director/Branch Chief's Signature and Date					

to 1/25/24

THE NAVAJO NATION
 DETAILED BUDGET AND JUSTIFICATION

K2115479 ^{AS}

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Tolikan (Sweetwater) Chapter Mobile Home</u>		Business Unit No.: <u>NEW</u>	
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
8000	The Tolikan Chapter will be using the funds to purchase mobile homes (2 bedrooms and 3 bedrooms) for community members who are homeless or have homes that are dilapidated. The Chapter has identified families within the Tolikan Chapter servies area that will receive these homes. Purchase of manufactured homes will assist families that are still impacted by teh COVID-19 pandemic such as lost of empolyment, lost of home and life, by providing a safe, healthy, reliable home to shelter in place.		\$ 737,118.45
8700			
		\$ 737,118.45	
TOTAL		\$ 737,118.45	\$ 737,118.45

AS

AS 1/25/24

FY2023

K2115479

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

APPENDIX J

PART I. Business Unit No.: NEW Project Title: Mobile Home Project Description: To purchase manufactured homes for community members who lack reliable healthy home during the ongoing COVID-19. Check one box: <input type="checkbox"/> Original Budget <input type="checkbox"/> Budget Revision <input type="checkbox"/> Budget Reallocation <input type="checkbox"/> Budget														PART II. Project Information Project Type: Mobile Home Planned Start Date: 1/1/2023 Planned End Date: 12/30/2026 Project Manager: Tovina Yazzie																
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.															
	FY 2023												FY 2026								Date 12/31/2026									
	1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			O	N	D	J	F	M
Phase 1: Identify and select clients based on COVID-19 related needs.	O	N	D	J	F	M	A	M	J	Jul	A	S	O	N	D	J	F	M	A	M	J	Jul	A	S	O	N	D	J	F	M
Phase 2: Assist DCD with vendor selection, and purchase of homes																														
Phase 3: Site preparation, install mobile home, and all utilities																														
Phase 4: Inspection and close-out of project																														
PART V.	\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL								
Expected Quarterly Expenditures	92,139.81			92,139.81			92,139.81			92,139.81			92,139.81			92,139.81			92,139.81			\$737,118.45								

FOR OMB USE ONLY: Resolution No: _____ FMIS Set Up Date: _____ Company No: _____ OMB Analyst: _____

to 1/25/24

QUALITY HOMES

1028 West Main Street
Carmichael, CA, Mexico 87401
505-327-9631



May 25, 2023

Attn: Sarah Lee Sweetwater Chapter President

Quote for 4 homes

Skyline N9 0861 16x64 2 bedroom 2 bath - \$ 84,900.00

Skyline N9 0861 16 X 64 2 bedroom 2 bath - \$ 95,100.00

Champion CS-1676R 16X76 4 bedroom 2 bath - \$98,900.00

Champion CS-1676C 16X76 3 bedroom 2 bath - \$95,391.00

The total cost with set up delivery, 2 sets of steps and skirting for all homes \$374,291.00. I checked with upper management and this pricing is discounted to the bottom line. They are all on our lot and ready for immediate delivery. If you can give me approximate addresses, I can get you homeowners insurance quote on all of the homes. I look forward to helping you get these families new homes. I am estimating insurance from \$850-\$1050 for the year per home. If you should have any questions, feel free to contact me at 505-327-9631 or by email at Teri@favers-homes.com.

Respectfully,

A handwritten signature in cursive script that reads 'Teri McCune'.

Teri McCune

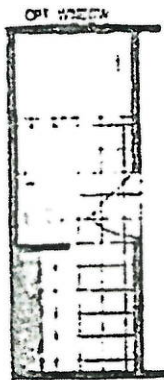
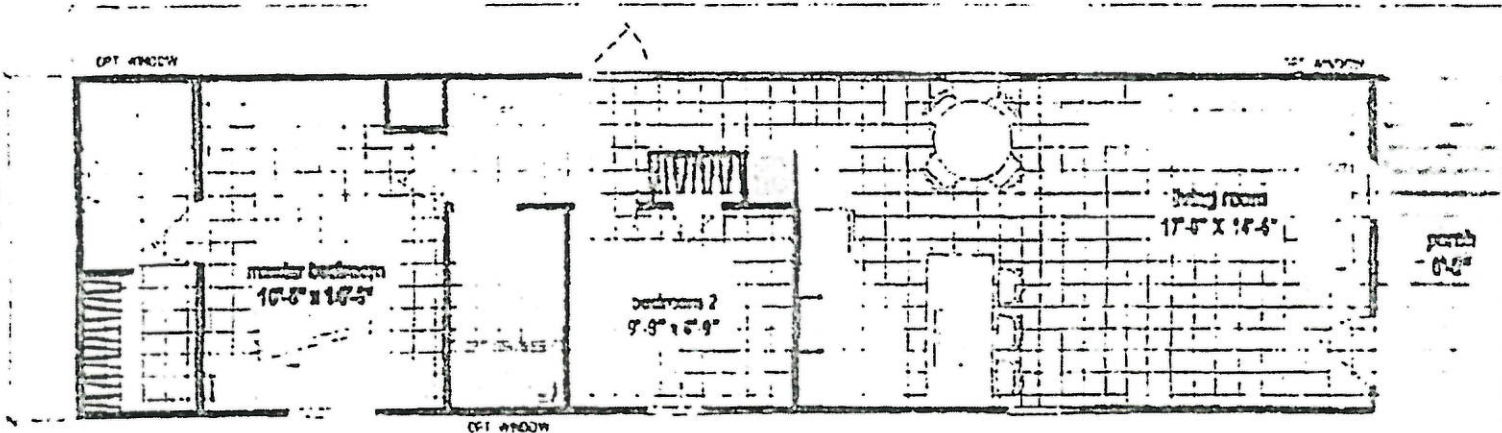
Sales Representative

**GALAXY
861**

**2 BED 2 BATH
971 SQ FT**

64'-0"

15'-2"



OPTION
GARDEN TUB
BATH



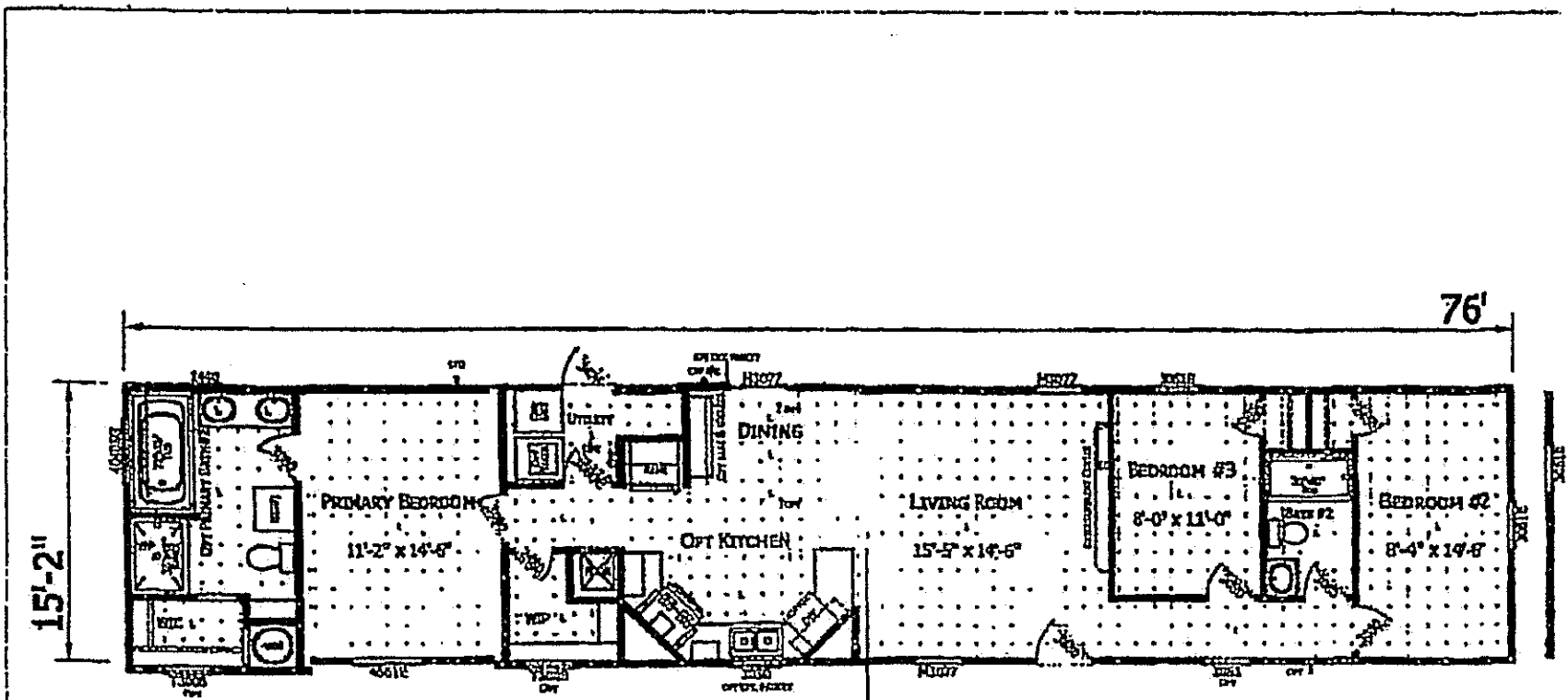
OPTION
CLOSET

Faver's Homes Inc. 1028 W Main Farmington, NM 87401

P-(505) 327-9631

F-(505)327-7054

www.favers-homes.com



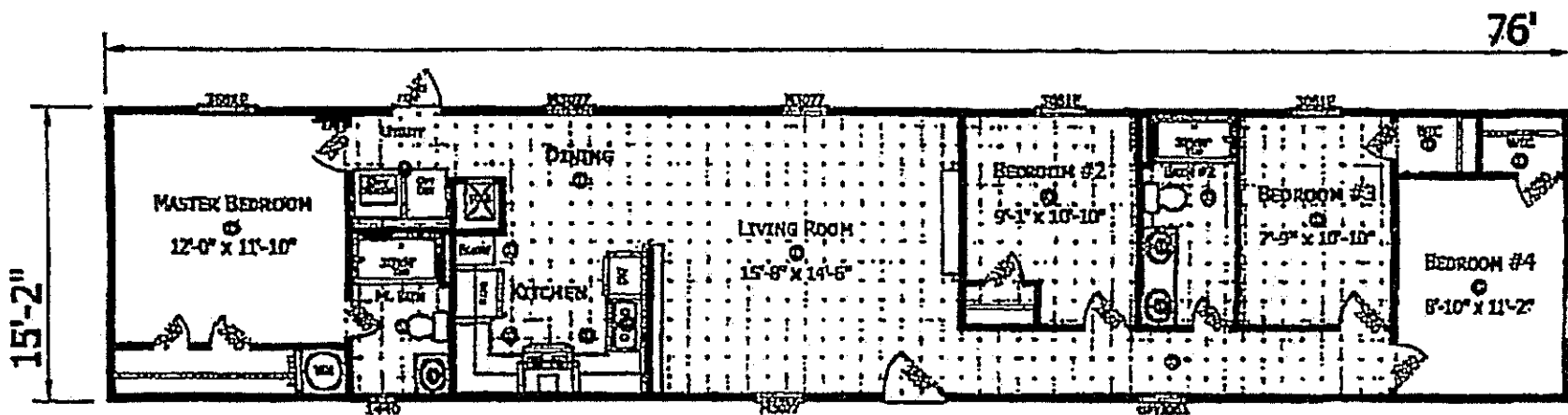
CS1676C-1676H32A68
 3 BEDROOM 2 BATH
 76'-0" x 15'-2"
 1153 SQ. FT. TOTAL

Faver's Homes Inc. 1028 W Main Farmington, NM 87401

P-(505) 327-9631

F-(505)327-7054

www.favers-homes.com



CS1676R-1676H42021
 4 BEDROOM 2 BATH
 76'-0" x 15'-2"
 1153 Sq. Ft. TOTAL

Faver's Homes Inc. 1028 W Main Farmington, NM 87401

P-(505) 327-9631

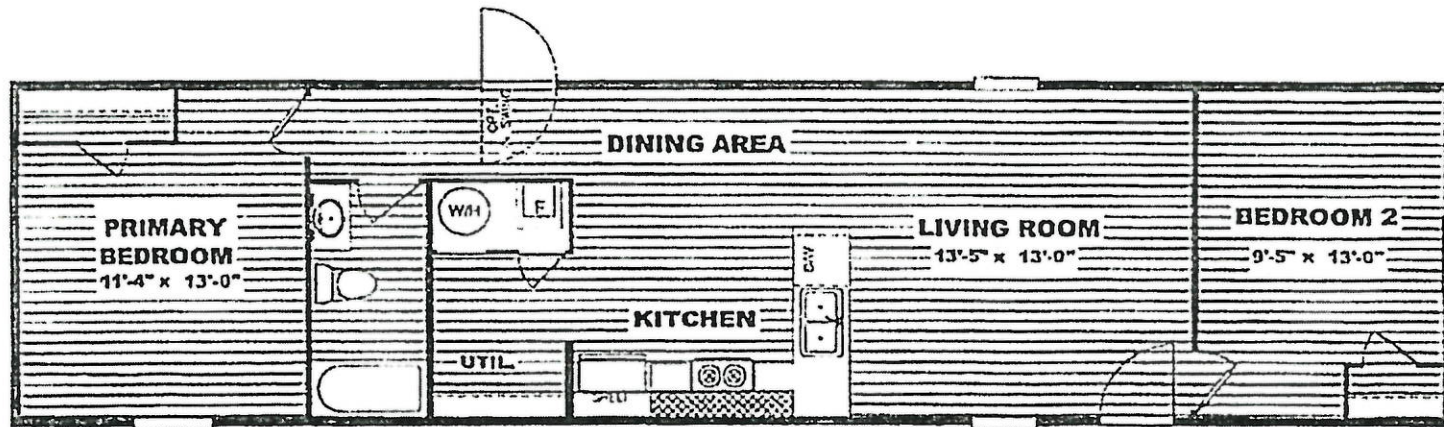
F-(505)327-7054

www.favers-homes.com



BLISS

TRS14562A // 14x56 // 765 sq ft // 2 beds // 1 bath



\$ 62,989.

OWN IT

OWNTRU.COM

HOUSING IMPROVEMENT PROGRAM

Applicant Name: _____ Fiscal Year: 2024
 Chapter: _____ (Official Use) Distribution Date: _____

***All Household Members over 18 years of age is required to complete all forms attached**

HOUSING ASSISTANCE APPLICATION PACKET

All forms must be complete, sign, dated and all questions answered.

	Received	Missing
Housing Assistance Application (Form BIA 6407)		
Map - directions to your residence		
*Income Information Checklist		
*No Income Statement Form		
*Verification of Employment (Complete by employer if employed)		
*Individual Indian Money (IIM form) (Individual Form for applicant and household members)		
*Federal Income Tax Return for current year: 2022. If filed, copies of 1040 Tax Return		
Housing Assistance Verification (Must be completed by Navajo Housing Authority)		
*Authorization to Release of Information		

REQUIRED DOCUMENTS

Provide list of the required documents to complete application process.

Certificate of Indian Blood (CIB) -for all household members		
Social Security Cards - for all household members		
*Award Letters from Social Security, VA, Retirement, Unemployment, etc.		
Doctor Statement - If claiming disability		
Veteran Document (DD214) - If claiming Veteran		
Finalized Homesite Lease - In Applicant's Name		
HPD Cultural Resource Compliance <u>and/or</u> Archaeological Inventory Report w/Map		
Optional: Biological Clearance (If one was obtain for Homesite Lease)		
Other: Guardianship and/or Adoption decree for niece/nephew or grandchildren, Etc.		
Email address: _____ Correspondence Purpose Only		

DUE BY: September 30, 2023
ADDRESS: Fort Defiance Agency Housing Improvement Program
Post Office Box 527 Fort Defiance, Arizona 86504
Phone No.: (928) 729-4017 Fax No.: (928) 729-4277

**UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
HOUSING ASSISTANCE APPLICATION**

- All questions in this application must be answered. The requested information is self-explanatory.
- This application is subject to the Privacy Act of 1974, Pub. L. 93-579

A. APPLICANT INFORMATION _____

1. Name: _____
Last First MI Maiden Name (if any)
2. Current Address: _____
Street Address P.O. Box # (if any)

City State Zip Code
3. Telephone Number: (____) _____
4. Date of Birth: _____ 5. Social Security Number: _____
6. Tribe: _____ Roll Number: _____
 Reservation/Rancheria: _____
7. Marital Status: Married Singled Widowed Other
 If you checked "Other", please explain. _____
8. Are you Homeless? No Yes 9. Are you or spouse a Veteran? No Yes

Information About Spouse: _____

10. Name: _____
Last First MI Maiden Name (if any)
11. Date of Birth: _____ 12. Social Security Number: _____
13. Tribe: _____ Roll Number: _____

B. FAMILY INFORMATION _____

List all other persons living in household on a permanent basis. Start with the oldest and provide Name, Date of Birth, Social Security Number, Relationship to Applicant, and Tribe/Roll Number.

Name	Date of Birth	Social Security #	Relationship to Applicant	Tribe/Roll Number

If you need more space, use a blank sheet of paper.

Date of this application: _____

C. INCOME INFORMATION _____

14. Earned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have earned income. Provide signed copy of SF-1040 (income tax return), W-2 forms, wage stubs, etc. for verification.

Name	Annual Earned Income	Source of Income

Total annual earned income: \$ _____

15. Unearned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have unearned income such as social security, retirement, disability and unemployment benefits, child support and alimony, royalties, per capita payments, interest, etc. Provide check stubs, statements, individual Indian Money (IIM) ledgers, etc. for verification.

Name	Annual Unearned Income	Source of Income

Total annual unearned income: \$ _____

16. TOTAL COMBINED ANNUAL HOUSEHOLD INCOME (earned + unearned): \$ _____

D. HOUSING INFORMATION _____

17.	Location of the house to be repaired, renovated or constructed. (Give address and detailed directions to this house). **DRAW MAP ON BACK OF THIS PAGE**
18.	Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying.
19.	If repair assistance is needed, do you own <input type="checkbox"/> or rent <input type="checkbox"/> this house? If renting, is the owner Indian? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of owner(s):
20.	Are you living in Overcrowded Conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes
21.	Is the condition of the home in a dilapidated state? <input type="checkbox"/> No <input type="checkbox"/> Yes

Date of this application: _____

HOUSING INFORMATION, continued.

22.	Is electricity available? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of electric company: _____.				
23.	Type of Sewer system:	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Chemical Toilet	<input type="checkbox"/> Outhouse
	Water Source:	<input type="checkbox"/> City Water	<input type="checkbox"/> Private Well	<input type="checkbox"/> Community Water Tank	
Other (Please describe): _____					
24.	No. of Bedrooms _____.				
25.	House Size:	(Square Feet)	[LENGTH _____ ft/in]	[WIDTH _____ ft/in]	
26.	Bathroom facilities in existing house:	Facility	Yes	No	
		Flush toilet			
		Bathtub			
		Sink/lavatory			

E. LAND INFORMATION _____

27.	Do you own the land on which you wish to renovate or build this home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, can you provide proof that you can obtain land? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Provide the name of the owner(s): _____				
28.	What is the current status of the land?	<input type="checkbox"/> Fee	<input type="checkbox"/> Tribal Fee	<input type="checkbox"/> Native/Restricted
		<input type="checkbox"/> Individual trust land	<input type="checkbox"/> Tribal trust land	<input type="checkbox"/> Public Domain
		<input type="checkbox"/> Individually restricted	<input type="checkbox"/> Tribally restricted	<input type="checkbox"/> Other:
29.	If you do not own the land, do you have: _____ Leasehold interest? _____ Use permit? _____ Indefinite assignment or joint ownership? If so, please explain:			

F. GENERAL INFORMATION _____

		Yes	No
30.	Have you or anyone in your household ever received Housing Improvement Program assistance? If yes, give amount received \$ _____; the year it was received: 19____; and the location of the house:		
31.	Do you own any other house not occupied by your family? If yes, state where the house is located: _____ and who occupies it: _____.		
32.	Do you live in a house built with Housing and Urban Development (HUD) funds?		
33.	Is the HUD project still under operation of an Indian Housing Authority?		
34.	Are you seeking Down Payment Assistance? If yes, have you applied with USDA Rural Development or other lending institution? Please provide a copy of the credit letter.		
35.	If you are requesting assistance for a new housing unit, have you applied for assistance from:		
	• Indian Housing Authority? If yes, provide date of application: _____		
	• Tribal Credit Program? If yes, provide date of application: _____		
	• Other? From who: _____ If yes, provide date of application: _____		
36.	Does anyone in your family, who is a permanent resident listed under Parts A and B of this application, have a severe health problem, handicap or permanent disability? If yes, provide name of family member _____ and brief description of condition. (Your servicing housing office will advise you if you must provide a statement of condition from one source, which may include a physician's certification, Social Security or Veterans Affairs determination, or similar determination).		

Date of this application: _____

G. APPLICANT CERTIFICATION

(Read this certification carefully before you sign and date your application. Sign in ink).

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001.

This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, by the applicant, or unless an officer or employee of the housing program or other Federal agency requires it in the performance of their duties.

Applicant's Signature: _____ Date: _____

Spouse's Signature (if appropriate) _____ Date: _____

PRIVACY ACT STATEMENT

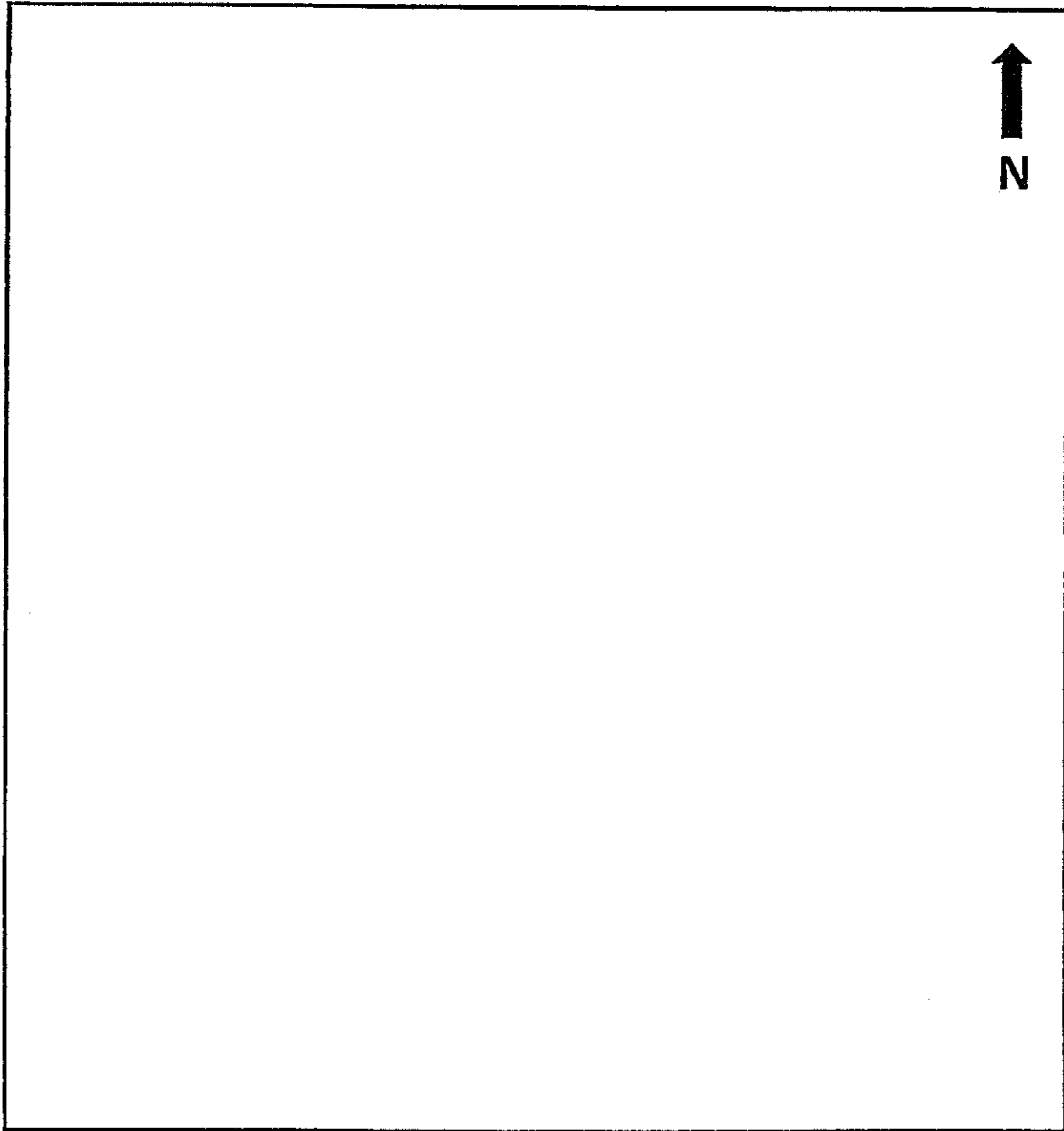
25 CFR 265 and 25 U.S.C. 13 authorize the collection of this information. This information is covered by the system of record notice "Indian Housing Improvement Program, Interior, BIA-10." The primary use of this information is to determine eligibility for assistance under the Housing Improvement Program. The records contained therein may only be disclosed in accordance with the routine uses and may not otherwise be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the record pertains. If the BIA uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application.

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select eligible families or individuals to participate in the Housing Improvement Program. Response to this request is required to obtain a benefit in accordance with 25 CFR 256. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. This information will be used to determine the eligibility and the ranking of the applicant. Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240.

Date of this application: _____

Draw a map to the location of the housing unit to be renovated or built.
Indicate the name of the Chapter and the distance from the Chapter House.



Detailed directions to your house.



THE NAVAJO NATION

BUU NYGREN, PRESIDENT
RICHELLE MONTOYA, VICE-PRESIDENT

AUTHORIZATION FOR RELEASE OF INFORMATION

Use for Housing Assistance Application Process Only

I, (We), _____, hereby authorize the Navajo Nation Housing Improvement Program, to obtain all necessary information for completion of my (our) application for housing assistance including information on my (our) interest in land, household income, and medical condition. I (We) understand and acknowledge this information will be used only in determining my (our) eligibility and extend of housing assistance through Housing Improvement Program Agency Offices or other housing project sources.

Applicant Signature

Date

Spouse's Signature

Date

Witness Signature (for thumbprint)

Date

AUTHORIZATION OF RELEASE
IIM/INDIVIDUAL INDIAN MONEY ACCOUNT
INFORMATION

I, _____, request that all information regarding my IIM/
INDIAN TRUST Account, be released to : HOUSING IMPROVEMENT PROGRAM, on my behalf.

I am authorizing this release to be in effect for a period of _____

(no longer than one year) from the date of my signature.

Account Holder Signature: _____

IIM Account Number / (Census No.): _____

Date: _____

WITNESS OF ACCOUNT HOLDER'S SIGNATURE:

(Please Note: The witness must be age 18 or older, and must sign immediately after the Account Holder signs the document. The dates must be identical.)

Witnessed by:

Signature of Witness

Print Name of Witness

Date

Name of Primary Applicant/Chapter: _____



INCOME INFORMATION CHECKLIST

This form is used for Housing Assistance Application Process Only

Name: _____

Chapter: _____

All household members over the age of 18 years old must complete and report income.

Check **YES** or **NO** in the box for every line listed below. Report all income and/or any type of assistance received and enter the monthly income amount. Provide any supporting documents.

INCOME (EARNED/UNEARNED) INFORMATION:	YES	NO	Monthly Income
Are you employed? (Working):			
Name of Employer:			
Regular <input type="checkbox"/> Part Tme <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/>			
Social Security Benefits (SSB)			
Supplemental Security Income (SSI)			
Retirement Pension			
Veteran Benefits			
Unemployment Benefits			
Annual Trust Income or Per Capita Payments			
TANF Program			
General/Cash Assistance			
Alimony Support			
Child Support			
Food Stamps NM <input type="checkbox"/> AZ <input type="checkbox"/>			
Self Employment: Written Statement of Estimated Amount			
Other Source of Income:			

NO INCOME, COMPLETE THE NO INCOME STATEMENT AND SIGN IN THE PRESENT OF A NOTARY

PUBLIC

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief and they are made in good faith.

 Signature

 Date



NAVAJO HOUSING IMPROVEMENT PROGRAM/ CHID

PO Box 527 Fort Defiance, Arizona 86504

NO INCOME STATEMENT

This form is used for Housing Assistance Application Process Only

Name: _____

Chapter: _____

Household member over the age of 18 years old must complete this form.

Provide a statement on how you support yourself if you have no income.

YOU MUST SIGN THE FORM IN PRESENT OF THE NOTARY PUBLIC

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief and they are made in good faith.

Signature

Date

NOTARY

Personally appeared before me and signed the foregoing instrument and I acknowledged that he/she signed the name.

State of: _____

County of: _____

On this _____ day of _____

State of: _____

My Commission Expires: _____



FEDERAL INCOME TAX INFORMATION

This form is used for Housing Assistance Application Process Only

Name: _____

Chapter: _____

Household member over the age of 18 years old must complete this form.

- 1 Check this box, if you filed a Federal Income Tax Return?
If yes, provide copies of the current 1040 tax return and W-2's statements.
- 2 Check this box, if you **did not** file a Federal Income Tax Return. Explain below, why you did not file a Federal Tax return.
- 3 Check this box, if you work or self-employed but you **did not** file a Federal Income Tax Return? Explain below, why you didn't file? If yes, you must report your income.

This portion must be complete. Explain why you didn't file a Federal Income Tax Return.

YOU MUST SIGN THE FORM IN PRESENT OF THE NOTARY PUBLIC IF YOU CHECKED NUMBER 2 OR 3.

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief and they are made in good faith.

Signature

Date

NOTARY

Personally appeared before me and signed the foregoing instrument and I acknowledged that he/she signed the name.

State of: _____

County of: _____

On this _____ day of _____

NOTARY PUBLIC Signature
State of: _____

Printed Name of Notary Public
My Commission Expires: _____



THE NAVAJO NATION

BUU NYGREN, PRESIDENT
RICHELLE MONTOYA, VICE-PRESIDENT

VERIFICATION OF EMPLOYMENT

Name: _____ Date: _____

Mailing Address: _____

The Navajo Nation Housing Improvement Program (HIP) is requesting for employment and salary verification for the above individual. This form is used to complete the housing application process and to determining eligibility for housing assistance. The information obtained will be kept confidential. Your assistance and cooperation are appreciated. Thank you.

THIS SECTION MUST BE COMPLETED AND SIGN BY EMPLOYER

Applicant's Name: _____ Position Title: _____

Mailing Address: _____

Employment Date(s): From: _____ To: _____

Permanent Temporary Seasonal Part-time

How often paid: Weekly Bi-Weekly Bi-Monthly Monthly

Hours per week: _____ Hourly Pay Rate: _____ Annual Gross Salary: _____

Print Name: _____ Signature: _____

Title: _____ Date: _____

Company Name: _____

Mailing Address: _____

Phone No: _____ Fax No: _____



THE NAVAJO NATION

BUU NYGREN, PRESIDENT
RICHELLE MONTOYA, VICE-PRESIDENT

HOUSING IMPROVEMENT PROGRAM (HIP) Housing Assistance Verification

Applicant's Name: _____ Census No: _____

Spouse's Name: _____ Census No: _____

Mailing Address: _____

The named individual(s) applied for the housing assistance with the Navajo Nation Housing Improvement Program (HIP). The program is requesting for assistance in completing the verification form to be used to determine the applicant's eligibility in accordance in HIP Federal Regulations. Any information is provided will be held in strict confidential and used only for completion of the housing assistance application process.

THIS FORM IS TO BE COMPLETED BY THE NAVAJO HOUSING AUTHORITY (NHA)

Has the above-named applicant(s) applied for the Navajo Housing Authority public rental, Mutual Help Housing and Homeownership programs?

_____ Yes, application on file. Date of Application: _____

_____ Yes, Applicant resides in NHA, Housing (Type of Housing)

_____ Public Rental _____ Mutual Help Housing _____ Homeownership

_____ Homeownership Paid Off Date: _____

_____ Denied _____ Ineligible _____ Moved Out Date: _____

_____ Never applied with NHA.

Print Name: _____ Signature: _____

Title: _____ Date: _____

Address: _____ Telephone No.: _____

NAVAJO NATION

275

12/28/2023

Naa'bik'iyati' Committee Regular Meeting

02:28:54 PM

Amd# to Amd#	New Business: Item B. (MAIN)	PASSED
MOT Crotty, A	#0257-23	
SEC Tolth, G	(Modified)	

Yeas : 18

Nays : 0

Excused : 3

Not Voting : 2

Yea : 18

Aseret, L	Crotty, A	Nez, R	Slater, C
Begay, H	Damon, S	Notah, N	Tolth, G
Begay, N	James, V	Simonson, G	Yanito, C
Charles-Newton, E	Johnson, C	Simpson, D	Yazzie, C
Claw, S	Nez, A		

Nay : 0

Excused : 3

Tso, O	Daniels, H	Jesus, B
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Not Voting : 2

Arviso, S	Parrish, S
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Presiding Speaker: Curley, C



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

Company	*New Business Unit	Description	*Facility/Job Site#
8059	K2115477	US TREASURY – ANETH CHAPTER WATER PURIFICATION FACILITY PROJECT	55261
ENTERED BY (Step A to F) :		EXPLANATION/REFERENCE NO:	DATE:
Andrea Boyd AB 1/25/24		(1) New Business Unit	1/24/2024

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 th 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		
SET-UP VERIFIED BY:			DATE:	COMMENTS/ACTION:
[Signature]			1/25/24	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