THE NAVAIO NATION

JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE PRESIDENT



MEMORANDUM

TO: Navajo Nation Chapters

Navajo Nation Lead Agents/Entities

FROM:

James Adakai, Department Manager II

Capital Projects Management Department/DCD

DATE: October 3, 2019

SUBJECT: Change Form - Sihasin Project Amendment Certification

Pursuant to NNC Resolution No. CAP-35-18 and Division of Community Development ("DCD") Master Plan of Operation - Part V; Section A.3, Capital Projects Management Department/DCD hereby issues a revised Change Form for the planning and implementation of Sihasin projects.

The purpose of the revised form is to ensure the proper and timely implementation of Sihasin projects. This one-page form is simplified and is more efficient. The certification letter is no longer necessary and the certification for the project to be deemed construction-ready is included in the form.

If there are questions, please inquire at (928) 871-6211.

CONCURRENCE:

Dr. Pearl Yellowman, Executive Director Division of Community Development

XC: CPMD files

CAPITAL PROJECTS MANAGEMENT DEPARTMENT

SIHASIN PROJECT AMENDMENT CERTIFICATION CAP-35-18

I. PROJECT DI	ETAILS		DATE SUBMITTED:				
PROJECT NAME:			REFERENCE NUMBER:				
PROJECT TYPE:							
II. NATURE OI	F CHANGE AND COST DETAILS						
			FUNDING				
EXHIBIT & PROJECT NO.	PROJECT DESCRIPTION	YEAR 1	YEAR 2	YEAR 3	TOTAL FUNDING	AMOUNT ADDED OR DELETED	
	ТОТА	L: INCREASED	/[] DECREASI	LED FUNDING:			
Acknowledgemen	nt of Project Amendment: PRINTED NAME		SIGNATURE			DATE	
Navajo Nation Co	uncil Delegate						
CPMD has review 1. The total amount 2. Each added pro 3. After the project	OR AMENDMENT Teed the CAP-35-18 Project Change Form and concurs that: Int of funding for the added projects equals the total amou object has a completed Project Check-Off List signed off by Its have been added and deleted, the total CAP-35-18 fund Its legislation "EXHIBIT D" Funding Use/Year.	nt of funding for the CPMD and attached	to this Form; and	xceed \$4,166,666	5.67.		
IV. AFTER RE	VIEW, CPMD CONSIDERS AND CERTIFIES TH	IE PROJECT TO E	BE DEEMED CO	ONSTRUCTIO	N-READY.		
	PRINTED NAME		SIGNATURE				
CMPD Project Ma	nnager —————						
CPMD Departmen	nt Manager —————						