The Hopi Tribe

COVID-19 FRF PROJECT INITIAL APPLICATION

This Initial Application is provided to Tribal departments or other Tribal entities seeking federal financial assistance through the Hopi Tribe State and Local Fiscal Recovery Fund ("FRF") Project Program. The assistance is being offered to entities that are tasked to undertake infrastructure development or other projects due to COVID-19 and its effects on the community. Complete the Application and submit to the Hopi Tribe Pandemic Recovery Committee ("HTPRC") at RPovatah@hopi.nsn.us. Applications will be accepted beginning **March 1st, 2023** and will continue to be accepted and reviewed on a rolling basis to address ongoing or evolving needs.

Departments and Tribal entities will only be awarded funds for expenditures that were incurred on or after March 3, 2021, will be incurred on or before December 31, 2024 and fall into the following broad categories:

1. Invest in water, sewer, and broadband infrastructure, making necessary investments to improve access to clean drinking water, support vital wastewater and stormwater infrastructure, and to expand access to broadband internet;

2. Address negative economic impacts caused by the public health emergency, including economic harms to workers, households, small businesses, impacted industries, and the public sector (not including direct cash assistance to households);

3. Support public health expenditures, by funding COVID-19 mitigation efforts, medical expenses, behavioral healthcare, and certain public health and safety staff.

HTPRC has designated a subcommittee to review the initial application and provide recommendations to the Committee. HTPRC will make an initial determination and provide guidance to applicants regarding next steps. Requests for infrastructure projects will be closely scrutinized to ensure that they can feasibly be executed within the funding time frame. HTPRC anticipates providing technical assistance to facilitate successful applications for projects that are designed to provide lasting benefits to the Hopi people.

1. Basic Information

Name of Tribal Department/Entity: _____

Street Address: _____ EIN#: _____

City/State/Zip Code: _____ UEI#: _____

Note that all subrecipients and contractors are required to have a Unique Entity ID (UEI) number issued by SAM.gov.

2. Entity Leadership (if applicable)

Position	Name	Contact Phone	Contact Email
Board Chair			
Board Vice Chair			
Board Treasurer			
Board Secretary			
Director/CEO/CSA			
Business Manager/CFO			

3. Project Information:

A. Narrative Project Description(s): How does the project address COVID-19 Recovery?

B. Implementation Plan: Persons Responsible > Beginning Date > Estimated Completion %'s as of June 30, 2023 and each quarter thereafter > Completion Date

C. Required Clearances: Identify the status of all clearances (e.g., rights of way) that are required for project commencement.

D. Key Partnerships & Collaborators

E. Other Funding Sources (with a comparative budget including a column of other sources for each awarding entity)

F. Estimated Budget & Budget Narrative: identify program spending category for each item.

G. Cost Reimbursement: If cost reimbursement is requested concurrent with this application, attach any receipts with justifications for COVID-19-related expenditures incurred to date.

H. Type(s) of Assistance Requested:

☐ Cost Reimbursement

☐ Direct Payments by Tribe

☐ Funds Transfer for Entity to Administer

ANY FUNDS RECEIVED UNDER THE HOPI TRIBE FRF PROJECT PROGRAM MAY NOT BE CLAIMED FROM BOTH THE FRF PROJECT PROGRAM AND OTHER FUNDING SOURCES.

4. <u>Additional Required Information:</u>

o Attach the Articles of Organization or similar formation document(s) to the application (if applicable).
o Attach the completed and signed Subrecipient Monitoring Form.

I _____ hereby certify that the above information is true and correct and, if requested by The Hopi Tribe, can provide documentation in support of this information.

_____   _____

Name and Signature   Date

_____

Title

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For Committee Use Only

Date Received: ___/___/___   Date Processed: ___/___/___

Processed By: _____

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