

RESOLUTION OF THE
NAABIK'ÍYÁTI' COMMITTEE OF THE
NAVAJO NATION COUNCIL

23rd NAVAJO NATION COUNCIL -- THIRD YEAR, 2017

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND NAABIK'ÍYÁTI' COMMITTEES; CONCURRING WITH THE NAVAJO NATION PRESIDENT TO ACCEPT A GIFT TO THE NAVAJO NATION VETERANS ADMINISTRATION; AND DIRECTING THE NAVAJO NATION VETERANS ADMINISTRATION TO RECORD THE VEHICLE GIFT WITH THE ETHICS AND RULES OFFICE

BE IT ENACTED:

SECTION ONE. AUTHORITY

- A. The Health, Education and Human Services Committee is a standing committee of the Navajo Nation Council with oversight over veterans. 2 N.N.C. §§164(A)(9), 400(A) and 401(C)(6) (2015); See also CO-45-12.
- B. The Navajo Nation Council gave the Navajo Nation President authorization to accept or decline property gifts to the Navajo Nation with the concurrence of the Naabik'iyáti Committee. 2 N.N.C. §1010 (2009); See also CO-45-12.

SECTION TWO. FINDINGS

- A. The Wounded Warriors Family Support (WWFS) donated a 2016 Ford 4x4 Explorer to the Navajo Nation Veterans Administration for the purposes of transporting Veterans to their VA medical appointments located at various locations in Arizona. WWFS letter is attached as **Exhibit A**.
- B. The WWFS will pay the full price of the vehicle and the Navajo Nation will pay the local taxes and license fees, approximately \$610.34.
- C. The Navajo Nation will also be responsible for the following expenses: (1) titling of the vehicle; (2) insurance; (3) vehicle maintenance; and (4) fuel cost.
- D. The Navajo Nation President has accepted the WWFS gift to the Navajo Nation Veterans Administration on May 26, 2017. Letter to WWFS is attached as **Exhibit B**.
- E. Accepting the vehicle gift for the Navajo Nation Veterans Administration is in the best interest of the Navajo Nation.

SECTION THREE. ACCEPTANCE

- A. The Naabik'iyáti' Committee hereby concurs with the Navajo Nation President's acceptance of a vehicle gift, more particularly described in **Exhibit A**.
- B. The Navajo Nation hereby directs the Navajo Nation Veterans Administration to record the receipt of a vehicle gift with the Ethics and Rules Office, pursuant to 2 N.N.C. §1012 (2009).
- C. Pursuant to 2 N.N.C. §1010, all gifts to the Navajo Nation shall be and remain the property of the Navajo Nation.

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Naabik'iyáti' Committee of the 23rd 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 11 in favor and 00 oppose, this 13th day of July, 2017.



Honorable LoRenzo C. Bates, Chairperson
Naabik'iyáti' Committee

Motion: Honorable Steven Begay
Second: Honorable Jonathan Perry

Chairperson not voting

**Pursuant to 2 N.N.C. §700 (D), Two members from each committee*

3

23rd Navajo Nation Council
Naabik'iyati' Committee

Date: July 13, 2017

Legislation No. 0214-17

Motion: Steven Begay

Second: Jonathan Perry

ALL DELEGATES:

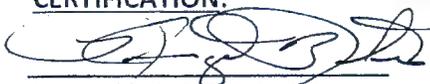
	Yea	Nay
BATES, LoRenzo C.		
BEGAY, Kee Allen Jr.		
BEGAY, Norman M.		
BEGAY, Steven		
BEGAYE, Nelson		
BENNETT, Benjamin L.		
BROWN, Nathaniel		
CHEE, Tom T.		
CROTTY, Amber K.		
DAMON, Seth		
DANIELS, Herman		
FILFRED, Davis		
HALE, Jonathan L.		
JACK, Lee Sr.		
PERRY, Jonathan		
PETE, Leonard H.		
PHELPS, Walter		
SHEPHERD, Alton Joe		
SLIM, Tuchoney Jr.		
SMITH, Raymond Jr.		
TSO, Otto		
TSOSIE, Leonard		
WITHERSPOON, Dwight		
YAZZIE, Edmund		

BY COMMITTEE:

	Yea	Nay	TOTAL
BFG:			
CHEE, Tom T.			
DAMON, Seth	✓		
JACK, Lee Sr.			
SLIM, Tuchoney Jr.	✓		
WITHERSPOON, Dwight	✓		
TSOSIE, Leonard	✓		4
HEHSC:			
BEGAY, Norman M.			
BEGAY, Steven	✓		
BEGAYE, Nelson	✓		
BROWN, Nathaniel			
CROTTY, Amber K.			
HALE, Jonathan L.	✓		3
LOG:			
BEGAY, Kee Allen Jr.			
DANIELS, Herman			
SMITH, Raymond Jr.	✓		
TSO, Otto	✓		
YAZZIE, Edmund			2
RDC:			
BENNETT, Benjamin L.			
FILFRED, Davis			
PERRY, Jonathan	✓		
PETE, Leonard H.			
PHELPS, Walter	✓		
SHEPHERD, Alton Joe			2
SPEAKER:			
BATES, LoRenzo C.			
(Votes only in a tie)			11

GRAND TOTAL

CERTIFICATION:



Honorable LoRenzo C. Bates
Speaker

11 0



Wounded Warriors Family Support
920 S. 107th Ave.
Suite 250
Omaha, NE 68114

May 2, 2016

Dear Mr. Pete,

Mr. Edsel Pete, Department of Navajo Veterans Affairs, Division of Human Resources, requested a vehicle from the *Wounded Warriors Family Support (WWFS)* organization, to transport Veterans to their VA medical appointments located at various locations in Arizona.

Based on Mr. Pete's vehicle requirements to suit the rural roads on the Navajo Reservation, we are proud to donate a 2016 Ford 4 x 4 Explorer to the Navajo Tribe. The *WWFS* will pay the full price of the vehicle. The cost to the Navajo Tribe will be local taxes and license fees; which approximately will be \$554.89 for local taxes and \$55.45 for license fees.

In addition, the Navajo Tribe will be responsible for the following expenses after the vehicle is delivered:

1. Titling of vehicle.
2. Insurance.
3. Vehicle Maintenance.
4. Fuel costs.

We request name and address of how you want the donated vehicle titled and approximate pick-up date. Berge Ford, the vendor we have selected, will hold it until the Navajo Tribe is ready to take delivery of vehicle. We understand the Navajo Tribe does have a procurement process and we will work closely with you to ensure the transaction is conducted smoothly.

WWFS is a national organization that supports and advocates for our nation's Veterans wounded warriors. This donation is just one of many vehicles we have donated nationwide to other tribal veteran-related program. If any questions or concerns should arise pertaining to this matter, I may be reach via my cell phone at (760) 405-7777 or by e-mail at martin.duarte@wwfs.org.

Sincerely,

Martin Duarte

Martin Duarte
Assistant, Programs Outreach Coordinator

Best Regards

Martin Duarte

MGySgt, USMC (Retired)

Wounded Warriors Family Support

920 S. 107th. AVE Suite 250

Omaha, NE 68114

Office (402) 502-7557

Direct (760) 405-7777

FAX: (210) 560-2256

Home: (210)994-6340

E-mail: martin.duarte@wwfs.org

www.woundedwarriorsfamilysupport.or



THE NAVAJO NATION

RUSSELL BEGAYE
JONATHAN NEZ VICE



May 26, 2017

Mr. Martin Duarte
Wounded Warriors Family Support
920 S. 107th Ave.
Suite 250
Omaha, NE. 68114

RE: Donation 4X4 Ford Explorer

Dear Mr. Duarte,

We are grateful to you and your organization for your generous donation to our Navajo Nation Veterans Administration.

The Navajo Nation Veterans Administration travel many miles to assist our Veterans across our vast Nation numerous times a day. Your donation will support out staff in travelling to more areas to assist our Veterans with benefits, claims and other important information.

Pursuant to 2 N.N.C. 1010, gifts or donations of \$1,000 or more are accepted by the President of the Navajo Nation with concurrence of the Navajo Nation Council's Naabik'iyáti' Committee. As such, we will take the steps necessary to comply with the law and make the donation available for the Summer 2017 term.

Again, thank you for your generous donation. I look forward to making a formal announcement upon official acceptance of the gift.

Sincerely,

THE NAVAJO NATION

A handwritten signature in black ink, appearing to read "Russell Begaye".

Russell Begaye, *President*

Cc: Arbin Mitchell, Chief of Staff
Hubert Smith, Acting Executive Director

EXECUTIVE OFFICIAL REVIEW

Title of Document: WOUNDED WARRIOR FAMILY SUPPORT DONATION

Contact Name: SMITH, HUBERT

Program/Division: EXECUTIVE OFFICES (OP/VP)

Email: _____

Phone Number: 928-871-6958

Business Site Lease Sufficient Insufficient

- 1. Division: _____ Date: _____
- 2. Office of the Controller: _____ Date: _____
(only if Procurement Clearance is not issued within 30 days of the initiation of the E.O. review)
- 3. Office of the Attorney General: _____ Date: _____

Business and Industrial Development Financing, Veteran Loans, (i.e. Loan, Loan Guarantee and Investment) or Delegation of Approving and/or Management Authority of Leasing transactions

- 1. Division: _____ Date: _____
- 2. Office of the Attorney General: _____ Date: _____

Fund Management Plan, Expenditure Plans, Carry Over Requests, Budget Modifications

- 1. Office of Management and Budget: _____ Date: _____
- 2. Office of the Controller: _____ Date: _____
- 3. Office of the Attorney General: _____ Date: _____

Navajo Housing Authority Request for Release of Funds

- 1. NNEPA: _____ Date: _____
- 2. Office of the Attorney General: _____ Date: _____

Lease Purchase Agreements

- 1. Office of the Controller: _____ Date: _____
(recommendation only)
- 2. Office of the Attorney General: _____ Date: _____

Grant Applications

- 1. Office of Management and Budget: _____ Date: _____
- 2. Office of the Controller: _____ Date: _____
- 3. Office of the Attorney General: _____ Date: _____

Five Management Plan of the Local Governance Act, Delegation of an Approving Authority from a Standing Committee, Local Ordinances (Local Government Units), or Plans of Operation/Division Policies Requiring Committee Approval

- 1. Division: _____ Date: _____
- 2. Office of the Attorney General: _____ Date: _____

Relinquishment of Navajo Membership

- 1. Land Department: _____ Date: _____
- 2. Elections: _____ Date: _____
- 3. Office of the Attorney General: _____ Date: _____

		Sufficient		Insufficient	
<input type="checkbox"/>	Land Withdrawal or Relinquishment for Commercial Purposes				
1.	Division: _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Office of the Attorney General: _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Land Withdrawals for Non-Commercial Purposes, General Land Leases and Resource Leases				
1.	NLD _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
2.	F&W _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
3.	HPD _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Minerals _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
5.	NNEPA _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
6.	DNR _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
7.	DOJ _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Rights of Way				
1.	NLD _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
2.	F&W _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
3.	HPD _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Minerals _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
5.	NNEPA _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Office of the Attorney General: _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
7.	OPVP _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Oil and Gas Prospecting Permits, Drilling and Exploration Permits, Mining Permit, Mining Lease				
1.	Minerals _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
2.	OPVP _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
3.	NLD _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Assignment of Mineral Lease				
1.	Minerals _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
2.	DNR _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
3.	DOJ _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	ROW (where there has been no delegation of authority to the Navajo Land Department to grant the Nation's consent to a ROW)				
1.	NLD _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
2.	F&W _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
3.	HPD _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Minerals _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
5.	NNEPA _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
6.	DNR _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
7.	DOJ _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
8.	OPVP _____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	OTHER:				
1.	Division: <u>Division</u> _____	Date: <u>5/18/17</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.	<u>OAC</u> _____	Date: <u>5/19/17</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
4.	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
5.	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	



NAVAJO NATION DEPARTMENT OF JUSTICE

DOCUMENT REVIEW REQUEST FORM



5/18/17 DOJ 3:30 pm DATE / TIME 7 Day Deadline DOC #: 007972 SAS #: H56U UNIT:

RESUBMITTAL

FOR NNDOJ USE ONLY - DO NOT CHANGE OR REVISE FORM. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED.

CLIENT TO COMPLETE

DATE OF REQUEST: May 18, 2017 ENTITY/DIVISION: OPVP CONTACT NAME: Hubert Smith DEPARTMENT: Veterans Administration PHONE NUMBER: 505 928-871-6413 E-MAIL: hsmith@navajo-nsn.gov

TITLE OF DOCUMENT: Executive Official Review: Donation from Wounded Warrior Family Support

DOJ SECRETARY TO COMPLETE

DATE/TIME IN UNIT: 5/18 @ 5:04 REVIEWING ATTORNEY/ADVOCATE: CDE

DATE/TIME OUT OF UNIT: 5/19/17 @ 2 p.m.

DOJ ATTORNEY / ADVOCATE COMMENTS

legally sufficient with recommended charges

REVIEWED BY: (PRINT) Cherie Espinosa DATE / TIME 5/18/17 10:53am SUBMITTED BY: (PRINT) Kandis Martinez DATE / TIME 5/19/17 10:53am

DOJ Secretary Called: Evangelina for Document Pick Up on 5/19/17 at 2pm By: cb

PICKED UP BY: (PRINT) DATE / TIME:

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line, do not leave this line blank. Wounded Warriors Family Support	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) 920 S 107th Avenue, Suite 250	
	6 City, state, and ZIP code Omaha, NE 68114	
	7 List account number(s) here (optional)	
	Requester's name and address (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 security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number													
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-	-	-	-										
or													
Employer identification number													
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2	0	-	1										
4	0	7	5										
2	0	-	-										

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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 as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 failed 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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 11/3/17
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- 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-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.