

**NAVAJO AML RECLAMATION PROGRAM
PROPOSAL COVER SHEET
Public Facility Projects**

Applicant: _____ Date: _____

Address: _____

Contact Person: _____

e-mail Address: _____

Phone Number: _____ Facsimile Number: _____

Project Name and Description: _____

Funding Source	Amount Requested	Category / Type of Assistance-
<input type="checkbox"/> <u>AML Fund Requested</u>	_____	_____
<input type="checkbox"/> Indian Health Services	_____	_____
<input type="checkbox"/> Navajo Tribal Utility Authority	_____	_____
<input type="checkbox"/> Other Federal Agency	_____	_____
<input type="checkbox"/> State	_____	_____
<input type="checkbox"/> County	_____	_____
<input type="checkbox"/> <u>In-Kind match (Chapters)</u>	_____	_____
<u>*Navajo Nation Funds</u>	_____	_____
TOTAL:	_____	_____

*List other Match Sources individually and provide requested amount and status for each source:

Funding Source	Amount	Status: Approved or Pending
_____	_____	_____
_____	_____	_____
_____	_____	_____