

**Navajo Nation Veterans Administration  
Office of President and Vice President  
Policies for  
Financial Assistance from the Navajo Nation Veterans Trust Fund**

**I. Authorities**

Pursuant to its Plan of Operation, the Navajo Nation Veterans Administration, (hereinafter "NNVA") may provide financial assistance funded by the Navajo Nation Veterans Trust Fund (hereinafter "Veterans Trust Fund").

Pursuant to 12 N.N.C § 1176(B), NNVA may provide assistance to individual Navajo veterans or other eligible individuals, see Section IV, and grants to Chapter Veterans Organizations (hereinafter "CVO") from the Veterans Trust Fund based on a formula as may be designated by NNVA.

All financial assistance and grants from the Veterans Trust Fund are contingent on the availability of funds.

**II. Background**

The Navajo Nation Council established the Veterans Trust Fund pursuant to Resolution CJY-46-98 with an initial appropriation of \$6.0 million. The intention was that the fund income/interest would be available for expenditure beginning October 1, 2003 or Fiscal Year 2004. The Navajo Nation Council approved the initial appropriation from the Veterans Trust Fund in September 2003.

Resolution CN-55-06 amended the Veterans Trust Fund by authorizing an annual transfer of 4% of all projected revenues of the Navajo Nation to the Veterans Trust Fund. 12 N.N.C. § 1176(c) provides that 95% of the 4% shall be used for veterans services and programs and 5% shall be used for administering the Veteran Trust Fund.

**III. Purpose**

The Veterans Trust Fund will provide funds for veterans programs, projects, services and activities which include but are not limited to program/project development, community/economic development, housing, training and employment opportunities,

leveraging or matching funds for exemplary projects, protection and advocacy services, benefits-related services, education and scholarship, and survivor's benefits for surviving spouses of deceased veterans.

#### **IV. Eligibility Criteria**

Assistance will be provided, upon approval, for a Navajo veteran, a surviving spouse of a deceased Navajo Veteran or a Gold Star mother. Grants will be approved for CVOs in accordance with each CVO's Veterans Trust Fund budget. Navajo veterans or other eligible individuals and CVOs must meet the following eligibility criteria:

- A. Must be a Navajo veteran whose character of discharge is other than dishonorable and must submit a copy of a DD-214 or Discharge Certificate.
- B. Must be enrolled member of the Navajo Nation.
- C. Is a surviving spouse of a Navajo veteran and must be submit a copy of the Navajo veteran's death certificate and a DD-214.
- D. Is a Gold Star mother and must submit a copy of a U.S. Department of Defense official notification that her son or daughter was killed in action or a death certificate.
- E. Is a duly organized CVO with duly elected or appointed CVO officers.
- F. NNVA employees who are Navajo veterans are not eligible to receive assistance from the Veterans Trust Fund. (Any NNVA employee who is a Navajo veteran may request assistance from the Navajo Nation Employee Assistance Program or other appropriate programs.)

#### **V. Allowable Expenditures**

The following specific types of needs, services and activities may be approved for assistance or grants. Assistance goes to individuals and grants are for CVOs.

- A. Assistance for Navajo Veterans, surviving spouses or Gold Star Mothers:
  - 1. Emergency assistance for food, vehicle fuel and utilities to cover costs for one month not to exceed \$300 (three hundred dollars) per assistance. This

assistance is limited to two times per fiscal year per individual requesting such assistance.

2. Emergency assistance for heating costs including firewood, pellets, coal, and propane not to exceed \$300 (three hundred dollars) per assistance. This assistance is limited to two times per fiscal year per individual requesting such assistance.
3. Home improvement costs for items such as lumber, windows, doors, insulation, paint, brushes, rollers, nails, doorknobs, septic tank clean-out, and chimney pipes not to exceed \$700 (seven hundred dollars). This assistance is limited to one timer per fiscal year per individual requesting such assistance.

**B. Assistance for Navajo veterans only:**

1. Vehicle fuel costs, meals and lodging directly related to traveling to veterans hospitals or treatments and appointments but not to exceed \$150 (one hundred fifty dollars) in a fiscal year. *See Section VI(F) relating to when an expedited procedure may be used.*
2. Educational expenses limited to items such as books, course fees, and supplies not to exceed \$250 (two hundred fifty dollars) per fiscal year.
3. Travel expenses not to exceed \$75 (seventy five dollars) for individual Navajo veterans to attend workshops and conferences up to the amount allocated in the annual CVO budget.

**C. Grants for CVOs and Agency Veterans Organizations only:**

1. Chapter Veterans Organizations and Agency Veterans Organizations may apply for a financial grant from the Navajo Veterans Trust Fund provided the following eligibility criteria are met:
  - a. The CVO has an approved resolution from the chapter stating the creation of the CVO as a sub-committee of that chapter. This resolution may back-date the establishment of the CVO to the date it was originally established.
  - b. The CVO has an approved Plan of Operation that follows the laws, rules, and policies of the Navajo Nation.

- c. The CVO has a proper resolution clearly stating the purpose, amount, and approval by the CVO for the grant request.
  - d. Agency Veterans Organizations must have a Plan of Operation approved by the member CVOs that does not exceed the authority of an Agency Veterans Organization, nor any applicable laws, rules, or policies of the Navajo Nation.
  - e. The AVO has a proper resolution stating the purpose, amount, and approval by the member CVOs for the grant request.
2. Each organization shall complete a grant application, to include appropriate resolutions, for consideration. Grant proposals will be reviewed by members of the Veterans Advisory Council for recommendation prior to final approval or denial by the NNVA Executive Director. Grant applications may be for any need identified by the CVO or Agency to include, but not limited to the following:
  - a. Award plaques and certificates
  - b. Office supplies for a CVO
  - c. Food, paper ware, table cloths, decorations, and other similar items used for CVO meetings and holiday dinners.
  - d. Stipends up to \$75 (seventy five dollars) per meeting may be paid to each officer of a CVO for no more than 12 veterans meeting per fiscal year. The maximum number of officers to be compensated is three per CVO. (A blanket resolution at the beginning of the fiscal year will be sufficient to cover all officers for the duration of the fiscal year.)
  - e. Stipend up to \$150 per Agency meeting may be paid to each Commander up to the amount allocated in the annual CVO budget.
  - f. Stipends up to \$200 (two hundred dollars) to assist a CVO upon its request to carry out welcome home activities and Memorial Day and Veterans Day activities contingent on the availability of funds.
  - g. Fuel costs to transport Navajo veterans in 501-C3 sponsored vans for medical appointments at veterans hospitals contingent on availability of funds.
  - h. Matching costs for capital projects and improvements.
  - i. Equipment, food or material to be used to aid ALL veterans within the respective chapter or agency.
  - j. Reimbursement expenses to Chapters for the cost of veterans-related CVO events,

up to the cost incurred by the chapter on behalf of the CVO, provided that the expense is properly recorded in the CVO meeting minutes, and based on the availability of funds allocated in the CVO budget.

**VI. Amendments**

These Policies and Procedures may be amended upon the recommendation of the NNVA, and upon review and approval of the President of the Navajo Nation or delegated authority within the Office of the President and Vice President.

**CERTIFICATION**

Recommended and approved by the Navajo Veterans Advisory Council on October 6, 2020 in Resolution No. 16-20 and pursuant to Navajo Resolution No. 16-20 I accept and certify the recommended policy.

BY:   
Navajo Nation President

DATE: 01-27-2021



# NAVAJO NATION VETERANS ADMINISTRATION FINANCIAL ASSISTANCE REQUEST FORM



Chapter: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Requestor: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ e-mail: \_\_\_\_\_

### TYPE OF ASSISTANCE

8060			8065			3810		
Food	\$		Firewood/Coal	\$		CVO Stipend	\$	
Vehicle Fuel	\$		Wood Pellets	\$		<b>6930</b>		
VA Medical Appointment	\$		Propane	\$		Honor Guard Detail	\$	
Education	\$		Utility Bill	\$		Color Guard Detail	\$	
Conference/Workshop	\$		<b>8055</b>					
<b>8515</b>			Burial Assistance	\$		<b>TOTAL AMOUNT</b>		\$
Self Help Materials	\$					<b>REQUESTED</b>		\$

*\*By signing, I affirm that the financial assistance, upon receipt, shall only be used for the purpose or purposes for which it is requested, and in accordance with the financial assistance policies.\**

\_\_\_\_\_  
**REQUESTOR'S SIGNATURE**

PLEASE CHECK ONE		
<input type="checkbox"/> Veteran	<input type="checkbox"/> Surviving Spouse	<input type="checkbox"/> Gold Star Mother

FOR OFFICIAL USE ONLY						Business Unit (BU#)		
Eligibility Verified?	YES	NO	Init:	Date:				Company (C#)
Funds Available?	YES	NO	Init:	Date:	\$ Amount:			Batch (B#)
Address Book (AB#)			Init:	Date:			Document (D#)	
<b>ENTERED</b>	(Account Maintenance Specialist's signature)					Date:	<b>APPROVED</b>	
<b>REVIEWED</b>	(Veteran Service Officer's signature)					Date:	<b>DISAPPROVED</b>	
Reason for DISAPPROVAL:								

NAVAJO NATION VETERANS ADMINISTRATION  
CHINLE AGENCY  
VETERAN REGISTRATION FORM FY 2022

Chapter: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Census #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone#: \_\_\_\_\_ Msg. Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_ Phone #: \_\_\_\_\_

SPOUSE: \_\_\_\_\_  
Last Name First Name Middle Name

SPOUSE DOB: \_\_\_\_\_ SPOUSE Census #: \_\_\_\_\_

<b>Branch:</b> Army	Navy	Marine Corps
Army National Guard	Air Force	Coast Guard
<b>Dates of Service:</b> _____		

**OFFICIAL NNVA USE ONLY**

DD214: \_\_\_\_\_ DL/ID: \_\_\_\_\_ SS Card: \_\_\_\_\_ CIB: \_\_\_\_\_ MARRIAGE LICENSE / DIVORCE DECREE: \_\_\_\_\_

Intake Completed by:	Date:
Quality Review by:	Date:

NAVAJO NATION VETERANS ADMINISTRATION  
CHINLE AGENCY  
VETERAN REGISTRATION FORM FY 2022

**PLEASE PROVIDE A MAP TO YOUR RESIDENCE**

Physical Address: \_\_\_\_\_



# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC      <input type="checkbox"/> C Corporation      <input type="checkbox"/> S Corporation      <input type="checkbox"/> Partnership      <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	Requester's name and address (optional)
	<p><b>6</b> City, state, and ZIP code</p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

**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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>or</b>					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 90%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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**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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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**General Instructions**

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**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-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, later.*