



THE NAVAJO NATION
 Department of Diné Education
JOHNSON-O'MALLEY PROGRAM
 P.O. Box 1950
 Window Rock, Arizona 86515

Fax (928) 871-7464
 (928) 871-6678/7458

JOM PROPOSAL/APPLICATION

Check One: Subcontract Application Modification Budget Transfer

1. Subcontractor: _____

2. Address: _____

3. County: _____ 4. State: _____

5. Project Director: _____ 6. Telephone #: _____

7. Email: _____ 8. Fax #: _____

9. Project Starting Date: _____ 10. Ending Date: _____

11. Total Amount Requested: \$ _____ 12. Number of Students Served: _____

13. Tribal Affiliation(s): _____

14. _____ Date: _____
Superintendent/Executive Director

15. _____ Date: _____
President, Indian Education Committee

STATEMENT OF ASSURANCE:

_____ assures the Navajo Tribe that they shall provide supplemental services to meet the unique and specialized educational needs of eligible Johnson-O'Malley students, and shall comply with program requirements per 25 CFR § 273, other applicable state and federal statutes, and Navajo Nation policies and procedures.

JOHNSON-O'MALLEY PROPOSAL REVIEW

16. Signature: _____ Date: _____
Senior Education Specialist/Senior Accountant

17. Signature: _____ Date: _____
Program Manager, Johnson-O'Malley Program

18. Signature: _____ Date: _____
Superintendent, Department of Diné Education