

Entity Name
Scope of Work
Attachment "A"

Name of Tribal Entity / Organization:

Project Title:

Background Narrative:

Work Plan:

Budget:

Performance Measures:

Results Expected (Community Benefits):

Time Frame / Milestones:

Responsible Staff Names & Contact Information:

Attachments:

Attachment A

NEW MEXICO INDIAN AFFAIRS DEPARTMENT

_____ Tribal Infrastructure Fund _____ Capital Outlay

PROJECT BUDGET

DATE:		PROJECT #:	
NAME OF GRANTEE:			
CLASSIFICATION		OTHER FUNDS	TOTAL
Administrative Expenses		\$ -	\$ -
Engineer Fees			
Other Professional Service Fees-Identify			
Inspection Fees			
Property Acquisition			
Construction Cost (Attach Breakdown)			
Equipment (Purchase)			
Other Costs (specify Installation)			
Contingencies			\$ -
TOTAL:	\$ -	\$ -	\$ -
Identify Sources of Other Funds (Include matching requirements):			
Are the other funds committed? (Yes/No)		X Grantee Signatory Authority	
If not, when do you expect commitment?			
Project Contact Information:		Alternate Project Contact Information:	
Phone No:		Alternate Phone No:	