

### **NAVAJO NATION DEPARTMENT OF JUSTICE**

#### OFFICE OF THE ATTORNEY GENERAL

ETHEL B. BRANCH Attorney General HEATHER CLAH Deputy Attorney General

# DEPARTMENT OF JUSTICE INITIAL ELIGIBILITY DETERMINATION FOR NAVAJO NATION FISCAL RECOVERY FUNDS

RFS/HK Review #:	
Date & Time Received:	
Date & Time of Response:	
Entity Requesting FRF:	
Title of Project:	
Administrative Oversight:	
Amount of Funding Requested:	
<b>Eligibility Determination:</b>	
☐ FRF eligible	
☐ FRF ineligible	
☐ Additional information requested	
FRF Eligibility Category:	
$\square$ (1) Public Health and Economic Impact	☐ (2) Premium Pay
☐ (3) Government Services/Lost Revenue	☐ (4) Water, Sewer, Broadband Infrastructure
U.S. Department of Treasury Reporting Expe	enditure Category:

## **Procedures):** ☐ Expenditure Plan incomplete ☐ Missing Form ☐ Supporting documentation missing ☐ Funds will not be obligated by $\square$ Project will not be completed by 12/31/202612/31/2024 ☐ Ineligible purpose ☐ Incorrect Signatory ☐ Submitter failed to timely submit CARES reports ☐ Inconsistent with applicable NN or ☐ Additional information submitted is insufficient federal laws to make a proper determination Other Comments: Name of DOJ Reviewer: Signature of DOJ Reviewer:

Returned for the following reasons (Ineligibility Reasons/Paragraphs 5.E.(1)-(10) of FRF

#### **Disclaimers**:

If additional information has been requested and you wish to provide it, please resubmit all the required forms updated to include the additional information. Full resubmission will expedite the Initial Eligibility Determination process. Therefore, please include a new RFS form indicating resubmission, revised Appendix A, Budget Form 1, and other supporting documents. **Please email your resubmission to arpa@nndoj.org.** Please be aware that under Resolution BFS-31-21 a Project or Program can only be reviewed twice, therefore it is critical that you include all the requested additional information for your second submission.

An NNDOJ Initial Eligibility Determination is based on the documents provided, which NNDOJ will assume are true, correct, and complete. Should the Project or Program change in any material way after the initial determination, the requestor must seek the advice of NNDOJ. An initial determination is limited to review of the Project or Program as it relates to whether the Project or Program is a legally allowable use – it does not serve as an opinion as to whether or not the Project or Program should be funded, nor does it serve as an opinion as to whether or not the amount requested is reasonable or accurate.

## THE NAVAJO NATION FISCAL RECOVERY FUNDS **REQUEST FORM & EXPENDITURE PLAN**FOR **GOVERNANCE-CERTIFIED CHAPTERS**

### Part 1. Identification of parties.

Governance-Certified Charequesting FRF:	<sup>pter</sup> Toadlena/Two Grey Hills			Date prepared:06/14/23						
Chapter's	PO Box 7894	phone 8	k email:	EOE 700 0400						
mailing address:	Newcomb, NM 87455	•	e (if any):							
This Form prepared by:	Leonarda Eldridge	ph	one/email:	505-789-3100						
	Chapter Manager			leldridge@nnchapters.org						
	CONTACT PERSON'S name and title		·	CONTACT PERSON'S info						
Title and type of Project:	Toadlena/Two Grey Hills Cha	apter Sewe	er Lines & L	agoon Improvement						
Chapter President:	Kerby Johnson	_ phone & email:	505-406-4825	kjohnson@naataanii.org						
Chapter Vice-President:	Andrew Descheenie	_ phone & email:	505-787-9398	adeschenie@naataanii.org						
Chapter Secretary:	Lolita Spencer	_ phone & email:	505-486-6005 ls	pencer@navajochapters.org						
Chapter Treasurer:	Lolita Spencer	_ phone & email:	505-486-6005 ls	pencer@navajochapters.org						
Chapter Manager or CSC: _	Leonarda Eldridge			leldridge@nnchapters.org						
DCD/Chapter ASO:	Eliza-Beth Washburne	_ phone & email:	505-368-102	23 eliza-beth@nndcd.org						
List types of Subcontractors	List types of Subcontractors or Subrecipients that will be paid with FRF (if known):									
	\$950,000,00	· · · · · · · · · · · · · · · · · · ·	 07/01/2023	- 09/30/2026						
Amount of FRF requested:	\$950,000.00 FRF funding period:		ate Project starting and							
Part 2. Expenditure P	lan details.									
	s) and/or Project(s) to be funded, including how d needs will be addressed:	v the funds will be	used, for what pur	poses, the location(s) to be served,						
converting an aging serve the Toadlena moving to the surfac	struction of the Chapter Sewer Li systems to advanced septic sys Two Grey Hills Chapter facilities ce and into the groundwater. The 450 community members that v	tems with an . To prevent . Chapter Se	installation of untreated lag wer Lines & L	of new sewer lines to goon sewage from						
(h) Evolain how the Drogra	m or Project will benefit the Navajo Nation, Na	avaio communitie	s or the Navaio Pe							
The Chapter sewer sewage treatment is Routine monitoring wastewater-based	lines & lagoon improvement is consequent of the future health a and analysing sewage plants the epidemiology study for early health information.	ritical for hun nd well-being at could provi	nan health & g of Navajo c ide a compre	ecosystems. Effective ommunities. hensive						

<sup>(</sup>c) A prospective timeline showing the estimated date of completion of the Project and/or each phase of the Project. Disclose any challenges that may prevent you from incurring costs for all funding by December 31, 2024 and/or fully expending funds and completing the Program(s) or Project(s) by December 31, 2026:

	23, Contracts Procument to begin in November Sewer Lines & Lagoon Improvement to begin in March tember 30,2026.
	☐ document attached
(d) Identify who will be responsible for implementing the Progra	am or Project:
The Toadlena/Two Grey Hills Chapter will co (CPMD) and the Navajo Engineering Constru	ollaborate with Capital Projects Management Department uction Authority (NECA) to implement project.
(e) Explain who will be responsible for operations and mainter prospectively:	nance costs for the Project once completed, and how such costs will be funded
The Toadlena/Two Grey Hills Chapter will be system & lagoon.	e responsible for the operation & maintance of the sewage
	☐ document attached
(f) State which of the 66 Fiscal Recovery Fund expenditure caproposed Program or Project falls under, and explain the reason	ategories in the attached U.S. Department of the Treasury Appendix 1 listing the on why:
exposure to harmful bacteria & disease, putti	er/sewage pollutants negatively impact freshwater runoffs, ing humans at risk. Aging sewer lines and sewage lagoon vage outflows. To comply with the Federal & State water
Part 3. Additional documents.	
List here all additional supporting documents attached to this	FRF Expenditure Plan (or indicate N/A):
	· · · · · · · · · · · · · · · · · · ·
	☐ Chapter Resolution attached
Part 4. Affirmation by Funding Recipient.	
Funding Recipient affirms that its receipt of Fiscal Recovery Funding Recipient Affirms that its receipt of Fiscal Recovery Funding Recipient Affirms that its receipt of Fiscal Recovery	unds and the implementation of this FRF Expenditure Plan shall be in accordance s, and with all applicable federal and Navajo Nation laws, regulations, and policies:  Approved by:
Approved by: Appro	Approved by:
signature of Chapter Manager or CSC	Approved to submit for Review:

## THE NAVAJO NATION PROGRAM BUDGET SUMMARY

Page 1 of 3 BUDGET FORM 1

PART I. Business Unit No.:	NEW	Program Title:	lena tena/Two	Community Devel	lopment			
Prepared By: Leo	narda Eldridge	Phone	No.:	505-789-3100 Email	l Address:	twogreyhil	org	
PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type	(A) NNC Approved	(B)	(C) Difference or
CJY-41-21 NN Recovery Fund	7/1/2023-9/30/2026	950,000.00	100%		Code	Original Budget	Proposed Budget	Total
	1.160			2001 Personnel Expenses				
ENG STATE STATE				3000 Travel Expenses				
		4		3500 Meeting Expenses				- 14 m 18
				4000 Supplies				
1 / 1 / 2/2	15/1		701	5000 Lease and Rental				
				5500 Communications and Utilities				
				6000 Repairs and Maintenance			N 9	
				6500 Contractual Services			3.54	700.04
				7000 Special Transactions				
				8000 Public Assistance	6		950,000	950,000
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
					TOTAL	\$0.00	950,000.00	950,000
				PART IV. POSITIONS AND VEHICLES		(D)	(E)	
	Later Company			Total # of Positions E	Budgeted:			1
	TOTAL:	\$950,000.00	100%	Total # of Vehicles E			7	
PART V. I HEREBY ACKNOWLE	DGE THAT THE INI	FORMATION CO	NTAINED	IN THIS BUDGET PACKAGE IS COMPLE	ETE AND A	CCURATE.		
SUBMITTED BY: JAYON	Charley De	ept Manag	cr11	APPROVED BY:		Castillo, Division Direc		_
	rogram Manager's			Divis	ion Directo	r / Branch Chief's Pr	inted Name	
		8-29.2	3		2		3/28/2023	2
Pro	gram Manager's Sig	gnature and Date	;	Division	Director / E	Branch Chief's Signa	ture and Date	

### THE NAVAJO NATION PROGRAM PERFORMANCE CRITERIA

Page 2 of 3
BUDGET FORM 2

Business Unit No.: NEW Program Name/Title: Toadlena/Two Grey Hills Chapter Sewer Lines & Lagoon Improvement  PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:  Toadlena/Two Grey Hills Chapter Operational Plan is to seek funding for the Sewer Line & Lagoon Improvement project which is crucial for Environmental & Pu  Health. TDL/TGH Chapter Resolution is forthcoming. The Program Purpose is to upgrade Chapter sewer lines & lagoon for State & Federal Water Quality compli	ance.
	ance.
	ance.
Health. TDL/TGH Chapter Resolution is forthcoming. The Program Purpose is to upgrade Chapter sewer lines & lagoon for State & Federal Water Quality compl	
	5
PART III. PROGRAM PERFORMANCE CRITERIA: 1st QTR 2nd QTR 3rd QTR 4th QT	
	Actual
1. Goal Statement:	
To convert an aging system to an advanced septic system to serve 450 monthly chapter patrons	
Program Performance Measure/Objective:	
To upgrade sewer lines & lagoon & effective sewage treatment for human health & ecosystem. 450	
2. Goal Statement:	
Program Performance Measure/Objective:	
3. Goal Statement:	
Program Performance Measure/Objective:	
4. Goal Statement:	
Program Performance Measure/Objective:	
5. Goal Statement:	
Program Performance Measure/Objective:	
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.	
Program Mahager's Printed Name Calvin Castillo, Division Director  Division Director/Branch Chief's Printed Name	
- 519-13 Mell 8/28/2023	
Program Manager's Signature and Date  Division Director/Branch Chief's Signature and Date	

## THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

Page 3 of 3 BUDGET FORM 4

PART I. P	ROGRAM INFORMATION:		
	Program Name/Title: Toadlena/Two Grey Hills Chapter Sewer Lines & Lagoon Improvement Business Unit No.:	NEW	
DADTII	DETAILED BUDGET:		
PART II.	(B)	(C)	(D)
	,	Total by	Total by
Object	Object Code Description and Justification (LOD 7)	DETAILED	MAJOR
Code	(2-2-v)	Object Code	Object Code
(LOD 6)		(LOD 6)	(LOD 4)
8000	PUBLIC ASSISTANCE		950,000
	8715 - Grant		550,550
	Plan, design, & construction for major improvement for the chapter sewer lines & lagoon. \$950,000.00	950,000	
	triain, assign, a solid assist for major improvement for the shapter solver into a taggeri.	330,000	·
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	, and the second		
Ì			
	TOTAL	950,000	950,000

OMB Analyst:

																					PAR	RT II.			Proj	ect In	form	ation		_
Grey	/ Hills	Sewe	er Line	es & L	agoc	n Imp	orove	ment													Project Type: TDL/TGH Chapter Sewer Lines & I									
Two (	Grey H	tills C	hapte	er Sev	ver Li	nes &	Lago	on In	nprov	emen	ıt										Planned Start Date: 07/01/2023									
												Plar	ned E	nd Dat	e:	09/3	0/202	6			_									
																					Project Manager: Toadlena/Two Grey Hills Chapt									<u>t</u>
PAR	PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.												c., etc	, etc. Expected Completion Date if																
	FY 2023																FY	2024	1					project exceeds 8 FY Qtrs.						
1	ist Qt	r.	2	nd Qt	r.	3	rd Qt	г.	4	th Qt	Г.	1	lst Qt		2	nd Q	tr.	3	Brd Qt	r.		4th Q	tr.	ate 09/30/2026						
0	N	D	J	F	М	Α	М	J	Jul	Α	s	0	N	D	J	F	М	Α	М	J	Jul	Α	S	0	N	D	j	F	М	
									x	x	x	x	x	X	x	x	x	x	x	x	x	x	×	x	x	x	x	x	x	
	\$_			\$			\$			\$		25	\$ 0,000	.00	35	\$	0.00		\$		3	\$	0.00							
	PAR	PART IV.  1st Qt O N	PART IV. Us  1st Qtr.  O N D	PART IV. Use Fis  1st Qtr. 2 O N D J	PART IV. Use Fiscal Years On N D J F	PART IV. Use Fiscal Year (F  TY 2  1st Qtr. 2nd Qtr.  O N D J F M	PART IV. Use Fiscal Year (FY) Quence of the second	PART IV. Use Fiscal Year (FY) Quarter  FY 2023  1st Qtr. 2nd Qtr. 3rd Qt  O N D J F M A M	PART IV. Use Fiscal Year (FY) Quarters to c FY 2023  1st Qtr. 2nd Qtr. 3rd Qtr.  O N D J F M A M J	PART IV. Use Fiscal Year (FY) Quarters to complete FY 2023  1st Qtr. 2nd Qtr. 3rd Qtr. 4  O N D J F M A M J Jul X	PART IV. Use Fiscal Year (FY) Quarters to complete the FY 2023  1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr.   O N D J F M A M J Jul A X X	PART IV. Use Fiscal Year (FY) Quarters to complete the info  FY 2023  1st Qtr.	PART IV. Use Fiscal Year (FY) Quarters to complete the information in FY 2023  1st Qtr.	PART IV. Use Fiscal Year (FY) Quarters to complete the information belegy of the provided of the information belegy of the provided of the pro	PART IV. Use Fiscal Year (FY) Quarters to complete the information below. (FY) 2023  1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr. 1st Qtr.  O N D J F M A M J Jul A S O N D  X X X X X X X X	PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = C  FY 2023  1st Qtr.	PART IV.   Use Fiscal Year (FY) Quarters to complete the information below.   O = Oct.; N	PART IV.   Use Fiscal Year (FY) Quarters to complete the information below.   O = Oct.; N = No	PART IV.   Use Fiscal Year (FY) Quarters to complete the information below.	PART IV.   Use Fiscal Year (FY) Quarters to complete the information below.   O = Oct.; N = Nov.; D = Dec	PART IV.   Use Fiscal Year (FY) Quarters to complete the information below.   O = Oct.; N = Nov.; D = Dec., etc.	Project   Proj	Part IV.   Use Fiscal Year (FY) Quariers to complete the information below.   O = Oct.; N = Nov.; D = Dec., etc.	Project Type:   Project Type:   Project Type:   Project Type:   Planned Start Da   Project Manager.	Project Type: TDL   Trow Grey Hills Stewer Lines & Lagoon Improvement   Project Type: TDL   Planned Start Date:   Planned Start Date:   Project Manager: Toat   Planned Start Date:   Project Manager: Toat   Planned Start Date:   Project Manager: Toat   Project Manager:	Project Type: TDL/TGH   Two Grey Hills Chapter Sewer Lines & Lagoon Improvement   Project Type: TDL/TGH   Planned Start Date: 07/6   Planned End Date: 09/3   Project Manager: Toadlena/   PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.   Expected project & Tst Qtr.   2nd Qtr.   3rd Qtr.   4th Qtr.   1st Qtr.   2nd Qtr.   3rd Qtr.   4th Qtr.   1st Qtr.   2nd Qtr.   3rd Qtr.   4th Qtr.   4th Qtr.   1st Qtr.   2nd Qtr.   3rd Qtr.   4th Qtr.   4th Qtr.   1st Qtr.   2nd Qtr.   3rd Qtr.   4th Qtr.	Project Type:   TDL/TGH Chapte   TDL/T	Project Type:   TDL/TGH Chapter Sewer Lines & Lagoon Improvement   Project Type:   TDL/TGH Chapter Sewer Times & Lagoon Improvement   Planned Start Date:   09/30/2028   Planned End Date:   09/30/2028   Project Manager:   Touclena/Two Grey Improvement   Two Grey Hills Chapter Sewer Lines & Lagoon Improvement   Planned End Date:   09/30/2028   Project Manager:   Touclena/Two Grey Improvement   PRT IV.   Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.   Expected Complete The Type Type Type Type Type Type Type Typ	Project Type: TDL/TGH Chapler Sewer Lines & Lagoon Improvement	Project Type:   TDL/TGH Chapter Sewer Lines & Lagoon Improvement

FMIS Set Up Date:

Company No:

FOR OMB USE ONLY: Resolution No: