



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 #: HK0676

Date & Time Received: 10/20/23 at 14:52

Date & Time of Response: 10/31/23 at 17:00

Entity Requesting FRF: Sheep Springs Chapter

Title of Project: Bathroom Addition, Renovation + Upgrades

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$100,000.00

Eligibility Determination:

- ☒ FRF eligible
☐ FRF ineligible
☐ Additional information requested

FRF Eligibility Category:

- ☒ (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 Expenditure Category: _____

1.14, Other Public Health Services

- ☐ Missing Form
- ☐ Supporting documentation missing
- ☐ Project will not be completed by 12/31/2026
- ☐ Ineligible purpose
- ☐ Submitter failed to timely submit CARES reports
- ☐ Additional information submitted is insufficient to make a proper determination
- ☐ Expenditure Plan incomplete
- ☐ Funds will not be obligated by 12/31/2024
- ☐ Incorrect Signatory
- ☐ Inconsistent with applicable NN or federal laws

[illegible]

Name of DOJ Reviewer: MacArthur Stant

Signature of DOJ Reviewer: MacArthur Stant Digitally signed by MacArthur Stant
Date: 2023.10.31 09:38:02 -06'00'

Digitally signed by MacArthur Stant
Date: 2023.10.31 09:38:02 -06'00'

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 Chapter requesting FRF: Sheep Spring Chapter (Tooh Haltsooi) Date prepared: 6/6/23
 Chapter's P.O. Drawer i phone & email: 505-732-5408
 mailing address: Sheep Spring, New Mexico 87364 website (if any): sheepsprings@navajochapters.org
 This Form prepared by: Kevin M. Begay, EM phone/email: 505-732-5408
Kevin Martin Begay, Executive Manager kmbegay@nnchapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Bathroom Addition, Renovation + Upgrades.

Chapter President: Brian T. Yazzie phone & email: 505-732-5408/yazziebrian2436@gmail.com
 Chapter Vice-President: Louise Charley phone & email: 505-302-8007/louisecharley74@gmail.com
 Chapter Secretary: Adrienne Joe phone & email: 505-360-5138/ajoe@navajo-nsn.gov
 Chapter Treasurer: Adrienne Joe phone & email: _____
 Chapter Manager or CSC: Kevin M. Begay phone & email: 505-879-1636/kmbegay@nnchapters.org
 DCD/Chapter ASO: Elizabeth Washburne phone & email: 505-979-1901/eliza-beth@nndcd.org

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): Navajo Contractors, subcontractors and local laborers
☐ document attached

Amount of FRF requested: 100,000.00 FRF funding period: 01/01/2023-9/30/2026
Indicate Project starting and ending/deadline date

Part 2. Expenditure Plan details.

(a) Describe the Program(s) and/or Project(s) to be funded, including how the funds will be used, for what purposes, the location(s) to be served, and what COVID-related needs will be addressed:

Bathroom renovation/upgrades to fund the modernization of bathrooms that were built in the 1960 to the 1980s to meet ADA compliance requirements and to assist, elders with accessible bathrooms. The bathroom renovation/upgrades will include remodel, walk-in shower with safety rails, handicap toilet, bathroom sink, replaces floors-walls-fixtures, upgrade water heater, upgrade plumbing, or purchase prefabricated stand-alone bathrooms, as needed. Community homes that have inefficient bathrooms and who are in need will receive the services based off assessments.

☐ document attached

(b) Explain how the Program or Project will benefit the Navajo Nation, Navajo communities, or the Navajo People:

The ARPA bathroom renovation/upgrades will provide access to sanitizing, daily hygiene care to mitigate Covid-19 and help eliminate unsanitary conditions.

☐ document attached

(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:

This project will successfully help community members in need of bathroom renovations, upgrades or completion of current bathroom additions. Construction schedules to be based of the community assessments and current needs. Chapter will obligate the funds no later than September 30, 2024 and will fully expend the funds no later than September 30, 2026.

☐ document attached

(d) Identify who will be responsible for implementing the Program or Project:

Sheep Springs Chapter with the assistance of DCD ARPA, NNFRF will be the oversite of the bathroom renovation/upgrade project utilizing PEP workers, as well, as certified contractors hired to complete bathroom renovation.

☐ document attached

(e) Explain who will be responsible for operations and maintenance costs for the Project once completed, and how such costs will be funded prospectively:

The maintenance and operations of the bathroom renovations/upgrades will be the responsibility of the bathroom renovation/upgrade recipients(s) after the 1-year construction warranty has ended.

☐ document attached

(f) State which of the 66 Fiscal Recovery Fund expenditure categories in the attached U.S. Department of the Treasury Appendix 1 listing the proposed Program or Project falls under, and explain the reason why:

1.14 Other Public Health Services. Bathroom renovation/upgrade will build healthier community environments.

☐ document attached

Part 3. Additional documents.

List here all additional supporting documents attached to this FRF Expenditure Plan (or indicate N/A):

Chapter approved resolution for this project.

☐ Chapter Resolution attached

Part 4. Affirmation by Funding Recipient.

Funding Recipient affirms that its receipt of Fiscal Recovery Funds and the implementation of this FRF Expenditure Plan shall be in accordance with Resolution No. CJY-41-21, the ARPA, ARPA Regulations, and with all applicable federal and Navajo Nation laws, regulations, and policies:

Chapter's
Preparer:

Kevin M. Beary
signature of Preparer/CONTACT PERSON

Approved by:

Louise Chapman
signature of Chapter President (or Vice-President)

Approved by:

[Signature]
signature of Chapter Manager or CSC

Approved by:

[Signature]
signature of DCD Chapter ASO

Approved to submit
for Review:

[Signature]
signature of DCD Director

FY 2023

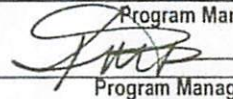

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

Page 1 of 3
BUDGET FORM 1

PART I. Business Unit No.: <u>K-(new)</u>		Program Title: <u>Bathroom Additions, Renovations & Upgrades</u>		Division of Community Development	
Prepared By: <u>Kevin M. Begay</u>		Phone No.: <u>(505) 732-5408</u>		Email Address: <u>sheepsprings@navajochapters.org</u>	

PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference or Total
NN Fiscal Recovery Funds	<u>11/23 - 7/30/26</u>	100,000.00	100%	2001 Personnel Expenses				
				3000 Travel Expenses				
				3500 Meeting Expenses				
				4000 Supplies				
				5000 Lease and Rental				
				5500 Communications and Utilities				
				6000 Repairs and Maintenance				
				6500 Contractual Services				
				7000 Special Transactions				
				8000 Public Assistance	6	<u>⊖</u>	100,000	100,000
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	100,000.00	100,000

PART IV. POSITIONS AND VEHICLES		(D)	(E)
Total # of Positions Budgeted:			
Total # of Vehicles Budgeted:			

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.	
SUBMITTED BY: <u>Kevin M. Begay, Chapter Manager</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  Program Manager's Signature and Date </div> <div style="width: 45%;"> <u>Arvin Mitchell, Director</u> Division Director / Branch Chief's Printed Name  Division Director / Branch Chief's Signature and Date </div> </div>	10/11/2023 <u>Jaron M. Charley, Department Manager II</u>

FY 2023

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIAPage 2 of 3
BUDGET FORM 2

PART I. PROGRAM INFORMATION:									
Business Unit No.: K-(new)		Program Name/Title:		Tooh Haltsooi Council of Naataanii Chapter Bathroom Additions Renovations and Upgrades					
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM: Resolution TC-2020-030 Supporting the Fiscal Recovery Fund Request for Project Bathroom Additions.									
PART III. PROGRAM PERFORMANCE CRITERIA:		1st QTR		2nd QTR		3rd QTR		4th QTR	
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement: Provide proper sanitation facilities for community members in need.									
Program Performance Measure/Objective: Assist with bathroom additions for 5 homes.								5	
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.									
Kevin M. Begay, Chapter Manager				Arbin Mitchell, Director					
Program Manager's Printed Name				Division Director/Branch Chief's Printed Name					
Program Manager's Signature and Date 6/6/23				Division Director/Branch Chief's Signature and Date 10/11/2023					

Jaron M. Charley, Department Manager II

FY 2023

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATIONPage 3 of 3
BUDGET FORM 4

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Tooh Haltsooi Council of Naataanii Chapter</u>		Business Unit No.: <u>K-(new)</u>	
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
8500	Infrastructure (non cap) 8535- Bathroom Additions Provide bathroom additions for families within Tooh Haltsooi Chapter community in need.	100,000	100,000
TOTAL		100,000	100,000

Page 1 of 1
PROJECT FORM

FOR OMB USE ONLY: Resolution No: _____ FMIS Set Up Date: _____ Company No: _____ OMB Analyst: _____



RESOLUTION OF THE TOOH HALTSOOI COUNCIL OF NAATAANII CHAPTER

Supporting the Fiscal Recovery Fund Request for Project Bathroom Additions

RESOLUTION TC- 2023.-030

Whereas:

1. Pursuant to 26 N.N.C Section 3 (A) the Tooh Haltsooi Council of Naataanii Chapter is a duly recognized Certified Chapter of the Navajo Nation Government as of August 24, 2007 per TCDCAU-23-07, as listed at 11 N.N.C., part 1 of section 10; and
2. Pursuant to 26 N.N.C., Section 1 (B) the Tooh Haltsooi Council of Naataanii Chapter is vested with the authority to review all matters affecting the community and to make appropriated correction when necessary and make recommendations to the Navajo Nation and other local agencies for appropriate actions; and
3. Pursuant to Title 26, N.N.C., Section 3 (A) of The Navajo Nation Local Governance Act, the Tooh Haltsooi Council of Naataanii Chapter exists as a local unit government, recognized as a political subdivision of the Navajo Nation, authorized to review all matters affecting the community; and
4. The Tooh Haltsooi Council of Naataanii Chapter recognize Community homes that have inefficient bathrooms and who are in need will receive the services based off assessments; and.
5. The Tooh Haltsooi Council of Naataanii Chapter the need for bathroom renovation/upgrades to fund the modernization of bathrooms that were in the 1960 to the 1980 to meet ADA compliance requirements and to assist, elders with acc bathrooms. community members to receive Home Renovations services.

6. NOW, THEREFORE BE IT RESOLVED THAT:

The Tooh Haltsooi Council of Naataanii Chapter Hereby Supports the Fiscal Recovery Fund Request for Project Bathroom Additions.

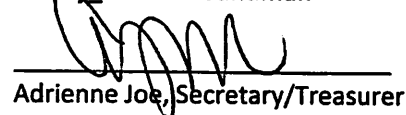
CERTIFICATION

We, hereby, certify that the foregoing Resolution was considered by the Tooh Haltsooi Council of Naataanii Chapter at a duly called meeting in Sheep Springs, New Mexico at which a quorum of Chapter Member was present and that the same as passed by a vote of 9 in favor 0, Opposed 1, Abstained on this 19th day of MAY, 2023.

Motion by Earnest Smith


Louise Charley, Delegate President

Second by Franklin Sandman


Adrienne Joe, Secretary/Treasurer

Brian T. Yazzie
Chapter President

Louise Charley
Vice President

Adrienne Joe
Sec./Treasurer

Jimson Bryant
Grazing Official

Hon. Amber K. Crotty
Council Delegate

Sheep Springs Chapter
Housing Discretionary Fund Assistance Program

CHECKLIST OF REQUIRED DOCUMENTS

- _____ 1. Housing Application
- _____ 2. Signed Permission to Enter Premises Form
- _____ 3. Signed Release of Information Form
- _____ 4. A Map of Property Location
- _____ 5. Copy of Social Security Card
- _____ 6. Copy of Voter Registration or Verify by Official Voter Registry
- _____ 7. Copy of Certificate of Indian Blood
- _____ 8. Point System Form Signed
- _____ 9. Documentation from other Agencies verifying housing need.
(Optional)
- _____ 10. Proof of Income Verification
- _____ 11. Proof of Land ownership:
 - Homesite Lease
 - Land use Permit
 - Grazing Permit
- _____ 12. Income Verification

Documents Verified by: _____ Date: _____

TOOH HALTSOOI COUNCIL OF NAATAANII CHAPTER
P.O. Drawer I
Sheep Springs, NM 87364

Housing Discretionary Fund Assistance Program
PERMISSION TO ENTER PREMISES

TO THE BUILDING OWNER

Your building is being considered for renovation under the Tooh Haltsooi Council of Naataanii Chapter/

Housing Discretionary Assistance Program. This program is funded by the Tooh Haltsooi Council of

Naataanii Chapter, under Housing Discretionary Funds and administered by the Tooh Haltsooi Council of

Naataanii Chapter.

PERMISSION TO ENTER PREMISES

I, as owner/ authorized agent for the building located at, _____
_____ have read and understand the above and hereby grant permission for representative of
Tooh Haltsooi Council of Naataanii Chapter to enter the premises when I am present for the purposes of
collecting eligibility documentation from the residents and conducting a work plan which may include an
assessment for housing renovation.

NAME: _____
Client

DATE: _____

NAME: _____
Chapter Manager

DATE: _____

TOOH HALTSOOI COUNCIL OF NAATAANII CHAPTER
P.O Drawer I
Sheep Springs, NM 87364

Housing Discretionary Fund Assistance Program
AUTHORIZATION FOR RELEASE OF IMFORMATION

I, _____, hereby authorize the Tooh Haltsooi Council of Naataanii Chapter Housing Assistance Program to obtain all necessary information for completion of my application for housing assistance including information on my interest on land and household income. I understand and acknowledge this information will be used in determining my eligibility and extent of Housing Assistance through the Tooh Haltsooi Council of Naataanii Chapter or other housing project sources.

SIGNATURE: _____
Applicant

Co-Applicant

Date

TOOH HALTSOOI COUNCIL OF NAATAANII CHAPTER
P.O. Drawer I
Sheep Springs, NM 87364

HOUSING DISCRETIONARY FUND ASSISTANCE PROGRAM
Application

All questions in this application must be answered.

Applicant's Name: _____ Census Number: _____	Telephone No. _____ Work or Msg. _____
Spouse's Name: _____ Census Number: _____	Work Number: _____
Applicant's Mailing Address: _____ City: _____ State: _____ Zip code: _____	Chapter Enrolled at: _____

Type of Residence	
<input type="checkbox"/>	Room
<input type="checkbox"/>	Owner Occupied
<input type="checkbox"/>	Rental Unit
<input type="checkbox"/>	Single Family
<input type="checkbox"/>	Mobile Home
<input type="checkbox"/>	Subsidized Housing
<input type="checkbox"/>	Multiple Dwelling

Type of Primary Heating	
<input type="checkbox"/>	Wood Average Monthly Heating Bill (before): \$ _____
<input type="checkbox"/>	Coal (after): \$ _____
<input type="checkbox"/>	Kerosene Cost of B.T.U. saved: _____
<input type="checkbox"/>	Natural Gas Comments: _____
<input type="checkbox"/>	Electric _____
<input type="checkbox"/>	Propane _____
<input type="checkbox"/>	Other _____

INCOME VERIFICATION OF HOUSING UNIT						
Name of each household member including self	Age	Sex	Social Security No.	Relationship to Head of Household	Gross Monthly Income	Source of Income

Note: An elderly person is a person 65 years old age or older. Determination whether a resident in the household is handicapped can be made in any if the following (1) They provide a copy of a letter from the Veteran's Administration that is a percentage of disability letter or (2) The Social Security benefit verification letter under section 1e.10 indicates payments are for disability or (3) Written determination from Federal, State, or other agency providing assistance for handicapped Person or (4) The Sub grantee observes a visible handicap.

Tooh Haltsooi Council of Naataanii Chapter Use Only	
Income Guidelines for a household of _____ members is \$ _____.	
On the basis of the above information, this household is: ELIGIBLE / NOT ELIGIBLE.	
Reason for ineligibility: _____	
Intake Worker's Signature: _____	Date: _____

TYPE OF LABOR TO BE UTILIZED: Tooh Haltsooi Council of Naataanii Chapter Use only/ projected hours per project

<input type="checkbox"/>	Public Employment Program (PEP):	_____
<input type="checkbox"/>	Client Self-Help:	_____
<input type="checkbox"/>	Church Group:	_____
<input type="checkbox"/>	Contractor:	_____
<input type="checkbox"/>	Other:	_____

IF THE APPLICANT IS RENTING, THE TOO H HALTSOOI COUNCIL OF NAATAANII CHAPTER MUST USE PERMISSION FORM AND OWNER AGREEMENT, IF APPLICANT IS HOME OWNER, COMPLETE THE FOLLOWING.

HOMEOWNER CERTIFICATION

I/ We, _____, certify that I/ we am/ are the owner's) of the property at
_____ located on the Tooh Haltsooi Council of Naataanii Chapter jurisdiction.

Land ownership can be verified through (CIRCLE ONE): **Homesite lease / Land Use Permit / Grazing Permit / Other**

CERTIFICATION

I, as a Chapter Employee of Tooh Haltsooi Council of Naataanii Chapter and with vested authority of act on community matters, have reviewed the information stated above which is correct to the best of our knowledge and hereby certify this document accordingly on this _____ day of _____ 20____.

Chapter Staff's Signature: _____ Date: _____
NAME AND TITLE

HOUSING ASSISTANCE APPLICATION

I, subscribe and affirm, under the penalties of law, that the statements made in this application for Housing Assistance (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. Prior to any construction, I agree to notify the Chapter of any changes in the information in this application. I understand that by signing this application, I consent to any other inquiry to verify or confirm the information I have given.

The potential assistance will have no effect upon my Social Security, public assistance, or any other income I receive. The construction work done will not obligate me financially and no lien or mortgage will be placed on the property, unless false or inaccurate information has been provided to make me ineligible for this assistance. I will be held liable for any injury of damages occurring on my property which is the result of my negligence of malfeasance. I certify that I have given my permission to allow work and monitoring or work on the property listed in this application. I understand that it is the dwelling occupant and/or owner's responsibility to discover and correct unsafe or non-compliant conditions which exist apart from the construction work.

I understand that this application for Housing Assistance does not guarantee that assistance will be granted, but will be used in determining eligibility for the program. Whether or not an eligible applicant will be provided assistance will depend in part upon the applications received, the remaining available funds, and the priorities to be met by the Housing Discretionary Assistance Program.

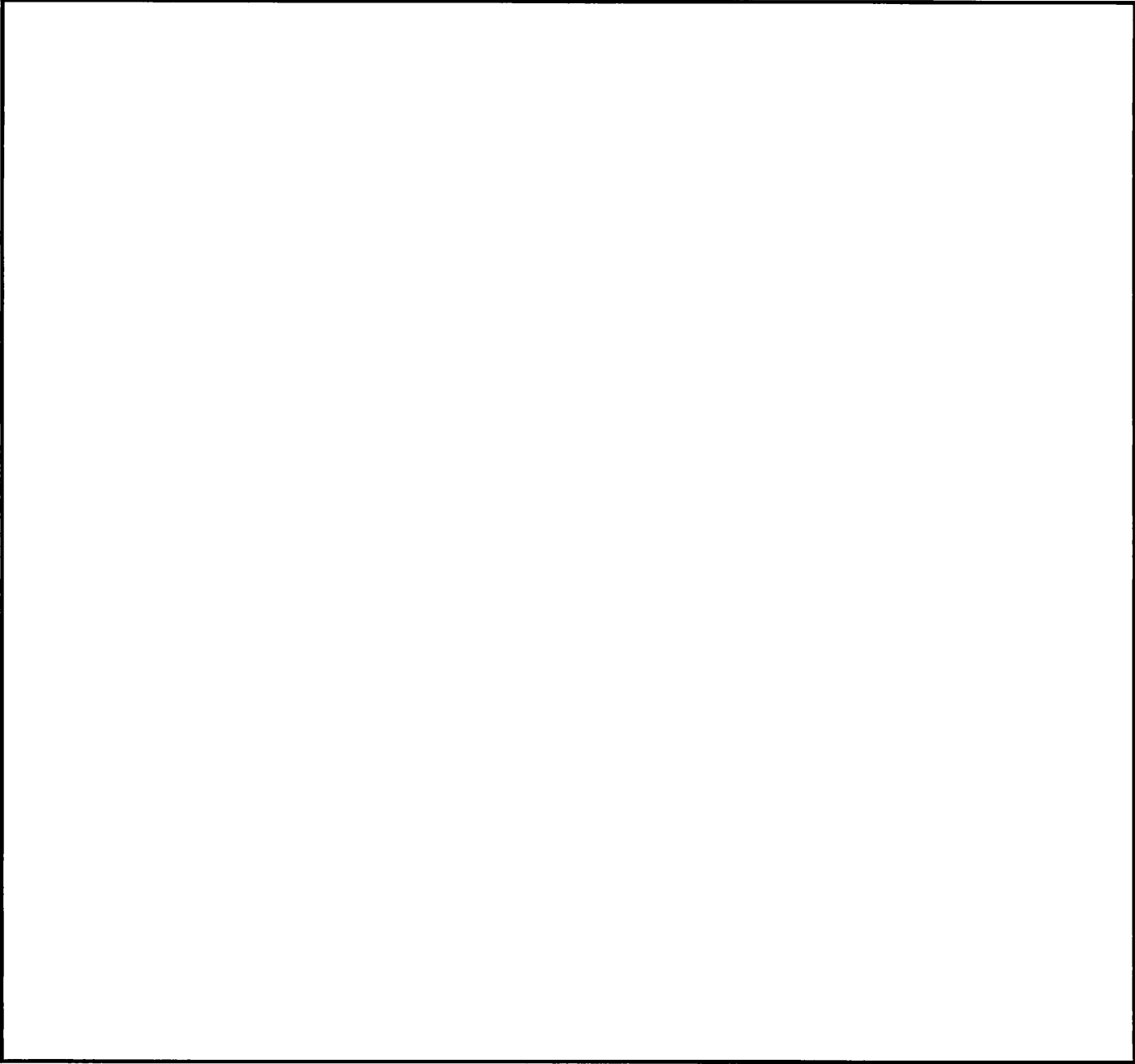
APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICANT'S REPRESENTATIVE: _____ DATE: _____

TOOH HALTSOOI COUNCIL OF NAATAANII CHAPTER
P.O. Drawer I
Sheep Springs, NM 87364

Housing Discretionary Fund Assistance Program

MAP TO PROPERTY
Project site locations



APPLICANT'S NAME: _____ DATE: _____

TOOH HALTSOOI COUNCIL OF NAATAANII CHAPTER
P.O. Drawer I
Sheep Springs, NM 87364

Housing Discretionary Fund Assistance Program
Point System Sheet

Applicant's Name: _____

Registered Voter for more than 1 year 1 month- 5 months= 10 6 months and over= 20	20 points _____
Household Income for entire household: (\$1,000.00 or less income maximum per month)	10 points _____
Family Size 1-3 people= 5 4-5 people= 10 Over 5 people= 15	15 points _____
Overcrowded living conditions	10 points _____
Unsanitary of unsafe living conditions	15 points _____
Elderly, handicapped, or disable	15 points _____
Referral from other agencies	15 points _____
Got help from the Chapter or other agency (- 10 points)	_____

POINT STATUS

<input type="checkbox"/>	0-50	Partial Minor Repair/ Renovation Assistance up to \$500.00	
<input type="checkbox"/>	51-80	Partial Minor Repair/ Renovation Assistance up to \$1,000.00	100 TOTAL _____
<input type="checkbox"/>	81-100	Eligible for Major Repair/ Renovation for Materials up to \$2,000.00	

SIGNATURE: _____
Chapter Manager

DATE: _____