

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 #: HK 0284-2 |
|---|
| Date & Time Received: 2/10/23 at 16:06 |
| Date & Time of Response: 21 February 2023; 3:41 pm |
| Entity Requesting FRF: Pinon Chapter |
| Title of Project: Housing Renovation & Repair for Pinon Community |
| Administrative Oversight: Division of Community Development |
| Amount of Funding Requested: \$500,000 |
| 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: |
| |

Returned for the following reasons (Ineligibility Reasons/Paragraphs 5.E.(1)-(10) of FRF Procedures): Expenditure Plan incomplete Missing Form Funds will not be obligated by Supporting documentation missing Project will not be completed by 12/31/2026 12/31/2024 Incorrect Signatory Ineligible purpose Submitter failed to timely submit CARES reports Inconsistent with applicable NN or Additional information submitted is insufficient to make a proper determination Other Comments: Name of DOJ Reviewer: Adjua Adjei-Danso Digitally signed by Adjua Adjei-Danso Date: 2023.02.21 15:41:15 -07'00' Signature of DOJ Reviewer: Adjua Adjei-Danso

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.



NAVAJO NATION DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

DOREEN N. MCPAUL Attorney General KIMBERLY A. DUTCHER Deputy Attorney General

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

| RFS/HK Review #:HK0284 | |
|--|--|
| Date & Time Received: 12/7/2022 at 16:36 | |
| Date & Time of Response: 12/14/2022 at 5:00 | PM |
| Entity Requesting FRF:Pinon_Chapter | |
| Title of Project: — Housing Renovation and R | epair for Pinon Community |
| Administrative Oversight:Division of Comm | unity Development |
| Amount of Funding Requested: \$500,000 | |
| 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 Expend | liture Category: TBD |

| Returned for the following reasons (Ineligibility Re- | asons / Paragraphs 5. E. (1) - (10) of Fl |
|---|--|
| Procedures): | |
| ☐ 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 |
| Other Comments: | |
| as possible and include any applications or othe attachments: 1. What kind of home housing renovation and present the specific. | |
| 2. How does someone qualify for a housing reno | vation and repair project? |
| 3. How did the Chapter identify that there are Chapter prioritize applicants if more homes a Chapter do with the funding if fewer than 100 | are in need of renovation? What will the |
| 4. Are there any limitations on the types of h covered by the Project and/or the dollar amou | |
| Name of DOJ Reviewer: Navalyn R. Platero | |
| Signature of DOJ Reviewer: Nym POr | fu |

If you wish to provide the additional information requested 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 can only be reviewed twice, therefore it is critical that you include all the requested additional information for your second submission.

RESPONSE: FRF HK00284 Pinon Chapter Housing Renovation

1. What kind of home housing renovation and repair projects will the Project provide?

Homeowner will identify and prioritize their renovation, repair, addition or completion of homes on their application. Assessment will also be completed by chapter staff to get material listing. This project will include completion of a home, addition as well as provide flooring, interior/exterior walls, windows, roofing, doors, insulation, restroom and/or kitchen upgrade and/or completion including appliances, electrical & plumbing issues, wood/coal or pellet stove with ventilation, etc. Materials and labor will be provided by Chapter.

- 2. How does someone qualify for a housing renovation and repair project?
- Completed Housing Assistance Application by Homeowner for PRIMARY residence.
- Applicant must provide and attach a copy of their home site lease or Home ownership
 Certificate for the primary home to be renovated, or addition, ETC.
- c. The applications are vetted by a summary sheet based on family size, Annual income, over crowdedness, unsanitary/unsafe living conditions and elder, handicapped, disabled and or veteran status. (Attached)
- d. Chapter Manager and officials (President, Vice President, Secretary/Treasurer) shall have the authority for approving or disapproving requests during the planning meetings.
- 3. How did the Chapter identify that there are 100 homes to renovate? How will the Chapter prioritize applicants if more homes are in need of renovation? What will the Chapter do with the funding if fewer than 100 homes need renovation?
 - An assessment was completed by visiting the homes in our community to identify housing needs in case of potential funding. There were more than 100 applications returned.
 - Chapter will prioritize based on the Summary sheet. Assistance will be needs based.
 - If there is funding still available then the chapter will solicit for more applications of those who Also need assistance with their home.
- 4. Are there any limitations on the types of housing renovation and repair projects covered by the Project and/or the dollar amounts involved per home?

 Limitation of financial assistance per household shall not exceed \$7,000.00.

PINON CHAPTER

HOUSING POINT ALLOCATIONS SUMMARY SHEET

| Name of | Applicant: | Phone No | |
|------------|---------------------------------|--|---------------------|
| Name of | Co-Applicant: | | |
| Type of A | ssistance Requested By Category | | |
| | () A – Minor Repairs | () C – Partial Assistance | |
| | () B – Major Repairs | () D – New Construction | |
| Factor | | Description | Points Allocated |
| 1 | Family Size | | |
| 2 | Annual Household Income | | |
| 3 | Overcrowded Living Conditions | (Causes massive COVID-19 transmission) | |
| 4 | Unsanitary or Unsafe Living Con | ditions (Causes COVID-19 escalation) | |
| 5 | Elderly, Handicapped/Disabled, | and/or Veteran Status (COVID-19 immunocompromised) | |
| | | l Points Allocated | |
| Assessed E | Зу: | Date: | |
| () Applic | cant is approved = New | Housing Construction. Bedroom Size: | |
| | | ing Housing Repairs/Renovation/Addition or Completion. TO EXCEED \$ | |
| () Applic | cant is Denied: Denial due to: | | |
| | | | |
| APPROVED | D BY: | DATE: | |

| Factors 1 and 2: Family Size and Annual | | |
|---|----------------------|--------|
| | Income | |
| No. of Family | | |
| Members | Annual Income | Points |
| | \$5,733 or less | 5 |
| | \$5,734 to \$8,673 | 4 |
| | \$8,674 to \$11,613 | 3 |
| | \$11,614 to \$14,700 | 2 |
| 1 | \$14,701 or more | 1 |
| | \$7,722 or less | 5 |
| | \$7,723 to \$11,682 | 4 |
| | \$11,683 to \$15,642 | 3 |
| | \$15,643 to \$19,800 | 2 |
| 2 | \$19,801 or more | 1 |
| | \$9,711 or less | 5 |
| | \$9,712 to \$14,691 | 4 |
| | \$14,692 to \$19,671 | 3 |
| | \$19,672 to \$24,900 | 2 |
| 3 | \$24,901 or more | 1 |
| | \$11,700 or less | 5 |
| | \$11,701 to \$17,700 | 4 |
| | \$17,701 to \$23,700 | 3 |
| | \$23,701 to \$30,000 | 2 |
| 4 | \$30,001 or more | 1 |
| | \$13,689 or less | 5 |
| | \$13,690 to \$20,709 | 4 |
| | \$20,710 to \$27,729 | 3 |
| | \$27,730 to \$35,100 | 2 |
| 5 | \$35,101 or more | 1 |
| | \$15,678 or less | 5 |
| | \$15,679 to \$23,718 | 4 |
| | \$23,719 to \$31,758 | 3 |
| | \$31,759 to \$40,200 | 2 |
| 6 | \$40,201 or more | 1 |
| | \$17,667 or less | 5 |
| | \$17,668 to \$26,727 | 4 |
| | \$26,728 to \$35,787 | 3 |
| | \$35,788 to \$45,300 | 2 |
| 7 | \$45,301 or more | 1 |

| Factor 3: Overcrowded Living Conditions | | |
|---|-----------------------|--------|
| No. of | No. of Household | |
| Rooms | Members | Points |
| | 6 or more individuals | 5 |
| | 5 individuals | 4 |
| | 4 individuals | 3 |
| | 3 individuals | 2 |
| | 2 individuals | 1 1 |
| 0 | 1 individuals | 0 |
| | 6 or more individuals | 5 |
| | 5 individuals | 4 |
| | 4 individuals | 3 |
| | 3 individuals | 2 |
| | 2 individuals | 1 |
| 1 | 1 individuals | 0 |
| | 7 or more individuals | 5 |
| | 6 individuals | 4 |
| | 5 individuals | 3 |
| | 4 individuals | 2 |
| | 3 individuals | 1 |
| 2 | 2 or less individuals | 0 |
| | 8 or more individuals | 5 |
| | 7 individuals | 4 |
| | 6 individuals | 3 |
| | 5 individuals | 2 |
| | 4 individuals | 1 |
| 3 | 3 or less individuals | 0 |
| | 6 or more individuals | 5 |
| | 5 individuals | 4 |
| | 4 individuals | 3 |
| | 3 individuals | 2 |
| | 2 individuals | 1 |
| 4 | 1 individuals | 0 |
| | 6 or more individuals | 5 |
| | 5 individuals | 4 |
| | 4 individuals | 3 |
| | 3 individuals | 2 |
| | 2 individuals | 1 |
| 5 | 1 individuals | 0 |

| Factor A: Uncanitam or Unante Living Co., 191 | |
|---|--------|
| Factor 4: Unsanitary or Unsafe Living Conditions | Points |
| Homelessness = Unsanitary and Unsafe Conditions | 6 |
| Whole house should be condemned due to major deficiencies and/or deterioration. Family need to be relocated there is no other home(s) is available. | 5 |
| House has no running water (plumbing), electricity and heating system | 4 |
| Roof is leaking, water leaks into rooms or underneath the house causing decay and in need of replacement. Install or repair water or waste water, disposal systems, and repair or replace roof/repair structural supports. | 3 |
| Exterior siding deteriorating uneven floors, cracked walls and/or energy conservation measures needed such as insulation, storm windows, etc. | 2 |
| Window(s) are broken, door(s) are missing or very difficult to open/close, gaps around some of the door assemblies, bathroom not working properly. Needs to replace toilet, bathtub, sink/lavatory or sewer system failure. | |
| There are safe/sanitary conditions | 0 |

| Factor 5: Elderly, Handleapped/Disabled and/or Veto | eran Status Points |
|---|--------------------|
| Elderly, Disabled and a Veteran. | 5 |
| Elderly and a Veteran. | 4 |
| Disabled and a Veteran. | 3 |
| Elderly and Disabled. | 2 |
| Elderly, Disabled or a Veteran. | 1 |
| Not Elderly, Not Disabled, and Non-Veteran. | 0 (|

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

Part 1. Identification of parties.

| Governance-Certified Chapter Pinon Chapter requesting FRF: | Date prepared: 12/01/2022 | | | |
|--|--|--|--|--|
| Chapter's P. O. Box 12 mailing address: Pinon Arizona 86510 | phone & email: 928-725-3710/3711 | | | |
| mailing address: Pinon Arizona 86510 | website (if any): | | | |
| This Form prepared by: Sharon A. Begay Chapter Manager | phone/email: 928-725-3710/3711 | | | |
| CONTACT PERSON'S name and title | CONTACT PERSON'S info | | | |
| Title and type of Project: Housing Renovation & repair | for Pinon Community | | | |
| Chapter President: Bessie S. Allen | phone & email: 928-313-4983 | | | |
| Chapter Vice-President: Bill Yazzie | phone & email: 928-383-6113 | | | |
| Chapter Secretary: Ramona Nalwood | phone & email: 928-675-7520 | | | |
| Chapter Treasurer: Ramona Nalwood | phone & email: 928-675-7520 | | | |
| Chapter Manager or CSC: Sharon A. Begay | phone & email: 928-675-7021 | | | |
| DCD/Chapter ASO: Edgerton Gene | phone & email: 928-674-2251 | | | |
| Amount of FRF requested: 500,000.00 FRF funding period: December 2022 to December 31, 2026 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: The Pinon Chapter is requesting \$500,000.00 to renovate and repair existing housing to assist Navajo families . Providing stable housing for those in need will help elimnate the spread of COVID-19 among families living in multi-generational homes and provide safe and stable homes for homeless families and individuals, which will provide sanitary infrastructure (water/wastewater and electricity) to help combat COVID-19 pandemic | | | | |
| | ☐ document attached | | | |
| (b) Explain how the Program or Project will benefit the Navajo Nation, Nation, Nation, Project will benefit the needs of the Pinon Charles housing for those in need. Pinon Chapter strives to limited economic opportunities. During this COVID-conditions for families living in multi-generational housing the conditions for families living in multi-generational housing the conditions. | provide affordable housing for individuals with 19 pandemic, stable housing will improve the living omes and help provide sanitary infrastructure. | | | |
| (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:

| Collect applications 9/01/2022 to 12/31/2022 | |
|--|---------|
| procure building materials from local vendors to repair homes: 12/2022 to 01/2023 | |
| Start home renovations and Construction: 02/2023 to 12/31/2023 | |
| ☐ document a | ttached |
| (d) Identify who will be responsible for implementing the Program or Project: Pinon Chapter Manager and Officials | |
| Pinon Chapter Manager and Officials | |
| document a | |
| (e) Explain who will be responsible for operations and maintenance costs for the Project once completed, and how such costs will be prospectively: | |
| Homeowners are responsible for the operation and maintenance of the renovated homes following completion. | ıg |
| ☐ document a | ttached |
| (f) State which of the 66 Fiscal Recovery Fund expenditure categories in the attached U.S. Department of the Treasury Appendix 1 list proposed Program or Project falls under, and explain the reason why: This project falls under the new expenditure Category 2.18 Housing support other housing assists. Providing home renovations for navajo families in need will help to address housing support & homelessness by offering housing support and improving access to secure, stable, affordable ho | ance |
| ☐ document at | tached |
| Part 3. Additional documents. | |
| List here all additional supporting documents attached to this FRF Expenditure Plan (or indicate N/A): | |
| Collect applications 9/01/2022 to 12/31/2022 procure building materials from local vendors to repair homes: 12/2022 to 01/2023 Start home renovations and Construction: 02/2023 to 12/31/2023 | tached |
| 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 accowith Resolution No. CJY-41-21, the ARPA, ARPA Regulations, and with all applicable federal and Navajo Nation laws, regulations, and p | |
| Chapter's Preparer: Approved by: Buttle Chapter President (or Vice-President) Approved by: Buttle Chapter President (or Vice-President) | |
| Approved by: Approved by: Approved by: Signature of Chapter Marlager of CSC Approved by: Signature of DCD/Chapter Marlager of CSC | |
| Approved to submit for Review: Signature of DCD Director | _ |
| | |

FY <u>2023</u>

THE NAVAJO NATION PROGRAM BUDGET SUMMARY

APPENDIX B

BUIDGET FORM 1

| PART I. Business Unit No.: | ARPA FUNDS | Program Title: | | Pinon Chapter Repair | 3 | Division/Branch: | ASC/DCD | |
|----------------------------|---------------------------------------|-------------------|---------------|-----------------------------------|--------------|------------------------|--------------------------|----------------------|
| Prepared By: S | Sharon A. Begay | Phone | No.: | 928-725-3710 Emai | Address: | sabegay | @nnchapters.org | unicalia e 1 |
| PART II. FUNDING SOURCE(S | Fiscal Year Fiscal Year Fiscal Year | Amount | % of Total | PART III. BUDGET SUMMARY | Fund Type | (A) NNC Approved | (B) | (C) Difference or |
| ARPA FUNDS | 2022 to 2026 | 500,000.00 | 100% | | Code | Original Budget | Proposed Budget | Total |
| | 13/1/3-13/361 | 26 | | 2001 Personnel Expenses | | | | |
| | | | | 3000 Travel Expenses | | | | |
| | | | | 3500 Meeting Expenses | | | | |
| | | | | 4000 Supplies | | | | |
| | | Ē | | 5000 Lease and Rental | | | | |
| | | ha ne | | 5500 Communications and Utilities | | | | |
| | | | | 6000 Repairs and Maintenance | | | | |
| - 11 U | | | | 6500 Contractual Services | 6 | 0 | 500,000 | 500,000 |
| | | | | 7000 Special Transactions | | | | |
| | | | | 8000 Public Assistance | | | | |
| | | | | 9000 Capital Outlay | | | | |
| | | | | 9500 Matching Funds | | | | |
| | | | | 9500 Indirect Cost | | | | |
| | | | | | TOTAL | \$0.00 | 500,000.00 | 5000000 |
| | | | | PART IV. POSITIONS AND VEHICLES | | (D) | (E) | |
| | | | F9 577 | Total # of Positions E | Budgeted: | | | 1 1 |
| | TOTAL: | \$500,000.00 | 100% | Total # of Vehicles E | | Luit 21.57 | | |
| PART V. I HEREBY ACKNOW | LEDGE THAT THE INF | ORMATION CON | TAINED | N THIS BUDGET PACKAGE IS COMPLE | TE AND AC | CURATE. | | |
| SUBMITTED BY: | Sonlatsa Jim- Martin, | ASC Manager | | APPROVED BY: | Pearl Ye | ellowman, DCD Directo | or | 150 |
| | Program Manager's | Printed Name | • | Divis | ion Directo | r / Branch Chief's Pri | nted Name | |
| | Program Manager's Sign | nature and Date | _ | - New | ulch | Mon | 12.5.22 ture and Date | WC. |
| | g. am manager 5 Or | Jinatare apa Date | | DIVISION | Director/ E | nation officers signat | ure and Date | |



PIÑON CHAPTER

Post Office Box 127 • Piñon, Arizona 86510 • (928) 725-3710/3711 • FAX (928)725-3712

RESOLUTION # 23-01 OF PINON CHAPTER THE NAVAJO NATION, PINON, ARIZONA

APPROVING, PRIORITIZING AND SUBMITTING PINON CHAPTER'S LISTED PROPOSED PROJECT FOR FULL FUNDINGS FROM THE AMERICAN RESCUE PLAN ACT, PURSUANT TO CJN-29-22, AS PROJECTS IN EXHIBIT A, B, AND C, TO COMBAT COVID 19 PANDEMIC.

WHEREAS:

- THE Navajo Nation Council by Resolution CS-34-98, enacted the Navajo Nation Local Governance Act and Codified it under the Navajo Nation Code; AND
- 2. That pursuant to Title 26 NNC, Section B-1&2, Pinon Chapter is an LGA Certified Chapter government of the Navajo Nation Government, thus acts on this foregoing resolution pursuant to the authority vested to Pinon Chapter to recognize, address and advocate for the local needs, its interests, and matters consistent with the Navajo Nation Laws, which includes Navajo customs and traditions; AND
- 3. That the Navajo Nation Council enacted Resolution CIN-29-22, \$1,070,298,867. the Navajo Nation Fiscal Recovery Fund Expenditure Plans for the Navajo Nation Chapters and Regional Projects; Public Safety, Emergency Communications, E911, Rural Addressing, Cyber Security, Public Health Projects, Hardship Assistance, Water and Waste Water Projects, Broadband Projects, Home Electricity Connections, Electric Capacity Projects, Housing Projects, and Manufactured Housing, Bathroom Additions, and Construction Contingency fundings, AND
- That the Pinon Chapter, hereby, submits their listed proposed projects, (see Exhibit A), pursuant to CJN-29-22, to Division of Community Development ARPA Portal via our Council Delegate, Jimmy Yellowhair, for consideration by the Navajo Nation Council; AND
- That the Pinon, hereby, submits their Chapter's listed proposed projects, (see Exhibit B), pursuant to CJN-29-22, via our Council Delegate, Jimmy Yellowhair, for ARPA funding consideration from the Delegate Regional distribution; AND

- 6. That the Pinon Chapter, hereby, submits, pursuant to CJN-29-22, their Chapter's listed proposed projects with listed recipients that was duly considered and recommended by Chapter Resolution to the Navajo Hopi Land Commission, (see Exhibit C), from the Navajo Partition Land allocation for Modular Homes; AND
- 7. That it is in the best Health interests of Pinon Chapter and its community to have the Navajo Nation Council to fully consider to fully ARPA fund all of the Pinon Chapter's listed proposed projects on the attached Exhibits.

NOW, THEREFORE, BE IT RESOLVED THAT:

THE Pinon Chapter, hereby, pursuant to CJN-29-22, Approves and Recommends The Submission of the Chapter's Proposed Projects listed on the attached Exhibit A, Exhibit B and Exhibit C for Full Fundings Consideration by the Navajo Nation Council from Funds Allocated by the United States Congress, the American Rescue Plan Act, to Combat the Health Pandemic, COVID 19.

CERTIFICATION

| WE, the undersigned, hereby, certified that the fo | pregoing resolution was duly considered at a |
|--|--|
| duly called Pinon Chapter meeting at which a | quorum was present and same was duly |
| discussed and acted upon by a vote of 35 in f | avor, $\underline{\varnothing}$ opposed and $\underline{14}$ abstained |
| On the 10th day of October, 2022, at Pinon Chapte | er House, the Navajo Nation, Pinon, Arizona. |
| | |
| Motioned by: Laverne Gorney | Seconded by: Danny Luman |
| Bellie S. ally | 12- jun |
| Bessie S. Allen, Chapter President | Bill Yazzie, Chapter Vice-President |
| Ramona Nelwood | CONCURRED; Council Delegate |
| Pamana Nalygood Chanter Coaretem /Traces | |

Legislation CJN-29-22: \$8,802,340 mil per Delegate

Pinon Chapter equal distribution \$1,760,468 per 5 chapters

| | | Septic & Leech field repairs: 10 repairs @ |
|--------------|----------------------------|--|
| 260,468.00 | 1 | \$20,000 each |
| 1,000,000.00 | 2 | New Housing- 5 families have HSL |
| | | Housing renovations @ \$5000.00 ea = |
| 500,000.00 | 3 | 100 homes |
| 1,760,468.00 | | TOTAL |
| | 1,000,000.00 500,000.00 | 1,000,000.00 2 500,000.00 3 |

Legislation CJN-29-22: \$8,802,340 mil per Delegate Pinon Chapter equal distribution \$1,760,468 per 5 chapters

| | | Septic & Leech field repairs: 13 repairs @ |
|--------------------|---|--|
| \$ 260,468.00 | 1 | \$20,000 each |
| | | New Housing- 10 families have HSL @ |
| \$ 1,000,000.00 | 2 | \$100,000 |
| | | Housing renovations @ \$5000.00 ea = |
| \$ 500,000.00 | 3 | 100 homes |
| \$ - | 4 | |
| \$ 1,760,468.00 | | TOTAL |