



**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:** \_\_\_\_\_

**Eligibility Determination:**

- ☐ FRF eligible  
☐ FRF ineligible  
☐ Additional information requested

**FRF Eligibility Category:**

- |  |   |
|--|---|
| <input type="checkbox"/> (1) Public Health and Economic Impact | <input type="checkbox"/> (2) Premium Pay                            |
| <input type="checkbox"/> (3) Government Services/Lost Revenue  | <input type="checkbox"/> (4) Water, Sewer, Broadband Infrastructure |
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**U.S. Department of Treasury Reporting Expenditure Category:** \_\_\_\_\_  
\_\_\_\_\_

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

Name of DOJ Reviewer: \_\_\_\_\_

**Disclaimers:**

An NNDNJ Initial Eligibility Determination is based on the documents provided, which NNDNJ 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 NNDNJ. 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 NON-GOVERNANCE CERTIFIED CHAPTERS**

**Part 1. Identification of parties.**

Non-Governance Certified Chapter requesting FRF: TSE CH'IZHI CHAPTER Date prepared: 3/18/23

Chapter's PO BOX 4344 phone/email: (928) 728-3361  
mailing address: CHINLE, AZ 86503 website (if any): roughrock@navajochapters.org

This Form prepared by: \_\_\_\_\_ phone/email: (928) 206-9356  
SYLVIA HADLEY, SECRETARY/TREASURER shadley@navajochapters.org  
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: TSE' CH'IZHI' HOME WEATHERIZATION AND REHAB

Chapter President: BETTY DAILEY phone & email: (505) 408-3292, daileyb628@gmail.com

Chapter Vice-President: JAY R. NEZ phone & email: (505) 908-7773, jrnez@naataanii.org

Chapter Secretary: SYLVIA HADLEY phone & email: (928) 206-9356, shadley@navajochapters.org

Chapter Treasurer: SAME AS ABOVE phone & email: \_\_\_\_\_

Chapter Manager or CSC: VACANT phone & email: \_\_\_\_\_

DCD/Chapter ASO: CHINLE/EDGERTON GENE phone & email: (928) 674-2251, egene@nndcd.org

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): \_\_\_\_\_  
\_\_\_\_\_ ☐ document attached

Amount of FRF requested: \$208,000 FRF funding period: 4/1/23 - 12/13/26  
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:

The Tse Ch'izhi Chapter will use the funds to assist 150 households with home weatherization or renovations. The homes that need these will apply with the chapter and show proof/quotes of what is needed to ensure the safety and well-being of the household members. The Tse Ch'izhi Chapter will ensure that the funds expended will address public health challenges of homes and families who are in need of these renovations/weatherizations, which partly caused the unequal impact on the Navajo Nation.

☐ document attached

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

Within the Tse Ch'izhi Chapter, there are homes that are in dire need of weatherization or renovations. The purchase of supplies will ensure that the renovations/weatherization will be done in a timely manner. Once work is completed, the homes will be in good condition to live in. The Tse Ch'izhi Chapter residents will directly benefit from the purchase made on their behalf.

☐ document attached

(c) Provide 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

## APPENDIX A

Program(s) or Project(s) by December 31, 2026:

This project estimates the successful completion of approximately 8-10 a month and will obligate the funds no later than December 31, 2024 and will fully expend the funds no later than December 13, 2026.

☐ document attached

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

DCD will be the oversight of the sub-recipient agreement with Tse Ch'izhi Chapter to complete the services needed to ensure the renovations or weatherization are completed.

☐ 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 Home owner will be responsible for the upkeep after the completion is done.

☐ 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:

6.1 Provision of Government Services. The Tse Ch'izhi Chapter has had families in dire need of renovations or weatherization that had to forego due to the high rise of lumber and building supplies across the Navajo Nation. Due to this expensive rise in cost, the families were not able to purchase building supplies to make repairs to their homes. Some families have had to live in deplorable conditions and make do with temporary repairs that didn't last long with the extreme weather and following all CDC/NN Covid-19 guidelines.

☐ document attached

### Part 3. Additional documents.

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

☒ Chapter Resolution attached

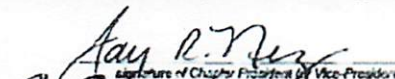
### Part 4. Affirmation by Funding Recipient.

Funding Recipient affirms that its receipt of Fiscal Recovery 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:

  
signature of Preparer/CONTACT PERSON

Approved by:

  
signature of Chapter President (or Vice-President)

Approved by:

  
signature of USC

Approved by:

  
signature of USC

Approved to submit  
for Review:

  
signature of UCD Director



FY 2023

# THE NAVAJO NATION PROGRAM BUDGET SUMMARY


 Page 1 of 1  
BUDGET FOR

PART I. Business Unit No.: NEW Program Title: Tsé Ch'izhi Chapter Home Weatherization & Rehab Division/Branch: DCD/Executive  
 Prepared By: Sylvia Hadley Phone No.: (928) 206-9356 Email Address: [shadley@navajochapters.org](mailto:shadley@navajochapters.org)

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 Total
NN Fiscal Recovery Funds	4/1/23-12/13/26	208,000.00	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		208,000	208,000
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				<b>TOTAL</b>		\$0.00	208,000.00	208,000
				PART IV. POSITIONS AND VEHICLES		(D)	(E)	
				Total # of Positions Budgeted:		0	0	
				Total # of Vehicles Budgeted:		0	0	
<b>TOTAL:</b>		\$208,000.00	100%					

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

SUBMITTED BY: James Adakai, Deputy Director  
 Program Manager's Printed Name

  
 Program Manager's Signature and Date

APPROVED BY: Calvin Castillo, Executive Director  
 Division Director / Branch Chief's Printed Name

 7/13/2023  
 Division Director / Branch Chief's Signature and Date

FY 2023

**THE NAVAJO NATION  
PROGRAM PERFORMANCE CRITERIA**

Page 2 of 2  
**BUDGET FOR**

**PART I. PROGRAM INFORMATION:**Business Unit No.: NEW

Program Name/Title:

Tsé Ch'izhi Chapter Home Weatherization & Rehab**PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:****PART III. PROGRAM PERFORMANCE CRITERIA:**

1st QTR		2nd QTR		3rd QTR		4th QTR	
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual

**1. Goal Statement:**Community outreach for applicants that need home weatherization and rehabilitation.**Program Performance Measure/Objective:**Accept applications and supporting documents.

				100		50	
--	--	--	--	-----	--	----	--

**2. Goal Statement:**Screen applicants for participation in program.**Program Performance Measure/Objective:**Select participants and notify them of selection.

						150	
--	--	--	--	--	--	-----	--

**3. Goal Statement:****Program Performance Measure/Objective:**

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**4. Goal Statement:****Program Performance Measure/Objective:**

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**5. Goal Statement:****Program Performance Measure/Objective:**

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**PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.**James Adakai, Deputy Director

Program Manager's Printed Name

Calvin Castillo, Executive Director

Division Director/Branch Chief's Printed Name



FY 2023

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

## PART I. PROGRAM INFORMATION:

Program Name/Title: Tsé Ch'izhi Chapter Home Weatherization & RehabBusiness Unit No.: NEW

## PART II. DETAILED BUDGET:

(A) Object Code (LOD 6)	(B) Object Code Description and Justification (LOD 7)	(C) Total by DETAILED Object Code (LOD 6)	(D) Total by MAJOR Object Code (LOD 4)
8500	INFRASTRUCTURE (non-cap) 8520 Weatherization Assistance	208,000	208,000

Total \$ 208,000 \$ 208,000

**THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE**

**Page 1 of 2  
PROJECT FORM**

<b>PART I. Business Unit No.:</b> <u>NEW</u> Project Title: <u>Tse Ch'izhi Weatherization/Rehabilitation Program</u> Project Description <u>Purchase supplies for registered household within the Tse Ch'izhi Chapter to weatherize or rehabilitate their home.</u> Check one box: <input checked="" type="checkbox"/> Original Budget <input type="checkbox"/> Budget Revision <input type="checkbox"/> Budget Reallocation <input type="checkbox"/> Budget Modification																		<b>PART II. Project Information</b> Project Type: <u>Weatherization or Rehabilitation</u> Planned Start Date: <u>4/1/2023</u> Planned End Date: <u>12/13/2026</u> Project Manager: <u>Sylvia Hadley</u>																
<b>PART III.</b> List Project Task separately; such as Plan, Design, Construct, Equip or Furnish.		<b>PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.</b>																								Expected Completion Date if project exceeds 8 FY Qtrs.								
		FY 2023												FY 2024																				
		1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			12/13/2026								
		O	N	D	J	F	M	A	M	J	Jul	A	S	O	N	D	J	F	M	A	M	J	Jul	A	S	O	N	D	J	F	M			
4/1/23 - 9/30/23 Compile listing of qualified households within the Tse Ch'izhi Chapter 10/1/23 - 9/30/25 Issuance of assistance to registered members for purchase of supplies 1/1/24 - 9/30/26 Quality Control to ensure weatherization or rehabilitation has been completed.								x	x	x	x	x	x																					
														x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
																x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
<b>PART V.</b>		\$			\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL								
Expected Quarterly Expenditures														26,000.00			26,000.00			26,000.00			26,000.00			104,000.00								

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



**THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE**

**Page 2 of 2  
PROJECT FORM**

<b>PART I. Business Unit No.: NEW</b>  Project Title: <u>Tse Ch'izhi Weatherization/Rehabilitation Program</u>  Project Description <u>Continued from previous page</u>  Check one box: <input checked="" type="checkbox"/> Original Budget <input type="checkbox"/> Budget Revision <input type="checkbox"/> Budget Reallocation <input type="checkbox"/> Budget Modification																		<b>PART II. Project Information</b>  Project Type: <u>Weatherization or Rehabilitation</u>  Planned Start Date: <u>4/1/2023</u>  Planned End Date: <u>12/13/2026</u>  Project Manager: <u>Sylvia Hadley</u>													
<b>PART III.</b> List Project Task separately; such as Plan, Design, Construct, Equip or Furnish.		<b>PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.</b>																								Expected Completion Date if project exceeds 8 FY Qtrs.					
		FY 2025												FY 2026																	
		1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.								
		O	N	D	J	F	M	A	M	J	Jul	A	S	O	N	D	J	F	M	A	M	J	Jul	A	S	O	N	D	J	F	M
4/1/23 - 9/30/23 Compile listing of qualified households within the Tse Ch'izhi Chapter																															
10/1/23 - 9/30/25 Issuance of assistant to registered members for purchase of supplies		x	x	x	x	x	x	x	x	x	x	x	x																		
1/1/24 - 9/30/26 Quality Control to ensure weatherization or rehabilitation has been completed.		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x						
10/1/26 - 12/13/26 Closeout of documents																										x	x	x			
<b>PART V.</b> Expected Quarterly Expenditures		\$			\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL					
		26,000.00			26,000.00			26,000.00			26,000.00															\$104,000.00					

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