



**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:**

- ☐ (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):**

- ☐ 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: \_\_\_\_\_

Signature of DOJ Reviewer: \_\_\_\_\_

**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](mailto: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 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: **Sanostee (TseAlnaoztii)**

Date prepared: **04/18/23**

Chapter's P O Box 219  
mailing address: **Sanostee, New Mexico 87461**

phone/email: **505-723-2703**  
website (if any): **sanostee@navajochapters.org**

This Form prepared by: **Jourdan Washburn**  
Secretary/Treasurer

phone/email: **505-723-2703**  
**chelseamoore@navajochapters.org**

CONTACT PERSON'S name and title

CONTACT PERSON'S info

Title and type of Project: **Helipad**

Chapter President: **Jeanne Haskie**

phone & email: **505-320-5605, jghaskie@naataani.org**

Chapter Vice-President: **Gerald Henderson**

phone & email: **505-354-9026, ghenderson@naataani.org**

Chapter Secretary: **Jourdan Washburn**

phone & email: **575-496-7735, chelseamoore@navajochapters.org**

Chapter Treasurer: **Jourdan Washburn**

phone & email: **575-496-7735, chelseamoore@navajochapters.org**

Chapter Manager or CSC: **vacant**

phone & email:

DCD/Chapter ASO: **Danielle Redhouse**

phone & email: **dredhouse@nndcd.org**

List types of Subcontractors or Subrecipients that will be paid with FRF (if known):

☐ document attached

Amount of FRF requested: **\$200,000.00** FRF funding period: **01/01/23- 9/30/26**  
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:

To plan, design and construct a helipad for emergency response purposes.

☐ document attached

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

There is a need for a properly designed and safe landing for the helicopter to land. Currently, we have used the chapter compound parking lot or the roads to land the aircraft (AirCare). The helipad will provide for a shortened period for the response time for these emergency responses.

☐ 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:

Funding - May/June 2023; Review and approval process through Navajo Nation departments and entities from June through August 2023; Land withdrawal process - August 2023; contracting with NDOT and entities for construction in September 2023 through October 2023; procurement and construction to be completed by May 2024.

☐ document attached

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

Tse Alnaoztii (Sanostee) Chapter will work in collaboration with NDOT and selected contractor to complete this project.

☐ 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:

Tse Alnaoztii (Sanostee) Chapter will be responsible for the operation and maintenance of the helipad location.

☐ 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:

Other Public Health services 1.12 for immediate emergency response when needed.  
1.7 Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency

☐ document attached

### Part 3. Additional documents.

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

Tse Alnaoztii (Sanostee) Chapter Resolution TAT-23-05-52

☐ Chapter Resolution attached

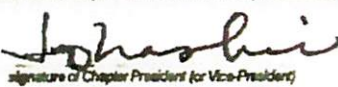
### Part 4. Affirmation by Funding Recipient.

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:

VACANT  
signature of CSC

Approved by:

  
signature of Chapter ASD

Approved to submit  
for Review:

  
signature of DCD Director



FY 2023

**THE NAVAJO NATION  
PROGRAM BUDGET SUMMARY**

Page 1 of 3  
BUDGET FORM 1

<b>PART I. Business Unit No.:</b> <u>New</u>		<b>Program Title:</b> <u>Tse Alnaoztii (Sanosiee) Chapter</u> <span style="color:blue; font-style:italic;">- Helpad</span>		<b>Division/Branch:</b> <u>Community Development</u>	
<b>Prepared By:</b> <u>Jourdan Washburn, Sec/Treasurer</u>		<b>Phone No.:</b> <u>505-723-2703</u>		<b>Email Address:</b> <u>sanosiee@navajochapters.org</u>	

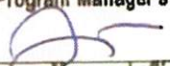
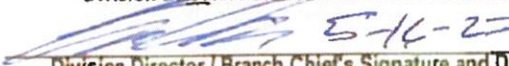
  

PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference or Total
CYJ-41-21 NN Recovery Fnd	01/01/23 - 9/30/26	\$ 200,000.00	100%	2001 Personnel Expenses				
				3000 Travel Expenses				
				3500 Meeting Expenses				
				4000 Supplies				
				5000 Lease and Rental				
				5500 Communications and Utilities				
				6000 Repairs and Maintenance				
				6500 Contractual Services	6		\$ 200,000.00	\$ 200,000.00
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				<b>TOTAL</b>		\$0.00	200,000.00	200,000

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

<b>PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.</b>	
<b>SUBMITTED BY:</b> <u>James Adakai, Delegated Department Manager II</u> <div style="text-align: center;"> <u>Program Manager's Printed Name</u>    <u>Program Manager's Signature and Date</u> </div>	<b>APPROVED BY:</b> <u>Calvin Castillo, Executive Director</u> <div style="text-align: center;"> <u>Division Director / Branch Chief's Printed Name</u>    <u>Division Director / Branch Chief's Signature and Date</u> </div>

FY 2023

**THE NAVAJO NATION  
PROGRAM PERFORMANCE CRITERIA**

Page 2 of 3  
BUDGET FORM 2

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

Program Name/Title:

Tse Alnaozdii (Sanostee) Chapter - Helipad**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:**

To plan, design and construct a complete helipad project.

Program Performance Measure/Objective:

To construct a helipad for emergency response purposes.

				1		1	
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**2. Goal Statement:**

Program Performance Measure/Objective:

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**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, Delegated Department Manager II

Program Manager's Printed Name


 5-16-23  
 Program Manager's Signature and Date

Calvin Castillo, Executive Director

Division Director/Branch Chief's Printed Name


 5/16/23  
 Division Director/Branch Chief's Signature and Date

FY 2023

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

## PART I. PROGRAM INFORMATION:

Program Name/Title: \_\_\_\_\_

Tse Alnaoztii (Sanostee) Chapter Helipad

Business Unit No.: \_\_\_\_\_

New

## 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)
6500	CONTRACTUAL SERVICES  Plan, design and construct a helipad, include architectural design and other technical services. \$200,000.00	\$ 200,000.00	\$ 200,000.00
TOTAL		\$ 200,000.00	\$ 200,000.00



Page 1 of 1  
PROJECT FORM

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