



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

Other Comments: _____

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.** 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: Toadlena/Two Grey Hills Date prepared: 06/14/23

Chapter's mailing address: PO Box 7894 phone & email: 505-789-3100
Newcomb, NM 87455 website (if any): _____

This Form prepared by: Leonarda Eldridge phone/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 Chapter Home 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 lspencer@navajochapters.org

Chapter Treasurer: Lolita Spencer phone & email: 505-486-6005 lspencer@navajochapters.org

Chapter Manager or CSC: Leonarda Eldridge phone & email: 505-603-3673 leldridge@nnchapters.org

DCD/Chapter ASO: Eliza-Beth Washburne phone & email: 505-368-1023 eliza-beth@nndcd.org

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

Amount of FRF requested: \$300,000.00 FRF funding period: 07/01/2023 - 02/28/2026
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:

Plan, design, and repair homes for one hundred (100) community members that live in existing structures that experienced damages to roofing, walls, and ceiling including structural damages as result of natural disaster, severe wind storms, and monsoons. The Home Improvement project will address delayed housing repairs due to the costly and shortages of housing material supply as a direct result of the Covid-19 pandemic. The community members will need to fill out a Housing Discretionary application for eligibility. document attached

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

It is essential to take steps to make preparations with repairs in order to withstand upcoming severe storms and protect the interior of family homes. 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:

Prospective Timeline:

Home Assessments: July, 2023 - October, 2023. Plan & Design each unit: November, 2023 - February, 2024. Procurement of Contracts: March, 2024 - June, 2024. Housing Material Procurement: July, 2024 - December, 2024. Construction/Repair: January, 2025 - February, 2026. Completion & Project Close-out set for February 28, 2026.

document attached

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

Toadlena/Two Grey Hills Chapter in collaboration with the Capital Projects Management Department will be responsible for implementing the 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:

The homeowners will be responsible for operations and the maintenance upkeep costs once the projects are completed. No other incurred expense by the Toadlena/Two Grey Hills Chapter.

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:

3: Services to Disproportionately Impacted Communities

3.12 - Housing Support: - Other Housing Assistance

The Home Improvement Project will address the housing material supply shortages and delayed housing repairs as a result of the Covid pandemic.

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: Leonarda Eldridge
signature of Preparer/CONTACT PERSON

Approved by: [Signature]
signature of Chapter President (or Vice-President)

Approved by: Leonarda Eldridge
signature of Chapter Manager or CSC

Approved by: [Signature]
signature of DCD/Chapter ASO

Approved to submit for Review: [Signature]
signature of DCD Director

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

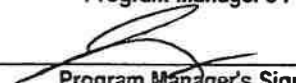

PART I. PROGRAM INFORMATION:

Business Unit No.: NEW Program Name/Title: Toadlena/Two Grey Hills Chapter Home Improvement Project

PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:
 The Toadlena/Two Grey Hills Chapter Operational Plan is to achieve Home Improvement with roofing, ceiling, or wall repairs and renovations for a hundred (100) community members. TDL/TGH Chapter Resolution is forthcoming. The program/project purpose is to support Navajo families delayed by high prices of housing materials due to the COVID-19 pandemic.

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, & construct major home improvement repairs/renovations. Program Performance Measure/Objective: _____ To construct home improvement repairs/renovations such as roof/ceiling or wall repairs.							100	
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.

<u>Jaron Charley, Dept. Manager II</u> Program Manager's Printed Name	Calvin Castillo, Division Director Division Director/Branch Chief's Printed Name
 Program Manager's Signature and Date	 Division Director/Branch Chief's Signature and Date

FY 2023

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

Page 1 of 3
BUDGET FORM 1

PART I. Business Unit No.: NEW Program Title: Toadlena/Two Grey Hills Chapter Home Improvement Project Division/Branch: Community Development
 Prepared By: Leonarda Eldridge Phone No.: 505-789-3100 Email Address: twogreyhills@navajochapters.org

PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	(A)	(B)	(C)
						NNC Approved Original Budget	Proposed Budget	Difference or Total
CJY-41-21 NN Recovery Fund	7/1/2023-2/28/2026	300,000.00	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		300,000	300,000
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	300,000.00	300,000
				PART IV. POSITIONS AND VEHICLES		(D)	(E)	
				Total # of Positions Budgeted:				
				Total # of Vehicles Budgeted:				
TOTAL:		\$300,000.00	100%					

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

SUBMITTED BY: Jaron Charley, Dept. Manager II APPROVED BY: Calvin Castillo, Division Director
 Program Manager's Printed Name Division Director / Branch Chief's Printed Name
8-29-23 8/28/2023
 Program Manager's Signature and Date Division Director / Branch Chief's Signature and Date

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Toadlena/Two Grey Hills Chapter Home Improvement Project</u>		Business Unit No.: <u>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)
6960	SUB-CONTRACTED SERVICES 6990 - Sub-Contracted Services Plan, assessments & repair of roofs, ceilings, & walls, including design & other technical services . \$300,000.00	300,000	300,000
TOTAL		300,000	300,000

TOADLENA/TWO GREY HILLS CHAPTER HOUSING DISCRETIONARY ASSISTANCE CHECKLIST OF REQUIRED DOCUMENTS

APPLICANT'S
NAME: _____

DATE SUBMITTED: _____

		Chapter Administration Only
_____	1 HOUSING APPLICATION	Yes / No
_____	2 INCOME VERIFICATION STATEMENT	Yes / No
_____	3 MAP TO PROPERTY	Yes / No
_____	4 EVIDENCE OF LAND OWNERSHIP (Homesite Lease or Affidavit)	Yes / No
_____	5 AUTHORIZATION FOR RELEASE OF INFORMATION	Yes / No
_____	6 HOUSING MATERIAL AGREEMENT	Yes / No
_____	7 COPY OF SOCIAL SECURITY CARD FOR EACH HOUSEHOLD MEMBER	Yes / No
_____	8 COPY OF CERTIFICATE OF INDIAN BLOOD FOR EACH HOUSEHOLD MEMBER	Yes / No
_____	9 VERIFICATION OF CHAPTER VOTER REGISTRATION	Yes / No
_____	10 REFERRAL FROM PHYSICIAN(S), IF APPLICABLE	Yes / No
_____	11 THREE (3) QUOTATIONS FROM SEPARATE VENDORS	Yes / No
_____	12 VETERAN'S HOUSING - DD214 REQUIRED	Yes / No

REQUESTING ASSISTANCE IN THE FOLLOWING:

CATEGORY:	A <i>Heating Stove</i>	B <i>Minor Repair</i>	C <i>Major Repair</i>	D <i>Addition</i>
FUNDS AVAILABILITY:	\$ 500.00	\$ 500.00	\$ 1,500.00	\$ 2,000.00
CATEGORY:	E <i>Home Site Surveys & Arch Clearance</i>	F <i>Water Heater</i>	G <i>Handicap Ramp</i>	H <i>Bathroom Addition (OEH Approved Only)</i>
FUNDS AVAILABILITY:	\$ 500.00	250.00 - 450.00		

FOR CHAPTER ADMINISTRATION USE ONLY

NOTES: _____

**TOADLENA/TWO GREY HILLS CHAPTER
Housing Assistance Application**

I. APPLICANT INFORMATION:

	Name:	Date of Birth	Social Security No.	Census No.
Applicant				
Co-Applicant				

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____

HOUSEHOLD INFORMATION:

List all household members:

	Name	Date of Birth	Age	Reg Voter	School Enroll	Income
1						
2						
3						
4						
5						
6						
7						
8						

Total annual income: _____

Is any member of your household disabled, handicap, or have a severe health condition?

No Yes

Briefly describe the condition and attach doctor's statement.

II. HOUSING INFORMATION

Current living conditions:

What are the funds being requested for:

Size of House (In Feet): _____

Number of Bedrooms: _____

Do you own any other house? [] NO [] YES

Location: _____

Occupied By: _____

Did you or any member of your household apply or receive Housing Discretionary Funding before?

No

Yes

Applicant Name: _____

IV UTILITY INFORMATION

Is electricity available? Yes No

If No, name of nearest resident with utility: _____

How far is the nearest powerline: _____

Is water available? Yes No

Water System: Private Well Community Tank

If No, name of nearest resident with waterline: _____

How far is the nearest waterline: _____

Is Septic tank available? Yes No

Sewer System: Outhouse Septic System _____

If No, name of nearest resident with septic system: _____

III LAND INFORMATION

Please Note: LAND PERMIT USE IS NOT CONSIDERED A HOMESITE LEASE.

Do you have a Homesite Lease? Yes No

If No, please explain: _____

Do you have a secondary home owner on the home site lease: Yes No

Name: _____

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Signature of Applicant

Date

Signature of Co-Applicant

Date

**TOADLENA/TWO GREY HILLS CHAPTER
HOUSING ASSISTANCE APPLICATION**

VERIFICATION OF INCOME

Date: _____
Applicant: _____
Social Security No.: _____

The Toadlena/Two Grey Hills Chapter is requesting your assistance to verify income information for family members applying for assistance under the Chapter Housing Assistance Program. To assist our office we are asking your office to provide us with income information as requested at the below. Information provided will be confidential for use only in determining eligibility of the Chapter Housing Assistance. Your cooperation will be greatly appreciated.

Respectfully,

Chapter Administration Staff

TO BE COMPLETED AND SIGNED BY APPLICANT'S EMPLOYER OR ASSISTING AGENCY.

Employed since: _____ Occupation: _____
Salary _____ Base Pay-rate: _____
Date present rate effective: _____
Average hours per week: _____
Total monthly income \$ _____

Type of assistance: _____
Total monthly income: \$ _____

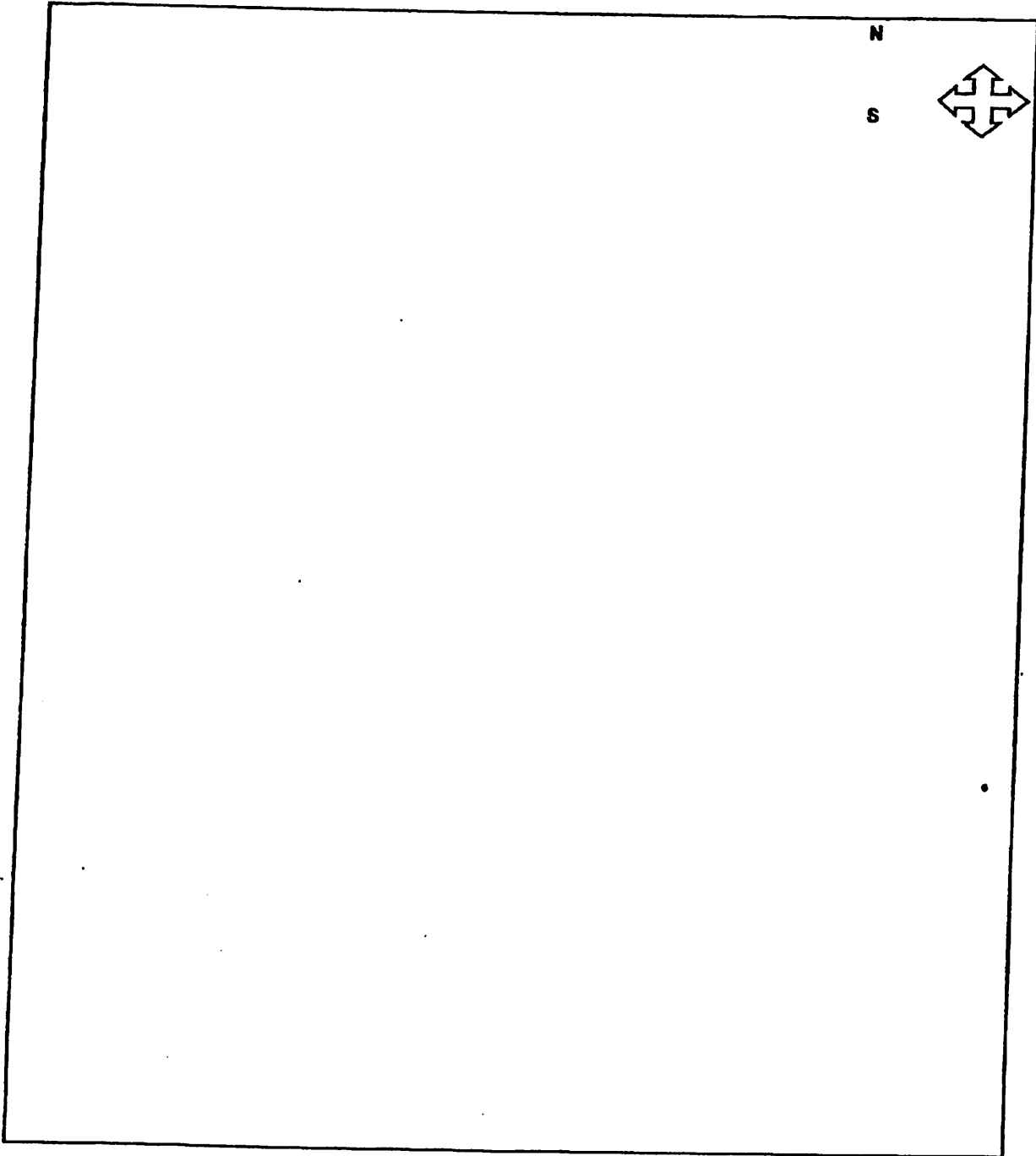
Employer/Agency Name: _____
Person filling out information: _____
Title: _____
Date: _____

Exhibit O

**TOADLENA/TWO GREY HILLS CHAPTER
HOUSING ASSISTANCE APPLICATION**

MAP TO PROPERTY
(Project Site Location)

Applicant: _____



**TOADLENA/TWO GREY HILLS CHAPTER
HOUSING ASSISTANCE APPLICATION**

AUTHORIZATION FOR RELEASE OF INFORMATION

I/We, _____ hereby authorize
the Toadlena/Two Grey Hills Chapter Administration Staff to verify the
information given in the Housing Application. Further, I hereby release all
persons and organizations from Liability for providing Legally-referent
information in connection with my Housing Application.

Signatures :

Applicant

Date

Co-Applicant

Date

**TOADLENA/TWO GREY HILLS CHAPTER
HOUSING ASSISTANCE APPLICATION**

HOUSING MATERIAL AGREEMENT

I, _____ and _____
agree to allow Toadlena/Two Grey Hills Chapter authorization to pick up
and remove from my homesite lease/retrieve any and all unused/excess
housing materials purchase with Chapter funds not utilized after a period
of 6 months.

Signatures :

Applicant

Date

Co-Applicant

Date

Witness:
