



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

Signature of DOJ Reviewer: lorenzo Curley

**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 NON-GOVERNANCE CERTIFIED CHAPTERS

**Part 1. Identification of parties.**

Non-Governance Certified Chapter requesting FRF: Gad ii'ahi/To'koi Chapter Date prepared: 08/07/23

Chapter's mailing address: PO Box 1318, Shiprock NM 87420 phone/email: (505)635.0620  
website (if any): gadiiahi.navajochapters.org

This Form prepared by: Amber Kanazbah Crotty phone/email: acrotty@navajo-nsn.gov  
Council Delegate

*CHAPTER CONTACT PERSON'S name and title*

Title and type of Project: Home Renovations & Repairs

Chapter President: Harry Descheene phone & email: 505.635.0620, hdescheene@hotmail.com

Chapter Vice-President: Arnold Nelson phone & email: 505.635.0620, acenavajo@yahoo.com

Chapter Secretary: Sylvia Tyler phone & email: 505.635.0620, styler3live@gmail.com

Chapter Treasurer: Sylvia Tyler phone & email: 505.635.0620, styler3live@gmail.com

Chapter Manager or CSC: Lynda Hayes phone & email: 505.635.0620, bylillee1@gmail.com

DCD/Chapter ASO: Danielle Redhouse phone & email: (505)368.1024, dredhouse@nndcd.org

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

document attached

Amount of FRF requested: \$750,000.00 FRF funding period: 1/1/2023-12/30/2026  
*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:

The Home Renovation & Repair project will assist 25-30 local community members in the Gad ii'ahi/To'koi Chapter depending on the needs. Each home will be assessed and evaluated to determine the type of work needed. It may include exterior repair and or replacement of Roofs, Walls, Windows, Doors, Painting, etc. Interior work may include ceiling, walls, floors, doors, electrical, plumbing, kitchen, kitchen appliances, heating stoves, and or ADA accessibility- based on needs interior/exterior.

document attached

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

To assist community members of Gad ii'ahi/To'koi Chapter who live in substandard and or damaged homes by improving their quality of lives, improving their homes, and providing a safe/sanitary home for community members.

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:

Gad ii'ahi/To'koi Chapter will work the assigned IDIQ firm, and contractors to complete the project.

document attached

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

Gad ii'ahi/To'koi Chapter Coordinator-Lynda Hayes will work with the FRF, DCD, IDIQ Firm, and contractors

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 the upkeep and maintenance of their homes.

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:

2.18; Housing Support: To assist community members living in substandard and or damaged homes by improving their quality of lives, improving their homes, and providing a safe/sanitary home for community members.

document attached

**Part 3. Additional documents.**

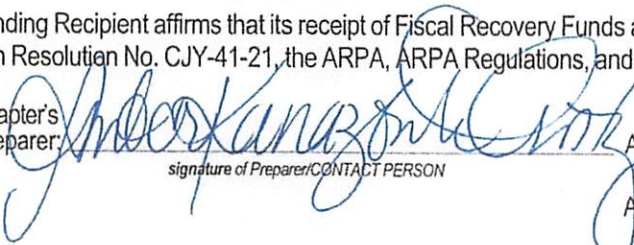
List here all additional supporting documents attached to this FRF Expenditure Plan (or indicate N/A):

Housing Assesment Form-

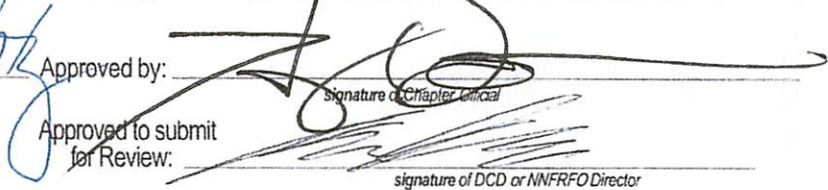
**Part 4. Affirmation by Funding Recipient.**

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

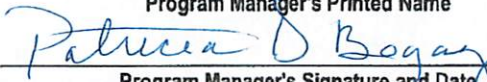
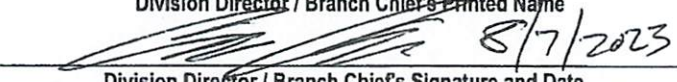
Approved by:

  
signature of Chapter Official

Approved to submit for Review:

signature of DCD or NNFRFO Director



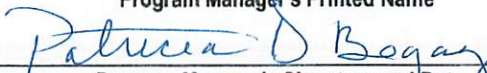

<b>PART I. Business Unit No.:</b> <u>NEW</u>				<b>Program Title:</b> <u>Home Renovations &amp; Repairs</u>				<b>Division/Branch:</b> <u>Gad li'ahi/To'koi Chapter</u>			
<b>Prepared By:</b> <u>Amber Kanazbah Crotty</u>				<b>Phone No.:</b> <u>505.635.0620</u>				<b>Email Address:</b> <u>acrotty@navajo-nsn.gov</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	1/1/2023-9/30/2026	750,000.00	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	0	750,000	750,000		
				7000	Special Transactions						
				8000	Public Assistance						
				9000	Capital Outlay						
				9500	Matching Funds						
				9500	Indirect Cost						
				<b>TOTAL</b>			\$0.00	750,000.00	750,000		
				<b>PART IV. POSITIONS AND VEHICLES</b>			(D)	(E)			
				Total # of Positions Budgeted:				0			
				Total # of Vehicles Budgeted:				0			
<b>TOTAL:</b>				\$750,000.00	100%						
<b>PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.</b>											
<b>SUBMITTED BY:</b> <u>Patricia Begay, Program Manager (D)</u>				<b>APPROVED BY:</b> <u>Calvin Castillo, Director</u>							
Program Manager's Printed Name				Division Director / Branch Chief's Printed Name							
											
Program Manager's Signature and Date				Division Director / Branch Chief's Signature and Date							
08/07/2023				8/7/2023							

**PART I. PROGRAM INFORMATION:**  
 Business Unit No.: NEW Program Name/Title: Home Renovations & Repairs

**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: Assist 25-30 community members of Gad ii'ahi/To'koi Chapter In home renovations and repairs Program Performance Measure/Objective: Improve Community Members livelihood, homes, health and sanitation.			10		10		10	
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.**

Patricia Begay, Program Manager (D) _____ Program Manager's Printed Name  Program Manager's Signature and Date <u>08/07/2023</u>	Calvin Castillo, Director _____ Division Director/Branch Chief's Printed Name  Division Director/Branch Chief's Signature and Date <u>8/7/2023</u>
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PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Home Renovations &amp; Repairs</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)
6500	Contractual Services 6960- Home Renovations & Repairs for Gad ii'ahi/To'koi Chapter Community Members	750,000	750,000
<b>TOTAL</b>		750,000	750,000

# Gad ii'ahi/To'koi Chapter Community Assessment- 2023

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	Yes	No	Comments
<b>Land Use Permit</b>			
<b>Do you irrigate for the farm?</b>			
<b>Do you plant on the farm?</b>			
<b>Livestock (Horses, Cattle, Sheep, Etc.)</b>			
<b>Haul Water for Livestock? From Where?</b>			
<b>Grazing Permit?</b>			
<b>Is the Grazing Permit valid?</b>			
<b>Current Tally Count:</b>			
<b>Home Site Lease for Current home?</b>			



**Household Information**

Do you have a copy of the homesite lease?

Name:	Gender:	Age:	In School:	Grade Level Completed:	Tribe Affiliation:	Attend Which School:	Registered Voter:	Disabled:	Veteran:	Employed:

**Living Conditions**

**Additional**

**Heating Conditions**

How do you heat your home:

Does your home have the following utilities:

Do you or your family have the following:

	Yes	No
<i>Electric</i>		
<i>Water</i>		
<i>Internet</i>		
<i>Septic Tank</i>		
<i>Cistern</i>		
<i>Solar</i>		

	Yes	No
<i>Firewood Stove</i>		
<i>Coal Stove</i>		
<i>Stove Pellet Stove</i>		
<i>Propane</i>		

Do you have any of the following:

	Yes	No	Comments

<b>Family Cemetery- Legally Withdrawn?</b>			
<b>Home Garden</b>			
<b>Family Emergency Plan &amp; Supplies</b>			
<b>Good Cell Service</b>			
<b>Cabin in the Mountains</b>			
<b>Do you participate in Chapter Meetings?</b>			
<b>Do you know what the Chapter Subcommittees are?</b>			

**(3) recommendations of services that you feel are most needed in this community and why are they needed:**

●

**Official Use Below:**

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Interviewer: \_\_\_\_\_


Date: \_\_\_\_\_



DCDA-M23087

**MEMORANDUM**

TO : DCD Departments and Programs  
All Concerned

FROM :   
Calvin Castillo, Division Director  
Division of Community Development

DATE : July 21, 2023

SUBJECT : **Delegation of Authority for Administrative Service Centers**

Effective today, Ms. Patricia D. Begay is delegated the authority as the Department Manager II for the Administrative Services Centers. She is responsible for managing and overseeing the department. This delegation is effective until further notice.

Your assistance and cooperation is appreciated.

**ACKNOWLEDGEMENT:**



Patricia D. Begay, Senior Programs and Projects Specialist  
Administrative Service Centers  
Division of Community Development

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