



**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 0650

**Date & Time Received:** 09/12/23 at 08:30

**Date & Time of Response:** Sept. 14, 2023 at 1200 hr.

**Entity Requesting FRF:** Toadlena/Two Grey Hills Chapter

**Title of Project:** Toadlena/Two Grey Hills Chapter Rural Addressing Project

**Administrative Oversight:** Division of Community Development

**Amount of Funding Requested:** \$100,000.00

**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:** \_\_\_\_\_  
1.14 Other Public Health Services

**Returned for the following reasons (Ineligibility Reasons/Paragraphs 5.E.(1)-(10) of FRF Procedures):**

- |                                                                                                          |                                                                          |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <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 |                                                                          |

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of DOJ Reviewer: Lorenzo Curley

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 **GOVERNANCE-CERTIFIED CHAPTERS**

**Part 1. Identification of parties.**

Governance-Certified Chapter requesting FRF: Toadlena/Two Grey Hills Chapter Date prepared: 06/14/2023

Chapter's mailing address: P.O. Box 7894 phone & email: 505-789-3100  
Newcomb, New Mexico 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 Rural Addressing Project

Chapter President: Kerby Johnson phone & email: 505-406-4825 kjohnson@naataanii.org

Chapter Vice-President: Andrew Deschenie 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: \$100,000.08 FRF funding period: 07/01/2023- 09/30/2026  
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:

To establish a more uniform Rural Addressing system as a urban identification by updating the Rural Addressing maps and installation of signs for new addresses to ensure Public Safety effectiveness. The Toadlena/Two Grey Hills community population dynamics show residential change and growth of families. The Rural Addressing Project will benefit an influx of 50 people moving back to Toadlena and Two Grey Hills communities.

document attached

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

To improve E911 communication and emergency dispatch management that will benefit the Navajo families in the Toadlena/Two Grey Hills communities in case of emergency.

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:

Project Propsoal/Funding will begin July 2023-October 2023, Positioning/Hiring to begin on November 2023-February 2024. Procurement of Hardware to begin on March 2024-June 2024, Installation stage will begin on July 2024-August 2026 and completion date of September 30,2026.

document attached

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

The Toadlena/Two Grey Hills Chapter will collaborate with the Division of Community Development with the implementation of the Rural Addressing 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 Toadlena/Two Grey Hills Chapter will be responsible for the maintance cost after the completion of the Rural Addressing System Project.

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:

- 1: Public Health
- 1.12 Other Public Health Servies

To improve E911 communication and emergency dispatch location management for Public Safety as well as State & Federal Regulation complinancy.

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 BUDGET SUMMARY



PART I. Business Unit No.: NEW Program Title: Toadlena/Two Grey Hills Chapter Rural Addressing 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		(A)	(B)	(C)
				Fund Type Code	NCN Approved Original Budget	Proposed Budget	Difference or Total	
CJY-41-21 NN Recovery Fund	1/1/2023-09/30/2024	100,000.08	100%	2001	Personnel Expenses			
				3000	Travel Expenses			
				3500	Meeting Expenses			
				4000	Supplies	6	67,002	67,002
				5000	Lease and Rental			
				5500	Communications and Utilities			
				6000	Repairs and Maintenance			
				6500	Contractual Services			
				7000	Special Transactions			
				8000	Public Assistance	6	32,998	32,998
				9000	Capital Outlay			
				9500	Matching Funds			
				9500	Indirect Cost			
				TOTAL		\$0.00	100,000.08	100,000
TOTAL:				\$100,000.08	100%	PART IV. POSITIONS AND VEHICLES		
				Total # of Positions Budgeted:		(D)	(E)	
				Total # of Vehicles Budgeted:				

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

SUBMITTED BY: Janin Chaney, Dept. Manager 11 APPROVED BY: Calvin Castillo, Division Director  
 Program Manager's Printed Name Division Director / Branch Chief's Printed Name  
Janin Chaney 8-29-23 Calvin Castillo 8/28/2023  
 Program Manager's Signature and Date Division Director / Branch Chief's Signature and Date

THE NAVAJO NATION  
PROGRAM PERFORMANCE CRITERIA

<b>PART I. PROGRAM INFORMATION:</b>									
Business Unit No.: <u>NEW</u>			Program Name/Title: <u>Toadlena/Two Grey Hills Chapter Rural Addressing Project</u>						
<b>PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:</b>									
Toadlena/Two Grey Hills Chapter Operational Plan is to continue and complete the Rural Addressing and achieve Public Safety Emergency response management. TDL/TGH Chapter Resolution is forthcoming. The purpose of the program is to support the demands of population growth in the communities.									
<b>PART III. PROGRAM PERFORMANCE CRITERIA:</b>									
		1st QTR		2nd QTR		3rd QTR		4th QTR	
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement:									
To continue and complete the rural addressing project to ensure Public Safety effectiveness.									
Program Performance Measure/Objective:									
To complete the rural addressing project for community and emergency response management.								50	
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:									
<b>PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.</b>									
<u>Jaron Marley, Dept. Manager II</u>				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 Rural Addressing 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)
8000 815	<b>PUBLIC ASSISTANCE</b> <i>Chapter</i> 8715 - Grant 1 Rural Addressing Technician      \$29,600.00 Fringe Benefits                              \$3,398.08	32,998	100,000
4410	<b>OPERATING SUPPLIES</b> 4400 Operating Supplies, gloves, vests      \$8,001.00 4420 Operating Supplies, Road signs, house signs, and post pounder      \$59,001.00	67,002	
<b>TOTAL</b>		100,000	100,000

**THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE**

<b>PART I. Business Unit No.:</b> <u>NEW</u> <b>Project Title:</b> <u>Toadlena/Two Grey Hills Chapter Rural Addressing Project</u> <b>Project Description:</b> <u>Toadlena/Two Grey Hills Chapter Rural Addressing Project</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> <b>Project Type:</b> <u>TDL/TGH Chapter Rural Addressi</u> <b>Planned Start Date:</b> <u>7/1/2023</u> <b>Planned End Date:</b> <u>9/30/2026</u> <b>Project Manager:</b> <u>TDL/TGH Chapter</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										Date <u>09/30/2026</u>												
		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	M	J	J	A	S	O			
Project Proposal/Funding Position Hiring Hardware Procurement Installation of signs Project Close-out											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																								\$100,000.00										

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