



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 #: HK0405

Date & Time Received: 1/23/23

Date & Time of Response: 02/16/23 at 1:15pm, 7/13/23 at 17:00

Entity Requesting FRF: Crystal Chapter

Title of Project: Rural Addressing

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$155,000

Eligibility Determination:

- ☒ FRF eligible
☐ FRF ineligible
☐ Additional information requested

FRF Eligibility Category:

- | | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" 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: 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: The expenditure code has been changed from 1.12 to 1.14. The U.S. Department of Treasury updated the expenditure codes and the numeric value of "Other Public Health Services" was changed.

DOJ is reissuing this initial eligibility determination in order to correct an error with the identified Administrative Oversight entity. We recommend that the Administrative Oversight entity for this expenditure plan be the Division of Community Development rather than the Chapter President.

Name of DOJ Reviewer: Veronica Blackhat, Asst. Attorney General, Natural Resources Unit

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 NNDJOJ Initial Eligibility Determination is based on the documents provided, which NNDJOJ 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 NNDJOJ. 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: Crystal Chapter Date prepared: 11/13/22

Chapter's mailing address: PO Box 775 phone/email: 505.777.2800, crystal@
Navajo, NM 87328 website (if any): https://crystal@navajoc

This Form prepared by: Kristin Damon phone/email: 505.777.2800
Community Services Coordinator kdamon@nnchapters
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Rural Addressing

Chapter President: Patricia Slim phone & email: 928.206.8652, plslim@naat

Chapter Vice-President: LaVerne Johnson phone & email: 505.906.1205, ljohnson@na

Chapter Secretary: Marchelle Hardy phone & email: 505.979.2850, mhardy@na

Chapter Treasurer: Marchelle Hardy phone & email: 505.979.2850, mhardy@na

Chapter Manager or CSC: Kristin Damon phone & email: 505.777.2800, kdamon@nr

DCD/Chapter ASO: Derek Echohawk phone & email: 928.266.3153, ddechohawk@nndcd.org

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

☐ document attached

Amount of FRF requested: \$155,000 FRF funding period: January 2023 - December 31, 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:

Purchase the Rural Addressing signage system and complete installation for the Crystal Chapter Community. Signage will improve delivery of public safety and emergency communication services including time-sensitive services of ambulance, fire trucks and school bus access. Project will require employing a GIS technician or Project Manager to oversee the planning and coordination of the Rural Addressing installation according to project milestones. Serve as point of contact, coordinate with suppliers, and communicate progress/obstacles with Chapter Administration, Chapter Leadership and the Chapter Membership. Install will meet NNRAID (NN rural addressing implementation) standards.

☐ document attached

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

Crystal Chapter serves 300-400 community members; many living in remote locations. Crystal Chapter's goal is to enhance the quality of life implementing measures to assist with safety and public health for all members. Improve response time for 911 services. Installation will meet NNRAID (NN rural addressing implementation document) standards.

☐ 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

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

January 2023 – December 31, 2026

☐ document attached

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

Navajo Nation Rural Addressing Authority, DCD, NNFRF, the Crystal Chapter, CLUP, and other committees or volunteers.

☐ 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:

e) Crystal Chapter Administration, Chapter Budget Funds

☐ 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:

1.12 (Other Public Health Services) - Crystal Chapter serves 400+ members living in remote locations. Signage would enhance 911 emergency services, improve access by school buses and speed of fire truck access. These improvements in response enhances the quality of life and public health for its members.

☐ document attached**Part 3. Additional documents.**

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

- Crystal Rural Addressing Project SOW
- Crystal Rural Addressing Sign Info
- Crystal Rural Addressing Materials, Crystal Rural Addressing Sign Quotes
- CRY 11-2022-030

☒ 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 CSC

Approved by:

signature of Chapter ASO

12/15/2022

Approved to submit
for Review:

signature of DCD Director

FY 2023

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

Page 1 of 1
BUDGET FORM 1

PART I. Business Unit No.: <u>New</u>		Program Title: <u>Crystal Chapter</u>		Division/Branch: <u>Div of Community Development</u>	
Prepared By: <u>Kristin Damon</u>		Phone No.: <u>505.777.2800</u>		Email Address: <u>kdamon@nnchapters.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
NN Fiscal Recovery Funds	<u>11/01/2023-12/31/2026</u>	155,000.00	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	<u>6</u>	<u>0</u>	<u>\$155,000</u>	<u>\$155,000</u>
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	<u>\$155,000.00</u>	<u>\$155,000.00</u>

PART IV. POSITIONS AND VEHICLES	(D)	(E)
Total # of Positions Budgeted:	<u>0</u>	<u>0</u>
Total # of Vehicles Budgeted:	<u>0</u>	<u>0</u>

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.	
SUBMITTED BY: <u>Sonlatsa Jim-Martin, ASC Department Manager</u> <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <u>Sonlatsa Jim</u> Program Manager's Printed Name <u>Sonlatsa Jim</u> Program Manager's Signature and Date </div> <div> 12/15/2022 </div> </div>	APPROVED BY: <u>Dr. Pearl Yellowman, Executive Director</u> <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <u>Pearl Yellowman</u> Division Director / Branch Chief's Printed Name <u>Pearl Yellowman</u> Division Director / Branch Chief's Signature and Date </div> <div> 12.15.22 </div> </div>

FY 2023THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIAPage 2 of 3
BUDGET FORM 2

PART I. PROGRAM INFORMATION:

Business Unit No.: New Program Name/Title: Crystal Chapter Rural Addressing

PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:

Crystal Chapter Resolution CRY-2022-11-30

PART III. PROGRAM PERFORMANCE CRITERIA:

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

1. Goal Statement:

Install Rural Addressing signage to assist with safety and pulic health for all members

Program Performance Measure/Objective:

				X		X	
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2. Goal Statement:

Improve response time for 911.

Program Performance Measure/Objective:

						X	
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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.

Kristin Damon, Crystal CSC

Program Manager's Printed Name

Program Manager's Signature and Date

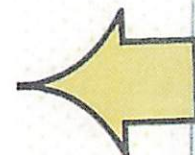
4/11/23

James Adakai, Deputy Director

Calvin Castillo, Executive Director

Division Director/Branch Chief's Printed Name

Division Director/Branch Chief's Signature and Date

1/18/23

HERE

FY 2023

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

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BUDGET FORM 4

[illegible]

Page 1 of 1
PROJECT FORM

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