



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:

- | | |
|--|---|
| <input 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: _____

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: _____

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 NON-GOVERNANCE CERTIFIED CHAPTERS

Part 1. Identification of parties.

Non-Governance Certified Chapter
requesting FRF: **ROCK POINT CHAPTER**

Date prepared: **3/28/23**

Chapter's **PO BOX 190**
mailing address: **ROCK POINT, AZ 86545**

phone/email: **(928) 659-4350-4351**
website (if any): **rockpoint@navajochapters.org**

This Form prepared by: **CHARLENE KIRK**
COMMUNITY SERVICES COORDINATOR

phone/email: **(928) 659-4350**
kirkshyenenne@nnchapters.org

CONTACT PERSON'S name and title

CONTACT PERSON'S info

Title and type of Project: **ROCK POINT COMMUNITY PROPANE ASSISTANCE**

Chapter President: **PATTERSON YAZZIE**

phone & email: **(505) 399-0414, pyazzie@naataanii.org**

Chapter Vice-President: **JANICE JIM**

phone & email: **(928) 245-7002, jimjan56@hotmail.org**

Chapter Secretary: **NANCY J. HARVEY**

phone & email: **(928) 349-2369, nancyjharvey@hotmail.org**

Chapter Treasurer: **SAME AS ABOVE**

phone & email:

Chapter Manager or CSC: **CHARLENE KIRK**

phone & email: **(928) 659-4350, kirkshyenenne@nnchapters.org**

DCD/Chapter ASO: **CHINLE/EDGERTON GENE**

phone & email: **(928) 674-2251, egene@nndcd.org**

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

☐ document attached

Amount of FRF requested: **\$84,375**

FRF funding period: **April 01, 2023 to December 13, 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 Rock Point Chapter will use the funds to purchase propane to assist 225 residents. The residents have not been able to take part of the propane distribution at the Chapter due to having a permanent tank at their residence. The Rock Point Chapter will ensure that the funds expended will address public health challenges that partly caused the unequal impact on the Navajo Nation.

☐ document attached

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

Within the Rock Point Chapter, some residents were forced to order less propane due to rising costs. The propane will provide residents easier access to heating and cooking for their family. The Rock Point Chapter residents will directly benefit from the propane delivery.

☐ 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:

This project estimates that the Rock Point Chapter will purchase and have delivered to 225 residences as soon as the contract is processed. The Rock Point Chapter will obligate the funds no later than December 31, 2024 and will fully expend the funds no later than December 13, 2026.

☐ document attached

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

DCD will be the oversight of the sub-recipient agreement with Rock Point Chapter to complete the services and delivery needed to their residents.

☐ 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 Rock Point resident will ensure that the delivery is done in a timely manner and is used conservatively.

☐ 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:

2.2 Household Assistance: Rent, Mortgage and Utility Aid. The propane delivery addresses the conditions that contributed to poor public health and economic outcomes during the pandemic, namely concentrated areas with limited economic opportunity.

☐ document attached

Part 3. Additional documents.

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

Resolution
Quote

☐ 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

Approved to submit
for Review:

signature of DCD Director

FY 2023


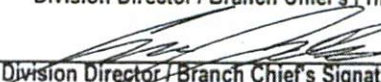
**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

Page 1 of 3
BUDGET FORM 1

PART I. Business Unit No.: <u>NEW</u> Program Title: <u>ROCK POINT CHAPTER COMMUNITY PROPANE ASSISTANCE</u> Division/Branch: <u>Div. of Comm. Dev/ Chinle ASC</u>			
Prepared By: <u>Charlene Kirk</u> Phone No.: <u>(928) 659-4650</u> Email Address: <u>kirkshyenne@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	4/1/23-12/13/26	84,375.00	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				
				7000 Special Transactions				
				8000 Public Assistance	6		84,375	84,375
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	84,375.00	84,375

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

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.	
SUBMITTED BY: <u>James Adakai, Deputy Director</u> Program Manager's Printed Name <div style="text-align: center;">  <u>6-13-23</u> Program Manager's Signature and Date </div>	APPROVED BY: <u>Calvin Castillo, Executive Director</u> Division Director / Branch Chief's Printed Name <div style="text-align: center;">  <u>06/13/2023</u> Division Director / Branch Chief's Signature and Date </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:

ROCK POINT CHAPTER COMMUNITY PROPANE ASSISTANCE

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:

Rock Point Chapter will assist 225 registered members with propane assistance.

Program Performance Measure/Objective:

Rock Point Chapter successfully assists the 225 household with propane delivery.

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2. Goal Statement:

Accept applications from registered households.

Program Performance Measure/Objective:

Successfully complete 2/3 of listing of 225 Rock Point registered members.

				75		75	
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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, Deputy Director

Program Manager's Printed Name


 Program Manager's Signature and Date

Calvin Castillo, Executive Director

Division Director/Branch Chief's Printed Name


 Division Director/Branch Chief's Signature and Date

06/13/2023

FY 2023

THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

Page 3 of 3
BUDGET FORM 4[illegible]

THE NAVAJO NATION PROJECT BUDGET SCHEDULE

PART I. Business Unit No.: <u>NEW</u> Project Title: <u>ROCK POINT CHAPTER COMMUNITY PROPANE ASSISTANCE PROGRAM</u> Project Description <u>Assist 225 registered community members with propane delivery purchased by the Chapter.</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		PART II. Project Information Project Type: <u>Propane Assistance</u> Planned Start Date: <u>4/1/2023</u> Planned End Date: <u>12/13/2026</u> Project Manager: <u>Charlene Kirk</u>																																																																																																																																																																																																																																																														
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**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

**Page 1 of 2
PROJECT FORM**

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