



**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):**

- |  |  |
|--|--|
| <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: \_\_\_\_\_

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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](mailto: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: **3/27/23**

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**  
CONTACT PERSON'S name and title

phone/email: **(928) 659-4350**  
**kirkshyenne@nnchapters.org**  
CONTACT PERSON'S info

Title and type of Project: **ROCK POINT CHAPTER HSL LAND SURVEYOR APP FEE ASSISTANCE PROGRAM**

Chapter President: **PATTERSON YAZZIE**

phone & email: **(505) 399-0414, nn EMAIL ONLY**

Chapter Vice-President: **JANICE JIM**

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

Chapter Secretary: **NANCY J. HARVEY**

phone & email: **(928) 349-2369, nancyharvey@hotmail.com**

Chapter Treasurer: **SAME AS ABOVE**

phone & email:

Chapter Manager or CSC: **CHARLENE KIRK**

phone & email: **(928) 659-4350, kirkshyenne@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: **\$37,500**

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 assist 75 households with Homesite Lease Compliance Assistance, to which the Certified Legal Surveyor will be paid by the Chapter on their behalf. The Certified Legal Survey Plat and TOPO Maps will be completed by the Surveyor listed with the Navajo Land Department- Homesite Lease Office. The Rock Point Chapter will ensure that the funds expended will address public health challenges of multi-generational family homes and families that want to move back to the community, 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, a high number of members have more than one family living in the homes. The payment will ensure that the household will have proper documentation in obtaining their homesite lease and have their sole homeownership to a home. The Rock Point Chapter residents will directly benefit from the payments made on their behalf.

☐ 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

☐ document attached

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

☐ 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:

☐ document attached

### Part 3. Additional documents.

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

## Resolution

☐ 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.**

IDENTITY OF PREPARED: CONTACT PERSON

**Approved by:**

Administrative Chapter President (or Vice-President)

**Approved by:**

signature of GSC

**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 HSL Land Surveyor Fee Assistance Program</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><a href="mailto:kirkshyenne@nnchapters.org">kirkshyenne@nnchapters.org</a></u>			


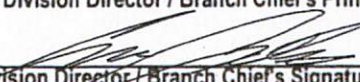
  

PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference or Total
NN Fiscal Recovery Funds	4/1/23-12/13/26	37,500.00	100%	2001 Personnel Expenses				
				3000 Travel Expenses				
				3500 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		37,500	37,500
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				<b>TOTAL</b>		\$0.00	37,500.00	37,500

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


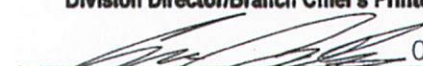
PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.			
SUBMITTED BY: <u>James Adakai, Deputy Director</u> Program Manager's Printed Name	APPROVED BY: <u>Calvin Castillo, Executive Director</u> Division Director / Branch Chief's Printed Name		
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



FY 2023

**THE NAVAJO NATION  
PROGRAM PERFORMANCE CRITERIA**

Page 2 of 3  
BUDGET FORM 2

<b>PART I. PROGRAM INFORMATION:</b>									
Business Unit No.: <u>NEW</u>			Program Name/Title: <u>Rock Point Chapter HSL Land Surveyor Fee Assistance Program</u>						
<b>PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:</b>									
<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:									
Assist 75 Rock Point registered members with HSL Land Surveyor Fees.									
Program Performance Measure/Objective:									
Process payment for approved Rock Point members.						9		9	
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>James Adakai, Deputy Director</u> Program Manager's Printed Name				<u>Calvin Castilla, Director</u> Division Director/Branch Chief's Printed Name					
 Program Manager's Signature and Date				 06/13/2023 Division Director/Branch Chief's Signature and Date					

**FY 2023**

## THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

**Page 3 of 3**  
**BUDGET FORM 4**

<b>PART I. PROGRAM INFORMATION:</b>			
Program Name/Title: <u>Rock Point Chapter HSL Land Surveyor Fee Assistance Program</u>		Business Unit No.: <u>NEW</u>	
<b>PART II. DETAILED BUDGET:</b>			
(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 8705	ASSISTANCE CHAPTER 8725- Housing	37,500	37,500
TOTAL		37,500	37,500

**THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE**

**Page 1 of 2  
PROJECT FORM**

<b>PART I. Business Unit No.: NEW</b>  Project Title: <u>ROCK POINT CHAPTER HSL LAND SURVEYOR FEE ASSISTANCE PROGRAM</u>  Project Description <u>Assist 75 Rock Point registered members with HSL Land Surveying Fee payment.</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>  Project Type: <u>HSL Land Surveying Fee</u>  Planned Start Date: <u>4/1/2023</u>  Planned End Date: <u>12/13/2026</u>  Project Manager: <u>DCD</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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FOR OMB USE ONLY:    Resolution No: \_\_\_\_\_    FMIS Set Up Date: \_\_\_\_\_    Company No: \_\_\_\_\_    OMB Analyst: \_\_\_\_\_



**THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE**

**Page 1 of 2  
PROJECT FORM**

<b>PART I. Business Unit No.:</b> <u>NEW</u>  <b>Project Title:</b> <u>ROCK POINT CHAPTER HSL LAND SURVEYOR FEE ASSISTANCE PROGRAM</u> <b>Project Description</b> <u>Assist 75 Rock Point registered members with HSL Land Surveying Fee payment.</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>HSL Land Surveying Fee</u> <b>Planned Start Date:</b> <u>4/1/2023</u> <b>Planned End Date:</b> <u>12/13/2026</u> <b>Project Manager:</b> <u>DCD</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.					
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		1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			12/13/2026					
		O	N	D	J	F	M	A	M	J	Jul	A	S	O	N	D	J	F	M	A	M	J	Jul	A	S	O	N	D	J	F	M
4/1/23 - 3/31/26 Provide payment to Land Surveyor Vendors for approved registered HSL Applicants.								x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
4/1/23 - 12/31/25 Receive applications for HSL Land Surveyor Program								x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
5/1/23 - 9/30/26 Ensure vendors are providing services in a timely basis									x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
10/1/26 - 12/13/26 Closeout paperwork and ensuring all financial documents are processed.																															
<b>PART V.</b> Expected Quarterly Expenditures		\$			\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL					
								4,687.50			4,687.50			4,687.50			4,687.50			4,687.50			4,687.50			\$28,125.00					