



**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:** \_\_\_\_\_

\_\_\_\_\_

<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: 

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.

Page 2 of 2

**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 HOMESITE COMPLIANCE- ARCHEOLOGICAL CLEARANCE 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.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**

DCC/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 Archaeological Clearance Fee will be paid by the Chapter on their behalf. The Archaeological Inventory Report Compliance Form will be completed by the Archaeologist or 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, 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

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

This project estimates the successful completion of approximately 3 a month and 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 needed to ensure the Archaeological Clearances are completed.

☐ 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 prospective Home owner will be responsible for the completion of the homesite lease, no later than December 31, 2026.

☐ 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:

6.1 Provision of Government Services. The Rock Point Chapter has multi-generational homes, to which, having the availability of funds to assist in the Homesite Lease Application, it will promote having a single family home to all who have need of homes. Not only to these families but to other community members who have wanted to move home but don't have the income to pay for the Clearances required of the Navajo Land Department's Homesite Lease Office.

☐ document attached

### Part 3. Additional documents.

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

Resolution  
Cultural Resource Consultants- Archaeologists & Private Surveyor Listing

☐ 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:

*Charlene Kirk*  
signature of Preparer/CONTACT PERSON

Approved by:

*[Signature]*  
signature of Chapter President (or Vice-President)

Approved by:

*Charlene Kirk*  
signature of CSC

Approved by:

*[Signature]*  
signature of Chapter ASO

Approved to submit  
for Review:

*[Signature]*  
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 <i>Homesite Compliance Archeological Clearance Assistance</i></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><i>[Signature]</i></u> <u>6-13-23</u> Program Manager's Signature and Date	<u><i>[Signature]</i></u> <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**

**PART I. PROGRAM INFORMATION:**Business Unit No.: NEW

Program Name/Title:

Rock Point Chapter

*Archeological  
Homestead Compliance - Clearance 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:

Assist 75 Rock Point registered members with HSL Land Surveyor Fees.

Program Performance Measure/Objective:

Process payment for approved Rock Point members.

				9		9	
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## 2. Goal Statement:

Program Performance Measure/Objective:

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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

*[Signature]*  
Program Manager's Signature and Date

*-6-13-23*

Calvin Castillo, Director  
Division Director/Branch Chief's Printed Name

*[Signature]* 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

[illegible]

**THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE**

**Page 1 of 2  
PROJECT FORM**

<b>PART I.</b> Business Unit No.: <u>NEW</u>  Project Title: <u>ROCK POINT CHAPTER HSL ARCHAEOLOGICAL CLEARANCE FEE ASSISTANCE PROGRAM</u>  Project Description <u>Assist 75 Rock Point registered members with HSL Archaeological Clearance Fee payment.</u>  Check one box: <input checked="" type="checkbox"/> Original Budget <input type="checkbox"/> Budget Revision <input type="checkbox"/> Budget Reallocation <input checked="" type="checkbox"/> Budget Modification		<b>PART II.</b> Project Information Project Type: <u>HSL Arch Clearance Fee</u> Planned Start Date: <u>4/1/2023</u> Planned End Date: <u>12/13/2026</u> Project Manager: <u>Charlene Kirk</u>																																		
<b>PART III.</b> List Project Task separately; such as Plan, Design, Construct, Equip or Furnish.	<b>PART IV.</b> Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.																								Expected Completion Date if project exceeds 8 FY Qtrs.											
	FY 2023												FY 2024																							
	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 Archaeological 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 ACF Program							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								
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											

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

**THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE**

**Page 2 of 2  
PROJECT FORM**

<b>PART I. Business Unit No.:</b> <u>NEW</u> <b>Project Title:</b> <u>ROCK POINT CHAPTER HSL ARCHAEOLOGICAL CLEARANCE FEE ASSISTANCE PROGRAM</u> <b>Project Description</b> <u>Assist 75 Rock Point registered members with HSL Archaeological Clearance 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 Arch Clearance 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>Charlene Kirk</u>																																																																																																																																																																																																																																																																																																																																										
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O = Oct.; N = Nov.; D = Dec., etc.</b> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th colspan="12">FY 2025</th> <th colspan="12">FY 2026</th> <th colspan="6" rowspan="3">Expected Completion Date if project exceeds 8 FY Qtrs. 12/13/2026</th> </tr> <tr> <th colspan="3">1st Qtr.</th> <th colspan="3">2nd Qtr.</th> <th colspan="3">3rd Qtr.</th> <th colspan="3">4th Qtr.</th> <th colspan="3">1st Qtr.</th> <th colspan="3">2nd Qtr.</th> <th colspan="3">3rd Qtr.</th> <th colspan="3">4th Qtr.</th> </tr> <tr> <th>O</th><th>N</th><th>D</th> <th>J</th><th>F</th><th>M</th> <th>A</th><th>M</th><th>J</th> <th>Jul</th><th>A</th><th>S</th> <th>O</th><th>N</th><th>D</th> <th>J</th><th>F</th><th>M</th> <th>A</th><th>M</th><th>J</th> <th>Jul</th><th>A</th><th>S</th> </tr> <tr> <td>x</td><td>x</td><td>x</td> <td>x</td><td>x</td><td>x</td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td colspan="2" rowspan="4" style="text-align: left; padding: 5px;">           4/1/23 - 3/31/26            Provide payment to Archaeological Vendors for approved registered HSL Applicants.         </td> <td>x</td><td>x</td><td>x</td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td colspan="2" rowspan="3" style="text-align: left; padding: 5px;">           4/1/23 - 12/31/25            Receive applications for HSL ACF Program         </td> <td>x</td><td>x</td><td>x</td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td>x</td><td>x</td><td>x</td> <td>x</td><td>x</td><td>x</td> <td>x</td><td>x</td><td>x</td> <td>x</td><td>x</td><td>x</td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td>x</td><td>x</td><td>x</td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td>x</td><td>x</td><td>x</td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td colspan="2" rowspan="2" style="text-align: left; padding: 5px;">           5/1/23 - 9/30/26            Ensure vendors are providing services in a timely basis         </td> <td>x</td><td>x</td><td>x</td> <td>x</td><td>x</td><td>x</td> <td>x</td><td>x</td><td>x</td> <td>x</td><td>x</td><td>x</td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td colspan="2" rowspan="2" style="text-align: left; padding: 5px;">           10/1/26 - 12/13/26            Closeout paperwork and ensuring all financial documents are processed.         </td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td colspan="2" rowspan="2" style="text-align: left; padding: 5px;"> <b>PART V.</b>            Expected Quarterly Expenditures         </td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>4,687.50</td> <td>4,687.50</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="24"> <b>PROJECT TOTAL</b>            \$9,375.00         </td> </tr> </table>																								FY 2025												FY 2026												Expected Completion Date if project exceeds 8 FY Qtrs. 12/13/2026						1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			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**FOR OMB USE ONLY:**    Resolution No: \_\_\_\_\_    FMIS Set Up Date: \_\_\_\_\_    Company No: \_\_\_\_\_    OMB Analyst: \_\_\_\_\_