



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: _____

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: 3/13/23

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 phone/email: (928) 659-4350
COMMUNITY SERVICES COORDINATOR kirkshyenne@nnchapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: BATHROOM RENOVATIONS

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, nancyjharvey@hotmail.com

Chapter Treasurer: SAME AS ABOVE phone & email: _____

Chapter Manager or CSC: CHARLENE KIRK phone & email: (505) 486-8754, kirkshyenne@nnchapters.org

DCD/Chapter ASO: CHINLE/EDGERTON GENE phone & email: (928) 587-5258, egene@nndcd.org

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

☐ document attached

Amount of FRF requested: \$320,000 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 renovate and ensure ADA compliant bathrooms to deter transmission of Covid-19. The funds will be used to hire a contractor that will renovate the bathrooms and ensure they are working before allowing home owners usage. The bathroom renovations will include new water heaters, wall heater(if needed), toilet, bathroom sinks, bathtub/shower combo and if possible, a utility sink. 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, a high number of residents have bathrooms that need renov, thus have to forego certain areas of sanitation to ensure their health will be safe. The ARPA bathroom additions will provide residents updated basic needs to clean and sanitize themselves. The Rock Point Chapter residents will directly benefit from the new bathroom renovations.

☐ 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 2-3 bathroom renovations a month and will obligate the funds no later than February 28, 2026 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 hire a contractor and complete the services needed to facilitate the bathroom renovations.

☐ 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 maintenance of the bathroom renovation will be the responsibility of the home owners after a 1 year construction warranty.

☐ 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:

1.14 Other Public Health Services. The interim Final Rule states that "[g]iven the exacerbation of health disparities during the pandemic and the role of the pre-existing social vulnerabilities in driving these disparate outcomes, services to address health disparities are presumed to be responsive to the public health impacts of the pandemic. Specifically, recipients may...facilitate access to resources that improve health outcomes including services that connect residents with health care resources and public assistance programs and build healthier environments such as: housing services to support healthy living environments and neighborhoods conducive to mental and physical wellness." Bathroom additions 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):

Chapter Resolution attached.

☐ 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:

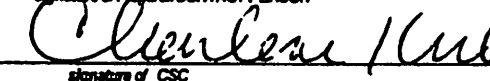
Chapter's
Preparer:


signature of Preparer/CONTACT PERSON

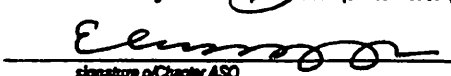
Approved by:


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

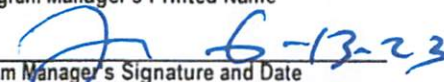
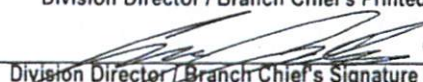
**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

Page 1 of 3
BUDGET FORM 1

PART I. Business Unit No.: <u>NEW</u>		Program Title: <u>Rock Point Chapter - Bathroom Renovations</u>		Division/Branch: <u>DCD/Executive</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	320,000.00	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	6		320,000	320,000
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	320,000.00	320,000

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

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>		APPROVED BY: <u>Calvin Castillo, Executive Director</u>	
Program Manager's Printed Name		Division Director / Branch Chief's Printed Name	
 Program Manager's Signature and Date <u>6-13-23</u>		 Division Director / Branch Chief's Signature and Date <u>06/13/2023</u>	

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 - Bathroom Renovations

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:

To renovate 40 bathrooms for Rock Point's residents.

Program Performance Measure/Objective:

Complete 40 bathroom renovations

						3	
--	--	--	--	--	--	---	--

2. Goal Statement:

Program Performance Measure/Objective:

--	--	--	--	--	--	--	--

3. Goal Statement:

Program Performance Measure/Objective:

--	--	--	--	--	--	--	--

4. Goal Statement:

Program Performance Measure/Objective:

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5. Goal Statement:

Program Performance Measure/Objective:

--	--	--	--	--	--	--	--

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

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Rock Point Chapter - Bathroom Renovations</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)
6960	SUNCONTRACTED SERVICES		320,000
	6990 Subcontracted Services	320,000	
TOTAL		320,000	320,000

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

**Page 1 of 2
PROJECT FORM**

PART I. Business Unit No.: <u>NEW</u> Project Title: <u>ROCK POINT CHAPTER BATHROOM RENOVATION PROGRAM</u> Project Description: <u>Renovate 40 Households bathroom and make them ADA compliant</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>Bathroom Renovation</u> Planned Start Date: <u>4/1/2023</u> Planned End Date: <u>12/13/2026</u> Project Manager: <u>Charlene Kirk</u>																
PART III. List Project Task separately; such as Plan, Design, Construct, Equip or Furnish.		PART IV. 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
6/1/23 -10/31/23 Accept applications for bathroom renovations & make selection.										x	x	x	x	x																	
8/1/23 - 7/31/25 Purchase bathroom supplies												x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
7/1/23 - 9/30/26 Start and complete household ADA compliant bathrooms											x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
PART V. Expected Quarterly Expenditures		\$			\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL					
											40,000.00			40,000.00			40,000.00			40,000.00			40,000.00			\$200,000.00					

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

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

Page **1** of 2
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