



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: _____

- ☐ Missing Form
- ☐ Supporting documentation missing
- ☐ Project will not be completed by 12/31/2026
- ☐ Ineligible purpose
- ☐ Submitter failed to timely submit CARES reports
- ☐ Additional information submitted is insufficient to make a proper determination
- ☐ Expenditure Plan incomplete
- ☐ Funds will not be obligated by 12/31/2024
- ☐ Incorrect Signatory
- ☐ Inconsistent with applicable NN or federal laws

[illegible]

Name of DOJ Reviewer:

Signature of DOJ Reviewer: MRodis

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 NNDNJ Initial Eligibility Determination is based on the documents provided, which NNDNJ 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 NNDNJ. 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: TSE CH'IZHI CHAPTER Date prepared: 3/18/23

Chapter's PO BOX 4344 phone/email: (928) 728-3361
mailing address: CHINLE, AZ 86503 website (if any): roughrock@navajochapters.org

This Form prepared by: _____ phone/email: (928) 206-9356
SYLVIA HADLEY, SECRETARY/TREASURER shadley@navajochapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: SPIRITUAL WELLNESS CENTER

Chapter President: BETTY DAILEY phone & email: (505) 408-3292, daileyb628@gmail.com

Chapter Vice-President: JAY R. NEZ phone & email: (505) 908-7773, jrnez@naataanii.org

Chapter Secretary: SYLVIA HADLEY phone & email: (928) 206-9356, shadley@navajochapters.org

Chapter Treasurer: SAME AS ABOVE phone & email: _____

Chapter Manager or CSC: VACANT phone & email: _____

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: \$99,194 FRF funding period: 4/1/23 - 12/13/26
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 Tse Ch'izhi Chapter will use the funds to build a hogan structure with earthen floor & an outdoor facility. The center will be used by the chapter & community members who need access to a hogan for ceremonial purposes. The outdoor facility will house a cooking area & a covered area to hold outdoor meetings or gatherings. Having this facility will allow spiritual & cultural rejuvenation that was deterred during the pandemic and curtailed ceremonies during the pandemic, which caused our residents to become depressed & out of balance. Tse Ch'izhi Chapter will ensure 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 Tse Ch'izhi Chapter, a high number of residents have followed Navajo Nation Covid-19 guidelines and stayed home more than ever. Due to the strict guidelines, many were not able to have ceremonies to help themselves. With this center being available, more residents can have access to a secure place to have replenish their health and well being.

☐ 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 the successful completion of the Spiritual Wellness Center 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 Tse Ch'izhi Chapter to complete the building of the Spiritual Wellness Center.

☐ 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:

Tse Ch'izhi Chapter will maintain and ensure the durability of the Center after it is completed. The Chapter will carry insurance on the center.

☐ 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:

2.22 Strong Healthy Communities: Neighborhood Features that Promote Health and Safety. The Spiritual Wellness Center will be a safe and secure place for the community to meet and conduct ceremonies and business. The Spiritual Wellness Center will deter 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

☒ 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:

Syng Hadley
signature of Preparer/CONTACT PERSON

Approved by:

Jay R. N...
signature of Chapter President or Vice-President

Approved by:

Muniz
signature of CSC

Approved by

[Signature]
signature of Chapter ASO

Approved to submit
for Review:

[Signature]
signature of U.S. Attorney

FY 2023

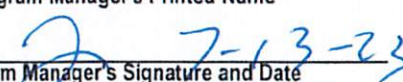
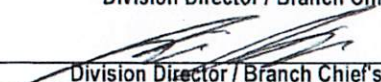
**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

Page 1 of 3
BUDGET FORM 1

PART I. Business Unit No.: <u>NEW</u>		Program Title: <u>Tse Ch'izhi' Chapter - Spiritual Wellness Center</u>		Division/Branch: <u>DCD/Executive</u>	
Prepared By: <u>Sylvia Newman</u>		Phone No.: <u>(928) 206-9356</u>		Email Address: <u>shadley@navajochapters.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	99,194.00	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				
				9000 Capital Outlay	6		99,194	99,194
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	99,194.00	99,194

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> Program Manager's Printed Name <div style="text-align: center;">  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;">  7/13/2023 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:

Tse Ch'izhi' Chapter - Spiritual Wellness Center**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:

Build the Spiritual Wellness Center for the Tse Ch'izhi Community on Chapter grounds.

Program Performance Measure/Objective:

Completion of Spiritual Wellness Center

						1	
--	--	--	--	--	--	---	--

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


 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

FY 2023

THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

Page 3 of 3
BUDGET FORM 4

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Tse Ch'izhi' Chapter - Spiritual Wellness Center</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)
9050	BUILDINGS 9052 Buildings	99,194	99,194
TOTAL		99,194	99,194

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

**Page 1 of 2
PROJECT FORM**

PART I. Business Unit No.: <u>NEW</u> Project Title: <u>Tsé Ch'izhi Spiritual Wellness Center</u> Project Description: <u>Complete new spiritual wellness center for community usage.</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>Wellness Center</u> Planned Start Date: <u>4/1/2023</u> Planned End Date: <u>12/13/2026</u> Project Manager: <u>Sylvia Hadley</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.																																					
														FY 2023																FY 2024																Expected Completion Date if project exceeds 8 FY Qtrs.					
														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 - 12/31/23 Complete initial paperwork for construction.																				x	x	x	x	x	x	x	x	x	x																						
1/1/24 - 10/31/25 Purchase construction supplies Prepare land for construction.																															x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
4/1/24 - 9/30/26 Complete Spiritual Wellness Center																																		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
PART V. Expected Quarterly Expenditures														\$				\$				\$				\$				\$				\$				\$				PROJECT TOTAL									
																																						\$45,000.00													

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

**Page 1 of 2
PROJECT FORM**

PART I. Business Unit No.: <u>NEW</u> Project Title: <u>Tsé Ch'izhi Spiritual Wellness Center</u> Project Description <u>Continued from first page</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>Wellness Center</u> Planned Start Date: <u>4/1/2023</u> Planned End Date: <u>12/13/2026</u> Project Manager: <u>Sylvia Hadley</u>																																	
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														FY 2025												FY 2026																					
														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 - 12/31/23 Complete initial paperwork for construction.																																															
1/1/24 - 10/31/25 Purchase construction supplies Prepare land for construction.														x	x	x	x	x	x	x	x	x	x	x	x																						
4/1/24 - 9/30/26 Complete Spiritual Wellness Center														x	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 Ensure closeout of financial documents and payments. Final Clearance and grand opening of center																																															
PART V.														\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL												
Expected Quarterly Expenditures														15,000.00			12,000.00			12,000.00			10,000.00			5,154.00									\$54,154.00												

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