



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: _____

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: 3/19/23

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

Title and type of Project: TSE' CH'IZHI' BATHROOM ADDITIONS

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 attachedAmount of FRF requested: \$1,050,000 FRF funding period: 4/1/23 - 12/13/26Indicate 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 ADA compliant bathrooms to deter transmission of Covid-19. The funds will be used to purchase new water heaters, wall heater(if needed), toilets, bathroom sinks, bathtub/shower combo and if possible, a utility sink. The Tse Ch'izhi Chapter will ensure that the funds expended will address public health challenges that partly caused the unequal impact on the Navajo Nation. Doing this will ensure each bathroom is ADA compliant.

☐ 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 need bathrooms built/added to their homes; they 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 Tse Ch'izhi Chapter residents will directly benefit from these.

☐ 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 4-5 bathroom additions/renovations 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 Tse Ch'izhi Chapter to complete the services needed to facilitate the bathroom additions/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 addition/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

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 ASD

Approved to submit
for Review:


signature of Reviewer

FY 2023

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

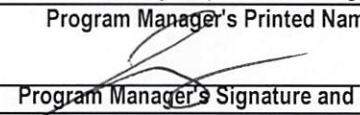
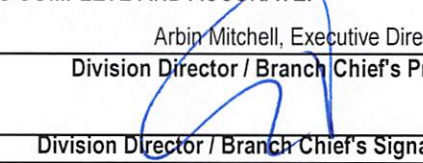
Page 1 of 5
BUDGET FORM 1

PART I. Business Unit No.: <u>NEW</u>		Program Title: <u>Tse' Ch'izhi Chapter - Bathroom Additions</u>		Division/Branch: <u>DCD/Executive</u>	
Prepared By: <u>Sylvia Hadley</u>		Phone No.: <u>(928) 296-9356</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	4/1/23-9/30/26	1,050,000.00	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		1,050,000	1,050,000
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	1,050,000.00	1,050,000

TOTAL: \$1,050,000.00 100%		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>Jaron Charley, Department Manager</u> <div style="text-align: center;">Program Manager's Printed Name</div> <div style="text-align: center;">  Program Manager's Signature and Date </div>	APPROVED BY: <u>Arbin Mitchell, Executive Director</u> <div style="text-align: center;">Division Director / Branch Chief's Printed Name</div> <div style="text-align: center;">  Division Director / Branch Chief's Signature and Date </div>
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FY 2023

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

Page 2 of 5
BUDGET FORM 2

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

Program Name/Title:

Tse' Ch'izhi Chapter - Bathroom Additions

PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:

Plan of Operation for Sanitation Facility Project (Bathroom Additions)- site build bathroom additions for approved applicants using funds described in Budget Forms page 1.

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 complete bathroom additions for Tse Ch'zhi registered community members.

Program Performance Measure/Objective:

Completion of bathroom additions for community members.

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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.

Jaron Charley, Department Manager

Program Manager's Printed Name

Program Manager's Signature and Date

Arbin Mitchell, Executive Director

Division Director/Branch Chief's Printed Name

Division Director/Branch Chief's Signature and Date

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

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

Program Name/Title:

Tse' Ch'izhi Chapter - Bathroom Additions

PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:

Plan of Operation for Sanitation Facility Project (Bathroom Additions)- site build bathroom additions for approved applicants using funds described in Budget Forms page 1.

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 complete bathroom additions for Tse Ch'zhi registered community members.

Program Performance Measure/Objective:

Completion of bathroom additions for community members.

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2. Goal Statement:

Have OEH provide training for approved residents.

Program Performance Measure/Objective:

Training given and certificates given to each homeowner for completion.

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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.

Jaron Charley, Department Manager

Program Manager's Printed Name

Program Manager's Signature and Date

Arbin Mitchell, Executive Director

Division Director/Branch Chief's Printed Name

Division Director/Branch Chief's Signature and Date

FY 2025

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

Page 4 of 5
BUDGET FORM 2

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

Program Name/Title:

Tse' Ch'izhi Chapter - Bathroom Additions

PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:

Plan of Operation for Sanitation Facility Project (Bathroom Additions)- site build bathroom additions for approved applicants using funds described in Budget Forms page 1.

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 complete bathroom additions for Tse Ch'zhi registered community members.**Program Performance Measure/Objective:**Completion of bathroom additions for community members.

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2. Goal Statement:Have OEH provide training for approved residents.**Program Performance Measure/Objective:**Training given and certificates given to each homeowner for completion.

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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.Jaron Charley, Department Manager**Program Manager's Printed Name**
Program Manager's Signature and DateArbin Mitchell 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 5 of 5
BUDGET FORM 4

PART I. PROGRAM INFORMATION: Program Name/Title: <u>Tse' Ch'izhi Chapter - Bathroom Additions</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)
6500	CONTRACTUAL SERVICES		1,050,000
6960	SUBCONTRACTED SERVICES	1,050,000	
6990	Subcontracted Services		
TOTAL		1,050,000	1,050,000

Page 1 of 2
PROJECT FORM

FOR OMB USE ONLY:	Resolution No:	FMIS Set Up Date:	Company No:	OMB Analyst:
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**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

**Page 2 of 2
PROJECT FORM**

PART I. Business Unit No.: NEW Project Title: <u>Tsé Ch'izhi Bathroom additions</u> Project Description <u>Continued from previous 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>Bathroom Addition</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.																												Expected Completion Date if project exceeds 8 FY Qtrs.					
														FY 2025												FY 2026																					
														1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.												
														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 - 3/31/24 Complete documents for subcontractor 164 Process 4/1/23 - 9/30/23 Compile listing of qualified households within the Tse Ch'izhi Chapter 10/1/23 - 9/30/26 Start and complete household ADA compliant bathroom additions 10/1/26 - 12/13/26 Completion of all close out paperwork including payments.														x	x	x	x	x	x	x	x	x	x	x	x																						
																										x	x	x																			
PART V.														\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL												
Expected Quarterly Expenditures														131,250.00			131,250.00			131,250.00			131,250.00															\$525,000.00									

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