



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: _____

- ☐ 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: Randy G.

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.

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**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: 3/28/23

Chapter's mailing address: PO BOX 190
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: ROCK POINT COMMUNITY SEPTIC CLEANING 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, nancyjharvey@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: \$135,150 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 500 households with septic cleaning. The Rock Point Chapter will receive applications from households needing septic tank cleaning. Once households are approved, the chosen vendor will travel to the house and do the services for the community member. The funds will be used to clean out household septic tanks that are in dire need of this service. 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 followed Navajo Nation Covid-19 guidelines and stayed home more than ever. With this, their septic tanks filled up quicker as the family stayed safe at home. Having the septic tank cleaned, the continuance of staying safe will be easier on the family.

☐ 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 approximately 20 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 facilitate the septic tank cleaning.

☐ 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 home owner will be responsible for all preventive measures to ensure their septic tank cleaning lasts.

☐ 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. Septic tank cleaning 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):

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:

Chantel Clark
signature of Preparer/CONTACT PERSON

Approved by:

Tracy Lopez
signature of Chapter President (or Vice-President)

Approved by:

Chantel Clark
signature of CSC

Approved by:

Eleanor
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 SEPTIC TANK CLEANING</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>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	135,150.00	100%	2001 Personnel Expenses				
				3000 Travel Expenses				
				3500 Meeting Expenses				
				4000 Supplies				
				5000 Lease and Rental				
				5500 Communications and Utilities				
				6000 Repairs and Maintenance	6		135,150	135,150
				6500 Contractual Services				
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	135,150.00	135,150

TOTAL: \$135,150.00 100%	PART IV. POSITIONS AND VEHICLES <div style="display: flex; justify-content: space-between;"> <div> Total # of Positions Budgeted: Total # of Vehicles Budgeted: </div> <div> (D) (E) </div> </div>
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PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

SUBMITTED BY: <u>James Adakaii, Deputy Director</u> <div style="text-align: center;"> <u>Program Manager's Printed Name</u> <u>Program Manager's Signature and Date</u> <u>6-13-23</u> </div>	APPROVED BY: <u>Calvin Castillo, Executive Director</u> <div style="text-align: center;"> <u>Division Director / Branch Chief's Printed Name</u> <u>Division Director / Branch Chief's Signature and Date</u> <u>06/13/2023</u> </div>
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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 SEPTIC TANK CLEANING

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 registered voters in Rock Point Community with Septic Tank Cleaning**Program Performance Measure/Objective:**Complete septic tank cleaning at the residents.

				6		6	
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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] 6-13-23
Program Manager's Signature and Date

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

PART I. PROGRAM INFORMATION:			
Program Name/Title: _____		Rock Point Chapter SEPTIC TANK CLEANING	Business Unit No.: _____ NEW
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)
6000 REPAIRS & MAINTENANCE 6200 EXTERNAL CONTRACTORS 6250 Waste Disposal		135,150	135,150
		TOTAL	135,150

**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 COMMUNITY SEPTIC TANK CLEANING</u> Project Description <u>Complete 300 Septic Cleaning for registered Lukachukai Residents.</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>Septic Cleaning</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			
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 TLukachukai Chapter 10/1/23 - 9/30/26 Start and complete septic cleaning for residents.								x	x	x	x	x	x	x	x	x	x	x	x															
								</																										

Page 2 of 2
PROJECT FORM

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

Le Pew Inc.
Septic Tank Service
P.O. Box 744
Cortez, CO 81321

(970) 565-2448 • 759-1250 • 739-6131



Quote

38286

Name CHARLENE - ROCK POINT CHAPTER

Address _____

City _____ State _____ Zip _____

Phone _____ Date 3.15.23

T	Pump Septic Tank	300 - 1000 gal tanks \$425 each 6% tax = \$7650
H	Pump Grease Trap	
A	Pump Sand Trap	
N	Septic Tank Inspection	
K	Riser Delivery & Installation	
Y	Excavation	
O	Mileage	
U	Dump Fee	
PLEASE PAY PROMPTLY FROM THIS INVOICE		

Signature _____

TOTAL

\$ 135,150.00

Speedy Sales and Service

P.O. Box 1960

Chinle, AZ 86503

+1 9286745405

www.speedysalesandservices.com



Estimate

ADDRESS

Lukachukai Chapter

P.O. Box 248

Lukachukai, AZ 86507

SHIP TO

300 household within

Lukachukai Community

Per Paula

ESTIMATE # 1767**DATE 03/14/2023****EXPIRATION DATE 04/14/2023**

	DESCRIPTION	QTY	RATE	AMOUNT
	Scope of Work: Customer will be responsible for Uncover their Observation Pipe on their own to get to the Main Lid that is buried in ground 3 feet deep. If or when, the 300 customers are approved for service. We will need to line out all the customers 2 or 3 days out of the week. 300 customers will not be scheduled daily due to other areas we cover through out the Navajo Nation.			
Septic Pump	Septic Tank Pumping Service is only covered for SOLID WASTE of 1,000 gallon (Standard Size) or less, Lagoon Fee, and Fuel Surcharge:	300	458.87	137,661.00T
	The price DOES NOT include: 1) Electric Snake Out's 2) Clogs in line or inside the house/building 3) Back flow from Drain/Leach Fields			

SUBTOTAL	137,661.00
TAX	8,259.66
TOTAL	\$145,920.66

Accepted By

Accepted Date

All Credit/Debit Card Transactions Are Subject To A 5% Processing Fee