



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

|  |  |
|--|--|
| <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 |  |

[illegible]

Name of DOJ Reviewer:

Signature of DOJ Reviewer: Randy Cz

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.

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 mailing address: PO BOX 4344 phone/email: (928) 728-3361  
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: COMMUNITY TRASH BINS

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: \$81,600 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 assist the community with trash services. The funds will be used to keep two (2) large trash bins at the chapter and will be taken twice a month. The Tse Ch'izhi Chapter will assist their community with having this services instead of traveling long distances to throw their trash away. These bins being accessible should deter illegal dumping within the chapter boundaries. 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.

☐ 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. With this, the residents will be able to throw away their trash conveniently. Having the bins changed twice a month 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



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

This project estimates the successful completion of approximately 4 bins a month. The Tse Ch'izhi Chapter 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 ensure the trash bins are available.

☐ 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 Tse Ch'izhi Chapter will work to ensure that the bins will be kept on site and in working order after the ARPA funds are depleted.

☐ 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. Providing trash bins to the community addresses the conditions that contributed to poor public health and economic outcomes during the pandemic, namely concentrated areas with limited economic opportunity. Having the trash bins in the community will deter illegal trash dumping within the community.

☐ 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

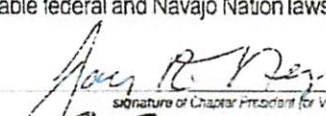
### Part 4. Affirmation by Funding Recipient.

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 President/CONTACT PERSON

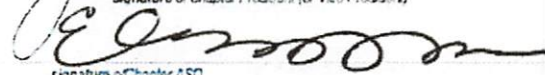
Approved by:

  
signature of Chapter President for Vice-President

Approved by:

  
signature of CSC

Approved by:

  
signature of Chapter ASD

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>Tse' Ch'izhi' Chapter - Community Trash Bins</u> |  | Division/Branch: <u>DCD/Executive</u>            |  |
| Prepared By: <u>Sylvia Hadley</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)<br>NNC Approved Original Budget | (B)<br>Proposed Budget | (C)<br>Difference or Total |
|----------------------------|-------------------|-----------|------------|-----------------------------------|----------------|-------------------------------------|------------------------|----------------------------|
| NN Fiscal Recovery Funds   | 4/1/23-12/13/26   | 81,600.00 | 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              |                                     | 81,600                 | 81,600                     |
|                            |                   |           |            | 7000 Special Transactions         |                |                                     |                        |                            |
|                            |                   |           |            | 8000 Public Assistance            |                |                                     |                        |                            |
|                            |                   |           |            | 9000 Capital Outlay               |                |                                     |                        |                            |
|                            |                   |           |            | 9500 Matching Funds               |                |                                     |                        |                            |
|                            |                   |           |            | 9500 Indirect Cost                |                |                                     |                        |                            |
|                            |                   |           |            | <b>TOTAL</b>                      |                | \$0.00                              | 81,600.00              | 81,600                     |

| 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         |  |  |
| <u>06/30/2023</u>  | <u>6-30-23</u>  |  |  |
| Program Manager's Signature and Date   | 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:

Tse' Ch'izhi' Chapter - Community Trash Bins

**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:**

Implement Trash Bin program for Tse Ch'izhi Community, rotated out twice a month.

**Program Performance Measure/Objective:**

Successfully provide Trash service to the Tse Ch'izhi Community.

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
|  |  |  |  | 2 |  | 2 |  |
|--|--|--|--|---|--|---|--|

**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

06/30/2023

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

|   |  |  |   |
|---|--|--|---|
| <b>PART I. PROGRAM INFORMATION:</b>                                     |  |  |   |
| Program Name/Title: <u>Tse' Ch'izhi' Chapter - Community Trash Bins</u> |  | Business Unit No.: <u>NEW</u>                            |   |
| <b>PART II. DETAILED BUDGET:</b>  |  |  |   |
| (A)   | (B)  | (C)  | (D)   |
| <b>Object<br/>Code<br/>(LOD 6)</b>                                      | <b>Object Code Description and Justification (LOD 7)</b>   | <b>Total by<br/>DETAILED<br/>Object Code<br/>(LOD 6)</b> | <b>Total by<br/>MAJOR<br/>Object Code<br/>(LOD 4)</b> |
| 6910  | <b>OTHER CONTRACTUAL SERVICES</b><br>6918 Collection Service<br>Community trash bins provided form community members | 81,600   | 81,600  |
| <b>TOTAL</b>  |  | 81,600   | 81,600  |

**THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE**

**Page 1 of 2  
PROJECT FORM**

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |          |   |   |          |   |   |          |   |   |          |   |   |          |   |   |          |   |   |             |   |   |               |   |   |   |  |   |   |   |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|---|----------|---|---|----------|---|---|----------|---|---|----------|---|---|----------|---|---|----------|---|---|-------------|---|---|---------------|---|---|---|--|---|---|---|--|--|
| <b>PART I. Business Unit No.:</b> <u>NEW</u><br><b>Project Title:</b> <u>Tsé Ch'izhi Community Trash Bin Program</u><br><b>Project Description:</b> <u>Provide Community Trash Bins for Tse Ch'izhi Community with collection twice a month</u><br><b>Check one box:</b> <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><br><b>Project Type:</b> <u>Community Trash Bins</u><br><b>Planned Start Date:</b> <u>4/1/2023</u><br><b>Planned End Date:</b> <u>12/13/2026</u><br><b>Project Manager:</b> <u>DCD</u> |   |   |          |   |   |          |   |   |          |   |   |          |   |   |          |   |   |          |   |   |             |   |   |               |   |   |   |  |   |   |   |  |  |
| <b>PART III.</b><br>List Project Task separately; such as Plan, Design, Construct, Equip or Furnish.  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.</b>   |   |   |          |   |   |          |   |   |          |   |   |          |   |   |          |   |   |          |   |   |             |   |   |               |   |   |   | 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 - 12/31/23<br>Complete agreement with Receptacle Services  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |          |   |   |          |   |   | x        | x | x | x        | x | x |          |   |   |          |   |   |             |   |   |               |   |   |   |  |   |   |   |  |  |
| 1/1/24 - 10/31/26<br>Start and complete Trash Bin Services for Community  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |          |   |   |          |   |   |          |   |   |          |   | x | x        | x | x | x        | x | x | x           | x | x | x             | x | x | x | x  | x | x | x |  |  |
| 10/1/26 - 12/13/26<br>Complete Closeout documents & ensuring all payments have been processed and received by vendor.   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |          |   |   |          |   |   |          |   |   |          |   |   |          |   |   |          |   |   |             |   |   |               |   |   |   |  |   |   |   |  |  |
| <b>PART V.</b><br>Expected Quarterly Expenditures   |  |  |  |  |  |  |  |  |  |  |  |  |  | \$  |   |   | \$       |   |   | \$       |   |   | \$       |   |   | \$       |   |   | \$       |   |   | \$       |   |   | \$          |   |   | PROJECT TOTAL |   |   |   |  |   |   |   |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |          |   |   |          |   |   |          |   |   |          |   |   |          |   |   |          |   |   | \$43,200.00 |   |   |               |   |   |   |  |   |   |   |  |  |



Page 2 of 2  
PROJECT FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |           |          |   |           |   |          |          |   |   |          |   |         |    |          |   |    |   |          |               |   |   |          |   |   |   |  |   |  |  |  |  |          |  |  |  |            |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|---|-----------|----------|---|-----------|---|----------|----------|---|---|----------|---|---------|----|----------|---|----|---|----------|---------------|---|---|----------|---|---|---|--|---|--|--|--|--|----------|--|--|--|------------|--|
| <b>PART I. Business Unit No.:</b> <u>NEW</u><br><b>Project Title:</b> <u>Tsé Ch'izhi Community Trash Bins</u><br><b>Project Description</b> <u>Continued from previous page</u><br>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><br><b>Project Type:</b> <u>Community Trash Bins</u><br><b>Planned Start Date:</b> <u>4/1/2023</u><br><b>Planned End Date:</b> <u>12/13/2026</u><br><b>Project Manager:</b> <u>DCD</u> |   |   |           |          |   |           |   |          |          |   |   |          |   |         |    |          |   |    |   |          |               |   |   |          |   |   |   |  |   |  |  |  |  |          |  |  |  |            |  |
| <b>PART III.</b><br>List Project Task separately; such as Plan, Design, Construct, Equip or Furnish.   |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.</b>   |   |   |           |          |   |           |   |          |          |   |   |          |   |         |    |          |   |    |   |          |               |   |   |          |   |   |   | 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. |  |  |  | 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<br>Complete agreement with Receptacle Services<br>1/1/24 - 10/31/26<br>Start and complete Trash Bin Services for Community<br>10/1/26 - 12/13/26<br>Complete Closeout documents & ensuring all payments have been processed and received by vendor.  |  |  |  |  |  |  |  |  |  |  |  |  |  | x   | x | x | x         | x        | x | x         | x | x        | x        | x | x | x        |   |         |    |          |   |    |   |          |               |   |   |          |   |   |   |  |   |  |  |  |  |          |  |  |  |            |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |           |          |   |           |   |          |          |   |   |          |   |         |    |          |   |    |   |          |               |   |   |          |   |   |   |  |   |  |  |  |  |          |  |  |  |            |  |
| <b>PART V.</b><br>Expected Quarterly Expenditures  |  |  |  |  |  |  |  |  |  |  |  |  |  | \$  |   |   | \$        |          |   | \$        |   |          | \$       |   |   | \$       |   |         | \$ |          |   | \$ |   |          | PROJECT TOTAL |   |   |          |   |   |   |  |   |  |  |  |  |          |  |  |  |            |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | 10,200.00   |   |   | 10,200.00 |          |   | 10,200.00 |   |          | 7,800.00 |   |   |          |   |         |    |          |   |    |   |          | \$38,400.00   |   |   |          |   |   |   |  |   |  |  |  |  |          |  |  |  |            |  |

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