



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: 

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.

Page 2 of 2

**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**
COMMUNITY SERVICES COORDINATOR

phone/email: **(928) 659-4350**

CHARLENE KIRK

CONTACT PERSON'S name and title

CONTACT PERSON'S info

Title and type of Project: **ROCK POINT COMMUNITY WAREHOUSE**

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: **\$200,000**

FRF funding period: **May 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 construct a new warehouse. The funds will be used to prepare the project site, purchase a building and the construction of the building. The warehouse will be located on the Chinle Chapter compound. The proposed use of the warehouse is to assist our community members with their health, safety and welfare concerns: to house construction supplies for community (bathroom or weatherization) projects, heavy equipment storage, firewood, hay, grain, tools, small equipment and refrigeration unit for community food supply. Also to store PPE, antibacterial sanitizers and other supplies needed to curtail Covid-19.

☐ document attached

(b) Explain how the Program or Project will benefit the Navajo Nation, Navajo communities, or the Navajo People:

The Rock Point Chapter warehouse project will benefit the community by providing a safe solution and alternative for emergency responses. What will be stored within the warehouse will make distribution, organization and delivery of materials done in a safe manner. The warehouse will save time and money by having a storage that can provide in any emergency.

☐ 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 the warehouse and will obligate the funds no later than December 31, 2024 and will fully expend the funds no later than December 13, 2026. Challenges would be Navajo Nation review timeline.

☐ 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 ensure the warehouse is done in a timely manner.

☐ 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 Rock Point Chapter will be responsible for the maintenance, upkeep and security after the completion is done.

☐ 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:

Aid to Tourism, Travel or Hospitality^ 2.35 During the height of the pandemic, supplies were hard to store and the chapter received assistance from another chapter with storing and support. Due to this, the Chapter has taken this opportunity to build a warehouse to ensure their community is assisted to the best of their ability. The immediate availability of PPE, sanitizing supplies, food supplies and other supplies would greatly benefit the Rock Point community. Along with this, the warehouse would help in streamlining, organizing and having a safe place to serve the community. This warehouse would add additional space, in which, the community will have access to assistance when they need it.

☐ document attached

Part 3. Additional documents.

List here all additional supporting documents attached to this FRF Expenditure Plan (or indicate N/A):

Resolution, warehouse location and other documents as they are available.

☐ 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

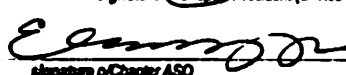
Approved by:


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**

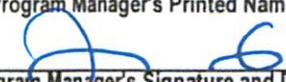
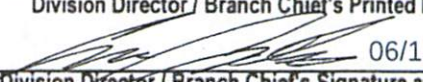
Page 1 of 3
BUDGET FORM 1

PART I. Business Unit No.: <u>NEW</u>		Program Title: <u>Rock Point Warehouse Project</u>		Division/Branch: <u>Div. of Comm. Dev/ Chinle ASC</u>	
Prepared By: <u>Charlene Kirk</u>		Phone No.: <u>(928) 659-4350</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	<u>5</u> 2021/23-12/13/26	200,000.00	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				
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay	<u>6</u>		200,000	200,000
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	200,000.00	200,000

				PART IV. POSITIONS AND VEHICLES		(D)	(E)
				Total # of Positions Budgeted:			
				Total # of Vehicles Budgeted:			
TOTAL:		\$200,000.00	100%				

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

Rock Point Warehouse Project

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:

New Warehouse to protect equipment that will serve the Rock Point community.

Program Performance Measure/Objective:

To complete construction of warehouse.

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

2. Goal Statement:

Program Performance Measure/Objective:

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

3. Goal Statement:

Program Performance Measure/Objective:

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

4. Goal Statement:

Program Performance Measure/Objective:

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

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

[illegible]

**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 WAREHOUSE PROJECT</u> Project Description <u>Build Rock Point Chapter a functioning enclosed warehouse.</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>Warehouse</u> Planned Start Date: <u>5/6/1/2023</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												12/13/2026					
	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
6/1/23 - 2/28/23 General Requirements Construction supplies									x	x	x	x	x	x	x	x	x													
3/1/23 - 9/30/26 Start and complete building of chapter warehouse																		x	x	x	x	x	x	x	x	x	x	x	x	x
10/1/26 - 12/13/26 Closeout paperwork, quality check project, final payments sent out.																														
PART V.	\$			\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL					
Expected Quarterly Expenditures							30,000.00			50,000.00			50,000.00			50,000.00			20,000.00						\$200,000.00					

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

Page 2 of 2
PROJECT FORM

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