



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: _____

Returned for the following reasons (Ineligibility Reasons/Paragraphs 5.E.(1)-(10) of FRF Procedures):

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

Other Comments: _____

Name of DOJ Reviewer: _____

Signature of DOJ Reviewer:  _____

Disclaimers:

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 NNDOJ Initial Eligibility Determination is based on the documents provided, which NNDOJ 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 NNDOJ. 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: ROCK POINT CHAPTER Date prepared: 3/28/23

Chapter's PO BOX 190 phone/email: (928) 659-4350-4351
mailing address: ROCK POINT, AZ 86545 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 WATER DELIVERY

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: \$172,117 FRF funding period: June 01, 2023 - 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 community members who need water by delivering water directly to their residence through a contractor. The Rock Point Chapter will assist their community with having this services especially for residents who have no running water. 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 lack running running water, thus have to forego certain areas of sanitation to ensure their health will be safe. The water delivery will provide residents basic needs to clean and sanitize themselves and items that need to be sanitized. The Rock Point Chapter residents will directly benefit from the water delivery.

☐ 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 delivering to approximately 75 households per month. The Rock Point 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 Rock Point Chapter to hire a contractor to complete the services needed for water delivery.

☐ 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 work with these residents on furthering their efforts to have running water to their households.

☐ 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:

5.15 Drinking Water- Other Water Infrastructure. Water delivery 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):

Resolution
Quote

☐ Chapter Resolution attached

Part 4. Affirmation by Funding Recipient.

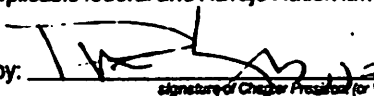
Funding Recipient affirms that its receipt of Fiscal Recovery Funds and the implementation of this FRF Expenditure Plan shall be in accordance with Resolution No. C.JY-41-21, the ARPA, ARPA Regulations, and with all applicable federal and Navajo Nation laws, regulations, and policies:

Chapter's
Preparer:



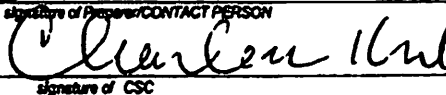
signature of Preparer/CONTACT PERSON

Approved by:



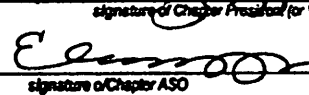
signature of Chapter President (or Vice-President)

Approved by:



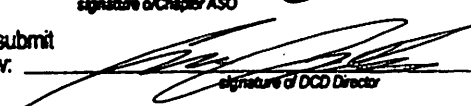
signature of CSC

Approved by:



signature of Chapter ASO

Approved to submit
for Review:



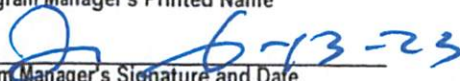
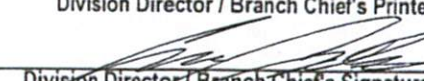
signature of DCD Director

FY 2023THE NAVAJO NATION
PROGRAM BUDGET SUMMARYPage 1 of 3
BUDGET FORM 1

PART I. Business Unit No.: <u>NEW</u>		Program Title: <u>Rock Point Water Delivery 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)	(B)	(C)	
						NNC Approved Original Budget	Proposed Budget	Difference or Total	
NN Fiscal Recovery Funds	6/1/23-12/31/26	172,117.00	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		172,117	172,117	
				7000 Special Transactions					
				8000 Public Assistance					
				9000 Capital Outlay					
				9500 Matching Funds					
				9500 Indirect Cost					
				TOTAL		\$0.00	172,117.00	172,117	
TOTAL: \$172,117.00 100%				PART IV. POSITIONS AND VEHICLES					
				(D) (E)					
				Total # of Positions Budgeted: <table border="1" style="width:100%"><tr><td></td></tr></table>					
				Total # of Vehicles Budgeted: <table border="1" style="width:100%"><tr><td></td></tr></table>					

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
 Program Manager's Signature and Date	 06/13/2023 Division Director / Branch Chief's Signature and Date

FY 2023THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIAPage 2 of 3
BUDGET FORM 2

PART I. PROGRAM INFORMATION:

Business Unit No.: NEW

Program Name/Title:

Rock Point Water Delivery 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:

Deliver drinking water to Rock Point community members who do not have running water.

Program Performance Measure/Objective:

Water delivery completed on a monthly basis.

						75	
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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


Program Manager's Signature and DateCalvin 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]

Page 1 of 2
PROJECT FORM

PART I. Business Unit No.: <u>NEW</u> Project Title: <u>ROCK POINT CHAPTER WATER DELIVERY PROGRAM</u> Project Description <u>Assist approved water delivery for households.</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>Water Delivery</u> Planned Start Date: <u>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																					
		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				
5/1/23 - 9/30/23 Complete 164 process for Water Warriors Accept applications and approve households for water delivery.										x	x	x	x																						
7/1/23 - 9/30/26 Start and complete household Water Delivery														x	x	x	x	x	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														21,519.00			21,514.00			21,514.00			21,514.00			\$86,061.00									

FOR OMB USE ONLY:	Resolution No:	FMIS Set Up Date:	Company No:	OMB Analyst:
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Page ²~~1~~ of 2
PROJECT FORM

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