



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

<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: Vincent Blumhert

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: ROCK POINT CHAPTER Date prepared: 3/28/23

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 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 TRASH BINS

Chapter President: PATTERSON YAZZIE phone & email: (505) 399-0414, pyazzie@naataanii.org

Chapter Vice-President: JANICE JIM phone & email: (928) 245-7002, jimjan56@hotmail.org

Chapter Secretary: NANCY J. HARVEY phone & email: (928) 349-2369, nancyjharvey@hotmail.org

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: \$100,800 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 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 vendor will provide separate bins for larger items three (3) times annually. The Rock Point Chapter will assist their community with having this services instead of traveling long distances to throw their trash away. During the colder months, the service will be shorter. These bins being accessible should deter illegal dumping within the chapter boundaries. 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, the residents will be able to throw away their trash conveniently. Having the bins changed twice a month and the large items three times annually, 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 4 bins a month and 3 times annually for larger items. 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 complete the services needed to facilitate the trash bin system.

☐ 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 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. 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):

Resolution  
Quotes

☐ Chapter Resolution attached

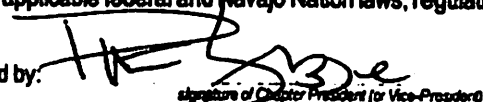
### Part 4. Affirmation by Funding Recipient.

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

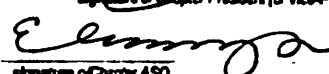
Approved by:

  
Signature of Chapter President (or Vice-President)

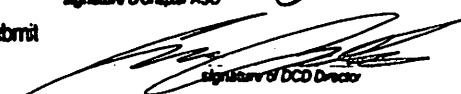
Approved by:

  
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 CHAPTER COMMUNITY TRASH BIN</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><a href="mailto:kirkshyenne@nnchapters.org">kirkshyenne@nnchapters.org</a></u>	

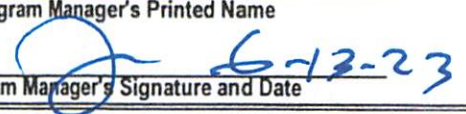
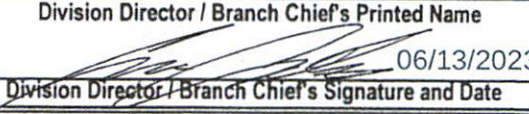
  

PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference or Total
NN Fiscal Recovery Funds	4/1/23-12/13/26	100,800.00	100%	2001 Personnel Expenses				
				3000 Travel Expenses				
				3500 Meeting Expenses				
				4000 Supplies				
				5000 Lease and Rental				
				5500 Communications and Utilities				
				6000 Repairs and Maintenance	6		100,800	100,800
				6500 Contractual Services				
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				<b>TOTAL</b>		\$0.00	100,800.00	100,800

PART IV. POSITIONS AND VEHICLES	(D)	(E)
Total # of Positions Budgeted:		
Total # of Vehicles Budgeted:		

<b>PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.</b>	
SUBMITTED BY: <u>James Adakai, Deputy Director</u> <div style="text-align: center;"> <u>Program Manager's Printed Name</u>    <u>Program Manager's Signature and Date</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> </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 CHAPTER COMMUNITY TRASH BIN**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:**Set up the Trash Bins on the Rock Point Chapter compound for community members.**Program Performance Measure/Objective:**Successfully implement the trash bin collection bins for the Rock Point community members.

				7		7	
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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 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**

<b>PART I. Business Unit No.:</b> <u>NEW</u> Project Title: <u>ROCK POINT CHAPTER COMMUNITY TRASH BINS</u> Project Description: <u>Implement the Rock Point monthly trash bin and tri-annual household items trash bin for the community members.</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															<b>PART II. Project Information</b> Project Type: <u>Trash Bins</u> Planned Start Date: <u>4/1/2023</u> Planned End Date: <u>12/13/2026</u> Project Manager: <u>Charlene Kirk</u>																
<b>PART III.</b> 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 - 9/30/23 Complete process for securing contractor of trash disposal project.								x	x	x	x	x	x																		
7/1/23-9/30/26 Compile listing of qualified households within the Rock Point Chapter											x	x	x	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 of project, final submission for payments.																															
<b>PART V.</b> Expected Quarterly Expenditures		\$			\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL					
											14,400.00			7,200.00			7,200.00			14,400.00			14,400.00			57,600.00					

**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: