



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 #: HK0587-2

Date & Time Received: 01/17/24 at 12:48

Date & Time of Response: Jan. 23, 2024 at 16:30

Entity Requesting FRF: Lukachukai Chapter

Title of Project: Renovation of Chapter House Roof

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$140,000.00

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: 2.22 Strong Healthy
Communities: Neighborhood Features that Promote Health and Safety

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: Lorenzo Curley

Signature of DOJ Reviewer: *Lorenzo Curley*

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: LUKACHUKAI CHAPTER Date prepared: 3/24/23

Chapter's PO BOX 248 phone/email: (928) 787-2500
mailing address: LUKACHUKAI, AZ 86507 website (if any): lukachukai@navajochapters.org

This Form prepared by: PAULA S. BEGAY phone/email: (928) 266-7426
CHAPTER PRESIDENT psbegay@naataanii.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: RENOVATION OF CHAPTER HOUSE ROOF

Chapter President: PAULA S. BEGAY phone & email: (928) 266-7426, psbegay@naataanii.org
Chapter Vice-President: CONNETTE BLAIR phone & email: (505) 860-8757, cblair@naataanii.org
Chapter Secretary: MARY ANN LEONARD phone & email: (928) 797-1081, mleonard@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: \$140,000 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 Lukachukai Chapter will use the funds to renovate the debilitating roof of the Chapter house. The Lukachukai Chapter will demolish the old roofing, clean up debris and rebuild the roof using various equipment and labor. The Lukachukai Chapter will replace the old roof with new metal sheeting. Once completed, they will dispose of the old material responsibly. The Lukachukai 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 Lukachukai Chapter, they worked tirelessly to assist their community by having events that would keep their residents safe. The Chapter house was not in use due to the leaking roof, that posed a hazard to visitors and staff. Having the roof rebuilt means the chapter has the ability to conduct business as usual, which would be beneficial to staff and the community.

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 the new roof 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 Lukachukai Chapter to complete the services needed to facilitate the roof renovation.

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:

After the initial construction warranty, the Chapter will assume all routine maintenance to ensure the viability of the warehouse.

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:

2.23 STRONG HEALTHY COMMUNITIES: Demolition and Rehabilitation of Properties. The Lukachukai Chapter Fieldhouse falls under this as the demolition of the roof and building the new roof will allow the community to use the chapter fieldhouse for activities that would promote a healthy community and a healthy family.

document attached

Part 3. Additional documents.

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

Resolution
New Estimate

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: Paula B...
signature of Preparer/CONTACT PERSON

Approved by: Paula B...
signature of Chapter President (or Vice President)

Approved by: _____
signature of CSC

Approved by: Robert... 01/10/2024
signature of Chapter ASO

Approved to submit for Review: _____
signature of DCD Director

PART I. Business Unit No.: <u>K2115387</u>		Program Title: <u>LUKACHUKAI CHAPTER ROOF</u>		Division/Branch: <u>Div. of Comm. Dev/ Chinle ASC</u>	
Prepared By: <u>PAULA S. BEGAY</u>		Phone No.: <u>(928) 266-7426</u>		Email Address: <u>psbegay@naataanii.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	140,000.00	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	6	43,900	140,000	(96,100)
				9500 Matching Funds				
				9500 Indirect Cost				
TOTAL:						\$43,900.00	140,000.00	(96,100)

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

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

SUBMITTED BY: <u>Jaron Charley, Dept. Manager</u> Program Manager's Printed Name Program Manager's Signature and Date <u>1-10-24</u>	APPROVED BY: <u>Arbin Mitchell, Executive Director</u> Division Director / Branch Chief's Printed Name Division Director / Branch Chief's Signature and Date
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PART I. PROGRAM INFORMATION:
 Business Unit No.: K2115387 Program Name/Title: LUKACHUKAI CHAPTER ROOF

PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:
plan is to use the funds to renovate the debilitating roof of the Chapter house by removing old roof and replace w/new roof.

PART III. PROGRAM PERFORMANCE CRITERIA:	1st QTR		2nd QTR		3rd QTR		4th QTR	
	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement: Design or outline of scope of work _____ Program Performance Measure/Objective: Completing of scope of work.			1					
2. Goal Statement: Contractor orders supplies for roof replacement. _____ Program Performance Measure/Objective: Supplies ordered.					1			
3. Goal Statement: Begin demolition of old roof, ensure support beams are viable. _____ Program Performance Measure/Objective: Completion of demolition and support beams are viable.					1			
4. Goal Statement: Start roof replacement. _____ Program Performance Measure/Objective: Completion of roof replacement, paint and disposal of old roofing material.							1	
5. Goal Statement: _____ Program Performance Measure/Objective: _____								

PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.

<p><u>Jaron Marley, Dept. Manager</u> Program Manager's Printed Name</p> <p><u>[Signature]</u> <u>1-10-24</u> Program Manager's Signature and Date</p>	<p><u>Arbin Mitchell, Executive Director</u> Division Director/Branch Chief's Printed Name</p> <p><u>[Signature]</u> Division Director/Branch Chief's Signature and Date</p>
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PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>LUKACHUKAI CHAPTER ROOF</u>		Business Unit No.: <u>K2115387</u>	
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)
9000	CAPITAL OUTLAY		140,000
9050	BUILDING IMPROVEMENTS	140,000	
	9054 Building Improvements		
TOTAL		140,000	140,000

PART I Business Unit No <u>K2115387</u>													PART II. Project Information																			
Project Title: <u>LUKACHUKAI CHAPTER HOUSE ROOF REPLACEMENT</u>													Project Type: <u>Chapter Roof Replacement</u>																			
Project Descriptive <u>Replacement of Chapter House Roof.</u>													Planned Start Date: <u>4/1/2023</u>																			
Check one box:													Planned End Date: <u>12/13/2026</u>																			
													Project Manager: <u>DCD</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.																															
	FY 2023												FY 2024												Expected Completion Date if project exceeds 8 FY Qtrs.							
	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 - 9/30/24 Selection of Contractor						x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									
5/1/24 - 9/30/26 Demolishing and replacement of Chapter House Roof																		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
PART V. Expected Quarterly Expenditures	\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL										
							7,500.00			7,500.00			7,500.00			7,500.00			7,500.00			6,400.00			\$43,900.00							

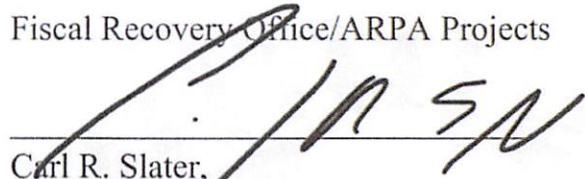
FOR OMB USE ONLY: Resolution No: _____ FMIS Set Up Date: _____ Company No: _____ OMB Analyst: _____



Date: January 8, 2024

To: Fiscal Recovery Office/ARPA Projects

From:


Carl R. Slater,
Council Delegate

Subject: **LUKACHUKAI DECREASE AND DELETION OF PROJECTS**

Let this serve as our notice of the following changes to Lukachukai's approved Projects:

- 1- Lukachukai Track Construction K2115389 \$449,685 will be decreased to \$140,000 and partially reallocated to the Chapter Roof Construction (\$96,100) and the Chapter Fieldhouse Roof (\$172,850), totally: \$268,950, remaining \$40,735 will be determined later.

Lukachukai Chapter will be submitting the revised Chapter House Roof and Chapter Fieldhouse Roof Projects shortly. Please assist my Chapter in getting these processed through the system.

We sincerely appreciate all the assistance given to our Chapter and we look forward to seeing these projects completed. Should you have any questions, please feel free to contact me at (301) 910-4788 or via email at carlslater@navajo-nsn.gov or our Chapter Officials. Thank you.

