



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: _____

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: Tolani Lake Chapter Date prepared: 10/18/2023

Chapter's HC 61 Box 3001 phone/email: 928-686-3285 / tolanilake@navajochapters.org
mailing address: Winslow, AZ 86047 website (if any): _____

This Form prepared by: Tom Yazzie phone/email: 686-3285/tomyazzie@nnchapters.org
Tom Yazzie, Community Service Coordinator 686-3285/tomyazzie@nnchapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Senior Citizen Center Building - HVAC Installation

Chapter President: Leland Dayzie phone & email: 928-679-1538 / lkdayzie@naataanii.org

Chapter Vice-President: Vacant phone & email: _____

Chapter Secretary: Gabriella Mehl phone & email: 928-587-6179 / tolanilake.secretary23@hotmail.com

Chapter Treasurer: Gabriella Mehl phone & email: 928-587-6179 / tolanilake.secretary23@hotmail.com

Chapter Manager or CSC: Tom Yazzie phone & email: 686-3285 / tomyazzie@nnchapters.org

DCD/Chapter ASO: Kristen Charley phone & email: 928-283-3343 / kcharley@nndcd.org

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): _____

☐ document attached

Amount of FRF requested: \$40,000.00 FRF funding period: 01/01/2023 - 09/30/2026
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:

Tolani Lake Chapter (TLC) plans to utilized the ARPA fund upgrade the cooling & heating sytem on its Senior Citizen Center building that is located on the TLC chapter premises. This building serves as governmental building that provides services to it elderlies and provides services to other surrounding chapters. The building is being use as governmental training center for Division of Aging & Long Term Care (DALTCS) staff, emergency responses facility, health related events, native cultural & elderly meal programs and other related events.

☐ document attached

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

The beneficiaries of the project would be TLC elderly membership, health facilitators and elder sponsorships. And the Navajo Nation Government, Health Agencies and other governmental department or program to battle and exercise preventive measure against COVID-19 pandemic.

☐ 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:

The timeline to complete the preliminaries: Approval signatures scheduled is to be complete at end December 2023 (DCD, Ofc of the Controllers, DOJ signatures). The construction of installation is to start in January 2023 and target date for closeout by May 2024.

☐ document attached

(d) Identify who will be responsible for implementing the Program or Project:

The Navajo Nation Division of Community Development-Arbin Mitchell, Division Director, Shayla Draper, Estimator/Planner and Bill Draper with JSRa will be the monitoring the project for duration of the project.

☐ 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:

TLC will be responsible for all operations and maintenance cost of the installed heating & cooling (HVAC) system.

☐ 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 Service.

The Tolani Lake Chapter is requesting to utilize Fiscal Recovery Funds for completion of this project. This project will monitored and coordinated with Navajo Nation-DCD. The Senior Citizen Center building is being used by various Navajo Nation departments and programs for wide range of events and activities. The office space in the "Center" utilized be tribal health programs as well as other governmental agencies.

☐ document attached

Part 3. Additional documents.

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

Appendix A-Request Form & Expenditure Plan

Appendix B-Budget Forms (1,2,4 & 6)

Appendix J-Project Budget Schedule

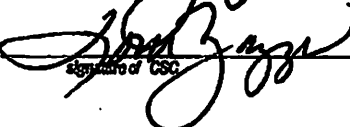
☐ Chapter Resolution attached

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 Proposed/Contract 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 2024


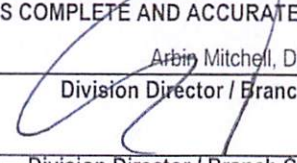
**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

Page 1 of 4
BUDGET FORM 1

PART I. Business Unit No.: <u>New</u>		Program Title: <u>11 Lake Chapter Senior Citizen Center Building HVAC Install</u>		Division/Branch: <u>DCD/Executive Branch</u>	
Prepared By: <u>Tom Yazzie, CSC</u>		Phone No.: <u>928-686-3285</u>		Email Address: <u>tomyazzie@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	1/1/23 - 9/30/26	40,000.00	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	6	0	\$ 40,000.00	\$ 40,000.00
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	\$ 40,000.00	\$ 40,000.00

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>Tom Yazzie, CSC</u> Community Service Coordinator's Printed Name  Community Service Coordinator's Signature and Date <u>10/24/23</u>	APPROVED BY: <u>Arbin Mitchell, Division Director</u> Division Director / Branch Chief's Printed Name  Division Director / Branch Chief's Signature and Date

FY 2024THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIAPage 2 of 4
BUDGET FORM 2

PART I. PROGRAM INFORMATION:

Business Unit No.: New

Program Name/Title:

Tolani Lake Chapter Senior Citizen Center Building HVAC Installation

PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:

The purpose of a new HVAC system is to help reduce airborne contaminants including viruses in Bldg. or small spaces by filtering the ventilation system.

PART III. PROGRAM PERFORMANCE CRITERIA:

1. Goal Statement:

Contractor/Project Manager

Program Performance Measure/Objective:

Establish Project Manager / Contractor

1st QTR		2nd QTR		3rd QTR		4th QTR	
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual

1

2. Goal Statement:

Monthly Updates / Meetings

Program Performance Measure/Objective:

Monthly Updates / Meetings

2

2

2

2

3. Goal Statement:

Hire Personnel for the Project

Program Performance Measure/Objective:

Contractor to Identify number of personnel

1

4. Goal Statement:

Materials Purchase

Program Performance Measure/Objective:

Procure Materials for the Project

1

5. Goal Statement:

Project Closeout

Program Performance Measure/Objective:

Progression of the Project Updates and Closeout

1

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

Tom Yazzie, CSC

Community Service Coordinator's Printed Name

Community Service Coordinator's Signature and Date

Arbin Mitchell, Division Director

Division Director/Branch Chief's Printed Name

Division Director/Branch Chief's Signature and Date

FY 2024THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATIONPage 3 of 4
BUDGET FORM 4

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Tolani Lake Chapter Senior Citizen Center Building HVAC Installation</u>		Business Unit No.: <u>New</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)
8000	JSRa Contractor Project Material will be procured by contractor as needed to complete the project. JSRa Contractor will handling personnel staff for this project.	\$ 40,000.00	\$ 40,000.00
TOTAL		\$ 40,000.00	\$ 40,000.00

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

Page 4 of 4
PROJECT FORM

PART I. Business Unit No.: <u>New</u> Project Title: <u>Senior Citizen Center Buidling HVAC Installation Project</u> Project Descrip <u>Tolani Lake Chapter Senior Citizen Center Building HVAC Installation Project</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>Renovation Project</u> Planned Start Date: <u>Jan-23</u> <u>1/1/23</u> Planned End Date: <u>Sep-26</u> <u>9/30/26</u> Project Manager: <u>Tom Yazzie, CSC</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. <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th colspan="12">FY 2023</th> <th colspan="12">FY 2024</th> <th colspan="4" rowspan="2"> Expected Completion Date if project exceeds 8 FY Qtrs. Date: <u>9/30/26</u> </th> </tr> <tr> <th colspan="3">1st Qtr.</th> <th colspan="3">2nd Qtr.</th> <th colspan="3">3rd Qtr.</th> <th colspan="3">4th Qtr.</th> <th colspan="3">1st Qtr.</th> <th colspan="3">2nd Qtr.</th> <th colspan="3">3rd Qtr.</th> <th colspan="3">4th Qtr.</th> </tr> <tr> <th>O</th><th>N</th><th>D</th> <th>J</th><th>F</th><th>M</th> <th>A</th><th>M</th><th>J</th> <th>Jul</th><th>A</th><th>S</th> <th>O</th><th>N</th><th>D</th> <th>J</th><th>F</th><th>M</th> <th>A</th><th>M</th><th>J</th> <th>Jul</th><th>A</th><th>S</th> <th>O</th><th>N</th><th>D</th><th>J</th><th>F</th><th>M</th> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td>x</td><td></td><td></td> <td></td><td>x</td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td>x</td><td>x</td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td>x</td> <td>x</td><td>x</td><td>x</td> <td>x</td><td>x</td><td>x</td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td>x</td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td>x</td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td>x</td><td></td> <td></td><td></td><td></td> </tr> </table>																												FY 2023												FY 2024												Expected Completion Date if project exceeds 8 FY Qtrs. Date: <u>9/30/26</u>				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													x				x																													x	x																															x	x	x	x	x	x	x																															x																														x																															x				
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FOR OMB USE ONLY: Resolution No: _____ FMIS Set Up Date: _____ Company No: _____ OMB Analyst: _____