



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: Greasewood Springs Chapter Date prepared: 11/13/23

Chapter's PO Box 1260 phone/email: (928) 654-3239
mailing address: Ganado, AZ 86505 website (if any): www.greasewoodsprings.navajochapters.org

This Form prepared by: Dereck Curley phone/email: (928) 654-3239
Chapter Manager dacurley@nnchapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Home Appliance Purchases

Chapter President: Vacant phone & email: _____
Chapter Vice-President: Julia Benally phone & email: (928) 654-3239 juliabenally2@gmail.com
Chapter Secretary: Linda S. Yazzie phone & email: (928) 654-3239 lindasalabiye@gmail.com
Chapter Treasurer: Linda S. Yazzie phone & email: (928) 654-3239 lindasalabiye@gmail.com
Chapter Manager or CSC: Dereck Curley phone & email: (928) 654-3239 dacurley@nnchapters.org
DCD/Chapter ASO: Eunice Begay phone & email: ejbegay@nndcd.org

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

Amount of FRF requested: \$100,000.00 FRF funding period: 11/13/23-12/31/2026
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 Greasewood Springs Chapter will allocate \$100,000.00 to existing homes for appliance purchases. This project will help homeowners that are in dire need of home appliances such as, cooking stoves, washer/dryer, refridgerators, water heaters, wood stoves, counter tops and kitchen cabintry. This project will allow homeowners proper and sanitary storage of food, safe and sanitary preparation of food, having clean clothing and proper heating source during the winter months.

document attached

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

This project will allow homeowners to have proper storage for their warm and cold food, reducing health risks and contaminants. Having access to clean clothing without the risk of overcrowded laundromats where illness can easily be spread, and having proper heating source during the cold winter months.

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:

December 2023- Home owner request for appliances.
January 2024-February 2024- Identify and assess applications
March 2024- Procure appliances

document attached

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

Greasewood Springs Chapter Administration

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:

Greasewood Springs Chapter Administration will be responsible for operations.

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
Improving homes with proper food storage, clean and sanitary clothing and adequate heating source.

document attached

Part 3. Additional documents.

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

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: *Doreed Curley* signature of Preparer/CONTACT PERSON Approved by: *Julia Bendly* signature of Chapter President (or Vice-President)

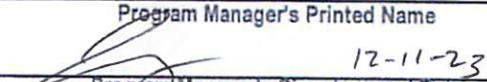
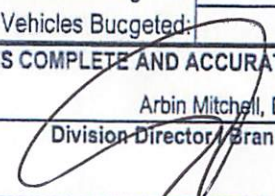
Approved by: *Doreed Curley* signature of CSC Approved by: *[Signature]* signature of Chapter ASD

Approved to submit for Review: *[Signature]* 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>K - [New]</u>				Program Title: <u>Greasewood Springs Chapter / Home Appliance Purchase</u>		Division/Branch: <u>Executive / DCD</u>			
Prepared By: <u>Dereck Curley, Chapter Manager</u>				Phone No.: <u>(928) 654-3239</u>		Email Address: <u>dacurley@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	11/13/23-12/31/26	100,000.00	100%	2001 Personnel Expenses					
				3000 Travel Expenses					
				3500 Meeting Expenses					
				4000 Supplies	6			100,000	100,000
				5000 Lease and Rental					
				5500 Communications and Utilities					
				6000 Repairs and Maintenance					
				6500 Contractual Services					
				7000 Special Transactions					
				8000 Public Assistance					
				9000 Capital Outlay					
				TOTAL			\$0.00	100,000.00	100,000
				PART IV. POSITIONS AND VEHICLES		(D)	(E)		
				Total # of Positions Budgeted:					
				Total # of Vehicles Budgeted:					
TOTAL:				\$100,000.00	100%				
PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.									
SUBMITTED BY: <u>Jaron Charley, Department Manager</u>				APPROVED BY: <u>Arbin Mitchell, Division Director</u>					
Program Manager's Printed Name				Division Director / Branch Chief's Printed Name					
									
Program Manager's Signature and Date <u>12-11-23</u>				Division Director / Branch Chief's Signature and Date					

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA

PART I. PROGRAM INFORMATION:

Business Unit No.: NEW

Program Name/Title: Greasewood Springs Chapter / Home Appliance Purchase

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

The Greasewood Springs Chapter will allocate \$100,000.00 to be used for appliance purchase for existing homes. Eligibility will be based on assessments at a first come, first serve basis. Appliances will be cooking stoves, refrigerators, water heaters, washer/dryer, wood stove, cabinets and counter tops.

PART III. PROGRAM PERFORMANCE CRITERIA:

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

1. Goal Statement:

Our goal is to assess and determine applicants based on a first come, first serve basis.

Program Performance Measure/Objective:

		10	10	10			
--	--	----	----	----	--	--	--

2. Goal Statement:

Procure a vendor and purchase as bulk order.

Program Performance Measure/Objective:

				10	10		
--	--	--	--	----	----	--	--

3. Goal Statement:

Distribute appliances to applicants and followup with closeout reports.

Program Performance Measure/Objective:

					10	10	10
--	--	--	--	--	----	----	----

4. Goal Statement:

Program Performance Measure/Objective:

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5. Goal Statement:

Program Performance Measure/Objective:

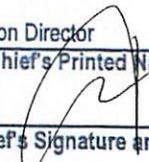
--	--	--	--	--	--	--	--

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

Jaron Charley, Department Manager
Program Manager's Printed Name

 12-11-23
Program Manager's Signature and Date

Arlyn Mitchell, Division Director
Division Director/Branch Chief's Printed Name


Division Director/Branch Chief's Signature and Date

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Greasewood Springs Chapter-Home Appliance Purchase</u>		Business Unit No.: <u>NEW</u>	
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(U)
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)
4000	4000 Supplies		
4000	Supplies Purchase of Home Appliances	100,000	100,000
		TOTAL	
		100,000	100,000

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

PART I. Business Unit No.: <u>New</u>													PART II. Project Information																				
Project Title: <u>Greasewood Springs Chapter-Home Appliance Purchase</u>													Project Type: <u>Purchase</u>																				
Project Description <u>Home Appliance Purchase- Project will allocate \$100,000.00 for Home Appliance purchase for community home owners.</u>													Planned Start Date: <u>11/13/2023</u>																				
Appliances such as; <u>Cooking Stove, Refridgerator, Cooler, Water Heater, Washer/Dryer, Wood Stove, Counter tops and Kitchen Cabinets.</u>													Planned End Date: <u>12/31/2026</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													Project Manager: _____																				
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. Date: <u>12/31/26</u>								
	FY 2024												FY 2025																				
	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			
Home Assessments				x	x	x																											
Purchasing of Materials				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									
Follow upx							x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x											
Closeout																									x	x	x						
Final Report																												x	x	x			
PART V.	\$			\$			\$			\$			\$			\$			\$														
Expected Quarterly Expenditures				\$100,000.00																								PROJECT TOTAL					
				\$100,000.00																								\$100,000.00					

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



Greasewood Springs Chapter
Diwozhii Bii' To doo' Bi'Naha'ta'

Vacant, President

Julia Benally, Vice-President

Bill Spencer, Grazing Official

Cherilyn Yazzie, Council Delegate

Linda S. Yazzie, Secretary/Treasurer

GSC11-23-1271

RESOLUTION OF THE
GREASEWOOD SPRINGS CHAPTER

Resolution to reallocate \$200,000.00 from American Rescue Plan Act- Aquifer Recharge Project to new projects, Appliance Purchase and Septic Cleanout Services.

WHEREAS:

1. The Greasewood Springs Chapter exists as a local unit of government recognized as a political subdivision of the Navajo Nation, pursuant of the Navajo Nation Code No. 26, Section (a) and is authorized to review all matter effecting the community in order to address the needs of the local residents with the authority to act in the best interest of the general welfare of its community membership; and
2. Pursuant to Resolution No. CAP-34-98, the Navajo Nation council approved the Historic Local Governance Act, which authorized the local Navajo Communities to plan develop and implement a restructuring process to improve community decision making allowing communities to excel and flourish enabling Navajo leaders to lead toward a prosperous future and improve the strength of the Navajo Nation Sovereignty; and
3. The Greasewood Springs Chapter Formally requests to reallocate from American Rescue Plan Act- Aquifer Recharge Project to new projects, Appliance Purchase and Septic Cleanout Services.

NOW THEREFORE IT BE RESOLVED THAT:

The Greasewood Springs Chapter Hereby reallocate from American Rescue Plan Act-Aquifer Recharge Project to new projects, Appliance Purchase and Septic Cleanout Services.

CERTIFICATION

We, hereby certify that the foregoing was duly considered by the Greasewood Springs Chapter at a duly called regular chapter meeting in Greasewood Springs (Navajo Nation), Arizona, at which a quorum of community membership was present and the same had passed with a vote of: 46 in favor, 0 in opposed and 1 in abstained on this 20th day of November, in the year 2023.

Motioned By: Patricia Lewis

Seconded By: Betty Jackson

Julia Benally, Vice-President

**NAVAJO NATION CERTIFICATION
Regarding Debarment, Suspension, and
Contracting Eligibility**

1. Applicant entity acknowledges that to the best of its knowledge that the Applicant entity, either in its present form or in any identifiable capacity, has not, in accordance with 12 N.N.C. § 361:
 - A. Been convicted of the commission of criminal offenses incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of any such contract or subcontract;
 - B. Been convicted of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offenses indicating a lack of business integrity or honesty, which currently, seriously, and directly affect responsibility as a Navajo Nation contractor;
 - C. Been convicted under antitrust statutes arising out of the submission of bids or proposals;
 - D. Violated contract provisions, including:
 - i. Deliberate failure, without good cause, to perform in accordance with the contract specifications or within the time limit provided in the contract,
 - ii. A recent record of failure to perform or of unsatisfactory performance with the terms of any contract, or
 - iii. Any other cause so serious and compelling as to affect responsibility as a Navajo Nation contractor, including debarment by another governmental entity.
2. Applicant acknowledges that if the Navajo Nation determines that the executed Certification provided herein is untrue or not wholly accurate, it shall be grounds for the Navajo Nation to terminate the contract and pursue other legal remedies, at the Navajo Nation's discretion.
3. Applicant certifies to the best of its knowledge that it is eligible to do business with the

Navajo Nation, in its present form or in any other identifiable capacity, pursuant to 12 N.N.C. § 1501 and 5 N.N.C. § 301. Applicant also acknowledges that per 12 N.N.C. § 1505, it will not be eligible to contract with the Navajo Nation if deemed ineligible by the appropriate department or entity of the Navajo Nation which receives the Applicant's request for consideration for a business opportunity.

GREASEWOOD SPRINGS CHAPTER

Applicant Name

P.O. Box 1260

Applicant Address

Ganado, Arizona 86505

Applicant Address

Applicant Address

Name of individual signing on Applicant's behalf (print)

Vice-President

Title of individual signing on Applicant's behalf

Julie Benally

Signature of individual signing on Applicant's behalf

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. GREASEWOOD CHAPTER	
2 Business name/disregarded entity name, if different from above 	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input checked="" type="checkbox"/> Other (see instructions) ▶ NON PROFIT	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. PO BOX 1260	Requester's name and address (optional)
6 City, state, and ZIP code GANADO, AZ 86505	
7 List account number(s) here (optional) 	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
8	6	-	0	8	7	4	2	8	4

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Wesley Curley</i>	Date ▶ <i>11/14/23</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

THE NAVAJO NATION
Greasewood Springs Chapter
P.O. Box 1260 Ganado, Arizona 86505
Phone: (928) 654-3239
Email: greasewoodsprings@navajochapters.org



Vacant, President
Julia Benally, Vice-President
Linda S. Yazzie, Secretary/Treasurer
Bill Spencer, Grazing Official
Cherilyn Yazzie, Council Delegate

APPLICATION FOR APPLIANCE PURCHASE REQUEST

NAME: _____ DATE: _____

ADDRESS: _____ CENSUS: _____

LOCATION OF RESIDENCE: (APPLICANT MUST BE LIVING WITH IN THE GREASEWOOD SPRINGS SERVICE AREA)

CELL NUMBER: _____ EMAIL: _____

HOUSING INFORMATION:

(TYPE OF STRUCTURE) HOUSE () HOGAN () OTHER () _____

IN-DOOR PLUMBING () YES () NO

ELECTRICITY () YES () NO

DO YOU OR A MEMBER OF YOUR FAMILY HAVE A MEDICAL REFERRAL? () YES () NO

IS THE HOME A PERMANENT RESIDENCE? () YES () NO

IS YOUR LACK OF A FUNCTIONING APPLIANCE CAUSING AN UNHEALTHY LIVING SITUATION?
() YES () NO IF YES, PLEASE EXPLAIN:

PLEASE SELECT ONE APPLIANCE:

() COOKING STOVE () REFRIGERATOR () WASHER/DRYER COMBO () FURNACE

() WOOD STOVE W/INSTALLATION KIT () PELLET STOVE W/ INSTALLATION KIT

() WATER HEATER

DISCLOSURE: ONE APPLICATION PER HOUSEHOLD IN STRICTLY ENFORCED