



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: _____

- ☐ Missing Form
- ☐ Supporting documentation missing
- ☐ Project will not be completed by 12/31/2026
- ☐ Ineligible purpose
- ☐ Submitter failed to timely submit CARES reports
- ☐ Additional information submitted is insufficient to make a proper determination
- ☐ Expenditure Plan incomplete
- ☐ Funds will not be obligated by 12/31/2024
- ☐ Incorrect Signatory
- ☐ Inconsistent with applicable NN or federal laws

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.** 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.

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THE NAVAJO NATION
FISCAL RECOVERY FUNDS **REQUEST FORM & EXPENDITURE PLAN**
FOR GOVERNANCE-CERTIFIED CHAPTERS

Part 1. Identification of parties.

Governance-Certified Chapter requesting FRF: TEESTO CHAPTER Date prepared: 05/22/23

Chapter's Teesto Chapter phone & email: (928)657-8042
mailing address: PO Box 7385 website (if any): teesto@navajochapters.org

This Form prepared by: Clara Tsosie, Manager phone/email: (928)657-8042
c_tsosie@nnchapters.org

CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Housing Repair and Weatherization Project.

Chapter President: Elmer Clark phone & email: 928-606-4136 & clark_elmer@yahoo.com

Chapter Vice-President: Leroy Thomas phone & email: 928-589-7154

Chapter Secretary: Sophia Francis phone & email: 928-313-0529 & sophiafrancis@navajochapters.org

Chapter Treasurer: Sophia Francis phone & email: 928-313-0529 & sophiafrancis@navajochapters.org

Chapter Manager or CSC: Clara Tsosie phone & email: 928-657-8045 & c_tsosie@nnchapters.org

DCD/Chapter ASO: Toni Mina, ASO phone & email: 928-654-3934 & tmina@nndcd.org

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): Carpenter Supervisor and five carpenters.

Will be included on the budget forms. ☒ document attached

Amount of FRF requested: \$1,132,410.03 FRF funding period: 05/23/2023 - 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 housing repair and weatherization project will assist Teesto residents with housing materials to improve and provide adequate living for local residents. This project will restore, renovation & weatherized damaged home in poor condition. Each household will provide cost estimate, scope of work prior to purchasing housing materials. Home improvement will include roofing repair, interior & exterior walls, replacement of windows, interior & exterior doors, interior & exterior walls, flooring, housewiring, plumbing, heating stove, and ADA ramps for entrance, if needed.

☐ document attached

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

Teesto Chapter community members will benefit with the housing repair & weatherization, improve their quality of life, have a safe sanitary homes to ensure physical, emotional and mentally healthy to recover the family livelihood. The home will be improved for adequate and stable living.

☐ document attached

(c) 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:

APPENDIX A

The project will begin as soon as monies are available and end on December 31, 2026. This project will provide carpenter supervisor and five carpenters to meet completion of the project. Budget for the project will be provided on the Navajo Nation Budget Forms.

☐ document attached

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

Clara Tsosie, Chapter Manager
Helen Yazzie, Administrative Assistant
Allen Benally, Maintenance Technician

☐ 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 family will provide operation and maintenance after the project is completed.

☐ 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 Housing Support: Other Housing Assistance

Eighty percent of homes in Teesto service area are damages, weatherized, unsafe, and dilapidated conditions. This funding assistance will include rehabilitation of homes to Teesto community for healthier environment and sanitary condition homes.

☐ document attached

Part 3. Additional documents.

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

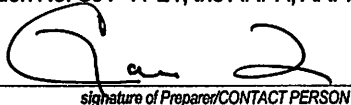
1. Budget Forms
2. Cost estimate
3. Chapter Resolution

☐ Chapter Resolution attached

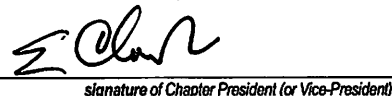
Part 4. Affirmation by Funding Recipient.

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 Chapter Manager or CSC

Approved by:


signature of DCD/Chapter ASO

Approved to submit
for Review:


signature of DCD Director

FY 2023



**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

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BUDGET FORM 1

PART I. Business Unit No.: <u>NEW</u> Program Title: <u>TEESTO CHAPTER</u> Housing Repair + Weatherization Division/Branch: <u>NNDCD</u>			
Prepared By: <u>Clara Tsosie</u> Phone No.: <u>928-657-8042</u> Email Address: <u>teesto@navajochapters.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
Navajo Nation ARPA Funds /PRF	5/22/23-12/31/202	\$ 1,132,410.03	100%	2001 Personnel Expenses	6		\$ 256,529.94	
				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	6		\$ 875,880.09	
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
TOTAL:				TOTAL		\$0.00	\$ 1,132,410.03	0

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>James Adakai, Acting Program Manager</u>		APPROVED BY: <u>Calvin Castillo, Executive Director</u>	
Program Manager's Printed Name		Division Director / Branch Chief's Printed Name	
 <u>6-5-23</u> Program Manager's Signature and Date		 <u>6-5-23</u> Division Director / Branch Chief's Signature and Date	

FY 2023

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

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BUDGET FORM 2

PART I. PROGRAM INFORMATION:Business Unit No.: NEW

Program Name/Title:

TEESTO CHAPTER

*Housing Repair
+ Weatherization***PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:****TEE-MAR-14-2023****PART III. PROGRAM PERFORMANCE CRITERIA:**

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

1. Goal Statement:To conduct community housing needs assessment to develop priority list for 16 housing repairs**Program Performance Measure/Objective:**Review, evaluate, screen and select candidates for housing repairs

30		30		30		30	
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2. Goal Statement:To develop a housing repair strategy.**Program Performance Measure/Objective:**Determine scope of work for each housing repair project and cost estimate.

30		30		30		30	
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3. Goal Statement:To evaluate and select best possible vendor to procure materials**Program Performance Measure/Objective:**Contact 3 or more vendors for bulk purchase, transport, deliver and other cost.

30		30		30		30	
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4. Goal Statement:Program Performance Measure/Objective:

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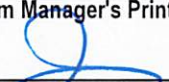
5. Goal Statement:Program Performance Measure/Objective:

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


James Adakai, Acting Program Manager

Program Manager's Printed Name


 Program Manager's Signature and Date
6-5-23

Calvin Castillo, Executive Director

Division Director/Branch Chief's Printed Name


 Division Director/Branch Chief's Signature and Date
6-5-23

FY 2023

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

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BUDGET FORM 4

PART I. PROGRAM INFORMATION: Program Name/Title: <u>TEESTO CHAPTER</u> <i>Housing Repair and Weatherization</i> 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)
6 8000 8500 8510	PUBLIC ASSISTANCE INFRASTURE (NON-CAP) Housing Construction Materials Home repair and weatherization will include roofing repair, interior & exterior walls, replacement of windows, exterior & interior doors, interior & exterior walls, flooring, housewiring, plumbing, heating stove, and ADA ramps for entrance, if needed.	\$ 875,880.09	\$ 875,880.09
2001 6 2310 2900	PERSONNEL EXPENSES CARPENTRY SUPERVISOR GRADE 62 STEP F 2320 \$21.13/HOUR X 2088 HOURS X 01 PERSONNEL 2910 FICA: 6.20% = \$2,735.41 2914 MEDI: 1.45% = \$639.73 2951 SUTA: 1.83% = \$807.39 2960 WORKER COMP: = \$233.83	\$ 48,535.80	\$ 48,535.80
6 2310 2900	CARPENTRY WORKERS GRADE: 60 STEP L 2320 \$18.11/HOUR X 2088 HOURS X 05 PERSONNEL 2910 FICA: 6.20% = \$11,722.24 2914 MEDI: 1.45% = \$2,741.49 2951 SUTA: 1.83% = \$3,459.95 2960 WORKER COMP: = \$1,002.06	\$ 207,994.14	\$ 207,994.14
TOTAL		\$ 1,132,410.03	\$ 1,132,410.03

Page ____ of ____
PROJECT FORM

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