



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):

- 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: _____ 

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.

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: This project is likely FRF eligible. However to make such a determination we request the following additional information:

- What is the maximum amount an individual or commercial customer will be able to receive under this program?
- What type of commercial customers will be eligible for assistance. For example, is aid limited to commercial customers physically located in the community or those owned by members of the Nation?
- Once eligible criteria for assistance are established for individuals and commercial customers, will such assistance will be available to all those who qualify or will certain customers get priority?
- Please confirm that payments will be made directly to the utility companies, rather than made to individuals or commercial customers.

In addition, we note that there may be other sources of funding to leverage to help homeowners with their outstanding utility bills. Please consider whether the Homeowners Assistance Fund might provide an additional source of funding.

Name of DOJ Reviewer: Navalyn R. Platero

Signature of DOJ Reviewer: 

CHAPTER-UTILITY ASSISTANCE

More information that is required by DOJ

March 30, 2023 Rita Capitan, CP

What is the maximum amount of Individual/commercial customer will be able to receive this program?

A registered Crownpoint Chapter member with a utility bill will get assisted from \$200 to \$500 or higher depending on the outstanding utility invoice. Electric, propane, natural gas, water, waste water.

What type of commercial customer will be eligible?

NOT for commercial use.

Once eligible, criteria for assistance are established for individual and commercial customers, will assistance. Be available to all those who qualify or will certain customers get priority?

Registered Crownpoint Chapter members who have experience hardship will be priority in this order

1. Elders with low income 2. High Risk with low income 3. Single parents with low income 4. Household with other relatives (Utilities under 1 household will be considered if multiple generations live in one home). NTUA bills will be considered currently NTUA is doing its own past due assistance.
2. Application with name, date of birth, CIB, physical and mailing address, chapter voter registration, dependence, income verification, check stub, map to home, for assistance, with original utility invoice attached

Please confirm that payments will be made directly to the vendor

Yes, confirmation that all payments will be made out to the utility companies with account numbers which will be provided on their original utility bill statements. The controller will be printing checks for non-certified chapters.

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: Crownpoint Chapter Date prepared: 11/29/2022

Chapter's mailing address: P.O. Box 336 Crownpoint, NM 87313 phone/email: 5057862130/crownpoint@navajochapters.org
website (if any): crownpoint.navajochapters.org

This Form prepared by: Felicia A. Singer phone/email: 5057862130
Accounts Maintenance Specialist fjohn@nnchapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Utility Assistance

Chapter President: Rita Capitan phone & email: rcapitan@naataanii.org

Chapter Vice-President: Leonard Perry phone & email: philohis@yahoo.com

Chapter Secretary: Helen Murphy phone & email: ahsbulldogs68@yahoo.com

Chapter Treasurer: Helen Murphy phone & email: ahsbulldogs68@yahoo.com

Chapter Manager or CSC: Aaron Edsitty, CSC phone & email: crownpoint@navajochapters.org

DCD/Chapter ASO: Casey Begay phone & email: casey_begay@nndcd.org

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

Amount of FRF requested: 150,000.00 FRF funding period: January 2023 to December 2024 ³¹ document attached
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:

Crownpoint Chapter-Utility Assistance Households and commercial customers hardest hit by the pandemic, covering drinking water debt accrued between March 17, 2020 to Present day 2022. Not only drinking water, but waste water and Electric services. The purpose to get customers through financial hardship and help manage their utilities by assisting pay-down of their outstanding water, electric and/or waste water cost. This funding will be for registered voters of Crownpoint Chapter and account holders will be responsible for providing documentation, such as, current outstanding uiltlity bill, active account holder, account number(s) must match person applying for funding assistance, Identificaiton, provide household size and annual income and other documentation that may arise. document attached

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

Crownpoint Chapter Navajo Nation Registered Voters will get some financial relief of paying down their outstanding utility bills which have accumulated during the pandemic which caused a finanical hardship to our community membership. 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:

Once approved and fully funded, the Utility Assistance will be implemented by 3 to 6 months to accept and approve applications (if documentations submitted) and provide payment to utility company based on account numbers provided.

document attached

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

Crownpoint Chapter Staff
Community Services Coordinator, Aaron Edsitty
Felicia A. Singer, Accounts Maintenance Specialist
Helen Murphy, Crownpoint Chapter Sec./Treas
Rita Capitan, Crownpoint Chapter President, Leonard Perry, Chapter Vice-President

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:

Utility Assistance will be a ONE TIME financial hardship to assist with utility, at at a one-time cost payment, after that, responsibility will fall under the Customer Account Holder.

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:

Assistance to Household
Household Assistance-Rent, Mortgage and Utility Aide 2.2

document attached

Part 3. Additional documents.

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

Crownpoint Chapter Resolution CPC 23-10-01

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:  12/05/2022
signature of Chapter ASO

Approved to submit for Review: 
signature of DCD Director

FY 2023

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

Page 1 of 1
BUDGET FORM 1

PART I. Business Unit No.: New Program Title: CROWNPOINT CHAPTER Utility Assistance Division/Branch: NNDCD
 Prepared By: FSINGER, AMS Phone No.: 505-786-2130 Email Address: crownpoint@navaichapters.org

| 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 |
|----------------------------|---|------------|------------|-----------------------------------|----------------|----------------------------------|---------------------|-------------------------|
| FRF APP-B | 09/1/22-12/31/2022 <u>1/1/23-01/31/24</u> | 150,000.00 | 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 | 1 | 150,000 | 150,000 | <u>150,000</u> |
| | | | | 9000 Capital Outlay | | | | |
| | | | | 9500 Matching Funds | | | | |
| | | | | 9500 Indirect Cost | | | | |
| | | | | TOTAL | | 150,000.00 | 150,000.00 | <u>150,000</u> |
| TOTAL: \$150,000.00 100% | | | | PART IV. POSITIONS AND VEHICLES | | (D) | (E) | |
| | | | | Total # of Positions Budgeted: | 1 | 1 | | |
| | | | | 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: FELICIA SINGER, CROWNPOINT CHAPTER AMS APPROVED BY: *[Signature]*
 Program Manager's Printed Name Division Director / Branch Chief's Printed Name
[Signature] 11/29/22 *[Signature]* 12.5.22
 Program Manager's Signature and Date Division Director / Branch Chief's Signature and Date

Sonlatsa Jim-Martin, Department Manager II

[Signature] 12/05/2022

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

PART I. PROGRAM INFORMATION:

Business Unit No.:

New

Program Name/Title:

CROWNPOINT CHAPTER

Utility Assistance

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

Crownpoint Chapter Resolution CPC 23-10-01

PART III. PROGRAM PERFORMANCE CRITERIA:

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

1. Goal Statement:

Provide one-time payment for Utility Assistance (Registered Voter/Utility Account Holder)

Program Performance Measure/Objective:

Assist with Financial hardship for utility (Water, Electric and/or sewage -waste water) payment

| | | | | | | | |
|------|--|------|--|------|--|------|--|
| 600K | | 600K | | 600K | | 600K | |
|------|--|------|--|------|--|------|--|

2. Goal Statement:

Program Performance Measure/Objective:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

3. Goal Statement:

Program Performance Measure/Objective:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

4. Goal Statement:

Program Performance Measure/Objective:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

5. Goal Statement:

Program Performance Measure/Objective:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

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

Felicia A. Singer, AMS Crownpoint Chapter

Program Manager's Printed Name

[Signature] 11/28/22

[Signature]
Division Director/Branch Chief's Printed Name

Sonlatsa Jim-Martin, Department Manager II

Program Manager's Signature and Date

[Signature] 12/05/2022

[Signature] 12.5.22
Division Director/Branch Chief's Signature and Date

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

| | | | |
|--|--|--|---|
| PART I. PROGRAM INFORMATION: | | | |
| Program Name/Title: <u>CROWNPOINT CHAPTER - UTILITY ASSISTANCE</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 | ASSISTANCE 8065 Energy Assistance One-Time payment for Utility (Water, Electric and/or Sewage-Waste Water) for Crownpoint Chapter Registered Voter (Account Holder with Documentation) | 150,000 | 150,000 |
| TOTAL | | 150,000 | 150,000 |

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|----------|---|---|----------|---|---|----------|----------------|---|-----------|---|---|-----------|---|---|-----------|----|--|----------|----|----|---------------|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| PART I. Business Unit No.: <u>NEW</u> | | | | | | | | | | | | | | | PART II. Project Information | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Title: <u>CROWNPOINT CHAPTER - UTILITY ASSISTANCE</u> | | | | | | | | | | | | | | | Project Type: <u>UTILITY ASSISTANCE</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Description <u>TO ASSIST WITH SEPTIC CLEANING FOR CHAPTER MEMBERS</u> | | | | | | | | | | | | | | | Planned Start Date: <u>1/1/2023</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 | | | | | | | | | | | | | | | Planned End Date: <u>12/31/2026</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | Project Manager: <u>AARON EDSITTY</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| PART III. | PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List Project Task separately; such as Plan, Design, Construct, Equip or Furnish. | FY <u>2023</u> | | | | | | | | | | FY <u>2024</u> | | | | | | | | | | 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. | | | Date 12/31/26 | | | | | | | | | | | | | | | |
| | 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 | | | | | | | | | | |
| Planning application process | | | | | | | X | X | X | X | X | X | | | | | | | 15 | 15 | 15 | 15 | 15 | 15 | | | | | | | | | | | | | | | | |
| Contact vendors | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | | | | | | | | | | | | | | | | |
| Pay out vendors | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | | | | | | | | | | | | | | | | |
| Close out | | | | | | | | | | | | | | | | | | | | | | | | | X | X | X | | | | | | | | | | | | | |
| PART V. | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | | PROJECT TOTAL | | | | | | | | | | | | | | | |
| Expected Quarterly Expenditures | | | | | | | | | | | | | 50,000.00 | | | 50,000.00 | | | 50,000.00 | | | | | | \$150,000.00 | | | | | | | | | | | | | | | |

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

NAVAJO NATION

DR. BLU NYGREN
PRESIDENT



CROWNPOINT CHAPTER
P.O. Box 336

Crownpoint, New Mexico 87313

Phone (505) 786-2130/2131

Fax (505) 786-2136

Website: www.crownpoint.navajochapters.org

Email: crownpoint@navajochapters.org

RICHELLE MONTOYA
VICE PRESIDENT

Rita Capitan, President

Leonard Perry, Vice President

Helen Murphy, Secretary/Treasurer

Danny Simpson, Council Delegate

Herbert Enrico, Land Board Member

Chapter Administration

Aaron Edsity, Community Services Coordinator
Email: aedsity@nncchapters.org

Felicia A. Singer, Accounts Maintenance Specialist
Email: fsinger@nncchapters.org

RESOLUTION: CPCS 23-04-01

SUPPORT RESOLUTION TO REQUEST \$150,000 FROM THE NAVAJO NATION ARPA FISCAL RECOVERY & EXPENDITURE PLAN FUNDS FROM THE \$8.8 REGIONAL COUNCIL DELEGATE EXPENDITURE FUNDS FOR THE CROWNPOINT CHAPTER COMMUNITY UTILITY ASSISTANCE

WHEREAS:

1. Pursuant to NNC Title 26, The Crownpoint Chapter located in McKinley County, is recognized as a local government entity of the Navajo Nation established and a duly certified chapter of the Navajo Nation to exercise local governing powers to review and support activities benefitting the chapter community; and
2. As a local governmental unit of the Navajo Nation authorized by 2 N.T.C. Section 4001 and 4028 (a) to review and promote matters that affect the local community and to make appropriate recommendations to the Navajo Nation, Federal, State, County, and local o agencies for consideration and approval; and
3. The Crownpoint Chapter recognizes that due to the Covid Pandemic, many of the registered members had endured hardship with utility payments which left them with no electricity, water and propane. For various reasons, many have been unable to keep up with their utility payments through the pandemic months and presently they have a high rate of utility bills which they are unable to pay; and

THEREFORE, BE IT RESOLVED THAT;


1. The ARPA Recovery funds request is to help chapter membership with those who have accumulated a high amount of past due bills beginning from \$300.00 by requesting a present utility bill from their respective Utility Company and on down until the Chapter is able to serve family households who are in need the most until funds are depleted.
2. The Crownpoint Chapter affirms that the Chapter will use the awarded Fiscal Recovery Funds and Implement this FRF Expenditure Plan in compliance with the ARPA Regulations, and with all applicable Federal and Navajo Nation Laws, Regulations, and Policies.

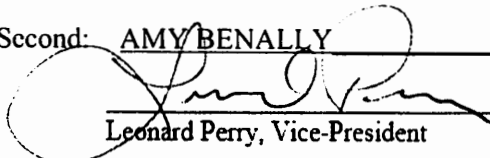
C-E-R-T-I-F-I-C-A-T-I-O-N

WE HEREBY CERTIFY that the foregoing resolution was duly considered by the Crownpoint Chapter membership at a duly called regular meeting at Crownpoint Chapter, (McKinley County) New Mexico, at which a quorum was present and that same was passed by a vote of 9 in favor, 0 opposed and 2 abstained on the 6th day of April, 2023.

Motion: FRAN MORRIS

Second: AMY BENALLY


Rita Capitan, President


Leonard Perry, Vice-President

Helen Murphy, Secretary / Treasurer

Danny Simpson, Council Delegate