



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: Tse'ii'ahi' Chapter Date prepared: 04/26/2023

Chapter's mailing address: P.O. Box 247 Crownpoint, NM 87313 phone/email: 505-786-2247
website (if any): standingrock@navajochapters.org/

This Form prepared by: Janice Padilla phone/email: 505-801-7601
Community Services Coordinator janpadia@nnchapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Heavy Equipment-Major Parts Replacement & Blades, Bucket, Tires

Chapter President: Johnny Johnson phone & email: 505-906-5255; jjsondem@yahoo.com

Chapter Vice-President: Phyllis Willeto-Lancer phone & email: 505-879-5756; pwilleto04@yahoo.com

Chapter Secretary: Alva R. Tom phone & email: 505-870-7152; artom@navajochapters.org

Chapter Treasurer: Alva R. Tom phone & email: 505-870-7152; artom@navajochapters.org

Chapter Manager or CSC: Janice Padilla phone & email: 505-786-2247; janpadia@nnchapters.org

DCD/Chapter ASO: _____ phone & email: _____

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

document attached

Amount of FRF requested: \$10,000 FRF funding period: January 1, 2023 to September 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:

To purchase tires, blades, teeth and bucket for the Tse'ii'ahi' Chapter:
1. Motor Grader
2. Backhoe

 document attached

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

The Grader and Backhoe is used to benefit the Tse'ii'ahi' Chapter community to clear and maintain dirt road, snow removal to have safe access road for the community; other services for emergency transport, medical transport and etc.

 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

27/23

Program(s) or Project(s) by December 31, 2026:

Based on the funding, the project end date will be September 30, 2026 with all funds being incurred before September 31, 2024. Navajo Nation Budget Form 2 are attached for phase goals per quarter for funding period.

document attached

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

Navajo Nation Tse'ii'ahi' Chapter and Navajo Nation Division of Community Development.

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:

Navajo Nation Tse'ii'ahi' Chapter will be responsible for the maintenance and operation of the Motor Grader and Backhoe.

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

document attached

Part 3. Additional documents.


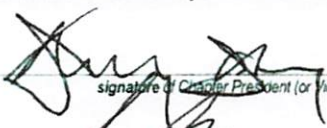



List here all additional supporting documents attached to this FRF Expenditure Plan (or indicate N/A):

- 1. Navajo Nation Budget Forms
- 2. 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: 	Approved by: 
<small>signature of Preparer CONTACT PERSON</small>	<small>signature of Chapter President (or Vice-President)</small>
Approved by: 	Approved by: 
<small>signature of CSC</small>	<small>signature of Chapter ASO</small>
	Approved to submit for Review:  5/25/23
	<small>signature of DCD Director</small>

FY 2023



**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

Page 1 of 4
BUDGET FORM 1

PART I. Business Unit No.: <u>NEW</u>		Program Title: <u>DCD/ Tse'ii'ahi' (Standing Rock) Chapter</u>		Division/Branch: <u>DCD / Executive</u>	
Prepared By: <u>Janice Padilla, CSC</u>		Phone No.: <u>505-786-2247/2248</u>		Email Address: <u>standingrock@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
NN Fiscal Recovery Funds	1/1/23-9/30/26	10,000.00	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		10,000	10,000
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	10,000.00	10,000

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, Deputy Director</u> Program Manager's Printed Name  Program Manager's Signature and Date	APPROVED BY: <u>Calvin Castillo, Division Director</u> Division Director / Branch Chief's Printed Name  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: DCD/ Tse'ii'ahi' (Standing Rock) Chapter

PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:
CJN-29-22 Navajo Fiscal Recovery Fund on the Navajo Nation

PART III. PROGRAM PERFORMANCE CRITERIA:	1st QTR		2nd QTR		3rd QTR		4th QTR	
	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
<p>1. Goal Statement: <u>Provide maintenance and repair Chapter Heavy Equipments</u></p> <p>Program Performance Measure/Objective: <u>Continue to provide community services for road improvement</u></p>			2		2		2	
<p>2. Goal Statement: <u>Land & Road improvement for community, schools and etc, including burial for requestors</u></p> <p>Program Performance Measure/Objective: <u>Assist and provide services for the community and other chapters.</u></p>			5		5		5	
<p>3. Goal Statement: _____</p> <p>Program Performance Measure/Objective: _____</p>								
<p>4. Goal Statement: _____</p> <p>Program Performance Measure/Objective: _____</p>								
<p>5. Goal Statement: _____</p> <p>Program Performance Measure/Objective: _____</p>								

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

James Adakan, Deputy Director
Program Manager's Printed Name

Calvin Castells, Division Director
Division Director/Branch Chief's Printed Name

[Signature] 5-25-23
Program Manager's Signature and Date

[Signature] 5/25/23
Division Director/Branch Chief's Signature and Date

FY _____

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

PART I. PROGRAM INFORMATION:			
Program Name/Title: _____		DCD/ Tse'ii'ahi' (Standing Rock) Chapter	Business Unit No.: _____
			NEW
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)
	REVENUE REPLACEMENT: PROVISION OF GOVERNMENT SERVICES PROJECT The heavy equipment is used to benefit the Tse'ii'ahi' Chapter community to clear and maintain dirt road, snow removal to have safe access road for the community; other services for emergency transport, medical transport and etc.		10,000
4000	Supplies		
4620	Parts & Supplies Purchase parts & supplies for the Chapter Heavy Equipment (Backhoe & Motor Grader)	10,000	
TOTAL		10,000	10,000

**THE NAVAJO NATION
PROJECT PROCESS SCHEDULE**

PART I. Business Unit No.: _____ Project Title: <u>ARPA FUNDS</u> Project Description <u>HEAVY EQUIPMENT - MAJOR PARTS REPLACEMENT</u> Check one box: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision <input type="checkbox"/> Reallocation <input type="checkbox"/> Modification													PART II. Project Information Project Type: <u>ARPA FUNDS</u> Planned Start Date: <u>January 1, 2023</u> Planned End Date: <u>September 30, 2026</u> Project Manager: <u>Janice Padilla, CSC</u>																
PART III. Project Task List: 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 exceeds 8 FY Qtrs.				
	FY <u>2024</u>												FY <u>2025</u>												Date <u>9/30/2026</u>				
	1st Qtr.	2nd Qtr.			3rd Qtr.			4th Qtr.			1st Qtr.	2nd Qtr.			3rd Qtr.			4th Qtr.			O	N	D	J	F	M			
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
HEAVY EQUIPMENT-MAJOR PARTS REPLACEMENT	PURCHASE PARTS & SUPPLIES	CLOSE OUT																											
PART V.	\$		\$			\$			\$			\$			\$			\$			PROJECT TOTAL								
Expected Quarterly Expenditures	<u>2,000</u>		<u>2,000</u>			<u>2,000</u>			<u>2,080</u>			<u>2,000</u>									<u>10,080</u>								

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



The Navajo Nation
 Tse'ii'ahi' (Standing Rock) Chapter
 PO Box 247
 Crownpoint, New Mexico 87313
 Phone: 505.786.2247/2248
 Fax: 505.786.2249

Email: standingrock@navajochapters.org

Dr. Buu Nygren, Navajo Nation President

Rachelle Montoya, Navajo Nation Vice-President

**RESOLUTION OF THE TSE'II'AHÍ' CHAPTER
 RESOLUTION NO.: TSEII.0523.0504**

**REQUESTING TO THE 25TH NAVAJO NATION COUNCIL AND FISCAL RECOVERY FUNDS(FRF) OFFICE
 TO FUND THE HEAVY EQUIPMENT-MAJOR PARTS REPLACEMENT PROJECT IN THE AMOUNT OF
 \$10,000.**

WHEREAS:

1. Pursuant to 26 N.N.C., Section 3 (A) the Tse'ii'ahi' Chapter is duly recognized certified Chapter of the Navajo Nation Government, as listed at 111 N.N.C., part 1, Section 10; and
2. Pursuant to 26 N.N.C., Section 1 (B) Tse'ii'ahi' Chapter is vested with the authority to review all matters affecting the community and to make appropriate correction when necessary and make recommendation to the Navajo Nation and other Local agencies for appropriate action; and

PROJECT DESCRIPTION	AMOUNT
HEAVY EQUIPMENT-MAJOR PARTS REPLACEMENT	\$10,000

3. The COVID-19 pandemic has resulted in global shortage of raw materials, good, services necessary to address the needs of the Tse'ii'ahi' Chapter resident, businesses and governmental units.

NOW THEREFORE BE IT RESOLVED THAT:

1. Tse'ii'ahi' Chapter is requesting the 25th Navajo Nation Council and Fiscal Recovery Fund (FRF) Office to fund the Heavy Equipment – Major Parts Replacement Project in the amount of \$10,000.
2. Tse'ii'ahi' Chapter affirms that the Chapter will only use awarded Fiscal Recovery Funds and implement this FRF expenditure plan in compliance with the ARPA, ARPA Regulations, and with all applicable Federal and Navajo Nation Laws, Regulations, and Policies for the Heavy Equipment-Major Parts Replacement Project.

CERTIFICATION

I, hereby certify that this foregoing resolution was considered by the people of the Tse'ii'ahi' Chapter at a duly called chapter meeting held at Tse'ii'ahi' Chapter, at which an official quorum was present and was passed by a vote of 08 in favor, none opposed, and 02 abstention on this 21st day of March.

Motion by: Velvet Kalleco

Second by: Felda Yazzie

Johnny Johnson
 Johnny Johnson, Chapter President
 Tse'ii'ahi' Chapter

5/2023 jp

Johnny Johnson, Chapter President
 Phyllis Willeto-Lancer, Chapter Vice-President
 Alva R. Tom, Chapter Secretary/Treasurer

Janice Padilla, Community Service Coordinator
 Vacant, Account Maintenance Specialist
 Clinton Jim, Land Board Member

Danny Simpson, Council Delegate



ORIGINAL

Aurora, CO. 18000 Smith Rd., 80011
303-739-3000 * 877-654-1237

Albuquerque, NM. 700 Wagner Court SE.
87105 * 505-345-8411 * 800-432-6612

www.wagnerequipment.com



FOR INQUIRES PLEASE
REFERENCE THIS NUMBER

Bloomfield, NM 505-634-4500
Burlington, CO 719-346-7880
Colo. Spgs., CO 719-635-1669
Durango, CO 970-259-2001
El Paso, TX 915-821-7651
Grand Jct., CO 970-242-2834
Hayden, CO 970-276-3781
Hobbs, NM 575-393-2148
Pueblo, CO 719-544-4433
Windsor, CO 970-278-1750
Yuma, CO 970-848-2911
800-468-5081 877-742-1332 877-654-1237 877-654-1237 800-345-7878 877-654-1237 877-654-1237 877-654-1237 877-654-1237

CUSTOMER QUOTE **CORRECTED** * EXPIRES 05/27/23

CASH

DOCUMENT 11Q037722

SOLD STANDING ROCK CHAPTER
PO BOX 247
TO CROWNPOINT NM 87313

CUSTOMER NO. 81244
STORE 11

SHIP TO 11WILLCALL
WILLCALL
BLOOMFIELD, NM 87413

FILLED BY	ACKNOWLEDGEMENT
W/C LOCATION	W/C PIECES
BILL OF LADING	

ORDERED BY	TELEPHONE	CUST. ORDER NO.	INSTRUCTIONS	DELIVERY LOCATION	SHIP VIA
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ELMER JOHNSON 505 786 2247 WILLCALL

MAKEUP/C	MODEL	SERIAL NO.	EQUIP NO.	ARRANGEMENT NO.	DATE	TIME	ENT BY	REFERENCE NO.	PAGE
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5/09/23 16:36:45 TRM 1

ITEM NO.	QUANTITY	SHIP	B/O	PART NUMBER/DESCRIPTION	LOCATION	N/R	TR	SOS	NET WEIGHT	UNIT PRICE	EXTD PRICE
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1	6	3	3	7D-1577 CUTTING EDGE				000	126.6	245.29	1471.74
2	90	90		5J-4773 BOLT				000	.4	3.02	271.80
3	90	90		2J-3506 NUT				000	.2	2.33	209.70
4	6	5	1	1U-3202 TIP				000	2.5	27.63	165.78
					ST 02 ALT LOC: DISPLAY						
					ST 39 ALT LOC: DISPLAY						
5	6	6		8E-6208 PIN-GET				000	.1	2.94	17.64
6	6	6		8E-6209 RETAINER GP				000	.1	6.36	38.16
7	2	2		9W-8215 EDGE				000	70.0	219.14	438.28
8	8	8		3F-5108 BOLT				000	.3	2.16	17.28
9	8	8		4K-0367 NUT				000	.1	1.54	12.32

If you're not completely satisfied please call 1-833-954-3116 or email us at customerexperience@wagnerequipment.com

OPEN ACCOUNT TERMS: CASH CUSTOMER - PAYMENT DUE ON DATE OF INVOICE. TOTAL AMOUNT DUE 10TH OF MONTH FOLLOWING INVOICE DATE FINANCE CHARGE OF 1 1/2% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% WILL BE CHARGED ON PAST DUE INVOICES.FREIGHT TERMS. ALL PARTS PURCHASED ARE F.O.B. SOURCE AND INCOMING FREIGHT WILL BE CHARGED FROM SOURCE.

RECEIVED BY
DATE

CONTINUED

PRINTED NAME

SEE REVERSE SIDE FOR WAGNER'S PARTS RETURN POLICY.

Wagner Equipment Co. hires EEO/AA/Minorities/Women/Disabled Veterans

E215HPLS1 4/22/20



ORIGINAL

Aurora, CO. 18000 Smith Rd., 80011
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FOR INQUIRES PLEASE
REFERENCE THIS NUMBER

CUSTOMER QUOTE **CORRECTED** * EXPIRES 05/27/23	*CASH*	DOCUMENT 11Q037722
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SOLD STANDING ROCK CHAPTER PO BOX 247 TO CROWNPOINT NM 87313	CUSTOMER NO. 81244 STORE 11	SHIP TO 11WILLCALL WILLCALL BLOOMFIELD, NM 87413	FILLED BY	ACKNOWLEDGEMENT
			W/C LOCATION	W/C PIECES
			BILL OF LADING	

ORDERED BY	TELEPHONE	CUST. ORDER NO.	INSTRUCTIONS	DELIVERY LOCATION	SHIP VIA
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ELMER JOHNSON 505 786 2247 WILLCALL

MAKEP/C	MODEL	SERIAL NO.	EQUIP NO.	ARRANGEMENT NO.	DATE	TIME	ENT BY	REFERENCE NO.	PAGE
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5/09/23 16:36:45 TRM 2

ITEM NO.	QUANTITY	SHIP	B/O	PART NUMBER / DESCRIPTION	LOCATION	N/R	TR	SOS	NET WEIGHT	UNIT PRICE	EXTD PRICE
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10	8	8		8T-4122 WASHER				000	.1	2.25	18.00
11	1	1		219-3395 BUCKET GP-HO			QN	000	304.0	2115.00	2115.00
12	1	1		219-3394 BUCKET GP-HO			QN	000	251.0	1960.78	1960.78
MSC	2			5L-24/12 TIRES					.0	945.72	1891.44
MSC	2			5/80-18/12 TIRES					.0	455.94	911.88
TOTAL NET WEIGHT OF SHIPPED ITEMS								1528.8			

NM STATE TAX - BLOOM 787.03
USD SELL TOTAL 10326.83

If you're not completely satisfied please call 1-833-954-3116 or email us at customerexperience@wagnerequipment.com

OPEN ACCOUNT TERMS: CASH CUSTOMER - PAYMENT DUE ON DATE OF INVOICE. TOTAL AMOUNT DUE 10TH OF MONTH FOLLOWING INVOICE DATE FINANCE CHARGE OF 1 1/2% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% WILL BE CHARGED ON PAST DUE INVOICES.FREIGHT TERMS: ALL PARTS PURCHASED ARE F.O.B SOURCE AND INCOMING FREIGHT WILL BE CHARGED FROM SOURCE

RECEIVED BY:	PRINTED NAME
DATE	

SEE REVERSE SIDE FOR WAGNER'S PARTS RETURN POLICY.

Wagner Equipment Co. hires EEO/AA/Minorities/Women/Disabled Veterans