



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: 09/28/22

Chapter's P.O. Box 247 phone/email: 505-786-2247
mailing address: Crownpoint, NM 87313 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: Bathroom Addition - ADA Compliant

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: Casen Begay phone & email: 505-786-2247

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

Amount of FRF requested: \$300,000 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:

These bathroom additions will connect the home with electricity, provide homes with drinking water through a water cistern or connection to a waterline & provide the home with a septic tank or connect to a sewer system. Homes will be provided the shell bathroom addition with roofing, flooring, water heater, wall heater, toilet, bathroom sink & shower, etc. The project will be installing either a waterline or cistern system to all homes where it installs a septic system. Installation of septic systems & a clean drinking water system will directly address one of the major sanitation deficiencies that is connected to the high outbreak of COVID-19 on the Navajo Nation (NN) Tse'ii'ahi' Chapter
 document attached

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

A high number of homes on the NN lack access to one or more of the following utilities; electricity, water, wastewater & broadband. Project will provide one or more utility services to homes that lacks it or will improve the water & wastewater systems to address the need for clean drinking water systems for Tse'ii'ahi' community. All projects will promote public health & economic stimulus & direct benefit.
 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:

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:

The Project Manger and Chapter Adminsitraiton will work closely with the ARPA Office on the bathroom additions.

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:

Recipient(s) will be responsible for operation and maintenance of installed bathroom additions. No additional cost or recurring cost will be incurred by Tse'ii'ahi' Chapter once bathroom additions are 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:

Categories: Public Health: 1.14 - Other Public Health

Pursuant to the US Treasury guideines and funding objectives, these bathroom additions address the conditions that contributed to poor public health & economic outcomes during teh pandemic. By concentrating in areas with limted economic opportunities and inadequatw or poor housing quilty, access to resources facilitates improved health outcoes including services that connect residents with health care resources & public assistance & build healthier environmental such as: housing services to support healthy living environments & neighborhoods conducive to mental & physical wellness. The exacerbation of health disparities during the pandemic & the role of pre-existing social vulnerabilites are presumed to be responsive to the public health impact of the pandemic. These bathroom additions will build healthier environments.

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. Chapter Resolution

Chapter Resolution attached

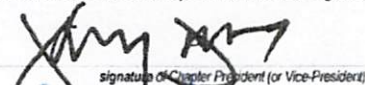
Part 4. Affirmation by Funding Recipient.

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 CSC

Approved by:


signature of Chapter ASC

Approved to submit for Review:


signature of DCD Director

FY 2023

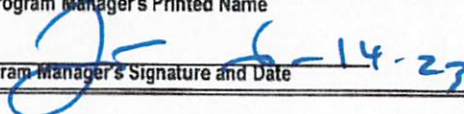

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

Page 1 of 4
BUDGET FORM 1

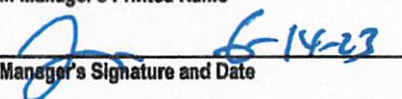
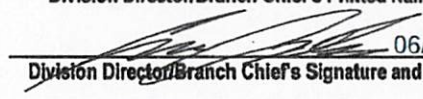
PART I. Business Unit No.: <u>NEW</u>		Program Title: <u>DCD/ Tse'ii'ahi' (Standing Rock) Chapter</u>		Division/Branch: <u>DCD / Executive</u>	
Prepared By: <u>Janice Padilla, CSC</u>		Phone No.: <u>505-786-2247/2248</u>		Email Address: <u>standingrock@navajochapters.org</u>	

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	300,000.00	100%	2001 Personnel Expenses				
				3000 Travel Expenses				
				3500 Meeting Expenses				
				4000 Supplies				
				5000 Lease and Rental				
				5500 Communications and Utilities				
				6000 Repairs and Maintenance	6		250,000	
				6500 Contractual Services	6		50,000	
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
TOTAL						\$0.00	300,000.00	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, Deputy Director</u>	APPROVED BY: <u>Calvin Castillo, Division Director</u>		
Program Manager's Printed Name	Division Director / Branch Chief's Printed Name		
 Program Manager's Signature and Date <u>6-14-23</u>	 Division Director / Branch Chief's Signature and Date <u>06/14/2023</u>		

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

PART I. PROGRAM INFORMATION:									
Business Unit No.: <u>NEW</u>			Program Name/Title: <u>DCD/ Tse'ii'fah' (Standing Rock) Chapter</u>						
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:									
<u>CJN-29-22 Navajo Fiscal Recovery Fund on the Navajo Nation</u>									
PART III. PROGRAM PERFORMANCE CRITERIA:									
		1st QTR		2nd QTR		3rd QTR		4th QTR	
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement:									
<u>Provide adequate bathroom addition facility to prevent COVID-19 and other infectious disease</u>									
Program Performance Measure/Objective:									
<u>Service 15 client within the community</u>		15							
2. Goal Statement:									
<u>Provide adequate bathroom addition facility to prevent COVID-19 and other infectious disease</u>									
Program Performance Measure/Objective:									
<u>Design and construct bathroom addition</u>		15							
3. Goal Statement:									
<u>Provide adequate bathroom addition facility to prevent COVID-19 and other infectious disease</u>									
Program Performance Measure/Objective:									
<u>Install plumbing of Bathroom Addition</u>				15					
4. Goal Statement:									
<u>Provide adequate bathroom addition facility to prevent COVID-19 and other infectious disease</u>									
Program Performance Measure/Objective:									
<u>Final inspeciton of the project</u>						15			
5. Goal Statement:									
<u>Provide adequate bathroom addition facility to prevent COVID-19 and other infectious disease</u>									
Program Performance Measure/Objective:									
<u>Close out</u>								15	
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.									
<u>James Adakai, Deputy Director</u> Program Manager's Printed Name				<u>Calvin Castillo, Division Director</u> Division Director/Branch Chief's Printed Name					
 Program Manager's Signature and Date				 06/14/2023 Division Director/Branch Chief's Signature and Date					

FY 2023

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

Page 1 of 4
BUDGET FORM 4

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)
	Public Health Bathroom addition address the conditions that contributed to poor health & economic outcome during pandemic		300,000
6020	Supplies Purchase bathroom addition material, such as lumber, nails and etc.	250,000	
6500	Contractual Services Hire a contractor to construct 15 bathroom additions	50,000	
TOTAL		300,000	300,000

**THE NAVAJO NATION
PROJECT PROCESS SCHEDULE**

PART I. Business Unit No.: _____ Project Title: <u>ARPA FUNDS</u> Project Description: <u>Bathroom Additions</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	A	M	J	Jul	A	S	O	N	D	J	F	M	A	M	J	Jul	A	S	O	N	D	J	F	M				
BATHROOM ADDITION																																		
Commnity Assessment																																		
Identiy 15 Clients																																		
Contractual Services																																		
Close Out																																		
PART V.																																		
Expected Quarterly Expenditures	\$			\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL									
																												\$300,000						

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