



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.

APPENDIX A

**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: Huerfano Chapter Date prepared: 02/07/23
 Chapter's mailing address: PO Box 968 phone/email: 1-505-960-1400 huerfano@navajochapters.org
Bloomfield, New Mexico 87413 website (if any): _____
 This Form prepared by: Ina Gillis phone/email: 505-960-1400
Office Assistant (PEP)
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Huerfano Chapter Bathroom Addition/Waterline

Chapter President: Ben Woody, Jr. phone & email: 1-505-635-4341 benwoodyjr@navajo-nsn.gov
 Chapter Vice-President: Irene L. Harvey phone & email: 1-505-330-9224 ibharvey229@gmail.com
 Chapter Secretary: Lois Y. Werito phone & email: 1-505-390-3000 yazweri@icloud.com
 Chapter Treasurer: Lois Y. Werito phone & email: 1-505-390-3000 yazweri@icloud.com
 Chapter Manager or CSC: N/A VACANT phone & email: _____
 DCD/Chapter ASO: Casey Begaye phone & email: 505-786-2094

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): NTUA-Navajo Tribal Utility Authority,
 document attached

Amount of FRF requested: \$77,000.00 FRF funding period: 01/01/2023 to 09/30/2026
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:

Huerfano Chapter Bathroom Addition/Waterline. Having Homesite or Residential Lease, Community members of Huerfano Chapter will be able to receive water into their homes. NTUA (Navajo Tribal Utility Authority) is the utility in the areas, furnish all water line materials, PVC pipes, connections, and ALL required materials to connect to water source. Without water, makes it complicated to carry out COVID safety requirement - frequent hand washing. Water is needed for cooking and personal cleanliness. Other contractor will complete the building - carpenters, electrical, and plumbers.
 document attached

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

Water will benefit our community with clean drinking water, have indoor plumbing, a really nice showers, a commode, and a sink. Water will be used with cooking.
 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:

Huerfano Chapter Bathroom Addition/Waterline - estimated date of completion will December 31, 2024 and will be fully expended my December 31, 2026.

document attached

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

Chapter Administration / Chapter Official

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:

Projects will be operated and maintained by the local contractor to complete the work. After closing of the Project, the home owner will be responsible for payments and repairs.

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:

1.14 & 2.15 - Other Housing Support. Without water, makes it complicated to carry out COVID safety requirement - frequent hand washing.

document attached

Part 3. Additional documents.

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

Homesite or Residential Lease will be attached. Huerfano Chapter Resolution is attached.

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 ASO

Approved to submit for Review: 
signature of DCD Director

FY 2023

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

PART I. Business Unit No.: <u>NEW</u>		Program Title: <u>Huerfano Chapter Bathroom Addition/Waterline</u>		Division/Branch: <u>DCD / Executive</u>	
Prepared By: <u>I.Gillis, Office Asst. (PEP)</u>		Phone No.: <u>505-960-1400</u>		Email Address: <u>huerfano@navajochapters.org</u>	

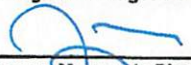
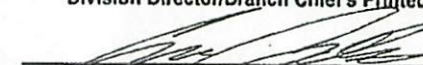
PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference or Total
FRF APP B <u>ARPA</u>	<u>9/30/26</u> 1/01/23-12/31/26	77,000.00	100%	2001 Personnel Expenses				
				3000 Travel Expenses				
				3500 Meeting Expenses				
				4000 Supplies				
				5000 Lease and Rental				
				5500 Communications and Utilities				
				6000 Repairs and Maintenance				
				6500 Contractual Services	<u>6</u>		<u>77,000</u>	<u>77,000</u>
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL			77,000.00	<u>77,000</u>

PART IV. POSITIONS AND VEHICLES	(D)	(E)
Total # of Positions Budgeted:	0	0
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: <u>James Adakai, Department Manager II</u> Program Manager's Printed Name <u>[Signature]</u> <u>3-16-23</u> Program Manager's Signature and Date	APPROVED BY: <u>Calvin Castillo, Division Director</u> Division Director / Branch Chief's Printed Name <u>[Signature]</u> <u>3/16/2023</u> Division Director / Branch Chief's Signature and Date

FY 2023

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

PART I. PROGRAM INFORMATION:									
Business Unit No.: <u>NEW</u>			Program Name/Title: <u>Huerfano Chapter Bathroom Addition/Waterline</u>						
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:									
<u>Huerfano Chapter supporting Resolution #HUE-024-23.</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>Assist 10 families with the a new bathroom addition.</u>									
Program Performance Measure/Objective:									
<u>Provide clean drinking water for the Community members</u>		3		3		3		1	
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.									
James Adakai, Department Manager II				Calvin Castillo, Division Director					
_____ Program Manager's Printed Name				_____ Division Director/Branch Chief's Printed Name					
 <u>3-16-23</u>				 <u>3/16/2023</u>					
Program Manager's Signature and Date				Division Director/Branch Chief's Signature and Date					

FY 2023

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

Page 3 of 4
BUDGET FORM 4

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Huerfano Chapter Bathroom Addition/Waterline</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)
6500	Infrastructure Other Housing Support - 6510 Families within the Huerfano Chapter will have a new bathroom addition with clean water	77,000	77,000
TOTAL		77,000	77,000

THE NAVAJO NATION PROJECT BUDGET SCHEDULE

PART I. Business Unit No.: <u>NEW</u> Project Title: <u>Huerfano Chapter Bathroom Addition/Waterline</u> Project Description: <u>Assisting 10 Community members with a bathroom addition.</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													PART II. Project Information Project Type: <u>Renovation</u> Planned Start Date: <u>1/1/2023</u> Planned End Date: <u>9/30/2026</u> Project Manager: <u>Ben Woody, Jr., President</u>																	
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>9/30/26</u>											
	FY <u>23</u>									FY <u>24</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
Plan and design										x	x	x																		
Construction starting													x	x	x															
Continue with projects																x	x	x												
Continue with projects																			x	x	x									
PART V.	\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL								
Expected Quarterly Expenditures										19,250.00			19,250.00			19,250.00			19,250.00			\$77,000.00								

FOR OMB USE ONLY: Resolution No: HUE-024-23 FMIS Set Up Date: _____ Company No: _____ OMB Analyst: _____