



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 #: HK 0582

Date & Time Received: 5/20/23 at 13:49

Date & Time of Response: June 27, 2023 at 1600

Entity Requesting FRF: Becenti Chapter

Title of Project: Becenti Chapter Housing Renovation Project

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$255,000

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: _____

2.18, Housing Support: Other Housing Assistance

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: Lorenzo Curley

Signature of DOJ Reviewer: *Lorenzo Curley*

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.

Becenti Chapter Housing Renovation



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: Becenti Chapter Date prepared: 2/1/2023

Chapter's mailing address: P.O. Box 708 phone/email: 505-786-2283/2284
Crownpoint, New Mexico 87313 website (if any): becenti.navajochapters.org

This Form prepared by: Charmayne Hosteen phone/email: 505-786-2283/2284
Becenti Chapter Community Services Coordinator chosteen@nnchapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Becenti Chapter Housing Renovation Project

Chapter President: Jonathan Perry phone & email: 505-786-2283/jonjperry@yahoo.com

Chapter Vice-President: Marjorie Lantana phone & email: 505-786-2283/mlantana@naataanii.org

Chapter Secretary: Arlene Arviso-Arthur phone & email: 505-786-2283/aarthur@navajochapters.org

Chapter Treasurer: Arlene Arviso-Arthur phone & email: 505-786-2283/aarthur@navajochapters.org

Chapter Manager or CSC: Charmayne Hosteen phone & email: 505-786-2283/chosteen@nnchapters.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): _____

document attached

Amount of FRF requested: \$255,000 FRF funding period: 2/1/2023 - 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:

Becenti Chapter housing renovation project is to assist community members that are in need with home improvement to provide a stable, safe home, and sanitary infrastructure for those who are in need to help eliminate the spread of COVID-19. This home renovation funding will be able to provide of \$5,000 per home to purchase building materials for thirty-five (35) homes. This project will be beneficial to those families living with multiple generations, elderlies, disable, and economic disadvantage homes

document attached

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

The housing renovation project will benefit the needs of the Navajo Chapter members, the high-risks, elderly, and single parents, etc. To providing a stable and standardized homes.

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:

The thirty-five (35) clients have been identified and have all documentation pertaining to homesite/residential lease for the project. The project end date will be December 31, 2026 with all funds will be before December 31, 2024.

document attached

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

Becenti Chapter Administration, Community Services Coordinator and Chapter Officials will be responsible for implementing the project and purchasing building materials.

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 homeowner will be responsible for operations and maintenance once construction is complete.

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:

2.18 Housing Support: Other Housing Assistance

Housing repair and improvement is considered other housing assistance with this funding because the chapter can provide housing assistance repair and improvement renovation to community members that are living in sub-standard conditions to increase their health.

document attached

Part 3. Additional documents.

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

- 1) Chapter Resolution BCOCT-22-246
- 2) Navajo Nation Budget Forms (1,2,4)
- 3) Appendix J - Project Budget Schedule
- 4) Community Assessment Form

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: Charmayne Hooten
signature of Preparer/CONTACT PERSON

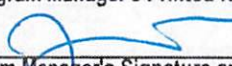
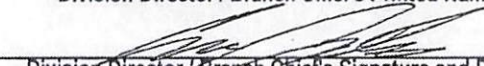
Approved by: [Signature]
signature of Chapter President (or Vice-President)

Approved by: Charmayne Hooten
signature of CSC

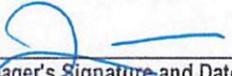
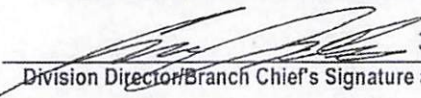
Approved by: Casey Boyay
signature of Chapter ASO

Approved to submit for Review: [Signature]
signature of DCD Director

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

PART I. Business Unit No.: <u> New </u>		Program Title: <u> Becenti Chapter Housing Renovation Project </u>		Division/Branch: <u> Division of Community Development </u>				
Prepared By: <u> Charmayne Hosteen, CSC </u>		Phone No.: <u> 505-786-2283/2284 </u>		Email Address: <u> becenti@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	2/1/23 - 12/31/26	\$255,000.00	100%	2001 Personnel Expenses				
				3000 Travel Expenses				
				3500 Meeting Expenses				
				4000 Supplies	6		\$255,000.00	\$ 255,000
				5000 Lease and Rental				
				5500 Communications and Utilities				
				6000 Repairs and Maintenance				
				6500 Contractual Services				
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	\$255,000.00	\$ 255,000
				PART IV. POSITIONS AND VEHICLES		(D)	(E)	
				Total # of Positions Budgeted:	0	0		
				Total # of Vehicles Budgeted:	0	0		
				TOTAL:				
		\$255,000.00	100%					
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, Executive Director </u>					
Program Manager's Printed Name			Division Director / Branch Chief's Printed Name					
								
3/1/2023			3/1/2023					
Program Manager's Signature and Date			Division Director / Branch Chief's Signature and Date					

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA

PART I. PROGRAM INFORMATION:									
Business Unit No.: <u> New </u>			Program Name/Title: <u> Becenti Chapter Housing Renovation Project </u>						
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:									
Becenti Chapter Resolution BCOCT-22-246									
PART III. PROGRAM PERFORMANCE CRITERIA:									
		1st QTR		2nd QTR		3rd QTR		4th QTR	
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement:		Renovation to repair/replace homes for thirty-five (35) Community Members.							
Program Performance Measure/Objective:		Repair/Replace existing roof, window, flooring, exterior/interior walls, and etc.		175	04	175	04	175	04
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, Deputy Director				Calvin Castillo, Executive Director					
_____ Program Manager's Printed Name				_____ Division Director/Branch Chief's Printed Name					
 _____ Program Manager's Signature and Date				 _____ Division Director/Branch Chief's Signature and Date					
3/1/2023				3/1/2023					

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Becenti Chapter Housing Renovation Project</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)
4000	Supplies		\$255,000.00
2.18	Housing Support: Other Housing Assistance Purchase building materials for thirty-five (35) Community Members @ (\$5,000) per housing to renovate: repair/replace with roof supplies, windows, doors, exterior/interior walls and etc.	\$255,000.00	
TOTAL		\$255,000.00	\$255,000.00

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

PART I. Business Unit No.: <u>New</u> Project Title: <u>Becenti Chapter Bathroom Addition and Renovation Project</u> Project Description <u>Purchsae essential building materials and supplies as needed for design and contract bathroom additions and renovation for Becenti community members.</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>Bathroom Addition & Renovation</u> Planned Start Date: <u>2/1/2023</u> Planned End Date: <u>12/31/2026</u> Project Manager: <u>Chapter Staff</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.												
		FY <u>2023</u>										FY <u>2024</u>										12/31/2026												
		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			
Submit Appedix, budget forms, etc		X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X									
Hire Personnel (5)								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X									
Home had been identified Order/Delivery Building Materials													X	X	X	X	X	X	X	X	X	X	X	X	X									
Start bathroom additions and renovations																			X	X	X	X	X	X	X									
PART V.		\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL											
Expected Quarterly Expenditures											178,000.00			19,250			19,250			19,250			19,250			\$ 255,000								

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



BECENTI CHAPTER ARPA Community Assessment Form

P.O. Box 708 Crownpoint, NM 87313 Phone: (505) 786-2283 | Fax: (505) 786-2285 Website: becenti.navajochapters.org Email: becenti@navajochapters.org

The World Health Organization ("WHO") declared a Public Health Emergency of International Concern related to the Coronavirus ("COVID-19"), a highly contagious and sometimes fatal respiratory virus, on January 30, 2020; the U.S. Department of Health and Human Services declared a Public Health Emergency related to the COVID-19 outbreak on January 31, 2020; and the WHO declared a global pandemic due to COVID-19 on March 11, 2020. Resolution number CJN-29-22.

CHECKLIST FOR COMPLETE ASSESSMENT

- _____ 1. Housing Assessment Application
- _____ 2. Chapter Resolution
- _____ 3. Homesite Lease/ Residential Lease
- _____ 4. Permission to Enter Premises
- _____ 5. Location to project site
- _____ 6. Land Status Map with Legal description
- _____ 7. Supporting Photos
- _____ 8. Supporting Document from Physicians, Social Worker, Community Health Representative, or other entity (if applicable)
- _____ 9. Bathroom Addition or Renovation
- _____ 10. Waste Water (Septic Tank Cleaning)
- _____ 11. DD-214 (for Veterans)
- _____ 12. Documentation of Clearances: Archaeological, Environmental Assessments and Land User Consent (ROW).
- _____ 13. States of House Wiring – Certification of Compliance by Contractor or Certified Electrician
- _____ 14. Information of condition of existing homes and floor plans

1. APPLICANT INFORMATION

Date: _____

Name: _____	Telephone Number: _____		
Census Number: _____	Work or Message: _____		
Date of Birth: _____			
Spouse's Name: _____	Census Number: _____		
Date of Birth: _____			
Mailing Address: _____			
P.O. Box	City	State	Zip Code
Enrolled at Becenti Chapter since: _____			
Are you Homeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comment: _____ _____			
Location of Primary Residence: _____ _____			

2. OTHER HOUSEHOLD MEMBERS

Name of each household member	Age	Sex M/F	Relationship to Head of Household

3. HOUSING REQUIREMENTS

<u>Type of Residence</u>	<u>Housing Information</u>																																													
<input type="checkbox"/> Room Circle one: 1. Bedroom unit ONE or TWO people only 2. Bedroom unit TWO to FOUR people only 3. Bedroom unit THREE to SIX people only 4. Bedroom unit FOUR to EIGHT people only <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental Unit <input type="checkbox"/> Single Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Multiple Dwellings <input type="checkbox"/> Hogan <input type="checkbox"/> Other _____	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Electricity _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Solar _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Internet Service _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Indoor Plumbing _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Water Available _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Wood/Coal Stove _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Propane/Pellet/Natural Gas/Electric Heating _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Furnace _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Bathroom(s) _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Outside Privy (Out-House) _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ADA Accessibility _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Septic Tank & Leach field _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Generator _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Cistern System _____</td> </tr> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	Electricity _____	<input type="checkbox"/>	<input type="checkbox"/>	Solar _____	<input type="checkbox"/>	<input type="checkbox"/>	Internet Service _____	<input type="checkbox"/>	<input type="checkbox"/>	Indoor Plumbing _____	<input type="checkbox"/>	<input type="checkbox"/>	Water Available _____	<input type="checkbox"/>	<input type="checkbox"/>	Wood/Coal Stove _____	<input type="checkbox"/>	<input type="checkbox"/>	Propane/Pellet/Natural Gas/Electric Heating _____	<input type="checkbox"/>	<input type="checkbox"/>	Furnace _____	<input type="checkbox"/>	<input type="checkbox"/>	Bathroom(s) _____	<input type="checkbox"/>	<input type="checkbox"/>	Outside Privy (Out-House) _____	<input type="checkbox"/>	<input type="checkbox"/>	ADA Accessibility _____	<input type="checkbox"/>	<input type="checkbox"/>	Septic Tank & Leach field _____	<input type="checkbox"/>	<input type="checkbox"/>	Generator _____	<input type="checkbox"/>	<input type="checkbox"/>	Cistern System _____
Yes	No																																													
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<input type="checkbox"/>	<input type="checkbox"/>	Generator _____																																												
<input type="checkbox"/>	<input type="checkbox"/>	Cistern System _____																																												

Land Information

Home Site Lease? Yes No

Residential Lease? Yes No

Land Status: _____

Comment: _____

4. ADDITIONAL QUESTIONS TO HOUSING REQUIREMENTS

Applicant has no Homesite/Residential Lease and has not started Homesite/ Residential Lease process.

Comment: _____

Applicant has no Homesite/Residential Lease and has started Homesite/ Residential Lease process.

Comment: _____

Applicant has Homesite/Residential Lease and has started construction.

Comment: _____

Applicant has Homesite/Residential Lease and has not started construction.

Comment: _____

Does the applicant want to be part of a Solar Project? Yes No

Comment: _____

5. HOMEOWNER CERTIFICATION

Homeowner must complete.

I/We _____ certify that I/we am/are the own(s) of the named property at _____ located within the Becenti Chapter jurisdiction.

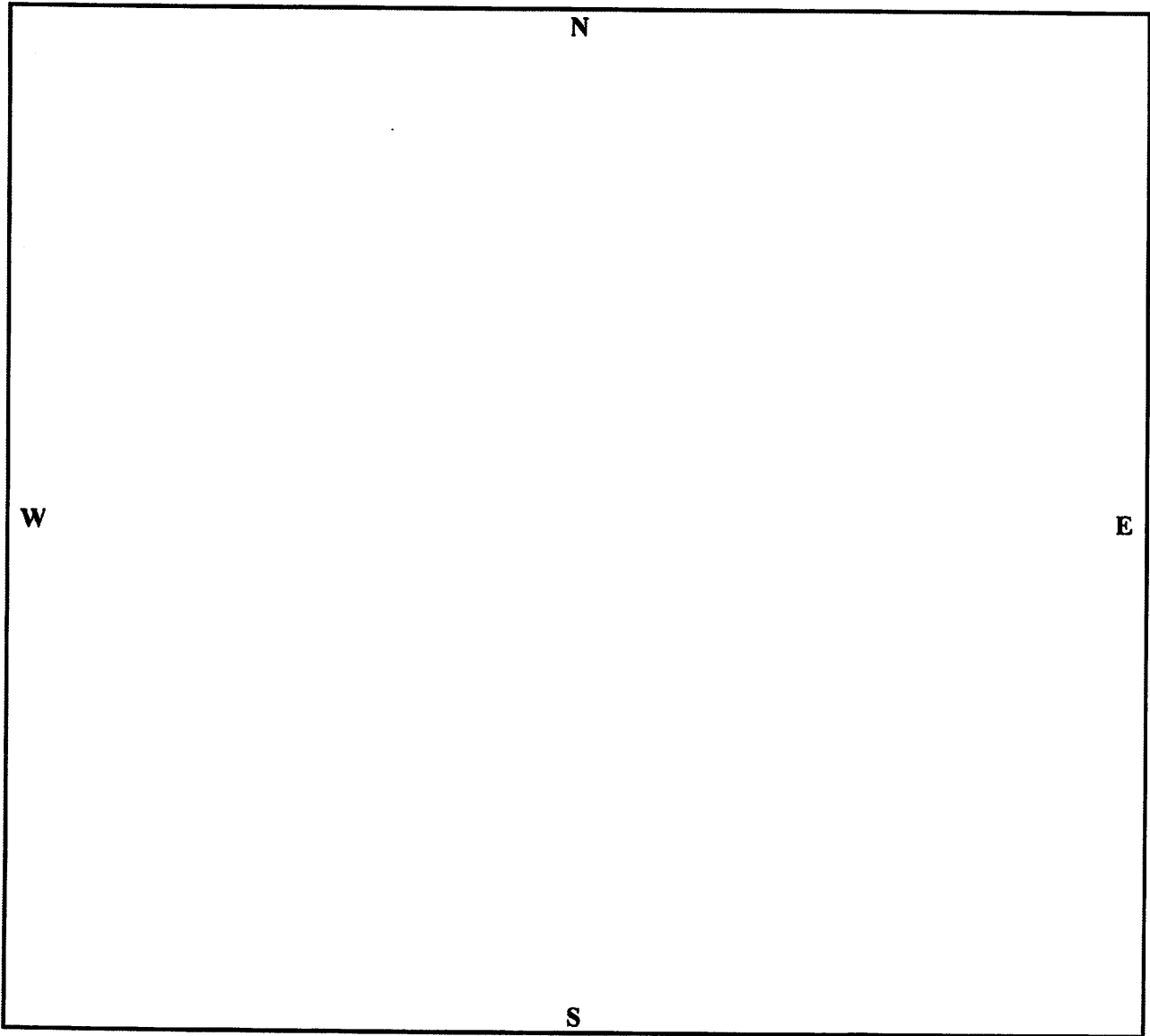
Land ownership can be verified through (check one):

- Home Site Lease Grazing Permit
 Land Use Permit Other _____

Permission to Enter Premises

I, as owner/authorized agent for the building located at _____ have read and understand the above and hereby grant permission for representative of Becenti Chapter to enter the premises when I am present for the purpose of collecting eligibility documentation from the residents and conducting a work plan which may include an assessment for housing renovation.

6. LOCATION OF PROJECT SITE



Physical Address:

7. EXISTING HOMES and FLOOR PLANS

Please draw you existing home with floor plan.

A large, empty rectangular box with a thin black border, intended for drawing a floor plan of an existing home. The box occupies most of the page below the instruction.

8. BATHROOM ADDITION OR RENOVATION

Do you need a bathroom addition or renovation? Yes No

If so, please explain:

Bathroom Renovation Needed:

Sink(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Sink faucet(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Toilet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bidet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bidet faucet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shower/Walk-In Shower	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shower faucet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shower screen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bath	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bath faucet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Cabinets/fixtures/light	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shelves/organization accessories	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Mirrors	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Towel rack(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Water Heater	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Wastewater/Drain field replace	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
ADA Rails	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the Navajo Nation through Becenti Resolution CJN-29-22 to obtain all necessary information for completion of my application for housing assistance including information on my interest on land and household. I understand and acknowledge this information will be used in determining my eligibility and extent of the American Rescue Plan Act (ARPA) through Department of Community Development (DC) and Department of Justice (DOJ).

Signatures: _____

Applicant's Signature

Co-Applicant's Signature

Date



The Navajo Nation Becenti Chapter
Too'di'tsin (Barren of the trees) Jidi'hadi't'iih (Antelope lookout)



Jonathan Perry Marjorie Lantana Arlene A. Arthur Janice Padilla Danny Simpson Charmayne Hosteen VACANT
 PRESIDENT VICE-PRESIDENT SECRETARY/TREASURER LAND BOARD COUNCIL DELEGATE CHAPTER CSC CHAPTER AMS

P.O. Box 708, Crownpoint, NM 87313 Phone: (505) 786-2283 Fax: (505) 786-2285 Email: becenti@navajochapters.org Website: becenti.navajochapter.org

Becenti Chapter Resolution
 BCOCT-22-246

RESOLUTION APPROVING THE BECENTI CHAPTER HOUSING RENOVATION PROJECT WITH CLIENT LIST, ATTACHED HERETO AS "EXHIBIT A"; AND ALLOCATE AMERICAN RESCUE PLAN ACT "ARPA" FUNDS IN THE AMOUNT OF \$255,000.00 FOR SAID PROJECT PURSUANT TO NAVAJO NATION COUNCIL RESOLUTION CJN-29-22.

WHEREAS:

1. Pursuant to Navajo Nation Council Resolution CJY-20-55, the Becenti Chapter is a certified chapter of the Navajo Nation Government and is vested with certain authorities to address and resolve local matters in the best interest of the community members, and coordinate with or refer appropriate subject matters to the Navajo Nation, McKinley County, State of New Mexico, and the US Federal Governments; and
2. Pursuant to Navajo Nation Council Resolution CAP-34-98 Local Governance Act "LGA", allows chapter governments to make decisions over local matters, this authority in the long run, will improve community decision making, allow communities to excel and flourish, enable Navajo leaders to lead towards a prosperous future, and improve the strength and sovereignty of the Navajo Nation; and
3. Pursuant to the American Rescue Plan Act of 2021 "ARPA", officially identified as Public Law No. 117-2, was signed into law on March 11, 2021 by United States President Joseph Biden, with the intent to provide additional relief to address the continued impacts of COVID-19 on economy, public health, state, local, and tribal governments, individuals, and businesses; and
4. Pursuant to Navajo Nation Council Resolution CJN-29-22 the Navajo Nation allocated \$1,070,298,867 of Navajo Nation Fiscal Recovery Funds; Approving the Navajo Nation Fiscal Recovery Fund Expenditure Plans Chapter Assistance; Public Safety Emergency Communications, E911, and Rural Addressing Projects; Cyber Security; Public Health Projects; Economic Development Projects; Hardship Assistance; Water and Wastewater Projects; Broadband Projects; Home Electricity Connection and Electricity Capacity Projects; Housing Projects and Manufactured Housing Facilities; Bathroom Addition Projects; Construction Contingency Funding; and Reduced Administrative Funding; and
5. The World Health Organization (WHO) declared a Public Health Emergency of International Concern related to the Coronavirus (COVID-19) on January 30, 2020, the United States Department of Health and Human Services declared a Public Health

Emergency related to the COVID-19 Pandemic on January 31, 2020, with an official global pandemic declaration from WHO on March 11, 2020; and

6. Pursuant to Resolution CEM-20-03-11, the Commission on Emergency Management in concurrence of the Office of President and Vice President of the Navajo Nation declared a Public Health State of Emergency on the Navajo Nation due to the COVID-19 Pandemic on March 11, 2020; and
7. Becenti Chapter conducted community assessments to compile a client list that reflects requirements as outlined in the Expenditure Plan for Non-Certified Chapters included in Navajo Nation Council Resolution CJN-29-22, after which, the attached Client List identified as "Exhibit A" is recognized and approved.

NOW, THEREFORE, LET IT BE RESOLVED THAT:


1. The Becenti Chapter Housing Renovation Project is approved with the attached Client List attached hereto as "Exhibit A" to be submitted for review pursuant to Navajo Nation Council Resolution CJN-29-22.
2. Becenti Chapter affirms that the chapter will only use awarded funds in compliance with ARPA, the ARPA Regulations, and all other applicable Navajo Nation and federal laws and regulations.

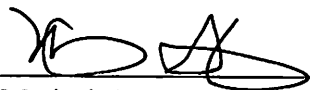
CERTIFICATION

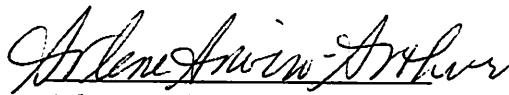
WE HEREBY CERTIFY, that this foregoing resolution was duly considered by the Becenti Chapter at a duly called chapter meeting at Becenti Chapter, at which a legal quorum was present and the same was passed by a vote of 9 in favor, 0 in opposition, and 0 abstaining on this 3rd day of November 2022.

Motion: Charmayne Hosteen

Second: Marjorie Lantana


Jonathan Perry,
Becenti Chapter President


Marjorie Lantana,
Becenti Chapter Vice-President


Arlene Arviso-Arthur
Becenti Chapter Secretary/Treasurer

Mark Freeland,
Navajo Nation Council Delegate