



**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:** \_\_\_\_\_ AM

**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: \_\_\_\_\_  
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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: Crownpoint Chapter Date prepared: 2/10/2023

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

This Form prepared by: Aaron Edsitty phone/email: 2027862130  
Crownpoint Chapter, Community Services Coordinator crownpoint@navajochapters.org  
*CONTACT PERSON'S name and title* *CONTACT PERSON'S info*

Title and type of Project: Chapter Hazard Premium Pay for Essential Workers

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 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

document attached

Amount of FRF requested: 50,000 FRF funding period: March 13, 2020-December 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:

The funds will be used for hazard and premium pay for essential workers/ employees/ personnel who worked performed essential duties during the COVID-19 National Public Emergency and the Navajo Nation Executive Orders. The funding plan will provide hazard and premium pay retroactive pay for work performed at the start of the pandemic March 13, 2020 to current, as we are still under an emergency executive order and public health orders. The chapter had essential workers to fully operate, mitigating and responding to the COVID-19 Pandemic.

document attached

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

The funds will be used for the essential personnel from the start of the COVID-19 pandemic to current to responding with food and supply distribution, for saving lives from the virus. The Crownpoint Chapter has implemented the Navajo Nation Chapters Reopening Plan. Mitigated and helped throughout and responded to the emergency crisis.

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:

Once the fund is approved funds will be encumbered no later than 12/31/2024 and it will be expended by December 31, 2026 or sooner.

document attached

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

Crownpoint Chapter Staff, Aaron Edsitty, Community Services Coordinator, Felicia A. Singer, Accounts Maintenance Specialist, and the Chapter Officials.

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:

No maintenance cost

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:

The project is covered under Expenditure Category 4.1 Premium Pay: Public Sector Employees.

document attached

**Part 3. Additional documents.**

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

Resolution CPCS 23/04/07

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: AARON EDSITTY Digitally signed by AARON EDSITTY Date: 2023.04.17 15:01:19 -08'00'  
signature of Preparer/CONTACT PERSON

Approved by: Rita Capitan Digitally signed by Rita Capitan Date: 2023.04.17 15:03:42 -08'00'  
signature of Chapter President (or Vice-President)

Approved by: AARON EDSITTY Digitally signed by AARON EDSITTY Date: 2023.04.17 15:02:51 -08'00'  
signature of CSC

Approved by: *Casey Deary*  
signature of Chapter ASO

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

FY 2023

THE NAVAJO NATION  
PROGRAM BUDGET SUMMARY

Page 1 of 3  
BUDGET FORM 1

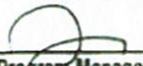

PART I. Business Unit No.: NEW Program Title: CROWNPOINT CHAPTER - HAZARD PREMIUM PAY Division/Branch: DCD/ EXECUTIVE  
 Prepared By: AARON EDSITTY, CSC Phone No.: 505-786-2130 Email Address: crownpoint@navajochapters.org

PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	(A)	(B)	(C)
						NNC Approved Original Budget	Proposed Budget	Difference or Total
FRF ARPA	03/13/20-12/31/26	50,000.00	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	6	0	50,000	50,000
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	50,000.00	50,000
				PART IV. POSITIONS AND VEHICLES		(D)	(E)	
				Total # of Positions Budgeted:		0	0	
				Total # of Vehicles Budgeted:		0	0	
		TOTAL:	\$50,000.00	100%				

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

SUBMITTED BY: James Adakai, Deputy Director APPROVED BY: Calvin Castillo, Executive Director  
 Program Manager's Printed Name Division Director / Branch Chief's Printed Name  
James Adakai 4-17-23 Calvin Castillo 5/17/2023  
 Program Manager's Signature and Date Division Director / Branch Chief's Signature and Date

THE NAVAJO NATION  
PROGRAM PERFORMANCE CRITERIA

<b>PART I. PROGRAM INFORMATION:</b>									
Business Unit No.: <u>NEW</u>			Program Name/Title: <u>CROWNPOINT CHAPTER - HAZARD PREMIUM PAY</u>						
<b>PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:</b>									
Chapter Resolution # <u>CPCS 23-04-07</u>									
<b>PART III. PROGRAM PERFORMANCE CRITERIA:</b>									
		1st QTR		2nd QTR		3rd QTR		4th QTR	
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement:									
TO PAY HAZARD PAY TO ESSENTIAL WORKERS									
Program Performance Measure/Objective:									
TO PAY HAZARD PAY TO ESSENTIAL WORKERS WORKING THROUGH THE PANDEMIC								7	
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:									
<b>PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.</b>									
James Adakai, Deputy Director				Calvin Castillo, Executive Director					
_____ Program Manager's Printed Name				_____ Division Director/Branch Chief's Printed Name					
 <u>4-17-23</u>				 <u>5/17/2023</u>					
Program Manager's Signature and Date				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 HAZARD PREMIUM PAY</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		50,000	
8750	HAZARD PAY FOR ESSENTIAL PERSONEL 1 STAFF AT 13,000 1 STAFF AT 8,000 1 STAFF AT 8,000 1 STAFF AT 6,000 1 STAFF AT 5,000 1 STAFF AT 5,000 1 STAFF AT 3,000 1 STAFF AT 2,000	50,000		
<b>TOTAL</b>		50,000	50,000	

**THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE**

<b>PART I. Business Unit No.:</b> <u>NEW</u> Project Title: <u>CROWNPOINT- HAZARD PREMIUM PAY</u> Project Description: <u>TO PAY OUT HAZARD PREMIUM PAY</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														<b>PART II. Project Information</b> Project Type: <u>HAZARD PREMIUM PAY</u> Planned Start Date: <u>3/13/2020</u> Planned End Date: <u>12/31/2026</u> Project Manager: <u>AARON EDSITTY</u>																		
<b>PART III.</b> List Project Task separately; such as Plan, Design, Construct, Equip or Furnish.	<b>PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.</b>														Expected Completion Date if project exceeds 8 FY Qtrs.																	
To payout 8 Hazard pay To all chapter administration whom worked during the Covid-19 pandemic	FY <u>2023</u>												FY <u>2024</u>								Date 12/31/26											
	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		
<b>PART V.</b>	\$			\$			\$			\$			\$			\$			\$			<b>PROJECT TOTAL</b>										
Expected Quarterly Expenditures																						50,000.00										
																						\$50,000.00										



NAVAJO NATION

DR. BUI NYGREN  
PRESIDENT

CROWNPOINT CHAPTER  
P.O. Box 336

RICHELLE MONTOYA  
VICE PRESIDENT



Crownpoint, New Mexico 87313  
Phone (505) 786-2130/2131 Fax (505) 786-2136

Website: [www.crownpoint.navajochapters.org](http://www.crownpoint.navajochapters.org) Email: [crownpoint@navajochapters.org](mailto:crownpoint@navajochapters.org)

Rita Capitan, President  
Leonard Perry, Vice President  
Helen Murphy, Secretary/Treasurer  
Danny Simpson, Council Delegate  
Herbert Earico, Land Board Member

Chapter Administration

Aaron Edsity, Community Services Coordinator Email: [aedsity@nnchapters.org](mailto:aedsity@nnchapters.org)  
Felicia A. Singer, Accounts Maintenance Specialist Email: [fsinger@nnchapters.org](mailto:fsinger@nnchapters.org)

**RESOLUTION: CPCS 23-04-07**

**SUPPORT RESOLUTION TO REQUEST \$50,000 FROM THE NAVAJO NATION ARPA FISCAL RECOVERY & EXPENDITURE PLAN FUNDS FROM THE \$8.8 REGIONAL COUNCIL DELEGATE EXPENDITURE FUNDS FOR THE CROWNPOINT CHAPTER HAZARD PREMIUM PAY FOR ESSENTIAL WORKERS.**

**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 closed On March 13, 2020 with Exccutive Order No. 001-29 the Navajo Nation declared a state of emergency due to the confirmation of the Covid-19 virus and the closure of the Nation, and
4. The Crownpoint Chapter Administration and Staff were considered essential workers at the start of the Covid-19 pandemic, and provided the community with free water hauling from the watering point and free house hold trash dumping for a time period, picking up supplies and food from distribution POD sites, and distributed supplies and food to the community of Crownpoint, and
5. The Crownpoint Chapter Administration and Staff all contracted the Covid-19 virus while picking up and distributing supplies and food, and are due compensation.

**THEREFORE, BE IT RESOLVED THAT;**

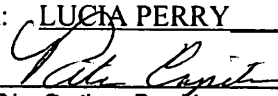
1. The Chapter recognizes that the Chapter Administration and Staff were considered essential workers at the time of the Covid-19 pandemic and risked their own health and lives to help the community with the distribution of supplies, food, and providing water and trash services to the community.
2. The 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.

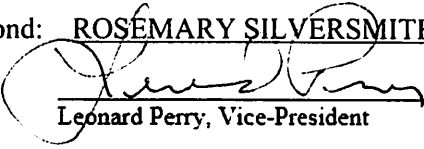
**C-E-R-T-I-F-I-C-A-T-I-O-N**

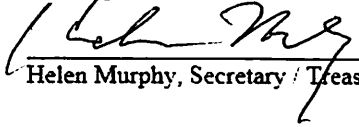
**WE HEREBY CERTIFY** that the foregoing resolution was duly considered by the Crownpoint Chapter membership at a duly called regular meeting at Crownpoint Chapter, (McKinley County) New Mexico, at which a quorum was present and that same was passed by a vote of 12 in favor, 0 opposed and 01 abstained on the 6th day of April, 2023.

Motion: LUCIA PERRY

Second: ROSEMARY SILVERSMITH

  
\_\_\_\_\_  
Rita Capitan, President

  
\_\_\_\_\_  
Leonard Perry, Vice-President

  
\_\_\_\_\_  
Helen Murphy, Secretary / Treasurer

\_\_\_\_\_  
Danny Simpson, Council Delegate