



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: _____

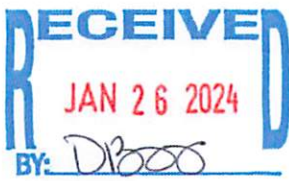
Name of DOJ Reviewer: _____

Signature of DOJ Reviewer: MRodis

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: NAHODISHGISH CHAPTER Date prepared: 1/24/2024

Chapter's mailing address: PO BOX 369, CROWNPOINT, NM 87313 phone/email: 505-786-2028 website (if any): nahodishgish@navajochapters.org

This Form prepared by: Sylvia Morgan, Sylvia Morgan Community Services Coordinator CONTACT PERSON'S name and title phone/email: 505-786-2028 nahodishgish@navajochapters.org CONTACT PERSON'S info

Title and type of Project: Gooseneck Flatbed Trailer 30k lb

Chapter President: Vanessa Begay-Lee phone & email: 505-870-9090 vbegay-lee@naataani.org

Chapter Vice-President: Ervin K. Johnson phone & email: 505-399-8578 ejohnson@naataani.org

Chapter Secretary: Brenda Holgate phone & email: 505-979-1069 bholgate@navajochapters.org

Chapter Treasurer: Brenda Holgate phone & email: 505-979-1069 bholgate@navajochapters.org

Chapter Manager or CSC: Sylvia Morgan phone & email: 505-786-2028 smorgan@navajochapters.org

DCD/Chapter ASCO: Tyrone Begay phone & email: 505-786-2093 tjbegay@nndcd.org

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

Amount of FRF requested: 44,671.00 FRF funding period: January 01, 2023 - December 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:

Nahodishgish Chapter requests for funding to purchase a new Gooseneck Flatbed Trailer 30k lb GVWR, 8 1/2' x 40' + 5' (45' overall deck length. This equipment shall be used to assist community members with heavy equipment for roads during inclement weather and for accessibility of roads to mitigate COVID-19. [] document attached

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

This equipment shall be used to haul heavy equipment to surrounding community to help them in need of equipment especially for roads during inclement weather. [] 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:

**Nahodishgish Chapter we coordinate efforts with Navajo Nation Community Development and the Navajo Nation to purchase:
Begin January 01, 2023 and end December 30, 2026**

document attached

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

In coordination with Navajo Nation Division of Community Development Project Manager to complete this project.

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:

Nahodishgish Chapter will be responsible for operation and maintenance costs and will be included in our yearly fiscal budget.

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:

Provision of Government Services 6.1

Rural community areas are not paved for access of emergency vehicles, school buses, senior center vans, Ambulance and Law Enforcement during inclement weather therefore to have this equipment to ensure the heavy equipment is used for road accessibility. COVID - 19 had brought extreme hardship to our nation especially shortfall of finance in all livelihood.

document attached

Part 3. Additional documents.

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

Chapter Resolution attached

Part 4. Affirmation by Funding Recipient.

Funding Recipient affirms that its receipt of Fiscal Recovery Funds and the implementation of the 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 ASB

01/26/2024

Approved to submit for Review:

Signature of DCD Director

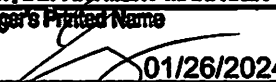
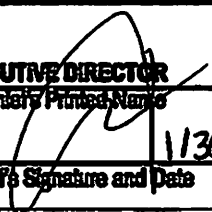
FY 2024

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

Page 1 of 3
BUDGET FORM 1

PART I. Business Unit No.: <u>NEW</u>		Program Title: <u>NAHODISHGISH CHAPTER - GOOSENECK FLATBED TRAILER</u>		Division/Branch: <u>DCD/EXECUTIVE</u>				
Prepared By: <u>SYLVIA MORGAN</u>		Phone No.: <u>(505) 786-2028</u>		Email Address: <u>nahodishgish@navaiochapters.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
ARPA FUND-	1/1/23-12/30/26	44,671.00	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		44,671	
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	44,671.00	0
TOTAL:				\$44,671.00	100%			
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>JARON CHARLEY, DEPARTMENT MANAGER</u>			APPROVED BY: <u>ARBIN MITCHELL, EXECUTIVE DIRECTOR</u>					
Program Manager's Printed Name			Division Director / Branch Chief's Printed Name					
<u>01/26/2024</u>			<u>1/30/24</u>					
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>NAHODISHGISH CHAPTER - GOOSENECK FLATBED TRAILER</u>					
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:								
To direct the chapter administration and management control system, by promoting efficiency and accountability to the chapter membership and to effectuate plans to improve the standard of living for the chapter membership								
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>Gooseneck Trailer 30K lb Flatbed, 45' overall deck length</u>								
Program Performance Measure/Objective:								
<u>Assist families with accessible roads to and from homes and other needs</u>								
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. THEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.								
<u>JARON CHARLEY, DEPARTMENT MANAGER</u> Program Manager's Printed Name				<u>ARBIN MITCHELL, EXECUTIVE DIRECTOR</u> Division Director/Branch Chief's Printed Name				
 Program Manager's Signature and Date				 Division Director/Branch Chief's Signature and Date				
01/26/2024				1/30/24				

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>NAHODISHGISH CHAPTER - GOOSENECK FLATBED TRAILER</u>		Business Unit No.: <u>NEW</u>	
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(U)
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)
6880	SUBCONTRACTED SERVICES 6880 - Subcontracted Service Contract with vendor to purchase Gooseneck Flatbed Trailer	44,871	44,871
		TOTAL	44,871

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

PART I. Business Unit No.: <u>NEW</u> Project Title: <u>NAHODISHGISH CHAPTER - GOOSENECK FLATBED TRAILER</u> Project Description: <u>To haul the Heavy Equipment within boundary to assist families in need of equipment services to reduce wear and tear for longer routes</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>EQUIPMENT PURCHASE</u> Planned Start Date: <u>January 1, 2023</u> Planned End Date: <u>December 30, 2023</u> Project Manager: <u>DCD</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 2020									FY 2020																							
	1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			Date								
	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			
Request for Trailer and identify funds				X																													
Paper processing and purchase							X					X																					
Purchase of Gooseneck Trailer																																	
PART V.	\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL											
Expected Quarterly Expenditures							44,671.00															\$44,671.00											

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