



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 0745

Date & Time Received: 2/2/24 at 08:42

Date & Time of Response: 2/9/24 at 17:00

Entity Requesting FRF: Nahodishgish Chapter

Title of Project: Warehouse

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$1,800,000

Eligibility Determination:

- FRF eligible (checked)
FRF ineligible
Additional information requested

FRF Eligibility Category:

- (1) Public Health and Economic Impact
(2) Premium Pay
(3) Government Services/Lost Revenue (checked)
(4) Water, Sewer, Broadband Infrastructure

U.S. Department of Treasury Reporting Expenditure Category:
6.1, Provision of Government Services

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: Veronica Blackhat, AAG - Natural Resources Unit

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.

Rec'd 11/3/24
DLO AREA

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: NAHODISHGISH CHAPTER Date prepared: 1/30/24

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

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

Title and type of Project: WAREHOUSE

Chapter President: Vanessa Begay-Lee phone & email: 505-422-8595 vbegay-lee@naataani.org

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

Chapter Secretary: Brenda Holgate phone & email: 505-979-1089 bholgate@navajochapters.org

Chapter Treasurer: Brenda Holgate phone & email: _____

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

DCD/Chapter ASO: 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: 1,800,000 FRF funding period: January 01, 2023 - December 30, 2026
Indicate Project starting and ending/expiration 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:

Requesting to fund the Plan, Design and Construct a 50' x 80' warehouse. Demolition cost included. The warehouse will mitigate COVID-19 to assist our community members to store heavy equipment, materials/supplies for housing & bathroom addition projects, Wood & pellets, and store livestock feed

document attached

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

This warehouse will benefit the community with proper storage and safe guard all materials/supplies and for proper storage of heavy equipments to prolong life hood equipments.

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:

Procurement and construction time line January 01, 2023 - December 30, 2026

document attached

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

Collaboration with Navajo Nation Division of Community Development 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:

Nahodishglish Chapter will be responsible for maintenance costs and it will be included within our annual 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:

6.1 GOVERNMENT SERVICES PROVISION

The warehouse will mitigate COVID-19 proper storage of heavy equipment, materials/supplies to prolong the life line and to promote public health and economic growth for our community members

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

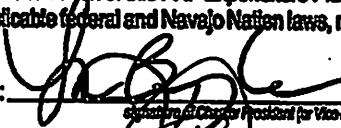
Part 4. Affirmation by Funding Recipient.

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

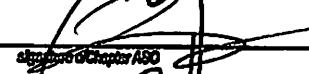
Approved by:


Signature of Chapter President (or Vice-President)

Approved by:


Signature of CSC


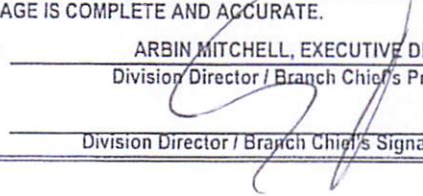
Approved by:


Signature of Chapter ASO



Approved to submit for Review:


Signature of D-CD Director

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

| PART I. Business Unit No.: <u>NEW</u> Program Title: <u>NAHODISHGISH CHAPTER WAREHOUSE</u> Division/Branch: <u>DCD/EXECUTIVE</u> | | | | | | | | |
|--|-------------------|--------------|------------|--|----------------|----------------------------------|---------------------|-------------------------|
| Prepared By: <u>SYLVIA MORGAN</u> Phone No.: <u>(505) 786-2028</u> Email Address: <u>nahodishgish@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 |
| ARPA FUND- | 1/1/23-12/30/26 | 1,800,000.00 | 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 | 6 | 0 | 1,800,000 | 1,800,000 |
| | | | | 7000 Special Transactions | | | | |
| | | | | 8000 Public Assistance | | | | |
| | | | | 9000 Capital Outlay | | | | |
| | | | | 9500 Matching Funds | | | | |
| | | | | 9500 Indirect Cost | | | | |
| | | | | TOTAL | | \$0.00 | 1,800,000.00 | 1,800,000 |
| TOTAL: \$1,800,000.00 100% | | | | 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> Program Manager's Printed Name | | | | APPROVED BY: <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 | | | | |

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA

| | | | | | | | | |
|---|---------|--------|---|--|---------|--------|---------|--------|
| PART I. PROGRAM INFORMATION: | | | | | | | | |
| Business Unit No.: <u>NEW</u> | | | Program Name/Title: <u>NAHOSHEH CHAPTER WAREHOUSE</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>WAREHOUSE 60' X 60'</u> | | | | | | | | |
| Program Performance Measure/Objective: | | | | | | | | |
| <u>Mitigate COVID-19 to store heavy equipment, materials/supplies, wood/pallets & livestock feed</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. I HEREBY 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 | | | | |
| 1-31-24 | | | | | | | | |

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

| PART I. PROGRAM INFORMATION: | | | |
|---|--|--|---|
| Program Name/Title: <u>NAKODISHGISH CHAPTER - WAREHOUSE</u> | | Business Unit No.: <u>NEW</u> | |
| PART II. DETAILED BUDGET: | | | |
| (A) Object Code (LOD 6) | (B) Object Code Description and Justification (LOD 7) | (C) Total by DETAILED Object Code (LOD 6) | (D) Total by MAJOR Object Code (LOD 4) |
| 6990 | SUBCONTRACTED SERVICES 6990 - Subcontracted Services Plan, design and construct new warehouse and demolition of old | 1,800,000 | 1,800,000 |
| TOTAL | | 1,800,000 | 1,800,000 |

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|----------|---|---|------------|---|---|----------|---|---|---|---|---|----------|---|--|------------|---|---|---------------|---|---|---|---|---|---|---|---|--|
| PART I. Business Unit No.: <u>NEW</u> Project Title: <u>NAHODISHGISH CHAPTER - WAREHOUSE</u> Project Description: <u>For safe storage of heavy equipment, materials/supplies, wood/pellets and livestock feed</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, 2026</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. Date <u>12/30/26</u> | | | | | | | | | | | | | |
| | FY 2 | | | | | | | | | | | | FY | | | | | | | | | | | | | | | | | | |
| | 1st Qtr. | | | 2nd Qtr. | | | 3rd Qtr. | | | 4th Qtr. | | | 1st Qtr. | | | 2nd Qtr. | | | 3rd Qtr. | | | 4th Qtr. | | | | | | | | | |
| Request for WAREHOUSE and identify | 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, design, construct and demo of old warehouse included | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Procure goods and service & construct | | | | | | | X | | | | X | | | | | | | | | | | | | | | | | | | | |
| PART V. | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | | PROJECT TOTAL | | | | | | | | | |
| Expected Quarterly Expenditures | | | | | | | 1,800,000. | | | | | | | | | | | | 1,800,000. | | | | | | | | | | | | |

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