



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 #: HK0749

Date & Time Received: 02/07/24 at 03:30

Date & Time of Response: Feb.29, 2024 at 1530

Entity Requesting FRF: Huerfano Chapter

Title of Project: Huerfano Chapter - New Ventilation System

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$160,000.00

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:

1.4, Prevention in Congregate Settings

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.

Rec'd
01/31/24
PT
DO ARPA

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: 1/28/2024

Chapter's mailing address: PO Box 968 Bloomfield, New Mexico 87413 phone/email: 1-505-860-1400 huerfano@navajochapters.org website (if any): _____

This Form prepared by: Ina Gillis phone/email: 505-860-1400
Office Assistant (PEP)
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Huerfano Chapter - NEW Ventilation System

Chapter President: Irene L. Harvey phone & email: 1-505-330-9224 ibharvey229@gmail.com

Chapter Vice-President: Vacant phone & email: _____

Chapter Secretary: Lois Y. Werito phone & email: 1-505-390-3000 yazwerl@icloud.com

Chapter Treasurer: Lois Y. Werito phone & email: 1-505-390-3000 yazwerl@icloud.com

Chapter Manager or CSC: Vacant phone & email: _____

DCD/Chapter ASO: Tyrone Begay phone & email: 1-505-786-2091 @nndcd.org.

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

Amount of FRF requested: \$160,000.00 FRF funding period: 01/01/2023 to 09/30/2026
Indicate Project starting and ending/complete 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 - NEW Ventilation System. Huerfano Chapter House and the Youth Center NEW ventilation systems will benefit the Community membership during the meetings and events; having a new ventilation system will allow air to flow and move between in the inside and outside of the property, providing fresh air for the occupants. Replacing the ventilation systems will help remove or control Covid-19, which has been a potential danger, and minimize the spread of any other virus.
 document attached

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

Replacing the ventilation system for the Huerfano Chapter and the Youth Center will minimize the spread of Covid-19; provide a continuous supply of fresh outside air, remove or dilute airborne contaminants, reduce potential fire or explosion hazard, and maintain temperature and humidity at comfortable levels for our Community members at Huerfano Chapter during the meetings or events.
 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:

111233

Huerfano Chapter - NEW Ventilation System - Seek Bids and Contract Bid Award - estimated date of completion will be 9/30/26

document attached

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

Chapter Administration / 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:

Huerfano Chapter Administration will be responsible for the operations and maintenance cost of the new ventilation systems when completed.

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 Other Public Health Services

Huerfano Chapter House and the Youth Center will have a new ventilation system replaced. At the present time the Chapter House and the Youth Center have obsolete and partial-functional ventilation system in the buildings. Replacing the ventilation system will benefit the Community membership and the Administrative during the after the pandemic of Covid-19.

document attached

Part 3. Additional documents.

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

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]
signature of Preparer/CONTACT PERSON

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

Approved by: VACANT
signature of CSC


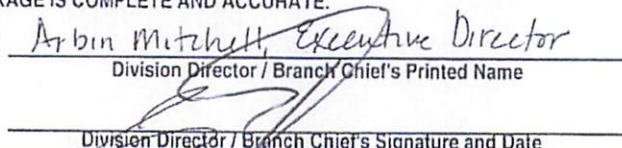
Approved by: [Signature]
signature of Chapter ASB

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.: <u>NEW</u>		Program Title: <u>Huerfano Chapter - NEW Ventilation System</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
APRA Fund	1/01/23-9/30/26	160,000.00	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		160,000	160,000
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	160,000.00	160,000
				PART IV. POSITIONS AND VEHICLES		(D)	(E)	
				Total # of Positions Budgeted:		0	0	
				Total # of Vehicles Budgeted:		0	0	
TOTAL:		\$160,000.00	100%					
PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.								
SUBMITTED BY: <u>Jaron Charley, Dept Mgr.</u>				APPROVED BY: <u>Arbin Mitchell, Executive Director</u>				
Program Manager's Printed Name				Division Director / Branch Chief's Printed Name				
 Program Manager's Signature and Date <u>2-6-24</u>				 Division Director / Branch Chief's Signature and Date				

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**



PART I. PROGRAM INFORMATION:
 Business Unit No.: NEW Program Name/Title: Huerfano Chapter - NEW Ventilation Systems

PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:
Huerfano Chapter supporting Resolution #HUE-024-23. Install new ventilation system @ Huerfano Chapter house and youth center to help mitigate COVID.

PART III. PROGRAM PERFORMANCE CRITERIA:

	1st QTR		2nd QTR		3rd QTR		4th QTR	
	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement: Replace ventilation system for the Chapter House and the Youth Center. Program Performance Measure/Objective: 100% installation of new ventilation system for the buildings and Covid-19 free.					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.

<u>Jeron Charley, Dept. Mgr.</u> Program Manager's Printed Name	<u>Arlyn 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

FY 2023

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

Page 3 of 3
BUDGET FORM 4

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Huerfano Chapter - NEW Ventilation System</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	Other 1.14 Other Public Health Services Communities memberships of Huerfano Chapter will be at a comfort level when attending Chapter meetings and other events. Covid-19 free.	160,000	160,000
TOTAL		160,000	160,000

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

PART I. Business Unit No.: <u>NEW</u>								PART II. Project Information															
Project Title: <u>Huerfano Chapter - New Ventilation System</u>								Project Type: <u>Installation</u>															
Project Description: <u>Installation of new ventilation system in the chapter house and the youth center</u>								Planned Start Date: <u>01/01/23</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								Planned End Date: <u>9/30/2026</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 2024						FY 2025						Date: 9/30/26									
		1st Qtr.		2nd Qtr.		3rd Qtr.		4th Qtr.		1st Qtr.		2nd Qtr.		3rd Qtr.		4th Qtr.							
Seek Bids Award Contract Installation of Ventilation Completion						X X X		X X X															
										X X X		X X X		X X X									
																X X X							
PART V.		\$		\$		\$		\$		\$		\$		\$		\$		PROJECT TOTAL					
Expected Quarterly Expenditures								80,000.00		40,000.00		40,000.00						\$160,000.00					

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