



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:  _____

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: SHIPROCK CHAPTER Date prepared: 12/04/2023

Chapter's mailing address: P.O. Box 3810 Shiprock, New Mexico 87420 phone/email: 505-368-1081 website (if any): echarles-newton@navajo-nsn.gov

This Form prepared by: Tanya Henderson phone/email: 928-530-7963
Legislative District Assistant thenderson@navajo-nsn.gov
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: SHIPROCK CHAPTER - Consulting Services

Chapter President: Nevina Kinlahcheeny phone & email: ndkinlahcheeny@navajo-nsn.gov

Chapter Vice-President: Debra A. Yazzie phone & email: dayazzie@naataanii.org

Chapter Secretary: Dr. J. Kaihbah Begay phone & email: _____

Chapter Treasurer: Dr. J. Kaihbah Begay phone & email: _____

Chapter Manager or CSC: Michele Peterson phone & email: mpeterson@nnchapters.org

CCD/Chapter ASO: Danielle Redhouse phone & email: dredhouse@nndcd.org

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

Amount of FRF requested: \$225,000.00 FRF funding period: 12/01/2023-12/30/2026
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:

The Shiprock Chapter Consulting Services will provide technical support, ensure accountability and ensure performance mandates on ARPA Projects obligated projects & implement all strategies for successful completion of funded activities. The Shiprock Consulting Services will provide logistical direction & continued guidance on proper use & expenditures of funds & improve community services. These services will directly address deficiencies connected to the high outbreak of COVID-19 on the Navajo Nation. Access to utilities & government services facilitates sustainable economic & social growth & can drastically increase the quality of healthcare provided. The projects implemented all focus on the mitigation of COVID-19 projects in the Shiprock Community. document attached

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

Most rural communities on the Navajo Nation lack access to governmental services & COVID-19 impeded these operations. The Shiprock Chapter Consulting Services will contribute & strengthen the local direct mitigation, preparedness, response & recovery of local governmental services & local emergency situations to address the needs for the community. Will also assist in promoting public health & economic stimulus to the Navajo people. 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

REVIEWED
By Dawnell Begay at 2:23 pm, Dec 28, 2023

APPENDIX A

(c) 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 project starting date will be December 01, 2023 and the end date will be December 31, 2026 with all funds being encumbered before December 31, 2024

document attached

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

DCD/FRF Projects Specialist or ASO will be implementing this project for consulting services.

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 additional cost or recurring costs will be incurred by Shiprock Chapter once the project is completed. There will be no operation and maintenance costs for this projects as a consultant will be dired to manage the projects.

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 - Provisions of Government Services. Pursuant to the U.S. Treasury guidelines and funding objectives, these consulting services will address the conditions that contributed to poor health & economic outcomes during the pandemic. By concentrating in areas with limited economic opportunities & inadequate or poor housing quality, the access to resources facilitates improved health outcomes including services connecting residents with healthcare resources, public assistance & build healthier enviroments suce as: government & housing services to support healthy living enviroments & communities conducive to mental and physical wellness. The exacerbation of health disparities during the pandemic and the role of pre-existing social vulnerabilities are respnsive to the public health impact of the pandemic.

document attached

Part 3. Additional documents.

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

[Empty box for listing additional supporting documents]

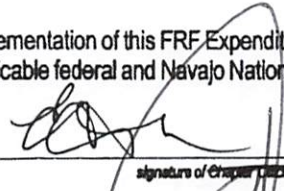
Part 4. Affirmation by Funding Recipient.

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 Delegate

Approved to submit for Review:

signature of DCD or NNFRFO Director


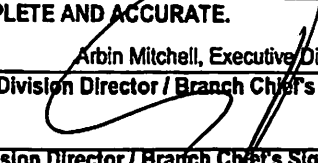
**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

PART I. PROGRAM INFORMATION:									
Business Unit No.: <u>NEW</u>			Program Name/Title: <u>Shiprock Chapter - Consulting Services</u>						
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:									
To hire consultant to oversee ARPA Projects for Shiprock Chapter.									
PART III. PROGRAM PERFORMANCE CRITERIA:									
		1st QTR		2nd QTR		3rd QTR		4th QTR	
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement:									
Provide funds for support, accountability & performance of ARPA projects for Shiprock Chapter									
Program Performance Measure/Objective:									
Assist the chapter and community with ARPA funded services		1		1		1		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.									
Jaron Charley, Department Manager _____ Program Manager's Printed Name				Arbin Mitchell, Executive Director _____ Division Director/Branch Chief's Printed Name					
_____ Program Manager's Signature and Date				_____ Division Director/Branch Chief's Signature and Date					

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>Shiprock Chapter - Consulting Services</u>		Division/Branch: <u>DCD/Executive</u>				
Prepared By: <u>Tanya Henderson</u>		Phone No.: <u>(928)530-7963</u>		Email Address: <u>thenderson@navajo-nsn.gov</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	12/01/23-12/30/26	225,000.00	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		225,000	225,000
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		S0.00	225,000.00	225,000
				PART IV. POSITIONS AND VEHICLES		(D)	(E)	
				Total # of Positions Budgeted:	0	0		
				Total # of Vehicles Budgeted:	0	0		
		TOTAL:	\$225,000.00	100%				
PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.								
SUBMITTED BY: <u>Jaron Charley, Department Manager</u>			APPROVED BY: <u>Arbin Mitchell, Executive Director</u>					
Program Manager's Printed Name			Division Director / Branch Chief's Printed Name					
								
12/27/2023								
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>Shiprock Chapter - Consulting Services</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	CONSULTING SERVICES 6530 - Consulting Fees	225,000	225,000
TOTAL		225,000	225,000

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

PART I. Business Unit No.: <u>NEW</u> Project Title: <u>Shiprock Chapter - Consulting Services</u> Project Description: <u>Project consists of technical support, ensure accountability & ensure performance mandates on ARPA obligate projects & implement all strategies for successful completion of funded activities</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>Consulting Services</u> Planned Start Date: <u>12/1/2023</u> Planned End Date: <u>12/30/2026</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.													
	FY 2024												FY 2025								12/30/2026												
	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			
Finance			X	X	X																												
Planning						X	X	X																									
Contracting Consulting Services									X	X	X	X	X	X	X																		
Contract Completed															X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
PART V.	\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL											
Expected Quarterly Expenditures							225,000.00															\$225,000.00											

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