



**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 #:** HK0658

**Date & Time Received:** 10/05/23 at 11:11

**Date & Time of Response:** October 12, 2023 at 1530

**Entity Requesting FRF:** Whitehorse Lake Chapter

**Title of Project:** House Wiring

**Administrative Oversight:** Division of Community Development

**Amount of Funding Requested:** \$120,000.00

**Eligibility Determination:**

- ☒ FRF eligible  
☐ FRF ineligible  
☐ Additional information requested

**FRF Eligibility Category:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> (1) Public Health and Economic Impact | <input type="checkbox"/> (2) Premium Pay                            |
| <input type="checkbox"/> (3) Government Services/Lost Revenue             | <input type="checkbox"/> (4) Water, Sewer, Broadband Infrastructure |

**U.S. Department of Treasury Reporting Expenditure Category:** \_\_\_\_\_

2.18 Housing Support: Other Housing Assistance

**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 |  |

[illegible]

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](mailto: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 NNDNJ Initial Eligibility Determination is based on the documents provided, which NNDNJ 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 NNDNJ. 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: Whitehorse Lake Chapter Date prepared: 11/23/2022

Chapter's HCR 79 Box 4069 phone/email: 505 655-5430 WhitehorseLake@navajochapters.org  
mailing address: Cuba, NM 87013 website (if any): https://whitehorselake.navajochapters.org/

This Form prepared by: Fran George phone/email: 505 726 3310 Fgeorge@navajochapters.org  
505 726 3310 Fgeorge@navajochapters.org  
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: House wiring

Chapter President: Art Lee Chavez phone & email: 505 655 5430 WhitehorseLake@navajochapters.org

Chapter Vice-President: Derrick Yazzie phone & email: 505 409 3126 WhitehorseLake@navajochapters.org

Chapter Secretary: Fran George phone & email: 505 7263310 Fgeorgewhitehorselake@navajochapters.org

Chapter Treasurer: Fran George phone & email: 505 726331 0Fgeorgewhitehorselake@navajochapters.org

Chapter Manager or CSC: Dedrick Tolino phone & email: 505 655 5430 WhitehorseLake@navajochapters.org

DCD/Chapter ASO: Myrtis Begay phone & email: 505-786-2092 -msbegay@nndcd.org

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

☐ document attached

Amount of FRF requested: \$120,000 FRF funding period: January 1, 2023 to September 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 project will allocate \$120,000.00 for electrical House wiring materials and supplies and labor as needed to housewire 15 homes for community members. Funds will be used for contractual services and to hire two electricians to install/implement house wiring according to Continental Divide Electric Coop. inspection to obtain electrical hook up.

☐ document attached

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

The project will benefit the needs of 10 families by providing electrical house wiring and standardize the condition of families impacted by COVID 19. The families who are identified are on fixed income struggling financially and live without electricity for years. electricity will provide heating, cooling and lights for students to learn and study, refrigeration it will help strengthen familie

☐ 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:

Project will start March 1, 2023 to March 1, 2026

☐ document attached

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

Whitehorse Lake Chapter Administration will work on following all procurement for hiring two electrician and follow all requirements needed.

☐ 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:

The 15 homeowners will be responsible for care and maintain upkeep of electricity.

☐ 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:

Project will help 15 family members to gain better electrical services, who were living in fear of power outage, even possible burn down homes, because they have to overload electricity. replacement of plumbing, repairs for Navajo families will help support and improve access to safe and secure restrooms as well as support healthy living environments and neighborhood conducive to mental and physical wellness.

218 Housing Assistance - Other Housing assistance.

☐ document attached

### Part 3. Additional documents.

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

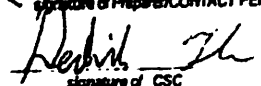
Request Form & Expenditures Report Form  
Chapter Resolution

☒ 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 CSC

Approved by:

  
signature of Chapter President (or Vice President)

Approved by:

  
signature of Chapter ASO

Approved to submit for Review:

  
signature of DCD Director



FY 2023

THE NAVAJO NATION  
PROGRAM PERFORMANCE CRITERIAPage 1 of 2  
BUDGET FORM 2

## PART I. PROGRAM INFORMATION:

Business Unit No.: NEWProgram Name/Title: Whitehorse Lake - House Wiring

## PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:

The chapter will utilize a Certified Electrical Journeyman to rewire homes that need to be brought up to code

## PART III. PROGRAM PERFORMANCE CRITERIA:

1st QTR		2nd QTR		3rd QTR		4th QTR
Goal	Actual	Goal	Actual	Goal	Actual	Goal

## 1. Goal Statement:

To community members hooked up the grid

Program Performance Measure/Objective:

Improve the quality of life for community member living without electricity

		5		10		
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## 2. Goal Statement:

Program Performance Measure/Objective:

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## 3. Goal Statement:

Program Performance Measure/Objective:

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## 4. Goal Statement:

Program Performance Measure/Objective:

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## 5. Goal Statement:

Program Performance Measure/Objective:

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## PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.

Jaron M. Charley, Department Manager II

Program Manager's Printed Name

10/04/2023

Program Manager's Signature and Date

Arbin Mitchell, Ex. Director

Division Director/Branch Chief's Printed Name

Division Director/Branch Chief's Signature and Date

FY 2023

THE NAVAJO NATION  
DETAILED BUDGET AND JUSTIFICATIONPage 3 of 4  
BUDGET FORM 4

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>House Wiring</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)
6960	SUB Constructual Services 6990-SUBCONTRACTED SERVICES to provide homes with electne	120,000.	120,000
TOTAL		120,000	120,000

**Page 4 of 4**  
**PROJECT FORM**

**FOR OMB USE ONLY:** Resolution No: \_\_\_\_\_ FMIS Set Up Date: \_\_\_\_\_ Company No: \_\_\_\_\_ OMB Analyst: \_\_\_\_\_



### **Eligibility process:**

- The policies for Housing Discretionary will be used to determine eligibility.
- Housing discretionary application will be filled out. A visual assessment will be conducted by the chapter administration when application is received. Pictures will be taken for verification purposes.

### **Breakdown of labor:**

- The initial breakdown was set up as follows: \$8,000 per home.  
15 homes at \$8,000.00 = \$120,000
- The cost will differentiate from home to home (Some might be less \$8,000)  
*(The less the cost, the number of families to be helped will go up)*
- The cost estimate from selected electrical contractor will determine cost for each home. (Contractor will be selected from the business regulatory-Navajo preference will be used)

### **Service Provider:**

- The service provider is Continental Divide Electrical Coop.
  - Service connect to the grid will require a H.S.L.



**Whitehorse Lake Chapter**  
HCR 79 Box 4069 • Cuba, New Mexico 87013



**Housing Discretionary Application**

Email: [whitehorselake@navajochapters.org](mailto:whitehorselake@navajochapters.org)

• (505) 655-5430 • Fax (505) 655-5432 • Website: [whitehorselake.navajochapters.org](http://whitehorselake.navajochapters.org)

Applicant(s) Name: \_\_\_\_\_

- ☐ Housing Application for Housing Discretionary Funds
- ☐ Building Materials (Include Before & After Photos)
- ☐ Survey
- ☐ Archaeological Clearance
- ☐ State Issued Driver License or Identification Card
- ☐ Income Verification Statement
- ☐ Evidence of Land Ownership (Home Site Lease/Residential Lease-Must be in applicants name)
- ☐ Authorization for release of Information
- ☐ Map to Property with House Number (Rural Address)
- ☐ Social Security Card for all Household Members
- ☐ Voter Registration
- ☐ Certificates of Indian Blood for all Household Members
- ☐ Referrals If claiming disability, a written Doctor's statement
- ☐ 3 Price Quotations

Received by (Name/Title/Date): \_\_\_\_\_

**ADMINISTRATION USE ONLY**

Approved __ By: _____ Amount: \$ _____ Meeting Date: _____	Disapproved __ Meeting Date: _____ Indicate Reason: _____
Check Number: _____ Date: _____ Vendor Name: _____	Receipts Returned? Yes __ No __ By: _____

Last assisted with Housing Discretionary: \_\_\_\_\_

WHITEHORSE LAKE CHAPTER  
HOUSING DISCRETIONARY ASSISTANCE  
SCOPE OF WORK

APPLICANT'S NAME: \_\_\_\_\_

PHONE/MESSAGE NO.: \_\_\_\_\_

DATE	TIME	CALLER/OR PERSON CONTACTED	PURPOSE

SCOPE OF WORK: \_\_\_\_\_

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PERFORMANCE REPORT – ACCOMPLISHMENTS:

BEFORE: \_\_\_\_\_

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AFTER: \_\_\_\_\_

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\_\_\_\_\_  
Community Service Coordinator / Date

\_\_\_\_\_  
Accounts Maintenance Specialist / Date

WHITEHORSE LAKE CHAPTER  
HOUSING DISCRETIONARY ASSISTANCE APPLICATION

***APPLICANT INFORMATION***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Registered Chapter: \_\_\_\_\_  
Census No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Message No.: \_\_\_\_\_

***SPOUSE INFORMATION***

Name: \_\_\_\_\_ Census No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Registered Chapter: \_\_\_\_\_

***FAMILY INFORMATION***

Name	Date of Birth	Relationship	Census No.

***HOUSING INFORMATION***

Type of Home: \_\_\_\_ House \_\_\_\_ Hogan \_\_\_\_ Trailer  
Type of Construction: \_\_\_\_ Frame \_\_\_\_ Cinder Block \_\_\_\_ Other  
House Size: \_\_\_\_ Square Feet \_\_\_\_ Length \_\_\_\_ Width  
Year Built: \_\_\_\_ Number of Bedrooms: \_\_\_\_

Provide brief description of repairs needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Laborers:**           Self                   Family Members                   PEP                               Other

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby acknowledge that the information provided above is true and correct for the purpose of obtaining home improvement assistance through Whitehorse Lake Chapter Housing Discretionary allocation fund. This information will be used to determine my eligibility. Any false or misleading statement will result in denial of eligibility determination.

Upon approval of Housing Discretionary funds, I agree to pick up the building materials within 30 days. Any unused funds will be reverted back to Whitehorse Lake Chapter Housing Discretionary funds.

I am fully responsible in submitting all receipts and status report with 30 days upon receipt of check.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

## PERMISSION TO ENTER PREMISES

### *TO THE BUILDING OWNER:*

*Your building is being considered for renovation under the Whitehorse Lake Chapter Housing Assistance Program. This program is funded by the Navajo Nation under Fund 09-Housing Discretionary Fund and administered by the Whitehorse Lake Chapter Administration.*

### PERMISSION TO ENTER PREMISES:

I,     as     owner     authorize     for     the     building     located     at  
\_\_\_\_\_, \_\_\_\_\_ miles  
\_\_\_\_\_ of Whitehorse Lake Chapter have read and understand the above and  
hereby grant permission for Whitehorse Lake Chapter Administration or PEP to enter  
the premises when I am present for the purposes of conducting a work plan which may  
include an assessment for housing renovation.

\_\_\_\_\_  
Applicant's Signature

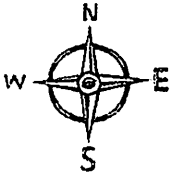
\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

## MAP TO RESIDENCE

Draw a map of where you live.



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Applicant's Signature

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Date

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Spouse's Signature

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Date