



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:

- | | |
|--|---|
| <input 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: _____

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.

APPENDIX A

THE NAVAJO NATION FISCAL RECOVERY FUNDS REQUEST FORM & EXPENDITURE PLAN FOR GOVERNANCE-CERTIFIED CHAPTERS

Part 1. Identification of parties.

Governance-Certified Chapter requesting FRF: Baca Prewitt Chapter Date prepared: 05/01/2023

Chapter's Post Office Box 563, Prewitt, NM 87045 phone & email: 505-972-9917
mailing address: website (if any): baca@navajochapters.org

This Form prepared by: Sharon Loley, Chapter Manager phone/email: 505-972-9917

CONTACT PERSON'S name and title

CONTACT PERSON'S info

Title and type of Project: Baca Prewitt Chapter: Electrical Upgrade

Chapter President: Cecil Lewis Jr. phone & email: clewis@naataanii.org

Chapter Vice-President: Cindy Howe phone & email: chowe@naataanii.org

Chapter Secretary: Geneva Werito phone & email: gwerito@navajochapters.org

Chapter Treasurer: Geneva Werito phone & email: gwerito@navajochapters.org

Chapter Manager or CSC: Sharon Loley phone & email: sloley@nnchapters.org

DCD/Chapter ASD: Myra Begay phone & email: 505-786-2091, msbegay@nndcd.org

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

☐ document attached

Amount of FRF requested: \$120,000.00 FRF funding period: October 01, 2022 - 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:

This project in the amount of \$/20,000.00 will be utilized toward supplies pertaining to electrical upgrade for homes that are not in compliance with the current electrical codes for residence, that need to be repair, depleted, and is in dire need. The electrical upgrade will be in compliance with Continental Divide Electric Company Standards.

☐ document attached

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

This project will benefit the needs of Baca Prewitt Community by providing electrical upgrade to the resident of Baca Prewitt community members. Baca Prewitt will strive to provide the necessary assistance to the community members with a safe and healthy place to live, due to none to limited economic opportunities.

☐ document attached

(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:

APPENDIX A

The project will have construction funds encumbered no later than December 31, 2024 and will be fully expended by December 31, 2026

☐ document attached

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

Baca Prewitt Chapter Administration within coordination of the 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:

Those who are the selected recipients and family members as home owners are to be responsible for operations and maintain costs after the project is 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:

Expenditure Category: 2.18-Housing Support: Other Housing Assistance
Expenditure Category: 2.23-Strong Healthy Communities: Demolition and Rehabilitation of Properties
Baca Prewitt will provide adequate electrical connection which will promote good health and wellness; and prevent the families from COVID-19 or any other illness.

☐ document attached

Part 3. Additional documents.

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

Appendix A

Appendix J

Budget Forms

☐ 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:

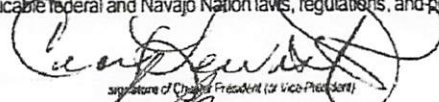
Chapter's
Preparer:


signature of Preparer/CONTACT PERSON

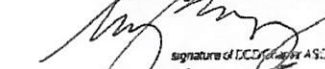
Approved by:


signature of Chapter Manager or CSC

Approved by:


signature of Chapter President (or Vice-President)

Approved by:


signature of DCD Chapter ASC

Approved to submit
for Review:


signature of DCD Director

06/29/2023

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>Baca/Prewitt Chapter - Electrical Upgrade</u>		Division/Branch: <u>DCD/EXECUTIVE</u>	
Prepared By: <u>Sharon Loley</u>		Phone No.: <u>505-972-9917</u>		Email Address: <u>sloley@nnchapters.org</u>	

PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	(A) NNG Approved Original Budget	(B) Proposed Budget	(C) Difference or Total
NN Fiscal Recovery Funds	10/1/22-9/30/26	120,000.00	100%	2001 Personnel Expenses				
				3000 Travel Expenses				
				3500 Meeting Expenses				
				4000 Supplies	6	0	120,000	120,000
				5000 Lease and Rental				
				5500 Communications and Utilities				
				6000 Repairs and Maintenance				
				6500 Contractual Services				
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
TOTAL						\$0.00	120,000	120,000

PART IV. POSITIONS AND VEHICLES	(D)	(E)
Total # of Positions Budgeted:	0	0
Total # of Vehicles Budgeted:	0	0



TOTAL: \$120,000.00 100%		
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PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

SUBMITTED BY: <u>James Adakai, Deputy Director</u> <u>Sharon Loley</u> Program Manager's Printed Name <u>Sharon Loley</u> Program Manager's Signature and Date	APPROVED BY: <u>Calvin Castillo, Executive Director</u> <u>Calvin Castillo</u> Division Director / Branch Chief's Printed Name <u>Calvin Castillo</u> Division Director / Branch Chief's Signature and Date
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FY 2023

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIAPage 2 of 3
BUDGET FORM 2

PART I. PROGRAM INFORMATION:											
Business Unit No.: <u>NEW</u>		Program Name/Title:		Basic/Project Chapter - Electrical Upgrade							
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM: <u>Resolution # <u>SPC/23/0598</u></u>											
PART III. PROGRAM PERFORMANCE CRITERIA:				1st QTR		2nd QTR		3rd QTR		4th QTR	
Goal Statement:				Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Provide assistance to Basic Project community member with electrical upgrades											
Program Performance Measure/Objective:											
<u>Assist 17 community members with electrical upgrades so they have better sanitation</u>										17	
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.											
James Adisak, Deputy Director Program Manager's Printed Name						Carmen Castillo, Executive Director Division Director/Branch Chief's Printed Name					
 6-23-23 Program Manager's Signature and Date						 6-25-23 Division Director/Branch Chief's Signature and Date					

FY 2023

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

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Baca/Prewitt Chapter - Electrical Upgrade</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)
4000	Supplies Housing Wiring Material Assisting 17 community members with <i>Electrical</i> upgrades	120,000	120,000
TOTAL		120,000.	120,000.

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

Page 1 of 1
PROJECT FORM

PART I. Business Unit No.: NEW Project Title: <u>Baca/Prewitt Chapter-Electrical Upgrade</u> Project Description: <u>Assist 35 community members with house wiring upgrade</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>Housing</u> Planned Start Date: <u>10/01/2022</u> Planned End Date: <u>9/30/2026</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. <table border="1" style="width:100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th rowspan="3"></th> <th colspan="12">FY 2023</th> <th colspan="12">FY 2024</th> <th colspan="4" rowspan="2">Expected Completion Date if project exceeds 8 FY Qtrs. Date: <u>09/30/2026</u></th> </tr> <tr> <th colspan="3">1st Qtr.</th> <th colspan="3">2nd Qtr.</th> <th colspan="3">3rd Qtr.</th> <th colspan="3">4th Qtr.</th> <th colspan="3">1st Qtr.</th> <th colspan="3">2nd Qtr.</th> <th colspan="3">3rd Qtr.</th> <th colspan="3">4th Qtr.</th> </tr> <tr> <th>O</th><th>N</th><th>D</th> <th>J</th><th>F</th><th>M</th> <th>A</th><th>M</th><th>J</th> <th>Jul</th><th>A</th><th>S</th> <th>O</th><th>N</th><th>D</th> <th>J</th><th>F</th><th>M</th> <th>A</th><th>M</th><th>J</th> <th>Jul</th><th>A</th><th>S</th> <th>O</th><th>N</th><th>D</th> <th>J</th><th>F</th><th>M</th> </tr> </thead> <tbody> <tr> <td>04/01/2023 - 05/01/2023 Identify 17 community members who need assistance</td> <td></td><td></td><td></td><td></td><td></td><td></td><td>X</td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>07/01/2023 - 09/01/2023 Plan, design, get material quotations</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>X</td><td>X</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>09/01/2023-09/30/2026 Assist 17 community members with electrical upgrades</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td> </tr> <tr> <td>PART V. Expected Quarterly Expenditures</td> <td>\$</td><td></td><td></td><td>\$</td><td></td><td></td><td>\$</td><td></td><td></td><td>\$</td><td></td><td></td><td>\$</td><td></td><td></td><td>\$</td><td></td><td></td><td>\$</td><td></td><td></td><td>\$</td><td></td><td></td><td colspan="4">PROJECT TOTAL</td> </tr> <tr> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="4"><u>129,000.</u></td> </tr> </tbody> </table>																									FY 2023												FY 2024												Expected Completion Date if project exceeds 8 FY Qtrs. Date: <u>09/30/2026</u>				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	04/01/2023 - 05/01/2023 Identify 17 community members who need assistance							X	X	X	X																					07/01/2023 - 09/01/2023 Plan, design, get material quotations										X	X	X																			09/01/2023-09/30/2026 Assist 17 community members with electrical upgrades													X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	PART V. Expected Quarterly Expenditures	\$			\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL																													<u>129,000.</u>			
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FOR OMB USE ONLY: Resolution No: _____ FMS Set Up Date: _____ Company No: _____ OMB Analyst: _____

	LAST NAME	FIRST NAME	PHONE	HOUSE WIRING
1	DESIDERIO	DAVEY	505-331-8649	1
2	LEWIS	HEBREW	(505) 972-1024	1
3	DELGARITO	RAYMOND	(505) 979-7539	1
4	GARCIA	EUNISSA	(307) 438-3024	1
5	ENREKA	BRYAN	(505) 299-5078	1
6	MARION	IDA	505-290-2909	1
7	LONE	TERRANCE	(505) 240-7676	1
8	LONG	REBEKAH	(505) 593-0858	1
9	FRANCISCO	JOLENE	(505) 240-9759	1
10	DEAN	VALERIA	(505) 290-1904	1
11	LONG	CLARENCE	(505) 972-5878	1
12	DELGARITO	ROBERT	(505) 870-5385	1
13	LOLITO	IRENE	(505) 240-5157	1
14	LARGO	ALICE	(505) 972-1030	1
15	YAZZIE	NANCY		1
16	Juan	Mable		1
17	Open for someone who is in need			1
Sum Total:				17

Date: _____

NO: _____

Baca/Prewitt Chapter
Post Office Box 563 Prewitt, New Mexico 87045
TEL: 505.972.9917 FAX: 505.972.4221

ASSISTANCE APPLICATION FORM

NAME: _____ CENSUS #: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHYSICAL LOCATION OF HOME: _____
(Draw a map on the back)

PHONE NUMBER: _____

ARE YOU A REGISTERED VOTER WITH BACA/PREWITT CHAPTER? ☐ YES ☐ NO

SIGNATURE OF RECIPIENT _____ DATE: _____

CHAPTER REPRESENTATIVE _____ DATE: _____

TYPE OF ASSISTANCE REQUESTED

TYPE OF ASSISTANCE REQUESTING:

- | | | |
|--|---|---|
| <input type="checkbox"/> Top Priority | <input type="checkbox"/> HOUSING WIRING UPGRADE | <input type="checkbox"/> LEECH LINE |
| <input type="checkbox"/> Medium Priority | <input type="checkbox"/> METER POLE/POWER LINE HOOKUP | <input type="checkbox"/> SEPTIC PUMPING |
| <input type="checkbox"/> Low Priority | <input type="checkbox"/> BATHROOM ADDITION | <input type="checkbox"/> WATER LINE |
| | <input type="checkbox"/> PLUMBING SERVICES | <input type="checkbox"/> House Renovation |
| | <input type="checkbox"/> SEPTIC SERVICES | _____ |

<input type="checkbox"/> VALID DRIVERS LICENSE OR IDENTIFICATION	<input type="checkbox"/> ANY MEDICAL REFERREALS	<input type="checkbox"/> CERTIFICATE OF INDIAN BLOOD
<input type="checkbox"/> CHAPTER VOTER REGISTRATION	<input type="checkbox"/> APPROVED HOMSITE LEASE	<input type="checkbox"/> PENDING HOMSITE LEASE

DATE APPLIED: _____

CHAPTER MANAGER _____ DATE: _____

PAYMENT AMOUNT _____ PAYABLE TO: _____

COMMENTS: _____

