



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: _____

- ☐ Missing Form
- ☐ Supporting documentation missing
- ☐ Project will not be completed by 12/31/2026
- ☐ Ineligible purpose
- ☐ Submitter failed to timely submit CARES reports
- ☐ Additional information submitted is insufficient to make a proper determination
- ☐ Expenditure Plan incomplete
- ☐ Funds will not be obligated by 12/31/2024
- ☐ Incorrect Signatory
- ☐ Inconsistent with applicable NN or federal laws

Name of DOJ Reviewer: _____

Disclaimers:

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 GOVERNANCE-CERTIFIED CHAPTERS

Part 1. Identification of parties.

Governance-Certified Chapter requesting FRF: Baca Prewitt Chapter Date prepared: 05/01/2023
Chapter's mailing address: Post Office Box 563, Prewitt, NM 87045 phone & email: 505-972-9917
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: Bathroom 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 ASO: Casey Begay phone & email: 505-786-2091/casey_begay@nndcd

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 \$120,000.00 will be utilize to assist 17 community members with upgrading their bathroom by planning, designing, purchasing, constructing, and the installation of the building material and fixtures, which beyond repair, depleted, and is in dire need of a renovation. The bathroom will be upgraded and will be in compliance with federal, state, and Navajo Nation Standards. With the bathroom not properly working, these families will be at risk for the COVID-19 virus.

☐ 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 bathroom upgrade for the residence of baca prewitt community members. While 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 bathroom facility that 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

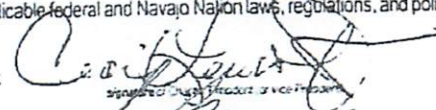
Part 4. Affirmation by Funding Recipient.

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 Treasurer or Vice Treasurer

Approved by:


signature of Director

06/29/2023

Approved to submit
for Review:


signature of Director

FY 2023

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

Page 1 of 3
BUDGET FORM 1

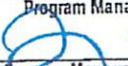
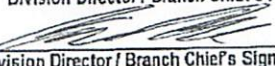
PART I. Business Unit No.: <u>NEW</u>		Program Title: <u>Baca/Prewitt Chapter - Bathroom Upgrade</u>		Division/Branch: <u>DCD/EXECUTIVE</u>	
Prepared By: <u>Sharon Loley</u>		Phone No.: <u>505-972-9917</u>		Email Address: <u>sloley@nnchapters.org</u>	

PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	(A) NNC 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	120,000.00	120,000

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

TOTAL: <u>120,000.</u> 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> Program Manager's Printed Name  Program Manager's Signature and Date <u>6-23-23</u>	APPROVED BY: <u>Calvin Castillo, Executive Director</u> Division Director / Branch Chief's Printed Name  Division Director / Branch Chief's Signature and Date <u>6-23-23</u>
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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.: NEW

Program Name/Title:

Baca/Prewitt Chapter - Bathroom Upgrade

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

Resolution # BPC/23/05/38

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 assistance to Baca Prewitt community member with bathroom upgrades

Program Performance Measure/Objective:

Assist 17 community members with bathroom upgrade so they have better sanitation services.

1		1		1		5	
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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.

James Adakai, Deputy Director

Program Manager's Printed Name


Program Manager's Signature and Date

Calvin Castillo, Executive Director

Division Director/Branch Chief's Printed Name


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>Baca/Proffitt Chapter - Bathroom 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 Construction Materials Assisting 17 community members with bathroom 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.: <u>NEW</u> Project Title: <u>Baca/Prewitt Chapter-Bathroom Upgrade</u> Project Description: <u>Assist 17 community members with bathroom 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; text-align: center;"> <thead> <tr> <th colspan="12">FY 2023</th> <th colspan="12">FY 2024</th> <th colspan="4">Expected Completion Date if project exceeds 4 FY Qtrs.</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> <th colspan="4">Date <u>09/30/2026</u></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></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> </tr> <tr> <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> </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>X</td><td>X</td><td>X</td><td>X</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> </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>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> </tbody> </table>																												FY 2023												FY 2024												Expected Completion Date if project exceeds 4 FY Qtrs.				1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			Date <u>09/30/2026</u>				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							X	X	X	X																													X	X	X																														X	X	X	X	X	X	X	X																								X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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PART V. Expected Quarterly Expenditures		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		PROJECT TOTAL																																																																																																																																																																																																																	
																						120,000.																																																																																																																																																																																																																	

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

	LAST NAME	FIRST NAME	PHONE	Bathroom Upgrade
1	DESIDERIO	DAVEY	505-331-8649	1
2	LEWIS	HEBREW	(505) 972-1024	1
3	DELGARITO	RAYMOND	(505) 979-7539	1
4	ENRICO	GLENDA	(505) 299-5078	1
5	PLATERO	BETTY		1
6	MARION	IDA	505-290-2909	1
7	LONG	TERRANCE	(505) 240-7676	1
8	LONG	REBEKAH	(505) 593-0858	1
9	HUDSON	ROSDANDA	(50) 529-5365	1
10	HUNTER	TERRY	(505) 240-9649	1
11	DEAN	VALERIA	(505) 290-1904	1
12	APACHITO	SHEILA	(505) 290-6768	1
13	GARCIA	JONES	(505) 658-9470	1
14	DELGARITO	DERRICK	(505) 593-1162	1
15	LARGO	ALICE	(505) 972-1030	1
16	NEZ	OLSEN	(505) 870-0833	1
17	YAZZIE	ANGIE	505-970231	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:

☐ Top Priority

☐ Medium Priority

☐ Low Priority

☐ HOUSING WIRING UPGRADE

☐ METER POLE/POWER LINE HOOKUP

☐ BATHROOM ADDITION

☐ PLUMBING SERVICES

☐ SEPTIC SERVICES

☐ LEECH LINE

☐ SEPTIC PUMPING

☐ WATER LINE

☐ House Renovation

☐ VALID DRIVERS LICENSE OR IDENTIFICATION

☐ ANY MEDICAL REFERREALS

☐ CERTIFICATE OF INDIAN BLOOD

☐ CHAPTER VOTER REGISTRATION

☐ APPROVED HOMESITE LEASE

☐ PENDING HOMESITE LEASE

DATE APPLIED: _____

CHAPTER MANAGER

DATE: _____

PAYMENT AMOUNT _____ PAYABLE TO: _____

COMMENTS: