



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

[illegible]

Name of DOJ Reviewer: _____

Signature of DOJ Reviewer: 

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.

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**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: 05/02/2023

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

This Form prepared by: Sharon Loley phone/email: 505-972-9917
Chapter Manager stoley@nnchapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Home Renovation- Pro Paneling Roof

Chapter President: Cecil Lewis Jr., phone & email: 505-972-9917/clewis@naataali.org
 Chapter Vice-President: Cindy Howe phone & email: 505-972-9917/chowe@naataali.org
 Chapter Secretary: Geneva Werito phone & email: 505-972-9917/gwerito@navajochapters.org
 Chapter Treasurer: Geneva Werito phone & email: 505-972-9917/gwerito@navajochapters.org
 Chapter Manager or CSC: Sharon Loley phone & email: 505-972-9917/stoley@navajochapters.org
 DCD/Chapter ASO: Casey Begay phone & email: 505-788-2091/casey_begay@nndcd.org

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

Amount of FRF requested: 50,000.00 FRF funding period: October 01, 2022 - September 31, 2026
Indicate Project starting and ending/baseline 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 Baca Prewitt Chapter Community is requesting \$50,000.00 to assist the 12 community members with putting pro panels for roof improvements for those that need help and are affected by virus of Covid-19. This project will be beneficial for the community to eliminate other viruses and air borne pathogens from mold due to leakage of roof, for those who were affected from the Covid-19 virus, that will have issues lingering to their health. It will also assist with the economic disadvantages by providing stable and safe homes with sanitary infrastructures.

☐ document attached

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

This project will help the community with modernizing the homes to eliminate roof repairs and prevent molding in homes due to roof leakages, which will prevent from other type of illness. due to being affected by Covid-19 virus. Baca Prewitt Chapter strives to provide assistance to the community members with healthy place to live.

☐ 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 Manager & 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:

The homeowners will be responsible for maintaining of their home after completion.

☐ document attached

(f) State which of the 68 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:

Category: 2.18-Housing Support: 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):

Appendix A
Budget Forms
Appendix J

☐ 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 (Contract Person)

Approved by:


signature of Chapter President (or Vice President)

Approved by:


signature of Chapter Manager or CSC

Approved by:

08/21/2023


signature of DCD Chapter ASO

Approved to submit
for Review:


signature of DCD Director

FY 2023

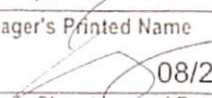
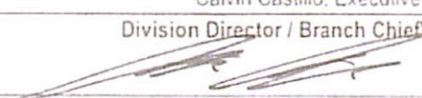
**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

Page 1 of 3
BUDGET FORM 1

PART I. Business Unit No.: <u>NEW</u>		Program Title: <u>Baca/Prewitt Chapter - Home Renovation- Pro Paneling Roof</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	50,000.00	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	0	50,000	50,000
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	50,000.00	50,000

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

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.	
SUBMITTED BY: <u>Jaron M. Charley, Department Manager II</u> <div style="text-align: center;"> Program Manager's Printed Name  08/21/2023 Program Manager's Signature and Date </div>	APPROVED BY: <u>Calvin Castillo, Executive Director</u> <div style="text-align: center;"> Division Director / Branch Chief's Printed Name  8/21/23 Division Director / Branch Chief's Signature and Date </div>

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

PART I. PROGRAM INFORMATION:Business Unit No.: NEW

Program Name/Title:

Boca Prewit Chapter - Home Renovation - Pro Paneling Roof**PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:**Resolution # BPC/23/05/09**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 12 Boca Prewit community member with roof renovation/upgrade

Program Performance Measure/Objective:

Assist 12 community members with Pro Panel for their

						12	
--	--	--	--	--	--	----	--

2. Goal Statement:homes

Program Performance Measure/Objective:

--	--	--	--	--	--	--	--

3. Goal Statement:

Program Performance Measure/Objective:

--	--	--	--	--	--	--	--

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

08/21/2023

Program Manager's Signature and Date

Cashin Castillo, Executive Director

Division Director/Branch Chief's Printed Name

8/21/23

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/Proxit Chapter - Home Renovation- Pro Paneling Roof</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)
8000 8500	ASSISTANCE INFRASTRUCTURE (NON CAP) 8510-Housing Construction Materials 12 community members x \$4,166 = \$50,000.00	50,000	50,000
TOTAL		50,000	50,000

11	Begay	Sandra	Double Wide	Pillow Crest Road		ARPA
29	Spencer	Annie	Double Wide	10 D Woodview Drive	fair	ARPA
6	Calladitto	Cassandra	House	Pillow Crest Road		ARPA
10	Delgarito	Mary Jane	House	70 B Oakling Pond Loop		ARPA
18	Lewis	Shawn	House	358 E Red Mountain Road		ARPA
20	Long	Rita	House	42 Oakling Pond Loop		ARPA
24	Ortega	Alfonzo	House	174 E Pillow Crest Road		ARPA
	Largo	Verna	Trailer	Pillow Crest Road		ARPA
34	House	Lorriane	Trailer	Old Wind Mill Trail		ARPA
35	Gaddy	Watson	House	South Chavez		ARPA
37	Gaddy	Justina	Trailer	South Chavez		ARPA
40	James	Marvin	House	South Chavez		ARPA

OPENING DATE: _____
Pro Panel Project

CLOSING DATE: _____
NO: _____

**BACA/PREWITT CHAPTER
HOUSING DISCRETIONARY FUND APPLICATION**

APPLICANT'S NAME: _____

**CHECKLIST OF REQUIRED DOCUMENTS
PLEASE USE A BLACK OR BLUE INK PEN**

- _____ 1. Housing Application
- _____ 2. Copy of Valid Driver's License or Valid Photo ID
- _____ 3. Copy of Applicant's Social Security
- _____ 4. Copy of Applicant's & Family Certificate Degree of Indian Blood
- _____ 5. Copy of Navajo Nation Voter's Registration Card
- _____ 6. Signed Permission to Enter Premises Form
- _____ 7. Signed Authorization for Release of Information Form
- _____ 8. Map to Property
- _____ 9. Income Verification Statement
- _____ 10. Three (3) Price Quotation from different vendors
- _____ 11. Understanding the Chapter Housing Discretionary Fund Policy & Procedure Memorandum
- _____ 12. Invoice Receipt/Home Assessments Pictures Memorandum
- _____ 13. Referrals from Physicians, Social Worker, CHR (Community Health Representative), or other Entity (if applicable)

Documents Verified By: _____

Date: _____

FOR OFFICIAL USE ONLY:

COMPLETE: _____

INCOMPLETE _____

MISSING DOCUMENTS:

CHECK NO: _____

MADE TO: _____

ELIGIBILITY DATE: _____

BACA/PREWITT CHAPTER
HOUSING DISCRETIONARY FUNDS
HOME APPLICATION

RUNNING LEDGER

APPLICANT'S **NAME:** _____ CHAPTER: _____

Date of Application:

Received Application:

[illegible]

**BACA/PREWITT CHAPTER
HOUSING DISCRETIONARY FUND ASSISTANCE PROGRAM
APPLICATION**

Please answer all the questions.

Applicant's Name: _____ Telephone No. _____
Census Number: _____ Work or Msg. _____

Spouse's Name: _____ Work Number: _____
Census Number: _____

Applicant's Mailing Address: _____ Chapter Enrolled at: _____
City: _____
State: _____ Zip Code: _____

Type of Residence:

_____ Room
_____ Owner Occupied
_____ Rental Unit
_____ Single Family
_____ Mobile Home
_____ Subsidized Housing
_____ Multiple Dwelling

Type of Primary Heating:

Wood _____ Average Monthly Heating Bill (before): \$ _____
Coal _____ (after): \$ _____
Kerosene _____
Natural Gas _____
Electric _____
Propane _____
Other _____

INCOME VERIFICATION OF HOUSING UNIT:

Name of each household member including self	Age	Sex	Census Number	Relationship to Head of Household	Gross Monthly Income	Source of Income

Note: An elderly person is a person 65 years of age or older. Determination whether a resident in the household is handicapped can be made in any of the following (1) They provide a copy of a letter from the Veteran's Administration that is a percentage of disability letter or (2) The Social Security benefit verification letter under section 1.e.10 indicates payments are for disability or (3) Written determination from Federal, State or other agency providing assistance for handicapped Person or (4) The Subgrantee observes a visible handicap.

Baca/Prewitt Chapter Office Use Only:

Income Guidelines for a household of _____ members is \$ _____

On the basis of the above information, this household is **ELIGIBLE / NOT ELIGIBLE.**

Reason for ineligibility: _____

Chapter Manager's Signature: _____ Date: _____

TYPE OF LABOR TO BE UTILIZEDBaca/Prewitt Chapter Use only / projected hours per project

Public Employment Program (PEP): _____

Client Self-Help:1: _____

Church Group: _____

Contractor: _____

Other: _____

IF APPLICANT IS RENTING, THE BACA/PREWITT CHAPTER MUST USE PERMISSION FORM
AND OWNER AGREEMENT, IF APPLICANT IS HOME OWNER, COMPLETE THE FOLLOWING.

HOMEOWNER CERTIFICATION

I / We, _____, certify that I am/we are the owner (s) of the property at
_____ located on the Baca/Prewitt Chapter jurisdiction.

Land ownership can be verified through (CIRCLE ONE): **Homesite Lease / Residential Lease/Other**

CERTIFICATION

I, as a Chapter Employee of **Baca/Prewitt Chapter** and with vested authority of act on community matters, have reviewed the information stated above which is correct to the best of our knowledge and hereby certify this document accordingly on this ____ day of _____ **2021/2022.**

CHAPTER MGR'S SIGNATURE: _____ DATE: _____
NAME

HOUSING ASSISTANCE APPLICATION

I, subscribe and affirm, under the penalties of law, that the statements made in this application for Housing Assistance (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. Prior to any construction I agree to notify the Chapter of any changes in the information in this application. I understand that by signing this application, I consent to any other inquiry to verify or confirm the information I have given.

The potential assistance will have no effect upon my social security, public assistance, or any other income I receive. The construction work done will not obligate me financially and no lien or mortgage will be placed on the property, unless false or inaccurate information has been provided to make me ineligible for this assistance. I will be held liable for any injury or damages occurring on my property which is the result of my negligence or malfeasance I certify that I have given my permission to allow work and monitoring or work on the property listed in this application. I understand that it is the dwelling occupant and/or owner's responsibility to discover and correct unsafe or non-compliant conditions which exist apart from the construction work.

I understand that this application for Housing Assistance does not guarantee that assistance will be granted, but will be used in determining eligibility for the program. Whether or not an eligible applicant will be provided assistance will depend in part upon the applications received, the remaining available funds and the priorities to be met by the Housing Discretionary Assistance Program.

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICANT'S REPRESENTATIVE: _____ DATE: _____

BACA/PREWITT CHAPTER HOUSING ASSISTANCE PROGRAM
POST OFFICE BOX 563
PREWITT, NEW MEXICO 87045

PERMISSION TO ENTER PREMISES

TO THE BUILDING OWNER

Your building is being considered for renovation under the Baca/Prewitt Chapter Housing Assistance Program. This program is funded by the Navajo Nation, under Housing Discretionary Funds and administered by the Baca/Prewitt Chapter.

PERMISSION TO ENTER PREMISES

I, as owner/authorized agent for the building located at, _____
_____ have read and understand the above and hereby grant
permission for representative of Baca/Prewitt Chapter to enter this premises when
I am present for the purposes of collecting eligibility documentation from the
residents and conducting a work plan which may include an assessment for
housing renovation.

NAME: _____
Client

DATE: _____

NAME: _____
Chapter Manager

DATE: _____

BACA/PREWITT CHAPTER HOUSING ASSISTANCE PROGRAM
POST OFFICE BOX 563
PREWITT, NEW MEXICO 87045

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the Navajo Nation through the Baca/Prewitt Chapter Housing Assistance Program to obtain all necessary information for completion of my application for housing assistance including information on my interest on land and household income. I understand and acknowledge this information will be used in determining my eligibility and extent of Housing Assistance through the Baca/Prewitt Chapter or other housing project sources.

SIGNATURE: _____

Applicant

Co-Applicant

Date

BACA/PREWITT CHAPTER
Housing Discretionary Fund Assistance
Post Office Box 563
Prewitt, New Mexico 87045

MAP TO PROPERTY
Project Site Locations

APPLICANT'S NAME: _____ DATE: _____

CHAPTER: _____ AGENCY: _____

BACA/PREWITT CHAPTER
Housing Discretionary Fund Assistance Program
Point System Sheet

Applicant's Name: _____

Chapter: _____

Household Size:	6 or more persons	15 points _____
	3 to 5 persons	12 points _____
	1 to 2 persons	9 points _____
Household Income:	0% to 19% of maximum	15 points _____
	19.1% to 39% of maximum	12 points _____
	39.1% to 59% of maximum	9 points _____
	59.1% to 79% of maximum	6 points _____
	79.1% to 100% of maximum	3 points _____
	More than 100% of maximum	0 points _____
Fuel Type:	Electric	11 points _____
	Fuel Oil	10 points _____
	Kerosene	9 points _____
	LPG, Propane, Wood, Coal. Or Natural Gas	8 points _____
Vulnerability:	One or more than 60 years of age and handicapped	21 points _____
	More than 60 years of age	12 points _____
	Handicapped less than 59 years of age	12 points _____
Unit Condition: *	In severe need of winterization	15 points _____
	In moderate need of winterization	10 points _____
	In mild need of winterization	5 points _____

• A unit condition is required to determine unit condition.

TOTAL _____

SIGN ATURE: _____

Chapter Manager

DATE: _____