



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: *Van Blunk*

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: Pueblo Pintado Date prepared: 11/16/2023

Chapter's mailing address: HCR 79, Box 3026 phone/email: 505-655-3221
Cuba, New Mexico 87013 website (if any): pueblopintado@navajochapters.org

This Form prepared by: Janice Arthur phone/email: jarthur@nnchapters.org
Coordinator
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Pueblo Pintado Installation of Air Conditioning (AC) and mechanical ventilation system

Chapter President: Erlene Henderson phone & email: 505-655-3221 pueblopintado@navajochapters.org

Chapter Vice-President: Donald Chee phone & email: 505-655-3221 pueblopintado@navajochapters.org

Chapter Secretary: Cheryl Chavez phone & email: 505-655-3221 pueblopintado@navajochapters.org

Chapter Treasurer: Cheryl Chavez phone & email: 505-655-3221 pueblopintado@navajochapters.org

Chapter Manager or CSC: Janice Arthur phone & email: 505-655-3221 pueblopintado@navajochapters.org

DCD/Chapter ASO: _____ phone & email: _____

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

document attached

Amount of FRF requested: \$150,000.00 FRF funding period: November 1, 2024 - 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:

Air Conditioner will maintain good indoor air quality with adequate flow of air and ventilation for a comfortable meeting arena. During Covid-19, the air quality in the Chapter House was not safe due to no flow of air for people who meet for committees and Chapter Meetings. Chapter capacity is 60 people and many times there's an overflow of people if a meeting is an event or receptions. Virtual Chapter meetings kept most community people safe from sickness.

document attached

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

Meeting areas will be comfortable for meetings on extended time.

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 Sept. 30, 2026 and/or fully expending funds and completing the

APPENDIX A

Program(s) or Project(s) by December 31, 2026:

The Pueblo Pintado Chapter House will work with fiscal recovery office and Community Development to ensure project completed by September 30, 2026.

Begin date 11/1/24 End date 9/30/26.

document attached

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

Pueblo Pintado Chapter and Community Development

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:

Pueblo Pintado Chapter will be responsible for the operations and maintenance of the air conditioning and mechanical ventilation system.

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 - Provision of Government Services.

The purchase of the air conditioning (AC) and mechanical ventilation system is much needed to maintain air conditioned meeting rooms for the community members gatherings.

document attached

Part 3. Additional documents.

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

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] Approved by: [Signature]
signature of Preparer/CONTACT PERSON signature of Chapter President (or Vice-President)

Approved by: [Signature] Approved by: [Signature] 01/23/2024
signature of CSC signature of Chapter ASO

Approved to submit for Review: [Signature]
signature of DCD Director

FY 2024

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

Page 1 of 4
BUDGET FORM 1

PART I. Business Unit No.: <u>New</u> Program Title: <u>Pueblo Pintado Chapter Air Conditioning & Ventilation System</u>				Division/Branch: <u>Division of Community Development</u>			
Prepared By: <u>Janice Arthur, CSC</u> Phone No.: <u>505-655-3221</u>				Email Address: <u>jarthur@nnchapters.org</u>			
PART II. FUNDING SOURCE(S)	Fiscal Year Term	Amount	% of Total	PART III. BUDGET SUMMARY			
ARPA Funds	11/11/24 9/30/26	150,000.00	100%	Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference or Total
				2001 Personnel Expenses			
				3000 Travel Expenses			
				3500 Meeting Expenses			
				4000 Supplies			
				5000 Lease and Rental			
				5500 Communications and Utilities			
				6000 Repairs and Maintenance	6	\$150,000.00	\$150,000.00
				6500 Contractual Services			
				7000 Special Transactions			
				8000 Public Assistance			
				9000 Capital Outlay			
				9500 Matching Funds			
				9500 Indirect Cost			
				TOTAL		\$150,000.00	\$150,000.00
TOTAL: 150,000.00 100%				PART IV. POSITIONS AND VEHICLES			
						(D)	(E)
				Total # of Positions Budgeted:			
				Total # of Vehicles Budgeted:			
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>				APPROVED BY: <u>Arbin Mitchell</u>			
Program Manager's Printed Name				Division Director / Branch Chief's Printed Name			
<u>01/23/2024</u>				<u></u>			
Program Manager's Signature and Date				Division Director / Branch Chief's Signature and Date			



**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

PART I. PROGRAM INFORMATION:
 Business Unit No.: New Program Name/Title: Pueblo Pintado Chapter Air Conditioning and mechanical ventilation system

PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:
Pueblo Pintado Chapter Air Conditioning and mechanical ventilation system

PART III. PROGRAM PERFORMANCE CRITERIA:	1st QTR		2nd QTR		3rd QTR		4th QTR	
	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement: Program Performance Measure: <u>Air Conditioning & ventilation for comfortable rooms</u>	1		1		1		1	
2. Goal Statement: Program Performance Measure: <u>Mechanical refrigeration of air output</u>	1		1		1		1	
3. Goal Statement: Program Performance Measure: <u>Ventilation for indoor air quality</u>	1		1		1		1	
4. Goal Statement: Program Performance Measure:								
5. Goal Statement: Program Performance Measure:								

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

<u>Jaron M. Charley, Department Manager II</u> Program Manager's Printed Name  <u>01/23/2024</u> Program Manager's Signature and Date	 <u>Arbin Mitchell</u> Division Director/Branch Chief's Printed Name Division Director/Branch Chief's Signature and Date
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FY 2024

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

Page 3 of 4
BUDGET FORM 4

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Pueblo Pintado Chapter Air Conditioning and mechanical Ventilation system</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	Subcontracted Services 6960 - sub contracted Services Air Conditioning and mechanical ventilation system		\$150,000.00
TOTAL		\$150,000.00	\$150,000.00

THE NAVAJO NATION
PROJECT BUDGET SCHEDULE

PART I. Business Unit No.: <u>New</u> Project Title: <u>Installation of air conitioning (AC) and mechanical</u> Project Description: <u>Ventilation system/mechanical refrigeration and ventilation for acceptable indoor air quality.</u> Check one box: <input checked="" type="checkbox"/> Original Budget <input checked="" type="checkbox"/> Budget Revision <input type="checkbox"/> Budget Reallocation <input type="checkbox"/> Budget Modification										PART II. Project Information Project Type: <u>Repair Services</u> Planned Start Date: <u>11/1/24</u> Planned End Date: <u>9/30/24</u> Project Manager: <u>Chapter Staff</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. Date: <u>9/30/24</u>														
	FY 2024									FY 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			
Purchase Process (Get quotes for installation of A/C and Ventilation System)																																	
Project Implementation																																	
Close-Out																																	
PART V.	\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL											
Expected Quarterly Expenditures																						\$150,000.00											

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