



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 #: HK 0666-2

Date & Time Received: 11/01/23 at 16:28

Date & Time of Response: 11/06/23 at 17:00

Entity Requesting FRF: Whitehorse Lake Chapter

Title of Project: Whitehorse Lake Chapter Powerline Extensions

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$200,000.00

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:
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 | |

Other Comments: _____

Name of DOJ Reviewer: MacArthur Stant

Signature of DOJ Reviewer: MacArthur Stant

Digitally signed by MacArthur Stant
Date: 2023.11.06 13:27:41 -07'00'

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 GOVERNANCE-CERTIFIED CHAPTERS**

Part 1. Identification of parties.

Governance-Certified Chapter requesting FRF: Whitehorse Lake Chapter Date prepared: 11-23-22

Chapter's mailing address: HCR 79 Box 4069, Cuba, New Mexico 87013 phone & email: 505-655-5430 whitehorsetlake@navajochapters.org
website (if any): _____

This Form prepared by: Fran George phone/email: 505-726-3310 compassion@frontier.net
Chapter Secretary Treasurer 505-726-3310
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Whitehorse Lake Chapter : power line extensions

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

Chapter Vice-President: Vacant phone & email: Vacant

Chapter Secretary: Fran George phone & email: 505-726-3310 compassion@frontier.net

Chapter Treasurer: Fran George phone & email: 505-726-3310 compassion@frontier.net

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

DCC/Chapter ASC: Myrtis Begay phone & email: msbegay@nndcd.org

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

document attached

Amount of FRF requested: \$200,000 FRF funding period: September 1, 2023 to December 31, 2026
Indicate Project starting and ending/total 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 is to provide electric extensions to 25 homes where there is currently no electric power for the homes in the three communities of Whitehorse Lake. Approved funds will pay for power lines to these homes which will serve at least 150 individuals including 70 school aged children and 15 elderly. The horrible negative effects of COVID-19 ceased construction and field work for needed electric for over three years. This caused rampant infections wherein dozen of family members of these needy families passed away. Needed electricity will greatly aid with prevention, sanitation and in home treatment. Average cost will be about \$14,000.00 per home. document attached

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

The project will provide dozen of jobs, provide an encouraging environment for the youth in their education endeavors and a great sense of security. Use of available food items will last longer, heat will be readily available, and in home care and treatment will greatly aide with prevention of COVID-19 infections. Communications will be improved so emergencies can be responded to more readily, severe storms will be known ahead of time and needed available assistance can be communicated 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

Timeline for completion can be achieved by December 31, 2026. Full expenditure of approved funds will also be achieved. This project will surely incur all needed and available funds before December 31, 2024 since all projects have been waiting to be worked on for three years or longer. The only problem will be timely approval and timely disbursement of funds.

document attached

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

Division of Community Development, Navajo Nation and Whitehorse Lake Chapter will implement the project with the CSC, Chapter officials and the CLUPC committee providing coordination, monitoring and

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.

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.

3.12 - Other Housing Assistance

This will help community members get electricity to refrigerate food.

As well as have access to Television/Radio news for any pandemic related news.

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 of Preparer (CLUPC) (Required)

Approved by:

IP Vacant

signature of Chapter President or Vice President

Approved by: 
signature of Chapter Manager or CSC

Approved by:

 07/24/2023
signature of DCA/Chapter ASO

Approved to submit for Review


signature of DCA Director

Powerline Ext

FY 2023/2026

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

Page 1 of 4
BUDGET FORM 1

PART I Business Unit No. new Program Title: Whitehorn Lake Chapter Powerline Extension Division/Branch: DCD/Executive
 Prepared By: FRANNE GEORGE Phone No.: 505-726-3310 Email Address: compassion@tribemnet.net

| 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 |
|----------------------------|--------------------|---------|------------|-----------------------------------|----------------|----------------------------------|---------------------|-------------------------|
| NNFRF | 9-1-23 12-31-24 | 200,000 | 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 | | 0 | 200,000 | 200,000 |
| | | | | 7000 Special Transactions | | | | |
| | | | | 8000 Public Assistance | | | | |
| | | | | 9000 Capital Outlay | | | | |
| | | | | 9500 Matching Funds | | | | |
| | | | | 9500 Indirect Cost | | | | |
| | | | | TOTAL | | \$0.00 | 200,000 | 200,000 |
| TOTAL: 200,000 100% | | | | 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: James Adakai, Deputy Director APPROVED BY: Calvin Custillo, Director
 Program Manager's Printed Name Division Director / Branch Chief's Printed Name
7-13-23 7/23/2023
 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.: <u>New</u> Program Name/Title: <u>Whitehorse Lake Chapter - Powerline Extension</u> | | | | | | | |
| PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM: | | | | | | | | | |
| The goal is to have community members who do not have electricity connected to the grid. Will contract to Continental Divide Coop. | | | | | | | | | |
| PART III. PROGRAM PERFORMANCE CRITERIA: | | 1st QTR | | 2nd QTR | | 3rd QTR | | 4th QTR | |
| | | Goal | Actual | Goal | Actual | Goal | Actual | Goal | Actual |
| 1. Goal Statement: To Provide a safe and healthy by providing power lines to 25 homes through Continental Divide Electric | | | | | | | | | |
| Program Performance Measure/Objective: Complete power line extensions by 12-31-25 | | 6 | | 6 | | 6 | | 1 | |
| 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. | | | | | | | | | |
| <u>JAMES ADASKAL, Deputy Director</u> Program Manager's Printed Name <u>2 7-13-23</u> Program Manager's Signature and Date | | | | | <u>Calvin Castillo, Director</u> Division Director/Branch Chief's Printed Name <u>[Signature]</u> 7/12/2023 Division Director/Branch Chief's Signature and Date | | | | |

FY 2023/2025

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

| PART I. PROGRAM INFORMATION: | | | | |
|--|---|---------------------------------------|------------------------------------|-------------------------------|
| Program Name/Title: <u>Whitehorse Lake Chapter</u> | | : <u>Power Line Extension</u> | | Business Unit No.: <u>NEW</u> |
| PART II. DETAILED BUDGET: | | | | |
| (A) | (B) | (C) | (D) | |
| Object Code (LOD 5) | Object Code Description and Justification (LOD 7) | Total by DETAILED Object Code (LOD 5) | Total by MAJOR Object Code (LOD 4) | |
| 6500 | Contractual Services | 209,000 | 209,000 | |
| 6510 | Professional Services | | | |
| TOTAL | | 209,000. | 209,000. | |

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|----------|---|---|----------|---|---|--------------|-----|---|----------|---|----------|---|---|--|---|---|----------|---|-----|---------------|---|---|---|---|---|---|---|
| PART I. Business Unit No. <u>NEW</u> Project Title: <u>Whitehorse Lake Chapter Powerline Extension</u> Project Description: <u>Provide electric power line extensions through Continental Divide Electric I</u> Check one box: <input 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>Powerline Extension</u> Planned Start Date: <u>9-1-23</u> Planned End Date: <u>12-31-26</u> Project Manager: <u>Art Lee Chavez</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. | | | | | | | | | | | | | |
| | FY <u>23</u> | | | | | | | | FY <u>24</u> | | | | | | | | 12/31/25 | | | | | | | | | | | | | |
| | 1st Qtr. | | 2nd Qtr. | | | 3rd Qtr. | | | 4th Qtr. | | | 1st Qtr. | | 2nd Qtr. | | | 3rd Qtr. | | | 4th Qtr. | | | O | N | D | J | F | M | | |
| | 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 |
| Gather all information, documents, maps | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gather all names of who will get extens | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Review with Cont. Divide all families that are to receive extensions | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gather all clearances for power lines | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete all needed agreements | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Designate coordinator | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prepare sites & homes for electric extensions | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conduct final meeting with first 10 families receiving extensions | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conduct final meeting with Continental Divide Electric and payment arrangements | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Begin line construction | | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | |
| Present reports to chapter and APRA | | | | | | | | x | | | x | | | x | | | x | | | x | | | x | | | x | | | x | |
| Review reports on progress | | | | | | x | | | x | | | x | | | x | | | x | | | x | | | x | | | x | | | x |
| PART V. | \$ | | \$ | | | \$ | | | \$ | | | \$ | | \$ | | | \$ | | | \$ | | | PROJECT TOTAL | | | | | | | |
| Expected Quarterly Expenditures | 25,000 | | 25,000 | | | 25,000 | | | 25,000 | | | 25,000 | | 25,000 | | | 25,000 | | | 25,000 | | | 200,000 | | | | | | | |

Appendix

REPORTING PERSON : _____ DATE/TIME: _____

PHYSICAL ADDRESS : _____ PO BOX: _____

TYPE OF SERVICE(S) REQUESTED :

TELEPHONE #: _____

HOME IMPROVEMENT

FUNERAL EXPENSE ASSISTANCE

ROAD IMPROVEMENT

SCHOLARSHIP ASSISTANCE

WOOD OR COAL

TEMPORARY EMPLOYMENT

FINANCIAL ASSISTANCE

OTHERS: _____

NARRATIVE (Explain assistances requested)

DISPOSITION (conclusion) :

| | |
|--|-----------------------------------|
| | |
| | |
| | |
| | |
| | |
| | Field Assessment Required? Yes No |

REFERRED TO :

CHAPTER ADMINISTRATION

SENIOR CITIZEN CENTER

COMM. HEALTH REPRESENTATIVE

OTHER: _____

Date/Time/Narrative:

Completed: _____ Incomplete due to : _____
Total hours spent on project: _____

Optional: _____

| Type of materials used? | How many? | Cost? | Grand Total |
|-------------------------|-----------|-------|-------------|
| | | | |
| | | | |
| | | | |

ACKNOWLEDGEMENT

REPORTING PERSON'S NAME DATE

CHAPTER COORDINATOR DATE

CHAPTER OFFICIAL DATE

Completed/Closed: _____

ADDITIONAL COMMENTS:

Date/Time



Whitehorse Lake Chapter

HCR 79 Box 4069 • Cuba, New Mexico 87013



Housing Discretionary Application

Email: whitehorselake@navajochapters.org

•(505) 655-5430 • Fax (505) 655-5432 •Website: 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: _____

PERFORMANCE REPORT – ACCOMPLISHMENTS:

BEFORE: _____

AFTER: _____

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

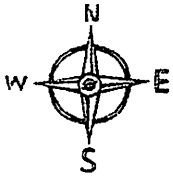
Date

Spouse's Signature

Date

MAP TO RESIDENCE

Draw a map of where you live.



Applicant's Signature

Date

Spouse's Signature

Date



25th Navajo Nation Council

MEMORANDUM

To: Mrs. Leonora Henderson, Senior Program & Specialist
Navajo Nation Fiscal Recovery Fund Office
Window Rock, Arizona

From: Mr. *George H. Tolth*, Council Delegate
25th Navajo Nation Council

Subject: **DELEGATION OF THREE ARPA CHAPTER PROJECTS**

During the Whitehorse Lake Chapter Planning meeting on Wednesday, October 11, 2023, at 10:00 a.m., we discussed that the Chapter went over \$1,824,000.00 for the Chapter ARPA Projects. All Eight Chapter Regions are supposed to budget their projects for \$1,100,292.50 for each Chapter. I recommend deleting the following Chapter, ARPA Projects, from the listing submitted to the ARPA Office. They are:

1. Warehouse for \$530,000.00 (Delete)
2. Septic Tank Cleaning for \$19,000.00 (Delete)
3. Continental Divide Powerline Extension for \$350,000.00, reduce \$150,000.00 from \$350,000.00, which should come up to \$200,000.00 for Powerline Extension.

Mr. Art Lee Chavez and the Chapter Administration are advocating for Warehouse for the Chapter. This coming year, we can apply for Chapter Warehouse through the State of New Mexico Legislators. Only two Whitehorse Lake Chapter ARPA projects, are on the listing and approved by the Navajo Nation Council. If you have any questions about this matter, please do not hesitate to contact me or email me. Your understanding and cooperation are greatly appreciated.

Sincerely,

Mr. *George H. Tolth*, Council Delegate
25th Navajo Nation Council

CC: Mr. Art Lee Chavez, Chapter President
Mr. Sandoval, Chapter Vice-President
Mrs. Fran George, Chapter Secretary/Treasurer
Mr. Dedrick Tolino, Community Services Coordinator
Whitehorse Lake Chapter



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 #: HK 0666

Date & Time Received: 10/06/23 at 09:55

Date & Time of Response: 10/12/23 at 2:18 pm

Entity Requesting FRF: Whitehorse Lake Chapter

Title of Project: Whitehorse Lake Chapter Powerline Extensions

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$350,000.00

Eligibility Determination:

- FRF eligible
FRF ineligible
Additional information requested

FRF Eligibility Category:

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(2) Premium Pay
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(4) Water, Sewer, Broadband Infrastructure

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2.18 Housing Support: Other Housing Assistance

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- | | |
|--|--|
| <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 |
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| <input type="checkbox"/> Ineligible purpose | <input type="checkbox"/> Inconsistent with applicable NN or federal laws |
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| <input type="checkbox"/> Additional information submitted is insufficient to make a proper determination | |

Other Comments: _____

Name of DOJ Reviewer: Navalyn R. Platero

Signature of DOJ Reviewer: 

Disclaimers:
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