



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

Other Comments:

Name of DOJ Reviewer: _____

Signature of DOJ Reviewer: Vincent

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: Whippoorwill Chapter Date prepared: 10/22/23

Chapter's mailing address: P.O. Box 279 phone & email: (928) 725- 3728

Pinon, Az 86510 website (if any): whippoorwill@navajochapters.org

This Form prepared by: Mareita Denny phone/email: (928) 725-3001

Chapter Manager whippoorwill@navajochapters.org

CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Elderly Bathroom Modification

Chapter President: Aaron Yazzie phone & email: (928) 383- 2751

Chapter Vice-President: Gerald Ahasteen phone & email: (928) 781- 7269

Chapter Secretary: Phillip Tom Jr. phone & email: (928) 675- 7343

Chapter Treasurer: Phillip Tom Jr. phone & email: (928) 675- 7343

Chapter Manager or CSC: Mareita Denny phone & email: (928) 725- 3001

DCD/Chapter ASO: Ella M. Kay phone & email: (928) 725- 3727

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): Chapter Work Force and Special Project Team.

When necessary, chapter will bid out for professional trade workers, Electrician, Plummmbers, HVAC ☐ document attached

Amount of FRF requested: \$60,000.00 FRF funding period: May 01, 2023 to December 31, 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:

House built in rural community are not built to accommodate elderlies. This project will upgrade elderly's bathrooms by installing hardware and fixtures per American with Disability Act's (ADA) standards and recommendations. To allow wheelchair bound person to maneuver in bathroom and place non-slip floor, walkin shower, grab bars, and more. As advised by Center Disease Control, practice of good hygiene is one method and considered as a best defense against COVID.

☐ document attached

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

The Navajo elderlies will be the primary beneficiaries and will decrease bathroom injuries by 75%. The bathroom will provides safe and healthy accomodation for the elderlys because they are the vulnerable age group susceptible to wide range of pathogens, mainly COVID. Upon completion of the bathroom projects, the elderlies will be safe and protected.

☐ 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:

Projects will be assign to our Special Project Work Team, to begin on July 2023 and complete by October 2024. Procuring bathroom material and supplies will take some time to aquire due to our compliance with Nation's Procurement Policy. Chapter suspects that other chapters will be seeking simillar quotes for same projects. If necessary, project can be bid out; however, a rush to find Contractors are expected also.

☐ document attached

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

Whippoorwill Chapter will implement this project and responsible for bathroom modification for compliance with ADA requirements.

☐ 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:

Once completed, homeowners will be responsible for upkeep and maintenance. Chapter will monitor and conduct periodic review after completion for any repairs.

☐ 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:

Water and Sewer: Others 5.18

Housing Support: Other Housing Assiostance 2.18 3.12 Social Determinants of Health: Community Health Workers or Benefits Navigators.

☐ document attached

Part 3. Additional documents.

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

Chapter Resolution

Bathroom Material and Supply List per ADA Code

☐ 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 President (or Vice-President)


Approved by: _____

 Signature of Chapter Manager or CSC

Approved by: _____

 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 1
BUDGET FORM 1

PART I. Business Unit No.: <u>NEW</u>		Program Title: <u>Whippoorwill Chapter - Bathroom Modification Project</u>		Division/Branch: <u>DCD/Executive</u>	
Prepared By: <u>Mareita Denny, Chapter Manager</u>		Phone No.: <u>928-725-3727</u>		Email Address: <u>whippoorwill@navajochapters.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 ARPA FUNDS	<u>5-01-23</u> <u>12-31-26</u>	60,000.00	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	60,000.00	60,000.00
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	60,000.00	60,000.00

TOTAL: \$60,000.00 100%	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: <u>James Adakai, Deputy Director</u> Program Manager's Printed Name <u>3-30-23</u> Program Manager's Signature and Date	APPROVED BY: <u>Calvin Castillo</u> Division Director / Branch Chief's Printed Name <u>3/28/2023</u> Division Director / Branch Chief's Signature and Date
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FY 2023

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

Page 2 of 3
BUDGET FORM 2

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

Program Name/Title:

WHIPPOORWILL CHAPTER - BATHROOM MODIFICATION PROJECT**PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:****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 assist with Elderly Bathroom Modification.**Program Performance Measure/Objective:**Assist 15-Elderlys with Bathroom Modification Renovation.

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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

3-30-23
Program Manager's Signature and Date

Calvin Castillo

Calvin Castillo
Division Director/Branch Chief's Printed Name

3/28/2023
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>WHIPPOORWILL CHAPTER - BATHROOM MODIFICATION PROJECT</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)
8500	Infrastructure - (non-cap) 8535 - Bathroom Addition: Assist 15-Elderlies with Bathroom Modification @ \$4,000.00 = \$60,000.00	60,000.00	60,000.00
TOTAL		60,000.00	60,000.00

OMB Analyst:



Whippoorwill Chapter

P.O. Box 279

Pinon, AZ 86510

Phone #: (928)725-3727/3728

Fax #: (928)725-3745



Marcita Denny, Chapter Manager

Ella M. Kay, Administrative Assistant

Germaine Simonson, Council Delegate Aaron Yazzie, President Gerald Ahasteen, Vice-President Phillip Tom Jr., Secretary/Treasurer

RESOLUTION OF WHIPPOORWILL CHAPTER

Resolution No. WC-23-22

REQUESTING THE DEPARTMENT OF JUSTICE AND DIVISION OF COMMUNITY DEVELOPMENT TO ACCEPT OUR COMPLETED FISCAL RECOVERY FUND REQUEST FORM AND EXPENDITURE PLAN FOR OUR CHAPTER'S ELDERLY BATHROOM MODIFICATION PROJECT SUBJECT TO BE FUND IN THE AMOUNT OF \$60,000.00 BY AMERICAN RESCUE PLAN ACT

WHEREAS:

1. The Resources and Development Committee, pursuant to Legislation RDCD-83-14 certified Whippoorwill Chapter's Five Management System Policies and Procedures and pursuant to 2 N.N.C., §501 (B) (2) (d), 26 N.N.C. §102 and CO-45-12 Section 5(B), upon recommendation by Auditor General's office, further supported the certification, and
2. Pursuant to Local Governance Act, 26, N.N.C. §101, et seq. to properly administer, to provide accountability in the five personnel and property management, and consistent with Auditor General's Memorandum dated September 9, 2014, AUDIT REPORT No. 14-24, and
3. Whippoorwill Chapter is fortunate to have over two hundred elderlies, and most does not have indoor plumbing system. Majority of elderly houses are not to Code with American with Disability Act which the building code is designed to provide safe living area with all the accessories and hardware, such as grab bars, non-slip floor, walk-in shower, and room for wheelchair; and
4. There have been several bathroom injuries to the elderlies as reported and the recorded accidents have increased to 80%. The group "Baby Boomers" have reached senior age and they preferred to remain in their own house rather than to live in a nursing home. The same house they lived in for years does not accommodate today's elderlies; and
5. The funding from American Rescue Plan Act was received to combat and mitigate COVID-19, thereby, this project meets the criteria and eligible under Treasury Expenditure Categories final rule, Water and Sewer: Other 5.18 and Housing Support: Other Housing Assistance 2.18 and 3.12. This assistance conforms to our Mission Statement of protecting the general public includes the elderlies; with the services, the elderlies are provided the peace of mind and their best interest are preserved.
6. Whippoorwill Chapter affirms that chapter will only use awarded Fiscal Recovery Funds and implement this FRF Expenditure Plan in compliance with the ARPA Regulations, and with all applicable federal and Navajo Nation laws, regulations, and policies.

NOW THEREFORE IT BE RESOLVED THAT:

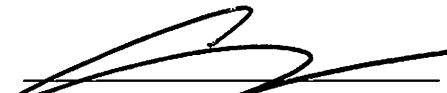
1. The Whippoorwill Chapter hereby requests the Department of Justice and Division of Community Development to accept our completed Fiscal Recovery Fund Request Form and Expenditure Plan for chapter's Elderly Bathroom Modification Project subject to be fund in the amount of \$60,000.00 by American Rescue Plan Act.

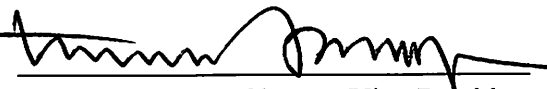
CERTIFICATION

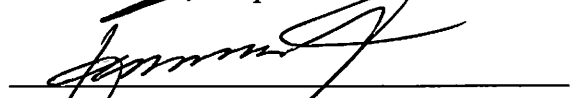
We, the undersigned certify the foregoing resolution was presented to the Whippoorwill Chapter at a duly called meeting at Whippoorwill, Arizona, USA at which a quorum was present that same day and was passed by a vote 4 in FAVOR, 0 OPPOSED, and 2 ABSTAINED on the 4th day of November 2022.

Motioned by Raymond Joe

Second by Johnny Naize


Aaron Yazzie, Chapter President


Gerald Ahasteen, Chapter Vice President


Philip Tom Jr., Chapter Secretary/Treasurer


Jimmy Yellowhair, NN Council Delegate


Albert Wartz, Grazing Representative