



NAVAJO NATION DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL

DOREEN N. MCPAUL
Attorney General

KIMBERLY A. DUTCHER
Deputy Attorney General

DEPARTMENT OF JUSTICE
INITIAL ELIGIBILITY DETERMINATION
FOR NAVAJO NATION FISCAL RECOVERY FUNDS

RFS/HK Review #: HK0346

Date & Time Received: 12/20/22 10:17

Date & Time of Response: 12/28/2022 5:00 PM

Entity Requesting FRF: Blue Gap/Tachee Chapter

Title of Project: 8 Bathroom Additions - Provision of Gov't Services

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$294,265.00

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: 1:14 (Other Public Health Services)

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 | |

Name of DOJ Reviewer: Kristen A. Lowell

Signature of DOJ Reviewer: 

Disclaimers: An NNDOJ Initial Eligibility Determination will be 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: BLUE GAP/TACHEE CHAPTER Date prepared: 10/18/22

Chapter's POST OFFICE BOX 4497 phone/email: (928) 349-0507

mailing address: BLUE GAP, ARIZONA 86520 website (if any): tachee@navajochapters.org

This Form prepared by: BETTY ASKIE phone/email: bvaskie@navajochapters.org
(928) 313-4347

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

Title and type of Project: 8 BATHROOM ADDITIONS - PROVISION OF GOV'T SERVICES

Chapter President: Marcus Tulley phone & email: mtulley@naataanii.org (480) 226-0293

Chapter Vice-President: Marcinda Lameman phone & email: mlameman@yahoo.com (928) 679-5843

Chapter Secretary: Betty V. Askie phone & email: bvaskie@navajochapters.org (928) 313-4347

Chapter Treasurer: Betty V. Askie phone & email: bvaskie@navajochapters.org (928) 313-4347

Chapter Manager or CSC: Vacant phone & email: (928) 349-0507

DCD/Chapter ASO: Edgerton Gene, Sr. Prog/Proj Sp phone & email: (928) 674-2251 egene@nndcd.org

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

Amount of FRF requested: \$294,265.00 FRF funding period: October 2022 to December 2026 ☒ document attached

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:

The project objective is to construct 8 bathroom additions for community members with disabilities and/or elderly to promote healthy, sanitary and safe bathroom access in accordance with ADA regulations and codes. Eight members of the Blue Gap/Tachee/Burntcorn community lack the basic bathroom accessibility to wash and sanitize in a concerted effort to prevent the spread of COVID-19. Due to these community members having limited income, they are seeking chapter support for these additions so they can mitigate and prevent the spread of COVID-19 among their households.

☐ document attached

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

Members of the Blue Gap/Tachee/Burntcorn communities lack modern bathroom accessibility with ADA features to prevent the spread of COVID-19. The project will help mitigate and contain a healthy environment, sanitary facilities and prevent the spread of COVID-19 for community members with health issues and/or disabilities. The project will also promote healthy living conditions and accessibility to facilities that will help fight against COVID-19.

☐ 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 December 31, 2024 and/or fully expending funds and completing the

APPENDIX A

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

Project will immediately be advertised for bids when funds become available and completed within 8 months after project award to a certified contractor. Budget forms will be adjusted to conform with the project award and schedule. Monthly project progress meetings will be held to ensure completion within the established timeline.

☐ document attached

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

The Chapter administration staff will be tasked with ensuring procurement procedures are followed and monitoring project progress. Staff will collaborate with the contractor to ensure timelines are followed and that all work activities are in compliance with established agreement terms and conditions.

☐ 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 the maintenance and upkeep of the bathroom additions once 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:

Categories: Revenue Replacement: 6.1 Provision Government Services

Pursuant to the established guidelines and funding objectives, the 8-bathroom additions will enable the selected families access safe, sanitary bathrooms without compromising their health and safety using outside facilities. Currently, eight chapter community members do not have adequate sanitary facilities to maintain their health and safety. Bathrooms will meet ADA standards to accommodate their level of disability. This will also enable them to stay healthy in recovery.

☐ document attached

Part 3. Additional documents.

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

Chapter Resolution BGCH22-11-005; Budget Forms 1, 2, 4 and Project Schedule; Cost Estimates, previous chapter resolution.

☐ 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:

Betty Aske
signature of Preparer/CONTACT PERSON

Approved by:

[Signature]
signature of Chapter President (or Vice-President)

Approved by:

[Signature]
signature of CSC

Approved by:

[Signature]
signature of Chapter ASO

Approved to submit
for Review:

Lisa Gymm
signature of DCD Director

FY 2023

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

Page 1 of 4
BUDGET FORM 1

PART I. Business Unit No.: <u>New</u> <u>105001</u>		Program Title: <u>Blue Gap Tachee Chapter Bathroom Additions</u>		Division/Branch: <u>Executive</u>	
Prepared By: <u>Betty V. Askie</u>		Phone No.: <u>(928) 313-4347</u>		Email Address: <u>bvaskie@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 Fiscal Recovery Funds	<u>10/1/22 - 10/30/26</u>	294,265.00	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	<u>6</u>	<u>0</u>	293,765	<u>293,765</u>
				7000 Special Transactions	<u>6</u>	<u>0</u>	500	<u>500</u>
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
TOTAL:						\$0.00	294,265.00	0

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>Betty V. Askie, Chapter Secretary</u> Program Manager's Printed Name <u>Betty Askie</u> <u>12/06/22</u> Program Manager's Signature and Date	APPROVED BY: <u>Dr. Pearl Yellowman, Division Director</u> Division Director / Branch Chief's Printed Name <u>[Signature]</u> <u>12-7-22</u> Division Director / Branch Chief's Signature and Date

Sonlatsa Jim 12.6.22

FY 2023THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIAPage 2 of 4
BUDGET FORM 2

PART I. PROGRAM INFORMATION:																	
Business Unit No.: <u>New</u>	Program Name/Title: <u>Blue Gap/Tachee Chapter Bathroom Additions</u>																
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM: The Navajo Nation Chapters Plan of Operation is referenced in Title 26 of the Navajo Nation Codes.																	
PART III. PROGRAM PERFORMANCE CRITERIA:																	
	<table border="1"><thead><tr><th colspan="2">1st QTR</th><th colspan="2">2nd QTR</th><th colspan="2">3rd QTR</th><th colspan="2">4th QTR</th></tr><tr><th>Goal</th><th>Actual</th><th>Goal</th><th>Actual</th><th>Goal</th><th>Actual</th><th>Goal</th><th>Actual</th></tr></thead></table>	1st QTR		2nd QTR		3rd QTR		4th QTR		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1st QTR		2nd QTR		3rd QTR		4th QTR											
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual										
1. Goal Statement: Provide funding for 8-bathroom additions Program Performance Measure/Objective: Assess families with bathroom needs	<table border="1"><tbody><tr><td>2</td><td></td><td>2</td><td></td><td>2</td><td></td><td>2</td><td></td></tr></tbody></table>	2		2		2		2									
2		2		2		2											
2. Goal Statement: Conduct 8 progress meeting with selected contractor Program Performance Measure/Objective: Conduct 2 construction progress meetings per quarter	<table border="1"><tbody><tr><td>2</td><td></td><td>2</td><td></td><td>2</td><td></td><td>2</td><td></td></tr></tbody></table>	2		2		2		2									
2		2		2		2											
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5. Goal Statement: Program Performance Measure/Objective:	<table border="1"><tbody><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>																
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.																	
Betty Askie, Chapter Secretary Program Manager's Printed Name <u>Betty Askie</u> 12/06/2022 Program Manager's Signature and Date	Dr. Pearl Yellowman, Division Director Division Director/Branch Chief's Printed Name <u>Dr. Pearl Yellowman</u> 12-7-22 Division Director/Branch Chief's Signature and Date																

FY 2023

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

Page 3 of 4
BUDGET FORM 4

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Blue gap/Tachee Chapter</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)
	Revenue Replacement: Provision of Government Services-ARPA Chapter Administration Project. The Blue Gap/Tachee Chapter administration project will consist of completing 8-bathroom additions for families with disability and/or who are elderly. Project will consist of exterior and interior finishes, ADA features, sewer and water accessibility and heating equipment. The project will directly address deficiencies connected to high outbreak of COVID-19 on the Navajo nation and serve as logistical support, assist in mitigating, preparing, responding and recovery from emergency situation and ensuring improving direct services. Exterior work will also consist installing new septic tank and connections.		
7000	Special Transactions	500	500
7440	Print Advertisement Advertise project per NN Procurement Laws		
9000	Capital Outlay	293,765	293,765
9052	Buildings Construct and complete 30x40 administration building		
TOTAL		294,265	294,265

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

Page 4 of 4
PROJECT FORM

PART I. Business Unit No.: <u>New</u> Project Title: Blue Gap/Tachee Chapter-8-bathroom additions for families with Disability and Elderly (6.1 Revenue Replacement: Provision of Gov't. S Project Description: Construction of 8 eight feet by fourteen feet (8'X14' bathroom additions with ADA bathroom fixtures, running water, electrical services sewer connections, heating, roofing and interior/exterior finishes 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: Bathroom Additions Planned Start Date: Oct-22 Planned End Date: Dec-26 Project Manager: Jonas Begay/Chapter VPresident																		
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 2023												FY 2024																		
		1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			12/31/2026						
		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	
Finance (Securing funds)			X	X																												
Planning and Design						x	x																									
Contracting Procurement Process									x	x	x																					
Execute Contract											x	x	x																			
Construction														x	x	x	x	x	x	x	x	x	x	x	x				x			
PART V.																																
Expected Quarterly Expenditures																																



KEE ALLEN BEGAY, JR., COUNCIL DELEGATE
COORDINATOR

VACANT COMMUNITY SERVICES

BGCH: 22-11-005

RESOLUTION OF RESOLUTION BLUE GAP/TACHEE CHAPTER

THE BLUE GAP/TACHEE CHAPTER APPROVES AND SUBMITS THE 8 BATHROOM ADDITONS FOR FAMILIES WITH DISABILITIES AND ELDERLY FAMILIES TO CONTAIN COVID-19 RELATED ILLNESS AND SANITION FOR ELIBLE COMMUNITY MEMBERS IN THE AMOUNT OF \$294,265.00 FROM THE AMERICAN RESCUE PLAN ACT (ARPA) FUNDING PURSUANT TO CJNI-29-22.

WHEREAS:

1. The Blue Gap/Tachee Chapter is a recognize certified chapter organization of the Navajo Nation in pursuant to the authority of the Navajo Nation Local Governance Act, and the Resolution of the Navajo Nation Council 1997, and the PL 98-638 the Self Determination of 1973; AND
2. The Local Community Chapter is responsible for the community goals and the objectives in Meeting their needs with detail planning and developments, and its progress for the local Chapter people and families, it serves; AND
3. The Blue Gap/Tachee Chapter was devastated by the effects of COVID-19 including health, loss life of family members, employment, housing insecurity and other impacts that continues to disrupt daily way of life; AND
4. The Blue Gap/Tachee Chapter supports the approval of Legislation CJNI-29-22 to mitigate and preventing the spread of COVID-19 by containment of the disease through improvement health and living conditions; AND
5. The Blue Gap/Tachee Chapter approves the submittal of 8-bathroom additions for community members that have disabilities and elderly families that require sanitation or have health related illnesses to effectively combat COVID-19 related illnesses.
6. The Blue Gap/Tachee/Burntcorn community lack suitable ADA bathroom facilities to contain the spread of COVID-19 virus. The 8 selected families will be in addition to families not selected under the ARPA Bathroom addition under Navajo Tribal Utility Authority (NTUA) master listing.; AND

BLUE GAP/TACHEE CHAPTER

P.O. Box 4427
Blue Gap, Arizona 86520

Ph: (928) 349-0507 Fax: (928) 223-7770

KEE ALLEN BEGAY, JR., COUNCIL DELEGATE
COORDINATOR

VACANT COMMUNITY SERVICES

NOW THEREFORE BE IT RESOLVED THAT:

1. The Blue Gap/Tachee Chapter requests approval of \$294,265.00 ARPA funding to construct 8-bathroom additions for families disabilities and elderly to contain the spread of COVID-19 virus.
2. The Blue Gap/Tachee Chapter wishes to provide suitable and ADA compliant bathroom additions for needing families to improve health, sanitary and safe environment to effectively combat the COVID-19 virus.
3. The Blue Gap/Tachee Chapter requests Kee Allen Begay, Jr., Council Delegate and his assistant Ms. Estelle Benally monitor projects until project are completed.

CERTIFICATION

We hereby certify that the foregoing resolution was duly considered by the Blue Gap/Tachee Chapter at a duly called meeting Blue Gap/Tachee, Navajo Nation, Arizona which quorum was Present that same was passed by vote of: 15 in favor, 00 opposed, and 03 abstained on this 4th day of November, 2022.

MOTIONED BY: Jimmie Dpugi SECONDED BY: Jackie Y. Burbank

Marcus Tulley
Marcus Tulley, President

Vacant
Vacant, Vice President

Betty Askie
Betty Askie, Secretary/Treasurer

Franklin Tsosie
Franklin Tsosie, Grazing Official

Kee Allen Begay, Jr., Council Delegate

Blue Gap Chapter

(1)

ARPA - PROPOSED BATHROOM ADDITION 12/06/22

Name	Application Received	Service Request #	Home #	SDS Project #	PDS Project #	Community	Comments
Rita Chischilly	No						Not in IHS database
Andrew & Karla Begay 1	Yes	7271	48569		NA19U74	Blue Gap-Tachee	
Marie Etsitty	Yes	9630	79692			Blue Gap-Tachee	Denied service; no signs of failed sewer system.
Stanley Ben 8 1	Yes	166	166		NA94794	Blue Gap-Tachee	
Melody Hanyumtewa	No						Not in IHS database
Edith Denny	No						Not in IHS database
Ruthie & John Yazzie 3	Yes	9867	6393			Blue Gap-Tachee	
Joshua Yazzie	Yes	9868				Blue Gap-Tachee	
Isaiah Yazzie 4	Yes	9387	106456	AZ09175-2801		Blue Gap-Tachee	
Lashannon Yazzie	No						Not in IHS database
Elizabeth Yazzie 8	Yes	9863				Blue Gap-Tachee	
Michael Manycows	Yes	6881	44702		NA20LE7	Blue Gap-Tachee	
Jimmy & June Dougl	Yes	9517/6880		AZ01012-2122	NA11R62	Blue Gap-Tachee	
Stan & Rose Robbin	Yes	7059	46855				
Leon Nez	No						Not in IHS database
Jim Whiterock	No						Not in IHS database
Billy Tsosie	No						Not in IHS database
Nora Yazzie 5	Yes	9593	107320	AZ09175-2801			

Blue Gap Chapter

ARPA - PROPOSED BATHROOM ADDITION

Dennis Charley	Yes	6606	42846			Blue Gap-Tachee	Denied service; nobody lives in the home.
Rose Dan	No						Not in IHS database
Kimberly Sanchez	No						Not in IHS database
Andy Dailey	No						Not in IHS database
Lee Burbank	No						Not in IHS database
Sarsha Saganistso	No						Not in IHS database
Louise Monroe	Yes	8942	103405		NA18U43		
Patero Ben/Randy Ben	Yes	8890	79478	AZ09175-2302	NA18U43		

Evelyn Etsitty #2

COMMUNITY
HOUSING INFRASTRUCTURE DEPARTMENT (CHID)
Bathroom Addition Project/Assessment (House Data Sheet)

Profile: Blue Gap / Natchez

Grant Year: 2021 Assessment Date: 5/25/21

Project Start Date: 2021-2024

Project Location: Blue Gap

Client Name: Andy J. Dailey

Primary Residence (9 mos. out of year): Yes: 12 mos No: _____

House Condition: Feasible: _____ Unfeasible: _____

Exist House: Framed: ✓ Log: _____ Stone: _____ Block: _____ Finish Type: _____

Type of Roofing: Gable: ✓ Hip: ✓ Flat: _____ Hogan: _____ Roof Color: white

House Wiring Status/Meter box up-grade: Yes: _____ No: _____

Bathroom Addition Requirement:

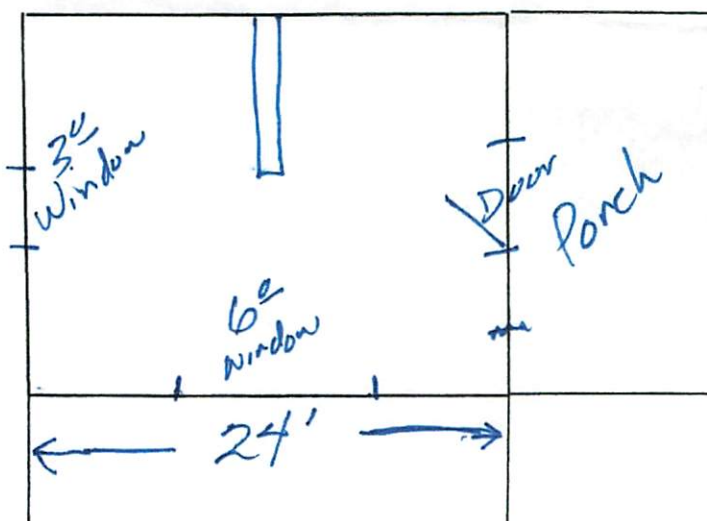
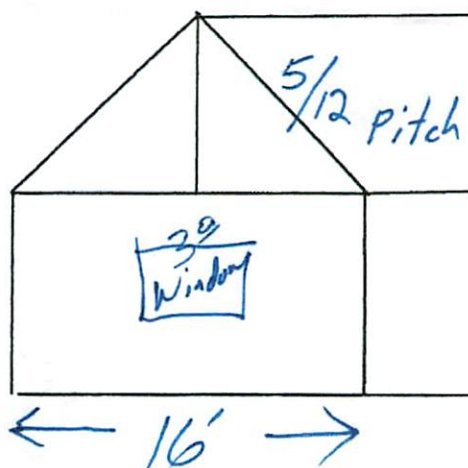
8' X 12' Bathroom Addition: ✓ Optional Side: _____ Interior Partition: _____

Concrete Floor: ✓ Wood Floor: _____ Handicap: _____

For Floor Plan Show the Following: Windows, Doors, Measurement of Inside and outside and direction of Roof Peak and Fixed Appliances.

Notes: _____

Floor Plan



CDBG Staff: _____

Date: _____

Chaper Staff CSC/Officials: _____

Date: 5/25/21

Home Owner: Andy J. Dailey

Date: 5/25/21

BLUE GAP/TACHEE CHAPTER
BATHROOM ADDITION PROJECT

ANDY DAILEY





**COMMUNITY
HOUSING INFRASTRUCTURE DEPARTMENT (CHID)
Bathroom Addition Project/Assessment (House Data Sheet)**

Profile : Blue Gap/Tachee Chapter

Grant Year: 2021

Assessment Date: 05/14/2021

Project Start Date: 2021-2024

Project Location: South Blue Gap

Client Name: Lee Burbank

Primary Residence (9 mos.out of year):

Yes: X

No: _____

House Condition : Feasible: X

Unfeasible: _____

Exist House : Framed: X Log: _____

Stone: _____

Block: _____

Finish Type: _____

Type of Roofing: Gable: _____ Hip: _____

Flat: _____

Hogan: X

Roof Color: _____

House Wiring Status/Meter box up-grade:

Yes: X

No: _____

Bathroom Addition Requirement:

8' X 12' Bathroom Addition: X

Optional Side: _____

Interior Partition: _____

Concrete Floor: X

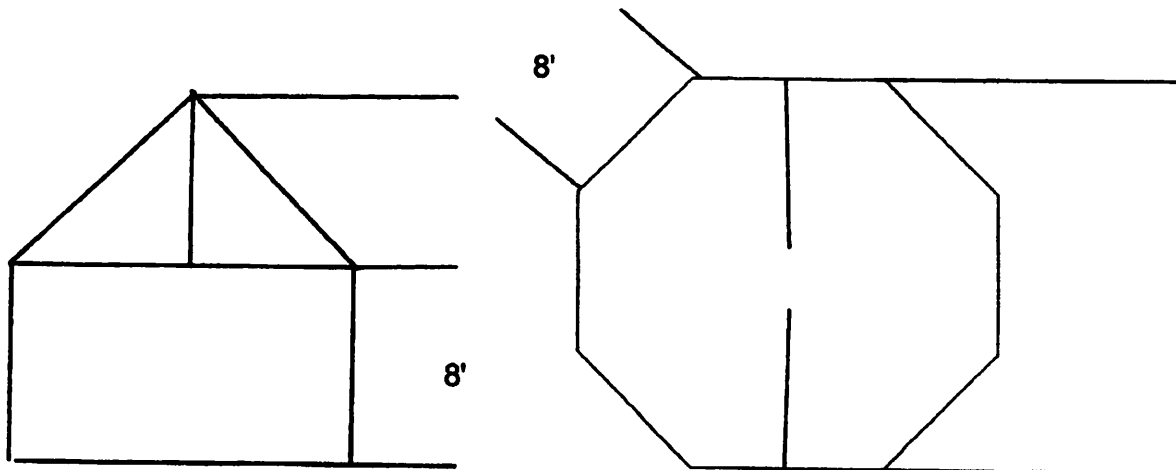
Wood Floor: _____

Handicap: _____

For Floor Plan Show the Following: Windows, Doors, Measurement of inside and outside and direction of Roof Peak and Fixed Appliances.

Notes:

Floor Plan



CDBG Staff: _____

Date: _____

Chaper Staff CSC/Officials: EMJ

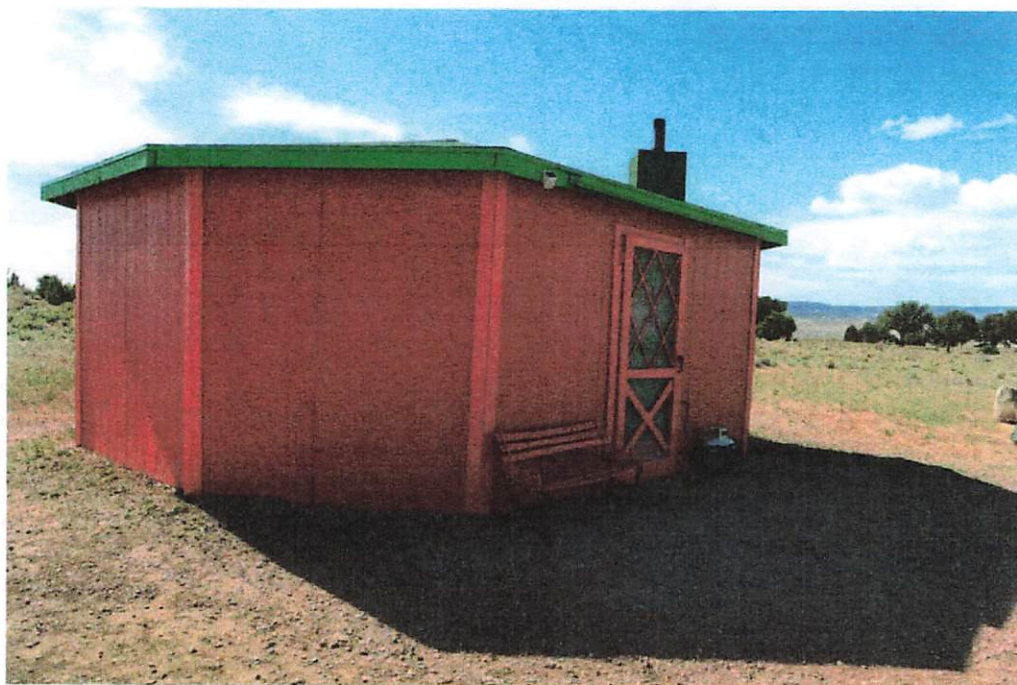
Date: 5/14/21

Home Owner: _____

Date: _____

BLUE GAP/TACHEE CHAPTER
BATHROOM ADDITION PROJECT

LEE BURBANK



**COMMUNITY
HOUSING INFRASTRUCTURE DEPARTMENT (CHID)
Bathroom Addition Project/Assessment (House Data Sheet)**

Profile : Blue Gap / Tachee Chapter

Grant Year: 2021

Assessment Date: 05/04/21

Project Start Date: 2021-2024

Project Location: Burnt Corn

Client Name: Stanley Ben

Primary Residence (9 mos. out of year):

Yes: X

No: _____

House Condition : Feasible: X

Unfeasible: _____

Exist House : Framed: X Log: _____

Stone: _____

Block: _____

Finish Type: _____

Type of Roofing: Gable: _____ Hip: _____

Flat: _____

Hogan: X

Roof Color: Brown

House Wiring Status/Meter box up-grade:

Yes: _____

No: X

Bathroom Addition Requirement:

8' X 12' Bathroom Addition: X

Optional Side: _____

Interior Partition: _____

Concrete Floor: X

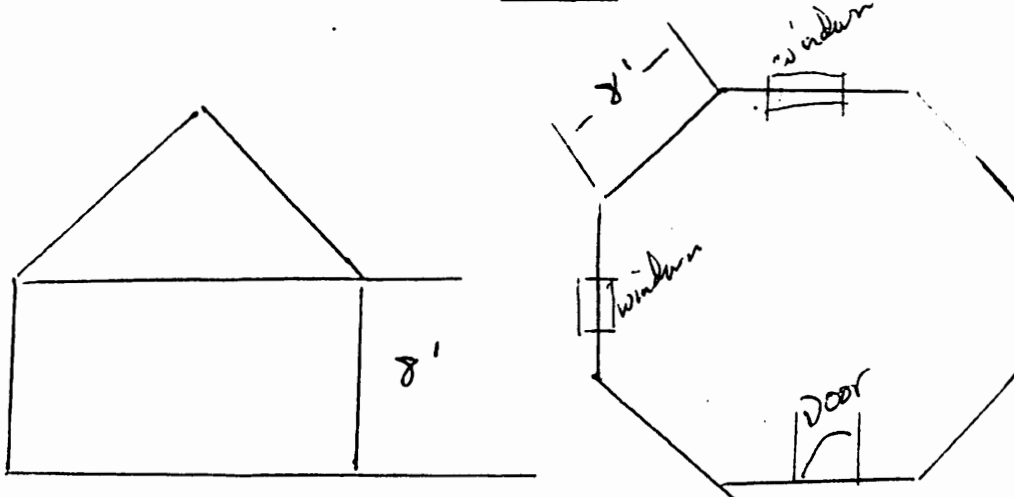
Wood Floor: _____

Handicap: _____

For Floor Plan Show the Following: Windows, Doors, Measurement of inside and outside and direction of Roof Peak and Fixed Appliances.

Notes: _____

Floor Plan



CDBG Staff: _____

Date: _____

Chaper Staff CSC/Officials: Emj

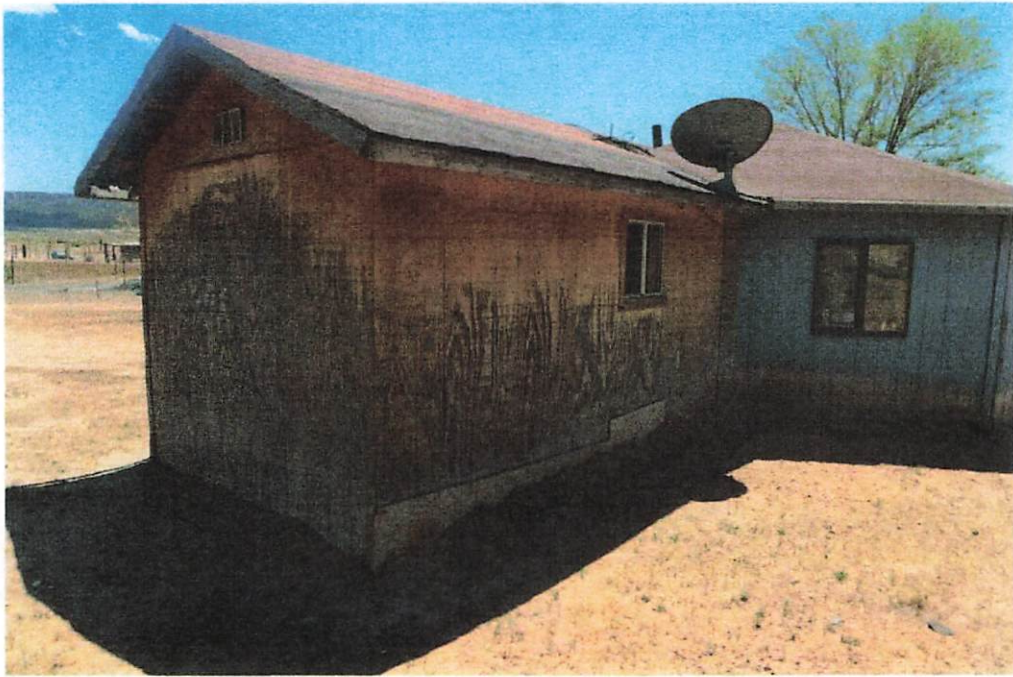
Date: 5/4/21

Home Owner: Stanley Ben

Date: 05/04/21

BLUE GAP/TACHEE CHAPTER
BATHROOM ADDITION PROJECT

STANLEY BEN



**COMMUNITY
HOUSING INFRASTRUCTURE DEPARTMENT (CHID)
Bathroom Addition Project/Assessment (House Data Sheet)**

Profile : Blue Gap/Tachee Chapter

Grant Year: 2021

Assessment Date: 05/04/2021

Project Start Date: 2021 - 2024

Project Location: South Blue Gap

Client Name: Ruthie/John P. Yazzie

Primary Residence (9 mos. out of year):

Yes: X

No: _____

House Condition : Feasible: X

Unfeasible: _____

Exist House : Framed: X Log: _____

Stone: _____

Block: _____

Finish Type: _____

Type of Roofing: Gable: _____ Hip: X

Flat: _____

Hogan: _____

Roof Color: white

House Wiring Status/Meter box up-grade:

Yes: X

No: _____

Bathroom Addition Requirement:

8' X 12' Bathroom Addition: X

Optional Side: _____

Interior Partition: _____

Concrete Floor: X

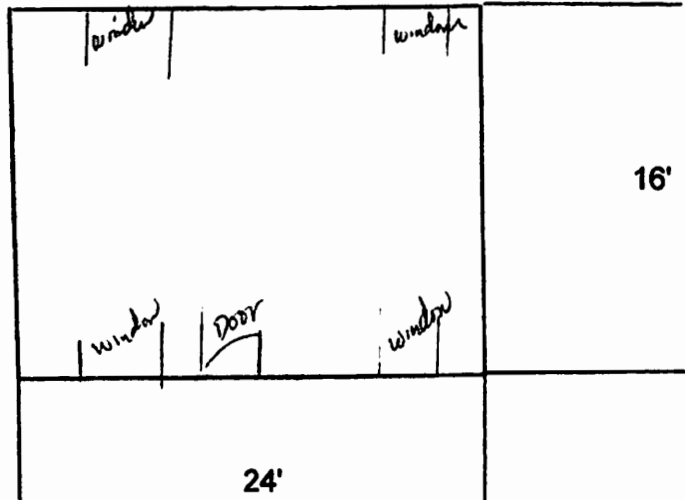
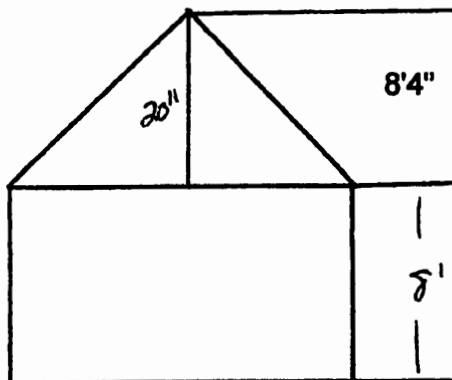
Wood Floor: _____

Handicap: X

For Floor Plan Show the Following: Windows, Doors, Measurement of inside and outside and direction of Roof Peak and Fixed Appliances.

Notes: New construction

Floor Plan



CDBG Staff: _____

Date: _____

Chaper Staff CSC/Officials: [Signature]

Date: 5/4/21

Home Owner: Ruthie Yazzie

Date: 5/4/21

BLUE GAP/TACHEE CHAPTER
BATHROOM ADDITION PROJECT

Ruthie/John P. Yazzie



**COMMUNITY
HOUSING INFRASTRUCTURE DEPARTMENT (CHID)
Bathroom Addition Project/Assessment (House Data Sheet)**

Profile :

Grant Year: 2021/2023

Assessment Date: 5/4/21

Project Start Date: 2021-2024

Project Location: Blue Gap

Client Name: Isaiah D. Yezzie

Primary Residence (9 mos.out of year):

Yes: _____

No: _____

House Condition :

Feasible: ☒

Unfeasible: _____

Exist House :

Framed: ☒

Log: _____

Stone: _____

Block: _____

Finish Type: _____

Type of Roofing:

Gable: _____

Hip: ☒

Flat: _____

Hogan: _____

Roof Color: _____

House Wiring Status/Meter box up-grade:

Yes: _____

No: _____

Bathroom Addition Requirement:

8' X 12' Bathroom Addition: ☒

Optional Side: _____

Interior Partition: _____

Concrete Floor: ☒

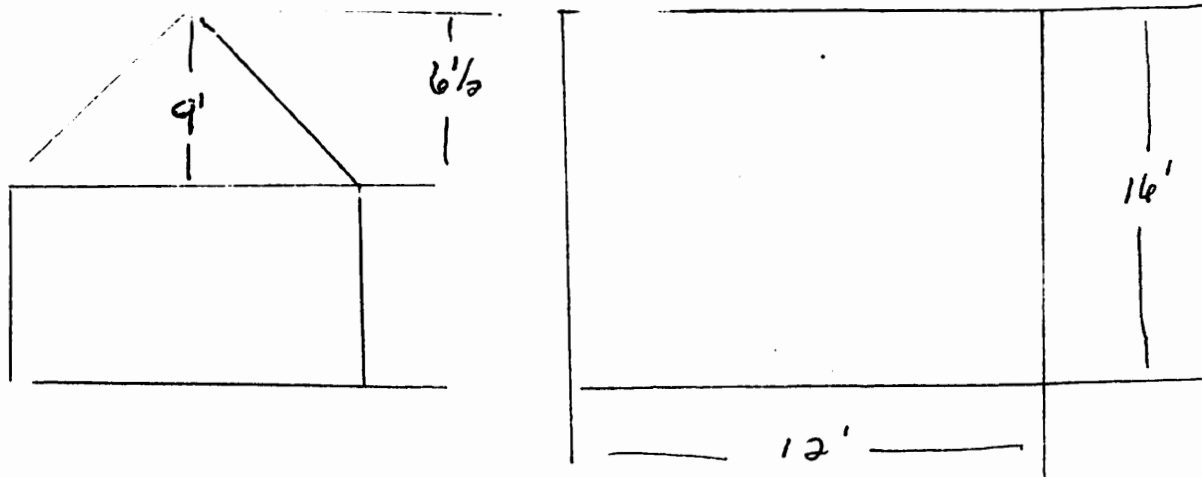
Wood Floor: _____

Handicap: _____

For Floor Plan Show the Following: Windows, Doors, Measurement of Inside and outside and direction of Roof Peak and Fixed Appliances.

Notes: _____

Floor Plan



CDBG Staff: _____

Date: _____

Chaper Staff CSC/Officials: Emel

Date: 5/4/21

Home Owner: Isaiah D. Yezzie

Date: 5/4/2021

BLUE GAP/TACHEE CHAPTER
BATHROOM ADDITION PROJECT

Isaiah D. Yazzie



COMMUNITY
HOUSING INFRASTRUCTURE DEPARTMENT (CHID)
Bathroom Addition Project/Assessment (House Data Sheet)

Profile : Blue Gap/Tachee Chapter

Grant Year: 2021

Assessment Date: 5/7/21

Project Start Date: 2021 - 2024

Project Location: Burnt Corn

Client Name: Andrew & Carla R. Begay

Primary Residence (8 mos. out of year): Yes: X No: _____

House Condition : Feasible: X Unfeasible: _____

Exist House : Framed: X Log: _____ Stone: _____ Block: _____ Finish Type: _____

Type of Roofing: Gable: _____ Hip: _____ Flat: _____ Hogan: X Roof Color: Desert Sand

House Wiring Status/Meter box up-grade: Yes: X No: _____

Bathroom Addition Requirement:

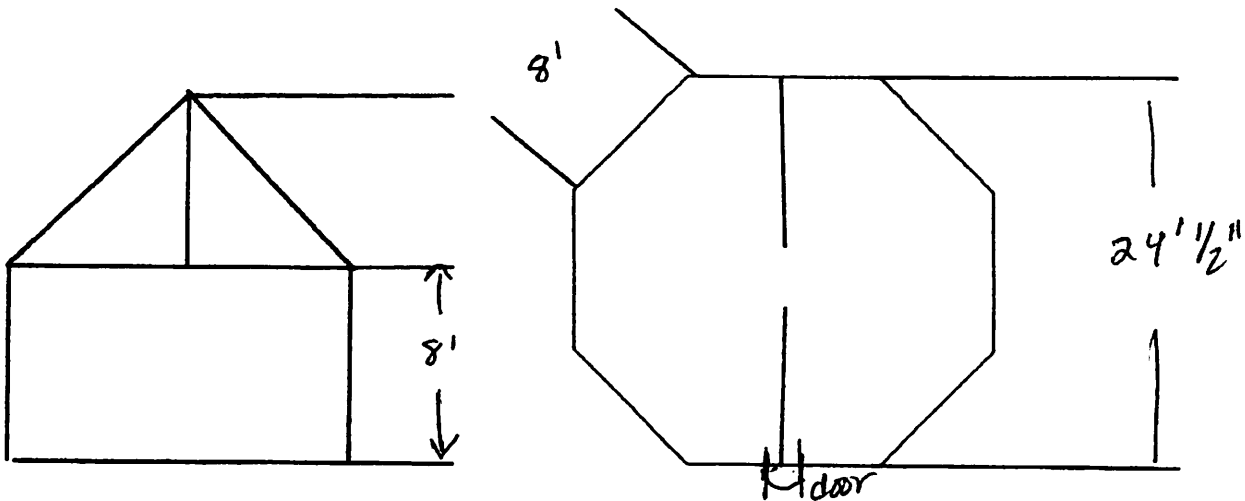
8' X 12' Bathroom Addition: X Optional Side: _____ Interior Partition: _____

Concrete Floor: _____ Wood Floor: X Handicap: _____

For Floor Plan Show the Following: Windows, Doors, Measurement of Inside and outside and direction of Roof Peak and Fixed Appliances.

Notes: Cell# (928) 383-0468

Floor Plan



CDBG Staff: _____

Date: _____

Chapter Staff CSC/Officials: EMJ

Date: 5/7/21

Home Owner: _____

Date: _____

Blue Gap/Tachee Chapter
Bathroom Addition

Andrew/Carla Begay



**COMMUNITY
HOUSING INFRASTRUCTURE DEPARTMENT (CHID)
Bathroom Addition Project/Assessment (House Data Sheet)**

Profile: Blue Gap / Tachie Cough

Grant Year: 2021

Assessment Date: 5/10/21

Project Start Date: 2021-2024

Project Location: South Blue Gap

Client Name: Elizabeth Yazzie

Primary Residence (9 mos. out of year): Yes: ☒ No: ☐

House Condition: Feasible: ☒ Unfeasible: ☐

Exist House: Framed: ☒ Log: ☐ Stone: ☐ Block: ☐ Finish Type: ☐

Type of Roofing: Gable: ☐ Hip: ☐ Flat: ☐ Hogan: ☒ Roof Color: BROWN

House Wiring Status/Meter box up-grade: Yes: ☐ No: ☒

Bathroom Addition Requirement:

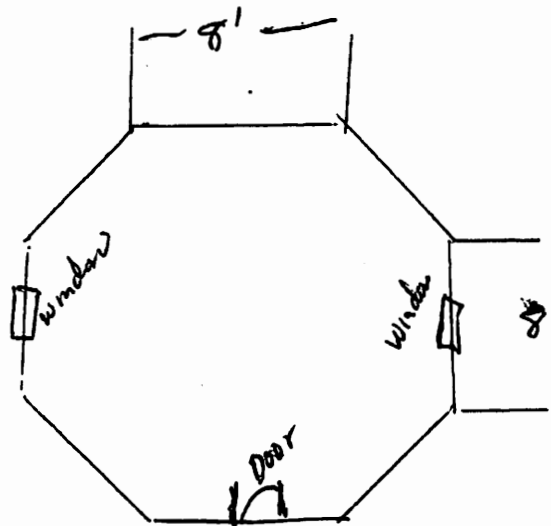
8' X 12' Bathroom Addition: ☒ Optional Side: ☐ Interior Partition: ☐

Concrete Floor: ☒ Wood Floor: ☐ Handicap: ☐

For Floor Plan Show the Following: Windows, Doors, Measurement of Inside and outside and direction of Roof Peak and Fixed Appliances.

Notes:

Floor Plan



CDBG Staff: _____

Date: _____

Chaper Staff CSC/Officials: [Signature]

Date: 5/10/21

Home Owner: Elizabeth Yazzie

Date: 5-10-21

BLUE GAP/TACHEE CHAPTER
BATHROOM ADDITION PROJECT

Elizabeth Yazzie



**COMMUNITY
HOUSING INFRASTRUCTURE DEPARTMENT (CHID)
Bathroom Addition Project/Assessment (House Data Sheet)**

Profile : Blue Gap/Tachee Chapter

Grant Year: 2021

Assessment Date: 05/14/2021

Project Start Date: 2021-2024

Project Location: South Blue Gap

Client Name: Sarsha Saganitso

Primary Residence (9 mos.out of year):

Yes: X

No: _____

House Condition : Feasible: X

Unfeasible: _____

Exist House : Framed: X Log: _____

Stone: _____

Block: _____

Finish Type: _____

Type of Roofing: Gable: _____ Hip: _____ Flat: _____ Hogan: X Roof Color: Tan

House Wiring Status/Meter box up-grade:

Yes: _____

No: X

Bathroom Addition Requirement:

8' X 12' Bathroom Addition: X

Optional Side: _____

Interior Partition: _____

Concrete Floor: X

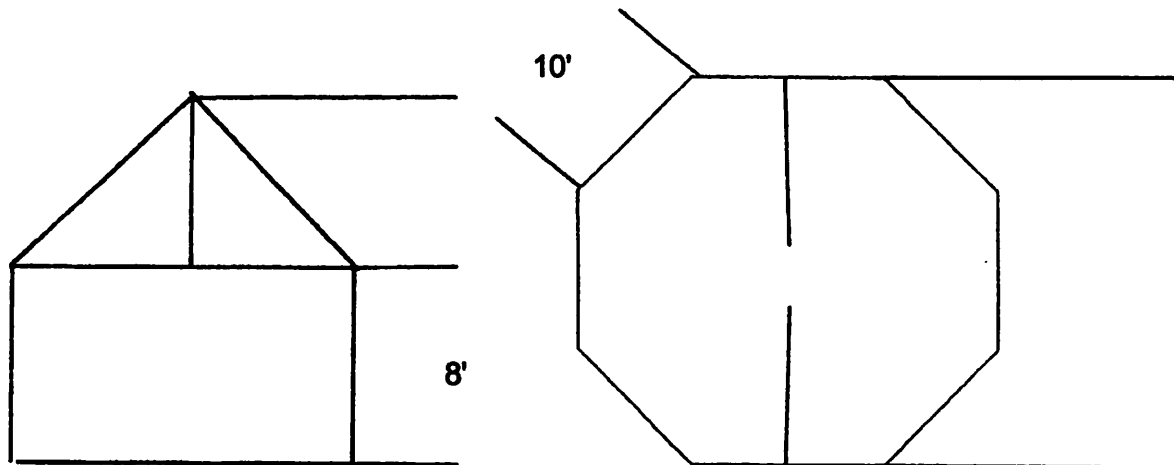
Wood Floor: _____

Handicap: _____

For Floor Plan Show the Following: Windows, Doors, Measurement of inside and outside and direction of Roof Peak and Fixed Appliances.

Notes:

Floor Plan



CDBG Staff: _____

Date: _____

Chapter Staff CSC/Officials: EMJ

Date: 5/14/21

Home Owner: Sarasha Saganitso

Date: 5/14/21

BLUE GAP/TACHEE CHAPTER
BATHROOM ADDITION PROJECT

SARSHA SAGNAITSO

