

## **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:	
$\Box$ (1) Public Health and Economic Impact	□ (2) Premium Pay
$\Box$ (3) Government Services/Lost Revenue	$\Box$ (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):

□ Missing Form	□ Expenditure Plan incomplete
□ Supporting documentation missing	$\Box$ Funds will not be obligated by
$\Box$ Project will not be completed by 12/31/2026	12/31/2024
□ Ineligible purpose	□ Incorrect Signatory
□ Submitter failed to timely submit CARES reports	$\Box$ Inconsistent with applicable NN or
Additional information submitted is insufficient	federal laws
to make a proper determination	
Other Comments:	

Name of DOJ Reviewer:

Signature of DOJ Reviewer:	NIMP	parti
	v f t	V

#### 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.



NAVAJO NATION DEPARTMENT OF JUSTICE

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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 0472

Date & Time Received: 4/12/23 at 15:40

Date & Time of Response: 4/21/23 at 14:51

Entity Requesting FRF: Wide Ruins Chapter

Title of Project: Wide Ruins - Housing

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$219,999

### **Eligibility Determination:**

FRF eligible FRF ineligible Additional information requested

### FRF Eligibility Category:

- (1) Public Health and Economic Impact
- (3) Government Services/Lost Revenue

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

U.S. Department of Treasury Reporting Expenditure Category: To be determined

P.O. Box 2010 • Window Rock, Navajo Nation (AZ) 86515 • 928-810-8526 • Facsimile: 928-871-6200

## Returned for the following reasons (Ineligibility Reasons/Paragraphs 5.E.(1)-(10) of FRF Procedures):

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: We need additional information to determine if the proposed housing assistance is an eligible use. To assist us, please provide answers to the following questions in as much detail as possible and include any other relevant information, including any applications or other attachments:

1. What is the criteria to be approved for a new home/how were recipients be selected? Please be specific, and include any family size and income limitations, as well as any other specific needs of the intended recipients.

2. Please explain how the cost estimate was determined.

3. Please describe how the estimated size and cost per home compares to homes in the area.

4. If known, please explain whether the home construction projects would qualify for any federally funded housing programs, including but not limited to the National Housing Trust Fund, Indian Housing Block Grant Program, the Indian Community Development Block Grant program, or the BIA Housing Improvement Program.

Name of DOJ Reviewer: MacArthur Stant

Signature of DOJ Reviewer: MacArthur Stant

Digitally signed by MacArthur Stant Date: 2023.04.21 14:52:29 -06'00'

#### 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.

## WIDE RUINS CHAPTER

P.O. Box 208 Chambers, Arizona 86502 Phone: (928) 652-3223

Annie Tolly President Lomardo Aseret, Council Delegate Nellie Gilmore, Vice President Shawnevan Dale, Grazing Officer **Fax: (928) 652-3253** Tauve Begaye, Secretary/Treasurer Vacant, Comm. Serv. Coordinator

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

RFS/HK Review #: HK 0472 Entity Requesting FRF: Wide Ruins Chapter Title of Project: Wide Ruins – Housing Administrative Oversight – Division of Community Development Amount of Funding Requested: \$219,999

Wide Ruins Chapter Responds to Questions - "Additional Information Requested" by NNDOJ

Comment: The ARPA Housing Assistance Application were utilized for the three (3) applicants (see attachments) which provided all relevant information to justify the acute living condition and environment and the need to obtain safe and sanitary home and provide suitable living environment for themselves and their families.

Question 1: One of the criteria used was these existing homes are dilapidated, substandard & overcrowded conditions; and deficient in kitchen and plumbing facilities. Secondly the applicants are low-income and have no immediate resource (mortgage loans) to obtain standard housing. Lastly, these families are living under one/roof causing multi-generational & overcrowded condition which leads to a risk of COVID-19 and under-housed.

Question 2: The Total Development Cost for Affordable Housing under the Native American Housing Assistance and Self -Determination Act of 1996 (NAHASDA) was utilized to develop or acquire affordable housing under the SW Regional ONAP Office for Navajo Nation with a TDC cost of \$443,234 for a 3-Bedroom unit.

The U.S. Department of Housing and Urban Development is the primary provider of new housing on Indian Reservation (Navajo).

Question 3: The HUD cost of homes were established by family size and determined the bedroom size. The applicants lack of resources to mortgage a home are not affordable.

Question 4: The secondary provider of housing is the BIA Housing Improvement Program (HIP) who provides new home to qualified applicants who "do not own a home".

Another resource is the Southwest Indian Foundation Housing who concentrate of building homes for the homeless & transport to predetermined homesite location within a 50 miles radius of Gallup, NM and Wide Ruins is over 65 miles.

Submitted by: Vernita S. Tsosie, Planner/Delegated Community Service Coordinator (CSC)

## **ARPA Housing Assistance Application**

#### wideruins@navajochapters.org Switch account

Oraft saved

The name and photo associated with your Google account will be recorded when you upload files and submit this form. Only the email you enter is part of your response.

Any files that are uploaded will be shared outside of the organization they belong to.

\* Required

Email \*

wideruins@navajochapters.org

Chapter Declaration (Check Box) \*



I declare that I represent a recognized Chapter of the Navajo Nation.



I the undersigned, declare that I am authorized to represent the Chapter for which the funding application is being submitted.



The Chapter will ensure all information and documents included in this application will remain confidential.

Chapter Representive N	Name/Title
------------------------	------------

Vernita S. Tsosie, Planner/Delegated CSC

Applicant's Full Name (First, M.I., Last) \*

Billy Y. Ashley

Applicant's Email Address

none

Applicant's Date of Birth \*

Date

11/01/1950

Applicant's Physical Address

8 miles SE Wide Ruins Chapter, County Rd 322

Applicant's Mailing Address

P.O. Box 1751, Sanders, AZ 86512

Applicant's Best Contact Phone Number *	
(928) 206-6464	
Is the Applicant an Enrolled Member of the Navajo Nation? *	
Yes	
O No	
Applicant Marital Status?	
O Married	
Single	
O Widow/Windower	
O Other:	
	Clear selection
s the Applicant a Registered Chapter Voter?	
Yes	
O No	

1

Chapter *	
Wide Ruins 👻	
Applicant's Census Number	
082,597	
Number of Household Members *	
01	
Any of the Applicant's Household Members T	ested Positive for COVID-19
Yes	
O No	
	Clear selection
Agency *	
Ft. Defiance	

1

Council Delegate *					
Lomarda Aseret	*				
Where is the Applican Latitude/Longitude)	it's Home Site I	ease Location	n? (Google Ma	p Plus Code or	*
		19.48"W NAD 83			

What is the Applicant's Home Site Land Status? \*

- Tribal Trust Land
- Allotment Land
- O Private Land
- O Fee Land
- O Other:

Applicant's Current Employment Status \*

- O Employed
- O Unemployed
- O Self-Employed

Type of Housing Assistance Requested \*

- New Home due to Burnout
- New Home due to Homelessness
- New Home due to Overcrowding
- New Home due to Unlivable (Dilapidated)

Detail Description for Reason for Request of a New Home \*

Current one room hogan has dirt floor, unsafe foundation, unsanitary condition, overcrowded living condition and home is in a state of disrepair due to age and structure.

Applicant have an Approved Homesite or Residential Lease? \*

Yes

O No

) In Progress

Cultural Resource (Archaeological) Inventory Report? \*



) No

Under Review for Navajo Nation Approval

Cultural Resources Compliance Form/CRCF? *	
• Yes	
O No	
O Under Review for Navajo Nation Approval	
Biological Survey Report *	
Yes	
O No	
O Under Review for Navajo Nation Approval	
Biological Resources Compliance Form/BRCF *	
Yes	
O No	
O Under review for Navajo Nation Approval	

1

Applicant have these Services Available? \*

	Yes	No	In Progress
Electrical Service			
Water and Septic Service			
Solar		$\checkmark$	
Cistern & Septic System			

Distance (feet) to Nearest Power Line

1/4 mile

Distance (feet) to Nearest Water Line

no community water line

Chapter Representative upload the following required documents for the Applicant?

- Identification Card (State Driver's License, State Identification Card)
- CIB (Certification of Indian Blood)
- Proof of Chapter Voter Registration
- Approved Homesite/Residential Lease
- Cultural Resource Compliance Form (CRCF / Archaeological)
- Biological Clearence Form (BRCF)
- Doctor's Statement (if any)

### Please upload applicant's documents

🚾 03102302.PDF 🗙

1 Add file

## Certification \*

 I, the Applicant, certify the information I have provided on this application is true and complete. Any misrepresentation or false information will be justification for refusal of housing assistance.

#### Comments

Applicant is in dire need of a safe & comfortable home with proper sanitation.

A copy of your responses will be emailed to the address you provided.

# **ARPA Housing Assistance Application**

wideruins@navajochapters.org Switch account

Oraft saved

The name and photo associated with your Google account will be recorded when you upload files and submit this form. Only the email you enter is part of your response.

Any files that are uploaded will be shared outside of the organization they belong to.

\* Required

Email \*

wideruins@navajochapters.org

Chapter Declaration (Check Box) \*



I declare that I represent a recognized Chapter of the Navajo Nation.



I the undersigned, declare that I am authorized to represent the Chapter for which the funding application is being submitted.



The Chapter will ensure all information and documents included in this application will remain confidential.

## Chapter Representive Name/Title

Vernita S. Tsosie, Planner/Delegated CSC

Applicant's Full Name (First, M.I., Last) \*

Julia Parker

Applicant's Email Address

none

Applicant's Date of Birth \*

Date

10/09/1950

Applicant's Physical Address

5.5 miles NW of Chambers Post Office on Hwy

Applicant's Mailing Address

P.O. Box 162, Chambers, AZ 86502

Applicant's Best Contact Phone Number *	
(928) 221-9622 or Msg (480) 416-8511	
Is the Applicant an Enrolled Member of the Navajo Nation? *	
Yes	
O No	
Applicant Marital Status?	
O Married	
O Single	
Widow/Windower	
O Other:	
	Clear selection
Is the Applicant a Registered Chapter Voter?	
Yes	
O No	
$\sim$	Clear selection

-

Chapter *	
Wide Ruins 👻	
Applicant's Census Number	
123,739	
Number of Household Members *	
3	
Any of the Applicant's Household Members Teste	ed Positive for COVID-19
Any of the Applicant's household members rest	
Yes	
Yes	Clear selection
Yes	

Council [	Delegate	*
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Lomarda Aseret

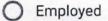
Where is the Applicant's Home Site Lease Location? (Google Map Plus Code or \* Latitude/Longitude)

Section 27 & 26, Township 22 North, Range 27 East, Gila & Salt River Meridian

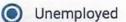
What is the Applicant's Home Site Land Status? \*

- Tribal Trust Land
  - Allotment Land
- O Private Land
- Fee Land
- Other:

Applicant's Current Employment Status \*



8



) Self-Employed

Type of Housing Assistance Requested \*

- New Home due to Burnout
- New Home due to Homelessness
- New Home due to Overcrowding
- New Home due to Unlivable (Dilapidated)

Detail Description for Reason for Request of a New Home \*

Home is a 1960s travel trailer w/ an addition. Home is in unsanitary, unsafe, overcrowded condition with very limited living space. It provides for no privacy (bedrooms), no restroom very poor insulation, no foundation and kitchen.

Applicant have an Approved Homesite or Residential Lease? \*

- Yes
- ) No

) In Progress

Cultural Resource (Archaeological) Inventory Report? \*





) Under Review for Navajo Nation Approval

Cultural Resources Compli	ance Form/CRCF? *	
O Yes		
No No		
O Under Review for Navajo	Nation Approval	
Biological Survey Report *		
O Yes		
No No		
O Under Review for Navajo	Nation Approval	
Biological Resources Com	pliance Form/BRCF *	
O Yes		
No No		
O Under review for Navajo	Nation Approval	

:

Applicant have these Services Available? \*

	Yes	No	In Progress
Electrical Service			
Water and Septic Service		$\checkmark$	
Solar		$\checkmark$	
Cistern & Septic System			

Distance (feet) to Nearest Power Line

Available

Distance (feet) to Nearest Water Line

No community water line

Chapter Representative upload the following required documents for the Applicant?

- Identification Card (State Driver's License, State Identification Card)
- CIB (Certification of Indian Blood)
- Proof of Chapter Voter Registration
- Approved Homesite/Residential Lease
- Cultural Resource Compliance Form (CRCF / Archaeological)
- Biological Clearence Form (BRCF)
- Z Doctor's Statement (if any)

#### Please upload applicant's documents

03102305.PDF 🗙

1 Add file

#### Certification \*

 I, the Applicant, certify the information I have provided on this application is true and complete. Any misrepresentation or false information will be justification for refusal of housing assistance.

#### Comments

Family is in dire need of a complete home that will for proper sanitation, 3 bedroom to alleviate overcrowded condition & privacy, a place which provides for comfort & security & warmth. Trailer is in a state of disrepair due to age and should be demolished & replaced with a new unit or dwelling.

A copy of your responses will be emailed to the address you provided.

## **ARPA Housing Assistance Application**

#### wideruins@navajochapters.org Switch account

Oraft saved

The name and photo associated with your Google account will be recorded when you upload files and submit this form. Only the email you enter is part of your response.

Any files that are uploaded will be shared outside of the organization they belong to.

\* Required

Email \*

wideruins@navajochapters.org

Chapter Declaration (Check Box) \*



I declare that I represent a recognized Chapter of the Navajo Nation.



I the undersigned, declare that I am authorized to represent the Chapter for which the funding application is being submitted.



The Chapter will ensure all information and documents included in this application will remain confidential.

## Chapter Representive Name/Title

Vernita S. Tsosie, Planner/Delegated CSC

Applicant's Full Name (First, M.I., Last) \*

Raymond Kee John

Applicant's Email Address

none

Applicant's Date of Birth \*

Date

05/28/1987

Applicant's Physical Address

11 miles NE of Chambers Post Office , Hwy 19

Applicant's Mailing Address

P.O. Box 7, Chambers, AZ 86502

Applicant's Best Contact Phone Number *	
(505) 551-4965	
Is the Applicant an Enrolled Member of the Navajo Nation	n? *
Yes	
O No	
Applicant Marital Status?	
O Married	
Single	
O Widow/Windower	
O Other:	
	Clear selection
Is the Applicant a Registered Chapter Voter?	
• Yes	
O No	
	Clear selection

Chapter *	
Wide Ruins	•
Applicant's Census Number	
635,637	
Number of Household Membe	ers *
6	
Any of the Applicant's Househ	old Members Tested Positive for COVID-19
Yes	
O No	
	Clear selection
Agency *	
Ft. Defiance 👻	

Delega	te ?
	Delega

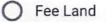
Lomarda Aseret

Where is the Applicant's Home Site Lease Location? (Google Map Plus Code or \* Latitude/Longitude)

35, T23N, R27E, G.S.R.M

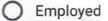
What is the Applicant's Home Site Land Status? \*

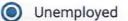
- Tribal Trust Land
- Allotment Land
- O Private Land



Other:

Applicant's Current Employment Status \*





Self-Employed

Type of Housing Assistance Requested \*

- New Home due to Burnout
- New Home due to Homelessness
- New Home due to Overcrowding
- New Home due to Unlivable (Dilapidated)

Detail Description for Reason for Request of a New Home \*

In dire need of a safe, sanitary home to alleviate the unsafe & overcrowded living condition. Metal siding home has 3 rooms, no kitchen, no bedrooms, no restrooms, has dirt floor, no insulation in the floor, walls or ceiling.

Applicant have an Approved Homesite or Residential Lease? \*

- Yes
- O No
- ) In Progress

Cultural Resource (Archaeological) Inventory Report? \*

- ) Yes
- 🔘 No

) Under Review for Navajo Nation Approval

Cultural Resources Compliance Form/CRCF? *	
O Yes	
No No	
O Under Review for Navajo Nation Approval	
Biological Survey Report *	
O Yes	
No No	
O Under Review for Navajo Nation Approval	
Biological Resources Compliance Form/BRCF *	
O Yes	
No No	
O Under review for Navajo Nation Approval	

H

Applicant have these Services Available?\*

	Yes	No	In Progress
Electrical Service			
Water and Septic Service		$\checkmark$	
Solar		$\checkmark$	
Cistern & Septic System			$\checkmark$

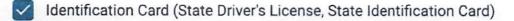
Distance (feet) to Nearest Power Line

Available

Distance (feet) to Nearest Water Line

No community water line

Chapter Representative upload the following required documents for the Applicant?



- CIB (Certification of Indian Blood)
- Proof of Chapter Voter Registration
- Approved Homesite/Residential Lease

Cultural Resource Compliance Form (CRCF / Archaeological)

Biological Clearence Form (BRCF)

Doctor's Statement (if any)

#### Please upload applicant's documents

1 03102303.PDF × 1 03102303.PDF ×

#### Certification \*

 I, the Applicant, certify the information I have provided on this application is true and complete. Any misrepresentation or false information will be justification for refusal of housing assistance.

#### Comments

Family in dire need of a complete home. Raymond John is the head of household. Mother Ella M. John utilizes a wheel chair & her mobility is at a disadvantage due to the dirt floor. Home does not provide proper sanitation nor privacy for family members. Home is in a state of disrepair due age, no insulation and foundation support.

APPENDIX

#### THE NAVAJO NATION FISCAL RECOVERY FUNDS REQUEST FORM & EXPENDITURE PLAN FOR NON-GOVERNANCE CERTIFIED CHAPTERS

### Part 1. Identification of parties.

Non-Governance Certified Chapter Wide Ruins Chapter	Date prepared: 2/14/2023
Charter's P.O. Box 208	phone/email: 928-625-3223
Chapter's P.O. Box 208 mailing address: Chambers, AZ 86502	website (if any): www.wideruins@navajochapters.org
This Form prepared by: Vernita S. Tsosie, Planner/Project Coordin Vernita S. Tsosie, Planner/Project Coordinator CONTACT PERSON'S name and title	
Title and type of Project: Wide Ruins - Housing	
Chapter President: Annie Tolly, President	_ phone & email: 928-652-3223
Chapter Vice-President: Nellie M. Gilmore, Vice President	_ phone & emzil: <u>928-652-3223</u>
Chapter Secretary: Tauve Begaye, Secretary	_ phone & email: <u>928-652-3223</u>
Chapter Treasurer: Tauve Begaye, Treasurer	_ phone & email: 928-652-3223
Chapter Manager or CSC: Vacant	_ phone & email: 928-652-3242
DCD/Chapter ASO: Derrick Echohawk, SPPS	phone & email: 928-871-6245
List types of Subcontractors or Subrecipients that will be paid with FRF (if kn	nown): Unknown
	document attached
Amount of FRF requested: \$219,999.00 FRF funding period: 04	4/01/2023 - 09/30/2026
	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 and what COVID-related needs will be addressed:	the funds will be used, for what purposes, the location(s) to be served,
Assist three families with a 2-bedroom house. \$73,333.00 x 3 houses = \$219,999.00	

Funds will be used to assist 3 clients with a complete house. The list is attached. Clients are in dire need of a new home, due to homlessness or dilapidated homes. Many families live under one roof/home causing multi-generational & overcrowded living conditions which leads to a risk of Covid-19.

document attached

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

The 2-bedroom homes are to mitigate the spread of Covid-19. The Navajo Nation and the Wide Ruins community has seen an increase of homelessness and rise in multi-generational living conditions, these new homes will decrease the risk of Covid-19 and reduce the multi-generational conditions.

document attached

<sup>(</sup>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

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

The project start will begin when funding is made available for advertisement, bidding and selection of contractor. This project will begin Spring 2023 and will be completed by 09/30/2026. All funds will be encumbered before 09/30/2024. The NN Budget Form 2 are attached and also demonstrate quarterly goals and reporting schedule.

document attached

APPENDIX A

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

The new CSC and Vernita S. Tsosie, Planner/Project Coordinator will implement the Navajo Business Regulatory Act along with the Navajo Nation Procurement

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 the project is completed, the recipients will be responsible for the operation and maintenance of their new home. No additional costs will be made by the Wide Ruins Chapter.

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:

2:14 Housing

Provide 3 complete new homes to clients who are experiencing homelessness and/or multi-generational living conditions, which leads to over-crowding and increase in the spread of Covid-19.

document attached

Part 3. Additional documents.

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

Wide Ruins Chapter Resolution WDR-03-100-23 NNFRF Appendix NN Budget Forms DOJ Request for Services

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 Np. CJY-41-21, the ARPA, ARPA Regulations, and with all applicable federal and Navajo Nation laws, regulations, and policies:

Chapter's Trans Sin Approved by Chrise 2 Tolly	
signature of Preparen/CONTACT PERSON signature of Chapter President (or Vice-President)	TS
Approved by: Dun SM (Deleg) Approved by Jun W. MM	ERE
Psignature of CSC signature of CSC signature of Chapter ASO	
Approved to submit find for Review:	
sgnature of DCD Director	

### FY 2023 -2024

## THE NAVAJO NATION PROGRAM BUDGET SUMMARY

Page <u>1</u> of <u>1</u> BUDGET FORM 1

PART I. Business Uni	t No.:	New	Program Title:		Wide Ruins- Housing		Division/Branch:	Div. of Comm.	Devel.
Prepared By:	Verni	ta S. Tsosie	Phone	No.:	928 652-3223 Email Address: wideruins@navajochapters.or		rg		
PART II. FUNDING SO	URCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type	(A) NNC Approved	(B)	(C) Difference o
iscal Recovery Funds		4/1/23 -9/30/26	219,999.00	100%		Code	Original Budget	Proposed Budget	Total
					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				
					9000 Capital Outlay	6		\$219,999.00	\$219,999.0
					9500 Matching Funds				
					9500 Indirect Cost				
						TOTAL	\$0.00	219,999.00	\$219,999.0
					PART IV. POSITIONS AND VEHICLES		(D)	(E)	
					Total # of Positions I	Budgeted:	0	0	7
		TOTAL:	\$219,999.00	100%	Total # of Vehicles	Budgeted:	0	0	
PART V. I HEREBY AG	KNOWLED	GE THAT THE INF	ORMATION CON	TAINED	N THIS BUDGET PACKAGE IS COMPLET	E AND AC	CURATE.		
SUBMITTED BY:		James Adakai, De	puty Director		APPROVED BY:	Calvin C	Castillo, Executive Dire	clor	
		rogram Manager's			Divis	sion Directo	or / Branch Chief's P	inted Name	
	$\bigcirc$		220	-73			3	2023	
	Prot	ram Manager's Si	gnature and Date	3	Division	Director /	Branch Chief's Signa	ature and Date	-

FY 2023

## THE NAVAJO NATION PROGRAM PERFORMANCE CRITERIA

Page <u>1</u> of <u>2</u> BUDGET FORM 2 ~

PART I. PROGRAM INFORMATION:										
Business Unit No.: New	Program Name/Title:				Wide Ruins Chapter - Housing					
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PRO										
CAP 34-68 To direct the Chapter Administration and Management Control System	stem by promoting efficiency	and ac	countability	to the cha	pter Member	ship.				
PART III. PROGRAM PERFORMANCE CRITERIA:		1st Q			QTR		QTR	4th		
	G	oal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	
1. Goal Statement:										
Provide Housing	-									
Program Performance Measure/Objective:							I			
Plan & Design 3 New Homes						1		2		
2. Goal Statement:										
Program Performance Measure/Objective:					1					
2 Cool Statements					I				]	
3. Goal Statement:										
Program Performance Measure/Objective:										
Program Performance measure/Objective.						[				
4. Goal Statement:									]	
4. Obai Statement.										
Program Performance Measure/Objective:										
				_						
5. Goal Statement:	l				1				I	
Program Performance Measure/Objective:										
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION H	AS BEEN THOROUGHLY	REVIEW	/ED.			1			]	
James Adakai, Deputy Director					stillo, Execul					
Program Manager's Printed Name			Divisio	on Director	/Branch Chi	ief's Printe	d Name			
1-3-23-23			12		A	3/2	0/23			
Program Manager's Signature and Date		2	Division	Director/B	ranch Chief	's Signatur	e and Date			

FY 2024

## THE NAVAJO NATION PROGRAM PERFORMANCE CRITERIA

Page 2 of 2 BUDGET FORM 2

PART I. PROGRAM INFORMATION:									
Business Unit No.: New	Program Name/Title:	Program Name/Title: Wide Ruins Chapter - Housing							
RT II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:									
CAP 34-68 To direct the Chapter Administration and Mana	agement Control System by promoting efficie	ency and a	ccountability	to the chap	pter Member	ship.			
PART III. PROGRAM PERFORMANCE CRITERIA:	T	1st (	QTR	2nd	QTR	3rd	QTR	4th	QTR I
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement:									
Provide Housing									
Program Performance Measure/Objective:	-								
RFP / BID / AWARD & CONSTRUCTION OF 3 Housin	g				<u> </u>			3	
2. Goal Statement:									
Program Performance Measure/Objective:	_						,,		
3. Goal Statement:									
Program Performance Measure/Objective:	_					6			
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 THOROUGH	LY REVIE	WED.	and some of the state of the st			Contraction of the second s		
James Adakai, Deputy D					stillo, Execut				
Program Manager's Printed N			Divisio	on Director	/Branch Chi	et's Printe	d Name		
(- 3-20-2	3				R	- 3/-	20/23		
Program Manager's Signature a	nd Date	-	Division	Director/B	ranch Chief	s Signatur	e and Date		

FY <u>2023 - 2024</u>

## THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

Page <u>1</u> of <u>1</u> BUDGET FORM 4 .

.

	ROGRAM INFORMATION: Program Name/Title:	Wide Ruins - Housing	Business Unit No.:	New	
ARTIL	DETAILED BUDGET:			(0)	(D)
(A) Object Code (LOD 6)		(B) Object Code Description and Justification (LOD 7)		(C) Total by DETAILED Object Code (LCD 6)	(D) Total by MAJOR Object Code (LOD 4)
	Complete Three 2-Bedroom Houses 3 Houses x 73,333.00 = \$219,099.00			\$219, <del>99</del> 9.03	\$219, <del>699</del> .0
			TOTAL	\$219,099.00	\$219,999.

FY 2023 / 2024

## THE NAVAJO NATION PROJECT BUDGET SCHEDULE

Page <u>1</u> of <u>1</u> PROJECT FORM .

PART I. Business Unit No.: New										PART II. Project Information																				
Project Title: Wide Ruins Ch	thepter - Housing													Project Type: Housing Construction																
Project Description Complete 1	Project Description Complete Three (3) - Two (2) Bedroom Housing within Wide Ruins Community												Planned Start Date: 4/1/2023																	
												Planned End Date: 9/30/2026																		
Check one box:	J	Criginal Budget Dudget Revision Budget Reallocation Dudget Modification													Project Manager: Chapter Staff															
PART III.	PAR	T <u>IV.</u>	Use	) Fisca	d Yea	ı (FY)	Quar	ters to	com	viete t	he info	omat	on be	low. (	0=0	ct.; N	= Nov	l;;D=	Dec.	etc.					- Ex	Expected Completion Date if				đ
List Project Task separately; such	FY_2023FY_													2024	2024						project exceeds 8 FY Qtrs.									
as Pian, Design, Construct, Equip or Furnish.		1st Qt	<b>r</b> .	2	2nd Qtr.			3rd Qtr.			4th Qtr.		1st Qtr.			2nd Qtr.				3rd Qtr.			4th Qtr.			9/30/2026				
	0	N	D	J	F	M	A	M	J	Jul	A	S	0	N	D	J	5	M	A		J	Jul	_	S	0	N	D	J	FI	м
Plan/Design							xx	xx	xx	xx	xx																			
															1															
RFP/Bld/Award	ļ											xx	xx	XX	XX															
Construction																×	×	xx	×	×	xx	×	xx	x						
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PART V.		<u> </u>			<u>۔</u>		-	<u> </u>				<u> </u>	+	<u></u>			\$		+	\$		┼╌	<u> </u>		+					<u>_</u>
Expected Quarterly Expenditures	$\vdash$	<u>.</u>					2	0,6	di di	.24			ね	· · ·				6.5	1 21		10	13		b.5L				19.0		
				<u> </u>	÷			p <sub>1</sub> Q			2,66	9.J	<u>z U</u>		10,5	4.2	01004	0.0	10				400	0.76	1			114	<u></u>	
FOR OMB USE ONLY: Resolution No:					FMIS Set Up Date:										Company No:							OMB Analyst:								

## WIDE RUINS CHAPTER

P.O. Box 208 Chambers, Arizona 86502 Phone: (928) 652-3223 Fax: (928) 652-3253

Annie Tolly President Lomardo Aseret, Council Delegate Nellie Gilmore, Vice President Shawnevan Dale, Grazing Officer 223 Fax: (928) 652-3253 Tauve Begaye, Secretary/Treasurer Comm. Serv. Coordinator

WDR-03-100-23

## **RESOLUTION OF THE WIDE RUINS CHAPTER**

## AN ACTION SUPPORTING THE WIDE RUINS THREE (3) TWO (2) BEDROOM HOUSING PROJECT IN THE AMOUNT OF \$219,999.00 TO BE INCLUDED AS PART OF THE DELEGATE REGION PLAN FOR HONORABLE COUNCIL DELEGATE LOMARDO ASERET

### WHEREAS:

- 1. Pursuant to the Local Governance Act, 26 N.N.C. §§ 1 <u>et.seq</u>., the Wide Ruins Chapter is certified as a political subdivision of the Navajo Nation; and
- 2. Pursuant to the Local Governance Act, 26 N.N.C. § 1(B)(2), the Wide Ruins Chapter is allowed to make decisions over local matters; and
- 3. Pursuant to Navajo Nation Council Resolution No. CJY-41-21 and Budget and Finance Committee Resolution No. BFS-31-21, a duly approved Chapter Resolution is required when requesting for the use of Fiscal Recovery Funds (FRF) under the American Rescue Plan Act of 2021 (ARPA) and therefore this Chapter Resolution must include "a statement supporting the Project and affirming that the Chapter will only use awarded Funds in compliance with the ARPA with the ARPA, the ARPA Regulations, and all other applicable Navajo and federal laws and regulations"; and
- 4. Pursuant to Navajo Nation Council Resolution No. CJN-29-22, each of the twenty-four (24) Delegate Regions were allocated eight million eight hundred two thousand three hundred forty dollars (\$8,802,340) for Chapter and Regional Projects and each Navajo Nation Council Delegate is responsible for compiling and selecting projects for their Delegate Region Projects Plan; and
- 5. The Three (3)- Two Bedroom Housing Projects is being submitted in the amount of \$219,999.00 for consideration to be selected as part of the Delegate Region for the purpose of constructing Three (3) two (2) bedroom housing through contracting services between Wide Ruins Chapter and Contractor; and
- 6. If, and when, the Project is selected, the Council Delegate will add the Project as part of the Delegate Region Plan and will thereafter sponsor legislation to be approved by the Navajo Nation Council.

## NOW THEREFORE BE IT RESOLVED THAT:

- 1. The Wide Ruins Chapter supports the Three (3) Two (2) Bedroom Housing Project in the amount of \$219,999.00 for consideration for the Delegate Region Project Plan; and
- 2. The Wide Ruins Chapter affirms that the Chapter will only use awarded Funds in compliance with the ARPA, the ARPA Regulations, and all other applicable Navajo Nation and Federal Laws and Regulations.

#### CERTIFICATION

I, hereby certify that the foregoing resolution was considered by the Wide Ruins Chapter at a duly called meeting at Wide Ruins, Navajo Nation (Arizona), at which a quorum was present and that same was passed by a vote of  $(\bigcirc$  in favor,  $\bigcirc$  opposed and  $\bigcirc$  abstained, this 15<sup>th</sup> day of March 2023.

MOTIONED BY: <u>Nellie Gilmore</u> SECONDED BY: <u>Annie Tolly</u>

(lime 2 Annie Tolly, President