



**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

Name of DOJ Reviewer: \_\_\_\_\_

**Disclaimers:**

An NNDNJ Initial Eligibility Determination is based on the documents provided, which NNDNJ 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 NNDNJ. 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.



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**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:**

- |  |   |
|--|---|
| <input type="checkbox"/> (1) Public Health and Economic Impact | <input type="checkbox"/> (2) Premium Pay                            |
| <input type="checkbox"/> (3) Government Services/Lost Revenue  | <input type="checkbox"/> (4) Water, Sewer, Broadband Infrastructure |

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

**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: 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](mailto: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 Fax: (928) 652-3253**

Annie Tolly President

Lomardo Aseret, Council Delegate

Nellie Gilmore, Vice President

Shawnevan Dale, Grazing Officer

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)



①

## ARPA Housing Assistance Application

wideruins@navajochapters.org [Switch account](#)



Draft 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 Representative 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

☐ No

Applicant Marital Status?

☐ Married

☒ Single

☐ Widow/Windower

☐ Other:

Clear selection

Is the Applicant a Registered Chapter Voter?

☒ Yes

☐ No

Clear selection





Chapter \*

Wide Ruins ▼

Applicant's Census Number

082,597

Number of Household Members \*

01

Any of the Applicant's Household Members Tested Positive for COVID-19

☒ Yes

☐ No

Clear selection

Agency \*

Ft. Defiance ▼



Council Delegate \*

Lomarda Aseret ▼

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

35 Degrees 21'47.85"N, 109 Degrees 21'49.48"W NAD 83

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

- ☒ Tribal Trust Land
- ☐ Allotment Land
- ☐ Private Land
- ☐ Fee Land
- ☐ Other:

Applicant's Current Employment Status \*

- ☐ Employed
- ☒ Unemployed
- ☐ 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
- ☐ No
- ☐ In Progress

Cultural Resource (Archaeological) Inventory Report? \*

- ☒ Yes
- ☐ No
- ☐ Under Review for Navajo Nation Approval



Cultural Resources Compliance Form/CRCF? \*

- ☒ Yes
- ☐ No
- ☐ Under Review for Navajo Nation Approval

Biological Survey Report \*

- ☒ Yes
- ☐ No
- ☐ Under Review for Navajo Nation Approval

Biological Resources Compliance Form/BRCF \*

- ☒ Yes
- ☐ No
- ☐ Under review for Navajo Nation Approval



Applicant have these Services Available? \*

	Yes	No	In Progress
Electrical Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water and Septic Service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Solar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cistern & Septic System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 Clearance Form (BRCF)
- ☒ Doctor's Statement (if any)

Please upload applicant's documents

 03102302.PDF 

 [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.



2

## ARPA Housing Assistance Application

wideruins@navajochapters.org [Switch account](#)

 Draft 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 Representative 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

☐ No

Applicant Marital Status?

☐ Married

☐ Single

☒ Widow/Windower

☐ Other:

Clear selection

Is the Applicant a Registered Chapter Voter?

☒ Yes

☐ No

Clear selection





Chapter \*

Wide Ruins

Applicant's Census Number

123,739

Number of Household Members \*

3

Any of the Applicant's Household Members Tested Positive for COVID-19

☒ Yes

☐ No

Clear selection

Agency \*

Ft. Defiance





Council Delegate \*

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
- ☐ Private Land
- ☐ Fee Land
- ☐ Other:

Applicant's Current Employment Status \*

- ☐ Employed
- ☒ Unemployed
- ☐ 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? \*

- ☐ Yes
- ☒ No
- ☐ Under Review for Navajo Nation Approval



Cultural Resources Compliance Form/CRCF? \*

- ☐ Yes
- ☒ No
- ☐ Under Review for Navajo Nation Approval

Biological Survey Report \*

- ☐ Yes
- ☒ No
- ☐ Under Review for Navajo Nation Approval

Biological Resources Compliance Form/BRCF \*

- ☐ Yes
- ☒ No
- ☐ Under review for Navajo Nation Approval



Applicant have these Services Available? \*

	Yes	No	In Progress
Electrical Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and Septic Service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Solar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cistern & Septic System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 Clearance Form (BRCF)
- ☒ Doctor's Statement (if any)

Please upload applicant's documents

 03102305.PDF 


 [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.



③

## ARPA Housing Assistance Application

wideruins@navajochapters.org [Switch account](#)



Draft 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 Representative 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? \*

☒ Yes

☐ No

Applicant Marital Status?

☐ Married

☒ Single

☐ Widow/Windower

☐ Other:

Clear selection

Is the Applicant a Registered Chapter Voter?

☒ Yes

☐ No

Clear selection



Chapter \*

Wide Ruins

Applicant's Census Number

635,637

Number of Household Members \*

6

Any of the Applicant's Household Members Tested Positive for COVID-19

☒ Yes

☐ No

Clear selection

Agency \*

Ft. Defiance



Council Delegate \*

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
- ☐ Private Land
- ☐ Fee Land
- ☐ Other:

Applicant's Current Employment Status \*

- ☐ Employed
- ☒ Unemployed
- ☐ 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
- ☐ No
- ☐ In Progress

Cultural Resource (Archaeological) Inventory Report? \*

- ☐ Yes
- ☒ No
- ☐ Under Review for Navajo Nation Approval



Cultural Resources Compliance Form/CRCF? \*

- ☐ Yes
- ☒ No
- ☐ Under Review for Navajo Nation Approval

Biological Survey Report \*

- ☐ Yes
- ☒ No
- ☐ Under Review for Navajo Nation Approval

Biological Resources Compliance Form/BRCF \*

- ☐ Yes
- ☒ No
- ☐ Under review for Navajo Nation Approval



Applicant have these Services Available? \*

	Yes	No	In Progress
Electrical Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and Septic Service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Solar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cistern & Septic System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 Clearance Form (BRCF)
- ☒ Doctor's Statement (if any)

Please upload applicant's documents

 03102303.PDF 

 [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 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.

**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: Wide Ruins Chapter Date prepared: 2/14/2023

Chapter's P.O. Box 208 phone/email: 928-625-3223  
mailing address: Chambers, AZ 86502 website (if any): www.wideruins@navajochapters.org

This Form prepared by: Vernita S. Tsosie, Planner/Project Coordinator phone/email: 928-652-3223  
Vernita S. Tsosie, Planner/Project Coordinator 928-652-3223  
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Wide Ruins - Housing

Chapter President: Annie Tolly, President phone & email: 928-652-3223

Chapter Vice-President: Nelle M. Gilmore, Vice President phone & email: 928-652-3223

Chapter Secretary: Tauve Begaye, Secretary phone & email: 928-652-3223

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 known): Unknown

☒ document attached

Amount of FRF requested: \$219,999.00 FRF funding period: 04/01/2023 - 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 funds will be used, for what purposes, the location(s) to be served, and what COVID-related needs will be addressed:

**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 homelessness 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

(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

(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 No. CJY-41-21, the ARPA, ARPA Regulations, and with all applicable federal and Navajo Nation laws, regulations, and policies:

Chapter's  
Preparer:

*[Signature]*  
signature of Preparer/CONTACT PERSON

Approved by:

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

Approved by:

*[Signature]*  
signature of CSC (Deleg)

Approved by:

*[Signature]*  
signature of Chapter ASO

Approved to submit  
for Review:

*[Signature]*  
signature of DCD Director

SIGN  
HERE

FY 2023 -2024

# THE NAVAJO NATION PROGRAM BUDGET SUMMARY

Page 1 of 1  
BUDGET FORM 1PART I. Business Unit No.: New Program Title: Wide Ruins- Housing Division/Branch: Div. of Comm. Devel.Prepared By: Vernita S. Tsosie Phone No.: 928 652-3223 Email Address: [wideruins@navajochapters.org](mailto:wideruins@navajochapters.org)

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
Fiscal Recovery Funds	4/1/23 -9/30/26	219,999.00	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				
				9000 Capital Outlay	6		\$219,999.00	\$219,999.00
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	219,999.00	\$219,999.00
				PART IV. POSITIONS AND VEHICLES		(D)	(E)	
				Total # of Positions Budgeted:		0	0	
				Total # of Vehicles Budgeted:		0	0	
				TOTAL:		\$219,999.00	100%	

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

SUBMITTED BY: James Adakai, Deputy Director  
Program Manager's Printed NameAPPROVED BY: Calvin Castillo, Executive Director  
Division Director / Branch Chief's Printed Name3-20-23  
Program Manager's Signature and Date3/20/23  
Division Director / Branch Chief's Signature and Date



**THE NAVAJO NATION  
PROGRAM PERFORMANCE CRITERIA**

**PART I. PROGRAM INFORMATION:**Business Unit No.:          New

Program Name/Title:

Wide Ruins Chapter - Housing**PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:**

CAP 34-68 To direct the Chapter Administration and Management Control System by promoting efficiency and accountability to the chapter Membership.

**PART III. PROGRAM PERFORMANCE CRITERIA:**

1st QTR		2nd QTR		3rd QTR		4th QTR	
Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual

## 1. Goal Statement:

Provide Housing

Program Performance Measure/Objective:

Plan & Design 3 New Homes

				1		2	
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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

  
 Program Manager's Signature and Date
Calvin Castillo, Executive Director

Division Director/Branch Chief's Printed Name

  
 Division Director/Branch Chief's Signature and Date

## Wide Ruins Chapter - Housing

Division Director/Branch Chief's Signature and Date

FY 2023 - 2024

**THE NAVAJO NATION  
DETAILED BUDGET AND JUSTIFICATION**

Page 1 of 1  
**BUDGET FORM 4**

<b>PART I. PROGRAM INFORMATION:</b>			
Program Name/Title: <u>Wide Ruins - Housing</u>		Business Unit No.: <u>New</u>	
<b>PART II. DETAILED BUDGET:</b>			
<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>(D)</b>
<b>Object Code (LOD 6)</b>	<b>Object Code Description and Justification (LOD 7)</b>	<b>Total by DETAILED Object Code (LOD 6)</b>	<b>Total by MAJOR Object Code (LOD 4)</b>
8500	Contractual Services Complete Three 2-Bedroom Houses 3 Houses x 73,333.00 = \$219,999.00	\$219,999.00	\$219,999.00
<b>TOTAL</b>		\$219,999.00	\$219,999.00



<b>FOR OMB USE ONLY:</b>	<b>Resolution No:</b>	<b>FMIS Set Up Date:</b>	<b>Company No:</b>	<b>OMB Analyst:</b>
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# WIDE RUINS CHAPTER

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

Annie Tolly President

Nellie Gilmore, Vice President  
Shawnevan Dale, Grazing Officer

Tauve Begaye, Secretary/Treasurer  
Comm. Serv. Coordinator

Lomardo Aseret, Council Delegate

**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 et.seq., 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 6 in favor, 0 opposed and 0 abstained, this 15<sup>th</sup> day of March 2023.

MOTIONED BY: Nellie Gilmore  
SECONDED BY: Annie Tolly

Annie Tolly  
Annie Tolly, President