



**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:**

- |  |   |
|--|---|
| <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:** \_\_\_\_\_

**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: \_\_\_\_\_

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

Signature of DOJ Reviewer: \_\_\_\_\_



**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.

# NAVAJO NATION FISCAL RECOVERY FUND



## DOCUMENT CHECKLIST TO DOJ for Non Governance Certified Chapters

Submit all documents according to this checklist. If all documents are not attached, packet will be returned to division/program.

### Division/Program Information:

Date Submitted: April 12, 2023

Program/Division: DCD ABPA

Contact Person: Shayla Draper

Phone: 928-871-6099

Email: sdraper@nndcd.org

### Documents needed for processing:

- ☒ Appendix A - Request Form & Expenditure Plan
- ☒ Appendix B - Budget Forms (Form 1, 2, 3, 4, 5, Appendix J as needed)
- ☒ Approved Chapter Resolution supporting the project
- ☒ Required Signatures:
  - ☒ Preparer
  - ☒ Chapter President/Vice President
  - ☒ Chapter Manager/CSC
  - ☒ DCD ASC
  - ☒ DCD Division Director
  - ☐ NNFRFO Director

### Notes:

Wide Ruins Bathroom Addition project. Amount of FRF requested \$480,000.00. DCD signed appendix A & B. Ready for NNFRF review.

### Reviewed by:

\_\_\_\_\_  
NN Fiscal Recovery Fund Office

\_\_\_\_\_  
Date

**DISCLAIMER: For guidance purposes only. Additional information may be required.**

Navajo Nation Fiscal Recovery Fund Office (NNFRFO)

PO BOX 2469, Window Rock, Arizona 86515

(928)309-5532

**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: 02/14/2023

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 Bathroom Additions - West

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

Chapter Vice-President: Nellie 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): \_\_\_\_\_

☐ document attached

Amount of FRF requested: \$480,000.00 FRF funding period: 04/01/2023 - 09/30/2026  
Indicate Project starting and ending/expiration 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:

**12 Bathroom Additions for 12 Households.  
\$40,000.00 x 12 homes = \$480,000.00**

**The 12 homes will be provided the shell bathroom additions with roofing, flooring, electric wall heaters, electric water heaters, toilet(s), bathroom sinks and showers. Disable clients will receive walk-in showers.**

☐ document attached

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

**The community members of Wide Ruins lack modern bathroom accessibility with ADA features. This project will help mitigate and promote a healthy environment, proper sanitation facilities and prevent the spread of Covid-19 for community members and those with health issues and or disabilities. This project will promote healthy living conditions and accessibility to adequate infrastructure.**

☐ 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 09/20/2026. All funds will be encumbered before 09/30/2024. The Navajo Nation 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:

Recipients will be responsible for the operation and maintenance of installed bathroom additions. No additional costs or reoccurring 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:

**6.1 Provisions Government Services;**

Pursuant to the established guidelines and funding objectives the twelve (12) bathroom additions will allow for selected families to access safe & sanitary bathrooms without compromising their health and safety from using outside sub-standard facilities. The Bathroom Additions will meet ADA compliance to accomodate levels of disability.

☐ 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-03-99-23  
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

Approved by: [Signature]  
signature of Chapter ASO

Approved to submit for Review: [Signature]  
signature of DCD Director

**SIGN  
HERE**

FY 2023

**THE NAVAJO NATION  
PROGRAM BUDGET SUMMARY**

Page 1 of 1  
BUDGET FORM 1

PART I. Business Unit No.: <u>New</u>		Program Title: <u>Wide Ruins Bathroom Additions - West</u>		Division/Branch: <u>Div. of Comm. Dev</u>	
Prepared By: <u>Vernita S. Tsosie</u>		Phone No.: <u>(928) 652-3223</u>		Email Address: <u><a href="mailto:wideruins@navajochapters.org">wideruins@navajochapters.org</a></u>	

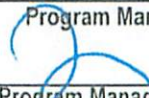
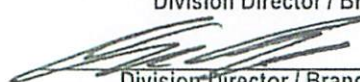
  

PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference or Total
Fiscal Recovery Funds	04/01/23-9/30/26	480,000.00	100%	2001 Personnel Expenses				
				3000 Travel Expenses				
				3500 Meeting Expenses				
				4000 Supplies				
				5000 Lease and Rental				
				5500 Communications and Utilities				
				6000 Repairs and Maintenance				
				6500 Contractual Services				
				7000 Special Transactions				
				8000 Public Assistance	6		\$480,000.00	\$480,000.00
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				<b>TOTAL</b>		\$0.00	480,000.00	\$480,000.00

PART IV. POSITIONS AND VEHICLES	(D)	(E)
Total # of Positions Budgeted:	0	0
Total # of Vehicles Budgeted:	0	0

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.	
SUBMITTED BY: <u>James Adakai, Deputy Director</u> <div style="text-align: center;">   <u>Program Manager's Printed Name</u>  <u>3-20-23</u>  <u>Program Manager's Signature and Date</u> </div>	APPROVED BY: <u>Calvin Castillo, Executive Director</u> <div style="text-align: center;">   <u>Division Director / Branch Chief's Printed Name</u>  <u>3/20/23</u>  <u>Division Director / Branch Chief's Signature and Date</u> </div>



**THE NAVAJO NATION  
PROGRAM PERFORMANCE CRITERIA**

**PART I. PROGRAM INFORMATION:**

Business Unit No.:           New           Program Name/Title: Wide Ruins Bathroom Additions - West

**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 Bathroom Additions

Program Performance Measure/Objective:

Plan & Design 12 Bathroom Additions

		4		4		4	
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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

James Adakai  
Program Manager's Signature and Date

Calvin Castillo, Executive Director

Division Director/Branch Chief's Printed Name

Calvin Castillo  
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 Bathroom Additions - West**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 Bathroom Additions

Program Performance Measure/Objective:

RFP / BID / AWARD & CONSTRUCTION of 6 of 12 Bathroom Additions

		2		2		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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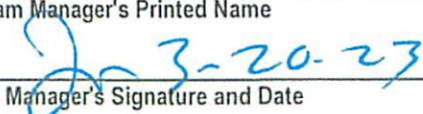
## 5. Goal Statement:

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



**FY 2023-2026**

## THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

**Page 1 of 1**  
**BUDGET FORM 4**

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Wide Ruins Bathroom Additions - West</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)
6500	Contractual Services Complete 12 Bathroom Additions for 12 homes 12 Bathroom Additions x \$40,000.00 = \$480,000.00	\$480,000.00	\$480,000.00
6880	Sub Contractual Service		
TOTAL		\$480,000.00	\$480,000.00

# THE NAVAJO NATION PROJECT BUDGET SCHEDULE

<b>PART I. Business Unit No.:</b> <u>New</u> <b>Project Title:</b> <u>Wide Ruins Bathroom Additions - West</u> <b>Project Description:</b> <u>Complete 6 of 12 bathroom additions within Wide Ruins - West</u> <b>Check one box:</b> <input checked="" type="checkbox"/> Original Budget <input type="checkbox"/> Budget Revision <input type="checkbox"/> Budget Reallocation <input type="checkbox"/> Budget Modification														<b>PART II. Project Information</b> <b>Project Type:</b> <u>Bathroom Additions</u> <b>Planned Start Date:</b> <u>4/1/2023</u> <b>Planned End Date:</b> <u>9/30/2026</u> <b>Project Manager:</b> <u>Chapter Staff</u>																
<b>PART III.</b> List Project Task separately; such as Plan, Design, Construct, Equip or Furnish.	<b>PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.</b>																				<b>Expected Completion Date if project exceeds 8 FY Qtrs.</b> <u>9/30/2026</u>									
	FY <u>2023</u>												FY <u>2024</u>																	
	1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			9/30/2026					
	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
Plan / Design																														
RFP / Bid / Award																														
Construction																														
<b>PART V.</b> Expected Quarterly Expenditures																														
\$			\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL						
						20,000.00			20,000.00			20,000.00			20,000.00			20,000.00			20,000.00			\$ 480,000.00						

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

Tauve Begaye, Secretary/Treasurer

Comm. Serv. Coordinator

**WDR-03-99-23**

## RESOLUTION OF THE WIDE RUINS CHAPTER

### **AN ACTION SUPPORTING THE WIDE RUINS TWELVE (12) BATHROOM ADDITIONS PROJECT IN THE AMOUNT OF \$480,000.00 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 Twelve (12) Bathroom Addition Projects is being submitted in the amount of \$480,000.00 for consideration to be selected as part of the Delegate Region for the purpose of constructing Twelve (12) Bathroom Additions 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:**

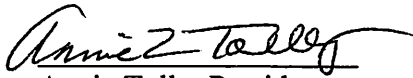
1. The Wide Ruins Chapter supports the Twelve (12) Bathroom Addition Project for consideration for the Delegate Region Project Plan; and
2. The Wide Ruins Chapter affirms that the Chapter will only use awarded Funds in compliance with the ARPA, the ARPA Regulations, and all other applicable Navajo Nation 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 10 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, President