



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 #: HK 0712

Date & Time Received: 12/12/23 at 14:01

Date & Time of Response: 12/18/23 at 17:00

Entity Requesting FRF: Tse Si Ani Chapter

Title of Project: Home Improvement/Renovation

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$800,000

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: _____
2.18, Housing Support: Other Housing Assistance

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: _____

Name of DOJ Reviewer: MacArthur Stant

Signature of DOJ Reviewer: MacArthur Stant

Digitally signed by MacArthur Stant
Date: 2023.12.18 14:04:05 -07'00'

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.

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

Part 1. Identification of parties.

Governance-Certified Chapter requesting FRF: Tse Si Ani Chapter Date prepared: 11/17/23

Chapter's mailing address: PO Box 403 Lupton, AZ 86508 phone & email: lupton@navajochapters.org
website (if any): _____

This Form prepared by: Yvonne Murphy phone/email: 928-688-2128
Tse Si Ani Chapter President 602-376-9600
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Home Improvement/Renovation

Chapter President: Yvonne Murphy phone & email: 602-376-9600

Chapter Vice-President: Margaret Yazzie phone & email: 505-979-0400

Chapter Secretary: Marlene Apachee phone & email: 928-245-2840

Chapter Treasurer: Same As Above phone & email: Same As Above

Chapter Manager or CSC: Shawn Goodluck phone & email: 928-688-2128

DCD/Chapter ASO: Derek Echonawk phone & email: 928-871-7182

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): _____
 document attached

Amount of FRF requested: \$800,000 FRF funding period: December 1, 2023 to December 31, 2026
indicate Project starting and ending/deadline date

Part 2. Expenditure Plan details.

(a) Describe the Program(s) and/or Project(s) to be funded, including how the funds will be used, for what purposes, the location(s) to be served, and what COVID-related needs will be addressed:

The home improvement/renovation project was determined based on community survey assessments for homeowners whose homes are in need of repairs, improvement, and renovations to improve current housing conditions to curb and mitigate COVID-19. Improvements/renovations to include windows, doors, bathroom upgrades, handicap accessibility, roof repair, drywall, insulation, and other related housing needs. 100 community members listed on the community survey listing will receive assistance. COVID-19 is still prevalent and this project will improve the quality of life for homeowners. document attached

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

COVID-19 is still a prevalent pandemic that continues to plague the lives of Navajo families and communities. People's homes were built between 1960's - 1990's and have weather related damage, poor insulation, inadequate bathroom facilities that are non-ADA compliant, non-energy efficient windows to decrease drafts and loss of heat during winter months when COVID-19 protocols require quarantine. The project will improve the quality of life for homeowners and their families. document attached

(c) A prospective timeline showing the estimated date of completion of the Project and/or each phase of the Project. Disclose any challenges that may prevent you from incurring costs for all funding by December 31, 2024 and/or fully expending funds and completing the Program(s) or Project(s) by December 31, 2026:

The project will begin as soon as funds are encumbered no later that December 2024 and funds will be expended by December 31, 2026.

document attached

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

Tse Si Ani Chapter

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:

Tse Si Ani Chapter will be responsible for overseeing the operations. Maintenance costs will be the homeowners' responsibility once the project is completed.

document attached

(f) State which of the 66 Fiscal Recovery Fund expenditure categories in the attached U.S. Department of the Treasury Appendix 1 listing the proposed Program or Project falls under, and explain the reason why:

3.12 Housing Support-Other Housing Assistance - The Tse Si Ani Chapter has attempted to assist its members with housing needs utilizing the chapter's Navajo Nation Housing Discretionary funding; however, the lack of adequate funding amounts has caused many members' housing needs to go unassisted. The funding will allow the chapter to address the housing needs in the community to improve and preserve the quality of life, and sustain life in the midst of the COVID-19 pandemic.

document attached

Part 3. Additional documents.

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

Chapter Resolution attached

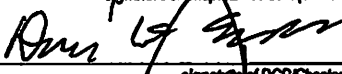
Part 4. Affirmation by Funding Recipient.

Funding Recipient affirms that its receipt of Fiscal Recovery Funds and the implementation of this FRF Expenditure Plan shall be in accordance with Resolution No. CJY-41-21, the ARPA, ARPA Regulations, and with all applicable federal and Navajo Nation laws, regulations, and policies:

Chapter's Preparer: 
signature of Preparer/CONTACT PERSON

Approved by: 
signature of Chapter President (or Vice-President)

Approved by: _____
signature of Chapter Manager or CSC

Approved by: 
signature of DCD/Chapter ASO

Approved to submit for Review: 
signature of DCD Director

FY 2024

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

PART I. Business Unit No.: NEW Program Title: Tse Si Ani Chapter Home Improvement/Renovation Division/Branch: Division of Community Development
 Prepared By: Yvonne S. Murphy, TSA President Phone No.: 928-688-2128 Email Address: pintosprings96@gmail.com

PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	(A)	(B)	(C)
						NNC Approved Original Budget	Proposed Budget	Difference or Total
NNFRF Funds	12/1/23	800,000.00	100%					
	12/31/26			2001 Personnel Expenses				0.00
				3000 Travel Expenses				0.00
				3500 Meeting Expenses				0.00
				4000 Supplies				0.00
				5000 Lease and Rental				0.00
				5500 Communications and Utilities				0.00
				6000 Repairs and Maintenance				0.00
				6500 Contractual Services				0.00
				7000 Special Transactions				0.00
				8000 Public Assistance				0.00
				9000 Capital Outlay	6	0	800,000	800,000.00
				9500 Matching Funds				0.00
				9500 Indirect Cost				0.00
				TOTAL		\$0.00	800,000.00	800,000.00
				PART IV. POSITIONS AND VEHICLES		(D)	(E)	
				Total # of Positions Budgeted:				
				Total # of Vehicles Budgeted:				
		TOTAL:	\$800,000.00 100%					

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

SUBMITTED BY: Jaron Charney, Program Manager APPROVED BY: Arvin Mitchell, Director
 Program Manager's Printed Name Division Director / Branch Chief's Printed Name
[Signature] 11-28-23
 Program Manager's Signature and Date Division Director / Branch Chief's Signature and Date

FY 2024

THE NAVAJO NATION
PROGRAM PERFORMANCE MEASURES

PART I. PROGRAM INFORMATION:

Business Unit No.: NEW

Program Name/Title: Tse Si Ani Chapter Home Improvement/Renovation

PART II. PROGRAM PERFORMANCE CRITERIA:

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

1. Program Performance Measure:

Assist families with minor/major improvement/renovations to their homes.

1	1	1	1
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2. Program Performance Measure:

Complete housing improvement/renovation by the end of funding period.

1	1	1	1
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3. Program Performance Measure:

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4. Program Performance Measure:

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5. Program Performance Measure:

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PART III. CONCURRENCE/APPROVAL:

Jaron Charley, Program Manager

Program Manager's Printed Name

[Signature] 11-25-23
Program Manager's Signature and Date

Arbin Mitchell, Director

Division Director/Branch Chief's Printed Name

[Signature]
Division Director/Branch Chief's Signature and Date

FY 2024

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Tse Si Ani Chapter Home Improvement/Renovation</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)
6200	Hiring Construction Contractor; minor/major home improvement/renovation consisting of windows and doors, roofing, insulation, sheetrock, flooring, bathroom upgrade/renovation,, and other related housing construction materials, labor, advertisement, contractual services, for homes in the community.	800,000	800,000
TOTAL		800,000	800,000

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

PART I. Business Unit No.: <u>NEW</u>													PART II. Project Information																				
Project Title: <u>Tse Si Ani Chapter Home Improvement/Renovation</u>													Project Type: <u>Housing Assistance Project</u>																				
Project Description <u>Minor/Major improvement/renovation to homes, including construction of handicap ramps, bathroom upgrades</u>													Planned Start Date: <u>Dec. 01, 2023</u>																				
Check one box: <input checked="" type="checkbox"/> Original Budget <input type="checkbox"/> Budget Revision <input type="checkbox"/> Budget Reallocation <input type="checkbox"/> Budget Modification													Planned End Date: <u>Dec. 31, 2026</u>																				
													Project Manager: <u>Chapter Manager/Chap President</u>																				
PART III.	PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.																								Expected Completion Date if project exceeds 8 FY Qtrs.								
List Project Task separately; such as Plan, Design, Construct, Equip or Furnish.	24												25												<u>12/31/26</u>								
	1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.											
	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			
Advertise for RFPs for housing contractor			x																														
Receive RFPs and select a contractor						x																											
Hire contractor following TSA FMS Procurement Policy								x																									
Provide list of names of recipients using CLUP ARPA Survey to contractor to conduct home assessments, provide CLUP ARPA Survey to contractor to provide cost estimates for improvement/renovation								x																									
Start housing improvement/renovations												x																					
Completion of housing project																														x			
PART V.	\$			\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL								
Expected Quarterly Expenditures	80,000.00			80,000.00			80,000.00			560,000.00			0.00			0.00			0.00			0.00			\$800,000.00								

FOR OMB USE ONLY: Resolution No: _____ FMIS Set Up Date: _____ Company No: _____ OMB Analyst: _____