



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 0754

Date & Time Received: 02/27/24 at 14:28

Date & Time of Response: March 7, 2024 at 10:30

Entity Requesting FRF: San Juan Chapter

Title of Project: Chapter Warehouse

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$400,000.00

Eligibility Determination:

- FRF eligible
- FRF ineligible
- Additional information requested

FRF Eligibility Category:

- (1) Public Health and Economic Impact
- (2) Premium Pay
- (3) Government Services/Lost Revenue
- (4) Water, Sewer, Broadband Infrastructure

U.S. Department of Treasury Reporting Expenditure Category: _____
1.14, Other Public Health Services

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

- | | |
|--|--|
| <input type="checkbox"/> Missing Form | <input type="checkbox"/> Expenditure Plan incomplete |
| <input type="checkbox"/> Supporting documentation missing | <input type="checkbox"/> Funds will not be obligated by 12/31/2024 |
| <input type="checkbox"/> Project will not be completed by 12/31/2026 | <input type="checkbox"/> Incorrect Signatory |
| <input type="checkbox"/> Ineligible purpose | <input type="checkbox"/> Inconsistent with applicable NN or federal laws |
| <input type="checkbox"/> Submitter failed to timely submit CARES reports | |
| <input type="checkbox"/> Additional information submitted is insufficient to make a proper determination | |

Other Comments: Please note that we have modified the requested expenditure code from 6.1, Provision of Government Services to 1.14, Other Public Health Services to be consistent with projects previously determined to be eligible.

Name of DOJ Reviewer: Lorenzo Curley

Signature of DOJ Reviewer: *Lorenzo Curley*

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: San Juan Government Date prepared: 12-10-2022

Chapter's mailing address: PO Box 1636 Fruitland, NM 87416 phone & email: (505) 960-6916 website (if any): sanjuan.navajochapters.org

This Form prepared by: Dinah Paul phone/email: (505)960-6916
Dinah Paul, Chapter Manager dpaul@nnchapters.org
CONTACT PERSON'S name and title *CONTACT PERSON'S info*

Title and type of Project: Chapter Warehouse

Chapter President: Sam Bee phone & email: sbee@naataanii.org

Chapter Vice-President: Sophia Tyler phone & email: sodat Tyler77@hotmail.com

Chapter Secretary: Audrey Nez phone & email: anez@navajochapters.org

Chapter Treasurer: Audrey Nez phone & email: anez@navajochapters.org

Chapter Manager or CSC: Dinah Paul phone & email: dpaul@nnchapters.org

DCD/Chapter ASO: Elizabeth Washburn phone & email: eliza-beth@nndcd.org

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

document attached

Amount of FRF requested: \$400,000.00 FRF funding period: 1/1/23 - 12/31/26
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:

This San Juan Warehouse project will consist of a slab on grade prefabricated modular building or an aluminum metal frame & steal supports at a 50'x100', 82'x100' or higher square footage based on funds availability. This warehouse will provide logistical support & assist in mitigating, preparing, responding & recovery from emergency situations & expanding & improving community services. This warehouse will directly address deficiencies connected to the high outbreak of COVID-19 on the Navajo Nation. Access to utilities & PPE.

document attached

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

Most rural communities on the Navajo Nation lack access to PPE for COVID-19 impeded operations. This warehouse project will contribute & strengthens the local direct mitigation, preparedness, response & recovery of local government services & local emergency situations to add, the need for the community. This project will assist in promoting public health & economic stimulus & the Navajo people directly benefit from this project.

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 NAVAJO NATION
FISCAL RECOVERY FUNDS REQUEST FORM & EXPENDITURE PLAN
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this Form prepared by: Dinah Paul phone/email: (505)960-6916
Dinah Paul, Chapter Manager dpaul@nnchapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

title and type of Project: Chapter Warehouse

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Chapter Treasurer: Audrey Nez phone & email: anez@navajochapters.org

Chapter Manager or CSC: Dinah Paul phone & email: dpaul@nnchapters.org

DCD/Chapter ASO: Elizabeth Washburn phone & email: eliza-beth@nndcd.org

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

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This warehouse will directly address deficiencies connected to the high outbreak of COVID-19 on the Navajo Nation. Access to utilities & PPE.

_____ document attached

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

Most rural communities on the Navajo Nation lack access to PPE for COVID-19. _____ impeded these operations.

This warehouse project will contribute & strengthens the local direct mitigation, preparedness, response & recovery _____ of local government services & local emergency

_____ situations to address the needs for the community. This project will assist _____ in promoting public health & economic

stimulus & the Navajo _____ people directly benefit from this project. _____ 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:

Begin date 1/1/23 to 12/31/26

APPENDIX A

Based on the funding, the project end date will be December 31, 2026 with all funds being incumbered before December 31, 2024. Navajo Nation Budget Form 2 are attached for phase goals per quarter of funding period.

document attached

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

The San Juan Chapter Government Chapter Manager will be implementing the NN ARPA Funding Act & San Juan Chapter Warehouse project.

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:

San Juan Chapter Government will be responsible for operation and maintenance of the Chapter warehouse, no additional cost or recurring cost will be incurred by San Juan Chapter Government once 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:

Categories: Revenue Replacement: 6.1 - Provision of Government Services

Pursuant to the US Treasury guidelines and funding objectives, this warehouse will address the conditions that contributed to poor public health & economic outcomes during the pandemic. By concentrating in areas with limited economic opportunities & inadequate or poor housing quality, the access to resources facilitates improved health outcomes including services connecting residents with healthcare resources, public assistance & build healthier environments such as: government & housing services to support healthy living environments & communities conducive to mental & physical wellness. The exacerbation of health disparities during the pandemic & the role of pre-existing social vulnerabilities are responsive to the public health impact of the pandemic. This warehouse will a build healthier environment. Access to government services that facilitates sustainable economic, social growth & can drastically increase the quality of healthcare provided.

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: *D Paul*
signature of Preparer/CONTACT PERSON

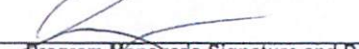

Approved by: *[Signature]*
signature of Chapter President (or Vice President)

Approved by: *D Paul*
signature of Chapter Manager or CSC

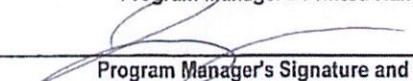

Approved by: *[Signature]*
signature of DCD/Chapter ASO

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

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

PART I. Business Unit No.: <u>NEW</u>		Program Title: <u>San Juan Chapter - Warehouse</u>		Division/Branch: <u>DCD/Executive Director</u>				
Prepared By: <u>Dinah Paul</u>		Phone No.: <u>(505)906-6916</u>		Email Address: <u>dpaul@nnchapters.org</u>				
PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference or Total
ARPA	1/1/23-12/31/26	400,000.00	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	6	0	400,000	400,000
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	400,000.00	400,000
				PART IV. POSITIONS AND VEHICLES		(D)	(E)	
				Total # of Positions Budgeted:		0	0	
				Total # of Vehicles Budgeted:		0	0	
				TOTAL:	\$400,000.00	100%		
PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.								
SUBMITTED BY: <u>Jaron Charley, Dept Manager</u>				APPROVED BY: <u>Arbin Mitchell, Division Director</u>				
Program Manager's Printed Name				Division Director / Branch Chief's Printed Name				
								
Program Manager's Signature and Date				Division Director / Branch Chief's Signature and Date				

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA

PART I. PROGRAM INFORMATION:									
Business Unit No.: <u>NEW</u>			Program Name/Title: <u>San Juan Chapter - Warehouse</u>						
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:									
To direct the Chapter administration and management control system, by promoting efficiency and accountability to the chapter membership and to effectuate plans of action to improve the standards of living for the chapter membership. See attached Resolution CD-86-82.									
PART III. PROGRAM PERFORMANCE CRITERIA:									
		1st QTR		2nd QTR		3rd QTR		4th QTR	
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement:									
Purchase/construct one warehouse									
Program Performance Measure/Objective:									
Ensure warehouse is built								1	
2. Goal Statement:									
Program Performance Measure/Objective:									
3. Goal Statement:									
Program Performance Measure/Objective:									
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 THOROUGHLY REVIEWED.									
<u>Jaron Charley, Dept. Manager</u> Program Manager's Printed Name				<u>Arvin Mitchell, Division Director</u> Division Director/Branch Chief's Printed Name					
 Program Manager's Signature and Date				 Division Director/Branch Chief's Signature and Date					

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

PART I. Business Unit No.: <u>NEW</u> Project Title: <u>San Juan Chapter - Warehouse</u> Project Description <u>Purchase/Construct warehouse for community usage.</u> Check one box: <input checked="" type="checkbox"/> Original Budget <input checked="" type="checkbox"/> Budget Revision <input type="checkbox"/> Budget Reallocation <input type="checkbox"/> Budget Modification	PART II. Project Type: <u>Purchase</u> Planned Start Date: <u>1/1/2023</u> Planned End Date: <u>12/31/2026</u> Project Manager: <u>DCD</u>																																
PART III. List Project Task separately; such as Plan, Design, Construct, Equip or Furnish.	PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.																				Expected Completion Date if project exceeds 8 FY Qtrs.												
	FY 2023												FY 2024								12/31/2026												
	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			
1/1/2023 Advertise: Plan and Design										X	X	X																					
1/1/2024 Adward Contract and process contract 164 Review Process																X	X	X															
4/1/2024 Notice to Proceed/Upgrade																			X	X	X	X	X	X									
PART V.	\$			\$			\$			\$			\$			\$		\$			PROJECT TOTAL												
Expected Quarterly Expenditures																					\$400,000.00												

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



SAN JUAN CHAPTER

SANJ-2023-07

Rickie Nez
Council Delegate

Sam Bee
President

Sophina Tyler
Vice President

Audrey Nez
Secretary/Treasurer

Herbert Cly
Farm Board Member

Clarence Cly
Grazing Member

RESOLUTION OF SAN JUAN CHAPTER

APPROVING THE AMERICAN RESCUE PLAN FUNDS ALLOCATED FOR SAN JUAN CHAPTER IN THE AMOUNT OF \$1.27 MILLION

WHEREAS:

1. San Juan Chapter is a duly certified Chapter under the Navajo Nation Government pursuant to Resolution No. CD 86 -82 and pursuant to 26 NNC § 103 and they are delegated and authorized to review all matters affecting its community people; and
2. San Juan Chapter recognizes that the community of San Juan is in need of immediate emergencies that benefit the community as a whole; and
3. San Juan Chapter understands that the listed projects are on an estimated cost based only; and
4. San Juan Chapter will consider other projects if necessary to fully expense the total funding of \$1.27 million.

NOW THEREFORE BE IT RESOLVED THAT:

San Juan Chapter and its community people hereby approve the \$1.27 million to addressed emergency related projects based on estimated cost, which include: 1. Repair Road N362 for 2.7 miles; 2. Purchase five (05) mini modular homes for families who are considered high-risk health related recommended by the Community Health Representative; 3. Purchase a 50' x 100' warehouse to store any emergency products for any unforeseen pandemic.

CERTIFICATION

We hereby certify that the foregoing resolution was duly considered by San Juan Chapter at a duly called meeting at San Juan Chapter, (New Mexico) Navajo Nation, at which a quorum was present and that same was passed by a voted of 11 in favor, 0 opposed, and 1 abstained on this 12th day of December 2022.

Motion by: Harrison Bee

Second by: Ernest Benally



Rickie Nez, Council Delegate



Sam Bee, Chapter President



Sophina Tyler, Vice-President



Audrey Nez, Chapter Secretary/Treasurer

NAVAJO NATION DEPARTMENT OF JUSTICE



**REQUEST
FOR
SERVICES**

DOJ
_____ DATE / TIME
RFS #: _____
_____ UNIT: _____

RESUBMITTAL

*** FOR NNDOJ USE ONLY - DO NOT CHANGE OR REVISE FORM. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. ***

CLIENT TO COMPLETE			
DATE OF REQUEST: <u>2/27/2024</u>	ENTITY/DIVISION: <u>OPVP</u>		
CONTACT NAME: <u>Lisa Jymm</u>	DEPARTMENT: <u>Fiscal Recovery Fund Office</u>		
PHONE NUMBER: <u>(928) 309-5535</u>	E-MAIL: <u>ljymm@navajo-nsn.gov</u>		
COMPLETE DESCRIPTION OF LEGAL NEED AND SERVICES REQUESTED (Attach Documents):			
<i>Initial Eligibility Determination for San Juan Chapter - Warehouse Project in the amount of \$400,000.00.</i>			
DEADLINE:	<u>3/12/2024</u>	REASON:	<u>DOJ Review</u>
DOJ SECRETARY TO COMPLETE			
DATE/TIME IN UNIT:		REVIEWING ATTORNEY/ADVOCATE:	
DATE TIME OUT OF UNIT:		PREPARED BY (initial):	
DOJ ATTORNEY / ADVOCATE COMMENTS			
REVIEWED BY: (PRINT)		DATE / TIME:	
DOJ Secretary Called:		for Document Pick Up on	at By:
PICKED UP BY: (PRINT)		DATE / TIME:	