



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: _____

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: _____

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 NON-GOVERNANCE CERTIFIED CHAPTERS**

Part 1. Identification of parties.

Non-Governance Certified Chapter requesting FRF: Rock Springs Chapter Date prepared: 07/07/2021
 Chapter's mailing address: Post Office Bix 4608 phone/email: (505) 371-5100
Yahtahev, New Mexico website (if any): rocksprings@chapters.
 This Form prepared by: Sherman Yazzie, CSC phone/email: (505) 371-5100

CHAPTER CONTACT PERSON'S name and title

Title and type of Project: Rock Springs Chapter Building Renovation \$300,000.00

Chapter President: Harriett K. Becenti phone & email: (505) 879-9593
 Chapter Vice-President: Jasper Long phone & email: (505) 870-2443
 Chapter Secretary: Latonya Johnson phone & email: (505) 219-6378
 Chapter Treasurer: Latonya Johnson phone & email: (505) 219-6378
 Chapter Manager or CSC: Sherman Yazzie phone & email: (505) 371-5100
 DCD/Chapter ASO: Guarena Adeky phone & email: (505) 488-8476 gadeky@nr

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): Navajo Nation Division of Community Development, Rock Springs Chapter. document attached

Amount of FRF requested: \$300,000. FRF funding period: January 1, 2023-September 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:

Rock Springs Chapter will collaborate with DCD ARPA, NN FRF, assignments for repairs on building #3 Old HeadStart/Senior Center Building, Plumbing Repairs, AC/Furnace, Windows/Doors, Restrooms, Water Damages, bring building to stanard codes. Facility will be opened to community as a resource center. The Building will serve the Rock Springs Community for Recreational/Storage Space. COVID-19 related; using the building as a command center, storage space, resource center which is considered during an a emergency situation, i.e. community mebers can get information and/or Essential Items; Food, Water, PPE, etc. During this ongoing pandemic og COVID-19.

document attached

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

Rock Springs Chapter Building Renovation will benefit Rock Springs Community, ensuring safe Infrastructure to provide service to community mwmbers within the Rock Springs Community during the pandemic of COVID-19.

document attached

APPENDIX A

(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:

Project will be completed by September 30, 2026 if funds are to be disbursed in January 1, 2023. DCD ARPA will conduct procurement on hiring a Contractor & Complying with CJN-29-22 Legislation guidelines/ reports. Collaborating with our Gallup/Baca ASC SPPS Guarena Adeky.

document attached

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

The Divison of Community Development ARPA, NNFRF, Non-LGA 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:

The Rock Springs Chapter will be fully responsible for the operations and maintenance cost.

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:

New Expenditure Category 6.1, Provison of Government Services.

The Interim Final Rule, the Navajo Nation is permitted to use these funds to address the economic impacts of COVID-19 by building stronger communities.

document attached

Part 3. Additional documents.

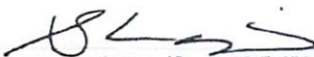
List here all additional supporting documents attached to this FRF Expenditure Plan (or indicate N/A):

APPENDIX A,

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

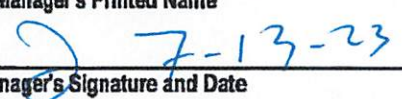

Approved by:


signature of Chapter Officer

Approved to submit for Review:


signature of DCD or NNFRFO Director

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA

PART I. PROGRAM INFORMATION:									
Business Unit No.: <u>NEW</u>		Program Name/Title: <u>Rock Springs Building #3 Renovation</u>							
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:									
After renovating Bldg. #3; building will be opened to the community as a resource center, which will be utilized as a recreational/ storage space area for essential items.									
PART III. PROGRAM PERFORMANCE CRITERIA:									
		1st QTR		2nd QTR		3rd QTR		4th QTR	
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement:									
<u>Programing & Design</u>									
Program Performance Measure/Objective:									
<u>Design Development Construction Documents</u>				6		6		6	
2. Goal Statement:									
<u>Contractor Procurement</u>									
Program Performance Measure/Objective:									
<u>Bidding</u>				6		6		6	
3. Goal Statement:									
<u>Rating Committee Selection Award Notice</u>									
Program Performance Measure/Objective:									
<u>Construction Contract Development</u>				6		6		6	
4. Goal Statement:									
<u>Construction Admin. Building</u>									
Program Performance Measure/Objective:									
<u>Completion of project</u>				6		6		6	
5. Goal Statement:									
<u>Monitoring & Close-Out</u>									
<u>Monitor project rrough completion and prepare close-out reports</u>				6		6		6	
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.									
<u>James Adaki, ASC Department Manager</u> Program Manager's Printed Name					<u>Calvin Castillo, 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
 DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Rock Springs Building #3 Renovation</u>		Business Unit No.: <u>K- 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)
6	6500 - Contractual Services Section 3: CJN-29-22 DRP Resolution establishing Business Unit Numbers		300,000
4	6500 - Contractuar Services Contract out, Bidding	300,000	
6	6960 - Subcontracted Services Select Contractor, Building Renovation, Completion		
7	6990 - Subcontracted Services		
TOTAL		300,000	300,000

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

PART I. Business Unit No.: <u>New</u> Project Title: <u>Rock Springs Building Renovations Project</u> Project Description <u>Renovation & Repairs of Building #3 (Old Headstart/Senior Center Building)</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														PART II. Project Information Project Type: _____ Planned Start Date: <u>1/1/2023</u> Planned End Date: <u>9/30/2026</u> Project Manager: _____																
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 <u>2023</u>												FY _____								Date 09/30/2026									
	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
Plan, Design Construction process																														
Hire Contractor																														
Building Assessment																														
Construction Administration																														
Close-Out																														
PART V.	S			S			S			S			S			S			S			S			PROJECT TOTAL					
Expected Quarterly Expenditures	37,500.00			37,500.00			37,500.00			37,500.00			37,500.00			37,500.00			37,500.00			37,500.00			\$300,000.00					

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