



**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: \_\_\_\_\_  
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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.** 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: Chilchinbeto Chapter Date prepared: May 31, 2023

Chapter's mailing address: PO Box 1681 Kayenta, Arizona 86033 phone & email: 928-697-5680  
website (if any): chilchinbeto@navajochapters.org

This Form prepared by: Eugene Badonie phone/email: 928-697-5681  
Eugene Badonie, Chapter Manager ebadonie@nnchapters.org  
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Chilchinbeto Warehouse

Chapter President: Paul Madson phone & email: 928-640-0735 pmadson@naataanii.org

Chapter Vice-President: Thomas Bradley phone & email: 928-429-9672 tbradley@naataanii.org

Chapter Secretary: Virginia White phone & email: 928-349-2648 virgiechinle@yahoo.com

Chapter Treasurer: Virginia White phone & email: 928-349-2648 virgiechinle@yahoo.com

Chapter Manager or CSC: Eugene Badonie phone & email: 928-209-9518 ebadonie@nnchapters.org

DCD/Chapter ASO: Sarah Harrison phone & email: 928-489-8199 sharrison@nndcd.org

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

document attached

Amount of FRF requested: \$502,955.00 FRF funding period: September 4th, 2023 - December 4th, 2024  
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 Chilchinbeto Chapter requests \$502,955.00 from the Fiscal Recovery Fund fto construct a 120'x 30' warehouse building to house food supplies, sanitizers, hand wipes, and decontaminates. It wil also be used to store all chapter equipment and protect them from inclement weather.

document attached

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

The warehouse will help keep the equipment from getting harsh weather damages and sun-baking out in the opening. The warehouse will alsostore food and other necessities in a cool dry place. The nation will benefit from this safe handling of food, supplies, and equipments.

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 only challenge we face is the short supply of building materials, especially in those low-cost markets. We will have to order our supplies and try to get them delivered in a timely manner. If this shortage happens, we will be forced to use other durable materials to complete the building..

document attached

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

The chapter manager will implement the program. He will sign off the requisition after the Administrative Assistant orders the supplies. Once the program begins, the chapter manager will ensure the pace of the work is appropriate.

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 operation and maintenance cost will be up to the chapter. The care of the facility is the responsibility of the 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:

1.7 Capital improvement or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency.

document attached

**Part 3. Additional documents.**

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

Chapter will awarded funds only in compliance with the ARPA, the ARPA regulations, and all other applicable Navajo Nation and Federal laws and regulaions..

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. GJY-41-21, the ARPA, ARPA Regulations, and with all applicable federal and Navajo Nation laws, regulations, and policies:

Chapter's Preparer: Engene Basovic  
signature of Preparer/CONTACT PERSON

Approved by: P. M. Mosh  
signature of Chapter President (or Vice-President)

Approved by: Engene Basovic  
signature of Chapter Manager or CSC

Approved by: Sarah Harrison  
signature of DCD/Chapter ASO

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

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THE NAVAJO NATION  
PROGRAM BUDGET SUMMARY

APPENDIX B  
Page 1 of 3  
BUDGET FORM 1

PART I. Business Unit No.:         New         Program Title:         Warehouse         Division/Branch:         Div. of Comm. Development          
 Prepared By:         Eugene Badonie         Phone No.:         928-697-5681         Email Address:         ebadonie@nnchapters.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
ARPA -FRF	<u>9/4/23-12/4/24</u>	502,955.00	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		502,955	502,955
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	502,955.00	502,955
				PART IV. POSITIONS AND VEHICLES		(D)	(E)	
				Total # of Positions Budgeted:				
				Total # of Vehicles Budgeted:				
TOTAL:			\$502,955.00	100%				

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

SUBMITTED BY: James Adakai, Deputy Director APPROVED BY: Calvin Castillo, Executive Director  
 Program Manager's Printed Name Division Director / Branch Chief's Printed Name  
[Signature] 6-7-23 [Signature] 6-7-23  
 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.:           New           Program Name/Title:           Chilchinbeto Warehouse          

**PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:**  
 Requesting the ARPA -FRF funds in the amount of \$502,955.00 to build a warehouse.

PART III. PROGRAM PERFORMANCE CRITERIA:	1st QTR		2nd QTR		3rd QTR		4th QTR	
	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
<b>1. Goal Statement:</b> Chapter will build a warehouse to store all their equipment. <hr/> <b>Program Performance Measure/Objective:</b> To prolong the life of each equipment	1		1		1		1	
<b>2. Goal Statement:</b> The chapter will promote longevity in the life of the equipment. <hr/> <b>Program Performance Measure/Objective:</b> Longevity is important. Equipment last long.	1		1		1		1	
<b>3. Goal Statement:</b> To store food supplies, sanitizers, and PPE. <hr/> <b>Program Performance Measure/Objective:</b> To keep the perishable in a cool place.	1		1		1		1	
<b>4. Goal Statement:</b> <hr/> <b>Program Performance Measure/Objective:</b>								
<b>5. Goal Statement:</b> <hr/> <b>Program Performance Measure/Objective:</b>								

**PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.**

<u>James Adahai Deputy Director</u> Program Manager's Printed Name  Program Manager's Signature and Date <u>6-7-23</u>	<u>Calvin Castillo, Executive Director</u> Division Director/Branch Chief's Printed Name  Division Director/Branch Chief's Signature and Date <u>6-7-23</u>
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THE NAVAJO NATION  
 DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Chilchinbeto Warehouse</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)
6	6020 - Supplies	492,955	492,955
7	1396 - Rent equipment	10,000	10,000
<b>TOTAL</b>		502,955	502,955

**THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE**

<b>PART I. Business Unit No.:</b> <u>New</u> <b>Project Title:</b> <u>Chilchinbeto Warehouse</u> <b>Project Description:</b> <u>To construct a 120' x 30' warehouse with twp storage.</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	<b>PART II. Project Information</b> <b>Project Type:</b> <u>Warehouse</u> <b>Planned Start Date:</b> <u>4-Sep-23</u> <b>Planned End Date:</b> <u>4-Dec-24</u> <b>Project Manager:</b> <u>Eugene Badonie</u>
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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.						
	23												24													4-Dec-24					
	1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.				O	N	D	J	F	M
	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	
Project plan & design									x																						
Supply order, purchase, & delivery										x	x	x	x																		
Construction														x	x	x	x	x	x	x	x	x	x	x	x						
Completion, inspection																									x						
Close out																									x						
<b>PART V.</b>	\$			\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL						
Expected Quarterly Expenditures										122,000.00				200,000.00				200,000.00				955.00				\$502,955.00					

**FOR OMB USE ONLY:**    Resolution No: \_\_\_\_\_    FMIS Set Up Date: \_\_\_\_\_    Company No: \_\_\_\_\_    OMB Analyst: \_\_\_\_\_