



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: _____

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: Churchrock Chapter Date prepared: 11/22/22

Chapter's mailing address: PO Box 549 Churchrock, NM 87311 phone/email: 505-488-2464 churchrock@navajochapters.org
website (if any): churchrock.navajochap

This Form prepared by: Dr. Carolene Whitman phone/email: 505-459-4796
Chapter Vice President cwhitman@naataanii.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Bathroom Renovation program

Chapter President: Larry King phone & email: 505-979-1411 lking@naataanii.org

Chapter Vice-President: Carolene Whitman phone & email: 505-459-4796 cwhitman@naataanii.org

Chapter Secretary: Francine Smith phone & email: 505-879-0056 fsmith@navajochapters.org

Chapter Treasurer: Francine Smith phone & email: 505-879-0056 fsmith@navajochapters.org

Chapter Manager or CSC: N/A phone & email: _____

DCD/Chapter ASO: Guarena Adeky phone & email: 505-905-1050 gadeky@nndcd.org

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

☐ document attached

Amount of FRF requested: 467,056.00 FRF funding period: 01/01/2023 to 09/30/2026
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:

Churchrock Chapter bathroom renovation program will use the funds to modernize bathrooms that were built in the 1960s to 1980s to meet ADA compliance requirements and to assist Navajo elders with accessible bathrooms. The bathrooms renovations will include a walk-in shower with safety rails, handicap toilet, bathroom sink, and replace old floors, as needed. Homes in the Churchrock community who have inefficient bathrooms who are in need will receive the services.

☐ document attached

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

The ARPA bathroom renovation program will provide access to sanitizing, daily hygiene care to mitigate Covid-19. Churchrock community will directly benefit from the program.

☐ 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:

This project estimates a successful completion of approximately 30-bathroom renovations, including house bathroom assessments to construction schedules to mobilization to construction to close out. Chapter will obligate the funds no later than September 30, 2024 and will fully expend the funds no later than September 30, 2026.

☐ document attached

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

The DCD ARPA, NNFRF and Churchrock Chapter will be the oversight of the bathroom renovation project utilizing PEP workers, as well as certified contractors hired to complete bathroom renovation.

☐ 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 maintenance and operations of the bathroom renovations will be the responsibility of the bathroom renovation recipient(s) after the 1-year construction warranty has ended.

☐ 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:

1.14 Other Public Health Services. Bathroom renovation will build healthier community environments.

☐ document attached

Part 3. Additional documents.

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

Churchrock Chapter approved resolution for this project
Churchrock Chapter Project Application Checklist

☒ 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:

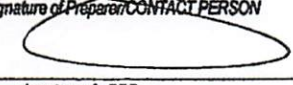
Chapter's
Preparer:


signature of Preparer/CONTACT PERSON

Approved by:


signature of Chapter President (or Vice-President)

Approved by:


signature of CSC

Approved by:


signature of Chapter ASO

Approved to submit
for Review:


signature of DCD Director

FY 2023

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

Page 1 of 3
BUDGET FORM 1

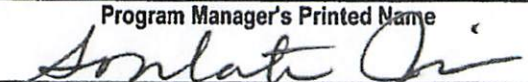

PART I. Business Unit No.: <u>K- [New]</u>		Program Title: <u>Churchrock Chapter</u>		<u>Restroom Renovations</u>		Division/Branch: <u>DCD/ASC/ Churchrock</u>	
Prepared By: <u>Guaerna Adeky, SPPS</u>		Phone No.: <u>505-488-2464</u>		Email Address: <u>churchrock@navajochapters.org</u>			

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
NN Fiscal Recovery Funds	01/01/23 - 09/30/26	467,056.00	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		467,056	467,056
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	467,056.00	467,056

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

TOTAL: \$467,056.00 100%		
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PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

SUBMITTED BY: <u>Sonlatsa Jim-Martin</u> <div style="text-align: center;"> Program Manager's Printed Name  Program Manager's Signature and Date </div>	APPROVED BY: <u>Pearl Yellowman</u> <div style="text-align: center;"> Division Director / Branch Chief's Printed Name  12.2.22 Division Director / Branch Chief's Signature and Date </div>
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FY 2023

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

**Page 2 of 3
BUDGET FORM 2**

PART I. PROGRAM INFORMATION:Business Unit No.: K- [New]

Program Name/Title: Churchrock Chapter

Bathroom Renovations**PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:****PART III. PROGRAM PERFORMANCE CRITERIA:**

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

1. Goal Statement:To provide bathroom repair to homes in need of repair to prevent conditions of COVID-19**Program Performance Measure/Objective:**Complete 30 bathroom repairs for community members within Churchrock Chapter

		10		10		10	
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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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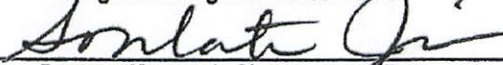
5. Goal Statement:**Program Performance Measure/Objective:**

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

Sonlatsa Jim-Martin

Program Manager's Printed Name



Program Manager's Signature and Date

Pearl Yellowman

Division Director/Branch Chief's Printed Name

 12.2.22

Division Director/Branch Chief's Signature and Date

FY 2023

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATIONPage 3 of 3
BUDGET FORM 4

PART I. PROGRAM INFORMATION:			
Program Name/Title: _____		Churchrock Chapter <u>Bathroom Renovations</u>	Business Unit No.: _____ K- [New]
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)
9050	Capital Outlay 9054 - Building Improvements To repair/upgrade the bathroom of 30 homes of eligible houses within the Churchrock Chapter Community x 15,568.53 per house	467,056	467,056
TOTAL		467,056	467,056

Page ____ of ____
PROJECT FORM

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

Larry J. King, President
Dr. Carolene Whitman, Vice President
Francine Smith, Secretary/Treasurer

VACANT
Community Service Coordinator



CHURCHROCK CHAPTER

Post Office Box 549 Churchrock, New Mexico 87311
Tel. 505-488-2464 FAX: 505-488-2190
churchrock@navajochapters.org

Edmund Yazzie, Council Delegate
Barbara O'Keefe, LDA
Emery Chee, Land Board Member

VACANT,
Account Maintenance Specialist

Resolution No.: CRC-03-2023-008

**AMENDING CRC-11-2022-005: APPROVING THE REQUEST TO UTILIZE
DELEGATE ARVISO REGIONAL EXPENDITURE PLAN FUNDS IN THE AMOUNT
OF \$467,056 TO PLAN, DESIGN AND RENOVATE EXISTING BATHROOM
ADDITIONS TO MEET ADA COMPLIANCE TO INCLUDE ADDITIONAL
LANGUAGE.**

WHEREAS:

1. Pursuant to 26 NNC Section 3(A), the Churchrock Chapter is a duly recognized certified Chapter of the Navajo Nation government as listed at 11 NNC, Part 1, Section 10; and
2. Pursuant to 26 NNC Section 1(B), the Churchrock Chapter is vested with the authority to review all matters affecting the community to make appropriate corrections when necessary and to make recommendations to the Navajo Nation and other local agencies for appropriate actions; and
3. Churchrock Chapter is invested to review all matters affecting the community to make favorable decisions in the best interest over local matter, such as cultural preservations, economic development, safety, and welcome of chapter membership; and
4. The Churchrock Chapter, as part of Honorable Delegate Steven Arviso's Region, was allocated funds from the American Rescue Plan Act (ARPA) Delegate Regional Expenditure plan to provide services to the Community of Churchrock Chapter; and
5. The Churchrock Chapter shall work together with community members to plan, design and renovate existing bathroom additions to meet ADA compliance; and
6. The Churchrock Chapter affirms that the Chapter will only use awarded Fiscal Recovery Funds and implement this FRF Expenditure Plan in compliance with the ARPA, ARPA Regulations, and with all applicable federal and Navajo Nation laws, regulations, and policies.

NOW THEREFORE, BE IT RESOLVED THAT:

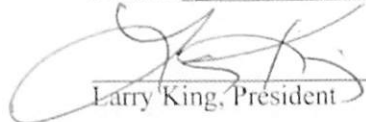
1. The Churchrock Chapter membership hereby approves the amendment to include additional language and respectfully submits the funding proposal packet and budget in the amount of \$467,056 to plan, design, and renovate existing bathroom additions.
2. The bathroom additions shall be provided with fixtures as needed with ADA compliance approval.
3. Replacement of bathroom floors will be provided as needed.

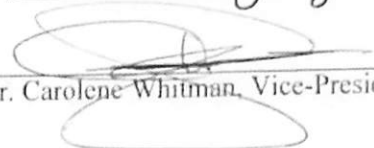
C E R T I F I C A T I O N

We hereby certify the foregoing resolution was duly considered by the Churchrock Chapter of the Navajo Nation (New Mexico) at a duly called meeting at which a quorum was present and the

same was passed by a vote of 29 in favor, and 0 opposed, and 4 abstained on this 21st day of March, 2023.

Motion: Janice Peterson Second: Lonise Begay


Larry King, President


Dr. Carolene Whitman, Vice-President


Francine Smith, Secretary-Treasurer

Larry J. King, President
Dr. Carolene Whitman, Vice President
Francine Smith, Secretary/Treasurer



Churchrock Chapter

Post Office Box 549 Churchrock, New Mexico 87311
Tel. 505-488-2464 FAX: 505-488-2190
churchrock@navajochapters.org

Edmund Yazzie, Council Delegate
Barbara O'Keefe, LDA
Emery Chee, Land Board Member

VACANT
Community Service Coordinator

VACANT,
Account Maintenance Specialist

Resolution No.: CRC-11-2022-005

**APPROVING THE REQUEST TO UTILIZE DELEGATE YAZZIE REGIONAL ARPA
EXPENDITURE PLAN FUNDS IN THE AMOUNT OF \$467,056 TO PLAN, DESIGN
AND RENOVATE EXISTING BATHROOM ADDITIONS TO MEET
ADA COMPLIANCE.**

WHEREAS:

1. Pursuant to 26 NNC Section 3(A), the Churchrock Chapter is a duly recognized certified Chapter of the Navajo Nation government as listed at 11 NNC. Part 1, Section 10; and
2. Pursuant to 26 NNC Section 1(B), the Churchrock Chapter is vested with the authority to review all matters affecting the community to make appropriate corrections when necessary and to make recommendations to the Navajo Nation and other local agencies for appropriate actions; and
3. Churchrock Chapter is invested to review all matters affecting the community to make favorable decisions in the best interest over local matter, such as cultural preservations, economic development, safety, and welcome of chapter membership; and
4. The Churchrock Chapter, as part of Honorable Delegate Edmund Yazzie's Region, was allocated funds from the American Rescue Plan Act (ARPA) Delegate Regional Expenditure plan to provide services to the Community of Churchrock Chapter; and
5. The Churchrock Chapter shall work together with community members to plan, design and renovate existing bathroom additions to meet ADA compliance.

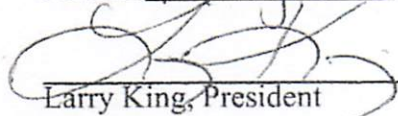
NOW THEREFORE, BE IT RESOLVED THAT:

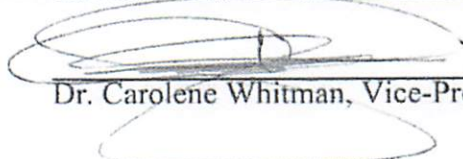
1. The Churchrock Chapter membership hereby approves and respectfully submits the funding proposal packet and budget in the amount of \$467,056 to plan, design, and renovate existing bathroom additions.
2. The bathroom additions shall be provided with fixtures as needed with ADA compliance approval.
3. Replacement of bathroom floors will be provided as needed.

C E R T I F I C A T I O N

We hereby certify the foregoing resolution was duly considered by the Churchrock Chapter of the Navajo Nation (New Mexico) at a duly called meeting at which a quorum was present and the same was passed by a vote of 25 in favor, and 0 opposed, and 2 abstained on this 23rd day of November, 2022.

Motion: Marjorie Grey Second: Emma Gordan


Larry King, President


Dr. Carolene Whitman, Vice-President


Francine Smith, Secretary-Treasurer

Larry J. King, *President*
Dr. Carolene Whitman, *Vice President*
Francine Smith, *Secretary/Treasurer*



Churchrock Chapter
Post Office Box 549 Churchrock, New Mexico 87311
Tel. 505-488-2464 FAX: 505-488-2190
churchrock@navajochapters.org

Edmund Yazzie, *Council Delegate*
Barbara O'Keefe, *LDA*
Emery Chee, *Land Board Member*

VACANT
Community Service Coordinator

VACANT
Account Maintenance Specialist

PROJECT APPLICATION CHECKLIST

Name: _____ Date Submitted: _____ CRC - _____
Address: _____ Phone No.: _____

REQUIRED DOCUMENTS:

1. _____ Project Application
 - _____ Sign & Dated Permission for Entering and Authorization for Information Release
 - _____ Accurate & Detailed Map to Residence
2. _____ Drivers License or State Issued Identification Card (ID)
3. _____ Certificate of Indian Blood (CIB)
4. _____ Copy of Social Security Card(s)
5. _____ Copy of Voter's Registration or Verified in Voter's Registration Book: _____
(Date verified & By)
6. _____ **Signed and Certified** Copy of Home Site or Residential Lease
 - _____ Archeological Survey/Clearance
 - _____ Survey Plot
7. _____ Household Income
8. _____ Agreement Form; signed & dated
9. _____ HD Project List Form & 'Before' pictures need to be completed
10. _____ Must attend Planning Meeting _____ & Regular Meeting _____

Application verified by: _____ Date: _____

Comments: _____

ADMINISTRATION USE ONLY

Income Guidelines for household of _____ members is \$ _____. Based on the above information, this

Applicant is: _____ ELIGIBLE _____ NOT ELIGIBLE _____ PENDING

Reason(s) for ineligibility: _____

Administration Signature: _____ Date: _____