



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 #: HK0737

Date & Time Received: 1/10/24 at 14:34

Date & Time of Response: 1/23/2024 at 17:00

Entity Requesting FRF: Mariano Lake Chapter

Title of Project: Mariano Lake Chapter Power-lines Project

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$1,019,678.00

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:

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: Navalyn R. Platero

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: Mariano Lake Chapter

Date prepared: 11/27/2023

Chapter's mailing address: P.O. Box 897, Thoreau, NM 87323

phone/email: 505-786-2180

website (if any): marianolake.navajochapters.org

This Form prepared by: Ms. Leandra K. James
Community Services Coordinator

phone/email: 505-786-2180

CHAPTER CONTACT PERSON'S name and title

Title and type of Project: Mariano Lake Chapter Power-lines Project

Chapter President: Mr. Jay R. DeGroat

phone & email: jrdegroat@naataanii.org

Chapter Vice-President: Mr. Henry King

phone & email: hking@naataanii.org

Chapter Secretary: Mr. Henry P. Begay, Jr.

phone & email: hpbegayjr@navajochapters.org

Chapter Treasurer: Mr. Henry P. Begay, Jr.

phone & email: hpbegayjr@navajochapters.org

Chapter Manager or CSC: Ms. Leandra K. James

phone & email: ljames@nncchapters.org

DCD/Chapter ASO: Ms. Myrna M. James

phone & email: mmjames@nndcd.org

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

document attached

Amount of FRF requested: \$1,019,678.00

FRF funding period: Oct 1, 23 to 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:

The project will provide power-line extensions to serve fourteen (14) homes in the Mariano Lake Community. Funds will be used to obtain contractual services. The contractor will complete the activities: plan, design and construct, to include obtaining land access and all necessary approvals through the Right-Of-Way (ROW) Process; includes completion of design, surveys, assessments, archaeological/biological/environmental studies & clearances, obtain the required permits, provide the engineering services, construct all power-lines; and construct house-wiring to each home meeting the requirements of the utility company in preparation for the electricity connection.

document attached

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

The project will benefit and improve the lives of the occupants residing in homes that do not presently have power. Electricity is necessary to access water and wastewater services, including improved services of water heating, home heating, medical needs and food refrigeration. Overall, this project will enhance the quality of life to 14 homes who are in dire need of electricity services.

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:

This project will have construction funds encumbered no later than September 30, 2024 and project will be completed by September 30, 2026.

document attached

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

Leandra K. James, Community Services Coordinator

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 homeowners will be responsibility for the operation and maintenance of the house-wiring; Continental Divide Electric Cooperative Inc. (CDEC) will own, operate and maintenance the powerlines.

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:

This project is under the Expenditure Category: 2.18 Housing Support-Other Housing Assistance

This project will provide assistance to the fourteen (14) homes identified for powerline extensions to assist and address their unsafe living conditions that contribute to their poor health and provide improvements to the unsanitary conditions within the home to alleviate the negative impacts of COVID-19.

document attached

Part 3. Additional documents.

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

[Empty box for listing additional supporting documents]

Part 4. Affirmation by Funding Recipient.

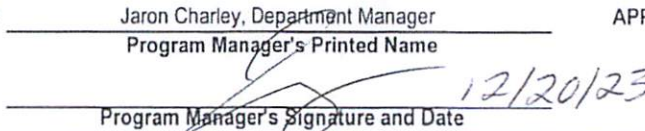
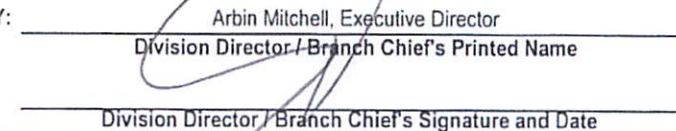
Funding Recipient affirms that its receipt of Fiscal Recovery Funds and the implementation of this FRF Expenditure Plan shall be in accordance with Resolution No. CJY-41-21, the ARPA, ARPA Regulations, and with all applicable federal and Navajo Nation laws, regulations, and policies:

Chapter's Preparer: 
signature of Preparer/CONTACT PERSON


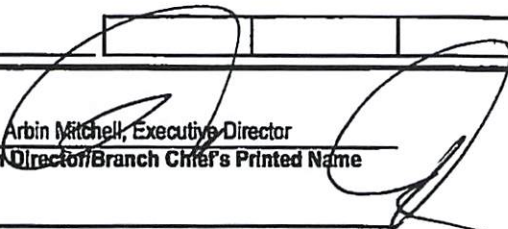
Approved by: 
signature of Chapter Director

Approved to submit for Review: _____
signature of DCP or NA/FRFO Director

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

PART I Business Unit No.: <u>NEW</u>		Program Title: <u>Mariano Lake Chapter - Powerlines Project</u>		Division/Branch: <u>Executive/DCD</u>				
Prepared By: <u>Ms. Leandra K. James</u>		Phone No.: <u>505-786-2180</u>		Email Address: <u>marianolake@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
NN Fiscal Recovery Funds	10/1/23-9/30/26	1,019,678.00	100%	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	6		1,019,678	1,019,678.00
				9000 Capital Outlay				0.00
				9500 Matching Funds				0.00
				9500 Indirect Cost				0.00
				TOTAL		\$0.00	1,019,678.00	1,019,678.00
				PART IV. POSITIONS AND VEHICLES		(D)	(E)	
				Total # of Positions Budgeted:		0	0	
				Total # of Vehicles Budgeted:		0	0	
TOTAL:		\$1,019,678.00	100%					
PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.								
SUBMITTED BY: <u>Jaron Charley, Department Manager</u>			APPROVED BY: <u>Arbin Mitchell, Executive Director</u>					
Program Manager's Printed Name			Division Director / Branch Chief's Printed Name					
 Program Manager's Signature and Date <u>12/20/23</u>			 Division Director / Branch Chief's Signature and Date					

**THE NAVAJO NATION
PROGRAM PERFORMANCE MEASURES**

PART I. PROGRAM INFORMATION:				
Business Unit No.:	NEW	Program Name/Title:	Mariano Lake Chapter - PowerLines Project	
PART II. PROGRAM PERFORMANCE CRITERIA:				
		1st QTR	2nd QTR	3rd QTR
		Goal	Goal	Goal
1. Program Performance Measure:				
To complete power-line extensions to 14 homes				
Provide contractual services for power-line extensions to 14 homes				
				14
2. Program Performance Measure:				
To complete house-wiring for 14 homes				
Provide contractual services for house-wiring services to 14 homes				
				14
3. Program Performance Measure:				
4. Program Performance Measure:				
5. Program Performance Measure:				
PART III. CONCURRENCE/APPROVAL:				
Jaron Charley, Department Manager		Arbin Mitchell, Executive Director		
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		
12/20/23				

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Mariano Lake Chapter - Powerlines Project</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)
8500 8555	Infrastructure (Non-Cap) Chapter Projects The project will provide power-line extensions to serve fourteen (14) homes in the Mariano Lake Community. Funds will be used to obtain contractual services to complete the following activities: plan, design, and construct, to include obtaining land access and all necessary approvals throught the Right-of-Way (ROW) Process; includes completion of design, surveys, assessments, archaeological/biological/environmental studies & clearances, obtain the required permits, provide the engineering services, construct the power-lines; and construct the house-wiring to each home meeting the requirements of the utility company in preparation for the electricity connection.	1,019,678	1,019,678.00
TOTAL		1,019,678.00	1,019,678.00

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

PART I. Business Unit No.: _____ Project Title: <u>Mariano Lake Chapter Powerlines Project</u> Project Description <u>The project will obtain contractual services to complete the activities: plan, design, construct; for powerline extensions to serve fourteen homes in the Mariano Lake Community; and will provide construction of house-wiring services to prepare the homes for the electricity connection.</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: <u>Plan, Design, Construct</u> Planned Start Date: <u>1-Oct-23</u> Planned End Date: <u>Sept. 30, 2026</u> Project Manager: <u>Leandra K. James, CSC</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. End Date_Sept.30,2026_	
	FY 2024												to FY 2026																	
	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
Securing Funds																														
Procurement & Contracting																														
Planning, Design																														
Construction & Close-out																														
PART V.	\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL								
Expected Quarterly Expenditures				500,000.00			500,000.00			19,678.00															\$ 1,019,678.00					

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

MARIANO LAKE CHAPTER
ARPA Powerline Extension Project

APPLICATION FOR SERVICES

All questions in this application must be answered.

Applicant's Name: _____ Census Number: _____ Date of Birth: _____	Home or Msg. _____ Work Number: _____ Enrolled Chapter: _____
Spouse's Name: _____ Census Number: _____ Date of Birth: _____	Home or Msg. _____ Work Number: _____ Enrolled Chapter: _____
Rural Address: _____ City: _____ State: _____ Zip Code: _____	
Mailing Address: _____ City: _____ State: _____ Zip Code: _____	

HOMESITE LEASE (CHECK ONE BOX ONLY)	
<input type="checkbox"/>	I have an approved homesite lease with the Navajo Nation (Provide copy)
<input type="checkbox"/>	I am currently applying for a homesite lease with the Navajo Nation (Provide copy of receipt)
<input type="checkbox"/>	I do not have a homesite lease
<input type="checkbox"/>	I reside on Indian Allotment Land, and I do have an approved residential lease (Provide copy of finalize lease)
<input type="checkbox"/>	I reside on Indian Allotment Land, BUT I DO NOT have an approved residential lease.

Housing Information	
(Check off those that apply)	
<input type="checkbox"/>	House
<input type="checkbox"/>	Hogan
<input type="checkbox"/>	Mobile Home
<input type="checkbox"/>	Single Wide
<input type="checkbox"/>	Double Wide
<input type="checkbox"/>	Modular Home
<input type="checkbox"/>	Other: _____

Type of Dwelling	
(Check off those that apply)	
<input type="checkbox"/>	Log
<input type="checkbox"/>	Brick
<input type="checkbox"/>	Stone
<input type="checkbox"/>	Stucco
<input type="checkbox"/>	Wood Siding
<input type="checkbox"/>	Trailer
<input type="checkbox"/>	Modular Home
<input type="checkbox"/>	Siding? _____

Home Details	
CONDITION <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor	
	Roof Color? _____
	House Color? _____
	House Size? _____
	Number of Bedrooms? _____
	Number of Bathrooms? _____
	Number of People in Home? _____

Is your home wired? _____ Do you use a generator? _____
 Do you use solar? _____

What is the heating source? (Check all that apply)
 Gas Wood/Coal Other: _____

Please Draw a Map to the home. Include coordinates, roads, neighbors, etc.



Were you negatively impacted by the COVID 19 pandemic? _____
 If yes, how? _____

AGREEMENT	
To the best of my knowledge, the above information is true and complete. I understand the Mariano Lake Chapter and Navajo Nation will keep this information confidential and will use the information for service application. Lastly, I understand that I am required to submit an application with the Continental Divide Electric Cooperative Inc. for electricity connection services.	

APPLICANT'S SIGNATURE: _____ **DATE:** _____
APPLICANT'S REPRESENTATIVE: _____ **DATE:** _____