



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.



NAVAJO NATION DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL

DOREEN N. MCPAUL
Attorney General

KIMBERLY A. DUTCHER
Deputy Attorney General

DEPARTMENT OF JUSTICE
INITIAL ELIGIBILITY DETERMINATION
FOR NAVAJO NATION FISCAL RECOVERY FUNDS

RFS/HK Review #: HK0301

Date & Time Received: 12/13/22

Date & Time of Response: 12/20/22 5:00 PM

Entity Requesting FRF: Iyanbito Chapter

Title of Project: NHA and eligible community members rental and utility assistance

Administrative Oversight: Iyanbito Chapter Community Service Coordinator, Tom Delray

Amount of Funding Requested: \$10,000

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: Additional information is needed to make a determination. We request the following additional information:

- What is the criteria that will be applied to determine whether an individual is eligible for assistance? For example, will it be available to only members of the Nation who have demonstrated financial harm or need?
- Will the assistance be for rent, mortgage and utility payments?
- What is the maximum amount an individual or household will be able to receive under this program? (The documents indicate that 10 individuals will receive \$1,000.)
- Once eligible criteria for assistance is established, will such assistance will be available to all those who qualify or will certain individuals get priority?
- Will payments be made directly to individuals or will they in all instances go to landlords/utility companies?

In addition, we note that there may be other sources of funding to leverage to help homeowners with their outstanding utility bills. Please consider whether the Homeowners Assistance Fund or Emergency Rental Assistance Program might provide an additional source of funding.

Name of DOJ Reviewer: MacArthur Stant

Signature of DOJ Reviewer: 

EXHIBIT A



IYANBITO CHAPTER The Navajo Nation

ARPA RENTAL/UTILITY ASSISTANCE 2023

Post Date: _____

Deadline Date: _____; 4:30pm MDT

This application is designed to collect specific information from applicants applying for the Rental and Utility Assistance Program in accordance with the American Rescue Plan Act and the Iyanbito Chapter Policies and Procedures.

During COVID-19 Pandemic our Navajo Dine' People have struggle from work lay-off's, closures, and self-employment business has slowed down for those who do self-employment for their support. Renters/Utility Assistance will not only help but it will bring hope for those who are in need at this time as we are still facing the PANDEMIC and the current inflation of food and gas.

The Renters/Utility Assistance will not "require proof of income" The only requirement is that you reside within the Iyanbito Chapter Community Navajo Housing Authority and you show proof of your rental agreement and utility bills.

Applications are available at Iyanbito Chapter House Administrative Office during normal business hours: 8:00am-12noon and 1:00pm – 5:00pm, Monday through Friday.

ARPA Criteria & Policy:

- Any person applying for the ARPA Assistance with Iyanbito Chapter shall submit the required documents (see list below) to the administrative office on or before the deadline date.
- Please be advised that this is a one-time help of **\$196.00** for NHA RENTERS Assistance.
- Applicant must choose only **ONE** of the following for assistance
 - TOHATCHII HOUSING AUTHORITY
 - NAVAJO TRIBAL UTILITY AUTHORITY
 - CONTINENTAL DIVIDE ELECTRIC COMPANY
 - PROPANE COMPANY OF THEIR CHOICE
- Once the selection is made by the applicant there will not be any changes made
- Iyanbito Chapter will then inform Window Rock Office to send payments to the choosing of the applicants Rental or Utility payment.

Applicant shall submit the following Required Documents:

- ☐ Completed and signed ARPA Rent/Utility Assistance Application
- ☐ Proof of monthly rent payment
- ☐ Proof of monthly electric bill payment
- ☐ Proof of monthly water bill payment
- ☐ Proof of propane purchase payment
- ☐ Copy of valid Certificate of Indian Blood (CIB) for all household members
- ☐ Copy of valid Identification card
- ☐ Copy of Social Security cards (for all household members)
- ☐ Proof of Navajo Nation Voters Registration (see Registered Voter bullet above)

Questions or Inquiries:

Delray Tom Community Service Coordinator, Iyanbito Chapter Administrative Office
Jaida Betom Office Specialist

Telephone: 505-905-5650 Facsimile: 505-905-6115 Email: iyanbito@navajochapters.org

**IYANBITO CHAPTER • THE NAVAJO NATION**

P.O. Box 498 • Fort Wingate, NM 87316

505-905-5650 • fax 505-905-6115

iyanbito@navajochapters.org

FOR OFFICE USE ONLY

Date of Receipt: _____

Time of Receipt: _____

Received by: _____

CONTROL No.: **FY2023-**_____**ARPA RENTAL/UTILITY ASSISTANCE APPLICATION**

Incomplete applications will not be processed. Please complete all information on the application and attach all necessary documents. If a question is not applicable, please write N/A. Make sure you sign the application. If you need additional space to provide an answer, please attach an additional sheet(s). Once completed please submit to the Iyanbito Administrative office during normal working hours.

(Please print clearly)**Applicant INFORMATION**

Social Security Number	First Name	Last Name
Social Security Number	First Name	Last Name

Physical Address and Mailing Address INFORMATION

NHA#	Physical Address	Mailing Address
City	State	Zip Code

Rental Assistance Utility Assistance INFORMATIONHave you applied for any other rental assistance ☐ Yes ☐ No if yes where _____ Date: _____Have you applied for any other utility assistance ☐ Yes ☐ No if yes where _____ Date: _____**Monthly Rental/Utility Payment INFORMATION**

What is your monthly NHA rent/mortgage payment? _____ What is your monthly electric bill payment? _____

What is your monthly water bill payment? _____ What is your monthly propane bill payment? _____

Do you have a wood stove in your home? if yes please provide how much you spend on wood purchase every month? _____

Approval INFORMATION

Should you get approved for the rental/utility assistance which would you choose for Iyanbito Chapter to send payment to? Please circle one

Tohatchii Navajo Housing Authority

Navajo Tribal Utility Authority

Continental Divide Electric Company

Registered Voter INFORMATION

Are you a registered voter? If yes please provide Chapter _____

APPLICANT'S AUTHORIZATION AND CERTIFICATION

I authorize the Iyanbito Chapter administration to make inquiries to verify the information I have provided in this application. I certify the information I have given in this application is true and correct and read the general information attachment. I understand that any false statement or misrepresentation may result in the denial of my application. All persons/organizations are released from liability, whatsoever, as a result of providing information as requested by Iyanbito Chapter in connection with this application for Arpa Rental /Utility assistance only.

Signature of Applicant_____
DATE**FOR OFFICE USE ONLY**Qualified? ☐ Yes ☐ NoInformation Verified? ☐ Yes ☐ NoApplication Complete ☐ Yes ☐ No

If no, attach memorandum stating reason for disqualification.

Reviewed by: _____

Date: _____

**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: Iyanbito Chapter Date prepared: _____

Chapter's P.O. Box 498 phone/email: 505-905-5650
mailing address: Fort Wingate, NM 87316 website (if any): iyانبito@navajochapters.org

This Form prepared by: Delray Tom phone/email: 505-905-5650
Community Service Coordinator dtom@nnchapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: NHA and eligible Community members rental and utility assistance

Chapter President: Seneca Becenti phone & email: 505-870-7818

Chapter Vice-President: _____ phone & email: _____

Chapter Secretary: Stephen Silversmith phone & email: ssilversmith@navajochapters.org

Chapter Treasurer: Stephen Silversmith phone & email: 505-870-8920

Chapter Manager or CSC: Delray Tom phone & email: 505-905-5650 dtom@nnchapters.org

DCD/Chapter ASO: Guarena Adeky phone & email: 505-488-8476 gadeky@nndcd.org

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

☐ document attached

Amount of FRF requested: 10,000.00 FRF funding period: 11/18/2022 -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:

During COVID pandemic families are still struggle to catch up on their home rental/mortgage payments, and utility bills.

☐ document attached

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

Renters assistance will ensure the Navajo families that they will have a shelter, roof over their head, continue to call their rental home and a place to quarantine during the pandemic. Navajo families need utility to cook, clean, wash clothing and up keep their daily living in a safe -warm living environment. For families to combat COVID they need a home, running water, heating source, and a home to cook healthy meals.

☐ 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

APPENDIX A

Program(s) or Project(s) by December 31, 2026:

Project will be completed by December 31, 2026 if funds are disbursed in January 2022. We are tiering the projects to ensure rental, utility payments are made. Progress will be reported to the Division of Community Development and Iyanbito Chapter Community and all necessary entities.

☐ document attached

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

Iyanbito Chapter Community Service Coordinator will be responsible for implementing the project for the 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 individual homeowners will be responsible for future rental and utility payments. The Iyanbito Chapter will not be responsible for any rental and utility payments

☐ 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:

2.2 - Household Assistance: Rent, Mortgage, and utility Aid

Iyanbito Chapter Navajo Housing Authority is a Navajo Government entity.

☐ document attached

Part 3. Additional documents.

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

Chapter Resolution

☐ 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

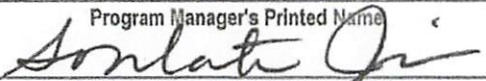

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

Page 1 of 3
BUDGET FORM 1

PART I. Business Unit No.: <u>K (New)</u>		Program Title: <u>NHA and Eligible Community members rental and utility assistance</u>		Division/Branch: <u>Division of Community Development</u>	
Prepared By: <u>Delray Tom</u>		Phone No.: <u>505-905-5650</u>		Email Address: <u>dtom@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 FUNDS	10/1/22 - 9/30/26	10,000.00	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				
				7000 Special Transactions				
				8000 Public Assistance	6	10,000	10,000	10,000
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		10,000.00	10,000.00	10,000

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

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.	
SUBMITTED BY: <u>Sonlatsa Jim-Martin</u> Program Manager's Printed Name  Program Manager's Signature and Date	APPROVED BY: <u>Pearl Yellowmen</u> Division Director / Branch Chief's Printed Name  12.222 Division Director / Branch Chief's Signature and Date

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:

NHA and Eligible Community members rental and utility assistance**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:Goal is to ensure payments are made for 10 renters and eligible members.**Program Performance Measure/Objective:**To assist NHA and eligible renters with rent and Utility payments during COVID families have struggle

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2. Goal Statement:**Program Performance Measure/Objective:**

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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.Sonlatsa Jim-Martin

Program Manager's Printed Name

Program Manager's Signature and Date

Pearl Yellowmen

Division Director/Branch Chief's Printed Name

Division Director/Branch Chief's Signature and Date

12.2.22

FY 2023

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

PART I. PROGRAM INFORMATION:			
Program Name/Title: NHA and Eligible Community members rental and utility assistance		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)
8010	Rental, Utility and Propane Assistance 10 x 1000 = 10000	10,000	10,000
Total 10000			
TOTAL		10,000	10,000



RESOLUTION
OF THE
IYANBITO CHAPTER
THE NAVAJO NATION

No. ICH67 11/22-012

APPROVING THE REQUEST TO UTILIZE THE DELEGATE EDMUND YAZZIE REGIONAL EXPENDITURE PLAN FUNDS TO ASSIST IYANBITO NAVAJO HOUSING AUTHORITY (NHA) RESIDENTS AND ELIGIBLE COMMUNITY MEMBERS WITH RENTAL, MORTGAGE, AND UTILITY PAYMENTS IN THE AMOUNT OF \$10,000.00.

WHEREAS:

1. Pursuant to Navajo Tribal Council Resolution W-30-55, and reaffirmed by Resolution CMY-23-79, the Council certifies and authorizes the Iyanbito Chapter as a Navajo Chapter; and
2. Pursuant to 26 N.N.C., Section 1, (B)(1)(2) and Section 103, the Iyanbito Chapter is recognized as a local government entity and delegated certain authorities and responsibilities with respect to local matters consistent with Navajo Nation laws; and
3. The Iyanbito Chapter, as part of Honorable 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 Iyanbito Chapter; and
4. The Iyanbito Chapter is submitting a funding proposal in the amount of \$10,000.00 to assist Iyanbito Navajo Housing Authority (NHA) residents and eligible community members with rental, mortgage, and utility payments in the amount of \$10,000.00 in accordance with Exhibit A; and
5. The Iyanbito Chapter will work with all stakeholders to assist Iyanbito Navajo Housing Authority (NHA) residents and eligible community members with rental, mortgage, and utility payments; and
6. The Iyanbito Chapter affirms that the Chapter will only use awarded Fiscal Recovery Funds (FRF) 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 Iyanbito Chapter hereby approves the request to utilize the Delegate Edmund Yazzie regional expenditure plan funds to assist Iyanbito Navajo Housing Authority (NHA) residents and eligible community members with rental, mortgage, and utility payments in the amount of \$10,000.00.
2. The Iyanbito Chapter will work with all stakeholders to assist Iyanbito Navajo Housing Authority (NHA) residents and eligible community members with rental, mortgage, and utility payments.

CERTIFICATION

We hereby certify the foregoing resolution was duly considered by the Iyanbito Chapter at a duly called Regular Chapter meeting at Iyanbito, Navajo Nation, New Mexico, at which a quorum was present and that the same was passed by a vote of 37 in favor, 00 opposed, and 03 abstained, this 27th day of November 2022.

Motion by: Eugene Marshall
Second by: Eunice Skeet

Seneca Becenti, President
Stephen J. Silversmith, Secretary/Treasurer