



DR. BUU NYGREN *PRESIDENT*
RICHELLE MONTOYA *VICE PRESIDENT*

The Navajo Nation | Yideeskáądi Nitsáhákees

April 19, 2023

TRANSMITTAL

TO : Calvin Castillo, Executive Director
 Division of Community Development (DCD)

FROM : CShmng
 Cordell Shortey, Contracting Officer
 Contracts & Grants Section (CGS) / OMB

SUBJECT : BU on Budget for Projects / Activities for Nazlini Chapter House and Blue Gap/Tachee Chapter House - ARPA Funds Delegate / Speaker Curley Region

I. Information on Contract (per Original Award):

Many Farms Chapter House, Low Mountain Chapter House, Nazlini Chapter House, and Blue Gap/Tachee Chapter House	U.S. Treasury American Recovery Plan Act (ARPA)	21.027
Title of Contract	Funding Agency	CFDA No. - Federal
CD-62-22	2022	03/11/2021 to 12/31/2026
Grant No.	Amount	Term - Begin and End Date
	\$ 8,802,340.00	

II. Data Entered in FMIS Regarding:

- New Contract or Grant Company No. 8059 Business Unit (K#) K2115110-K2115120
- Contract Mod No. _____ Internal Modification No. 1
- Amt of Budget Increase \$3,519,733.00 \$2,429,000.00 to \$5,948,733.00
- Budget Period - Extend End Date: From _____ To _____
- Other, specify: _____

Authorizing Document - Attached:

- Contract / Agreement - Date executed _____
- NNC / Committee Resolution - No. & Date _____
- Other, specify: Budget on projects / activities for Chapter listed above submitted by NN FRF Office

III. Comments by CGS:

This Transmittal documents 2nd budgets entered into FMIS on \$8.2 mil ARPA funds allocated to Speaker Crystalyne Curley Region. As shown in Sec. II above \$3.5 mil was entered which is based on corrected budget received from NN FRF Office on April 10, 2023. \$2.4 mil was previously entered and documented by Transmittal of March 22, 2023. Y-T-D budget in FMIS for Curley Region is \$5,948,733. Information on Section I. of Transmittal above reflects \$8,802,340 ARPA funding allocated for distribution to Chapter the respective Council Delegate serve aka Region

Attachment
 Copy: Contract files
 Contract Accounting / OOC / DPM
 Tom Platero, Executive Director - NN FRF Office

Revised February 2023

Checklist of Approved Documents in Resolution Approving Chapter/Regional Expenditure Plan
 (Ready for BU Setup)
As of February 10, 2023

	Description of CD Project	Approved NN Council Signed Resolution	Approved DOJ IED	Appendix A w/ Signatures	Budget Forms 1,2,4	Program Budget Summary	Approved Chapter Resolution	Amount	Notes	Ready for OMB
B. CD-62-22: Council Delegate Crystalyn Curley										
K215110	1. Nazlini Chp Leach Field Project	X	X	X	X	X	X	\$ 120,000.00	New DCD Exc Director signed budgets	1. X
K215111	2. Nazlini Chp Bathroom Additions	X	X	X	X	X	X	\$ 160,000.00	New DCD Exc Director signed budgets	2. X
K215112	3. Nazlini Chp Housing Wiring	X	X	X	X	X	X	\$ 105,000.00	New DCD Exc Director signed budgets	3. X
K215113	4. Nazlini Chp Consulting Services	X	X	X	X	X	X	\$ 150,000.00	New DCD Exc Director signed budgets	4. X
K215114	5. Nazlini Warehouse Project	X	X	X	X	X	X	\$ 400,000.00	New DCD Exc Director signed budgets	5. X
K215115	6. Nazlini Chp Administration Bldg	X	X	X	X	X	X	\$ 350,000.00	New DCD Exc Director signed budgets	6. X
K215116	7. Nazlini Chp Cemetery Project	X	X	X	X	X	X	\$ 150,000.00	New DCD Exc Director signed budgets	7. X
K215117	8. Nazlini Chp Water Conservation Project	X	X	X	X	X	X	\$ 590,468.00	New DCD Exc Director signed budgets	8. X
9.	Many Farms Chp House Support: Bathroom Additions	X	X	X	X	X	X	\$ 400,000.00	Missing appendix J.	
10.	Many Farms Chp Local Rural Addressing - E911	X	X	X	X	X	X	\$ 100,000.00	Missing appendix J.	
11.	Many Farms Chp HVAC Systems	X	X	X	X	X	X	\$ 150,000.00	Missing appendix J.	
12.	Many Farms Chp BB/Cellular Tower	X	X	X	X	X	X	\$ 750,000.00	Missing appendix J.	
K215118	13. Blue Gap/Tachee Chp Cellular Service Tower	X	X	X	X	X	X	\$ 750,000.00	New DCD Exc Director signed budgets	9. X
14.	Low Mtn Chp Elderly Bathroom Makeover/Modification Project	X	X	X	X	X	X	\$ 81,000.00	Missing appendix J.	
15.	Low Mtn Chp Cellular Tower Project	X	X	X	X	X	X	\$ 700,000.00	Missing appendix J.	
16.	Low Mtn Chp New Homes Waterline Extension Project	X	X	X	X	X	X	\$ 48,000.00	Missing appendix J.	
17.	Low Mtn Chp Drainage/Septic System Project	X	X	X	X	X	X	\$ 140,000.00	Missing appendix J.	
18.	Low Mtn Chp New Homes Electric and Powerline Extension	X	X	X	X	X	X	\$ 60,000.00	Missing appendix J.	
K215119	19. Blue Gap/Tachee Chp Warehouse Building	X	X	X	X	X	X	\$ 450,000.00	New DCD Exc Director signed budgets	10. X
K215120	20. Blue Gap/Tachee Chp Eight (8) Bathroom Additions	X	X	X	X	X	X	\$ 294,265.00	New DCD Exc Director signed budgets	11. X
	Total:							\$ 5,948,733.00		

Blue Gap/Tachee
Chapter:
8 Bathroom
Additions

NNDOJ
Initial Eligibility
Determination



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 #: HK0346

Date & Time Received: 12/20/22 10:17

Date & Time of Response: 12/28/2022 5:00 PM

Entity Requesting FRF: Blue Gap/Tachee Chapter

Title of Project: 8 Bathroom Additions - Provision of Gov't Services

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$294,265.00

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: 1:14 (Other Public Health Services)

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 | |

Name of DOJ Reviewer: Kristen A. Lowell

Signature of DOJ Reviewer: 

Disclaimers: An NNDOJ Initial Eligibility Determination will be 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.

Appendix A

Per

BFS-31-21

**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: BLUE GAP/TACHEE CHAPTER Date prepared: 10/18/22

Chapter's mailing address: POST OFFICE BOX 4497 phone/email: (928) 349-0507
BLUE GAP, ARIZONA 86520 website (if any): tachee@navajochapters.org

This Form prepared by: BETTY ASKIE phone/email: bvaskie@navajochapters.org
(928) 313-4347

CONTACT PERSON'S name and title

CONTACT PERSON'S info

Title and type of Project: 8 BATHROOM ADDITIONS - PROVISION OF GOV'T SERVICES

Chapter President: Marcus Tulley phone & email: mtulley@naataanii.org (480) 228-0293

Chapter Vice-President: Marcinda Lameman phone & email: mlameman@yahoo.com (928) 679-5843

Chapter Secretary: Betty V. Askie phone & email: bvaskie@navajochapters.org (928) 313-4347

Chapter Treasurer: Betty V. Askie phone & email: bvaskie@navajochapters.org (928) 313-4347

Chapter Manager or CSC: Vacant phone & email: (928) 349-0507

DCD/Chapter ASO: Edgerton Gene, Sr. Prog/Proj Sp phone & email: (928) 674-2251 egene@nndcd.org

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

document attached

Amount of FRF requested: \$294,265.00 FRF funding period: October 2022 to December 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 objective is to construct 8 bathroom additions for community members with disabilities and/or elderly to promote healthy, sanitary and safe bathroom access in accordance with ADA regulations and codes. Eight members of the Blue Gap/Tachee/Burntcorn community lack the basic bathroom accessibility to wash and sanitize in a concerted effort to prevent the spread of COVID-19. Due to these community members having limited income, they are seeking chapter support for these additions so they can mitigate and prevent the spread of COVID-19 among their households.

document attached

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

Members of the Blue Gap/Tachee/Burntcorn communities lack modern bathroom accessibility with ADA features to prevent the spread of COVID-19. The project will help mitigate and contain a healthy environment, sanitary facilities and prevent the spread of COVID-19 for community members with health issues and/or disabilities. The project will also promote healthy living conditions and accessibility to facilities that will help fight against COVID-19.

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 immediately be advertised for bids when funds become available and completed within 6 months after project award to a certified contractor. Budget forms will be adjusted to conform with the project award and schedule. Monthly project progress meetings will be held to ensure completion within the established timeline.

document attached

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

The Chapter administration staff will be tasked with ensuring procurement procedures are followed and monitoring project progress. Staff will collaborate with the contractor to ensure timelines are followed and that all work activities are in compliance with established agreement terms and conditions.

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 responsible for the maintenance and upkeep of the bathroom additions once completed.

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:

Categories: Revenue Replacement; 6.1 Provision Government Services

Pursuant to the established guidelines and funding objectives, the 8-bathroom additions will enable the selected families access safe, sanitary bathrooms without compromising their health and safety using outside facilities. Currently, eight chapter community members do not have adequate sanitary facilities to maintain their health and safety. Bathrooms will meet ADA standards to accommodate their level of disability. This will also enable them to stay healthy in recovery.

document attached

Part 3. Additional documents.

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

Chapter Resolution BGCH22-11-005; Budget Forms 1, 2, 4 and Project Schedule; Cost Estimates, previous 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: Betty Aske
Signature of Preparer/CONTACT PERSON

Approved by: [Signature]
Signature of Chapter President (or Vice-Chair)

Approved by: [Signature]
for Signature of CSC

Approved by: [Signature]
Signature of Chapter ASO

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

Appendix J:
Project Budget
Summary
Per
CJN-29-22

Signed

Budget

Forms 1, 2 & 4

(Other budget forms if needed)

FY 2023

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

PART I. Business Unit No.: New **Program Title:** Blue Goptachee Chapter **Executive**
Prepared By: Betty V. Askie **Phone No.:** (928) 313-4347 **Email Address:** bettyv@navajonations.org

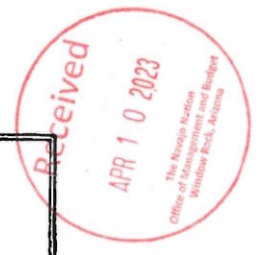
Fiscal Year / Item	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference or Total
19/20-2022	294,265.00	100%	2001 Personnel Expenses				
			3000 Travel Expenses				
			3500 Meeting Expenses				
			4000 Supplies				
			5000 Lease and Rental				
			5500 Communications and Utilities				
			6000 Repairs and Maintenance				
			6500 Contractual Services	66	283,765	283,765	283,765
			7000 Special Transactions	66	500	500	500
			8000 Public Assistance				
			9000 Capital Outlay				
			9500 Matching Funds				
			9600 Indirect Cost				
TOTAL:	\$294,265.00	100%	TOTAL		\$0.00	294,265.00	0

PART IV. POSITIONS AND VEHICLES
 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: Betty Askie 12/06/22
 Program Manager's Printed Name: Betty Askie
 Program Manager's Signature and Date: [Signature] 12-7-22

APPROVED BY: [Signature] 12-7-22
 Division Director / Branch Chief's Printed Name: Dr. Pearl Yelloman
 Division Director / Branch Chief's Signature and Date: [Signature] 12-7-22



[Signature] 12-6-22

Soniatsa Jim-Martin, Department Manager II

[Signature] 2/9/2023
Calvin Castillo, Division Director
Division of Community Development

[Signature] 1/10/23

FY 2023

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA

PART I. PROGRAM INFORMATION:	Business Unit No.:	Program Name/Title:	Eline Dept/Team/Chapter				Cody/Room Addition's			
			1st QTR	2nd QTR	3rd QTR	4th QTR	1st QTR	2nd QTR	3rd QTR	4th QTR
PART II. PLAN OF OPERATIONS/REGULATION NUMBERS/PURPOSE OF PROGRAM:										
The Navajo Nation Chapter's Plan of Operation is referenced in Title 20 of the Navajo Nation Codes.										
PART III. PROGRAM PERFORMANCE CRITERIA:										
1. Good Statement	Provide funding for 8-bedrooms addition	Program Performance Measure/Objective:								
	Assess families with bedroom needs	Program Performance Measure/Objective:	2	2	2	2				
2. Good Statement	Conduct 8 program meetings with extended contractor	Program Performance Measure/Objective:								
	Conduct 2 construction program meetings per quarter	Program Performance Measure/Objective:	2	2	2	2				
3. Good Statement		Program Performance Measure/Objective:								
4. Good Statement		Program Performance Measure/Objective:								
5. Good Statement		Program Performance Measure/Objective:								
6. Good Statement		Program Performance Measure/Objective:								
PART IV. THEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.										
Betty Aakie, Chapter Secretary			Dr. Pearl Yelloman, Division Director							
Betty Aakie 12/06/2022			Division Director/Navajo Child & Family Home							
Program Manager's Signature and Date			Division Director/Navajo Child & Family Home							
Soniatsa Jim-Martin, Department Manager II			12-7-22							
12/14/23			2/9/2023							

Soniatsa Jim-Martin, Department Manager II
12/14/23

Dr. Pearl Yelloman, Division Director
2/9/2023
Calvin Castillo, Division Director
Division of Community Development

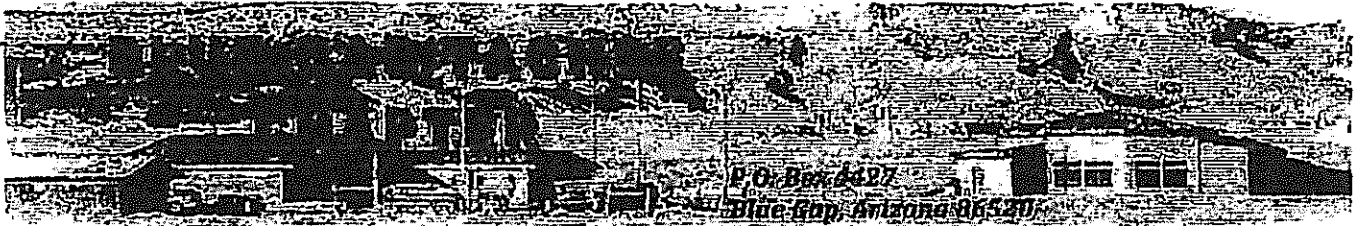
THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

FY 2023

PART I. PROGRAM INFORMATION:		Business Unit No. <u>New</u>	
Program Name/Title: <u>Bethesda Additions</u>		Business Unit No. <u>New</u>	
PART II. DETAILED BUDGET:			
(A)	(B)	(C) Total by DETAILED Object Code (LOD 6)	(D) Total by MAJOR Object Code (LOD 4)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)		
7000	<p>Personnel Replacement: Provision of Government Services-NSA Chapter Administration Project. The NSA Specifications Chapter administration project will consist of supplying 8-bedrooms cottages for families with disability under who are elderly. Project will consist of exterior and interior finishes, ADA features, stair and wider accessibility and heating equipment. The project will directly address estimates connected to high cost of COVID-19 on the Navajo nation and serve as logistical support, assist in engineering, preparing, expediting and recovery from emergency situation and ensuring improving great needs. Bidder work will also consist building new specific tank and connections.</p> <p>Special Transactions <i>AK</i></p> <p>Media <i>AK</i></p> <p>7440 Print Advertising <i>AK</i></p> <p>Advertise project per NH Procurement Lease</p> <p>Contractual Services <i>AK</i></p> <p>Consulting <i>AK</i></p> <p>Contract and complete 30x40 administration building</p> <p>6530 Consulting - Fees <i>AK</i></p> <p>6540 Consulting - Expenses <i>AK</i></p>	500	500
7410		146,883	293,765
6500		AK	AK
6520		AK	AK
AK			
TOTAL		294,385	294,385

1-9-23 1/12/23

Chapter Resolutions
and Other
Supporting
Documents



P.O. Box 427
Blue Gap, Arizona 86530
Ph: (928) 349-0507 Fax: (928) 223-7770

KEE ALLEN BEGAY, JR., COUNCIL DELEGATE
COORDINATOR

VACANT COMMUNITY SERVICES

BGCH: 22-11-005

RESOLUTION OF RESOLUTION BLUE GAP/TACHEE CHAPTER

THE BLUE GAP/TACHEE CHAPTER APPROVES AND SUBMITS THE 8 BATHROOM ADDITONS FOR FAMILIES WITH DISABILITIES AND ELDERLY FAMILIES TO CONTAIN COVID-19 RELATED ILLNESS AND SANITION FOR ELIBLE COMMUNITY MEMBERS IN THE AMOUNT OF \$294,265.00 FROM THE AMERICAN RESCUE PLAN ACT (ARPA) FUNDING PURSUANT TO CJN-29-22.

WHEREAS:

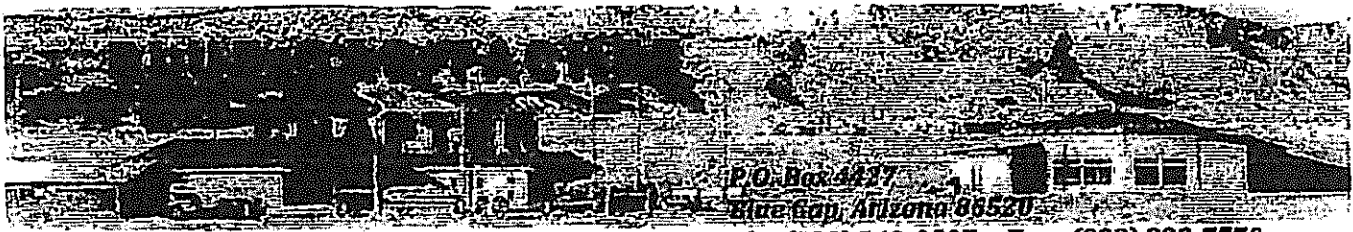
1. The Blue Gap/Tachee Chapter is a recognize certified chapter organization of the Navajo Nation in pursuant to the authority of the Navajo Nation Local Governance Act, and the Resolution of the Navajo Nation Council 1997, and the PL 98-638 the Self Determination of 1973; AND
2. The Local Community Chapter is responsible for the community goals and the objectives in Meeting their needs with detail planning and developments, and its progress for the local Chapter people and families, it serves; AND
3. The Blue Gap/Tachee Chapter was devastated by the effects of COVID-19 including health, loss llfe of family members, employment, housing insecurity and other impacts that continues to disrupt daily way of life; AND
4. The Blue Gap/Tachee Chapter supports the approval of Legislation CJN-29-22 to mitigate and preventing the spread of COVID-19 by containment of the disease through improvement health and living conditions; AND
5. The Blue Gap/Tachee Chapter approves the submittal of 8-bathroom additions for community members that have disabilities and elderly families that require sanitation or have health related illnesses to effectively combat COVID-19 related illnesses.
6. The Blue Gap/Tachee/Burntcorn community lack suitable ADA bathroom facilities to contain the spread of COVID-19 virus. The 8 selected families will be in addition to families not selected under the ARPA Bathroom addition under Navajo Tribal Utility Authority (NTUA) master listing.; AND

Marcus Tulley, President

Vacant, Vice President

Betty V. Askle, Sec./Treasurer

Franklin Tsosie, Grazing Representative



P.O. Box 4427
Blue Gap, Arizona 86520
Ph: (928) 349-0507 Fax: (928) 223-7770

KEE ALLEN BEGAY, JR., COUNCIL DELEGATE
COORDINATOR

VACANT COMMUNITY SERVICES

NOW THEREFORE BE IT RESOLVED THAT:

1. The Blue Gap/Tachee Chapter requests approval of \$294,265.00 ARPA funding to construct 8-bathroom additions for families disabilities and elderly to contain the spread of COVID-19 virus.
2. The Blue Gap/Tachee Chapter wishes to provide suitable and ADA compliant bathroom additions for needing families to improve health, sanitary and safe environment to effectively combat the COVID-19 virus.
3. The Blue Gap/Tachee Chapter requests Kee Allen Begay, Jr.. Council Delegate and his assistant Ms. Estelle Benally monitor projects until project are completed.

CERTIFICATION

We hereby certify that the foregoing resolution was duly considered by the Blue Gap/Tachee Chapter at a duly called meeting Blue Gap/Tachee, Navajo Nation, Arizona which quorum was Present that same was passed by vote of: 15 in favor, 00 opposed, and 03 abstained on this 11 day of November, 2022.

MOTIONED BY: Jimmie Dugai SECONDED BY: Jackie Y. Burbank

[Signature]
Marcus Tulley, President

[Signature]
Vacant, Vice President

Betty Askie
Betty Askie, Secretary/Treasurer

[Signature]
Franklin Tsosie, Grazing Official

Kee Allen Begay, Jr., Council Delegate

U

Blue Gap Chapter

ARPA - PROPOSED BATHROOM ADDITION 12/06/22

Name	Application Received	Service Request #	Home #	SDS Project #	PDS Project #	Community	Comments
[REDACTED]	No						Not in IHS database
[REDACTED]	Yes	7271	48569		NA19U74	Blue Gap-Tachee	Verified services; no signs of failed sewer system.
[REDACTED]	Yes	9630	79692			Blue Gap-Tachee	
[REDACTED]	Yes	166	166		NA94794	Blue Gap-Tachee	
[REDACTED]	No						Not in IHS database
[REDACTED]	No						Not in IHS database
[REDACTED] 3	Yes	9867	6393			Blue Gap-Tachee	
[REDACTED]	Yes	9868				Blue Gap-Tachee	
[REDACTED] 4	Yes	9387	106456	AZ09175-2801		Blue Gap-Tachee	
[REDACTED]	No						Not in IHS database
[REDACTED] 8	Yes	9863				Blue Gap-Tachee	
[REDACTED]	Yes	6881	44702		NA20LE7	Blue Gap-Tachee	
[REDACTED]	Yes	9517/6880		AZ01012-2122	NA11R62	Blue Gap-Tachee	
[REDACTED]	Yes	7059	46855				
[REDACTED]	No						Not in IHS database
[REDACTED]	No						Not in IHS database
[REDACTED]	No						Not in IHS database
[REDACTED] 5	Yes	9593	107320	AZ09175-2801			

4

Blue Gap Chapter

ARRA- PROPOSED BATHROOM ADDITION

	Yes	6606	42846		Blue Gap-Tachee	Denied service; nobody lives in the home.
[REDACTED]	No					Not in IHS database
[REDACTED]	No					Not in IHS database
[REDACTED]	No					Not in IHS database
[REDACTED]	No					Not in IHS database
[REDACTED]	No					Not in IHS database
[REDACTED]	Yes	8942	103405		NA18U43	
[REDACTED]	Yes	8890	79478	AZ09175-2302	NA18U43	

2

**COMMUNITY
HOUSING INFRASTRUCTURE DEPARTMENT (CHID)
Bathroom Addition Project/Assessment (House Data Sheet)**

Profile: Blue Gap Mocha

Grant Year: 2021 Assessment Date: 5/25/21

Project Start Date: 2021-2024

Project Location: Blue Gap

Client Name: [Redacted]

Primary Residence (9 mos. out of year): Yes: 12 mos No: _____

House Condition: Feasible: _____ Unfeasible: _____

Exist House: Framed: Log: _____ Stone: _____ Block: _____ Finish Type: _____

Type of Roofing: Gable: Hip: Flat: _____ Hogan: _____ Roof Color: White

House Wiring Status/Meter box up-grade: Yes: _____ No: _____

Bathroom Addition Requirement:

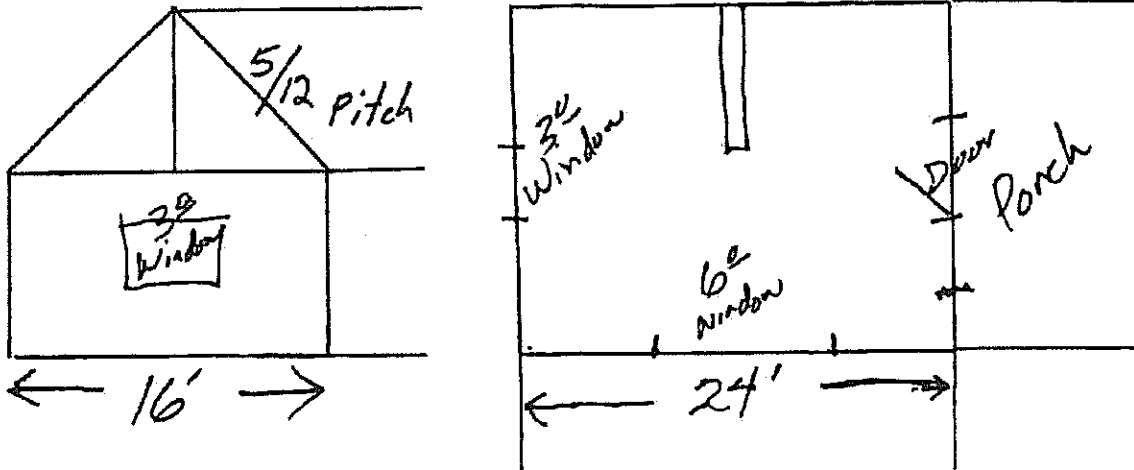
8' X 12' Bathroom Addition: Optional Side: _____ Interior Partition: _____

Concrete Floor: Wood Floor: _____ Handicap: _____

For Floor Plan Show the Following: Windows, Doors, Measurement of inside and outside and direction of Roof Peak and Fixed Appliances.

Notes: _____

Floor Plan

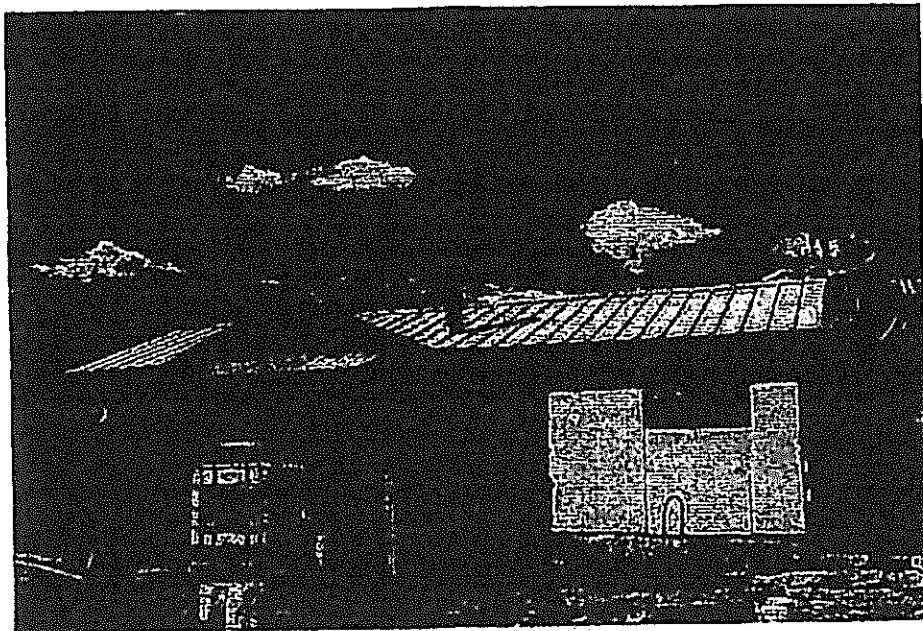


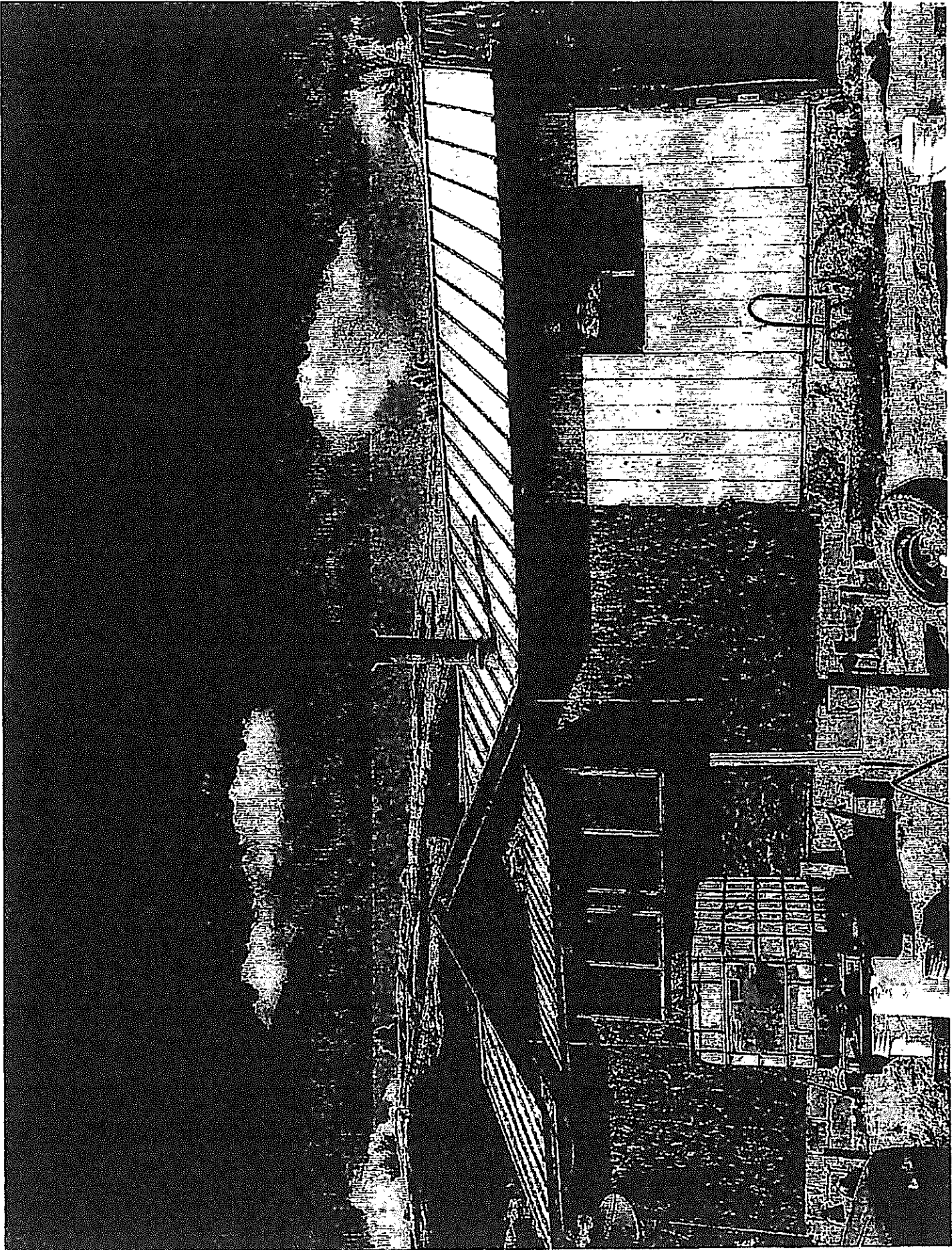
CDBG Staff: _____ Date: _____

Chaper Staff CSC/Officials: [Signature] Date: 5/25/21

Home Owner: [Redacted] Date: 5/25/21

BLUE GAP/TACHEE CHAPTER
BATHROOM ADDITION PROJECT





**COMMUNITY
HOUSING INFRASTRUCTURE DEPARTMENT (CHID)
Bathroom Addition Project/Assessment (House Data Sheet)**

Profile: Blue Gap/Tachee Chapter

Grant Year: 2021 Assessment Date: 05/14/2021

Project Start Date: 2021-2024

Project Location: South Blue Gap

Client Name: [REDACTED]

Primary Residence (8 mos. out of year): Yes: X No: _____

House Condition: Feasible: X Unfeasible: _____

Exist House: Framed: X Log: _____ Stone: _____ Block: _____ Finish Type: _____

Type of Roofing: Gable: _____ Hip: _____ Flat: _____ Hogan: X Roof Color: _____

House Wiring Status/Meter box up-grade: Yes: X No: _____

Bathroom Addition Requirement:

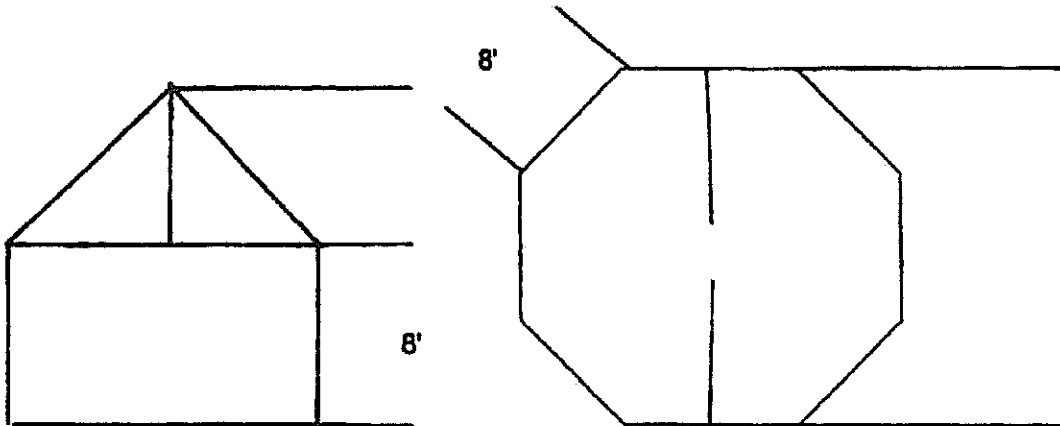
8' X 12' Bathroom Addition: X Optional Side: _____ Interior Partition: _____

Concrete Floor: X Wood Floor: _____ Handicap: _____

For Floor Plan Show the Following: Windows, Doors, Measurement of Inside and outside and direction of Roof Peak and Fixed Appliances.

Notes: _____

Floor Plan



CDBG Staff: _____

Date: _____

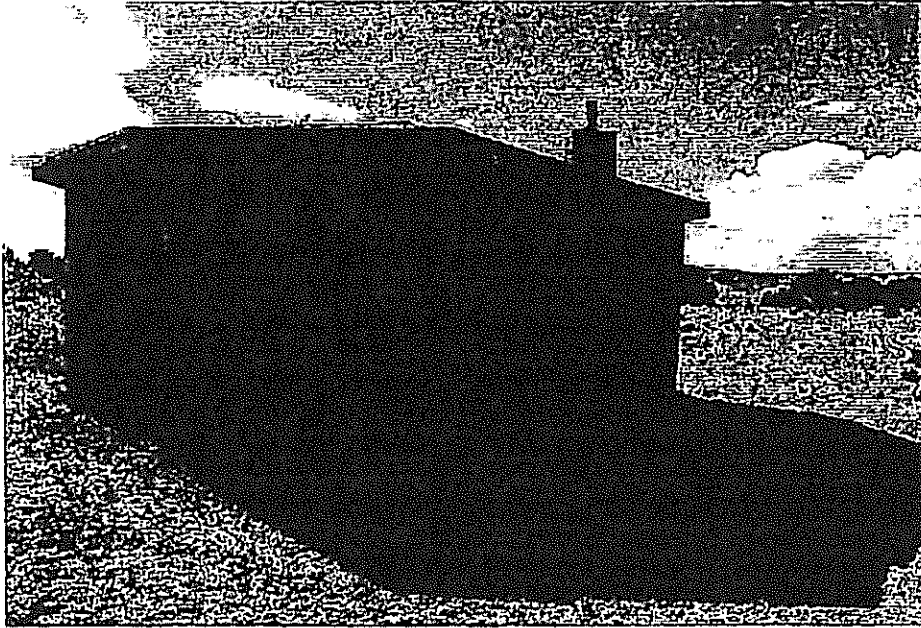
Chapter Staff CSC/Officials: [Signature]

Date: 5/14/21

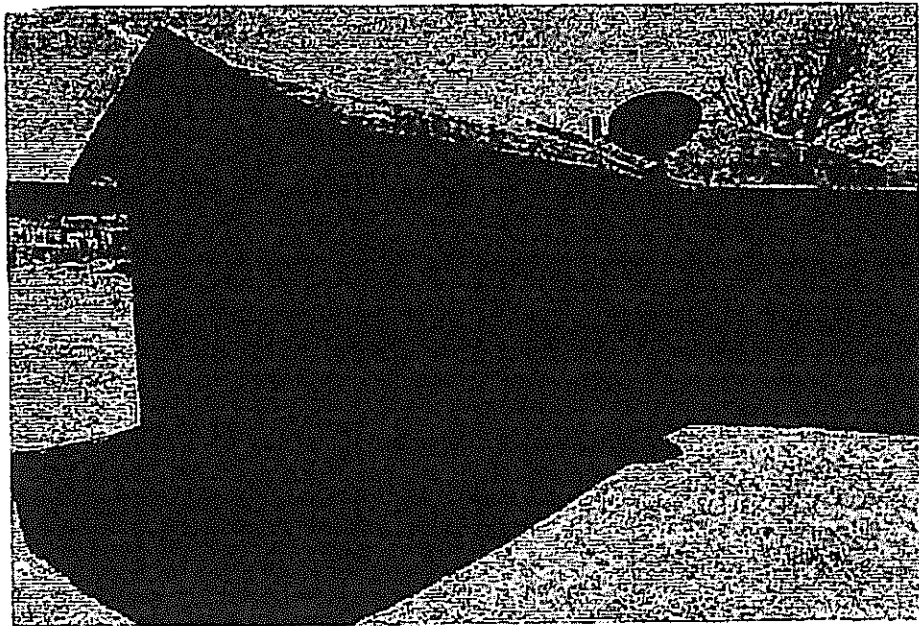
Home Owner: _____

Date: _____

**BLUE GAP/TACHEE CHAPTER
BATHROOM ADDITION PROJECT**



BLUE GAP/TACHEE CHAPTER
BATHROOM ADDITION PROJECT



**COMMUNITY
HOUSING INFRASTRUCTURE DEPARTMENT (CHID)
Bathroom Addition Project/Assessment (House Data Sheet)**

Profile: Blue Gap/Tachee Chapter

Grant Year: 2021

Assessment Date: 05/04/2021

Project Start Date: 2021-2024

Project Location: South Blue Gap

Client Name: _____

Primary Residence (9 mos. out of year):

Yes:

No: _____

House Condition:

Feasible:

Unfeasible: _____

Exist House:

Framed:

Log: _____

Stone: _____

Block: _____

Finish Type: _____

Type of Roofing:

Gable: _____

Hip:

Flat: _____

Hogan: _____

Roof Color: White

House Wiring Status/Meter box up-grade:

Yes:

No: _____

Bathroom Addition Requirement:

8' X 12' Bathroom Addition:

Optional Side: _____

Interior Partition: _____

Concrete Floor:

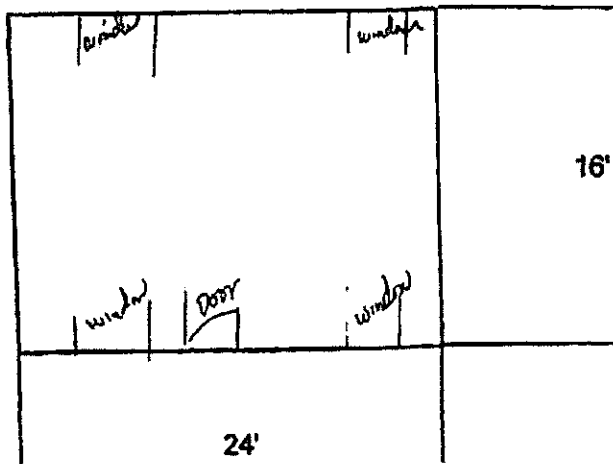
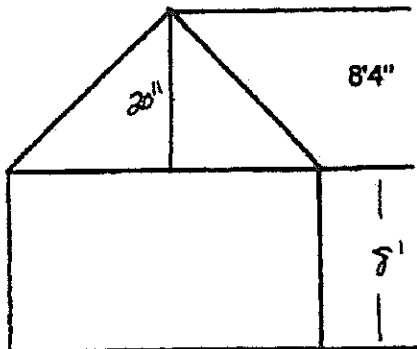
Wood Floor: _____

Handicap:

For Floor Plan Show the Following: Windows, Doors, Measurement of Inside and outside and direction of Roof Peak and Fixed Appliances.

Notes: New construction

Floor Plan



CDBG Staff: _____

Date: _____

Chapter Staff CSC/Officer: [Signature]

Date: 5/4/21

Home Owner: _____

Date: 5/4/21

**BLUE GAP/TACHEE CHAPTER
BATHROOM ADDITION PROJECT**



**COMMUNITY
HOUSING INFRASTRUCTURE DEPARTMENT (CHID)
Bathroom Addition Project/Assessment (House Data Sheet)**

Profile: Blue Gap/Tachee Chapter

Grant Year: 2021 Assessment Date: 05/14/2021

Project Start Date: 2021-2024

Project Location: South Blue Gap

Client Name: [REDACTED]

Primary Residence (0 mos. out of year): Yes: X No: _____

House Condition: Feasible: X Unfeasible: _____

Exist House: Framed: X Log: _____ Stone: _____ Block: _____ Finish Type: _____

Type of Roofing: Gable: _____ Hip: _____ Flat: _____ Hogan: X Roof Color: Tan

House Wiring Status/Meter box up-grade: Yes: _____ No: X

Bathroom Addition Requirement

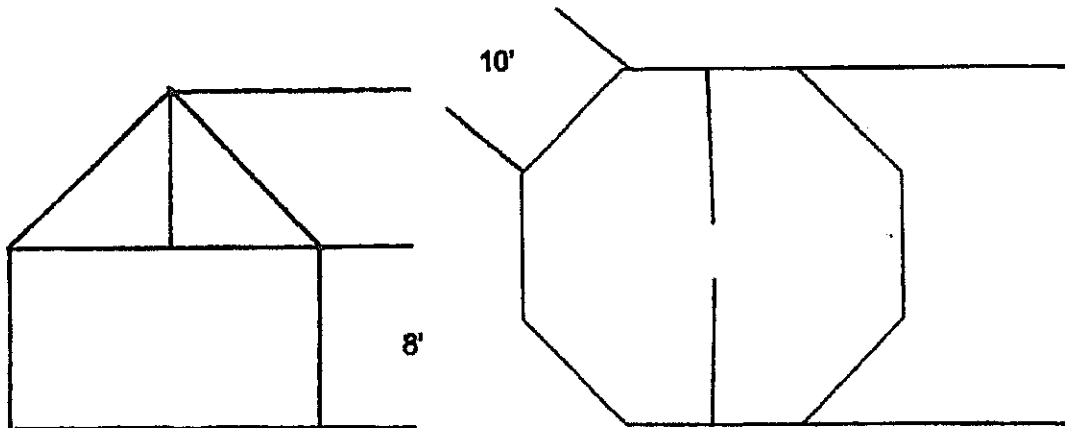
8' X 12' Bathroom Addition: X Optional Side: _____ Interior Partition: _____

Concrete Floor: X Wood Floor: _____ Handicap: _____

For Floor Plan Show the Following: Windows, Doors, Measurement of Inside and outside and direction of Roof Peak and Fixed Appliances.

Notes: _____

Floor Plan



CDBG Staff: _____

Date: _____

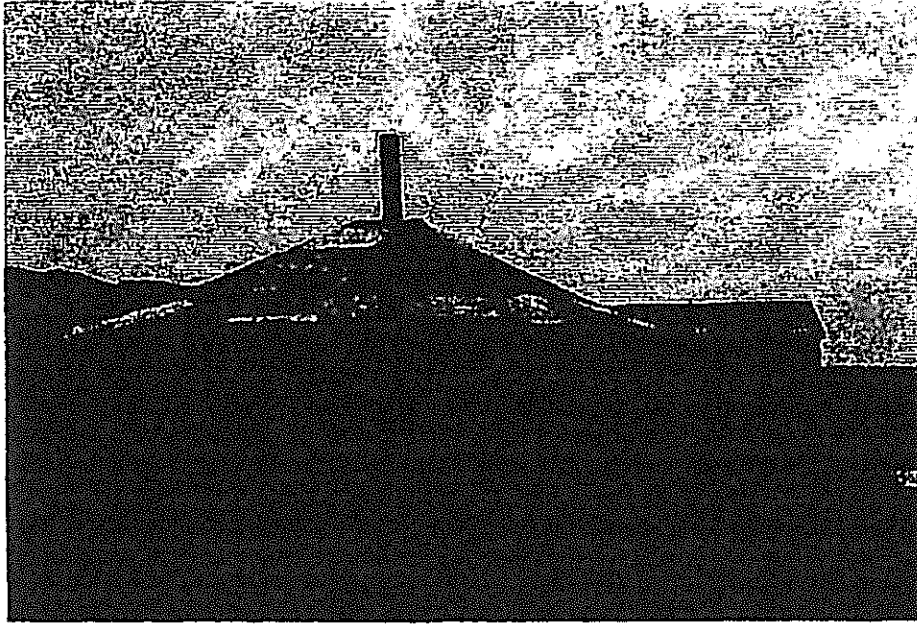
Chapter Staff/CSC/Officials: [Signature]

Date: 5/14/21

Home Owner: [REDACTED]

Date: 5/14/21

**BLUE GAP/TACHEE CHAPTER
BATHROOM ADDITION PROJECT**



**COMMUNITY
HOUSING INFRASTRUCTURE DEPARTMENT (CHID)
Bathroom Addition Project/Assessment (House Data Sheet)**

Profile: Blue Gap/Tache Cough

Grant Year: 2021 Assessment Date: 5/10/21

Project Start Date: 2021-2024

Project Location: South Blue Gap

Client Name: [REDACTED]

Primary Residence (9 mos. out of year): Yes: No:

House Condition: Feasible: Unfeasible:

Exist House: Framed: Log: Stone: Block: Finish Type: _____

Type of Roofing: Gable: Hip: Flat: Hogan: Roof Color: BROWN

House Wiring Status/Meter box up-grade: Yes: No:

Bathroom Addition Requirement:

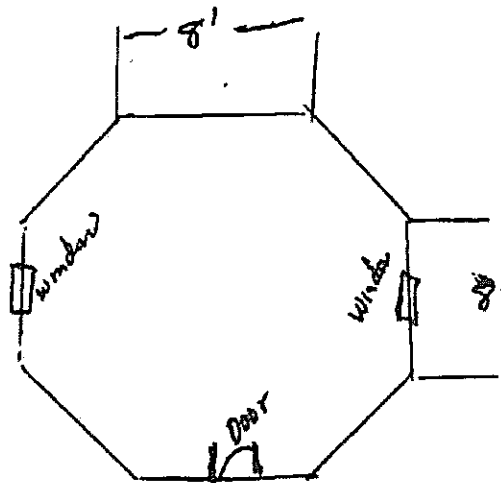
8' X 12' Bathroom Addition: Optional Side: _____ Interior Partition: _____

Concrete Floor: Wood Floor: _____ Handicap: _____

For Floor Plan Show the Following: Windows, Doors, Measurement of Inside and outside and direction of Roof Peak and Fixed Appliances.

Notes: _____

Floor Plan



CDBG Staff: _____ Date: _____

Chaper Staff CSC/Officials: [Signature] Date: 5/10/21

Home Owner: [REDACTED] Date: 5-10-21

**Blue Gap/Tachee Chapter
Bathroom Addition**



**COMMUNITY
HOUSING INFRASTRUCTURE DEPARTMENT (CHID)
Bathroom Addition Project/Assessment (House Data Sheet)**

Profile: Blue Gap/Tachee Chapter

Grant Year: 2021 Assessment Date: 5/7/21

Project Start Date: 2021-2024

Project Location: Burnt Corn

Client Name: [REDACTED]

Primary Residence (9 mos. out of year): Yes: No:

House Condition: Feasible: Unfeasible:

Exist House: Framed: Log: Stone: Block: Finish Type:

Type of Roofing: Gable: Hip: Flat: Hogan: Roof Color: Desert Sand

House Wiring Status/Meter box up-grade: Yes: No:

Bathroom Addition Requirement:

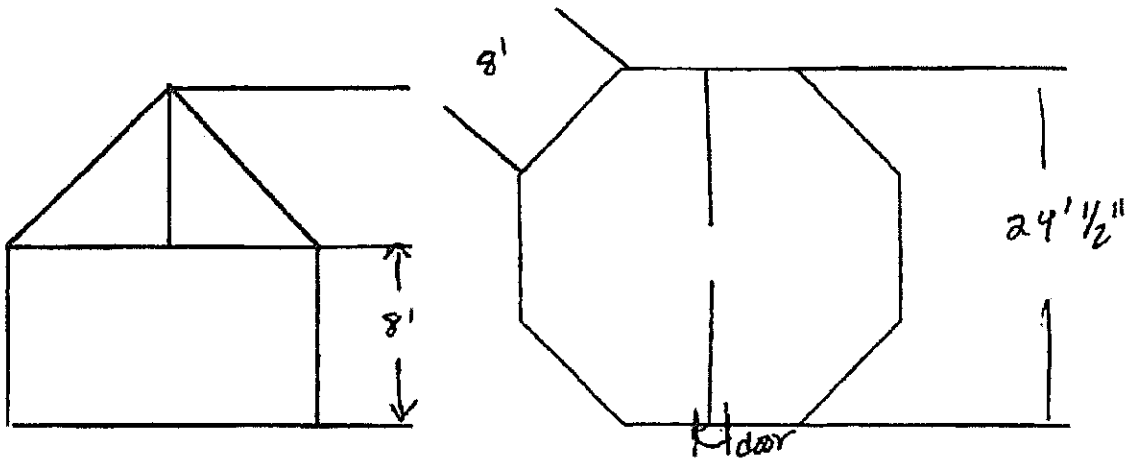
8' X 12' Bathroom Addition: Optional Side: Interior Partition:

Concrete Floor: Wood Floor: Handicap:

For Floor Plan Show the Following: Windows, Doors, Measurement of inside and outside and direction of Roof Peak and Fixed Appliances.

Notes: Cell# (928) [REDACTED]

Floor Plan



CDBG Staff: _____

Date: _____

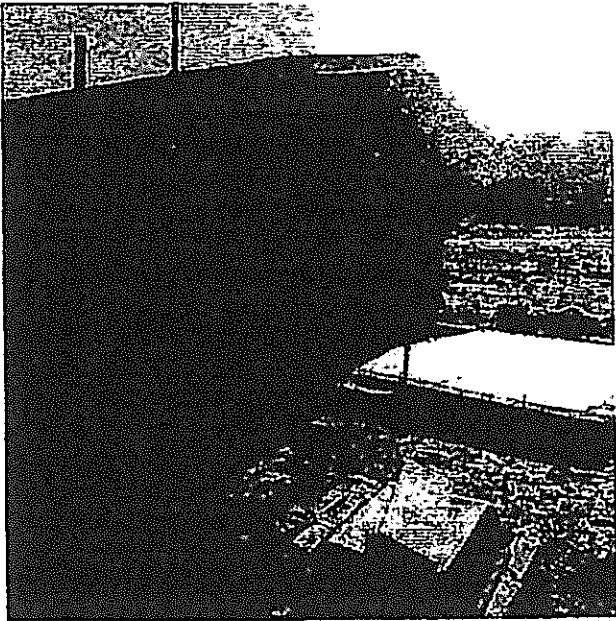
Chapter Staff CSC/Officials: [Signature]

Date: 5/7/21

Home Owner: _____

Date: _____

**BLUE GAP/TACHEE CHAPTER
BATHROOM ADDITION PROJECT**



**COMMUNITY
HOUSING INFRASTRUCTURE DEPARTMENT (CHID)
Bathroom Addition Project/Assessment (House Data Sheet)**

Profile :

Grant Year: 2021/2023 Assessment Date: 5/4/21
 Project Start Date: 2021-2024
 Project Location: Blw Gap
 Client Name: [REDACTED]
 Primary Residence (8 mos. out of year): Yes: _____ No: _____
 House Condition : Feasible: Unfeasible: _____
 Exist House : Framed: Log: _____ Stone: _____ Block: _____ Finish Type: _____
 Type of Roofing: Gable: _____ Hip: Flat: _____ Hogan: _____ Roof Color: _____
 House Wiring Status/Meter box up-grade: Yes: _____ No: _____

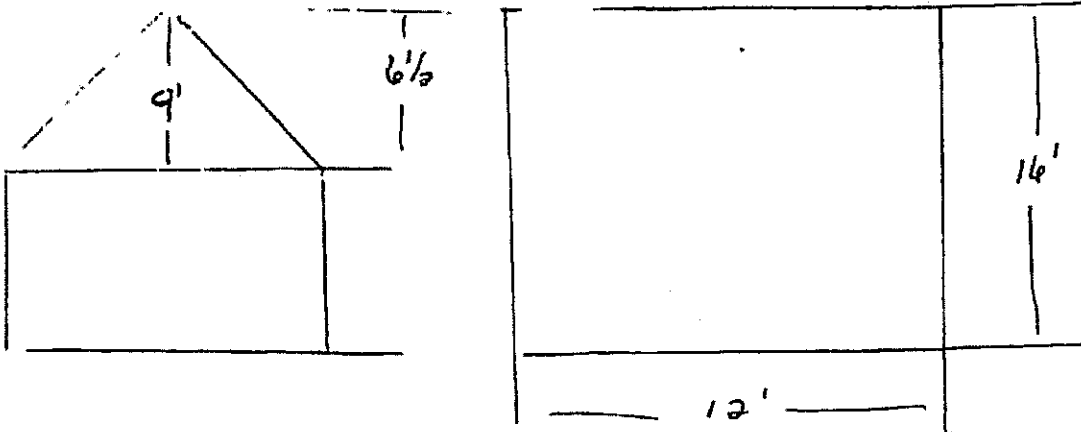
Bathroom Addition Requirement:

8' X 12' Bathroom Addition: Optional Side: _____ Interior Partition: _____
 Concrete Floor: Wood Floor: _____ Handicap: _____

For Floor Plan Show the Following: Windows, Doors, Measurement of Inside and outside and direction of Roof Peak and Fixed Appliances.

Notes:

Floor Plan



CDBG Staff: _____

Date: _____

Chaper Staff CSC/Officials: EMJ

Date: 5/4/21

Home Owner: [REDACTED]

Date: 5/4/2021

**BLUE GAP/TACHEE CHAPTER
BATHROOM ADDITION PROJECT**

