



**NAVAJO NATION DEPARTMENT OF JUSTICE**  
*OFFICE OF THE ATTORNEY GENERAL*

ETHEL B. BRANCH  
Attorney General

HEATHER CLAH  
Deputy Attorney General

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

**RFS/HK Review #:** \_\_\_\_\_

**Date & Time Received:** \_\_\_\_\_

**Date & Time of Response:** \_\_\_\_\_

**Entity Requesting FRF:** \_\_\_\_\_

**Title of Project:** \_\_\_\_\_

**Administrative Oversight:** \_\_\_\_\_

**Amount of Funding Requested:** \_\_\_\_\_

**Eligibility Determination:**

- FRF eligible
- FRF ineligible
- Additional information requested

**FRF Eligibility Category:**

- (1) Public Health and Economic Impact
- (2) Premium Pay
- (3) Government Services/Lost Revenue
- (4) Water, Sewer, Broadband Infrastructure

**U.S. Department of Treasury Reporting Expenditure Category:** \_\_\_\_\_

**Returned for the following reasons (Ineligibility Reasons/Paragraphs 5.E.(1)-(10) of FRF Procedures):**

- |  |  |
|--|--|
| <input type="checkbox"/> Missing Form  | <input type="checkbox"/> Expenditure Plan incomplete                     |
| <input type="checkbox"/> Supporting documentation missing  | <input type="checkbox"/> Funds will not be obligated by 12/31/2024       |
| <input type="checkbox"/> Project will not be completed by 12/31/2026                                     | <input type="checkbox"/> Incorrect Signatory                             |
| <input type="checkbox"/> Ineligible purpose  | <input type="checkbox"/> Inconsistent with applicable NN or federal laws |
| <input type="checkbox"/> Submitter failed to timely submit CARES reports                                 |  |
| <input type="checkbox"/> Additional information submitted is insufficient to make a proper determination |  |

Other Comments: \_\_\_\_\_  
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Name of DOJ Reviewer: \_\_\_\_\_

Signature of DOJ Reviewer:  \_\_\_\_\_

**Disclaimers:**

If additional information has been requested and you wish to provide it, please resubmit all the required forms updated to include the additional information. Full resubmission will expedite the Initial Eligibility Determination process. Therefore, please include a new RFS form indicating resubmission, revised Appendix A, Budget Form 1, and other supporting documents. **Please email your resubmission to arpa@nndoj.org.** Please be aware that under Resolution BFS-31-21 a Project or Program can only be reviewed twice, therefore it is critical that you include all the requested additional information for your second submission.

An NNDOJ Initial Eligibility Determination is based on the documents provided, which NNDOJ will assume are true, correct, and complete. Should the Project or Program change in any material way after the initial determination, the requestor must seek the advice of NNDOJ. An initial determination is limited to review of the Project or Program as it relates to whether the Project or Program is a legally allowable use – it does not serve as an opinion as to whether or not the Project or Program should be funded, nor does it serve as an opinion as to whether or not the amount requested is reasonable or accurate.

**THE NAVAJO NATION  
FISCAL RECOVERY FUNDS REQUEST FORM & EXPENDITURE PLAN  
FOR NON-GOVERNANCE CERTIFIED CHAPTERS**

**Part 1. Identification of parties.**

Non-Governance Certified Chapter requesting FRF: **Sanostee (TseAlnaoztii)**

Date prepared: **05/12/23**

Chapter's mailing address: **P O Box 219  
Sanostee, New Mexico 87461**

phone/email: **505-723-2703**  
website (if any): **sanostee@navajochapters.org**

This Form prepared by: **Jourdan Washburn**  
Secretary/Treasurer

phone/email: **505-723-2703**  
**chelseamoore@navajochapters.org**  
*CONTACT PERSON'S info*

*CONTACT PERSON'S name and title*

Title and type of Project: **Motor Grader**

Chapter President: **Jeanne Haskie**

phone & email: **505-320-5605, jghaskie@naataani.org**

Chapter Vice-President: **Gerald Henderson**

phone & email: **505-354-9026, ghenderson@naataani.org**

Chapter Secretary: **Jourdan Washburn**

phone & email: **575-496-7735, chelseamoore@navajochapters.org**

Chapter Treasurer: **Jourdan Washburn**

phone & email: **575-496-7735, chelseamoore@navajochapters.org**

Chapter Manager or CSC: **vacant**

phone & email:

DCD/Chapter ASO: **Danielle Redhouse**

phone & email: **dredhouse@nndcd.org**

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

document attached

Amount of FRF requested: **\$450,000.00** FRF funding period: **01/01/2023 - 9/30/2026**

*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:

To procure a Motor Grader to address road maintenance needs for emergency response, public safety and for school bus routes for public safety purposes.

document attached

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

The equipment will benefit the Navajo Nation, TseAlnaoztii (Sanostee) community and the Navajo people by providing equipment to serve our community members by providing maintenance on community roads for public safety.

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:

Funding - May/June 2023; Review and approval process through Navajo Nation departments and entities from June through August 2023; procurement to be completed by March 2024.

document attached

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

Tse Alnaoztii (Sanostee) Chapter will work in collaboration with Capital Projects Management Department and Navajo Division of Transportation to implement this project.

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 Tse Alnaoztii (Sanostee) Chapter will be responsible for the operation and maintenance of the equipment once purchased.

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:

Provision of Government Services 6.1

Tse Alnaoztii (Sanostee) Chapter is seeking funding for much needed equipment a Motor Grader. Road maintenance for public safety purposes is a high priority in the community. There is only 1 paved road (Hwy. N-34) which is used daily by community members for the daily activities including getting food provisions for their families from the community of Shiprock or from Farmington and Gallup, NM.

document attached

**Part 3. Additional documents.**

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

Tse Alnaoztii (Sanostee) Chapter Resolution TAT-23-05-61.

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:

VACANT  
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.: New Program Title: Tse Alnaoztli (Sanostee) Chapter *motor grader* Division/Branch: Community Development  
 Prepared By: Jourdan Washburn, Sec/Treasurer Phone No.: 505-723-2703 Email Address: sanostee@navajochapters.org

PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY			Fund Type Code	(A)	(B)	(C)	
				NC Approved	Original Budget	Proposed Budget		Difference or Total			
CYJ-41-21 NN Recovery Fnd	<del>01/01/2023-9/30/2024</del>	\$ 450,000.00	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	6		\$ 450,000.00	\$ 450,000.00	\$ 450,000.00		
				7000 Special Transactions							
				8000 Public Assistance							
				9000 Capital Outlay							
				9500 Matching Funds							
				9500 Indirect Cost							
				<b>TOTAL</b>			\$0.00	450,000.00	450,000		
<b>TOTAL:</b>				\$450,000.00	100%						
				<b>PART IV. POSITIONS AND VEHICLES</b>		(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:** James Adakai, Delegated Department Manager II **APPROVED BY:** Calvin Castillo, Executive Director  
 Program Manager's Printed Name Division Director / Branch Chief's Printed Name  
[Signature] 5-16-23 [Signature] 5-16-23  
 Program Manager's Signature and Date Division Director / Branch Chief's Signature and Date

THE NAVAJO NATION  
PROGRAM PERFORMANCE CRITERIA

PART I. PROGRAM INFORMATION:

Business Unit No.: New Program Name/Title: Tse Alnaozlii (Sanostee) Chapter -Motor Grader

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 procure a Motor Grader for road maintenance work in the community.

Program Performance Measure/Objective:

To purchase a Motor Grader for road maintenance for public safety reasons.

						1	
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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.

James Adakai, Delegated Department Manager II

Program Manager's Printed Name

Program Manager's Signature and Date

 5-16-23

Calvin Castillo, Executive Director

Division Director/Branch Chief's Printed Name

Division Director/Branch Chief's Signature and Date

 5-16-23

FY 2023

THE NAVAJO NATION  
DETAILED BUDGET AND JUSTIFICATION

Page 3 of 3  
BUDGET FORM 4

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Tse Alnaoztli (Sanostee) Chapter</u>		<u>Motor Grader</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)
9140	EQUIPMENT  Purchase a Motor Grader -Equipment \$ 4500,000.00	\$ 450,000.00	\$ 450,000.00
TOTAL		\$ 450,000.00	\$ 450,000.00

**THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE**

<b>PART I. Business Unit No.:</b> <u>new</u> Project Title: <u>Tse Alnaozt'ii (Sanostee) Motor Grader Purchase</u> Project Description: <u>Tse Alnaozt'ii (Sanostee) Motor Grader Purchase</u> Check one box: <input checked="" type="checkbox"/> Original Budget <input type="checkbox"/> Budget Revision <input type="checkbox"/> Budget Reallocation <input type="checkbox"/> Budget Modification													<b>PART II. Project Information</b> Project Type: <u>Motor Grader</u> Planned Start Date: <u>01/01/2023</u> Planned End Date: <u>9/30/2026</u> Project Manager: <u>CPMD</u>																										
<b>PART III.</b> List Project Task separately, such as Plan, Design, Construct, Equip or Furnish.	<b>PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.</b>																Expected Completion Date if project exceeds 8 FY Qtrs. Date: <u>9/30/2026</u>																						
	FY 2023								FY 2024																														
	1st Qtr			2nd Qtr			3rd Qtr			4th Qtr			1st Qtr			2nd Qtr							3rd Qtr.			4th Qtr.													
Pre-Planning, Bids Procurement Project Close-out	O	N	D	J	F	M	A	M	J	Jul	A	S	X	X	X	X	X	X	O	N	D	J	F	M	A	M	J	Jul	A	S	O	N	D	J	F	M			
										X	X	X	X	X	X	X	X	X										X	X	X									
<b>PART V.</b>	\$			\$			\$			\$			\$ 150,000.00			\$ 300,000.00			\$			\$			PROJECT TOTAL														
Expected Quarterly Expenditures																						\$450,000.00																	

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