



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

---

---

ETHEL B. BRANCH  
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):**

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

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: Sawmill Chapter Date prepared: 10/23/2021

Chapter's P.O. Box 1786 phone/email: (928)729-4433  
mailing address: Fort Defiance, Arizona 86504 website (if any): sawmill@navajochapters.org

This Form prepared by: Ronald Deschinny phone/email: (928)729-4433  
Account Maintenance Specialists sawmill@navajochapters.org  
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Solar Project

Chapter President: Woodie Bennett. President phone & email: (928)729-4433 wbennett@navajochapters.org

Chapter Vice-President: Lewis Shirley, Vice-President phone & email: (928)729-4433 lshirley@navajochapters.org

Chapter Secretary: Shawn Livingston Secretary/Treasurer phone & email: (928)729-4433 slivingston@navajochapters.org

Chapter Treasurer: \_\_\_\_\_ phone & email: \_\_\_\_\_

Chapter Manager or CSC: \_\_\_\_\_ phone & email: \_\_\_\_\_

DCC/Chapter ASO: Patricia Begay Senior Project/Program Specailists phone & email: (928)729-7515pdbgay@nndcd.org

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): Navajo Contractors/Sub-Contractors  
 document attached

Amount of FRF requested: \$402,000.00 FRF funding period: January-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 solar power project there would be electricity provided for (12) individuals elders who are high risk individuals who need life saving equipment only powered through electrical means.  
 document attached

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

This would provide electric for refrigerators to store medication which requires refrigeration especially the diabetic patients of Sawmill community.  
 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:

The Sawmill Chapter will carry out the project by or before December 31, 2028.

document attached

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

Sawmill Chapter Officials, staff and Capital Project Management Department to implementing the 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 Sawmill Chapter will be responsible for the operation and material cost of the funding 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:

1.10 Mental Health Services  
3.10 Housing Support: Affordable Housing  
3.12 Housing Support: Other Housing Assistance

document attached

**Part 3. Additional documents.**

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

Supporting Resolution  
Supporting Letter  
Cost Estimate

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: 	Approved by: 
<small>signature of Preparer/CONTACT PERSON</small>	<small>signature of Chapter President (or Vice-President)</small>
Approved by: 	Approved by: 
<small>signature of CSC</small>	<small>signature of Chapter ASO</small>
Approved to submit for Review: 	
<small>signature of DCD Director</small>	

