



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):

- | | |
|--|--|
| <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.

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: 10/22/2021

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

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

Title and type of Project: Sawmill Rural Addressing System

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

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

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

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

Chapter Manager or CSC: _____ phone & email: _____

DCD/Chapter ASO: Patricia Begay, Senior Projects/Program Specialist phone & email: 928-729-7515/pdbegay@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: \$233,662.00 FRF funding period: January 2022-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 Sawmill Chapter has not called 911 emergency system for emergency situations for fire, ambulance services.

document attached

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

With all calling systems we would be able to call and get ambulatory services for fast healthcare and fire services.

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, 2026.

document attached

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

Sawmill Chapter official, staff and Capitol Project Management Department. (CPMD)

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:

1.12 Other Public Health Services.

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

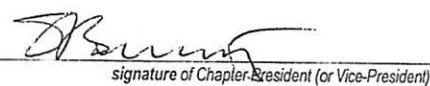
Part 4. Affirmation by Funding Recipient.

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:

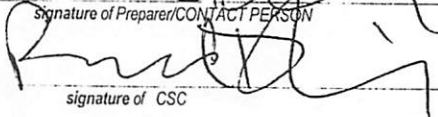
Chapter's Preparer:


signature of Preparer/CONTACT PERSON

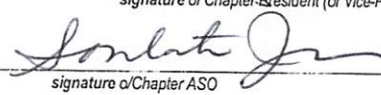
Approved by:


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

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

PART I. Business Unit No.: K - [New] Program Title: Sawmill Rural Addressing System Division/Branch: Division of Community Development

Prepared By: Ronald Deschinny Phone No.: (928)729-4434 Email Address: sawmill@navajochapters.org

PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	(A)	(B)	(C)
						NNC Approved Original Budget	Proposed Budget	Difference or Total
NN Fiscal Recovery Funds		233,662.00	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				
				9000 Capital Outlay	6	0	233,662	233,662
				TOTAL		\$0.00	233,662.00	233,662.00
TOTAL: \$233,662.00 100%				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: Sonlatsa Jim-Martin, Department Manager
Program Manager's Printed Name

Sonlatsa Jim-Martin 10/25/2022
Program Manager's Signature and Date

APPROVED BY: Dr. Pearl Yellowman, Division Director
Division Director / Branch Chief's Printed Name

Pearl Yellowman 10.31.22
Division Director / Branch Chief's Signature and Date

