



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 #: HK0343

Date & Time Received: 12/20/2022 09:45

Date & Time of Response: 17 January 2023; 3:36 pm

Entity Requesting FRF: Kaibeto Chapter

Title of Project: Temporary Employment - 2 years

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$478,974.50

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: 2.16 Long-term Housing Security: Services for Unhoused Persons

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: Adjua Adjei-Danso

Signature of DOJ Reviewer:  _____

Disclaimers: This Initial Eligibility Determination is based on the documents provided which we have assumed are true, correct, and complete. Should the Project or Program change in any material way after this initial determination, the requestor must seek the advice of NNDOJ. This 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: Kaibeto Chapter Date prepared: 11/01/2022

Chapter's mailing address: Kaibeto Chapter phone/email: 928-673-585/kaibeto@navajochapters.org
P. O. BOX 1761, Kaibeto, Arizona 86053 website (if any): _____

This Form prepared by: Ella Dodson-Slick phone/email: 928-673-5850/edodson-slick@nnchapters.org
Community Services Coordinator _____
CONTACT PERSON'S name and title *CONTACT PERSON'S info*

Title and type of Project: Temporary Employment - 2 years

Chapter President: Tom Franklin, Jr phone & email: 928-640-3345/tfranklinjr@naataanii.org

Chapter Vice-President: Yolanda Ellis-Bileen phone & email: 928-206-1647/yebileen@naataanii.org

Chapter Secretary: Linda Israel phone & email: 928-429-0824/lisrael@navajochapters.org

Chapter Treasurer: same as above phone & email: same as above

Chapter Manager or CSC: Ella Dodson-Slick phone & email: 928-205-8525/edodson-slick@nnchapters.org

DCD/Chapter ASO: Pearl Yellowman phone & email: 928-871-7172/pyellowman@nndcd.org

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): _____
Unknown at this time document attached

Amount of FRF requested: \$478,974.50 FRF funding period: 11/01/2022 to 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:

The Kaibeto Chapter is requesting \$478,974.50 for temporary employment (carpenters & operator) for two years. The five carpenters to construct new homes to assist Navajo families throughout Kaibeto community. Providing stable housing for those in need will help eliminate the spread of the COVID-19 among families living in multi-generational homes and provide new homes for homeless families and individuals, which will provide sanitary infrastructure (water/wastewater & electricity) to help combat the COVID-19 pandemic. document attached

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

This project will benefit the needs of the Navajo families throughout the Kaibeto community by providing stable housing for those in need. The temporary employment will help eliminate the spread of the COVID-19 among families living in multi-generational homes & provide new homes for homeless families, individuals. (unhouse person) 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:

Advertisement by Kaibeto Chapter for temporary employment from surrounding/neighborhood chapters
1/01/23 to 4/30/23
Begin construction with footing, foundation and slab (floor) 5/01/2023 to 9/30/23
Construction 10/01/23 to 9/30/2026

document attached

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

Kaibeto Chapter and Workers

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:

Homeowners are responsible for the operation and maintenance of new homes after construction is completed by temporary workers.

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:

This project title falls under the April 2022 Guidance Expenditure Categories 2.16 - Housing support Services for unhoused persons. The temporary employment will be the ones building these homes for the community.

Providing new homes for Navajo people/families in need will help to address homelessness by offering housing support and improving access to secure, affordable housing.

document attached

Part 3. Additional documents.

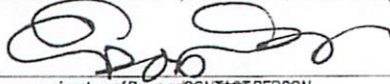
List here all additional supporting documents attached to this FRF Expenditure Plan (or indicate N/A):

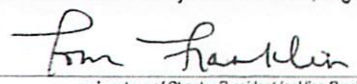
Break down of fringe benefits
number of hours work

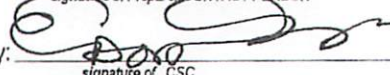
Chapter Resolution attached

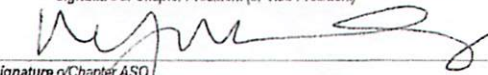
Part 4. Affirmation by Funding Recipient.

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

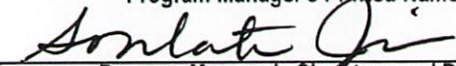
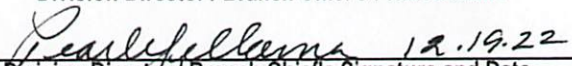
Approved by: 
signature of Chapter President (or Vice-President)

Approved by: 
signature of CSC

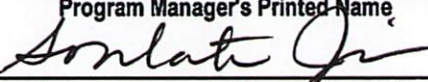
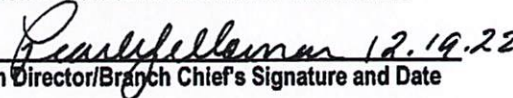
Approved by: 
signature of Chapter ASO

Approved to submit for Review: 
signature of DCD Director

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

| PART I. Business Unit No.: <u>NEW</u> | | Program Title: <u>Kaibeto Chapter - Temporary Employment</u> | | Division/Branch: <u>DCD/Executive</u> | | | | |
|--|-------------------|--|------------|--|----------------|----------------------------------|---------------------|-------------------------|
| Prepared By: <u>ELLA DODSON-SLICK</u> | | Phone No.: <u>928-673-5850</u> | | Email Address: <u>edodson-slick@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 |
| NN Fiscal Recovery Funds | 11/1/22-9/30/26 | 478,974.50 | 100% | 2001 Personnel Expenses | 6 | 0 | 478,974.50 | 478,974.50 |
| | | | | 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 | | | | |
| | | | | 9500 Matching Funds | | | | |
| | | | | 9500 Indirect Cost | | | | |
| | | | | TOTAL | | \$0.00 | 478,974.50 | 478,974.50 |
| TOTAL: \$478,974.50 100% | | | | PART IV. POSITIONS AND VEHICLES | | (D) | (E) | |
| | | | | Total # of Positions Budgeted: | | 0 | 5 | |
| | | | | Total # of Vehicles Budgeted: | | 0 | 0 | |
| PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE. | | | | | | | | |
| SUBMITTED BY: <u>Sonlatsa Jim-Martin, Program Manager II</u> | | | | APPROVED BY: <u>Dr. Pearl Yellowman, Executive Director</u> | | | | |
| Program Manager's Printed Name | | | | Division Director / Branch Chief's Printed Name | | | | |
|  | | | |  | | | | |
| 12/19/2022 | | | | 12.19.22 | | | | |
| 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.: <u>NEW</u> | | | Program Name/Title: <u>Kaibeto Chapter - Temporary Employment</u> | | | | | | |
| PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM: | | | | | | | | | |
| To hire temporary employees to construct new homes for unhoused persons, multi-generational families to eliminate the spread of COVID 19 for a period of two years. | | | | | | | | | |
| PART III. PROGRAM PERFORMANCE CRITERIA: | | | | | | | | | |
| | | 1st QTR | | 2nd QTR | | 3rd QTR | | 4th QTR | |
| | | Goal | Actual | Goal | Actual | Goal | Actual | Goal | Actual |
| 1. Goal Statement: | | | | | | | | | |
| Provide stable housing for those in need to eliminate spread of COVID 19. | | | | | | | | | |
| Program Performance Measure/Objective: | | | | | | | | | |
| Construct stable homes for un-housed and multi-generational families | | | | | | 5 | | 5 | |
| 2. Goal Statement: | | | | | | | | | |
| | | | | | | | | | |
| Program Performance Measure/Objective: | | | | | | | | | |
| | | | | | | | | | |
| 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 II | | | | Dr. Pearl Yellowman, Executive Director | | | | | |
| Program Manager's Printed Name | | | | Division Director/Branch Chief's Printed Name | | | | | |
|  | | | |  | | | | | |
| 12/19/2022 | | | | 12.19.22 | | | | | |
| Program Manager's Signature and Date | | | | Division Director/Branch Chief's Signature and Date | | | | | |

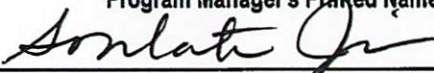

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

PART I. PROGRAM INFORMATION:
 Business Unit No.: NEW Program Name/Title: Kaibeto Chapter - Temporary Employment

PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:
 To hire temporary employees to construct new homes for unhoused persons, multi-generational families to eliminate the spread of COVID 19 for a period of two years.

| PART III. PROGRAM PERFORMANCE CRITERIA: | 1st QTR | | 2nd QTR | | 3rd QTR | | 4th QTR | |
|--|---------|--------|---------|--------|---------|--------|---------|--------|
| | Goal | Actual | Goal | Actual | Goal | Actual | Goal | Actual |
| 1. Goal Statement: Provide stable housing for those in need to eliminate spread of COVID 19. | | | | | | | | |
| Program Performance Measure/Objective: Construct stable homes for un-housed and multi-generational families | 5 | | 5 | | 5 | | 5 | |
| 2. Goal Statement: | | | | | | | | |
| Program Performance Measure/Objective: | | | | | | | | |
| 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 II Program Manager's Printed Name  Program Manager's Signature and Date 12/19/2022 | Dr. Pearl Yellowman, Executive Director Division Director/Branch Chief's Printed Name  Division Director/Branch Chief's Signature and Date 12-19-22 |
|--|--|

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

PART I. PROGRAM INFORMATION:

Business Unit No.: NEW Program Name/Title: Kaibeto Chapter - Temporary Employment

PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:

To hire temporary employees to construct new homes for unhoused persons, multi-generational families to eliminate the spread of COVID 19 for a period of two years.

PART III. PROGRAM PERFORMANCE CRITERIA:

| 1st QTR | | 2nd QTR | | 3rd QTR | | 4th QTR | |
|---------|--------|---------|--------|---------|--------|---------|--------|
| Goal | Actual | Goal | Actual | Goal | Actual | Goal | Actual |

1. Goal Statement:

Provide stable housing for those in need to eliminate spread of COVID 19.

Program Performance Measure/Objective:

Construct stable homes for un-housed and multi-generational families

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| 5 | | 5 | | 5 | | 5 | |
|---|--|---|--|---|--|---|--|

2. Goal Statement:

Program Performance Measure/Objective:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

3. Goal Statement:

Program Performance Measure/Objective:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

4. Goal Statement:

Program Performance Measure/Objective:

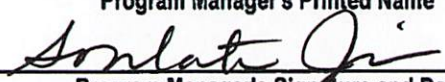
| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|


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 II
 Program Manager's Printed Name

 Program Manager's Signature and Date 12/19/2022

Dr. Pearl Yellowman, Executive Director
 Division Director/Branch Chief's Printed Name

 Division Director/Branch Chief's Signature and Date 12.19.22

**THE NAVAJO NATION
LISTING OF POSITIONS AND ASSIGNMENTS BY BUSINESS UNIT**

| SUB ACCT | POS NO | JOB TYPE | POSITION TITLE | EMP ID | WRKSITE CODE | FY 2022 ACTUAL | | FY 2023 PROPOSED | |
|-------------|-----------|-------------|----------------|--------|-----------------|----------------|--------|------------------|-----------|
| | | | | | | G/S | SALARY | HOURS | BUDGET |
| 1001 | | 2320 | Carpenter | | Kaibeto | 0 | 19.00 | 2082 | 39,558.00 |
| 1002 | | 2320 | Carpenter | | Kaibeto | 0 | 19.00 | 2082 | 39,558.00 |
| 1003 | | 2320 | Carpenter | | Kaibeto | 0 | 19.00 | 2082 | 39,558.00 |
| 1004 | | 2320 | Carpenter | | Kaibeto | 0 | 19.00 | 2082 | 39,558.00 |
| 1005 | | 2320 | Carpenter | | Kaibeto | 0 | 19.00 | 2082 | 39,558.00 |

**THE NAVAJO NATION
LISTING OF POSITIONS AND ASSIGNMENTS BY BUSINESS UNIT**

| SUB ACCT | POS NO | JOB TYPE | POSITION TITLE | EMP ID | WRKSITE CODE | FY 2023 ACTUAL | | FY 2024 PROPOSED | |
|-------------|-----------|-------------|----------------|--------|-----------------|----------------|--------|------------------|-----------|
| | | | | | | G/S | SALARY | HOURS | BUDGET |
| 1001 | | 2320 | Carpenter | | Kaibeto | 0 | 19.00 | 2082 | 39,558.00 |
| 1002 | | 2320 | Carpenter | | Kaibeto | 0 | 19.00 | 2082 | 39,558.00 |
| 1003 | | 2320 | Carpenter | | Kaibeto | 0 | 19.00 | 2082 | 39,558.00 |
| 1004 | | 2320 | Carpenter | | Kaibeto | 0 | 19.00 | 2082 | 39,558.00 |
| 1005 | | 2320 | Carpenter | | Kaibeto | 0 | 19.00 | 2082 | 39,558.00 |

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

| PART I. PROGRAM INFORMATION: | | | | |
|---|---|---------------------------------------|------------------------------------|---------|
| Program Name/Title: <u>Kaibeto Chapter - Temporary Employment</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) | |
| 2310 | Temporary Employment 5 carpenters@ \$19.00 per hour x 2082 hours for 2 years | 395,580 | 395,580 | 478,975 |
| 2900 | Fringe Benefits | 40,270 | 40,270 | |
| 2912 | FICA 24,525.96 | | | |
| 2914 | MEDICARE 5,735.91 | | | |
| 2950 | UNEMPLOYMENT 7,239.11 | | | |
| 2960 | WORKMENS COMP 2,769.06 | | | |
| 2530 | Overtime Pay - Temporary | 43,125 | 43,125 | 478,975 |
| TOTAL | | 478,975 | 478,975 | 478,975 |

450

450

450

450

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|----------|---|---|----------|---|---|----------|---|---|----------------|---|---|----------|---|---|----------|---|--|----------|---|---|---------------|---|---|---|---|---|--|--|--|
| PART I. Business Unit No.: <u>new</u> Project Title: <u>Kaibeto Chapter - Temporary Employment</u> Project Description <u>Temporary Employment to construct new homes for unhouse person, multi-generational families to eliminate the spread of COVID-19.</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 | | | | | | | | | | | | | | | PART II. Project Information Project Type: <u>Temporary Employment</u> Planned Start Date: <u>11/1/2022</u> Planned End Date: <u>9/30/2026</u> Project Manager: <u>Chapter Staff</u> | | | | | | | | | | | | | | | | | | |
| PART III. List Project Task separately; such as Plan, Design, Construct, Equip or Furnish. | PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc. | | | | | | | | | | | | | | | | | | | | Expected Completion Date if project exceeds 8 FY Qtrs. | | | | | | | | | | | | |
| | FY <u>2023</u> | | | | | | | | | | | | FY <u>2024</u> | | | | | | | | Date <u>9/30/2026</u> | | | | | | | | | | | | |
| | 1st Qtr. | | | 2nd Qtr. | | | 3rd Qtr. | | | 4th Qtr. | | | 1st Qtr. | | | 2nd Qtr. | | | 3rd Qtr. | | | 4th Qtr. | | | | | | | | | | | |
| | O | N | D | J | F | M | A | M | J | Jul | A | S | O | N | D | J | F | M | A | M | J | Jul | A | S | O | N | D | J | F | M | | | |
| JOB ADVERTISEMENT ASSESSMENT OF HOMES | | | | | | | | | | | | | | | | | | | x | x | x | x | x | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | X | X | X | X | | | | | |
| PART V. | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | | PROJECT TOTAL | | | | | | | | |
| Expected Quarterly Expenditures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|----------|---|---|----------|---|---|----------|---|---|----------------|---|---|---|----------|---|----------|---|--|-----|----|---|----|---|----|---|---------------|---|--|--|--|
| PART I. Business Unit No.: <u>new</u> Project Title: <u>Kaibeto Chapter - Temporary Employment</u> Project Description <u>Temporary Employment to construct new homes for unhouse person, multi-generational families to eliminate the spread of COVID-19.</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 | | | | | | | | | | | | | | | PART II. Project Information Project Type: <u>Temporary Employment</u> Planned Start Date: <u>11/1/2022</u> Planned End Date: <u>9/30/2026</u> Project Manager: <u>Chapter Staff</u> | | | | | | | | | | | | | | | | | | |
| PART III. List Project Task separately; such as Plan, Design, Construct, Equip or Furnish. | PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FY <u>2025</u> | | | | | | | | | | | | FY <u>2026</u> | | | | | | | | Expected Completion Date if project exceeds 8 FY Qtrs. | | | | | | | | | | | | |
| | 1st Qtr. | | | 2nd Qtr. | | | 3rd Qtr. | | | 4th Qtr. | | | 1st Qtr. | | 2nd Qtr. | | 3rd Qtr. | | 4th Qtr. | | Date <u>9/30/2026</u> | | | | | | | | | | | | |
| | O | N | D | J | F | M | A | M | J | Jul | A | S | O | N | D | J | F | M | A | M | J | Jul | A | S | O | N | D | J | F | M | | | |
| CONSTRUCTION - FOOTING, FOUNDATION, POUR SLAB - (FLOOR) | X | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONSTRUCTION HOMES | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | | | | | | |
| PART V. | \$ | | | \$ | | | \$ | | | \$ | | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | PROJECT TOTAL | | | | |
| Expected Quarterly Expenditures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \$478,974.50 | | | | |

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



The Resolution of K'ai'Bii'Tó Chapter

SUPPORT AND APPROVE THE REQUEST OF THE DELEGATE REGIONAL EXPENDITURE PLAN TO FUND TO THE TEMPORARY EMPLOYMENT OF FIVE (5) CARPENTERS FOR 2 (TWO) YEARS IN AMOUNT OF \$478,974.50

WHEREAS:

1. *The K'ai'Bii'Tó Chapter is certified by N.N.C. pursuant to 2 N.N.C. Section 4001 and 4028 (a) as established Navajo Nation Chapter to serve as Local Governing entity to promote matters affecting its Community and pursuant to N.N.C. Section 4002 and it may enact Local Community Ordinance on issues involving its local Constituency, subject to an approval of appropriate N.N.C. oversight Committees; and*
2. *Pursuant to 26 N.N.C. 1001 (A), the K'ai'Bii'Tó Chapter is vested with the authority to review all matters affecting the community and to make the appropriate corrections when necessary and to make recommendations to the Navajo Nation, State, Federal and other local agencies for appropriate actions; and*
3. *The K'ai'Bii'Tó Chapter strives for the betterment of its people by providing and assisting them with opportunity for improvement in the areas of livelihood, health, safety, and education; and*
4. *American Rescue Plan Act of 2021 was approved by U.S. Congress on March 05, 2021 and was signed by the U.S. President Joe Biden on March 11, 2021; and*
5. *The Navajo Nation was awarded \$1.9 Billion for funding for individuals, businesses, and state, local and tribal governments; and*
6. *The funding provides additional relief to address the continues negative impact of COVID-19, and;*
7. *The K'ai'Bii'Tó Chapter requests the hiring of five (5) temporary carpenters to construct homes for unhoused Community Members; and*
8. *The K'ai'Bii'Tó Chapter has attached all documents required in the packet. The guidelines will go according to the Navajo Nation Department of Personnel under Human Resources policy.*

NOW, THEREFORE, BE IT RESOLVED THAT:

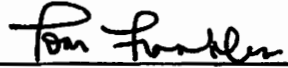
The K'ai'Bii'Tó Chapter hereby Support, and Approves the request of the Delegate Regional Expenditure Plan to fund to the Temporary Employment of Five (5) Carpenters for 2 (Two) Years in the amount of \$478,974.50

CERTIFICATION

We, hereby certify that the foregoing resolution was duly considered by the K'ai'Bii'Tó Chapter at a duly called meeting at Kaibeto, Navajo Nation, Coconino County, Arizona, at which a quorum was present and that same was passed by a vote of 5 in favor, 2 opposed, and 1 abstained, this 16th day of October 2022

MOTION: Yolanda Ellis-Bileen

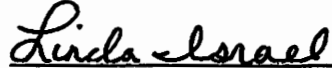
SECONDED: Linda Israel



Tom Franklin, Jr., President



Yolanda Ellis-Bileen, Vice-President



Linda Israel, Secretary/Treasurer