



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 #: HK0373

Date & Time Received: 12/23/22 10:47

Date & Time of Response: 01/04/23 17:00

Entity Requesting FRF: Manuelito Chapter

Title of Project: Portable bathroom units

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$300,000.00

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: MacArthur Stant

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.

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: Manuelito Chapter Date prepared: 11/25/22

Chapter's mailing address: HCR-57, POB 9069, Gallup, NM 87301 phone/email: 505-905-3073

website (if any): manuelito@navajochapters.org

This Form prepared by: _____ phone/email: 505-713-1510 (texting preferred)

Percy B. Anderson, Manuelito Chapter Secretary/Treasurer panderson@navajochapters.org

CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Portable bathroom units

Chapter President: Milton Davidson phone & email: mdavidson@naataanii.org

Chapter Vice-President: Deborah Nelson phone & email: dnelson@naataanii.org

Chapter Secretary: Percy B. Anderson phone & email: panderson@navajochapters.org

Chapter Treasurer: _____ phone & email: _____

Chapter Manager or CSC: Vacant phone & email: _____

DCD/Chapter ASO: Guarena Adeky phone & email: gadeky@nndcd.org

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): Antelope Fabrication LLC price quote attached.

☒ document attached

Amount of FRF requested: \$300,000 FRF funding period: 1/23 - 12/25 1/1/23 - 12/31/26

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:

Project: Portable bathroom units, 10 of them at \$30,000 each for families/homes that need access to proper bathing and toiletry facilities especially when COVID related viruses attacks a home that does not have running water or electricity. The 10 homes will be located within Manuelito Chapter community.

☐ document attached

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

The portable bathroom units will benefit the homes and community members with proper personal hygiene attention especially with COVID related viruses or similar.

☐ 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:

Stationing and installation of portable bathroom units will be completed by December 2025.

☐ document attached

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

Implementation of the portable bathroom units will be the Chapter administration and the vendor identified.

☐ 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 operation and maintenance of portable bathroom units will be the responsibility of the owner and occupants of the home.

☐ 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:

5.18 for water and sewer: other. This is the closest expenditure category for the portable bathroom units.

☐ document attached

Part 3. Additional documents.

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

Price quote attached by Antelope Fabrication LLC.

☐ 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: Percy B. Anderson
signature of Preparer/CONTACT PERSON

Approved by: W. H. [Signature]
signature of Chapter President (or Vice-President)

Approved by: VACANT
signature of CSC

Approved by: [Signature]
signature of Chapter ASO

Approved to submit for Review: Lisa J. [Signature]
signature of DCD Director

FY 2023

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

Page 1 of 3
BUDGET FORM 1

PART I. Business Unit No.: <u>New</u>		Program Title: <u>Manuelito Chapter Portable Bathroom Units</u>		Division/Branch: <u>Manuelito Chapter</u>	
Prepared By: <u>Percy B. Anderson</u>		Phone No.: <u>505-905-3073</u>		Email Address: <u>manuelito@navajochapters.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	<u>01/23 - 12/25</u> <u>1/1/23 - 12/31/26</u>	300,000.00	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				
				7000 Special Transactions				
				8000 Public Assistance	4	0	300,000	<u>300,000</u>
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	300,000.00	<u>300,000</u>
				PART IV. POSITIONS AND VEHICLES		(D)	(E)	
				Total # of Positions Budgeted:				
				Total # of Vehicles Budgeted:				
TOTAL:		\$300,000.00	100%					

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

SUBMITTED BY: <u>Sonlatsa Jim-Martin</u> Program Manager's Printed Name <u><i>Sonlatsa Jim</i></u> Program Manager's Signature and Date	APPROVED BY: <u>Pearl Yellowman</u> Division Director / Branch Chief's Printed Name <u><i>Pearl Yellowman 12.2.22</i></u> Division Director / Branch Chief's Signature and Date
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FY 2023THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIAPage 2 of 3
BUDGET FORM 2

PART I. PROGRAM INFORMATION:

Business Unit No.: New

Program Name/Title:

Manuelito Chapter
Portable Bathroom Units

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:

Identify homes that need portable bathroom units.

Program Performance Measure/Objective:

Assess the homes and identify need.

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2. Goal Statement:

Set foundation where portable bathroom units will be situated.

Program Performance Measure/Objective:

Assess the work to be done. Laborers may be required.

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3. Goal Statement:

Have portable bathroom units delivered and set up.

Program Performance Measure/Objective:

Identify laborers to complete work with vendor.

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4. Goal Statement:

Monitor, manage, and closeout.

Program Performance Measure/Objective:

Chapter administration and vendor(s)

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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.

Sonlatsa Jim-Martin

Program Manager's Printed Name

Sonlatsa Jim
Program Manager's Signature and Date

Pearl Yellowman

Division Director/Branch Chief's Printed Name

Pearl Yellowman 12-2-22
Division Director/Branch Chief's Signature and Date

FY 2023THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATIONPage 3 of 3
BUDGET FORM 4

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Manuelito Chapter</u> <u>Portable Bathroom Units</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)
8000	Assistance		300,000.00
8535	Portable bathroom units/additions 10 homes @ \$30,000 each per portable bathroom unit = \$300,000.00	300,000.00	
TOTAL		300,000.00	300,000.00

PART I. Business Unit No.: NEW Project Title: <u>Portable bathroom units</u> <i>Mamuelito Chapter</i> Project Description <u>To install manufactured portable bathroom units onto existing homes or stand-alone with energy and water/sewage equipment.</u> Check one box:														PART II. Project Information Project Type: <u>Bathroom additions</u> Planned Start Date: <u>January 2023</u> Planned End Date: <u>Dec. 2024</u> Project Manager: <u>Percy B. Anderson</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. <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th colspan="12">FY _____</th> <th colspan="12">FY _____</th> <th colspan="4" rowspan="2">Expected Completion Date if project exceeds 8 FY Qtrs. Date <u>December 2024</u></th> </tr> <tr> <th colspan="3">1st Qtr.</th> <th colspan="3">2nd Qtr.</th> <th colspan="3">3rd Qtr.</th> <th colspan="3">4th Qtr.</th> <th colspan="3">1st Qtr.</th> <th colspan="3">2nd Qtr.</th> <th colspan="3">3rd Qtr.</th> <th colspan="3">4th Qtr.</th> </tr> <tr> <th>O</th><th>N</th><th>D</th> <th>J</th><th>F</th><th>M</th> <th>A</th><th>M</th><th>J</th> <th>Jul</th><th>A</th><th>S</th> <th>O</th><th>N</th><th>D</th> <th>J</th><th>F</th><th>M</th> <th>A</th><th>M</th><th>J</th> <th>Jul</th><th>A</th><th>S</th> <th>O</th><th>N</th><th>D</th> <th>J</th><th>F</th><th>M</th> </tr> <tr> <td></td><td></td><td></td> <td>X</td><td>X</td><td>X</td> <td>X</td><td>X</td><td>X</td> <td>X</td><td>X</td><td>X</td> <td></td><td></td><td></td> <td>X</td><td>X</td><td></td> <td>X</td><td>X</td><td>X</td> <td>X</td><td>X</td><td>X</td> <td>X</td><td>X</td><td>X</td> <td>X</td><td>X</td><td>X</td> <td></td><td></td><td></td> </tr> <tr> <td colspan="28" style="height: 400px; vertical-align: top;"> Identify and assess recipients Contract/Purchase units Delivery of portable restroom units </td> </tr> </table>																												FY _____												FY _____												Expected Completion Date if project exceeds 8 FY Qtrs. Date <u>December 2024</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				X	X	X	X	X	X	X	X	X				X	X		X	X	X	X	X	X	X	X	X	X	X	X				Identify and assess recipients Contract/Purchase units Delivery of portable restroom units																											
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FOR OMB USE ONLY:

Resolution No: _____

FMIS Set Up Date: _____

Company No: _____

OMB Analyst: _____

Milton Davidson
President

Deborah Nelson
Vice-President

Percy B. Anderson
Secretary-Treasurer



MANUELITO (KIN HOZHONI) CHAPTER GOVERNMENT

HCR 57 BOX 9069 GALLUP, NEW MEXICO 87301
PHONE (505) 905-3073 • FAX (505) 905-0606
Email: manuelito@navajochapters.org

NN Speaker - Seth Damon
24th Navajo Nation Council

Vacant
Community Services Coordinator

Kathleen Arviso
Land Board Member

Resolution #MANU11-22-22-053

RESOLUTION OF THE MANUELITO NAVAJO CHAPTER

Supporting and approving the American Rescue Plan Act (ARPA) expenditure plan for the portable bathroom units project in the amount of \$300,000 for Manuelito Chapter community members.

WHEREAS:

1. N.N.C. Title 26 delegates Navajo Nation Chapters certain authority to review all matters affecting the community based on sound decision which are consistent with the Navajo Nation codes, laws, custom, and tradition; and
2. Pursuant to 26 N.N.C., Section 1 (B) Manuelito Navajo Chapter is vested with the authority on all matters affecting the community, make appropriate actions when necessary and make recommendations to the Navajo Nation government and other federal/state/local agencies; and
3. The Manuelito Navajo Chapter has determined that during the COVID pandemic there are homes that are off the electrical grid who need proper bathroom facility for proper personal hygiene; proper hygiene is critical especially during viral pandemics; and
4. The Manuelito Navajo Chapter will be working with some of the homes that are currently or may not be connected to the electrical grid to have the portable bathroom unit properly connected to the home. All may not be able to secure electricity from the grid in sufficient time and will need septic/cistern system and solar units and/or small wind turbines for energy; and
5. The Manuelito Navajo Chapter will contract out to a vendor to complete the installation of the portable bathroom units project.

NOW THEREFORE BE IT RESOLVED:

The Manuelito Chapter supports and approves the American Rescue Plan Act (ARPA) expenditure plan for the portable bathroom units project for homes in the amount of \$300,000 for Manuelito community members.

CERTIFICATION

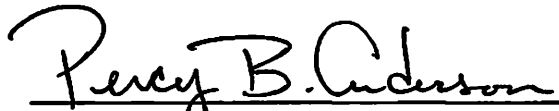
WE HEREBY CERTIFY that the foregoing resolution was duly considered at a duly called meeting at Manuelito Chapter (Navajo Nation), New Mexico, at which a quorum was present and that the same was passed by a vote of 37 in favor, 0 opposed, and 13 abstaining on this 22nd day of November 2022.

Motion by: Chester Nez

Second by: Justin Adakai


Milton Davidson, Chapter President


Deborah Nelson, Chapter Vice-President


Percy B. Anderson, Chapter Sec/Treasurer



Antelope Fabrcation

2224 W Shangri La Rd

Phoenix , Arizona

85029

(928)232-3405

www.antelopefab.com

INVOICE

INV0028

DATE

Nov 28, 2022

DUE

On Receipt

BALANCE DUE

USD \$300,000.00

DESCRIPTION	RATE	QTY	AMOUNT
ADA compliant bathroom addition This price includes shipping Please inform us if you need the stand alone or the attachable The Stand Alone includes: 300 gallon septic, 300 gallon water, Water heater, Water pump, Ac/ heating unit, gcfi outlet, Medicine cabinet, Faucet with cabinet, Exhaust fan with led light, ADA compliance grab bar, Generator The Attachable unit includes: Water heater, Water pump, Ac/ heating unit, gcfi outlet, Medicine cabinet, Faucet with cabinet, Exhaust fan with led light, ADA compliance grab bar, NECA/ NTUA certified designed roof	\$30,000.00	10	\$300,000.00

TOTAL \$300,000.00

BALANCE DUE **USD \$300,000.00**

Price Exp. Jan 10