



**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):**

- 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: \_\_\_\_\_  
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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.

Reviewed  
01/23/24  
Alfreda Earle  
DCD AALPA

**APPENDIX A**

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

**Part 1. Identification of parties.**

Governance-Certified Chapter requesting FRF: Cornfields Chapter Date prepared: 01/16/2024

Chapter's P.O. Box 478 phone & email: (928) 755-5912 aearte@nnchapters.org  
mailing address: Ganado, Arizona 86505 website (if any): \_\_\_\_\_

This Form prepared by: Alfreda Earle phone/email: (928) 755-5912 aearte@nnchapters.org  
Alfreda Earle, Chapter Manager (928) 755-5912 aearte@nnchapters.org  
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Cornfields Chapter Temporary Employment

Chapter President: Morgan Cleveland, Sr. phone & email: (928) 755-5912

Chapter Vice-President: Wallace James, Jr. phone & email: (928) 755-5912 wjamesjr@naataanii.org

Chapter Secretary: Sharon C. Smith phone & email: ssmith86504@gmail.com

Chapter Treasurer: Sharon C. Smith phone & email: ssmith86504@gmail.com

Chapter Manager or CSC: Alfreda Earle phone & email: (928) 755-5912 aearte@nnchapters.org

DCD/Chapter ASO: Toni Mina phone & email: (928) 654-3933 tmina@nndcd.org

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

document attached

Amount of FRF requested: 65,000.00 FRF funding period: November 01, 2023 - December 31, 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 Cornfields Chapter Temporary Employment fund would allow additional funding to hire personnel. The temporary workers will construct bathroom additions, home renovation and minor repairs within Cornfields Community. Providing improvements for those in need will help eliminate the spread of the ongoing COVID-19 among families living in multi-generational home, 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:

The project will benefit the community of Cornfields Chapter by constructing bathroom addition and doing home renovation for those that are in need. Cornfields Chapter strives to provide adequate infrastructure such as providing bathroom for individuals with limited economic opportunities. Adequate infrastructure will improve the living conditions for families in multi-generational homes.

document attached

(c) 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:

**APPENDIX A**

The project will have funds encumbered no later than December 31, 2024 and will be fully expended by December 31, 2026.

document attached

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

Cornfields Chapter.

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 operations and maintenance costs once the project is 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:

The project is covered under Expenditure Category 6.1 Provision of Government Services. The temporary workers will construct bathroom addition and do home improvements. The project will enable families access safe, sanitary bathrooms without compromising their health and safety using outside facilities. The goal is to provide adequate bathroom to improve basic quality of life, meet health care needs, and sanitation needs and to prevent the spread of COVID-19 and other contagious viruses and illnesses.

document attached

**Part 3. Additional documents.**

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

Expenditure Categories Table Indicating ~~23~~ Chapter Resolution.  
6.1 pt

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 ARFA, AFPA Regulations, and with all applicable federal and Navajo Nation laws, regulations, and policies:

Chapter's Preparer: Aspunde Eala  
signature of Preparer (CITA: I.P. 315.0)  
Approved by: Aspunde Eala  
signature of Chapter Manager or SSC

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

Approved by: \_\_\_\_\_  
Approved to submit for Review.

[Signature]  
signature of CDC Director

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**THE NAVAJO NATION  
PROGRAM BUDGET SUMMARY**

Page 1 of 4  
BUDGET FORM 1

PART I. Business Unit No.: <u>New</u>		Program Title: <u>Comfields Chapter Temporary Employment</u> <sup>OK</sup>		Division/Branch: <u>DCD</u>	
Prepared By: <u>Alfreda Earle</u>		Phone No.: <u>(928) 755-5912</u>		Email Address: <u>aearle@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	<u>FY 2024</u>	65,000.00	100%	2001 Personnel Expenses	<u>6</u>	<u>0</u>	65,000	<u>65,000</u>
	<u>02/01/24</u>			3000 Travel Expenses				
	<u>12/31/26</u>			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				
				<b>TOTAL</b>		\$0.00	65,000.00	<u>65,000</u>

  

PART IV. POSITIONS AND VEHICLES		(D)	(E)
Total # of Positions Budgeted:	<u>0</u>	<u>0</u>	<u>0</u>
Total # of Vehicles Budgeted:	<u>0</u>	<u>0</u>	<u>0</u>

  

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE	
SUBMITTED BY: <u>Alfreda Earle</u> / <u>1 Jan 2024</u>	APPROVED BY: _____
Program Manager's Printed Name	Division Director / Branch Chief's Printed Name
<u>Alfreda Earle</u> / <u>1 Jan 2024</u>	_____
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: Comfields Chapter Temporary Employment

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

CF-FEB2023-008 The Fiscal Recovery Funds are specifically intend to respond to the COVID-19 public health emergency and its negative economic impacts, including assistance to households, and repond to the workers performing essential work during the COVID-19 public health emergency and make necessary investments in water, sewer, and/or broadband infrastructure.

**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 provide adequate infurshure to improve basic quality of life, and sanitation needs.

Program Performance Measure/Objective:

Hire four (4) temporary workers to construt bathroom addition and do home improvments

						3	
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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**

Alfreda Earle / Tony Arbez  
Program Manager's Printed Name  
Alfreda Earle  
Program Manager's Signature and Date

[Signature]  
Division Director/Branch Chief's Printed Name  
[Signature]  
Division Director/Branch Chief's Signature and Date

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

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**BUDGET FORM 3**

SUB ACCT	POS NO	JOB TYPE	POSITION TITLE	EMP ID	WRKSITE CODE	FY 2024 ACTUAL		FY 2025 PROPOSED	
						G/S	SALARY	HOURS	BUDGET
1001		2320	Supervisor		Cornfields			1000	18,000.00
1002		2320	Carpenter		Cornfields			999	13,986.00
1003		2320	Carpenter		Cornfields			999	13,986.00
1004		2320	Carpenter		Cornfields			999	13,986.00

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**THE NAVAJO NATION  
DETAILED BUDGET AND JUSTIFICATION**

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**BUDGET FORM 4**

<b>PART I. PROGRAM INFORMATION:</b>			
Program Name/Title: <u>Comfields Chapter Temporary Employment</u>		Business Unit No.: <u>New</u>	
<b>PART II. DETAILED BUDGET:</b>			
(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)
2001	Personnel Expenses		65,000
2310	Temporary		
2320	Person-Regular : 1 supervisor @ \$18.00 x 1000 hrs = \$18,000.00	18,000	
2320	Person-Regular: 3 Carpenters @ \$14.00 x 999 hrs = \$41,958	41,958	
<del>2910</del> 2900	Fringe Benefit		
2912	FICA = \$3,717.40	3,717	
2914	Medicare = \$889.39	889	
2960	Worker's Comp		
2961	Worker's Comp = 455.21	455	
<b>TOTAL</b>		<b>65,000</b>	<b>65,000</b>



**THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE**

<b>PART I. Business Unit No.:</b> <u>New</u> <b>Project Title:</b> <u>Comfields Chapter Temporary Employment</u> <b>Project Description:</b> <u>Temporary Employment to construct bathroom addition and do home improvements.</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> <b>Project Type:</b> <u>Temporary Employment</u> <b>Planned Start Date:</b> <u>02/01/2024</u> <b>Planned End Date:</b> <u>12/31/2026</u> <b>Project Manager:</b> <u>Alfreda Earle</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 6 FY Qtrs.													
	<b>FY 2024</b>												<b>FY 2025</b>														
	1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			Date 12/31/2026		
	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S			
Job Advertisement																											
Advertise of Employment											X																
Chapter Application												X															
Interview/Selection of workers.												X															
Hire Workers												X															
<b>PART V.</b>	\$			\$			\$			\$			\$			\$			\$			<b>PROJECT TOTAL</b>					
Expected Quarterly Expenditures										10,800.00				32,400.00				21,800.00									\$65,000.00