

THE NAVAJO NATION

JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE PRESIDENT



October 7, 2022

TRANSMITTAL

TO : Elizabeth Begay, Acting Controller
Navajo Nation Office of the Controller (NN OOC)

FROM : CMS
Cordell Shortey, Contracting Officer
Contracts and Grants Section / OMB

SUBJECT : Hardship Assistance 2

I. Information on Contract (per Original Award):

Hardship Assistance	U.S. Treasury American Recovery		21.019
Title of Contract	Plan Act (ARPA)		CFDA No. - Federal
CJN-29-22	\$ 120,000,000.00	2022	03/11/2021 to 12/31/2026
Grant No.	Amount	Fiscal Year	Term - Begin and End Date

II. Data Entered in FMIS Regarding:

- New Contract or Grant Company No. 8059 Business Unit (K#) K211547
- Contract Mod No. _____
- Amt of Award _____ to _____
AMOUNT FROM TO
- Budget Period - Extend End Date: From _____ To _____
- Other, specify: _____

Authorizing Document - Attached:

- Contract / Agreement - Date executed _____
- NNC / Committee Resolution - No. & Date _____
- Other, specify: NN Council Resolution CJN-29-22

III. Comments by CGS:

Budget received on September 27, 2022 is authorized for implementation pursuant to FY 2023 NN BIM Appendix L Section II. B. and approved by Mr. Tom Platero on September 29, 2022.

Attachment
Copy: Contract files
Contract Accounting / OOC / DPM
Tom Platero, Interim E.D. - NN FRF Office

Revised April 2018



THE NAVAJO NATION


JONATHAN NEZ | PRESIDENT

MYRON LIZER | VICE PRESIDENT



MEMORANDUM

TO : Elizabeth Begay, Acting Controller
Navajo Nation Office of the Controller

FROM : 
Lisa Jymm, Deputy Executive Director
Navajo Nation Fiscal Recovery Fund Office

DATE : September 29, 2022

SUBJECT : CJN-29-22 – Allocation of \$120,000,000 in Navajo Nation Fiscal Recovery Funds for Hardship Assistance.

The Navajo Nation Fiscal Recovery Fund Office (NNFRFO) has identified \$120,000,000 for the Office of the Controller per CJN-29-22, Exhibit H (see table below):

Exhibit	Description	Category	\$
H	Hardship Assistance	2.3	\$120,000,000
	Total Funding for OOC		\$120,000,000

Resolution CJN-29-22, Exhibit H, determines that the funding is for Hardship Assistance.

If you have any questions, please feel free to contact me by phone at (928) 309-5535 or email at ljymm@navajo-nsn.gov.

Thank you.

Paulson Chaco, Chief of Staff, OPVP
Robert Willie, General Accounting Supervisor, OOC
Tom Platero, Director, NNFRFO
Cordell Shortey, Contracting Officer, OMB
Germaine Jones, Deputy Contracting Officer, OMB

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:			
Program Name/Title: _____		Business Unit No.: _____	
Program Name/Title: _____		Business Unit No.: _____	
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			120,000,000
8020 Social			
8085 Other Public Assistance		120,000,000	
TOTAL		120,000,000	120,000,000

FY _____

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA

Page ____ of ____
BUDGET FORM 2

NOTE: 400,000 comes from the NV 2020 census.

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA

PART I. PROGRAM INFORMATION:		Program Name/Title: ARPA Hardship Assistance							
Business Unit No.:									
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:									
PART III. PROGRAM PERFORMANCE CRITERIA:									
1. Goal Statement:		1st QTR		2nd QTR		3rd QTR		4th QTR	
Provide Hardship assistance to Navajo families negatively impacted by COVID-19 Program Performance Measure/Objective: Issue checks to 345,000 Navajos		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
									55,000
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.									
					Emerson Horace III				
					Elizabeth Begay				
Program Manager's Printed Name <i>Emerson Horace III</i>					Division Director/Branch Chief's Printed Name <i>Elizabeth Begay</i>				
Program Manager's Signature and Date <i>Emerson Horace III</i> 9/27/22					Division Director/Branch Chief's Signature and Date <i>Elizabeth Begay</i> 9/27/22				

**THE NAVAJO NATION
 PROGRAM BUDGET SUMMARY**

PART I. Business Unit No.: _____ Program Title: ARPA Hardship Assistance Division/Branch: _____ Executive Branch _____

Prepared By: Emerson Horace III Phone No.: 928-871-6108 Email Address: emerson.horace@nnooc.org

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
NIN Fiscal Recovery Funds			120,000,000.00	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			120,000,000		
					9000	Capital Outlay					
					9500	Matching Funds					
					9500	Indirect Cost					
TOTAL								\$0.00	120,000,000.00	0	
					PART IV. POSITIONS AND VEHICLES						
					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: _____ APPROVED BY: _____
 Emerson Horace III Elizabeth Begay
 Program Manager's Printed Name Division Director / Branch Chief's Printed Name
Emerson Horace III *9/27/22* *9/27/22*
 Program Manager's Signature and Date Division Director / Branch Chief's Signature and Date



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 #: HK0171

Date & Time Received: 04/12/22 10:20

Date & Time of Response: 04/14/2022 10:45 am MDT

Entity Requesting FRF: Office of the President & Vice President

Title of Project: Hardship Assistance

Administrative Oversight: Office of the Controller

Amount of Funding Requested: \$120,000,000

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: 2.3 Negative Economic Impacts,
Household Assistance: Cash Transfers.

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: Kristen A. Lowell

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 NAVAJO NATION GOVERNMENT UNITS**

Part 1. Identification of parties.

NN Government Unit requesting FRF: Office of the President & Vice President (OPVP) Date prepared: 04/11/2022
Indicate Department, Program, Office, Division, or Branch

NN Government Unit's mailing address: P.O. Box 7440, Window Rock, AZ 86515 phone/email: (928) 871-8173/elizabeth.begay@nnooc.org
Window Rock, AZ 86515 website (if any): _____

Form prepared by: Elizabeth Begay phone/email: (928) 871-8173/elizabeth.begay@nnooc.org
Controller, Office of the Controller same as above
CONTACT PERSON'S name, title and Department, Program, Office, etc. CONTACT PERSON'S info

Title & type of Project: Hardship Assistance

NN Government Unit's Director or Manager: Paulson Chaco, Chief of Staff phone & email: (928) 871-7247/paulsonchaco@navajo-nsn.gov

Division Director (if any): same as above phone & email: _____

Branch Chief: Jonathan Nez, Navajo Nation President phone & email: (928) 871-7000/jonathannez@navajo-nsn.gov

Funding Recipient will be working with: Executive Branch on the Project and the same will be submitting the Funding Request Package for Initial Eligibility Determination Review, and will have Administrative Oversight over this FRF Expenditure Plan.
Indicate Branch and/or Division

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

Amount of FRF requested: 120,000,000 FRF funding period: 10/01/2021 - 12/31/2024
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:

SUPPLEMENTAL HARDSHIP FUNDING REQUEST: This Expenditure Plan would increase the overall hardship funding originally approved under CD-62-21 from 557M to 677M. The Office of the Controller (OOC) will provide financial hardship assistance, directly related to the COVID-19 pandemic, for eligible Navajo People age 18 and over not to exceed \$2,000 per applicant and to minors age below 18 years old not to exceed \$600 per recipient. This request increases the hardship for an additional 48,000 adults and 40,000 minors as well as meets some of the anticipated negative variance of the original hardship legislation based on the current enrollment projects.

document attached

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

As of April 11, 2022, the total number of deaths has increased from 1,583 (date of original hardship expenditure plan) to 1,740 with a total of 53,134 confirmed cases. The current unemployment rate is at an all time high of 48.5% and the average household income is \$8,240, well below the federal poverty guidelines. This program will provide much needed assistance as the Nation continues to face the effects and financial hardship due to the pandemic.

document attached

APPENDIX A

(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 OOC for eligible applications for financial hardship assistance will continue through December 31, 2022. Execution of funding distribution: Continue through December 31, 2024. The Office of the Controller does not foresee any challenges preventing them from meeting the December 31, 2024 deadline to incur all costs.

document attached

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

Elizabeth Begay, Controller, Navajo Nation Office of the Controller

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:

There will be no O&M costs. Once the funding is distributed, there will be no additional costs.

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:

2.3 Negative Economic Impacts, Household Assistance: Cash Transfers

This program will focus on adult individuals experiencing financial hardship directly related to the COVID-19 pandemic. Use of the financial assistance will be regulated to approved, eligible uses due to negative economic impacts of COVID-19. The cash transfer amount of \$2,000 per person for members of the Nation age 18 and over and \$600 per person for members of the Nation age below 18 is reasonable, and not excessive, amount to address the financial hardship experienced by the pandemic. In comparison, the Federal government provided stimulus checks for economic impact relief program to person age 18 years and over totaling \$3,200 and to person age below 18 years totaling \$2,500.

document attached

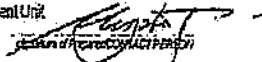
Part 3. Additional documents.


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

APPENDIX A

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. C.J.V.-11-21, the ARPA, ARPA Regulations, and with all applicable federal and Navajo Nation laws, regulations, and policies:

Navajo Government Unit
Preparer: 
Signature of Preparer (Print Name)

Approved by: 
Signature of Navajo Government Unit Program Director or Director

Approved to submit
for Review: 
Signature of Branch Chief or Chief of Staff

Print Name, Title, Branch or Division: Paulson Chaco / Chief of Staff
Print Name and Title of Reviewer
Executive Branch
Navajo Branch or Division

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

PART I. Business Unit No.: <u>K-116W</u>		Program Title: <u>Supplemental Hardship Funds</u>		National Branch: <u>Office of the Controller</u>			
Prepared By: <u>Elizabeth Besby</u>		Phone No.: <u>523.871.5173</u>		Email Address: <u>elizabeth.besby@navajo.gov</u>			
Fiscal Year Item	Amount	% of Total	Part III. Budget Summary	Fund Type Code	Original Budget	Proposed Budget	Difference or Total
NM Fiscal Recovery Funds	120,000,000.00	100%					
			2001 Personal 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			120,000,000.00	
			9000 Capital Outlay				
			TOTAL		\$0.00	120,000,000.00	0
			PART IV. POSITIONS AND VEHICLES				
TOTAL: \$120,000,000.00			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: _____ APPROVED BY: _____

Elizabeth Besby / Controller Program Manager's Printed Name Division Director / Branch Chief's Printed Name

2/1/2012 2/1/2012

Program Manager's Signature and Date Division Director / Branch Chief's Signature and Date