

LEGISLATIVE SUMMARY SHEET
Tracking No. 0112-23

DATE: May 17, 2023

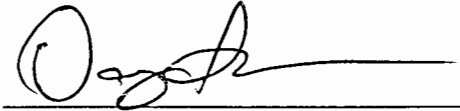
TITLE OF RESOLUTION: AN ACTION RELATING TO THE NAABIK'ÍYÁTI' COMMITTEE AND NAVAJO NATION COUNCIL; APPROVING THE NAVAJO NATION FISCAL RECOVERY FUND DELEGATE REGION PROJECT PLAN FOR HONORABLE DANNY SIMPSON'S DELEGATE REGION (CHAPTERS: BECENTI, LAKE VALLEY, NAHODISHGISH, STANDING ROCK, WHITEROCK, HUERFANO, NAGEEZI, CROWNPOINT)

PURPOSE: This resolution, if approved, will enact Hon. Danny Simpson's Fiscal Recovery Fund Delegate Region Projects Plan (Chapters: Becenti, Lake Valley, Nahodishgish, Standing Rock, Whiterock, Huerfano, Nageezi, Crownpoint).

This written summary does not address recommended amendments as may be provided by the standing committee. The Office of Legislative Counsel requests each Council Delegate to review the proposed resolution in detail.

PROPOSED NAVAJO NATION COUNCIL RESOLUTION
25th NAVAJO NATION COUNCIL — 1st Year, 2023

INTRODUCED BY



Primary Sponsor

TRACKING NO. 0112-23

AN ACTION
RELATING TO THE NAABIK'ÍYÁTI' COMMITTEE AND NAVAJO NATION
COUNCIL; APPROVING THE NAVAJO NATION FISCAL RECOVERY FUND
DELEGATE REGION PROJECT PLAN FOR HONORABLE DANNY
SIMPSON'S DELEGATE REGION (CHAPTERS: BECENTI, LAKE VALLEY,
NAHODISHGISH, STANDING ROCK, WHITEROCK, HUERFANO, NAGEEZI,
CROWNPOINT)

BE IT ENACTED:

SECTION ONE. AUTHORITY

- A. The Navajo Nation Council is the governing body of the Navajo Nation. 2 N.N.C. §102(A).
- B. The Naabik'iyáti' Committee is a standing committee of the Navajo Nation Council with the delegated responsibility to hear proposed resolution(s) that require final action by the Navajo Nation Council. 2 N.N.C. § 164(A)(9).
- C. Navajo Nation Council Resolution No. CJN-29-22, incorporated herein by reference, mandates that Navajo Nation Fiscal Recovery Fund ("NNFRF") Delegate Region Project Plans be approved by Navajo Nation Council resolution and signed into law by the President of the Navajo Nation pursuant to 2 N.N.C. § 164 (A) and 2 N.N.C. §§ 1005 (C) (10), (11), and (12).

1
2 **SECTION TWO. FINDINGS**

3 A. Navajo Nation Council Resolution No. CJN-29-22, AN ACTION RELATING TO
4 THE NAABIK'ÍYÁTI' COMMITTEE AND NAVAJO NATION COUNCIL;
5 ALLOCATING \$1,070,298,867 OF NAVAJO NATION FISCAL RECOVERY
6 FUNDS; APPROVING THE NAVAJO NATION FISCAL RECOVERY FUND
7 EXPENDITURE PLANS FOR: CHAPTER AND REGIONAL PROJECTS; PUBLIC
8 SAFETY EMERGENCY COMMUNICATIONS, E911, AND RURAL
9 ADDRESSING PROJECTS; CYBER SECURITY; PUBLIC HEALTH PROJECTS;
10 HARDSHIP ASSISTANCE; WATER AND WASTEWATER PROJECTS;
11 BROADBAND PROJECTS; HOME ELECTRICITY CONNECTION AND
12 ELECTRIC CAPACITY PROJECTS; HOUSING PROJECTS AND
13 MANUFACTURED HOUSING FACILITIES; BATHROOM ADDITION
14 PROJECTS; CONSTRUCTION CONTINGENCY FUNDING; AND REDUCED
15 ADMINISTRATIVE FUNDING, was signed into law by the President of the Navajo
16 Nation on July 15, 2022.

17 B. CJN-29-22, Section Three, states, in part and among other things, that

- 18 1. The Navajo Nation hereby approves total funding for the NNFRF Chapter
19 and Chapter Projects Expenditure Plan from the Navajo Nation Fiscal
20 Recovery Fund in the total amount of two hundred eleven million two
21 hundred fifty-six thousand one hundred forty-eight dollars (\$211,256,148)
22 to be divided equally between the twenty-four (24) Delegate Regions in the
23 amount of eight million eight hundred two thousand three hundred forty
24 dollars (\$8,802,340) per Delegate Region . . . and allocated through Delegate
25 Region Project Plans approved by Navajo Nation Council resolution and
26 signed into law by the President of the Navajo Nation . . . See CJN-29-22,
27 Section Three (B).
- 28 2. The Delegate Region Project Plan funding will be allocated to the Navajo
29 Nation Central Government, specifically the Division of Community
30 Development or other appropriate Navajo Nation Division or Department,

1 to implement the projects rather than directly to the Chapters. *See* CJN-29-
2 22, Section Three (D).

3 3. The Navajo Nation Central Government, specifically the Division of
4 Community Development or other appropriate Navajo Nation Division or
5 Department, shall manage and administer funds and Delegate Region
6 Project Plans on behalf of Non-LGA-Certified Chapters. The Navajo Nation
7 Central Government may award funding to LGA-Certified Chapters through
8 sub-recipient agreements to implement and manage specific projects, but
9 shall maintain Administrative Oversight over such funding and Delegate
10 Region Project Plans. *See* CJN-29-22, Section Three (E).

11 4. Each Navajo Nation Council delegate shall select Fiscal Recovery Fund
12 eligible projects within their Delegate Region to be funded by the NNFRF
13 Chapter and Regional Projects Expenditure Plan through a Delegate Region
14 Projects Plan. The total cost of projects selected by each Delegate shall not
15 exceed their Delegate Region distribution of eight million eight hundred two
16 thousand three hundred forty dollars (\$8,802,340). *See* CJN-29-22, Section
17 Three (F).

18 5. Each Delegate Region Project shall identify its Administrative Oversight
19 entity and its Oversight Committee(s) and be subject CJY-41-21's NNDOJ
20 initial eligibility determination. *See* CJN-29-22, Section Three (L)(5) and
21 (L)(6).

22 C. All projects listed in the Hon. Danny Simpson's Delegate Region Projects Plan,
23 attached as **Exhibit A**, have been deemed Fiscal Recovery Fund eligible by NNDOJ.
24 In addition, Hon. Danny Simpson's Delegate Region Projects Plan does *not* exceed
25 the amount of \$8,802,340, as set forth in CJN-29-22, Section Three (F).

26 D. The Navajo Nation Council hereby finds that it is in the best interest of the Navajo
27 Nation and the Hon. Danny Simpson's Delegate Region Chapters and communities to
28 approve and adopt the Navajo Nation Fiscal Recovery Fund Delegate Region Project
29 Plan for Hon. Danny Simpson's Delegate Region (Chapters: Becenti, Lake Valley,
30

1 Nahodishgish, Standing Rock, Whiterock, Huerfano, Nageezi, Crownpoint) as set
2 forth in **Exhibit A**.

3
4 **SECTION THREE. APPROVAL OF HON. DANNY SIMPSON'S DELEGATE**
5 **REGION PROJECT PLAN**

6 A. The Navajo Nation hereby approves the Fiscal Recovery Fund Delegate Region Project
7 Plan for Hon. Danny Simpson's Delegate Region (Chapters: Becenti, Lake Valley,
8 Nahodishgish, Standing Rock, Whiterock, Huerfano, Nageezi, Crownpoint) set forth
9 in **Exhibit A**.

10 B. The Delegate Region Project Plan approved herein shall comply with all applicable
11 provisions of CJY-41-21, CJN-29-22, and BFS-31-21.

12 C. Any inconsistencies between this legislation, the Delegate Region Project Plan, and the
13 individual project appendix, shall be resolved in favor of the project appendix reviewed
14 by Department of Justice during their eligibility determination(s).

15
16 **SECTION FOUR. AMENDMENTS**

17 Amendments to this legislation or to the Delegate Region Project Plan approved herein
18 shall only be adopted by resolution of the Navajo Nation Council and approval of the
19 President of the Navajo Nation pursuant to 2 N.N.C. § 164 (A)(17) and 2 N.N.C. §§ 1005
20 (C) (10), (11), and (12).

21
22 **SECTION FIVE. EFFECTIVE DATE**

23 This legislation shall be effective upon its approval pursuant to 2 N.N.C. § 221(B), 2 N.N.C.
24 § 164 (A)(17), and 2 N.N.C. §§ 1005 (C) (10), (11), and (12).

25
26 **SECTION SIX. SAVING CLAUSE**

27 If any provision of this legislation is determined invalid by the Navajo Nation Supreme Court,
28 or by a Navajo Nation District Court without appeal to the Navajo Nation Supreme Court,
29 those provisions of this legislation not determined invalid shall remain the law of the Navajo
30 Nation.

NAVAJO NATION FISCAL RECOVERY FUND DELEGATE REGION PROJECT PLAN

Exhibit A

COUNCIL DELEGATE: Hon. Danny Simpson

CHAPTERS: Becenti, Lake Valley, Nahodishgish, Standing Rock, Whiterock, Huerfano, Nageezi, Crownpoint

FUNDING RECIPIENT	SUBRECIPIENT	EXPENDITURE PLAN / PROJECT	ADMIN OVERSIGHT	FRF CATEGORY	DOJ REVIEW #	AMOUNT
Division of Community Development	None Identified	Crownpoint Chapter Veteran's Furniture Project	Division of Community Development	1.14	HK0291-2	\$ 50,000.00
Division of Community Development	None Identified	Crownpoint Chapter Trails Project	Division of Community Development	2.22	HK0377	\$ 50,000.00
Division of Community Development	None Identified	Crownpoint Chapter Building's HVAC System Project	Division of Community Development	1.4	HK0395	\$ 250,000.00
Division of Community Development	None Identified	Crownpoint Chapter Renovations to Community Homes Project	Division of Community Development	2.18	HK0396	\$ 100,000.00
Division of Community Development	None Identified	Lake Valley Chapter Drill Water Wells Project	Department of Water Resources	5.13	HK0435	\$ 500,000.00
Division of Community Development	None Identified	Lake Valley Chapter Bathroom Additions/Renovations Project	Division of Community Development	1.14	HK0436	\$ 200,000.00
Division of Community Development	None Identified	Lake Valley Chapter Renovation/HVAC System Project	Division of Community Development	1.4	HK0437	\$ 150,000.00
Division of Community Development	None Identified	Lake Valley Chapter Septic Tank Upgrade	Division of Community Development	5.5	HK0438	\$ 100,000.00
Division of Community Development	None Identified	Becenti Chapter Temporary Employment Project	Division of Community Development	2.37	HK0478	\$ 79,197.00
Division of Community Development	None Identified	Becenti Chapter Septic Tank Cleaning Project	Division of Community Development	5.5	HK0479	\$ 6,000.00
TOTAL:						\$ 1,485,197.00

*Per CJN-29-22, Section Three (E), the "Navajo Nation Central Government may award funding to LGA-Certified Chapters through sub-recipient agreements to implement and manage specific projects, but shall maintain Administrative Oversight over such funding and Delegate Region Project Plans."

NAVAJO NATION FISCAL RECOVERY FUND DELEGATE REGION PROJECT PLAN

Exhibit A

COUNCIL DELEGATE: Hon. Danny Simpson

CHAPTERS: Becenti, Lake Valley, Nahodishgish, Standing Rock, Whiterock, Huerfano, Nageezi, Crownpoint

FUNDING RECIPIENT	SUBRECIPIENT	EXPENDITURE PLAN / PROJECT	ADMIN OVERSIGHT	FRF CATEGORY	DOJ REVIEW #	AMOUNT
		TOTAL AMOUNT from PAGE 01				\$ 1,485,197.00
Division of Community Development	None Identified	Becenti Chapter New Housing Project	Division of Community Development	2.15	HK0482	\$ 387,122.00
		UN-ALLOCATED AMOUNT				\$ 6,930,021.00
					TOTAL:	\$ 8,802,340.00

*Per CJN-29-22, Section Three (E), the "Navajo Nation Central Government may award funding to LGA-Certified Chapters through sub-recipient agreements to implement and manage specific projects, but shall maintain Administrative Oversight over such funding and Delegate Region Project Plans."



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 #: HK0291-2

Date & Time Received: 2/14/23 at 15:01

Date & Time of Response: 2/27/2023 at 6:51 am

Entity Requesting FRF: Crownpoint Chapter

Title of Project: Crownpoint Veterans Furniture

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$50,000.00

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

<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: Rudy Anaya, Tax and Finance Unit

Signature of DOJ Reviewer: Randy G.

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.

Page 2 of 2

**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: **Crownpoint Chapter**

Date prepared: **12/1/2022**

Chapter's P.O. Box **336**
mailing address: **Crownpoint, NM 87313**

phone/email: **5057862130/ crownpoint@navajochapters.org**
website (if any): **crownpoint.navajochapters.org**

This Form prepared by: **Aaron Edsitty**
Crownpoint Chapter, Community Services Coordinator
CONTACT PERSON'S name and title

phone/email: **2027862130**
crownpoint@navajochapters.org
CONTACT PERSON'S info

Title and type of Project: **Crownpoint Veterans Furniture**

Chapter President: **Rita Capitan**

phone & email: **rcapitan@naataanii.org**

Chapter Vice-President: **Leonard Perry**

phone & email: **philohis@yahoo.com**

Chapter Secretary: **Helen Murphy**

phone & email: **ahsbulldogs68@yahoo.com**

Chapter Treasurer: **Helen Murphy**

phone & email: **ahsbulldogs68@yahoo.com**

Chapter Manager or CSC: **Aaron Edsitty**

phone & email: **crownpoint@navajochapters.org**

DCD/Chapter ASO: **Casey Begay**

phone & email: **casey_begay@nndcd.org**

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): **n/a**

Amount of FRF requested: **50,000**

FRF funding period: **10/1/22 - 12/31/24**
March 2020/December 2026

indicate Project starting and ending/deadline date

☐ document attached

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:

Crownpoint Headstart Educational Assistance, the funding purpose and plan is to purchase furnitures, table and chairs, to pay for propane to use for a source of head, install a broadband connection or internet. Location served will be Crownpoint Community Veterans and members

☐ document attached

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

The Crownpoint Veterans Furniture purchase will provide furnitures head and Internet connection for the chapter veterans. The project will benefit all Navajo members, and Veterans

☐ 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

APPENDIX A

Program(s) or Project(s) by December 31, 2026:

Approval of funding will be completed before December 31, 2026 or sooner depending on the award process from the Navajo Nation.

☐ document attached

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

Crownpoint Chapter Staff, Aaron Edsitty, Community Services Coordinator, Felicia A. Singer, Accounts Maintenance Specialist, and the Chapter Officials, DCD Project Managers and Crownpoint Veterans.

☐ 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:

Crownpoint Veterans Organization will continue with the maintenance and operation cost.

☐ 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:

Other Public Health Services 1.12
Prevention in Congregate Settings (Nursing Homes, Prisons/Jails,
Dense Work Sites, Schools, Child care facilities, etc.) 1.4
Economic Impact Assistance: Other 2.37
Provision of Government Services 6.1

☐ document attached

Part 3. Additional documents.

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

Resolution CPC 23-10-01

☐ 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:

Approved by:

signature of Preparer/CONTACT PERSON

signature of CSO

Approved by:

Approved by:

Approved to submit
for Review:

signature of Chapter President (or Vice President)

signature of Chapter ASO

signature of DCD Director

PART I. Business Unit No.: _____		Program Title: _____		CROWNPOINT VETERANS FURNITURE		Division/Branch: DIVISION OF COMMUNITY DEVELOPMENT	
Prepared By: AARON EDSITT, CSC		Phone No.: _____		505-786-2130		Email Address: crownpoint@navajochapters.org	

PART II. FUNDING SOURCE(S)		Fiscal Year	Amount	% of Total	PART III. BUDGET SUMMARY			Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference or Total
		Term									
FRF ARPA		10/2022-12/2026	50,000.00	100%							
		10/2022-12/2026			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			6	50,000	50,000	50,000
					9000 Capital Outlay						
					9500 Matching Funds						
					9500 Indirect Cost						
			TOTAL:		TOTAL				50,000.00	50,000.00	50,000.00

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: SONLATA JIM. MARTIN	APPROVED BY: <i>[Signature]</i>
Program Manager's Printed Name	Division Director / Branch Chief's Printed Name
<i>[Signature]</i> 12-5-22	<i>[Signature]</i> 12-6-22
Program Manager's Signature and Date	Division Director / Branch Chief's Signature and Date

**THE NAVAJO NATION
 DETAILED BUDGET AND JUSTIFICATION**

PART I. PROGRAM INFORMATION: Program Name/Title: <u>CROWNPOINT VETERANS FURNITURE</u> Business Unit No.: <u>NAW</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)
FRF FUND			50 000
8000	Assistance		
442	FRF- FISCAL RECOVERY DUND APP A	50 000	
44			
253			
67			
TOTAL		50 000	50 000

NAVAJO NATION

JONATHAN NEZ
PRESIDENT



CROWNPOINT CHAPTER
P.O. Box 336
Crownpoint, New Mexico 87313

Phone (505) 786-2130/2131

Fax (505) 786-2136

Website: www.crownpoint.navajochapter.org

Email: crownpoint.navajochapter.org

MYRON LIZEN
VICE PRESIDENT

Ilia Capitan, President

Leonard Perry, Vice President

Helen Murphy, Secretary/Treasurer

Mark Freeland, Council Delegate

Herbert Enrica, Land Board Member

Chapter Administration

Aaron Edsity, Community Services Coordinator
Email: aaron@navajochapter.org

Felicia A. Singer, Accounts Maintenance Specialist
Email: felicia@navajochapter.org

RESOLUTION: CPC 23-10 01

APPROVING AND SUPPORTING THE CROWNPOINT CHAPTER ARPA PROJECTS UNDER THE HONORABLE COUNCIL DELEGATE MARK FREELANDS \$8.8 MILLION ALLOCATION FOR THE 8 CHAPTER ALLOCATION(S) \$1.1 MILLION, THE BATHROOM ADDITIONS, WASTE WATER, WATER LINES, CISTERN SYSTEM, HOUSEWIRING, POWER & ELECTRIC LINE, SOLAR SYSTEMS, HOUSING AND OTHER PROJECTS NOT LIMITED TO ALL PROPOSED CHAPTER PROJECTS RELATED TO COVID 19 PANDEMIC.

WHEREAS:

1. The Crownpoint Chapter Certified as a local governmental unit of the Navajo Nation authorized by 2 N.T.C Section 4001 and 4028 (a) to review and promote matters that affect the local community and to make appropriate recommendations to the Navajo Nation, Federal, State, County, and local agencies for consideration and approval; and
2. The Crownpoint Chapter is a recognized and certified chapter authorized under Navajo Nation Code Title 26 Local Governance Act of 1998; and
3. By Resolution CAP 34 98, the Navajo Nation Council approved the "Local Governance Act" where the Navajo Nation delegated government authority to the Chapter of the Navajo Nation to address matters of local concern with Navajo Law custom and tradition; and
4. The Crownpoint Chapter will submit ARPA Appendix A applications to the FRF office with all required documents.

NOW THEREFORE, BE IT RESOLVED THAT:

C-E-R-T-I-F-I-C-A-T-I-O-N

WE HEREBY CERTIFY that the foregoing resolution was duly considered by the Crownpoint Chapter membership at a duly called regular meeting at Crownpoint Chapter, (McKinley County) New Mexico, at which a quorum was present and that same was passed by a vote of 12 in favor, 0 opposed and 0 abstained on the 18th day of October 2022

Motion: Corvey Tully

Second: Tyrone Beyay

Rita Capitan
Rita Capitan, President

Leonard Perry
Leonard Perry, Vice President

Helen Murphy Secretary/Treasurer

Mark Freeland, Council Delegate

Re: FW: NNFRF Review - Crownpoint Veterans Furniture

Rita Capitan <rcapitan@naataanii.org>

Mon 2/13/2023 7:50 PM

Inbox

To: Leonora Henderson <lhenderson@navajo-nsn.gov>;

Cc: Felicia A John <fjohn@nnchapters.org>; Crownpoint <crownpoint@navajochapters.org>; Lisa Jymm <ljymm@navajo-nsn.gov>; sdraper@nndcd.org <sdraper@nndcd.org>; Pearl Yellowman <pyellowman@nndcd.org>; Casey Begay <casey_begay@nndcd.org>;

Greetings to all!

Please, allow me to help explain the reason for requesting \$50,000 for our Crownpoint Chapter Veterans Organization. About 4 years ago, the Chapter allowed the Veterans request for an old building across the street from our Chapter. It was once a Head Start building. Later the Eastern Agency Veterans Office utilized it for many years until they purchased their own office. The building was approved for their use via a chapter resolution. The Crownpoint Veterans Organization have their own meetings and activities in that building. They lack nice furnitures, tables, chairs, file cabinets, etc. We were able to get the utilities started for the building. But, they lack propane to keep the building warm when they are present. We value our veterans. We do have approximately 95 Veterans registered here. We are also aware of many young men and women veterans who will be able to use the building going forward. They would like to have their own place to meet and we do respect that. So, here are the answers to your questions which our staff has been trying to explain:

1. What type of assistance will be provided to the Crownpoint Chapter Veterans? The Veterans will be supported by any means of assistance when available. Meanwhile, it is imperative that we as chapter help them with the request for furniture, possibly a new oven, propane and anything that we can possibly provide to them. Their meetings give them a sense of importance, respect, honor and emotional status. Of course, they appreciate material things and food when possible. We also expect them to do for themselves in planning activities. Electricity, water, and a propane tank are available.
2. How is the Crownpoint Chapter deciding who receives furniture, propane and broadband? The furniture, propane and broadband is all in their building. The Veterans organization will be the owners of the furnitures, the propane will allow them heat and they requested broadband to allow internet use.
3. How many people will this project benefit? It will benefit 90+ Veterans and any new Veteran(s) / Military individuals who wish to be a part of this organization.
4. What kind of furniture is to be purchased? Furnitures which is normally used for meetings such as; A Rectangular Executive Table for officers, 5 Exec chairs, 40 tables, 100 folding chairs, "L" Shape desk for comp, for files, 1 computer desk, four (4) 4drawer file cabinets for files and supplies, 2 8'x4' dry eraser boards, possibly a speaker with a microphone.

The organization does have 5 officials and members who come for the meetings. Since they got the building, they have been excited to do more activities, but covid did not allow them to do much. Also, the furnitures will be included in the Crownpoint Chapter Inventory under the Veterans building. I hope this clarifies your questions. We look forward to the Veterans Organization to feel good about their own building which is presently without furniture, propane, and broadband. If allowable, we can add an oven and a furnace.

Regards,
Rita Capitan, Chapter President
505-786-5341 or 505-786-2130

On Mon, Feb 13, 2023 at 10:08 AM Leonora Henderson <lhenderson@navajo-nsn.gov> wrote:

Felicia,

I submitted your response to DOJ and they returned your package again and said that you did not answer question three. I will hold this here till I get your response. Thank You.

1. What type of educational assistance will be provided to Crownpoint Headstart? **CORRECTION VETERANS**

Assistance, to purchase furniture such table, conference tables, folder chairs, office swivel chairs and to pay for propane which is used as a heating source, install broadband connection for internet usage to send out emails as a means of communication, teleconference calls.

2. How is the Crownpoint Chapter deciding who receives furniture, propane, and broadband services?

The furniture, propane and broadband services will be for the Veterans Organization building and will benefit the Veterans, Veterans Organization, community membership and guest.

3. How many people or homes will the Crownpoint Chapter's Project benefit?

Clarification, this project will benefit the Veterans Organization, veterans, community, members and guests.

4. What kind of furniture is being purchased?

5 High-back Executive Chair for Veterans Organization Members such as (Veterans Commander, Vice-commander, Secretary and two members)

40 Indestructible commercial grade folding table for meetings (Veterans Organization hold 2 meetings per month and other Veteran activities and events monthly)

100 Black Stackable Chairs (provide seating during members and other activities provided during the month)

1 Rectangular Conference Table with 6 executive chairs

2, 66" L-Shaped with 42" return Contemporary laminate desk

1 Essential computer workstation desk, to work and complete projects needed for Veterans Organization

4, 4 drawer filing cabinet (to stay organized, keep files safe)

2, 8'x4' Porcelain Dry-Erase Boards, to provide information, take notes during meetings

February 6, 2023 returned questions, Chapter answer and resubmit.

1. Chapter's response to question 1, which asks for the type of assistance to be provided to Crownpoint. Please provide the type of assistance to be provided. Currently you only list the type of furniture to be purchased.

Furniture is needed for Crownpoint VETERANS organization, to enhance productivity and wellness within the organization. To provide a contemporary workplace setting, furniture plays an important role in the ambiance of the workplace, giving a safe atmosphere and comfortable feeling to all the occupants of the office. After usage of furniture, such as table, desk, chairs, filing cabinets, all items will be wiped down and disinfected to prevent any germs and practice a safe environment for all.

2. Chapters response to question 3, which asks how many people or homes will the Crownpoint Chapter's Project benefit. Please indicate how many people the project will benefit.

Once again, CLARIFICATION, assistance IS NOT GOING TO PEOPLE OR HOMES, it's going to the Veterans Organization and will benefit the VETERANS ORGANIZATION. This project will benefit the entire Veterans Organization, Veterans, community, members and guest.

When the pandemic arose, the veterans organization have been working on restoring their Veterans building which is now the Veterans Organization building. Since it has been opened, furniture is needed. Office desk, filing cabinets are needed for paper work, record keeping, for those who submit documents to the Veterans Organization. Office furniture will help keep work flow more efficient. Propane- is a main source of heating. Propane is need right now, during the cold chill months, propane is a heating source and will heat up the building and prevent any water pipes to break. Broadband-a means to communicate, provide real time information. High speed internet does work more efficient than wireless connection. Having teleconference meetings to those veterans and guest who are unable to come into the office will benefit from those connected meetings. Although some restrictions are being lifted, some are still skeptical of meeting in person and would like to still continue to meet through teleconference.



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 #: HK0291

Date & Time Received: 12/07/2022 16:45

Date & Time of Response: 13 December, 2022; 1:58 pm

Entity Requesting FRF: Crownpoint Chapter

Title of Project: Crownpoint Veterans Furniture

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$ 50,000

Eligibility Determination:

- ☐ FRF eligible
☐ FRF ineligible
☒ Additional information requested

FRF Eligibility Category:

- | | |
|--|---|
| <input type="checkbox"/> (1) Public Health and Economic Impact | <input type="checkbox"/> (2) Premium Pay |
| <input type="checkbox"/> (3) Government Services/Lost Revenue | <input type="checkbox"/> (4) Water, Sewer, Broadband Infrastructure |

U.S. Department of Treasury Reporting Expenditure Category: To be determined

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: Under the law and Treasury guidance, tribal governments have additional flexibility with how they respond to the COVID-19 public health emergency and its negative economic impacts. Given the exacerbation of health disparities during the COVID-19 pandemic and the role of pre-existing social vulnerabilities in driving these disparate outcomes, Treasury's guidance presumes that services to address health disparities are responsive to the public health impacts of the pandemic. Specifically, tribal governments may use Fiscal Recovery Funds to facilitate access to resources that improve health outcomes, including services that connect residents with health care resources and public assistance programs and build healthier environments. These services include, but are not limited to, housing services to support healthy living environment and neighborhoods conducive to mental and physical wellness.

The Project seeks to provide Crownpoint Headstart educational assistance, purchase furniture (e.g., tables and chairs), provide propane for a source of heat, and install a broadband connection or internet. The Documents state that these services will benefit Crownpoint Community Veterans and members. However, more information is needed to determine whether the Project is a legally allowable use under Category 1 – Responding to COVID-19. The application should be resubmitted and respond to the following four questions:

1. What type of educational assistance will be provided to Crownpoint Headstart?
2. How is the Crownpoint Chapter deciding who receives furniture, propane, and broadband services?
3. How many people or homes will the Crownpoint Chapter's Project benefit?
4. What kind of furniture is being purchased?

Name of DOJ Reviewer: Adjua Adjei-Danso

Signature of DOJ Reviewer: _____



If you wish to provide the additional information requested, 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 can only be reviewed twice, therefore it is critical that you include all the requested additional information for your second submission.

1. What type of ~~educational~~ assistance will be provided to Crownpoint Headstart? **CORRECTION VETERANS**

Assistance, to purchase furniture such table, conference tables, folder chairs, office swivel chairs and to pay for propane which is used as a heating source, install broadband connection for internet usage to send out emails as a means of communication, teleconference calls.

2. How is the Crownpoint Chapter deciding who receives furniture, propane, and broadband services?

The furniture, propane and broadband services will be for the Veterans Organization building and will benefit the Veterans, Veterans Organization, community membership and guest.

3. How many people or homes will the Crownpoint Chapter's Project benefit?

Clarification, this project will benefit the Veterans Organization, veterans, community, members and guests.

4. What kind of furniture is being purchased?

5 High-black Executive Chair for Veterans Organization Members such has (Veterans Commander, Vice-commander, Secretary and two members)

40 IndestrucTABLE commercial grade folding table for meetings (Veterans Organization hold 2 meetings per month and other Veteran activities and events monthly)

100 Black Stackable Chairs (provide seating during members and other activities provided during the month)

1 Rectangular Conference Table with 6 executive chairs

2, 66" L-Shaped with 42" return Contemporary laminate desk

1 Essential computer workstation desk, to work and complete projects needed for Veterans Organization

4, 4 drawer filing cabinet (to stay organized, keep files safe)

2, 8'x4' Porcelain Dry-Erase Boards, to provide information, take notes during meetings



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 #: HK0377

Date & Time Received: 12/23/22 11:14

Date & Time of Response: 10 January 2023; 4:26 pm

Entity Requesting FRF: Crownpoint Chapter

Title of Project: Chapter Trails

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$50,000.00

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: 2.22 Strong Healthy

Communities: Neighborhood Features that Promote Health and Safety

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: Adjua Adjei-Danso

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: Crownpoint Chapter Date prepared: 11/29/2022

Chapter's P.O. Box 336 phone/email: 5057862130/crownpoint@navajochapters.org
 mailing address: Crownpoint, NM 87313 website (if any): crownpoint.navajochapters.org

This Form prepared by: Felicia A. Singer phone/email: 5057862130
Accounts Maintenance Specialist fjohn@nnchapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Trails & Chapter Trails

Chapter President: Rita Capitan phone & email: rcapitan@naataanii.org
 Chapter Vice-President: Leonard Perry phone & email: philohis@yahoo.com
 Chapter Secretary: Helen Murphy phone & email: ahsbulldogs68@yahoo.com
 Chapter Treasurer: Helen Murphy phone & email: ahsbulldogs68@yahoo.com
 Chapter Manager or CSC: Aaron Edsitty, CSC phone & email: crownpoint@navajochapters.org
 DCD/Chapter ASO: Casey Begay phone & email: casey_begay@nndcd.org

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): n/a

Amount of FRF requested: 50,000.00 FRF funding period: January 2023 to December 2024 ☐ document attached
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:

Crownpoint Chapter-Trails. Trails are unique in away that they contribute to community cohesiveness and positively impact the health, education and culture of a region. The Community Trails seek to formalize an enjoyable trial network with Crownpoint Community that would improve accessibility to local resources and improve the physical, emotional and spiritual well-being of Crownpoint residents. The goal of the Community Trails will refelect this perspective and seek to improve active transportaiton, health outcomes, recreation and fitness connection to land and people, and visitors and tourism opportunities.

☐ document attached

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

Establish a safe, community-based trial network that formally connects Crownpoint Community centers, such as schools, housing, the Chapter House, shopping centers and in-town destination. Maximize the trails functionality to improve health, enhance educational learning and celebrate the diverse cultural and environmental history of the region.

☐ 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:

Once approved and fully funded, the Trails will be implemented by 12 to 36 months.

☐ document attached

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

Crownpoint Chapter Staff

Community Services Coordinator, Aaron Edsitty

Felicia A. Singer, Accounts Maintenance Specialist

Helen Murphy, Crownpoint Chapter Sec./Treas

Rita Capitan, Crownpoint Chapter President, Leonard Perry, Chapter Vice-President

☐ 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:

Crownpoint Chapter

\$5000.00 for maintenance cost every year (on repair and maintenance)

\$0.00-

☐ 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:

Public Health, Other Public Health Services 1.14

☐ document attached

Part 3. Additional documents.

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

Crownpoint Chapter Resolution CPC 23-10-01

☒ 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 PERFORMANCE CRITERIA

PART I. PROGRAM INFORMATION:		TRAILS & COMMUNITY TRAILS CROWNPOINT CHAPTER									
Business Unit No.:		Program Name/Title:									
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM: Crownpoint Chapter Resolution CPC 23-10-01											
PART III. PROGRAM PERFORMANCE CRITERIA:		1st QTR		2nd QTR		3rd QTR		4th QTR			
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement: Provide active transportation, health outcomes, recreation and fitness, connections to land and pe Program Performance Measure/Objective: Establish trail-based network within the Crownpoint community		30K									20K
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, Department Manager II
 Program Manager's Printed Name

12/05/2022
 Program Manager's Signature and Date

Charles Dellon
 Division Director/Branch Chief's Printed Name

12.5.20
 Division Director/Branch Chief's Signature and Date

NAVAJO NATION

JONATHAN NEZ
PRESIDENT



CROWNPOINT CHAPTER

P.O. Box 336

Crownpoint, New Mexico 87313

Phone (505) 786-2130/2131

Fax (505) 786-2136

Website: www.crownpointnavajochapters.org

Email: crownpoint@navajochapters.org

MYRON LIZER
VICE PRESIDENT

Rita Capitan, President

Leonard Perry, Vice President

Helen Murphy, Secretary/Treasurer

Mark Freeland, Council Delegate

Herbert Enrico, Land Board Member

Chapter Administration

Aaron Edsity, Community Services Coordinator
Email: activity@navajochapters.org

Felicia A. Singer, Accounts Maintenance Specialist
Email: felicia.navajochapters.org

RESOLUTION: CPC 23-10 01

APPROVING AND SUPPORTING THE CROWNPOINT CHAPTER ARPA PROJECTS UNDER THE HONORABLE COUNCIL DELEGATE MARK FREELANDS \$8.8 MILLION ALLOCATION FOR THE 8 CHAPTER ALLOCATION(S) \$1.1 MILLION, THE BATHROOM ADDITIONS, WASTE WATER, WATER LINES, CISTERN SYSTEM, HOUSEWIRING, POWER & ELECTRIC LINE, SOLAR SYSTEMS, HOUSING AND OTHER PROJECTS NOT LIMITED TO ALL PROPOSED CHAPTER PROJECTS RELATED TO COVID 19 PANDEMIC.

WHEREAS:

1. The Crownpoint Chapter Certified as a local governmental unit of the Navajo Nation authorized by 2 N.T.C Section 4001 and 4028 (a) to review and promote matters that affect the local community and to make appropriate recommendations to the Navajo Nation, Federal, State, County, and local agencies for consideration and approval; and
2. The Crownpoint Chapter is a recognized and certified chapter authorized under Navajo Nation Code Title 26 Local Governance Act of 1998; and
3. By Resolution CAP 34 98, the Navajo Nation Council approved the "Local Governance Act" where the Navajo Nation delegated government authority to the Chapter of the Navajo Nation to address matters of local concern with Navajo Law custom and tradition; and
4. The Crownpoint Chapter will submit ARPA Appendix A applications to the FRF office with all required documents.

NOW THEREFORE, BE IT RESOLVED THAT:

C-E-R-T-I-F-I-C-A-T-I-O-N

WE HEREBY CERTIFY that the foregoing resolution was duly considered by the Crownpoint Chapter membership at a duly called regular meeting at Crownpoint Chapter, (McKinley County) New Mexico, at which a quorum was present and that same was passed by a vote of 12 in favor, 0 opposed and 0 abstained on the 18th day of October 2022.

Motion: Rayrey Tully
Rita Capitan
Rita Capitan, President

Second: Tyrene Bayay
Leonard Perry
Leonard Perry, Vice President

Helen Murphy Secretary/Treasurer

Mark Freeland, Council Delegate



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 #: HK0395

Date & Time Received: 18 January 2023; 3:20 pm

Date & Time of Response: 01/09/2023 at 13:47

Entity Requesting FRF: Crownpoint Chapter

Title of Project: Chapter Buildings HVAC Systems

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$250,000.00

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: 1.4 Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.)

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: Adjua Adjei-Danso

Digitally signed by Adjua Adjei-Danso
Date: 2023.01.18 15:21:42 -0700

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: Crownpoint Chapter Date prepared: 11/30/2022

Chapter's P.O. Box 336 phone/email: 5057862130/ crownpoint@navajochapters.org
 mailing address: Crownpoint, NM 87313 website (if any): crownpoint.navajochapters.org

This Form prepared by: Aaron Edsitty phone/email: 2027862130
Crownpoint Chapter, Community Services Coordinator crownpoint@navajochapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Chapter Buildings HVAC Systems

Chapter President: Rita Capitan phone & email: rcapitan@naataanii.org
 Chapter Vice-President: Leonard Perry phone & email: philohis@yahoo.com
 Chapter Secretary: Helen Murphy phone & email: ahsbulldogs68@yahoo.com
 Chapter Treasurer: Helen Murphy phone & email: ahsbulldogs68@yahoo.com
 Chapter Manager or CSC: Aaron Edsitty phone & email: crownpoint@navajochapters.org
 DCD/Chapter ASO: Casey Begay phone & email: casey_begay@nndcd.org

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): n/a

☐ document attached

Amount of FRF requested: 250,000 FRF funding period: March 2020/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:

Chapter Buildings HVAC, the funding purpose and plan is to install adequate HVAC systems to the Chapter buildings during the COVID-19 pandemic. Chapter buildings are utilized for COVID-19 meetings, storage of cleaning and sanitation supplies that require the recommended temperature to safely store COVID-19 supplies. The chapter buildings, chapter house, mobile office, stone building, headstart, and warehouse serves the Crownpoint Community and neighboring communities to utilize the buildings for meetings, education, and supply storage. Proper HVAC System will be beneficial to the chapter community.

☐ document attached

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

Adequate room temperatures in the Crownpoint Chapter Buildings is detrimental to the chapter staff and community members, as well as as chapter employees youth and adults. Adequate temperatures help the fight against the COVID-19 virus. Crownpoint is still a hot spot and at times COVID-19 is uncontrollable in and around Crownpoint NM and neighboring communities.

☐ 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

APPENDIX A

Program(s) or Project(s) by December 31, 2026:

Once the funds are approved, the HVAC systems may be installed on all chapter buildings as soon as possible before the end date of December 31, 2026

☐ document attached

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

Crownpoint Chapter Staff, Aaron Edsitty, Community Services Coordinator, Felicia A. Singer, Accounts Maintenance Specialist, the Chapter Officials and the DCD Project Managers.

☐ 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:

Crownpoint Chapter Building HVAC systems ²⁵⁰\$120,000, maintenance and operation will be the responsibility of the Chapter.

☐ 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:

Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, Child care facilities, etc.) 1.4
Public Sector Capacity: Administrative Needs 3.5
Provision of Government Services 6.1

☐ document attached

Part 3. Additional documents.

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

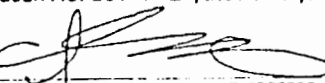
Resolution CPC 23-10-01

☐ Chapter Resolution attached

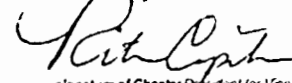
Part 4. Affirmation by Funding Recipient.

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:

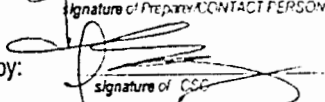
Chapter's
Preparer:


signature of Preparer/CONTACT PERSON

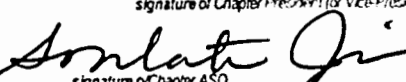
Approved by:

 12-1-22
signature of Chapter President (or Vice-President)

Approved by:


signature of Chapter ASO

Approved by:

 12/05/2022
signature of Chapter ASO

Approved to submit
for Review:

 MFRFB
signature of DCD Director

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

PART I. Business Unit No.: <u>New</u>		Program Title: <u>CROWNPOINT HVAC SYSTEMS</u>		Division/Branch: <u>DIVISION OF COMMUNITY DEVELOPMENT</u>	
Prepared By: <u>AARON EDSITT, CSC</u>		Phone No.: <u>505-786-2130</u>		Email Address: <u>crownpoint@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
FRF ARPA		10/2022-12/2026	250,000.00	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	62	-250,000	250,000		250,000
					9000	Capital Outlay					
					9500	Matching Funds					
					9500	Indirect Cost					
					TOTAL			\$250,000.00	250,000.00		250,000

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: <u>Sonlatsa Jim-Martin, Department Manager II</u> Program Manager's Printed Name <u>Sonlatsa Jim</u> 12/05/2022 Program Manager's Signature and Date	APPROVED BY: <u>[Signature]</u> Division Director / Branch Chief's Printed Name <u>[Signature]</u> 12.5.20 Division Director / Branch Chief's Signature and Date
---	---

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA

PART I. PROGRAM INFORMATION:		CROWNPOINT HVAC SYSTEMS									
Business Unit No.:	Program Name/Title:										
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			
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
HVAC SYSTEMS PURCHASES											
Program Performance Measure/Objective:											
TO INSTALL HVAC SYSTEMS ON CHAPTER BUILDINGS		1		1		1		1			
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, Department Manager II		Division Director/Branch Chief's Printed Name									
Program Manager's Printed Name		Division Director/Branch Chief's Signature and Date									
12/05/2022		12.5.20									

FY

PART I. PROGRAM INFORMATION: Program Name/Title: <u>CROWNPOINT HVAC SYSTEMS</u> Business Unit No.: <u> </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	FRF FUND		250,000
1.4	Assistance		
3.5	FRF- FISCAL RECOVERY FUND APPB	250,000	
6.1			
TOTAL		250,000	250,000

NAVAJO NATION

JONATHAN NEZ
PRESIDENT



CROWNPOINT CHAPTER

P.O. Box 336

Crownpoint, New Mexico 87313

Phone (505) 786-2130/2131

Fax (505) 786-2136

Website: www.crownpoint.navajochapter.org

Email: crownpoint@navajochapter.org

MYRON LIZER
VICE PRESIDENT

Rita Capitan, President

Leonard Perry, Vice President

Helen Murphy, Secretary/Treasurer

Mark Freeland, Council Delegate

Herbert Enrica, Land Board Member

Chapter Administration

Aaron Udality, Community Services Coordinator
Email: aaron@navajochapter.org

Felicia A. Singer, Accounts Maintenance Specialist
Email: felicia@navajochapter.org

RESOLUTION: CPC 23-10 01

APPROVING AND SUPPORTING THE CROWNPOINT CHAPTER ARPA PROJECTS UNDER THE HONORABLE COUNCIL DELEGATE MARK FREELANDS \$8.8 MILLION ALLOCATION FOR THE 8 CHAPTER ALLOCATION(S) \$1.1 MILLION, THE BATHROOM ADDITIONS, WASTE WATER, WATER LINES, CISTERN SYSTEM, HOUSEWIRING, POWER & ELECTRIC LINE, SOLAR SYSTEMS, HOUSING AND OTHER PROJECTS NOT LIMITED TO ALL PROPOSED CHAPTER PROJECTS RELATED TO COVID 19 PANDEMIC.

WHEREAS:

1. The Crownpoint Chapter Certified as a local governmental unit of the Navajo Nation authorized by 2 N.T.C Section 4001 and 4028 (a) to review and promote matters that affect the local community and to make appropriate recommendations to the Navajo Nation, Federal, State, County, and local agencies for consideration and approval; and
2. The Crownpoint Chapter is a recognized and certified chapter authorized under Navajo Nation Code Title 26 Local Governance Act of 1998; and
3. By Resolution CAP 34 98, the Navajo Nation Council approved the "Local Governance Act" where the Navajo Nation delegated government authority to the Chapter of the Navajo Nation to address matters of local concern with Navajo Law custom and tradition; and
4. The Crownpoint Chapter will submit ARPA Appendix A applications to the FRF office with all required documents.

NOW THEREFORE, BE IT RESOLVED THAT:

C-E-R-T-I-F-I-C-A-T-I-O-N

WE HEREBY CERTIFY that the foregoing resolution was duly considered by the Crownpoint Chapter membership at a duly called regular meeting at Crownpoint Chapter, (McKinley County) New Mexico, at which a quorum was present and that same was passed by a vote of 12 in favor, 0 opposed and 0 abstained on the 18th day of October 2022

Motion: Vervey Tully

Rita Capitan
Rita Capitan, President

Second: Leonard Perry

Leonard Perry
Leonard Perry, Vice President

Helen Murphy Secretary/Treasurer

Mark Freeland, Council Delegate



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 #: HK0396

Date & Time Received: 01/09/2023 at 13:56

Date & Time of Response: 18 January 2023; 3:14 pm

Entity Requesting FRF: Crownpoint Chapter

Title of Project: Chapter Renovations to Community Homes

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$100,000.00

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: 2.18 Housing Support:
Other Housing Assistance

**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: Crownpoint Chapter

Date prepared: 11/30/2022

Chapter's P.O. Box 336
mailing address: Crownpoint, NM 87313

phone/email: 5057862130/ crownpoint@navajochapters.org

website (if any): crownpoint.navajochapters.org

This Form prepared by: Aaron Edsitty
Crownpoint Chapter, Community Services Coordinator
CONTACT PERSON'S name and title

phone/email: 2027862130
crownpoint@navajochapters.org
CONTACT PERSON'S info

Title and type of Project: Chapter Renovations to Community Homes

Chapter President: <u>Rita Capitan</u>	phone & email: <u>rcapitan@naataanii.org</u>
Chapter Vice-President: <u>Leonard Perry</u>	phone & email: <u>philohis@yahoo.com</u>
Chapter Secretary: <u>Helen Murphy</u>	phone & email: <u>ahsbulldogs68@yahoo.com</u>
Chapter Treasurer: <u>Helen Murphy</u>	phone & email: <u>ahsbulldogs68@yahoo.com</u>
Chapter Manager or CSC: <u>Aaron Edsitty</u>	phone & email: <u>crownpoint@navajochapters.org</u>
DCD/Chapter ASO: <u>Casey Begay</u>	phone & email: <u>casey_begay@nndcd.org</u>

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): n/a

☐ document attached

Amount of FRF requested: 100,000

FRF funding period: 10/1/22 - 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:

Chapter Renovations to Community Homes, the funding purpose and plan is to assist chapter members that are in need for a minor home renovation at \$2000 per home. The minor renovation might be for and not limited to windows, doors, insulation material to keep the cold air out to prevent further COVID-19 infections to the most vulnerable individuals.

☐ document attached

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

Home renovation projects will benefit the Navajo chapter members, the elderly, the high risk, single parents, etc.

☐ 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

APPENDIX A

Program(s) or Project(s) by December 31, 2026:

Once the funds are approved, the required building materials will be purchased for the home and installed as soon as possible before the end date of December 31, 2026

☐ document attached

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

Crownpoint Chapter PEP, Community Services Coordinator, Accounts Maintenance Specialist, the Chapter Officials and the DCD Project Managers.

☐ 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 will be responsible for the maintenance and operation 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:

Long-term Housing Security: Affordable Housing 2.15
Provision of Government Services 6.1

☐ document attached

Part 3. Additional documents.

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

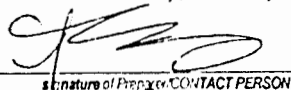
Resolution CPC 23-10-01
Housing Discretionary Policies and Procedures

☐ Chapter Resolution attached

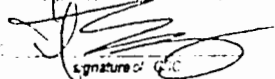
Part 4. Affirmation by Funding Recipient.

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 or CONTACT PERSON

Approved by:


signature of Chapter ASO

Approved by:

 12-01-22
signature of Chapter President (or Vice-President)

Approved by:

 12/05/2022
signature of Chapter ASO

Approved to submit
for Review:


signature of DCD Director

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

FY 2023

PART I. Business Unit No.: <u>New</u>		Program Title: <u>CROWNPOINT Renovations to Community Homes</u>		Division/Branch: <u>DIVISION OF COMMUNITY DEVELOPMENT</u>	
Prepared By: <u>AARON EDSITTY, CSC</u>		Phone No.: <u>505-786-2130</u>		Email Address: <u>crownpoint@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
FRF ARPA		10/1/2022-12/31/2026	100,000.00	100%	2001	Personnel Expenses					
		10/1/2022-12/31/2026			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	1	100,000	100,000		100,000
					9000	Capital Outlay					
					9500	Matching Funds					
					9500	Indirect Cost					
					TOTAL			100,000.00	100,000.00		100,000.00

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: <u>Sonlatia Jim-Martin, Department Manager II</u>	APPROVED BY: <u>Graciela Bellan</u>
Program Manager's Printed Name	Division Director / Branch Chief's Printed Name
<u>12/05/2022</u>	<u>12.5.22</u>
Program Manager's Signature and Date	Division Director / Branch Chief's Signature and Date

PART I. PROGRAM INFORMATION:		CROWNPOINT Renovations to Community Homes											
Business Unit No.: <u> New </u>		Program Name/Title:											
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					
HVAC SYSTEMS PURCHASES		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual				
Program Performance Measure/Objective:													
TO INSTALL HVAC SYSTEMS ON CHAPTER BUILDINGS		12			12		13		13				
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, Department Manager II		Division Director/Branch Chief's Printed Name											
Program Manager's Printed Name		Division Director/Branch Chief's Signature and Date											
12/05/2022		12.5.20											

PART I. PROGRAM INFORMATION: Program Name/Title: <u>CROWNPOINT Renovations to Community Homes</u> 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)
FRF FUND			100,000
8000	Assistance		
2.15	FRF- FISCAL RECOVERY FUND APPB	100,000	
6.1			
TOTAL		100,000	100,000

CROWNPOINT CHAPTER HOUSING FUND
DISCRETIONARY FUNDS

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Point system Sheet	15
Housing Discretionary Income Guideline Sheet	16
Status on FY 2014 Housing Discretionary Funds Outcome Form	17
Tracking Record Form	18

CROWNPOINT CHAPTER HOUSING DISCRETIONARY FUNDS
POLICIES AND PROCEDURES

I. AUTHORIZATION

- A. Pursuant to 26 N.N.C. Section 101 (A), the Crownpoint Chapter has formulated, implemented, and operates by the Five Management System to ensure accountability and has developed policies and procedures for the Chapter Housing Discretionary Funds.
- B. Pursuant to Crownpoint Chapter Resolution **CPC 15-11-003**, the amendments to the Crownpoint Chapter Housing Discretionary Funds Policies and Procedures are hereby effective as of the date of the resolution.

II. PURPOSE

- A. The purpose of these policies and procedures is to provide guidance to chapters in administering the Crownpoint Chapter Housing Discretionary Funds.
- B. The Crownpoint Chapter receives these funds to provide eligible Chapter membership who are registered voters of the Crownpoint Chapter with housing material and home site lease land clearance assistance.

III. APPLICABLE LAWS

- A. The Crownpoint Chapter shall comply with all applicable State, Federal, and Navajo Nation Laws.

IV. DEFINITIONS

- A. Chapter Administration: the employee of the chapter which includes, but is not limited to, the Chapter Manager/Community Services Coordinator and Office Assistant/Accounts Maintenance Specialist.
- B. Chapter Manager: a chapter employee who performs the duties prescribed in 26 N.N.C. §§ 1004 (B), 1004 (C), and 2003 (B), and includes those employees referred to as Community Service Coordinators.
- C. Handicapped: a person who is legally blind, legally deaf, physically disabled due to the loss of one or more limbs, chair or bed bound, unable to walk without crutches, walker and the use of a wheelchair, a mentally disabled adult who

requires a companion to aid in basic needs, or prevented from minor physical exertion such as housework due to severe health or respiratory problems.

- D. Houses: framed construction (conventional, prefab, modular, steel, etc.), block and brick construction, log construction, Hogan construction (log or framed), adobe construction (traditional Pueblo adobe, stabilized or semi-stabilized adobe, compressed adobe block, adobe as a filler material, rammed earth, etc.), solar energy construction (passive, active, and appropriate technology).

V. TYPES OF ASSISTANCE

- A. Category A, (Minor Repair) is for minor repairs and maintenance type work for occupied existing houses. It may include minor plumbing and/or electrical work.
- B. Category B, (Major Repair or Addition) is for major maintenance of occupied existing homes to bring the structures up to safe and livable conditions, and may include major plumbing, electrical work, roof repairs, plumbing repairs, exterior and interior repairs. Addition work is when a certified electrician inputs electrical wiring for electrical input such as electrical wiring, lights, meters, outlets, or new construction being added to an existing occupied homes like a bathroom addition or additional bedrooms added etc.
- C. Category C, (Partial Assistance) is for partially financed, self-help construction of new houses, electrical wiring and plumbing is allowed under this category.
- D. Category D, (New Construction) is for construction of new houses with electrical wiring and plumbing. The houses are constructed from ground up with footing, floor, walls, framing, roofing plumbing electrical, insulation, dry wall, etc.
- E. Land Clearance is archeological clearance survey and environmental assessment for one acre land when obtaining a home site lease and residential lease.

VI. POLICY

- A. All expenditures shall be reviewed by Housing Discretionary Committee and processed by Chapter Administration and shall NOT EXCEED \$1000.00 for housing materials and/or land clearances.
- B. The Chapter Administration shall not be responsible to compile documents for the applicants.
- C. The Chapter registered member shall only be assisted once every (2) YEARS with Housing Discretionary Funds Assistance.
- D. The Chapter Officials shall do an assessment(s) to determine the type of housing assistance.
- E. All expenditures shall be processed by the Chapter Administration and a budget prepared for each project or expenditures if necessary.

- F. All expenditures or purchases shall have three (3) price quotations. (No Exception).
- G. The Chapter Administration shall maintain accurate records and updated records of all expenditures and projects.
- H. The Chapter Administration, Chapter Officials will take Pre and Post pictures of the requested project.
- I. Any impolite behavior by applicants/clients (including household members) towards Chapter Officials, Employees and Project Workers will not be tolerated. Failure to correct behavior upon request may result in immediate denial of the application or the revocation of assistance award.
- J. Upon completion of the work or project, the Chapter Community Service Coordinator/Administration shall prepare a Performance Report (Form 2) briefly describing the accomplishments as they relate to the Scope of Work.
- K. Misused or abused of Housing Discretionary Assistance Funds materials will jeopardize future assistance and will not be eligible for assistance for the next 5 years starting the day of the misuse of materials discovery date.
- L. The Housing Discretionary Action Committee will be approved by Chapter Community Members at a Regular Chapter Meeting.
- M. The opening date for Housing Discretionary Application for housing materials will be November 1, each year and closing date will be February 28 each year.

VII. ELIGIBILITY

- A. The applicant must be enrolled member of the Chapter for six (6) months prior to applying.
- B. Meeting one or more of the five factors
 1. Family Size, or
 2. Overcrowded living conditions, or
 3. Unsanitary or unsafe living conditions, or
 4. Elderly, handicapped, or disabled, or
 5. Referral from other agencies.
- C. Income verification statement will not be used for eligibility. However, the Income Statement must be on file for FMS requirement.
- D. Recommend to attend the Chapter Meetings on a regular basis and NOT just when help is needed or recommendation from Housing Discretionary Action Committee.

- E. Sections V, VI, VIII, IX, and XI shall apply for eligibility.

VIII. REQUIRED DOCUMENTS

- A. An accurately completed Chapter Housing Discretionary Funds Assistance Application.
- B. Home Assessment Form.
- C. Three (3) price quotations.
- D. Signed Permission to Enter Premises Form.
- E. Signed Release of Information Form
- F. A map of the property location
- G. Social Security Card.
- H. A Valid Photo State Identification Card.
- I. Voter Registration Card, OR Verify the NN Official Voter Registry listing
- J. Navajo Nation Census Number (Copy of Certificate of Indian Blood)
- K. A copy of Legal Home Site or Residential Lease or an ownership Agreement with the applicant's name.

IX. SELECTION PROCESS

- A. The five (5) Basic Factors are as such
 - a. Family size or
 - b. Overcrowded living conditions, or
 - c. Unsanitary or unsafe living conditions, or
 - d. Elderly, handicapped, or disabled, or
 - e. Referral from other agencies.
- B. Chapter Officials and Chapter Administration shall conduct final review for approval.

X MONITORING

- A. The Chapter Vice President or another delegated Chapter Official and Chapter Community Service Coordinator shall have the daily oversight responsibility for the Administration of all Chapter activities involving the Housing Discretionary Funds.

XI RECIPIENT'S RESPONSIBILITY

- a. Applicant's responsibility to do repairs within 30-40 days from receiving Housing Discretionary Funds Assistance.
- b. Applicant shall provide original financial documentations to the Chapter Administration.
- c. It is recommended the applicant is responsible for the installation of the materials received and should seek family members or others to do the work.
- d. Any material damages/stolen are the responsibility of the client.
- e. Failure to provide a complete application or to comply with rules set forth in this policy will result in no assistance.

B. AMENDMENTS

The Housing Discretionary Funds Policies and Procedures may be amended as deemed necessary by the Crownpoint Chapter.

Any amendments to the Crownpoint Chapter Housing Discretionary Funds Policies and Procedures may be recommended by any of the Chapter Officials, Chapter Administration or Community member in written format, and attach supportive and argumentative documentation to the Chapter Manager and Chapter Officials for assessment.

All proposed amendments shall be presented by the Chapter President, in consultation with Navajo Nation Department of Justice, at a regular Chapter Meeting for final approval with a simple majority vote of the Chapter Membership.

The foundations to add, delete, or revise any section(s) or provision(s) of the Crownpoint Chapter Housing Discretionary Funds Policies and Procedures Manual would be subject to the following condition(s);

- A) The Funding source has changed

B) The amount of the funding has tremendously increased or decreased

C) Procedures and requirements for submitting amendments;

1. Any proposed amendments to the Crownpoint Chapter Housing Discretionary Funds Policies and Procedures Manual must be in writing with supportive documentations to the Chapter Manager.
2. The proposed amendments must be drafted in a legislative format. The new language underline and old language stricken.
3. The Chapter Service Coordinator, in consultation with the Navajo Nation Department of Justice, will review the proposed amendments to assure compliance with applicable Federal, State and Navajo Nation laws.
4. If requirements 1, 2, and 3 above are met, the Chapter Manager will forward the proposed amendments to the Chapter Officials for review and discussion at a regular scheduled planning meeting.
5. If the proposed amendment(s) are favorable by the Public input process, the Chapter Officials will forward the recommendations to the Chapter Membership for approval or disapproval at a regular scheduled Chapter Meeting with a simple majority vote.
6. Upon approval, the Chapter Manager will make all recommended changes to the Public Employment Program Fund Policies and procedures with a supporting resolution.

Exhibit O-1/11

CROWNPOINT CHAPTER
HOUSING DISCRETIONARY ASSISTANCE

FY _____ What is the Project: _____

Application Check List

Name of Applicant: _____

Name of Forms	Client Check-off	Chapter Check-off
1. Housing Discretionary Application		
2. Income Verification		
3. Signed Understanding of Policies		
4. Signed Release of Information		
5. Signed Permission to enter premises		
6. Map to Property		
7. _____		
8. Copy of Check Stub (Including spouse)		
9. Copy of Valid ID (Including spouse)		
10. Evidence of Land Ownership (Homesite Lease or Residential Lease with applicants name)		
11. Copy of Social Security Card (Including spouse)		
12. Copy of Certification of Indian Blood (Including spouse)		
13. Copy of Voter Registration Card (Including spouse)		
14. Referrals (Doctor, CHR, Social Services, VA, etc.)		
15. Material Listing Sheet		
16. Three Vendor Quotes		
17. Other Supporting Documents:		

Additional Comment(s):

Documents Verified By: _____

Date Received: _____

Crownpoint Chapter
Housing Discretionary Fund Assistance Program
APPLICATION

All questions in this application must be answered.

Applicant's Name: _____ Census Number: _____ Date of Birth: _____ Spouse's Name: _____ Census Number: _____ Date of Birth: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____	Home or Msg. _____ Work Number: _____ Enrolled Chapter: _____ Home or Msg. _____ Work Number: _____ Enrolled Chapter: _____
--	--

Land Information	
(Check off those that apply)	
Y N	
<input type="checkbox"/>	Land Ownership
<input type="checkbox"/>	Homesite Lease
<input type="checkbox"/>	Residential Lease
<input type="checkbox"/>	Leasehold interest
<input type="checkbox"/>	Useage Permit
<input type="checkbox"/>	Grazing Permit

Type of Residence:	
(Check off those that apply)	
<input type="checkbox"/>	Room
<input type="checkbox"/>	Owner Occupied
<input type="checkbox"/>	Rental Unit
<input type="checkbox"/>	Single Family
<input type="checkbox"/>	Mobile Home
<input type="checkbox"/>	Subsidized Housing
<input type="checkbox"/>	Multiple Dwelling

Housing Information	
(Check off those that apply)	
Y N	
<input type="checkbox"/>	Electricity
<input type="checkbox"/>	Indoor Plumbing
<input type="checkbox"/>	Water available
<input type="checkbox"/>	Wood/Coal Stove
<input type="checkbox"/>	Furnace
<input type="checkbox"/>	Bedroom(s)
<input type="checkbox"/>	Primary Residency
Date of HDF Assistance: _____	

HOUSEHOLD INFORMATION							
Name of each household member including self	Age	Sex	Social Security No.	Relationship to Head of Household	Gross Monthly Income	Source of Income	

Note: An elderly person is a person 65 years of age or older. Determination whether a resident in the household is handicapped can be made in any of the following (1) They provide a copy of a letter from the Veteran's Administration that is a percentage of disability letter or (2) The Social Security benefit verification letter under section 1.e.10 indicates payments are for disability or (3) Written determination from Federal, State or other agency providing assistance for handicapped Person or (4) The Subgrantee observes a visible handicap.

AGREEMENT
<p>I, subscribe and affirm, under the penalties of law, that the statements made in this application for Housing Assistance (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. Prior to any construction, I agree to notify the Chapter of any changes in the information in this application. I understand that by signing this application, I consent to any other inquiry to verify or confirm the information I have given. I understand that this application for Housing Assistance does not guarantee that assistance will be granted, but will be used in determining eligibility for the program. Whether or not an eligible applicant will be provided assistance will depend in part upon the applications received, the remaining available funds and the priorities to be met by the Housing Discretionary Assistance Program.</p>

APPLICANT'S SIGNATURE: _____ **DATE:** _____

APPLICANT'S REPRESENTATIVE: _____ **DATE:** _____

**Crownpoint Chapter
Housing Discretionary Fund Assistance Program
INCOME VERIFICATION STATEMENT FORM**

All questions in this application must be answered.

Applicant's Name: _____ DATE: _____

Social Security Number: _____

Crownpoint Chapter is requesting your assistance to verify income information for the named applicant who is applying for Housing Discretionary Assistance. To assist our Chapter and applicant, we are asking you to provide us with income information which will be kept confidential and be used only in determining assistance eligibility. Your cooperation and immediate return of the completed form to our office would be greatly appreciated. Applicant authorizes verification of income.

Applicant Signature of Income Approval _____

Date _____

INCOME INFORMATION

Type of income: ☐ Payroll ☐ Retirement ☐ Self-employment ☐ Social Security
☐ Disability ☐ Stipends ☐ Unemployment ☐ General Assistance
☐ Royalties ☐ Others: _____

Income Amount: \$ _____ ☐ Hourly ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annually

Employer's Business Name: _____ Business Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Supervisor's Name: _____ Title: _____

Name of Individual Providing Information: _____ Title: _____

Signature: _____ Date: _____

ASSISTANCE PROVIDER INFORMATION

Organization Name: _____ Business Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Caseworker Name: _____ Title: _____

Amount \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annually

Name of Individual Providing Information: _____ Title: _____

Signature: _____ Date: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICANT'S REPRESENTATIVE: _____ DATE: _____

MUST COMPLETE IF APPLICANT IS RENTING

If applicant is renting the following forms must be completed and submitted to the Crownpoint Chapter Office;
Permission Form and Owner agreement below.

OWNER AGREEMENT

I / We, _____, agree that I / We am/are the lease owner(s) of the
property at _____ located within the Crownpoint Chapter jurisdiction.

Ownership is verified by: ☐ Lease Agreement ☐ Rental Agreement ☐ Other: _____

CHAPTER CERTIFICATION

I, as a Chapter Employee of Crownpoint Chapter and with vested authority of act on community matters have reviewed
the information stated above, which is correct to the best of my knowledge and hereby certify this document accordingly
on this _____ day of _____, 200 ____.

Chapter Staff Signature: _____ Date: _____
Name & Title

MUST COMPLETE IF APPLICANT IS HOMEOWNER

If applicant is renting the following forms must be completed and submitted to the Crownpoint Chapter Office;
Permission Form and complete the Homeowner Certification below.

HOMEOWNER CERTIFICATION

I / We, _____, agree that I / We am/are the owner(s) of the property at
_____ located within the Crownpoint Chapter jurisdiction.

Land Ownership is verified by: ☐ Homesite Lease ☐ Residential Lease ☐ Other: _____

CHAPTER CERTIFICATION

I, as a Chapter Employee of Crownpoint Chapter and with vested authority of act on community matters have reviewed
the information stated above, which is correct to the best of my knowledge and hereby certify this document accordingly
on this _____ day of _____, 200 ____.

Chapter Staff Signature: _____ Date: _____
Name & Title

CROWNPOINT CHAPTER OFFICE USE ONLY

Income Guidelines for a household of _____ members is \$ _____.

On the basis of the above information, this household is **ELIGIBLE / NOT ELIGIBLE**.

Reason for ineligibility: _____

Intake Worker's Signature: _____ Date: _____

TYPE OF LABOR TO BE UTILIZED

- ☐ Public Employment Program (PEP): _____
☐ Client Self-Help: _____
☐ Church Group: _____
☐ Contractor: _____
☐ Other: _____

**Crownpoint Chapter
Housing Discretionary Fund Assistance Program**

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the Crownpoint Chapter to obtain and verify all necessary information for completion of my housing assistance application including but not limited to information on my land interest and household income. Further, I hereby release all persons and organizations from liability for providing legally-relevant information in connection with my housing application. I understand and acknowledge this information will be used in determining my eligibility and extent of Housing Assistance through the Crownpoint Chapter or other housing project sources.

SIGNATURE:

Applicant

Co-Applicant

Date

**Crownpoint Chapter
Housing Discretionary Fund Assistance Program**

PERMISSION TO ENTER PREMISES FORM

HOMEOWNER UNDERSTANDING

Your building is being considered for renovation under the Crownpoint Chapter Housing Assistance Program. This program is funded by the Navajo Nation, under Housing Discretionary Funds and administered by the Crownpoint Chapter.

PREMISES AUTHORIZATION

I, as owner/authorized agent for the building located at, _____ have read and understand the above and hereby grant permission to representatives of Crownpoint Chapter to enter this premises when I am present for the purposes of collecting eligibility documentation from the residents and conducting a work plan which may include an assessment for housing renovation.

NAME: _____
Client

DATE: _____

NAME: _____
Chapter Manager

DATE: _____

Crownpoint Chapter

HOUSING DESCRETIONARY FUND

**Understanding of the Chapter Housing Discretionary Fund
Policies & Procedures Form**

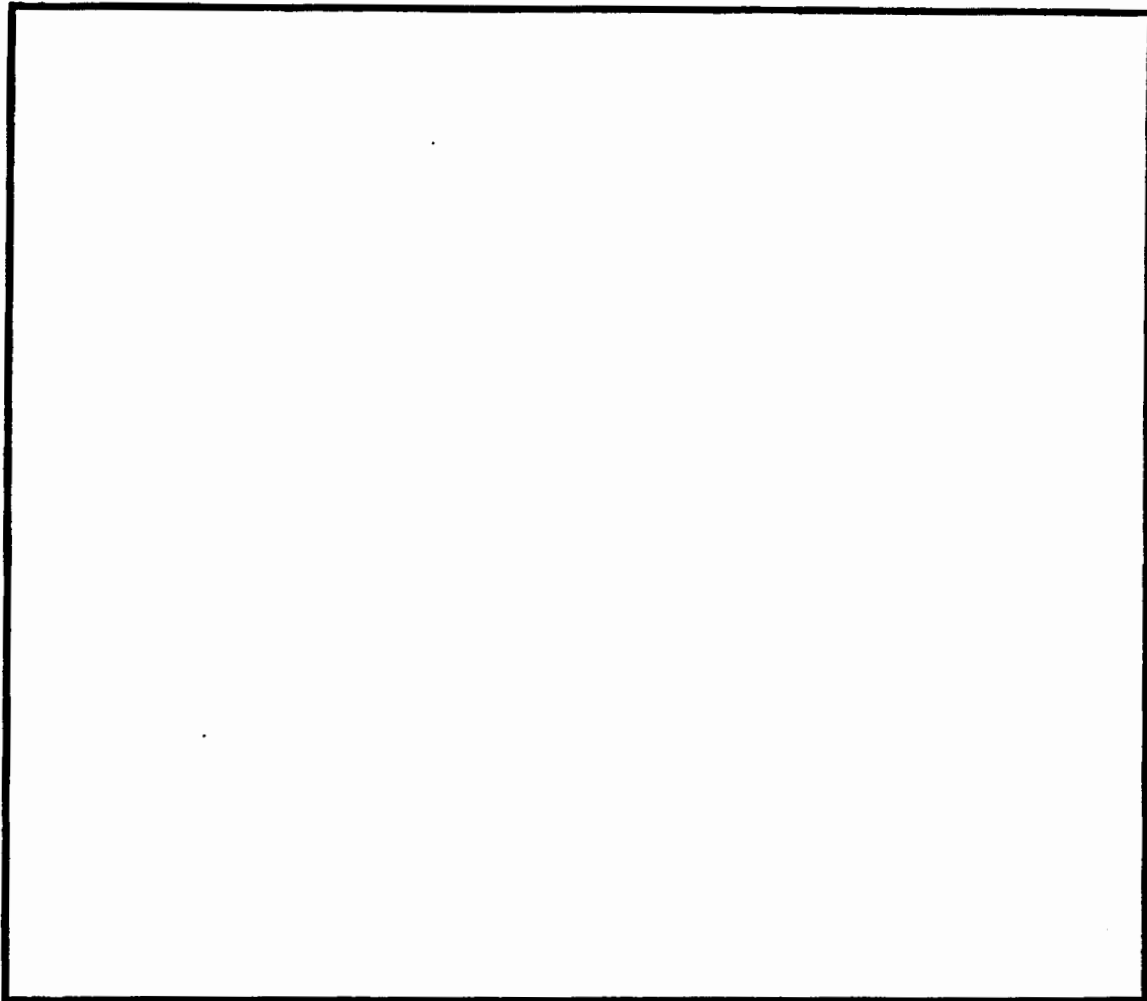
I, _____, have read and understood the Crownpoint Chapter Housing Discretionary Fund Policies & Procedures. I will abide by the Policies and Procedures of Crownpoint Chapter.

SIGNATURE:

Housing Discretionary Fund Recipient Date

**Crownpoint Chapter
Housing Discretionary Fund Assistance Program**

MAP TO PROPERTY



Comment(s): _____

What is the Project? _____

APPLICANT'S NAME: _____ DATE: _____

**Crownpoint Chapter
Housing Discretionary Fund Assistance Program**

TRACKING RECORD

Applicant Name: _____ **Spouse Name:** _____

Home Number: _____ **Message Number:** _____

What is the Project?

[illegible]

Crownpoint Navajo Chapter

P.O Box 336

Crownpoint, NM 87313

Phone: (505)786-2130 Fax: (505)786-2136

MATERIAL LISTING FOR

Name of Applicant: _____ **FY:** _____

#	QUANTITY	DESCRIPTION OF ITEMS
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
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14		
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19		
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21		



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 #: HK 0435

Date & Time Received: 3/31/23 at 15:40

Date & Time of Response: 04/10/2023 at 15:05

Entity Requesting FRF: Lake Valley Chapter

Title of Project: Drill Water Wells

Administrative Oversight: Division of Natural Resources, Department of Water Resources

Amount of Funding Requested: \$500,000.00

Eligibility Determination:

- ☒ FRF eligible
☐ FRF ineligible
☐ Additional information requested

FRF Eligibility Category:

- | | |
|--|--|
| <input type="checkbox"/> (1) Public Health and Economic Impact | <input type="checkbox"/> (2) Premium Pay |
| <input type="checkbox"/> (3) Government Services/Lost Revenue | <input checked="" type="checkbox"/> (4) Water, Sewer, Broadband Infrastructure |

U.S. Department of Treasury Reporting Expenditure Category: _____
5.13 Drinking Water: Source

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: _____

Note: The Documents do not state a Project completion date.

Provided that the Project is completed by December 31, 2026, we assume the Project is a legally allowable use of Fiscal Recovery Funds.

Name of DOJ Reviewer: Erika Pirotte

Signature of DOJ Reviewer: Erika Pirotte

Digitally signed by Erika Pirotte
Date: 2023.04.10 14:59:50 -06'00'

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: Lake Valley Date prepared: 11/19/2022

Chapter's mailing address: PO Box 190 phone/email: (505) 786-2190
Crownpoint, NM 87313 website (if any): lakevalley@navajochapters.org

This Form prepared by: Lucinda Begay phone/email: (505) 786-2191/2184
Community Services Coordinator lucinda.begay@nnchapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Drill Water Wells

Chapter President: Tony Padilla phone & email: (505) 320-9902 tpadillajr@naataanii.org

Chapter Vice-President: Edison Tso phone & email: (505) 860-8827 etso@naataanii.org

Chapter Secretary: Betty S. Dennison phone & email: (505) 860-3109 bdennison@navajochapters.org

Chapter Treasurer: Betty S. Dennison phone & email: (505) 860-3109 bdennison@navajochapters.org

Chapter Manager or CSC: Lucinda Begay phone & email: (505) 786-2190 lucinda.begay@nnchapters.org

DCD/Chapter ASO: Casey Begay phone & email: _____

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

☐ document attached

Amount of FRF requested: 500,000 FRF funding period: 3/1/2023 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 Lake Valley Chapter has a contractor to construct and to complete the water wells for the membership of Lake Valley community that are out in the rural and remote area where its more expensive to extend the waterline. The water well waterline is essential to improve the sanitation and to decrease of the virus. This project is the prevention to the Covid-19.

☐ 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 Lake Valley Navajo communities of safe sanitation and to reduce of the affect of the virus. This project will benefit the community for safe and health enviroment and decrease the affect of virus by cleaning sanitation.

☐ 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 Lake Valley Chapter and Chapter Officials will work diligently with the community of the dire need of projects. The challenges to prevent from incurring costs is to have the private contractor with the Navajo preferences listing to do the construction of waterline. The Chapter will monitor the timelines to completing the projects

☐ document attached

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

The Lake Valley Chapter administration CSC and Chapter Officials and will coordinate, collaborate and communicate for the responsible for implementing the project.

☐ 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 Lake Valley Chapter community (owners) will be responsible for operations and maintenance costs for the project 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:

5.15

This waterline will benefit the community of daily water usage for consumption to improve the sanitation and hygiene to decrease the affect of virus.

☐ document attached

Part 3. Additional documents.

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

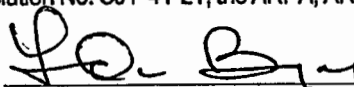
Resolution
Budget Forms

☐ Chapter Resolution attached

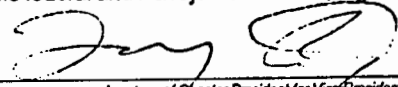
Part 4. Affirmation by Funding Recipient.

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:

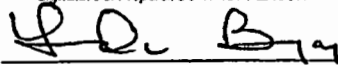
Chapter's
Preparer:


signature of Preparer/CONTACT PERSON

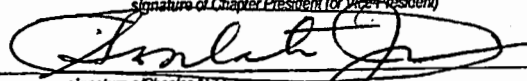
Approved by:


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

FY 2023

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

Page 1 of 4
BUDGET FORM 1

PART I. Business Unit No.: NEW		Program Title: LAKE VALLEY CHAPTER - Drill water wells		Division/Branch: NNDCD/Executive	
Prepared By: Lucinda Begay		Phone No.: (505) 786-2190		Email Address: lakevalley@navajochapters.org	
PART II. FUNDING SOURCE(S)		Fiscal Year /Term	Amount	% of Total	
AARPA Funds		3/1/23-9/30/26	500,000.00	100%	
PART III. BUDGET SUMMARY			Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget
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			6		500,000
7000 Special Transactions					
8000 Public Assistance					
9000 Capital Outlay					
9500 Matching Funds					
9500 Indirect Cost					
TOTAL				\$0.00	500,000.00
PART IV. POSITIONS AND VEHICLES			(D)	(E)	
Total # of Positions Budgeted:			0	0	
Total # of Vehicles Budgeted:			0	0	
TOTAL:			\$500,000.00	100%	
PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.					
SUBMITTED BY: Janice Adakan, Deputy Director		APPROVED BY: Calvin Castillo, Executive Director			
Program Manager's Printed Name		Division Director / Branch Chief's Printed Name			
2-9-23		2/9/2023			
Program Manager's Signature and Date		Division Director / Branch Chief's Signature and Date			

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA

PART I. PROGRAM INFORMATION:		LAKE VALLEY CHAPTER - Drill Water Wells								
Business Unit No.:	NEW	Program Name/Title:	1st QTR		2nd QTR		3rd QTR		4th QTR	
			Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM: Lake Valley Chapter Resolution No: LVC-OCT16-002										
PART III. PROGRAM PERFORMANCE CRITERIA:										
1. Goal Statement: To provide the water wells to obtain water wells in a rural or remote area										
Program Performance Measure/Objective: To assist the community members with waterline into homes for a health living standard.			2		2		2		2	
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. <div style="display: flex; justify-content: space-between;"> <div> <u>James Adakai, Deputy Director</u> Program Manager's Printed Name </div> <div> <u>2-9-23</u> Program Manager's Signature and Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <u>Calvin Castillo, Executive Director</u> Division Director/Branch Chief's Printed Name </div> <div> <u>2/9/2023</u> Division Director/Branch Chief's Signature and Date </div> </div>										

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

Page 3 of 4
BUDGET FORM 4

FY 2023

PART I. PROGRAM INFORMATION:		Business Unit No.: _____	
Program Name/Title: _____		NEW	
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)
6500	Contractual Services Construct and complete water wells for community	500,000	500,000
TOTAL		500,000	500,000



The Navajo Nation **DR. BUU NYGREN** *PRESIDENT*
Yideeskáadi Nitsáhákees **RICHELLE MONTOYA** *VICE PRESIDENT*

LAKE VALLEY CHAPTER

Danny Simpson, Council Delegate | Tony Padilla, President | Edison Tso, Vice President | Betty S. Dennison, Secretary/Treasurer
Janice Padilla, Land Board | Lucinda Begay, Community Service Coordinator | Accounts Maintenance Specialist – Vacant

LVC-MAR19-035

RESOLUTION OF LAKE VALLEY CHAPTER

LAKE VALLEY CHAPTER AFFIRMS THAT THE CHAPTER WILL ONLY USE AWARDED FISCAL RECOVERY FUNDS AND IMPLEMENT THIS FRF EXPENDITURE PLAN IN COMPLIANCE WITH THE AMERICAN RESCUE PLAN ACT (ARPA), ARPA REGULATIONS, AND APPLICABLE FEDERAL AND NAVAJO NATION LAWS, REGULATIONS, AND POLICIES.

WHEREAS:

1. Lake Valley Chapter is a certified Navajo Nation Chapter Government, which was created pursuant to the Navajo Nation Council Resolution No. C-J25-55, is delegated governmental authority with respect to local matters consistent with Navajo laws, including customs, traditions, and fiscal matters; and
2. Lake Valley Chapter is empowered by the Navajo Nation Council to review all matters affecting the community to make favorable decisions in the best interest for the general health, safety and welfare of chapter membership through implementation solutions for economic development, cultural preservation, recreation, solid waste management, elderly care, quality housing, public safety; road maintenance; educational support for community students; and
3. Lake Valley Chapter communities understand that in pursuant to the Navajo Nation Code (NNC) Title 26, Local Governance Act, which allows chapters to make decisions over local matters. This authority in the long run all improve community decision-making by allowing committees to excel and flourish, enable Navajo leaders to lead toward a prosperous future, and improve the strength and sovereignty of the Navajo Nation; through adoption of this Act, chapters are compelled to govern with responsibility and accountability to the local citizens; and
4. Lake Valley Chapter community met on February 6, 2023 Planning Meeting to discuss and plan upcoming business items to be placed on the agenda. Council Delegate Danny Simpson provided Chapters under his oversight of equal distribution of \$8,802,340.00 divided by 8 Chapters that equals to \$1,100,292.50 each Chapter; therefore, Lake Valley Chapter will be receiving \$1,100,292.50, so the current AMERICAN RESCUE PLAN ACT (ARPA) Expenditures Plan Adjustments to reflect the amount of \$1,100,000.00 for Lake Valley Chapter Infrastructures Project was done. However, Taylor Pinto (LDA to Council Delegate Danny Simpson) emailed Lake Valley Chapter on March 8, 2023 with information that NN Department of Justice recommended language be added to ARPA Resolution that was previously submitted; and
5. Lake Valley Chapter community adopted Resolution No. LVC-MAR19-035 presented on March 19, 2023 to support the language amended that ARPA Expenditure Plan will only be use awarded Fiscal Recovery Funds accordingly as stated, which is in the best interest of community membership of Lake Valley Chapter.

NOW THEREFORE BE IT RESOLVED THAT:

Lake Valley Chapter of the Navajo Nation hereby approves recommended language by Department of Justice (DOJ) affirms that Lake Valley Chapter will only use awarded Fiscal Recovery Funds and implement this FRF Expenditure Plan in compliance with the AMERICAN RESCUE PLAN ACT (ARPA), ARPA Regulations, and Applicable Federal and Navajo Nation Laws, Regulations, and Policies. (ATTACHMENT OF EXPENDITURE PLAN)

CERTIFICATION

WE HEREBY CERTIFY that the foregoing resolution was duly considered by the Lake Valley Chapter at a duly called chapter meeting at Lake Valley (New Mexico) Navajo Nation, at which a quorum was present and that same was passed by a vote of eight (8) in favors, zero (0) opposed and four (4) abstained on this 19th day of March 2023. Motion by Nancy Yazzie; and second by Larry Montoya.

Mr. Tony Padilla Jr., Chapter President

Mr. Edison Tso, Chapter Vice President

Mrs. Betty Dennison, Chapter Secretary / Treasurer

Mr. Danny Simpson, Council Delegate



The Navajo Nation **DR. BUU NYGREN** *PRESIDENT*
Yideeskáadi Nitsáhákees **RICHELLE MONTOYA** *VICE PRESIDENT*

LAKE VALLEY CHAPTER

Danny Simpson, Council Delegate | Tony Padilla, President | Edison Tso, Vice President | Betty S. Dennison, Secretary/Treasurer
Janice Padilla, Land Board | Lucinda Begay, Community Service Coordinator | Accounts Maintenance Specialist – Vacant

LAKE VALLEY CHAPTER
ARPA PROJECT REQUEST | 1.1 MILLION

Drill Water Well	\$500,000
Bathroom Addition/Renovation	\$200,000
Chapter Renovation HVAC System	\$150,000
Septic Tank Upgrade	\$100,000
Septic Tank Cleaning	\$100,000
Waterline Powerline Row Agent	\$50,000
TOTAL	\$1,100,000



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 #: HK 0436

Date & Time Received: 3/31/23 at 16:08

Date & Time of Response: 4/13/2023

Entity Requesting FRF: Lake Valley Chapter

Title of Project: Bathroom Additions/Renovations

Administrative Oversight: DCD

Amount of Funding Requested: \$200,000.00

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

<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: Rudy Anaya, Tax and Finance Unit

Signature of DOJ Reviewer: Ruby Cz

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@ndoj.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.

Page 2 of 2

**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: Lake Valley Date prepared: 11/19/2022

Chapter's mailing address: PO Box 190 phone/email: (505) 786-2190
Crownpoint, NM 87313 website (if any): lakevalley@navajochapters.org

This Form prepared by: Lucinda Begay phone/email: (505)786-2184
Community Services Coordinator lucinda.begay@nnchapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Bathroom Additions/Renovations

Chapter President: Tony Padilla phone & email: (505) 320-9902 tpadillajr@naataanii.org

Chapter Vice-President: Edison Tso phone & email: 9505) 360-8827 etso@naatanii.org

Chapter Secretary: Betty S. Dennison phone & email: (505) 860-3109 bdennison@navajochapters.org

Chapter Treasurer: Betty S. Dennison phone & email: (505) 860-3109 bdennison@navajochapters.org

Chapter Manager or CSC: Lucinda Begay phone & email: (505) 786-2190 lucinda.begay@nnchapters.org

DCD/Chapter ASO: Casey Begay phone & email: _____

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

☐ document attached

Amount of FRF requested: 200,000 FRF funding period: 3/1/2023 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 Lake Valley Chapter will purchase the materials to construct and complete the bathroom addition and bathroom fixtures for the membership of Lake Valley community existing homes. The bathroom is essential to improve the sanitation and to decrease of the virus. Some of the Lake Valley community members are not accomodate to these bathroom facilities to prevent virus related.

☐ 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 Lake Valley Navajo communities of safe sanitation and to reduce of the affect of the virus. This project will benefit the elders and high risk individuals.

☐ 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 Chapter Administration and Chapter officials will work diligently with the community of the dire need of projects. The challenges to prevent from incurring costs is to have the temporary workers to do the construction of bathroom additions. The Chapter will monitor the timelines to completing the projects

☐ document attached

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

The Lake Valley Chapter administration and will coordinate, collaborate and communicate for the responsible for implementing the project.

☐ 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 Lake Valley Chapter members(owners) will be responsible for the operations and maintenance cost for the projects cost once it 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:

6.1

Lake Valley Chapter will provide the bathroom facilities for the families to enhance with health homeliving standard to prevent the COVID virus.

☐ document attached

Part 3. Additional documents.

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

Resolution
Budgets Form

☐ 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:

LO. B. 17
signature of Preparer/CONTACT PERSON

Approved by:

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

Approved by:

LO. B. 17
signature of CSC

Approved by:

[Signature]
signature of Chapter ASO

Approved to submit
for Review:

[Signature]
signature of DCD Director

THE NAVAJO NATION PROGRAM BUDGET SUMMARY

Page 1 of 4
BUDGET FORM 1

FY 2023

PART I. Business Unit No.:		NEW		Program Title:		LAKE VALLEY CHAPTER		Division/Branch:		NNDCC/Executive	
Prepared By:		Lucinda Begay		Phone No.:		(505) 766-2190		Email Address:		lakevalley@navajochapters.org	
PART II. FUNDING SOURCE(S)		Fiscal Year / Term	Amount	% of Total	PART III. BUDGET SUMMARY						
AARPA Funds		3/1/23 to 9/30/26	200,000.00	100%	Fund Type Code	NNC Original Budget	(A)	(B)	(C)	Difference or Total	
					2001 Personnel Expenses						
					3000 Travel Expenses						
					3500 Meeting Expenses						
					4000 Supplies	6		200,000		200,000.00	
					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	200,000.00		200,000.00	
PART IV. POSITIONS AND VEHICLES					(E)						
TOTAL: \$200,000.00					Total # of Positions Budgeted:						
					0						
					Total # of Vehicles Budgeted:						
					0						

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

SUBMITTED BY: James Adakai, Deputy Director
 Program Manager's Printed Name
 APPROVED BY: Calvin Castillo, Division Director
 Division Director / Branch Chief's Printed Name
 2-9-23
 Program Manager's Signature and Date
 2/9/2023
 Division Director / Branch Chief's Signature and Date

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA

FY 2023

PART I. PROGRAM INFORMATION:

Business Unit No.: NEW

Program Name/Title: LAKE VALLEY CHAPTER - Bathroom Addition /

PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:
Renovation
Lake Valley Chapter Resolution No: LVC-OCT16-002

PART III. PROGRAM PERFORMANCE CRITERIA:

1. Goal Statement:

To provide an appropriate bathroom facility to prevent from Virus and Illness

Program Performance Measure/Objective:

To services the Lake Valley community members with appropriate bathroom facilities.

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:

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

PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.

James Adakai, Deputy Director
Program Manager's Printed Name

Calvin Castillo, Division Director
Division Director/Branch Chief's Printed Name

2-9-23
Program Manager's Signature and Date

2/9/2023
Division Director/Branch Chief's Signature and Date

THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

FY 2023

PART I. PROGRAM INFORMATION:		Business Unit No.:		NEW	
Program Name/Title:		LAKE VALLEY CHAPTER - <i>Boys</i>			
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)		
4000: Supplies	Purchase Bathroom materials for six homes within Lake Valley Community members	200,000	200,000		
TOTAL				200,000	200,000

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



The Navajo Nation **DR. BUU NYGREN** *PRESIDENT*
Yideeskáadi Nitsáhákees **RICHELLE MONTOKA** *VICE PRESIDENT*

LAKE VALLEY CHAPTER

Danny Simpson, Council Delegate | Tony Padilla, President | Edison Tso, Vice President | Betty S. Dennison, Secretary/Treasurer
Janice Padilla, Land Board | Lucinda Begay, Community Service Coordinator | Accounts Maintenance Specialist – Vacant

LVC-MAR19-035

RESOLUTION OF LAKE VALLEY CHAPTER

LAKE VALLEY CHAPTER AFFIRMS THAT THE CHAPTER WILL ONLY USE AWARDED FISCAL RECOVERY FUNDS AND IMPLEMENT THIS FRF EXPENDITURE PLAN IN COMPLIANCE WITH THE AMERICAN RESCUE PLAN ACT (ARPA), ARPA REGULATIONS, AND APPLICABLE FEDERAL AND NAVAJO NATION LAWS, REGULATIONS, AND POLICIES.

WHEREAS:

1. Lake Valley Chapter is a certified Navajo Nation Chapter Government, which was created pursuant to the Navajo Nation Council Resolution No. C-J25-55, is delegated governmental authority with respect to local matters consistent with Navajo laws, including customs, traditions, and fiscal matters; and
2. Lake Valley Chapter is empowered by the Navajo Nation Council to review all matters affecting the community to make favorable decisions in the best interest for the general health, safety and welfare of chapter membership through implementation solutions for economic development, cultural preservation, recreation, solid waste management, elderly care, quality housing, public safety, road maintenance; educational support for community students; and
3. Lake Valley Chapter communities understand that in pursuant to the Navajo Nation Code (NNC) Title 26, Local Governance Act, which allows chapters to make decisions over local matters. This authority in the long run all improve community decision-making by allowing committees to excel and flourish, enable Navajo leaders to lead toward a prosperous future, and improve the strength and sovereignty of the Navajo Nation; through adoption of this Act, chapters are compelled to govern with responsibility and accountability to the local citizens; and
4. Lake Valley Chapter community met on February 6, 2023 Planning Meeting to discuss and plan upcoming business items to be placed on the agenda. Council Delegate Danny Simpson provided Chapters under his oversight of equal distribution of \$8,802,340.00 divided by 8 Chapters that equals to \$1,100,292.50 each Chapter; therefore, Lake Valley Chapter will be receiving \$1,100,292.50, so the current AMERICAN RESCUE PLAN ACT (ARPA) Expenditures Plan Adjustments to reflect the amount of \$1,100,000.00 for Lake Valley Chapter Infrastructures Project was done. However, Taylor Pinto (LDA to Council Delegate Danny Simpson) emailed Lake Valley Chapter on March 8, 2023 with information that NN Department of Justice recommended language be added to ARPA Resolution that was previously submitted; and
5. Lake Valley Chapter community adopted Resolution No. LVC-MAR19-035 presented on March 19, 2023 to support the language amended that ARPA Expenditure Plan will only be use awarded Fiscal Recovery Funds accordingly as stated, which is in the best interest of community membership of Lake Valley Chapter.

NOW THEREFORE BE IT RESOLVED THAT:

Lake Valley Chapter of the Navajo Nation hereby approves recommended language by Department of Justice (DOJ) affirms that Lake Valley Chapter will only use awarded Fiscal Recovery Funds and implement this FRF Expenditure Plan in compliance with the AMERICAN RESCUE PLAN ACT (ARPA), ARPA Regulations, and Applicable Federal and Navajo Nation Laws, Regulations, and Policies. (ATTACHMENT OF EXPENDITURE PLAN)

CERTIFICATION

WE HEREBY CERTIFY that the foregoing resolution was duly considered by the Lake Valley Chapter at a duly called chapter meeting at Lake Valley (New Mexico) Navajo Nation, at which a quorum was present and that same was passed by a vote of eight (8) in favors, zero (0) opposed and four (4) abstained on this 19th day of March 2023. Motion by Nancy Yazzie; and second by Larry Montoya.

Mr. Tony Padilla Jr., Chapter President

Mr. Edison Tso, Chapter Vice President

Mrs. Betty Dennison, Chapter Secretary / Treasurer

Mr. Danny Simpson, Council Delegate



The Navajo Nation **DR. BUU NYGREN** *PRESIDENT*
Yideeskáadi Nitsáhákees **RICHELLE MONTOYA** *VICE PRESIDENT*

LAKE VALLEY CHAPTER

Danny Simpson, Council Delegate | Tony Padilla, President | Edison Tso, Vice President | Betty S. Dennison, Secretary/Treasurer
Janice Padilla, Land Board | Lucinda Begay, Community Service Coordinator | Accounts Maintenance Specialist – Vacant

LAKE VALLEY CHAPTER
ARPA PROJECT REQUEST | 1.1 MILLION

Drill Water Well	\$500,000
Bathroom Addition/Renovation	\$200,000
Chapter Renovation HVAC System	\$150,000
Septic Tank Upgrade	\$100,000
Septic Tank Cleaning	\$100,000
Waterline Powerline Row Agent	\$50,000
TOTAL	\$1,100,000



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 #: HK 0437

Date & Time Received: 3/31/23 at 16:34

Date & Time of Response: 4/7/23 at 12:03

Entity Requesting FRF: Lake Valley Chapter

Title of Project: Chapter Renovation / HVAC System

Administrative Oversight: Chapter President, Tony Padilla Division of Community Development

Amount of Funding Requested: \$150,000

Eligibility Determination:

- ☒ FRF eligible
☐ FRF ineligible
☐ Additional information requested

FRF Eligibility Category:

- | | |
|---|---|
| <input checked="" type="checkbox"/> (1) Public Health and Economic Impact | <input type="checkbox"/> (2) Premium Pay |
| <input type="checkbox"/> (3) Government Services/Lost Revenue | <input type="checkbox"/> (4) Water, Sewer, Broadband Infrastructure |

U.S. Department of Treasury Reporting Expenditure Category: _____
1.4 Prevention in Congregate Settings

<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: _____

Signature of DOJ Reviewer: Rodgerick Begay 4/7/23 12:03

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.

Page 2 of 2

**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: Lake Valley Date prepared: 11/19/2022

Chapter's PO Box 190 phone/email: (505) 786-2190
mailing address: Crownpoint, NM 87313 website (if any): lakevalley@navajochapters.org

This Form prepared by: Lucinda Begay phone/email: (505)786-2191/2184
Community Services Coordinator lucinda.begay@nnchapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Chapter Renovation/ HVAC System

Chapter President: Tony Padilla phone & email: (505) 320-9902 tpadillajr@naataanii.org
Chapter Vice-President: Edison Tso phone & email: (505)3608827/etso@navajochapters.org
Chapter Secretary: Betty S. Dennison phone & email: bdennison@navajochapters.org
Chapter Treasurer: Betty S. Dennison phone & email: (505) 860-3109 bdennison@navajochapters.org
Chapter Manager or CSC: Lucinda Begay phone & email: (505) 786-2190 lucinda.begay@nnchapters.org
DCD/Chapter ASO: Casey Begay phone & email: _____

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

Amount of FRF requested: 150,000 FRF funding period: 3/1/2023 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 Lake Valley Chapter will utilized to purchases materials for the Chapter Entrance to replace the doors, these doors were unstalled due to bringing in the PPE supplies and other essential items during the pandemic. The Chapter was utilized to storage items for Covid-19. Some items were recommended temperatures safely store on COVID-19 supplies. The Chapter building serve meetings, education and supply storage for the Community. Renovate the entrance for safety and continuing the services and proper tempertures will be beneficial for the community.

☐ 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 Lake Valley communities for the safety and healthy enviroment . This project will benefit the young, elders and high risk individuals. adequate temperture will fight the Covid-19 virus.

☐ 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

renovate the front entrance and the HVAC will be installed by the contractor. The Chapter will setup a this project to meet the required time frame.

☐ document attached

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

The Lake Valley Chapter administration CSC and Chapter Officials will coordinate, collaborate and communicate for the responsible for implementing the project.

☐ 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 Lake Valley Chapter will be responsible for operations and maintenance costs for the project when it 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:

1.4 Prevent congregation settings

3.5 Public Sector Capacity

6.1 Provision of Government Services

This project will support the community and others.

☐ document attached

Part 3. Additional documents.

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

Resolution
Budget Forms

☐ 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: Y. D. B. y
signature of Preparer/CONTACT PERSON

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

Approved by: [Signature]
signature of CSC

Approved by: [Signature]
signature of Chapter ASO

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

FY 2023

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY


Page 1 of 4
BUDGET FORM 1

PART I. Business Unit No.: NEW Program Title: LAKE VALLEY CHAPTER - Chapter Preparation Division/Branch: NNCDD/Executive
Prepared By: Lucinda Begay Phone No.: (505) 786-2190 Email Address: lakevalley@navajochapters.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
AARPA Funds		3/1/23 to 9/30/26	150,000.00	100%							
					2001 Personnel Expenses						
					3000 Travel Expenses						
					3500 Meeting Expenses						
					4000 Supplies			6		50,000	50,000
					5000 Lease and Rental						
					5500 Communications and Utilities						
					6000 Repairs and Maintenance						
					6500 Contractual Services			6		100,000	100,000
					7000 Special Transactions						
					8000 Public Assistance						
					9000 Capital Outlay						
					9500 Matching Funds						
					9500 Indirect Cost						
					TOTAL				\$0.00	150,000.00	150,000
					PART IV. POSITIONS AND VEHICLES				(D)	(E)	
					Total # of Positions Budgeted:				0	0	
					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: James Adakai, Deputy Director APPROVED BY: Calvin Castillo, Division Director
Program Manager's Printed Name Division Director / Branch Chief's Printed Name
Program Manager's Signature and Date Division Director / Branch Chief's Signature and Date

PART I. PROGRAM INFORMATION:		Business Unit No.: <u>NEW</u> Program Name/Title: <u>LAKE VALLEY CHAPTER - Chapter Renovation HVAC System</u>																																																																																																									
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM: <u>Lake Valley Chapter Resolution No: LVC-OCT16-002</u>																																																																																																											
PART III. PROGRAM PERFORMANCE CRITERIA:		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">1st QTR</th> <th colspan="2">2nd QTR</th> <th colspan="2">3rd QTR</th> <th colspan="2">4th QTR</th> </tr> <tr> <th>Goal</th> <th>Actual</th> <th>Goal</th> <th>Actual</th> <th>Goal</th> <th>Actual</th> <th>Goal</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td colspan="2">1. Goal Statement: To provide a safety and healthy environment at Lake Valley Chapter House</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Program Performance Measure/Objective: To install HVAC on Chapter building and Renovate the entrance of the Chapter building</td> <td colspan="2">2</td> <td colspan="2">2</td> <td colspan="2">2</td> </tr> <tr> <td colspan="2">2. Goal Statement:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Program Performance Measure/Objective:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">3. Goal Statement:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Program Performance Measure/Objective:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">4. Goal Statement:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Program Performance Measure/Objective:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">5. Goal Statement:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Program Performance Measure/Objective:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </tbody> </table>										1st QTR		2nd QTR		3rd QTR		4th QTR		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	1. Goal Statement: To provide a safety and healthy environment at Lake Valley Chapter House								Program Performance Measure/Objective: To install HVAC on Chapter building and Renovate the entrance of the Chapter building		2		2		2		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:							
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The Navajo Nation **DR. BUU NYGREN** *PRESIDENT*
Yideeskáądi Nitsáhákees **RICHELLE MONTOYA** *VICE PRESIDENT*

LAKE VALLEY CHAPTER

Danny Simpson, Council Delegate | Tony Padilla, President | Edison Tso, Vice President | Betty S. Dennison, Secretary/Treasurer
Janice Padilla, Land Board | Lucinda Begay, Community Service Coordinator | Accounts Maintenance Specialist – Vacant

LVC-MAR19-035

RESOLUTION OF LAKE VALLEY CHAPTER

LAKE VALLEY CHAPTER AFFIRMS THAT THE CHAPTER WILL ONLY USE AWARDED FISCAL RECOVERY FUNDS AND IMPLEMENT THIS FRF EXPENDITURE PLAN IN COMPLIANCE WITH THE AMERICAN RESCUE PLAN ACT (ARPA), ARPA REGULATIONS, AND APPLICABLE FEDERAL AND NAVAJO NATION LAWS, REGULATIONS, AND POLICIES.

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NOW THEREFORE BE IT RESOLVED THAT:

Lake Valley Chapter of the Navajo Nation hereby approves recommended language by Department of Justice (DOJ) affirms that Lake Valley Chapter will only use awarded Fiscal Recovery Funds and implement this FRF Expenditure Plan in compliance with the AMERICAN RESCUE PLAN ACT (ARPA), ARPA Regulations, and Applicable Federal and Navajo Nation Laws, Regulations, and Policies. (ATTACHMENT OF EXPENDITURE PLAN)

CERTIFICATION

WE HEREBY CERTIFY that the foregoing resolution was duly considered by the Lake Valley Chapter at a duly called chapter meeting at Lake Valley (New Mexico) Navajo Nation, at which a quorum was present and that same was passed by a vote of eight (8) in favors, zero (0) opposed and four (4) abstained on this 19th day of March 2023. Motion by Nancy Yazzie; and second by Larry Montoya.

Mr. Tony Padilla Jr., Chapter President

Mr. Edison Tso, Chapter Vice President

Mrs. Betty Dennison, Chapter Secretary / Treasurer

Mr. Danny Simpson, Council Delegate



The Navajo Nation **DR. BUU NYGREN** *PRESIDENT*
Yideeskáadi Nitsáhákees **RICHELLE MONTROYA** *VICE PRESIDENT*

LAKE VALLEY CHAPTER

Danny Simpson, Council Delegate | Tony Padilla, President | Edison Tso, Vice President | Betty S. Dennison, Secretary/Treasurer
Janice Padilla, Land Board | Lucinda Begay, Community Service Coordinator | Accounts Maintenance Specialist – Vacant

LAKE VALLEY CHAPTER
ARPA PROJECT REQUEST | 1.1 MILLION

Drill Water Well	\$500,000
Bathroom Addition/Renovation	\$200,000
Chapter Renovation HVAC System	\$150,000
Septic Tank Upgrade	\$100,000
Septic Tank Cleaning	\$100,000
Waterline Powerline Row Agent	\$50,000
TOTAL	\$1,100,000



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 #: HK 0438

Date & Time Received: 3/31/23 at 16:48

Date & Time of Response: 04/10/23 at 14:40

Entity Requesting FRF: Lake Valley Chapter

Title of Project: Septic Tank Upgrade

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$100,000.00

Eligibility Determination:

- ☒ FRF eligible
☐ FRF ineligible
☐ Additional information requested

FRF Eligibility Category:

- | | |
|--|--|
| <input type="checkbox"/> (1) Public Health and Economic Impact | <input type="checkbox"/> (2) Premium Pay |
| <input type="checkbox"/> (3) Government Services/Lost Revenue | <input checked="" type="checkbox"/> (4) Water, Sewer, Broadband Infrastructure |

U.S. Department of Treasury Reporting Expenditure Category: _____
5.5 Clean Water: Other Sewer Infrastructure

<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: Erika Pirotte

Signature of DOJ Reviewer: Erika Pirotte
Digitally signed by Erika Pirotte
Date: 2023.04.10 14:38:34 -06'00'

Digitally signed by Erika Pirotte
Date: 2023.04.10 14:38:34 -06'00'

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.

Page 2 of 2

FISCAL RECOVERY FUNDS REQUEST FORM & EXPENDITURE PLAN
NON-GOVERNANCE CERTIFIED CHAPTERS

Part 1. Identification of parties.

Non-Governance Certified Chapter requesting FRF: Lake Valley Date prepared: 11/19/2022

Chapter's PO Box 190 phone/email: (505) 786-2190
mailing address: Crownpoint, NM 87313 website (if any): lakevalley@navajochapters.org

This Form prepared by: Lucinda Begay phone/email: (505)786-2191/2184
Community Services Coordinator lucinda.begay@nnchapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Septic Tank Upgrade

Chapter President: Tony Padilla phone & email: (505) 320-9902 tpadillajr@naataanii.org

Chapter Vice-President: Edison Tso phone & email: (505) 860-8827 etso@naataanii.Org

Chapter Secretary: Betty S. Dennison phone & email: (505)860-3109 bdennison@navajochapters.org

Chapter Treasurer: Betty S. Dennison phone & email: (505) 860-3109 bdennison@navajochapters.org

Chapter Manager or CSC: Lucinda Begay phone & email: (505)786-2190 lucinda.begay@nnchapters.org

DCD/Chapter ASO: Casey Begay phone & email: _____

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

☐ document attached

Amount of FRF requested: 100,000 FRF funding period: 3/1/2023 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 Lake Valley Chapter will utilize the fund to upgrade the Septic Tank that are over 40 years old on existing homes. Replacing Septic tank is the safe and less repairing since it was utilize extra during the pandemic. The Septic tank line is essential to improve the health of well being and sanitation to prevent of the virus. This project is the prevention to the Covid-19.

☐ 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 Lake Valley communities of safe sanitation and to reduce of the affect of the virus. The services will prevent from financial difficulty. This project will benefit the elders and high risk individuals with fix income.

☐ 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 Chapter will work diligently with the community of the dire need of projects. The challenges to prevent from incurring costs is to have the private contractor with the Navajo preferences listing to replace of the septic tanks. The Chapter will monitor the timelines to completing the projects

☐ document attached

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

The Lake Valley Chapter administration and Chapter Officials will coordinate, collaborate and communicate for the responsible for implementing the project.

☐ 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 Lake Valley Chapter community members the owners of homes will maintain and operation cost for the project once complete. This will be the one time assistance due to families staying home more and the septic tank were utilized extra during the Covid arise during pandemic time.

☐ 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:

2.1 The Lake Valley Chapter community members has septic tank that was utilized more than usual during the pandemic time and executive order was made for families to stay at home. The consuming of the septic tanks in the community increased.

☐ document attached

Part 3. Additional documents.

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

Resolution
Budget Forms

☐ 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]
signature of Preparer/CONTACT PERSON

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

Approved by: [Signature]
signature of CSC

Approved by: [Signature]
signature of Chapter ASO

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

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

FY 2023

PART I. Business Unit No.: <u>NEW</u>		Program Title: <u>LAKE VALLEY CHAPTER - Septic tank Upgrade</u>		Division/Branch: <u>NMCD/Executive</u>	
Prepared By: <u>Lucinda Begay</u>		Phone No.: <u>(505) 786-2190</u>		Email Address: <u>lakevalley@navajochapters.org</u>	

PART II. FUNDING SOURCE(S)		Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY			Fund Type Code	NMC Original Budget	Proposed Budget	Difference or Total
AARPA Funds		3/1/23 to 9/30/23	100,000.00	100%							
					2001 Personnel Expenses						
					3000 Travel Expenses						
					3500 Meeting Expenses						
					4000 Supplies						
					5000 Lease and Rental						
					5500 Communications and Utilities						
					6000 Repairs and Maintenance			<u>6</u>	100,000	100,000	100,000
					6500 Contractual Services				400,000	400,000	400,000
					7000 Special Transactions						
					8000 Public Assistance						
					9000 Capital Outlay						
					9500 Matching Funds						
					9500 Indirect Cost						
					TOTAL				\$0.00	100,000.00	100,000

PART IV. POSITIONS AND VEHICLES		(D)	(E)
Total # of Positions Budgeted:		0	0
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: James Adakai, Deputy Director APPROVED BY: Calvin Castillo, Division Director

Program Manager's Printed Name 2-9-23 Division Director / Branch Chief's Printed Name 2/9/2023

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

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA

FY 2023

PART I. PROGRAM INFORMATION:		Business Unit No.: <u>NEW</u> Program Name/Title: <u>LAKE VALLEY CHAPTER - Septic Tank Upgrade</u>																																																																																																																													
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:																																																																																																																															
Lake Valley Chapter Resolution No: LVC-OCT16-002																																																																																																																															
PART III. PROGRAM PERFORMANCE CRITERIA:		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">1st QTR</th> <th colspan="2">2nd QTR</th> <th colspan="2">3rd QTR</th> <th colspan="2">4th QTR</th> </tr> <tr> <th>Goal</th> <th>Actual</th> <th>Goal</th> <th>Actual</th> <th>Goal</th> <th>Actual</th> <th>Goal</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td colspan="2">1. Goal Statement: To provide the Septic Tank Upgrade to homes for safety and prevention of Virus</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Program Performance Measure/Objective: To assist with the septic tanks upgrade in Lake Valley community members</td> <td colspan="2">2</td> <td colspan="2">2</td> <td colspan="2">2</td> <td colspan="2">2</td> </tr> <tr> <td colspan="2">2. Goal Statement:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Program Performance Measure/Objective:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">3. Goal Statement:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Program Performance Measure/Objective:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">4. Goal Statement:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Program Performance Measure/Objective:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">5. Goal Statement:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Program Performance Measure/Objective:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </tbody> </table>										1st QTR		2nd QTR		3rd QTR		4th QTR		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	1. Goal Statement: To provide the Septic Tank Upgrade to homes for safety and prevention of Virus										Program Performance Measure/Objective: To assist with the septic tanks upgrade in Lake Valley community members		2		2		2		2		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:									
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2-9-23 Program Manager's Signature and Date						2/9/2023 Division Director/Branch Chief's Signature and Date																																																																																																																									



The Navajo Nation **DR. BUU NYGREN** *PRESIDENT*
Yideeskáądi Nitsáhákees **RICHELLE MONTOYA** *VICE PRESIDENT*

LAKE VALLEY CHAPTER

Danny Simpson, Council Delegate | Tony Padilla, President | Edison Tso, Vice President | Betty S. Dennison, Secretary/Treasurer
Janice Padilla, Land Board | Lucinda Begay, Community Service Coordinator | Accounts Maintenance Specialist – Vacant

LVC-MAR19-035

RESOLUTION OF LAKE VALLEY CHAPTER

LAKE VALLEY CHAPTER AFFIRMS THAT THE CHAPTER WILL ONLY USE AWARDED FISCAL RECOVERY FUNDS AND IMPLEMENT THIS FRF EXPENDITURE PLAN IN COMPLIANCE WITH THE AMERICAN RESCUE PLAN ACT (ARPA), ARPA REGULATIONS, AND APPLICABLE FEDERAL AND NAVAJO NATION LAWS, REGULATIONS, AND POLICIES.

WHEREAS:

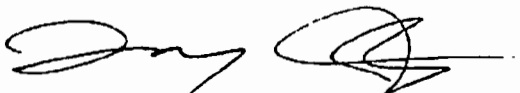
1. Lake Valley Chapter is a certified Navajo Nation Chapter Government, which was created pursuant to the Navajo Nation Council Resolution No. C-J25-55, is delegated governmental authority with respect to local matters consistent with Navajo laws, including customs, traditions, and fiscal matters; and
2. Lake Valley Chapter is empowered by the Navajo Nation Council to review all matters affecting the community to make favorable decisions in the best interest for the general health, safety and welfare of chapter membership through implementation solutions for economic development, cultural preservation, recreation, solid waste management, elderly care, quality housing, public safety, road maintenance; educational support for community students; and
3. Lake Valley Chapter communities understand that in pursuant to the Navajo Nation Code (NNC) Title 26, Local Governance Act, which allows chapters to make decisions over local matters. This authority in the long run all improve community decision-making by allowing committees to excel and flourish, enable Navajo leaders to lead toward a prosperous future, and improve the strength and sovereignty of the Navajo Nation; through adoption of this Act, chapters are compelled to govern with responsibility and accountability to the local citizens; and
4. Lake Valley Chapter community met on February 6, 2023 Planning Meeting to discuss and plan upcoming business items to be placed on the agenda. Council Delegate Danny Simpson provided Chapters under his oversight of equal distribution of \$8,802,340.00 divided by 8 Chapters that equals to \$1,100,292.50 each Chapter; therefore, Lake Valley Chapter will be receiving \$1,100,292.50, so the current AMERICAN RESCUE PLAN ACT (ARPA) Expenditures Plan Adjustments to reflect the amount of \$1,100,000.00 for Lake Valley Chapter Infrastructures Project was done. However, Taylor Pinto (LDA to Council Delegate Danny Simpson) emailed Lake Valley Chapter on March 8, 2023 with information that NN Department of Justice recommended language be added to ARPA Resolution that was previously submitted; and
5. Lake Valley Chapter community adopted Resolution No. LVC-MAR19-035 presented on March 19, 2023 to support the language amended that ARPA Expenditure Plan will only be use awarded Fiscal Recovery Funds accordingly as stated, which is in the best interest of community membership of Lake Valley Chapter.

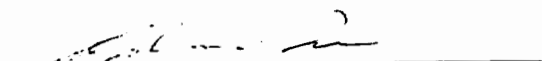
NOW THEREFORE BE IT RESOLVED THAT:

Lake Valley Chapter of the Navajo Nation hereby approves recommended language by Department of Justice (DOJ) affirms that Lake Valley Chapter will only use awarded Fiscal Recovery Funds and implement this FRF Expenditure Plan in compliance with the AMERICAN RESCUE PLAN ACT (ARPA), ARPA Regulations, and Applicable Federal and Navajo Nation Laws, Regulations, and Policies. **(ATTACHMENT OF EXPENDITURE PLAN)**

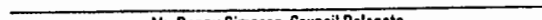
CERTIFICATION

WE HEREBY CERTIFY that the foregoing resolution was duly considered by the Lake Valley Chapter at a duly called chapter meeting at Lake Valley (New Mexico) Navajo Nation, at which a quorum was present and that same was passed by a vote of eight (8) in favors, zero (0) opposed and four (4) abstained on this 19th day of March 2023. Motion by Nancy Yazzie; and second by Larry Montoya.


Mr. Tony Padilla Jr., Chapter President


Mr. Edison Tso, Chapter Vice President


Mrs. Betty Dennison, Chapter Secretary / Treasurer


Mr. Danny Simpson, Council Delegate



The Navajo Nation **DR. BUU NYGREN** *PRESIDENT*
Yideeskáadi Nitsáhákees **RICHELLE MONTOYA** *VICE PRESIDENT*

LAKE VALLEY CHAPTER

Danny Simpson, Council Delegate | Tony Padilla, President | Edison Tso, Vice President | Betty S. Dennison, Secretary/Treasurer
Janice Padilla, Land Board | Lucinda Begay, Community Service Coordinator | Accounts Maintenance Specialist – Vacant

LAKE VALLEY CHAPTER
ARPA PROJECT REQUEST | 1.1 MILLION

Drill Water Well	\$500,000
Bathroom Addition/Renovation	\$200,000
Chapter Renovation HVAC System	\$150,000
Septic Tank Upgrade	\$100,000
Septic Tank Cleaning	\$100,000
Waterline Powerline Row Agent	\$50,000
TOTAL	\$1,100,000



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 #: HK0478

Date & Time Received: 4/14/23 at 11:01

Date & Time of Response: 4/25/23 at 9:42am

Entity Requesting FRF: Becenti Chapter

Title of Project: Becenti Chapter Temporary Employment

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$79,197.00

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: _____
2.37 Other Economic Impact Assistance: Other

<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:

Signature of DOJ Reviewer: Vin Blum

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: Becenti Chapter Date prepared: 2/1/2023

Chapter's P.O. Box 708 phone/email: 505-786-2283/2284
mailing address: Crownpoint, New Mexico 87313 website (if any): becenti.navajochapters.org

This Form prepared by: Charmayne Hosteen phone/email: 505-786-2283/2284
Becenti Chapter Community Services Coordinator chosteen@nnchapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Becenti Chapter Temporary Employment

Chapter President: Jonathan Perry phone & email: 505-786-2283/jonjperry@yahoo.com

Chapter Vice-President: Marjorie Lantana phone & email: 505-786-2283/mlantana@naataanii.org

Chapter Secretary: Arlene Arviso-Arthur phone & email: 505-786-2283/aarthur@navajochapters.org

Chapter Treasurer: Arlene Arviso-Arthur phone & email: 505-786-2283/aarthur@navajochapters.org

Chapter Manager or CSC: Charmayne Hosteen phone & email: 505-786-2283/aarthur@navajochapters.org

DCD/Chapter ASO: Casey Begay phone & email: casey_begay@nndcd.org

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

☐ document attached

Amount of FRF requested: 79,196.69 FRF funding period: 2/1/2023 - 12/31/2026
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:

Becenti Chapter Temporary Employment is requesting for \$79,196.69 to hire personnel. The funds will be used for hiring local members to serve our Becenti Community with the new housing, housing renovation, bathroom addition and renovation projects. One (1) Construction Supervisor and four (4) Laborers. The temporary employment will help eliminate the spread of the COVID-19 among families living in multi-generational homes that are dilapidated. Which will provide a stable house with sanitary infrastructure (water/waste water and 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 Navajo Becenti community by providing stable housing for those in need. Temporary employment will help eliminate the spread of the COVID-19 among families living in multi-generational homes to provide new homes, housing renovations, and bathroom additions and renovations for high-risks, elderly, disabled, and economic disadvantage homes.

☐ 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

APPENDIX A

Program(s) or Project(s) by December 31, 2026:

The clients have been identified and have all documentation pertaining to homesite/residential lease for the project. The project end date will be December 31, 2026 with all funds will be fully expending and complete before December 31, 2024.

☐ document attached

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

Becenti Chapter Administration, Community Services Coordinator and Chapter Officials will be responsible for implementing the project.

☐ 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 homeowner will be responsible for operations and maintenance once construction is complete.

☐ 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:

2.10 - Assistance to Unemployed or Underemployed Workers (e.g. job training, subsidized employment, employment supports or incentives)

Assistance to individual who want and are available for work, including job training, public jobs programs and fairs. Incentives for newly employed workers, subsidized employment, grants of hire underserved workers, assistance to unemployed individuals.

☐ document attached

Part 3. Additional documents.

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

- | | |
|---|---|
| 1) Chapter Resolution BCJAN-23-281 | 5) Public Employment Program Policy & Procedure |
| 2) Navajo Nation Budget Forms (1,2,4) | |
| 3) Appendix J - Project Budget Schedule | |
| 4) Community Assessment Form | |

☐ 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: Charmayne Hooten
signature of Preparer/CONTACT PERSON

Approved by: _____

signature of Chapter President (or Vice-President)

Approved by: Charmayne Hooten
signature of CSO

Approved by: _____

signature of Chapter ASO

Approved to submit
for Review: _____

signature of DCD Director

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

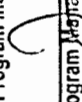

FY 2023

PART I. Business Unit No.: <u>New</u>		Program Title: <u>Recent Chapter Temporary Employment</u>		Division/Branch: <u>Division of Community Development</u>	
Prepared By: <u>Chamayne Hosteen, CSC</u>		Phone No.: <u>505-786-2283/2284</u>		Email Address: <u>becenti@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
FAF Fiscal Recovery Funds		2/1/23 - 12/31/26	\$79,196.69	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	6		\$79,196.69		\$79,196.69
					9000	Capital Outlay					
					9500	Matching Funds					
					9500	Indirect Cost					
					TOTAL			\$0.00	\$79,196.69		\$79,196.69

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:	James Adakai, Deputy Director	APPROVED BY:	Calvin Castillo, Executive Director
	Program Manager's Printed Name		Division Director / Branch Chief's Printed Name
			
	Program Manager's Signature and Date		Division Director / Branch Chief's Signature and Date
	3/1/2023		3/1/2023

PART I. PROGRAM INFORMATION:		Recent Chapter Temporary Employment											
Business Unit No.:	New	Program Name/Title:											
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:													
Recent Chapter Resolution BC-JAN-23-281													
PART III. PROGRAM PERFORMANCE CRITERIA:													
1. Goal Statement:		1st QTR		2nd QTR		3rd QTR		4th QTR					
Providing stable homes for thirty-five (35) homes in need to eliminate the spread of COVID-19		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual		
Program Performance Measure/Objective:													
Construct to renovate, repair homes for community members.													
2. Goal Statement:		1st QTR		2nd QTR		3rd QTR		4th QTR					
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual		
Program Performance Measure/Objective:													
3. Goal Statement:		1st QTR		2nd QTR		3rd QTR		4th QTR					
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual		
Program Performance Measure/Objective:													
4. Goal Statement:		1st QTR		2nd QTR		3rd QTR		4th QTR					
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual		
Program Performance Measure/Objective:													
5. Goal Statement:		1st QTR		2nd QTR		3rd QTR		4th QTR					
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual		
Program Performance Measure/Objective:													
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.													
James Adakai, Deputy Director						Calvin Castillo, Executive Director							
Program Manager's Printed Name						Division Director/Branch Chief's Printed Name							
3/1/2023						3/1/2023							
Program Manager's Signature and Date						Division Director/Branch Chief's Signature and Date							

SUB ACCT	POS NO	JOB TYPE	POSITION TITLE	EMP ID	WRKSITE CODE	FY 2022 ACTUAL		FY 2023 PROPOSED	
						G/S	SALARY	HOURS	BUDGET
1001		3501	Construction Supervisor		Becenti Chapter	0	\$16.00	960	\$17,598.49
1002		4143	Laborer		Becenti Chapter	0	\$14.00	960	\$15,399.55
1003		4143	Laborer		Becenti Chapter	0	\$14.00	960	\$15,399.55
1004		4143	Laborer		Becenti Chapter	0	\$14.00	960	\$15,399.55
1005		4143	Laborer		Becenti Chapter	0	\$14.00	960	\$15,399.55

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

FY 2023

PART I. PROGRAM INFORMATION: Program Name/Title: _____ Business Unit No.: _____ New			
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		
2310	Temporary Employment		
	1 Construction Supervisor @ 16.00 per hour x 960 hours for six (6) months.	\$15,360.00	\$17,598.69
2900	Fringe Benefits	\$2,238.69	
2912	FICA - 6.2%		
2914	Medicare - 1.45%		
2950	SUTA - 6.4%		
2960	Worker's Comp. - 0.53%		
2310	Temporary Employment		
	4 Laborers @ 14.00 per hours x 960 hours for six (6) months.	\$53,760.00	\$61,598.20
2900	Fringe Benefits	\$7,838.20	
2912	FICA - 6.2%		
2914	Medicare - 1.45%		
2950	SUTA - 6.4%		
2960	Worker's Comp. - 0.53%		
TOTAL		\$79,196.69	\$79,196.69

Page 1 of 1
PROJECT FORM

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



The Navajo Nation Becenti Chapter
Tso'di'tsin (Barren of the trees) Jidi'hadit'i'ih (Antelope lookout)



Jonathan Perry Marjorie Lantana Arlene A. Arthur Janice Padilla Danny Simpson Charmayne Hosteen VACANT
PRESIDENT VICE-PRESIDENT SECRETARY/TREASURER LAND BOARD COUNCIL DELEGATE CHAPTER CSC CHAPTER AMS
P.O. Box 708, Crownpoint, NM 87313 Phone: (505) 786-2283 Fax: (505) 786-2285 Email: becenti@navajochapters.org Website: becenti.navajochapter.org

Becenti Chapter Resolution
BCJAN-23-281

RESOLUTION APPROVING AN ALLOCATION OF FUNDS IN THE AMOUNT OF \$79,196.69 FOR ONE (1) CONSTRUCTION SUPERVISOR AND FOUR (4) LABORERS PERSONNEL FOR THE AMERICAN RESCUE PLAN ACT "ARPA" AS DESCRIBED BY NAVAJO NATION COUNCIL RESOLUTION CJN-29-22 FOR TEMPORARY EMPLOYMENT.

WHEREAS:

1. Pursuant to Navajo Nation Council Resolution CJY-20-55, the Becenti Chapter is a certified chapter of the Navajo Nation Government and is vested with certain authorities to address and resolve local matters in the best interest of the community members, and coordinate with or refer appropriate subject matters to the Navajo Nation, McKinley County, State of New Mexico, and the US Federal Governments; and
2. Pursuant to Navajo Nation Council Resolution CAP-34-98 Local Governance Act "LGA", allows chapter governments to make decisions over local matters, this authority in the long run, will improve community decision making, allow communities to excel and flourish, enable Navajo leaders to lead towards a prosperous future, and improve the strength and sovereignty of the Navajo Nation; and
3. Pursuant to the American Rescue Plan Act of 2021 "ARPA", officially identified as Public Law No. 117-2, was signed into law on March 11, 2021 by United States President Joseph Biden, with the intent to provide additional relief to address the continued impacts of COVID-19 on economy, public health, state, local, and tribal governments, individuals, and businesses; and
4. Pursuant to Navajo Nation Council Resolution CJN-29-22 the Navajo Nation allocated \$1,070,298,867 of Navajo Nation Fiscal Recovery Funds; Approving the Navajo Nation Fiscal Recovery Fund Expenditure Plans Chapter Assistance; Public Safety Emergency Communications, E911, and Rural Addressing Projects; Cyber Security; Public Health Projects; Economic Development Projects; Hardship Assistance; Water and Wastewater Projects; Broadband Projects; Home Electricity Connection and Electricity Capacity Projects; Housing Projects and Manufactured Housing Facilities; Bathroom Addition Projects; Construction Contingency Funding; and Reduced Administrative Funding; and
5. The World Health Organization (WHO) declared a Public Health Emergency of International Concern related to the Coronavirus (COVID-19) on January 30, 2020, the United States Department of Health and Human Services declared a Public Health Emergency related to the COVID-19 Pandemic on January 31, 2020, with an official global pandemic declaration from WHO on March 11, 2020; and

6. Pursuant to Resolution CEM-20-03-11, the Commission on Emergency Management in concurrence of the Office of President and Vice President of the Navajo Nation declared a Public Health State of Emergency on the Navajo Nation due to the COVID-19 Pandemic on March 11, 2020; and
7. Pursuant to Expenditure Guidelines set by the United States Department of Treasury, the use of ARPA Funds is justified and allowable under Category 2: Negative Economic Impacts, 2.10 Assistance to Unemployed or Underemployed Workers; and
8. Becenti Chapter has identified numerous sanitary infrastructure projects that qualify to assist in preventing the further spread of COVID-19 and will need temporary workforce to assist the local senior citizen population and community members who are physically disabled in construction of home improvements and other modifications including sanitary infrastructure in homes; and
9. Becenti Chapter seeks to assist local individuals with on-the-job training and temporary employment to provide opportunity for income for community members who were negatively impacted financially by COVID-19 through a temporary employment program at the chapter level with the completion of community projects.

NOW, THEREFORE, LET IT BE RESOLVED THAT:

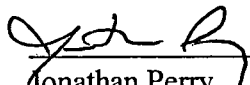
1. Becenti Chapter approves the temporary employment of one (1) supervisor and four (4) laborers as detailed in the attached Program Budget Summary attached to "Appendix A" to be submitted pursuant to Navajo Nation Council Resolution CJN-19-22.
2. Becenti Chapter affirms that the chapter will only use awarded funds in compliance with ARPA, the ARPA Regulations, and all other applicable Navajo Nation and federal laws and regulations.

CERTIFICATION

WE HEREBY CERTIFY, that this foregoing resolution was duly considered by the Becenti Chapter at a duly called chapter meeting at Becenti Chapter, at which a legal quorum was present and the same was passed by a vote of 10 in favor, 0 in opposition, and 0 abstaining on this 30th day of January 2023.

Motion: Marylynn Harry

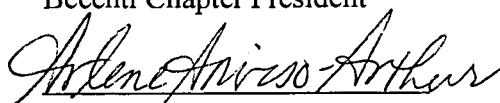
Second: Marilyn L. Becenti


Jonathan Perry,

Becenti Chapter President


Marjorie Lantana,

Becenti Chapter Vice-President



Arlene Arviso-Arthur

Becenti Chapter Secretary/Treasurer

Danny Simpson,
Navajo Nation Council Delegate



BECENTI CHAPTER
ARPA Community Assessment Form

P.O. Box 708 Crownpoint, NM 87313 Phone: (505) 786-2283 | Fax: (505) 786-2285 Website: becenti.navajochapters.org Email: becenti@navajochapters.org

The World Health Organization ("WHO") declared a Public Health Emergency of International Concern related to the Coronavirus ("COVID-19"), a highly contagious and sometimes fatal respiratory virus, on January 30, 2020; the U.S. Department of Health and Human Services declared a Public Health Emergency related to the COVID-19 outbreak on January 31, 2020; and the WHO declared a global pandemic due to COVID-19 on March 11, 2020. Resolution number CJN-29-22.

CHECKLIST FOR COMPLETE ASSESSMENT

- _____ 1. Housing Assessment Application
- _____ 2. Chapter Resolution
- _____ 3. Homesite Lease/ Residential Lease
- _____ 4. Permission to Enter Premises
- _____ 5. Location to project site
- _____ 6. Land Status Map with Legal description
- _____ 7. Supporting Photos
- _____ 8. Supporting Document from Physicians, Social Worker, Community Health Representative, or other entity (if applicable)
- _____ 9. Bathroom Addition or Renovation
- _____ 10. Waste Water (Septic Tank Cleaning)
- _____ 11. DD-214 (for Veterans)
- _____ 12. Documentation of Clearances: Archaeological, Environmental Assessments and Land User Consent (ROW).
- _____ 13. States of House Wiring – Certification of Compliance by Contractor or Certified Electrician
- _____ 14. Information of condition of existing homes and floor plans

1. APPLICANT INFORMATION

Date: _____

Name: _____

Telephone Number: _____

Census Number: _____

Work or Message: _____

Date of Birth: _____

Spouse's Name: _____ Census Number: _____

Date of Birth: _____

Mailing Address: _____
P.O. Box City State Zip Code

Enrolled at Becenti Chapter since: _____

Are you Homeless? ☐ Yes ☐ No

Comment:

Location of Primary Residence:

2. OTHER HOUSEHOLD MEMBERS

Name of each household member	Age	Sex M/F	Relationship to Head of Household

3. HOUSING REQUIREMENTS

Type of Residence	Housing Information
<input type="checkbox"/> Room Circle one: 1. Bedroom unit ONE or TWO people only 2. Bedroom unit TWO to FOUR people only 3. Bedroom unit THREE to SIX people only 4. Bedroom unit FOUR to EIGHT people only <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental Unit <input type="checkbox"/> Single Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Multiple Dwellings <input type="checkbox"/> Hogan <input type="checkbox"/> Other _____	Yes No <input type="checkbox"/> <input type="checkbox"/> Electricity _____ <input type="checkbox"/> <input type="checkbox"/> Solar _____ <input type="checkbox"/> <input type="checkbox"/> Internet Service _____ <input type="checkbox"/> <input type="checkbox"/> Indoor Plumbing _____ <input type="checkbox"/> <input type="checkbox"/> Water Available _____ <input type="checkbox"/> <input type="checkbox"/> Wood/Coal Stove _____ <input type="checkbox"/> <input type="checkbox"/> Propane/Pellet/Natural Gas/Electric Heating _____ <input type="checkbox"/> <input type="checkbox"/> Furnace _____ <input type="checkbox"/> <input type="checkbox"/> Bathroom(s) _____ <input type="checkbox"/> <input type="checkbox"/> Outside Privy (Out-House) _____ <input type="checkbox"/> <input type="checkbox"/> ADA Accessibility _____ <input type="checkbox"/> <input type="checkbox"/> Septic Tank & Leach field _____ <input type="checkbox"/> <input type="checkbox"/> Generator _____ <input type="checkbox"/> <input type="checkbox"/> Cistern System _____

Land Information

Home Site Lease? ☐ Yes ☐ No

Residential Lease? ☐ Yes ☐ No

Land Status: _____

Comment: _____

4. ADDITIONAL QUESTIONS TO HOUSING REQUIREMENTS

☐ Applicant has no Homesite/Residential Lease and has not started Homesite/ Residential Lease process.

Comment: _____

☐ Applicant has no Homesite/Residential Lease and has started Homesite/ Residential Lease process.

Comment: _____

☐ Applicant has Homesite/Residential Lease and has started construction.

Comment: _____

☐ Applicant has Homesite/Residential Lease and has not started construction.

Comment: _____

☐ Does the applicant want to be part of a Solar Project? ☐ Yes ☐ No

Comment: _____

5. HOMEOWNER CERTIFICATION

Homeowner must complete.

I/We _____ certify that I/we am/are the own(s) of the named property at _____ located within the Becenti Chapter jurisdiction.

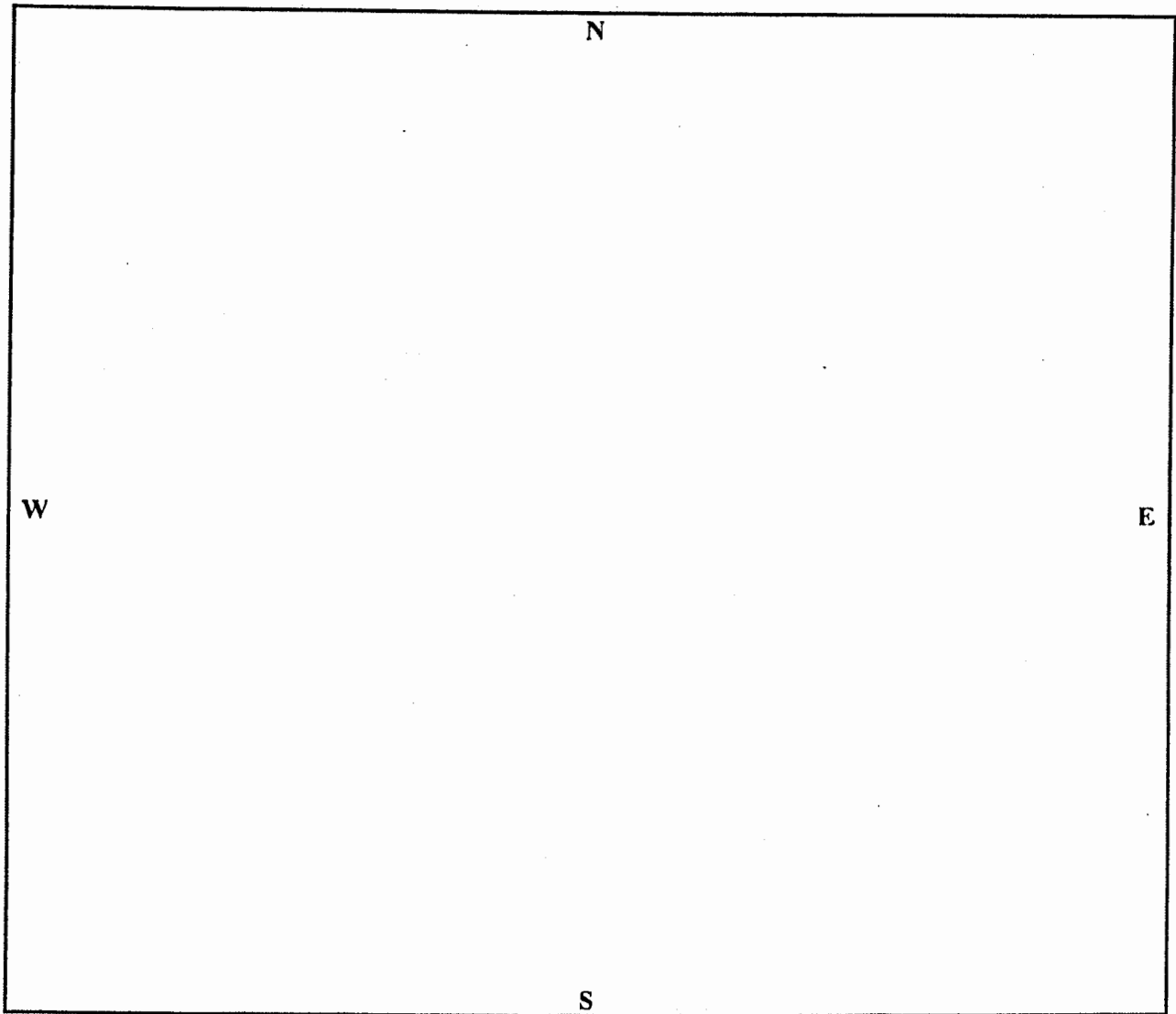
Land ownership can be verified through (check one):

- ☐ Home Site Lease ☐ Grazing Permit
☐ Land Use Permit ☐ Other _____

Permission to Enter Premises

I, as owner/authorized agent for the building located at _____ have read and understand the above and hereby grant permission for representative of Becenti Chapter to enter the premises when I am present for the purpose of collecting eligibility documentation from the residents and conducting a work plan which may include an assessment for housing renovation.

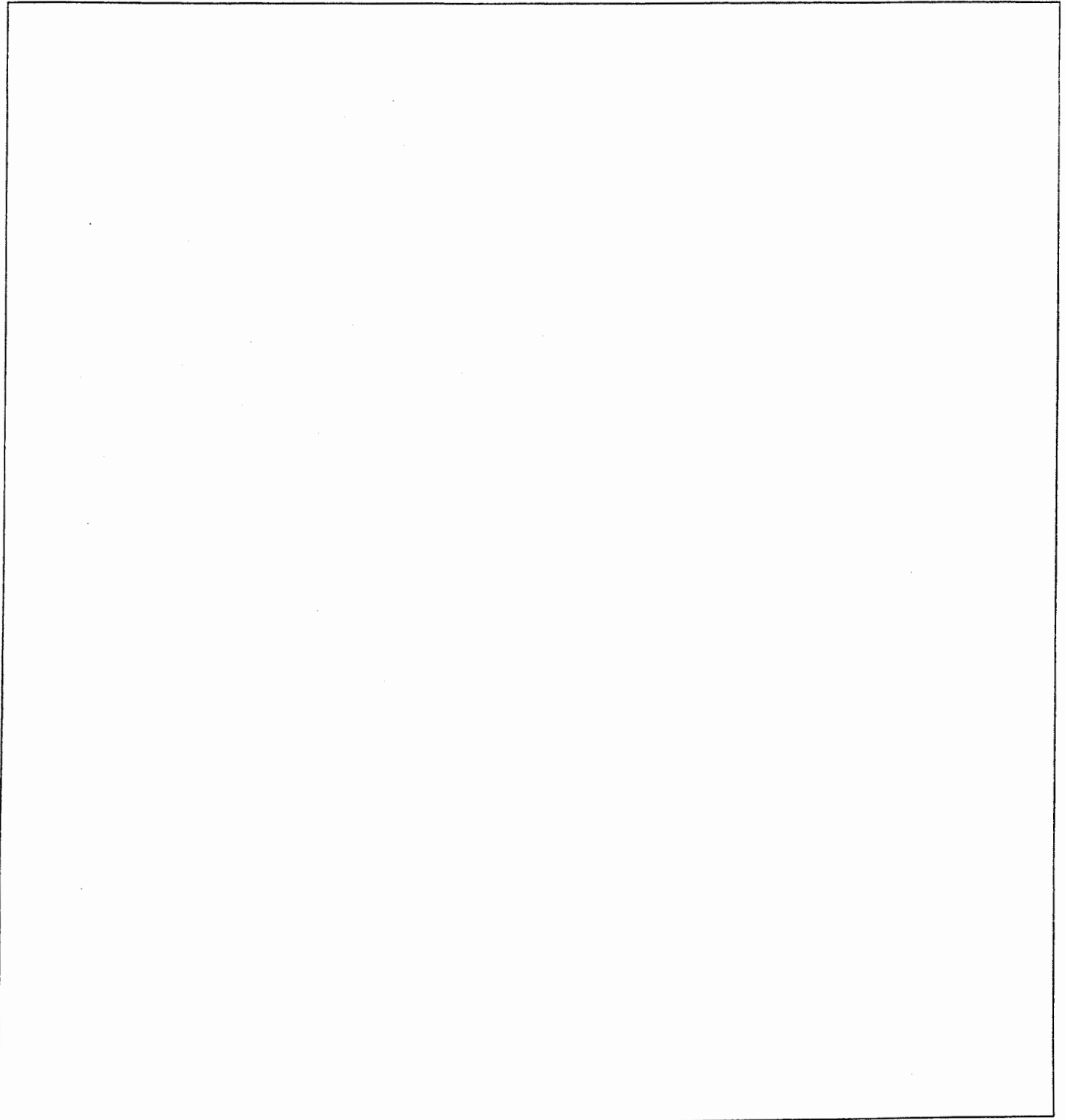
6. LOCATION OF PROJECT SITE



Physical Address:

7. EXISTING HOMES and FLOOR PLANS

Please draw you existing home with floor plan.

A large, empty rectangular box with a thin black border, intended for a hand-drawn floor plan of an existing home.

8. BATHROOM ADDITION OR RENOVATION

Do you need a bathroom addition or renovation?

☐ Yes

☐ No

If so, please explain:

Bathroom Renovation Needed:

Sink(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Sink faucet(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Toilet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bidet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bidet faucet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shower/Walk-In Shower	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shower faucet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shower screen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bath	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bath faucet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Cabinets/fixtures/light	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shelves/organization accessories	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Mirrors	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Towel rack(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Water Heater	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Wastewater/Drain field replace	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
ADA Rails	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the Navajo Nation through Becenti Resolution CJN-29-22 to obtain all necessary information for completion of my application for housing assistance including information on my interest on land and household. I understand and acknowledge this information will be used in determining my eligibility and extent of the American Rescue Plan Act (ARPA) through Department of Community Development (DC) and Department of Justice (DOJ).

Signatures: _____

Applicant's Signature

Co-Applicant's Signature

Date

BECENTI CHAPTER

Tloo'di'tsin (Barren of the trees) / Jadi'had'i'ih (Antelope lookout)



PUBLIC EMPLOYMENT PROGRAM (PEP)

POLICY AND PROCEDURES

P.O. Box 708
Crownpoint, NM 87313
Phone: 505-786-2283/2284
Email: becenti@navajochapters.org
Website: www.becenti.navajochapters.org

PUBLIC EMPLOYMENT PROGRAM

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PUBLIC EMPLOYMENT PROGRAM

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The Navajo Nation Becenti Chapter
T'oo'di'tsin (Barren of the trees) Jidi'had'i't'iih (Antelope lookout)



Jonathan Perry
PRESIDENT

Marjorie Lantana
VICE-PRESIDENT

Arlene A. Arthur
SECRETARY/TREASURER

Mikelle Lantana
LAND BOARD

Mark Freeland
COUNCIL DELEGATE

VACANT
CHAPTER CSC

VACANT
CHAPTER AMS

P.O. Box 708, Crownpoint, NM 87313 Website: becenti.navajochapters.org Email: becenti@navajochapters.org Phone: (505) 786-2283 Fax: (505) 786-2285

Resolution of Becenti Chapter
BCSEP-21-118

RESOLUTION APPROVING THE BECENTI CHAPTER PUBLIC EMPLOYMENT PROGRAM POLICY AND PROCEDURES.

WHEREAS:

1. Pursuant to Navajo Nation Council Resolution CJY-20-55, the Becenti Chapter is a certified chapter of the Navajo Nation Government and is vested with certain authorities to address and resolve local matters in the best interest of the community members, and coordinate with or refer appropriate subject matters to the Navajo Nation, McKinley County, State of New Mexico, and the US Federal Governments; and
2. Pursuant to Navajo Nation Council Resolution CAP-34-98 Local Governance Act "LGA", allows chapter governments to make decisions over local matters, this authority in the long run, will improve community decision making, allow communities to excel and flourish, enable Navajo leaders to lead towards a prosperous future, and improve the strength and sovereignty of the Navajo Nation; and
3. Pursuant with LGA Title 26 NNC Section 101 A. To ensure accountability, all chapters are required to adopt and operate under a Five Management System (FMS). Chapters shall develop policies and procedures for the FMS consistent with applicable Navajo Nation Law; and
4. The purpose of the Becenti Chapter Public Employment Program Policy and Procedures is to (A) apply guidelines for the Chapter to administer the PEP employment practices and for chapter expenditures, (B) Provide short term employment for Chapter membership to work on prioritized Chapter projects, (C) Help reduce the unemployment rate at the Chapter and Navajo Nation levels, (D) Provide on-the-job training to selected Chapter membership so they may obtain permanent and competitive employment with non-chapter employers; and
5. Becenti Chapter conducted three (3) public work sessions to allow the public to participate in updating and having discussions on the policy and procedures, and to allow for opportunity to share concerns and ideas on the document before going forward; and
6. Becenti Chapter conducted to the mandatory thirty (30) day comment period, from August 3, 2021 to September 3, 2021, in which the chapter advertised publicly via radio, chapter website, agenda announcements, and flyers that informed the community they

- have the opportunity to review and make recommendations on the Becenti Chapter Public Employment Program Policy and Procedures, but no public comments were received; and
7. The Becenti Chapter Public Employment Program Policy and Procedures were read into record, the document entirely, during the special duly called chapter meeting that was held on September 6, 2021.

NOW, THEREFORE, LET IT BE RESOLVED THAT:

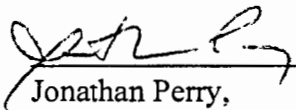
1. The Becenti Chapter Public Employment Program Policy and Procedures, attached hereto as "Exhibit A", is hereby officially approved for implementation beginning on October 1, 2021.


CERTIFICATION

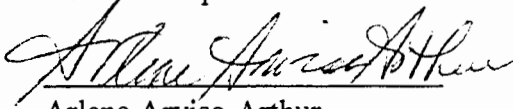
WE HEREBY CERTIFY, that this foregoing resolution was duly considered by the Becenti Chapter at a duly called chapter meeting at Becenti Chapter, at which a legal quorum was present and the same was passed by a vote of 5 in favor, 0 in opposition, and 0 abstaining on this 6th day of September 2021.

Motion: Marjorie Lantana

Second: Arlene Arviso-Arthur


Jonathan Perry,
Becenti Chapter President


Marjorie Lantana,
Becenti Chapter Vice-President


Arlene Arviso-Arthur
Becenti Chapter Secretary/Treasurer

Mark Freeland,
Navajo Nation Council Delegate

**BECENTI CHAPTER
PUBLIC EMPLOYMENT PROGRAM (PEP)
POLICY AND PROCEDURES**

I. AUTHORIZATION

- A. Pursuant to 26 N.N.C. Section 101 (A), the BECENTI Chapter has formulated, implemented, and operates by the Five Management System to ensure accountability and has developed policy and procedures for the Chapter Public Employment Program (PEP).
- B. Pursuant to the Becenti Chapter Resolution BCSEP-21-118, the Chapter Public Employment Program Policy and Procedures is hereby approved.

II. PURPOSE

- A. The purpose of the policy and procedures are to apply guidelines for the Chapter to administer the PEP employment practices and for Chapter expenditures.
- B. Provide short-term employment for Chapter membership to work on prioritized Chapter projects.
- C. Help reduce the unemployment rate at the Chapter and Navajo Nation levels.
- D. Provide on-the-job training to selected Chapter membership so they may obtain permanent and competitive employment with non-chapter employers.

III. APPLICABLE LAWS

The Becenti Chapter shall comply with all applicable State, Federal, and Navajo Nation laws such as the Navajo Preference in Employment Act.

IV. DEFINITIONS

- A. Chapter Administration: the employee of the chapter which includes, but is not limited to, the Community Services Coordinator (CSC) and Account Maintenance Specialist (AMS).
- B. CSC: Chapter employee performing the duties as prescribed in 26 N.N.C. Section 1004 (B), 1004 (C), and 2003 (B).
- C. Local Governance Act: 26 Navajo Nation Code (N.N.C.) Sections 1-2005.
- D. Participants: Chapter members participating in Chapter-approved PEP projects.

V. FUNDS ORIGIN

- A. The PEP fund originates or comes from the Navajo Nation central government. Once the funds are disbursed to the Chapter, a budget is developed per project.
- B. The budgets consist of specific Chapter projects with specific time frame due to the workers compensation compliance. The projects and time frames are prioritized by the CSC based on emergency needs.

VI. POLICY

- A. The Becenti Chapter has discretion in selecting which PEP project to pursue and which participants to hire, subject to the applicable Personnel Management Policies and Procedures and Navajo Nation Law. The Chapter has the discretion to determine the length of each project and when to begin.
- B. All projects shall be approved by the chapter membership at a duly called meeting and set out in the annual budget.
- C. All projects shall be completed within the annual budget cycle, or an extension shall be granted by the CSC after consulting with the Chapter Officials.
- D. The Chapter Administration shall make proper accounting and bookkeeping entries for all PEP allocations.
- E. For each project, the Chapter Administration may employ one or more participants subject to the availability of funds and provide job descriptions.
- F. Proper workers compensation liability insurance shall be filed and only hired participants shall be able to work.
- G. The Chapter Administration shall select the project supervisor and skilled participants based on experience and qualifications for the designated project.
- H. The Chapter Administration shall set the salary of the participants based on skills and/or fund availability.
- I. The CSC shall hire and terminate participants in compliance with the Personnel Management Policy and Procedures.
- J. The Chapter shall uphold the Navajo Preference in Employment Act.
- K. Participants shall not work more than eight (8) hours per day, forty (40) hours per week, or eighty (80) hours per pay period. Participants shall not make up missed hours and shall not be eligible for compensatory time.
- L. The employment is temporary for the participants to acquire on-the-job training that will prepare participants to obtain permanent jobs with private organizations.

- M. When there are positions available, the Chapter will post the job vacancy for two (2) weeks to accept applications. The job vacancies will be posted as follows:
 - 1. Post announcement on Chapter bulletin board.
 - 2. Announcement at Chapter Meetings.
 - 3. Mixed Media Announcements.
- N. The Chapter shall ensure all PEP records are maintained in accordance with the Records Management Policy and Procedures.

VII. PARTICIPANT QUALIFICATIONS AND EMPLOYMENT NOTICE

- A. Participant must be 18 years or older.
- B. Participant shall be a registered voter of the Chapter and not employed by another Chapter. If necessary, the Chapter shall consider non-registered voters in seeking a qualified pool of applicants.
- C. Participant shall be a member of the Navajo Nation with a census number.
- D. Participant shall not be a relative to the immediate supervisor.
- E. Participant must not be employed at the time of applying for Chapter employment.

VIII. REQUIRED DOCUMENTS

- A. By Participant:
 - 1. Accurately completed Chapter Employment Application
 - 2. Navajo Nation Voter Registration Card OR verification in the Voter Registry
 - 3. Social Security Card
 - 4. Driver's License, State, Tribal or Student Identification Card
 - 5. W-4 Form
 - 6. New Mexico – New Hire Form
- B. By Project:
 - 1. Project Application (including project budget per page 2) – **Exhibit D**
 - 2. Personnel Roster – **Exhibit G**
 - 3. Worksite Weekly Progress Report – **Exhibit F**

IX. TOUR OF DUTY

- A. Monday through Friday, except Navajo Nation recognized holidays.
- B. 8:00 AM to 12:00 PM with one-hour lunch break and returning at 1:00 PM to 5:00 PM.
- C. No over-time allowed.
- D. Personal use of cellular communication should be limited during tour of duty.
- E. The Internet shall be used for Chapter business only, unless specified by the Chapter administration.

X. WAGES

- A. The PEP funds are restricted budgeted funds, therefore the hourly wages shall start at the Navajo Nation established pay rates for PEP.
- B. The Chapter shall grant salary increase based on job performance evaluations and funds availability.

XI. PAYROLL, TIMESHEETS, AND DEDUCTION

- A. The Chapter payroll schedule will be the same as the Navajo Nation payroll schedule. Payroll will be drawn every two weeks.
- B. The sign-in sheets and timesheets with all proper signatures are due on the Wednesday prior to the actual payroll date.
- C. AMS shall check and verify the hours worked for each participant.
- D. Project Supervisor shall submit bi-weekly progress reports and sign-in sheets.
- E. Payroll checks are disbursed on Friday of each pay period ending.
- F. If the participants are not available for check pick-up, he or she may authorize a person to pick up his or her check with a written permission and an original signature.

XII. TAXES

- A. For all participants, FICA and MEDICARE taxes are automatically deducted at each payroll.
- B. Federal tax withholding will be deducted based on the W-4 form.
- C. At the end of each month, the CSC shall remit the federal taxes to the Internal Revenue Services.
- D. At the end of each quarter, the CSC shall remit the unemployment taxes to the New Mexico Department of Labor.

- E. One month after the end of each calendar year, the Chapter Administration shall issue W-2's to all participants.

XIII. BENEFITS

- A. Since all participants are employed under PEP as temporary employees, the participants are ineligible for any type of health, dental, pharmacy, or vision benefits.
- B. However, all participants are covered through Navajo Nation Workers Compensation Program.
- C. The participants are ineligible for holiday, annual leave, compensatory-time pay, or merit pay.

XIV. GRIEVANCE

- A. Since all participants are employed under PEP as temporary employees, the participants are ineligible for any type of grievance process.

XV. SEXUAL HARASSMENT

The workplace shall be free of sexual harassment; therefore, such action is prohibited and will result in immediate termination.

XVI. HOSTILE ENVIRONMENT

The workplace shall be free of hostile behavior or environment therefore, such action is prohibited and will result in immediate termination

XVII. SAFETY ENVIRONMENT

The Chapter shall provide a safe and friendly work environment for all workers.

XVIII. ILLEGAL DRUG AND ALCOHOL-FREE WORKPLACE

The work environment shall be free of alcohol & drugs therefore, such usage will result in immediate termination.

XIX. CODE OF CONDUCT

- A. The participants will conduct themselves with respect towards co-workers, Chapter staff, Chapter Officials, community members, project clients, and any other persons.
- B. The participants will conduct themselves with trustworthiness and produce quality work.

XX. DRESS CODE

A. Participants shall report to work in proper attire and good personal hygiene.

B. Participants with long hair shall braid or tie back hair for safety reasons.

XXI. TOOLS

Chapter does not provide tools or transportation. The participants must have own tools and reliable transportation.

XXII. OVERSIGHT

The CSC and/or Chapter President shall have daily and overall oversight responsibilities for the PEP.

XXIII. PERSONNEL MANAGEMENT POLICIES AND PROCEDURES

The Chapter shall comply with all Five Management System Policies and Procedures.



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 #: HK 0479

Date & Time Received: 4/14/23 at 16:17

Date & Time of Response: 4/21/23 at 9:52

Entity Requesting FRF: Becenti Chapter

Title of Project: Becenti Chapter Septic Tank Cleaning Project

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$6,000.00

Eligibility Determination:

- ☒ FRF eligible
☐ FRF ineligible
☐ Additional information requested

FRF Eligibility Category:

- | | |
|--|--|
| <input type="checkbox"/> (1) Public Health and Economic Impact | <input type="checkbox"/> (2) Premium Pay |
| <input type="checkbox"/> (3) Government Services/Lost Revenue | <input checked="" type="checkbox"/> (4) Water, Sewer, Broadband Infrastructure |

U.S. Department of Treasury Reporting Expenditure Category: _____
5.5 Clean Water: Other Sewer Infrastructure

<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: MacArthur Stant

Signature of DOJ Reviewer: MacArthur Stant

Digitally signed by MacArthur Stant
Date: 2023.04.21 09:54:15 -06'00'

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.

Page 2 of 2

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: Becenti Chapter Date prepared: 2/1/2023

Chapter's mailing address: P.O. Box 708 phone/email: 505-786-2283/2284
Crownpoint, New Mexico 87313 website (if any): becenti.navajochapters.org

This Form prepared by: Charmayne Hosteen phone/email: 505-786-2283/2284
Becenti Chapter Community Services Coordinator chosteen@nnchapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Becenti Chapter Septic Tank Cleaning Project

Chapter President: Jonathan Perry phone & email: 505-786-2283/jonjperry@yahoo.com

Chapter Vice-President: Marjorie Lantana phone & email: 505-786-2283/mlantana@naataanii.org

Chapter Secretary: Arlene Arviso-Arthur phone & email: 505-786-2283/aarthur@navajochapters.org

Chapter Treasurer: Arlene Arviso-Arthur phone & email: 505-786-2283/aarthur@navajochapters.org

Chapter Manager or CSC: Charmayne Hosteen phone & email: 505-786-2283/chosteen@nnchapters.org

DCD/Chapter ASO: Casey Begay phone & email: casey_begay@nndcd.org

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

☐ document attached

Amount of FRF requested: \$6,000 FRF funding period: 2/1/2023 - 12/31/2026
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:

Becenti Chpater Septic Tank Cleaning project are for seventeen (17) homes located within Becenti chapter community and requesting the amount of \$6,000 for this project. COVID-19 related needs that will be addressed for personal hygiene care when it comes to bath and toilety needs to stop the spread of COVID-19. Vendor(s) will be contacted to perform in completing the task for cleaningout septic tanks

☐ document attached

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

This septic tank cleaning project will benefit the community and its residents within Becenti community will assist the high-risks, elderly, and single parents, etc. in the cost for septic sewage cleanouts especially the homes that were impacted by COVID-19 related viruses.

☐ 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

APPENDIX A

Program(s) or Project(s) by December 31, 2026:

The seventeen (17) clients have been identified and have all documentation pertaining to homesite/residential lease for the project. The project end date will be December 31, 2026 with all funds will be before December 31, 2024.

☐ document attached

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

Becenti Chapter Administration, Community Services Coordinator and Chapter Officials will be responsible for implementing the project. The chapter will work with the contracted vendor(s) on the septic tank cleanouts.

☐ 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 homeowner will be responsible for operations and maintenance once construction is complete.

☐ 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:

5.3 - Clean Water: Decentralized Wastewater

For septic tank sewage cleanouts for homes.

☐ document attached

Part 3. Additional documents.

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

- 1) Chapter Resolution BCOCT-22-247
- 2) Navajo Nation Budget Forms (1,2,4)
- 3) Appendix J - Project Budget Schedule
- 4) Community Assessment Form

☐ 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: Charmayne Hooten
signature of Preparer/CONTACT PERSON

Approved by: _____

signature of Chapter President (or Vice-President)

Approved by: Charmayne Hooten
signature of CGC

Approved by: _____

signature of Chapter ASO

Approved to submit
for Review: _____

signature of DCD Director

**THE NAVAJO NATION
PROGRAM BUDGET SUMMARY**

FY 2023

PART I. Business Unit No.: _____		New		Program Title: _____		Recent Chapter Septic Tank Cleaning Project		Division/Branch: Division of Community Development	
Prepared By: Charmayne Hosteen, CSC		Phone No.: _____		505-786-2283/2284		Email Address: _____		becenti@navajochapters.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	
FAF Fiscal Recovery Funds			2/1/23 - 12/31/26	\$6,000.00	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			6		\$6,000.00	\$6,000.00	
						9000 Capital Outlay							
						9500 Matching Funds							
						9500 Indirect Cost							
				TOTAL:						TOTAL	\$0.00	\$6,000.00	\$6,000.00

PART IV. POSITIONS AND VEHICLES			(D)	(E)
Total # of Positions Budgeted:			0	0
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>James Adakai, Deputy Director</u> Program Manager's Printed Name <u>3/1/2023</u> Program Manager's Signature and Date	APPROVED BY: <u>Calvin Castillo, Executive Director</u> Division Director / Branch Chief's Printed Name <u>3/1/2023</u> Division Director / Branch Chief's Signature and Date
---	--

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA

FY 2023

PART I. PROGRAM INFORMATION:		Business Unit No.: <u> </u> New		Program Name/Title: <u>Recentli Chapter Septic Tank Cleaning Project</u>			
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM: <u>Recentli Chapter Resolution BC0CT-22-247</u>							
PART III. PROGRAM PERFORMANCE CRITERIA:		1st QTR		2nd QTR		3rd QTR	
		Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement: Cleanout for septic sewage tanks for individual homes							
Program Performance Measure/Objective: Assist community members with septic tank maintenance for better sanitation living.				8		8	
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.							
James Adakai, Deputy Director Program Manager's Printed Name				Calvin Castillo, Executive Director Division Director/Branch Chief's Printed Name			
3/1/2023 Program Manager's Signature and Date				3/1/2023 Division Director/Branch Chief's Signature and Date			

THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION: Program Name/Title: <u>Becenti Chapter Septic Tank Cleaning Project</u> Business Unit No.: <u> </u> New			
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 Septic Tank cleaning sewage cleanout for Becenti community residents. Eight (8) homes have been identified.		\$6,000.00	\$6,000.00
TOTAL		\$6,000.00	\$6,000.00

Page 1 of 1
PROJECT FORM

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



The Navajo Nation Becenti Chapter
T'oo'di'tsin (Barren of the trees) J'adi'hadi't'iil (Antelope lookout)



Jonathan Perry Marjorie Lantana Arlene A. Arthur Janice Padilla Danny Simpson Charmayne Hosteen VACANT
PRESIDENT VICE-PRESIDENT SECRETARY/TREASURER LAND BOARD COUNCIL DELEGATE CHAPTER CSC CHAPTER AMS
P.O. Box 708, Crownpoint, NM 87313 Phone: (505) 786-2283 Fax: (505) 786-2285 Email: becenti@navajochapters.org Website: becenti.navajochapter.org

Becenti Chapter Resolution
BCOCT-22-247

RESOLUTION APPROVING THE BECENTI CHAPTER SEPTIC TANK CLEANING PROJECT WITH CLIENT LIST, ATTACHED HERETO AS "EXHIBIT A"; AND ALLOCATE AMERICAN RESCUE PLAN ACT "ARPA" FUNDS IN THE AMOUNT OF \$6,000.00 FOR SAID PROJECT PURSUANT TO NAVAJO NATION COUNCIL RESOLUTION CJN-29-22.

WHEREAS:

1. Pursuant to Navajo Nation Council Resolution CJY-20-55, the Becenti Chapter is a certified chapter of the Navajo Nation Government and is vested with certain authorities to address and resolve local matters in the best interest of the community members, and coordinate with or refer appropriate subject matters to the Navajo Nation, McKinley County, State of New Mexico, and the US Federal Governments; and
2. Pursuant to Navajo Nation Council Resolution CAP-34-98 Local Governance Act "LGA", allows chapter governments to make decisions over local matters, this authority in the long run, will improve community decision making, allow communities to excel and flourish, enable Navajo leaders to lead towards a prosperous future, and improve the strength and sovereignty of the Navajo Nation; and
3. Pursuant to the American Rescue Plan Act of 2021 "ARPA", officially identified as Public Law No. 117-2, was signed into law on March 11, 2021 by United States President Joseph Biden, with the intent to provide additional relief to address the continued impacts of COVID-19 on economy, public health, state, local, and tribal governments, individuals, and businesses; and
4. Pursuant to Navajo Nation Council Resolution CJN-29-22 the Navajo Nation allocated \$1,070,298,867 of Navajo Nation Fiscal Recovery Funds; Approving the Navajo Nation Fiscal Recovery Fund Expenditure Plans Chapter Assistance; Public Safety Emergency Communications, E911, and Rural Addressing Projects; Cyber Security; Public Health Projects; Economic Development Projects; Hardship Assistance; Water and Wastewater Projects; Broadband Projects; Home Electricity Connection and Electricity Capacity Projects; Housing Projects and Manufactured Housing Facilities; Bathroom Addition Projects; Construction Contingency Funding; and Reduced Administrative Funding; and
5. The World Health Organization (WHO) declared a Public Health Emergency of International Concern related to the Coronavirus (COVID-19) on January 30, 2020, the United States Department of Health and Human Services declared a Public Health

Emergency related to the COVID-19 Pandemic on January 31, 2020, with an official global pandemic declaration from WHO on March 11, 2020; and

6. Pursuant to Resolution CEM-20-03-11, the Commission on Emergency Management in concurrence of the Office of President and Vice President of the Navajo Nation declared a Public Health State of Emergency on the Navajo Nation due to the COVID-19 Pandemic on March 11, 2020; and
7. Becenti Chapter conducted community assessments to compile a client list that reflects requirements as outlined in the Expenditure Plan for Non-Certified Chapters included in Navajo Nation Council Resolution CJN-29-22, after which, the attached Client List identified as "Exhibit A" is recognized and approved.

NOW, THEREFORE, LET IT BE RESOLVED THAT:

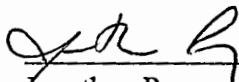
1. The Becenti Chapter Septic Tank Cleaning Project is approved with the attached Client List attached hereto as "Exhibit A" to be submitted for review pursuant to Navajo Nation Council Resolution CJN-29-22.
2. Becenti Chapter affirms that the chapter will only use awarded funds in compliance with ARPA, the ARPA Regulations, and all other applicable Navajo Nation and federal laws and regulations.

CERTIFICATION

WE HEREBY CERTIFY, that this foregoing resolution was duly considered by the Becenti Chapter at a duly called chapter meeting at Becenti Chapter, at which a legal quorum was present and the same was passed by a vote of 9 in favor, 0 in opposition, and 0 abstaining on this 3rd day of November 2022.

Motion: Charmayne Hosteen

Second: Marjorie Lantana



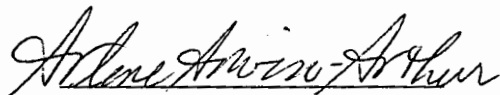
Jonathan Perry,

Becenti Chapter President



Marjorie Lantana,

Becenti Chapter Vice-President



Arlene Arviso-Arthur

Becenti Chapter Secretary/Treasurer

Mark Freeland,
Navajo Nation Council Delegate



BECENTI CHAPTER ARPA Community Assessment Form

P.O. Box 708 Crownpoint, NM 87313 Phone: (505) 786-2283 | Fax: (505) 786-2285 Website: becenti.navajochapters.org Email: becenti@navajochapters.org

The World Health Organization ("WHO") declared a Public Health Emergency of International Concern related to the Coronavirus ("COVID-19"), a highly contagious and sometimes fatal respiratory virus, on January 30, 2020; the U.S. Department of Health and Human Services declared a Public Health Emergency related to the COVID-19 outbreak on January 31, 2020; and the WHO declared a global pandemic due to COVID-19 on March 11, 2020. Resolution number CJN-29-22.

CHECKLIST FOR COMPLETE ASSESSMENT

- _____ 1. Housing Assessment Application
- _____ 2. Chapter Resolution
- _____ 3. Homesite Lease/ Residential Lease
- _____ 4. Permission to Enter Premises
- _____ 5. Location to project site
- _____ 6. Land Status Map with Legal description
- _____ 7. Supporting Photos
- _____ 8. Supporting Document from Physicians, Social Worker, Community Health Representative, or other entity (if applicable)
- _____ 9. Bathroom Addition or Renovation
- _____ 10. Waste Water (Septic Tank Cleaning)
- _____ 11. DD-214 (for Veterans)
- _____ 12. Documentation of Clearances: Archaeological, Environmental Assessments and Land User Consent (ROW).
- _____ 13. States of House Wiring – Certification of Compliance by Contractor or Certified Electrician
- _____ 14. Information of condition of existing homes and floor plans

1. APPLICANT INFORMATION

Date: _____

Name: _____

Telephone Number: _____

Census Number: _____

Work or Message: _____

Date of Birth: _____

Spouse's Name: _____ Census Number: _____

Date of Birth: _____

Mailing Address: _____
P.O. Box City State Zip Code

Enrolled at Becenti Chapter since: _____

Are you Homeless? ☐ Yes ☐ No

Comment:

Location of Primary Residence:

2. OTHER HOUSEHOLD MEMBERS

Name of each household member	Age	Sex M/F	Relationship to Head of Household

3. HOUSING REQUIREMENTS

Type of Residence	Housing Information
<input type="checkbox"/> Room Circle one: 1. Bedroom unit ONE or TWO people only 2. Bedroom unit TWO to FOUR people only 3. Bedroom unit THREE to SIX people only 4. Bedroom unit FOUR to EIGHT people only <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental Unit <input type="checkbox"/> Single Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Multiple Dwellings <input type="checkbox"/> Hogan <input type="checkbox"/> Other _____	Yes No <input type="checkbox"/> <input type="checkbox"/> Electricity _____ <input type="checkbox"/> <input type="checkbox"/> Solar _____ <input type="checkbox"/> <input type="checkbox"/> Internet Service _____ <input type="checkbox"/> <input type="checkbox"/> Indoor Plumbing _____ <input type="checkbox"/> <input type="checkbox"/> Water Available _____ <input type="checkbox"/> <input type="checkbox"/> Wood/Coal Stove _____ <input type="checkbox"/> <input type="checkbox"/> Propane/Pellet/Natural Gas/Electric Heating _____ <input type="checkbox"/> <input type="checkbox"/> Furnace _____ <input type="checkbox"/> <input type="checkbox"/> Bathroom(s) _____ <input type="checkbox"/> <input type="checkbox"/> Outside Privy (Out-House) _____ <input type="checkbox"/> <input type="checkbox"/> ADA Accessibility _____ <input type="checkbox"/> <input type="checkbox"/> Septic Tank & Leach field _____ <input type="checkbox"/> <input type="checkbox"/> Generator _____ <input type="checkbox"/> <input type="checkbox"/> Cistern System _____

Land Information

Home Site Lease? ☐ Yes ☐ No

Residential Lease? ☐ Yes ☐ No

Land Status: _____

Comment: _____

4. ADDITIONAL QUESTIONS TO HOUSING REQUIREMENTS

☐ Applicant has no Homesite/Residential Lease and has not started Homesite/ Residential Lease process.

Comment: _____

☐ Applicant has no Homesite/Residential Lease and has started Homesite/ Residential Lease process.

Comment: _____

☐ Applicant has Homesite/Residential Lease and has started construction.

Comment: _____

☐ Applicant has Homesite/Residential Lease and has not started construction.

Comment: _____

☐ Does the applicant want to be part of a Solar Project? ☐ Yes ☐ No

Comment: _____

5. HOMEOWNER CERTIFICATION

Homeowner must complete.

I/We _____ certify that I/we am/are the own(s) of the named property at _____ located within the Becenti Chapter jurisdiction.

Land ownership can be verified through (check one):

☐ Home Site Lease

☐ Grazing Permit

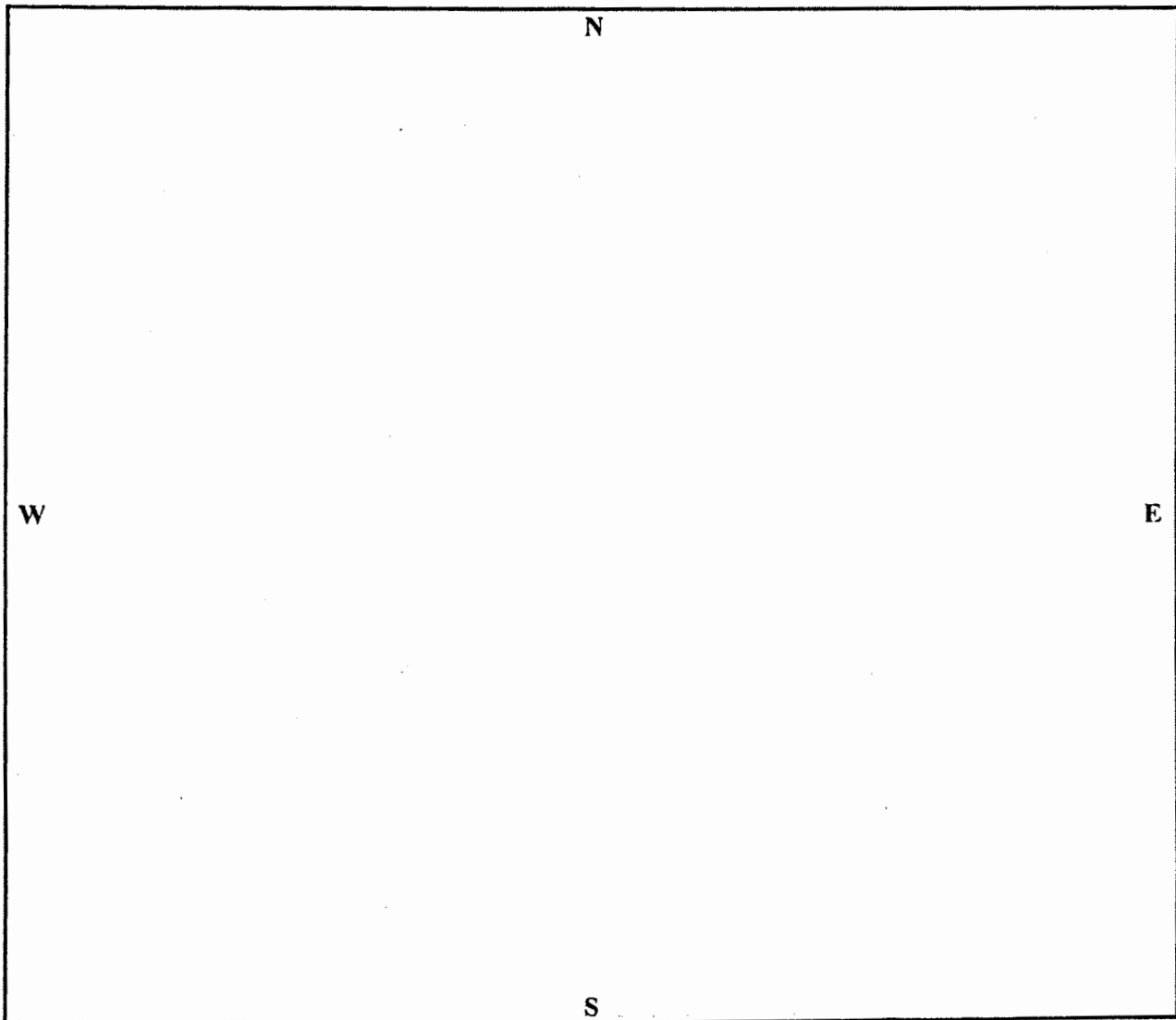
☐ Land Use Permit

☐ Other _____

Permission to Enter Premises

I, as owner/authorized agent for the building located at _____ have read and understand the above and hereby grant permission for representative of Becenti Chapter to enter the premises when I am present for the purpose of collecting eligibility documentation from the residents and conducting a work plan which may include an assessment for housing renovation.

6. LOCATION OF PROJECT SITE



Physical Address:

7. EXISTING HOMES and FLOOR PLANS

Please draw you existing home with floor plan.

A large, empty rectangular box with a thin black border, intended for a hand-drawn floor plan of an existing home.

8. BATHROOM ADDITION OR RENOVATION

Do you need a bathroom addition or renovation?

☐ Yes

☐ No

If so, please explain:

Bathroom Renovation Needed:

Sink(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Sink faucet(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Toilet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bidet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bidet faucet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shower/Walk-In Shower	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shower faucet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shower screen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bath	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bath faucet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Cabinets/fixtures/light	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shelves/organization accessories	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Mirrors	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Towel rack(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Water Heater	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Wastewater/Drain field replace	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
ADA Rails	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

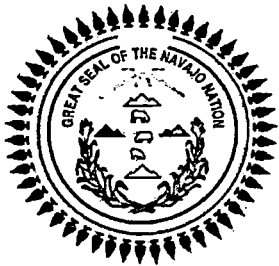
I, _____, hereby authorize the Navajo Nation through Becenti Resolution CJN-29-22 to obtain all necessary information for completion of my application for housing assistance including information on my interest on land and household. I understand and acknowledge this information will be used in determining my eligibility and extent of the American Rescue Plan Act (ARPA) through Department of Community Development (DC) and Department of Justice (DOJ).

Signatures: _____

Applicant's Signature

Co-Applicant's Signature

Date



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 #: HK 0482

Date & Time Received: 4/14/23 at 16:20

Date & Time of Response: 4/21/23 at 3:50 pm

Entity Requesting FRF: Becenti Chapter

Title of Project: Becenti Chapter New Housing

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$387,122

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: _____

2.15, Long-term Housing Security: Affordable Housing

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: Navalyn R. Platero

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: Becenti Chapter Date prepared: 2/1/2023

Chapter's mailing address: P.O. Box 708 phone/email: 505-786-2283/2284
Crownpoint, New Mexico 87313 website (if any): becenti@navajochapters.org

This Form prepared by: Charmayne Hosteen phone/email: 505-786-2283-2284
Becenti Chapter Community Service Coordinator chosteen@nnchapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Becenti Chapter New Housing

Chapter President: Jonathan Perry phone & email: 505-786-2283/jonjperry@yahoo.com

Chapter Vice-President: Marjorie Lantana phone & email: 505-786-2283/mlantana@naataanii.org

Chapter Secretary: Arlene Arviso-Arthur phone & email: 505-786-2283/aarthur@navajochapters.org

Chapter Treasurer: Arlene Arviso-Arthur phone & email: 505-786-2283/aarthur@navajochapters.org

Chapter Manager or CSC: Charmayne Hosteen phone & email: 505-786-2283/chosteen@nnchapters.org

DCD/Chapter ASO: Casey Begay phone & email: casey_begay@nndcd.org

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

☐ document attached

Amount of FRF requested: 387,122.00 FRF funding period: 2/1/2023-12/31/2026
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:

Funds will be used to assist six (6) clients with manufactured homes with extreme need of shelter including their family member. The six (6) Clients homes are deteriorating inside/outside of home with homesite and residential lease documents. Poor housing conditions have been linked with worse health outcomes and infectious disease spread. Since the relationship with poor housing conditions with incidence and mortality of COVID-19. These households were identified as having any of the four problems: 1) high housing cost burden, 2) incomplete kitchen facilities, and 3) incomplete plumbing facilities.

☐ document attached

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

The project will benefit of new housing for the Navajo community of Becenti. Identifying poor housing related environment risk factors including high cost burden, air and water quality and lack of access to adequate plumbing and sanitation, as factors contributing to the burden of infectious diseases including airborne respiratory illnesses.

☐ 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

APPENDIX A

Program(s) or Project(s) by December 31, 2026:

The clients have been identified and have all documentation pertaining to homesite/residential lease for the project. The project end date will be December 31, 2026 with all funds will be before December 31, 2024.

☐ document attached

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

Becenti Chapter Administration, Community Service Coordinator and Chapter Officials will be responsible for implementing the project.

☐ 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 homeowner will be responsible for operations and maintenance once construction is complete.

☐ 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:

2.15 Long-term Housing Security : Affordable Housing

To provide housing to reduce the negative effects of housing instability on health outcomes and health disparities.

☐ document attached

Part 3. Additional documents.

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

- | | |
|--|------------------------------|
| 1) Approved Chapter Resolutions BCOCT-22-250 | 5) Community Assessment Form |
| 2) Navajo Nation Budget Forms (1,2,4) | |
| 3) Appendix J Project Budget Schedule | |
| 4) Quotation for Sales Worksheet | |

☐ 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: Charmayne Hosteen
signature of Preparer/CONTACT PERSON

Approved by: _____

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

Approved by: Charmayne Hosteen
signature of CSO

Approved by: _____

Corey Boyer
signature of Chapter ASO

Approved to submit
for Review: _____

[Signature]
signature of DCD Director

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

PART I. Business Unit No.: _____		New		Program Title: _____		Becenti Chapter New Housing		Division/Branch: Division of Community Development	
Prepared By: _____		Charmayne Hosteen, CSC		Phone No.: _____		505-766-2283/2284		Email Address: _____	
bcenti@navajochapters.org									

PART II. FUNDING SOURCE(S)		Fiscal Year Term	Amount	% of Total	PART III. BUDGET SUMMARY			Fund Type Code	Original Budget	Proposed Budget	Difference or Total
NN Fiscal Recovery Funds		2/1/23 - 12/31/26	\$387,122.00	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	6		\$387,122.00		\$387,122.00
					9000	Capital Outlay					
					9500	Matching Funds					
					9500	Indirect Cost					
					TOTAL			\$0.00	\$387,122.00		\$ 387,122.00

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

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

SUBMITTED BY: _____	James Adakai, Deputy Director	APPROVED BY: _____	Calvin Castillo, Executive Director
Program Manager's Printed Name	Division Director / Branch Chief's Printed Name		
Signature: _____	Signature: _____		
Program Manager's Signature and Date	Division Director / Branch Chief's Signature and Date		

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA

FY 2023

PART I. PROGRAM INFORMATION:		Business Unit No.: New		Program Name/Title: Becenti Chapter New Housing																																																																																																	
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM: Becenti Chapter Resolution BCOC1-22-250																																																																																																					
PART III. PROGRAM PERFORMANCE CRITERIA:		<table border="1"> <thead> <tr> <th colspan="2">1st QTR</th> <th colspan="2">2nd QTR</th> <th colspan="2">3rd QTR</th> <th colspan="2">4th QTR</th> </tr> <tr> <th>Goal</th> <th>Actual</th> <th>Goal</th> <th>Actual</th> <th>Goal</th> <th>Actual</th> <th>Goal</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td colspan="2">1. Goal Statement: Homes for needed families who have one family member in on household</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Program Performance Measure/Objective: To assist client with housing</td> <td colspan="2">1</td> <td colspan="2">1</td> <td colspan="2">1</td> </tr> <tr> <td colspan="2">2. Goal Statement:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Program Performance Measure/Objective:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">3. Goal Statement:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Program Performance Measure/Objective:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">4. Goal Statement:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Program Performance Measure/Objective:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">5. Goal Statement:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Program Performance Measure/Objective:</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </tbody> </table>				1st QTR		2nd QTR		3rd QTR		4th QTR		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	1. Goal Statement: Homes for needed families who have one family member in on household								Program Performance Measure/Objective: To assist client with housing		1		1		1		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:							
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3-1-23		4/13/2023																																																																																																			
Program Manager's Signature and Date		Division Director/Branch Chief's Signature and Date																																																																																																			

FY 2023

PART I. PROGRAM INFORMATION: Program Name/Title: _____ Business Unit No.: _____ New			
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 Purchase new house/modular/mobile home for clients.	387,122	387,122
TOTAL		387,122	387,122



The Navajo Nation Becenti Chapter
Too'di'tsin (Barren of the trees) Jidi'had'i'riih (Antelope lookout)



Jonathan Perry	Marjorie Lantana	Arlene A. Arthur	Janice Padilla	Danny Simpson	Charmayne Hosteen	VACANT
PRESIDENT	VICE-PRESIDENT	SECRETARY/TREASURER	LAND BOARD	COUNCIL DELEGATE	CHAPTER CSC	CHAPTER AMS

P.O. Box 708, Crownpoint, NM 87313 Phone: (505) 786-2283 Fax: (505) 786-2285 Email: becenti@navajochapters.org Website: becenti.navajochapter.org

Becenti Chapter Resolution
BCOCT-22-250

RESOLUTION APPROVING THE BECENTI CHAPTER NEW HOUSING PROJECT WITH CLIENT LIST, ATTACHED HERETO AS "EXHIBIT A"; AND ALLOCATE AMERICAN RESCUE PLAN ACT "ARPA" FUNDS IN THE AMOUNT OF \$387,122.00 FOR SAID PROJECT PURSUANT TO NAVAJO NATION COUNCIL RESOLUTION CJN-29-22.

WHEREAS:

1. Pursuant to Navajo Nation Council Resolution CJY-20-55, the Becenti Chapter is a certified chapter of the Navajo Nation Government and is vested with certain authorities to address and resolve local matters in the best interest of the community members, and coordinate with or refer appropriate subject matters to the Navajo Nation, McKinley County, State of New Mexico, and the US Federal Governments; and
2. Pursuant to Navajo Nation Council Resolution CAP-34-98 Local Governance Act "LGA", allows chapter governments to make decisions over local matters, this authority in the long run, will improve community decision making, allow communities to excel and flourish, enable Navajo leaders to lead towards a prosperous future, and improve the strength and sovereignty of the Navajo Nation; and
3. Pursuant to the American Rescue Plan Act of 2021 "ARPA", officially identified as Public Law No. 117-2, was signed into law on March 11, 2021 by United States President Joseph Biden, with the intent to provide additional relief to address the continued impacts of COVID-19 on economy, public health, state, local, and tribal governments, individuals, and businesses; and
4. Pursuant to Navajo Nation Council Resolution CJN-29-22 the Navajo Nation allocated \$1,070,298,867 of Navajo Nation Fiscal Recovery Funds; Approving the Navajo Nation Fiscal Recovery Fund Expenditure Plans Chapter Assistance; Public Safety Emergency Communications, E911, and Rural Addressing Projects; Cyber Security; Public Health Projects; Economic Development Projects; Hardship Assistance; Water and Wastewater Projects; Broadband Projects; Home Electricity Connection and Electricity Capacity Projects; Housing Projects and Manufactured Housing Facilities; Bathroom Addition Projects; Construction Contingency Funding; and Reduced Administrative Funding; and
5. The World Health Organization (WHO) declared a Public Health Emergency of International Concern related to the Coronavirus (COVID-19) on January 30, 2020, the United States Department of Health and Human Services declared a Public Health

- Emergency related to the COVID-19 Pandemic on January 31, 2020, with an official global pandemic declaration from WHO on March 11, 2020; and
6. Pursuant to Resolution CEM-20-03-11, the Commission on Emergency Management in concurrence of the Office of President and Vice President of the Navajo Nation declared a Public Health State of Emergency on the Navajo Nation due to the COVID-19 Pandemic on March 11, 2020; and
 7. Becenti Chapter conducted community assessments to compile a client list that reflects requirements as outlined in the Expenditure Plan for Non-Certified Chapters included in Navajo Nation Council Resolution CJN-29-22, after which, the attached Client List identified as "Exhibit A" is recognized and approved.

NOW, THEREFORE, LET IT BE RESOLVED THAT:

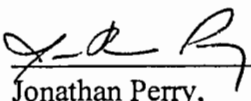
1. The Becenti Chapter New Housing Project is approved with the attached Client List attached hereto as "Exhibit A" to be submitted for review pursuant to Navajo Nation Council Resolution CJN-29-22.
2. Becenti Chapter affirms that the chapter will only use awarded funds in compliance with ARPA, the ARPA Regulations, and all other applicable Navajo Nation and federal laws and regulations.

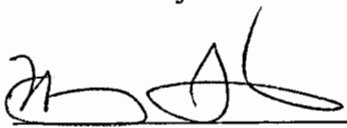
CERTIFICATION

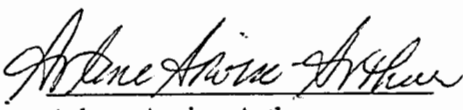
WE HEREBY CERTIFY, that this foregoing resolution was duly considered by the Becenti Chapter at a duly called chapter meeting at Becenti Chapter, at which a legal quorum was present and the same was passed by a vote of 9 in favor, 0 in opposition, and 0 abstaining on this 3rd day of November 2022.

Motion: Charmayne Hosteen

Second: Marjorie Lantana


Jonathan Perry,
Becenti Chapter President


Marjorie Lantana,
Becenti Chapter Vice-President


Arlene Arviso-Arthur
Becenti Chapter Secretary/Treasurer

Mark Freeland,
Navajo Nation Council Delegate

Welcome Home

SALES WORKSHEET

Customer Name: Navajo Nation Home Consultant Name: Patrick "Pat" Merrill
Delivery Address: Becenti Chapter Area Date: 4/10/2023

Home Info

Model: DELIGHT Stock #: _____
☒ New ☐ Display
☐ Used ☐ Order

Trade Info

Make: _____ Model: _____
Year: _____ Size: _____
Pay off: _____ Paid by: ☐ Buyer ☐ Seller
Condition: ☐ Good ☐ Fair ☐ Poor

Pricing

Home Price \$ 313,290.00
Delivery Set Skirting Steps \$ Included
Kitchen Appliances \$ Included
Home Warranty \$ Included
..... \$
Total Package: \$ 313,290.00
Earnest money deposit \$

Responsibilities

Seller Responsibilities: Standard Delivery. Standard Set. Installed Vinyl Skirting. Steps for Front and Back Door. Kitchen Appliances.

Buyer Responsibilities: Prep clear and level land for placement of home. All trenching, utilities, hookup fees.

Options: TRU Delight. 14x60 2 bed 2 bath home. Home comes AS IS. No Changes can be made.

***This quote is for a total of 5 homes.

Acknowledgment

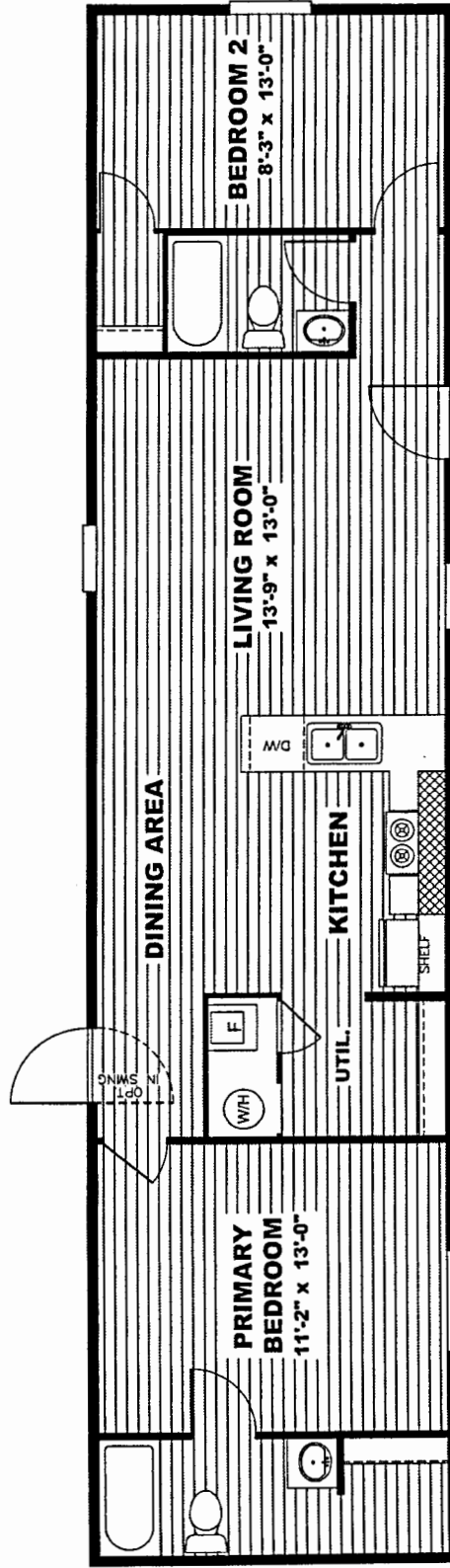
Buyer acknowledges and agrees that this Sales Worksheet presents a proposed sales package based on information reasonably available at this time. The terms of the proposal may be based on estimates and may change at any time based on Seller's or Buyer's preferences and additional information that becomes available concerning the potential sale. The terms of the agreed upon sales package, including additional information concerning the sale that may not be listed in this worksheet, will be documented in the final sales agreement and/or other sales-related documentation entered into by Seller and Buyer at the closing of the sale, and will be subject to the terms and conditions contained therein. New manufactured homes meet Federal Manufactured Home Standards. Buyer is responsible to verify home meets all local requirements including zoning and any applicable land covenants.

Buyer/Co-buyer: _____ Date: _____ Home Center: _____ Date: _____

TRU

DELIGHT

TRS14602A // 14x60 // 820 sq ft // 2 beds // 2 baths



OWN IT

OWNITRUI.COM

Welcome Home

SALES WORKSHEET

Customer Name: Navajo Nation Home Consultant Name: Patrick "Pat" Merrill
Delivery Address: Becenti Chapter Area Date: 4/10/2023

Home Info

Model: Elation Stock #: _____
☒ New ☐ Display
☐ Used ☐ Order

Trade Info

Make: _____ Model: _____
Year: _____ Size: _____
Pay off: _____ Paid by: ☐ Buyer ☐ Seller
Condition: ☐ Good ☐ Fair ☐ Poor

Pricing

Home Price \$ 73,831.71
Delivery Set Skirting Steps \$ Included
Kitchen Appliances \$ Included
Home Warranty \$ Included
..... \$ _____
Total Package: \$ 73,831.71
Earnest money deposit \$ _____

Responsibilities

Seller Responsibilities: Standard Delivery. Standard Set. Installed Vinyl Skirting. Steps for Front and Back Door. Kitchen Appliances.

Buyer Responsibilities: Prep clear and level land for placement of home. All trenching, utilities, hookup fees.

Options: TRU Elation. 3 bed 2 bath home. Home comes AS IS. No Changes can be made.

Acknowledgment

Buyer acknowledges and agrees that this Sales Worksheet presents a proposed sales package based on information reasonably available at this time. The terms of the proposal may be based on estimates and may change at any time based on Seller's or Buyer's preferences and additional information that becomes available concerning the potential sale. The terms of the agreed upon sales package, including additional information concerning the sale that may not be listed in this worksheet, will be documented in the final sales agreement and/or other sales-related documentation entered into by Seller and Buyer at the closing of the sale, and will be subject to the terms and conditions contained therein. New manufactured homes meet Federal Manufactured Home Standards. Buyer is responsible to verify home meets all local requirements including zoning and any applicable land covenants.

Buyer/Co-buyer: _____

Date: _____

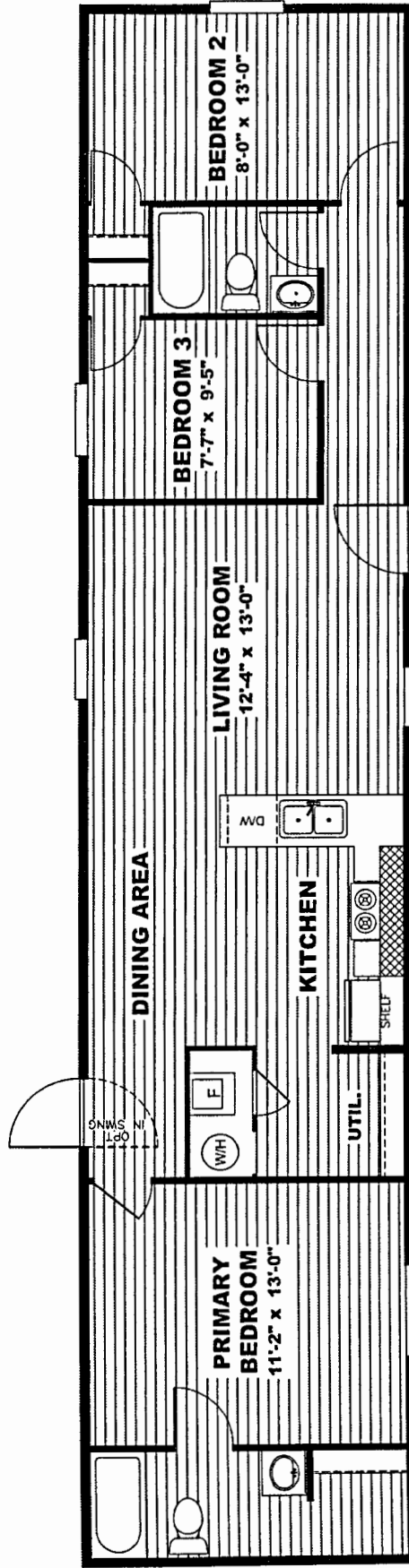
Home Center: _____

Date: _____

TRU

ELATION

TRS14663A // 14x66 // 902 sq ft // 3 beds // 2 baths



OWN IT

OWNITRU.com



BECENTI CHAPTER ARPA Community Assessment Form

P.O. Box 708 Crownpoint, NM 87313 Phone: (505) 786-2283 | Fax: (505) 786-2285 Website: becenti.navajochapters.org Email: becenti@navajochapters.org

The World Health Organization ("WHO") declared a Public Health Emergency of International Concern related to the Coronavirus ("COVID-19"), a highly contagious and sometimes fatal respiratory virus, on January 30, 2020; the U.S. Department of Health and Human Services declared a Public Health Emergency related to the COVID-19 outbreak on January 31, 2020; and the WHO declared a global pandemic due to COVID-19 on March 11, 2020. Resolution number CJN-29-22.

CHECKLIST FOR COMPLETE ASSESSMENT

- _____ 1. Housing Assessment Application
- _____ 2. Chapter Resolution
- _____ 3. Homesite Lease/ Residential Lease
- _____ 4. Permission to Enter Premises
- _____ 5. Location to project site
- _____ 6. Land Status Map with Legal description
- _____ 7. Supporting Photos
- _____ 8. Supporting Document from Physicians, Social Worker, Community Health Representative, or other entity (if applicable)
- _____ 9. Bathroom Addition or Renovation
- _____ 10. Waste Water (Septic Tank Cleaning)
- _____ 11. DD-214 (for Veterans)
- _____ 12. Documentation of Clearances: Archaeological, Environmental Assessments and Land User Consent (ROW).
- _____ 13. States of House Wiring – Certification of Compliance by Contractor or Certified Electrician
- _____ 14. Information of condition of existing homes and floor plans

1. APPLICANT INFORMATION

Date: _____

Name: _____	Telephone Number: _____
Census Number: _____	Work or Message: _____
Date of Birth: _____	
Spouse's Name: _____	Census Number: _____
Date of Birth: _____	
Mailing Address: _____	
P.O. Box	City
State	Zip Code
Enrolled at Becenti Chapter since: _____	
Are you Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comment: _____	

Location of Primary Residence: _____	

2. OTHER HOUSEHOLD MEMBERS

Name of each household member	Age	Sex M/F	Relationship to Head of Household

3. HOUSING REQUIREMENTS

Type of Residence	Housing Information
<input type="checkbox"/> Room Circle one: 1. Bedroom unit ONE or TWO people only 2. Bedroom unit TWO to FOUR people only 3. Bedroom unit THREE to SIX people only 4. Bedroom unit FOUR to EIGHT people only <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental Unit <input type="checkbox"/> Single Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Multiple Dwellings <input type="checkbox"/> Hogan <input type="checkbox"/> Other _____	Yes No <input type="checkbox"/> <input type="checkbox"/> Electricity _____ <input type="checkbox"/> <input type="checkbox"/> Solar _____ <input type="checkbox"/> <input type="checkbox"/> Internet Service _____ <input type="checkbox"/> <input type="checkbox"/> Indoor Plumbing _____ <input type="checkbox"/> <input type="checkbox"/> Water Available _____ <input type="checkbox"/> <input type="checkbox"/> Wood/Coal Stove _____ <input type="checkbox"/> <input type="checkbox"/> Propane/Pellet/Natural Gas/Electric Heating _____ <input type="checkbox"/> <input type="checkbox"/> Furnace _____ <input type="checkbox"/> <input type="checkbox"/> Bathroom(s) _____ <input type="checkbox"/> <input type="checkbox"/> Outside Privy (Out-House) _____ <input type="checkbox"/> <input type="checkbox"/> ADA Accessibility _____ <input type="checkbox"/> <input type="checkbox"/> Septic Tank & Leach field _____ <input type="checkbox"/> <input type="checkbox"/> Generator _____ <input type="checkbox"/> <input type="checkbox"/> Cistern System _____

Land Information

Home Site Lease? ☐ Yes ☐ No

Residential Lease? ☐ Yes ☐ No

Land Status: _____

Comment: _____

4. ADDITIONAL QUESTIONS TO HOUSING REQUIREMENTS

☐ Applicant has no Homesite/Residential Lease and has not started Homesite/ Residential Lease process.

Comment: _____

☐ Applicant has no Homesite/Residential Lease and has started Homesite/ Residential Lease process.

Comment: _____

☐ Applicant has Homesite/Residential Lease and has started construction.

Comment: _____

☐ Applicant has Homesite/Residential Lease and has not started construction.

Comment: _____

☐ Does the applicant want to be part of a Solar Project? ☐ Yes ☐ No

Comment: _____

5. HOMEOWNER CERTIFICATION

Homeowner must complete.

I/We _____ certify that I/we am/are the own(s) of the named property at
_____ located within the Becenti Chapter jurisdiction.

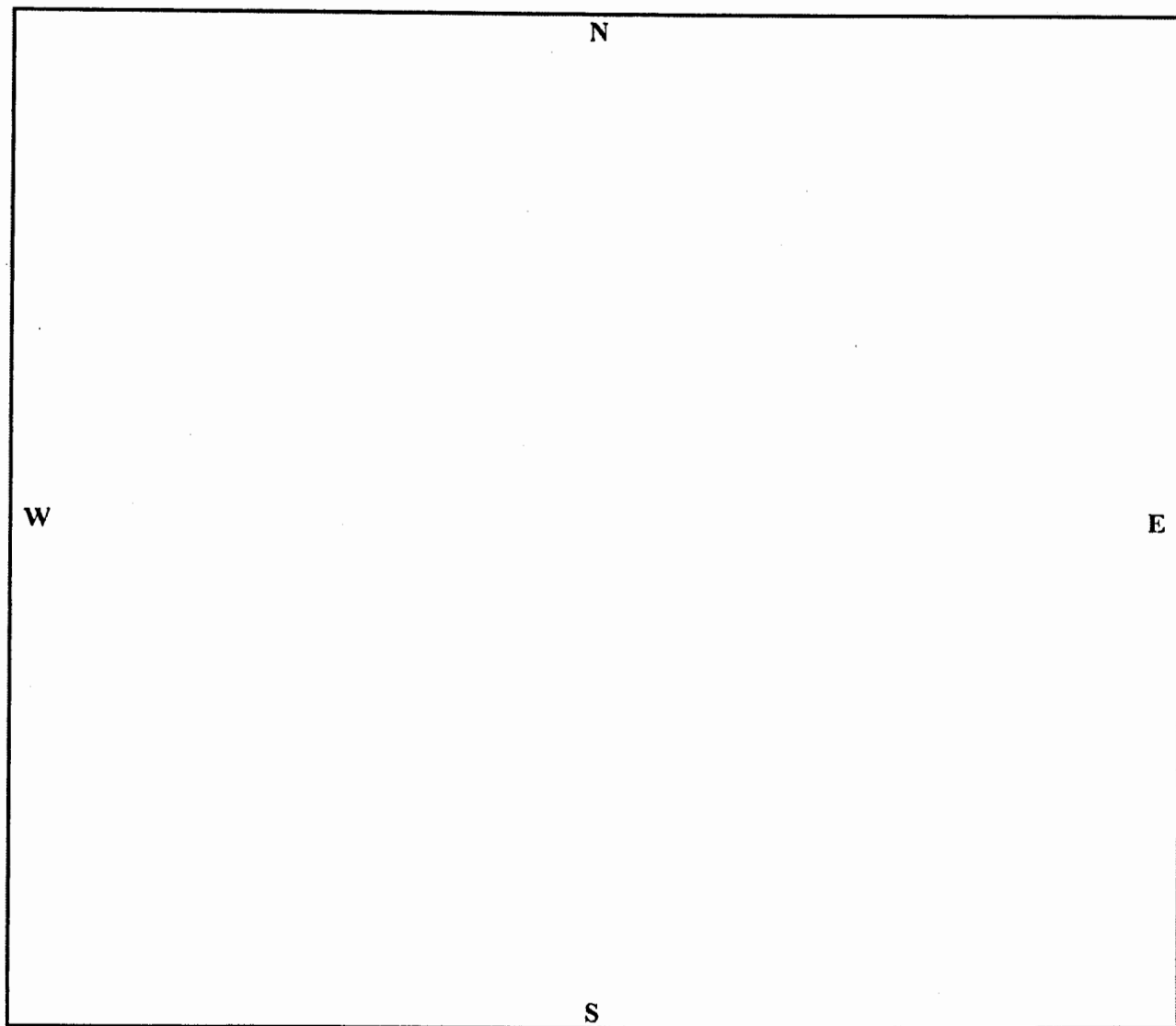
Land ownership can be verified through (check one):

- ☐ Home Site Lease ☐ Grazing Permit
☐ Land Use Permit ☐ Other _____

Permission to Enter Premises

I, as owner/authorized agent for the building located at _____
have read and understand the above and hereby grant permission for representative of Becenti
Chapter to enter the premises when I am present for the purpose of collecting eligibility
documentation from the residents and conducting a work plan which may include an assessment
for housing renovation.

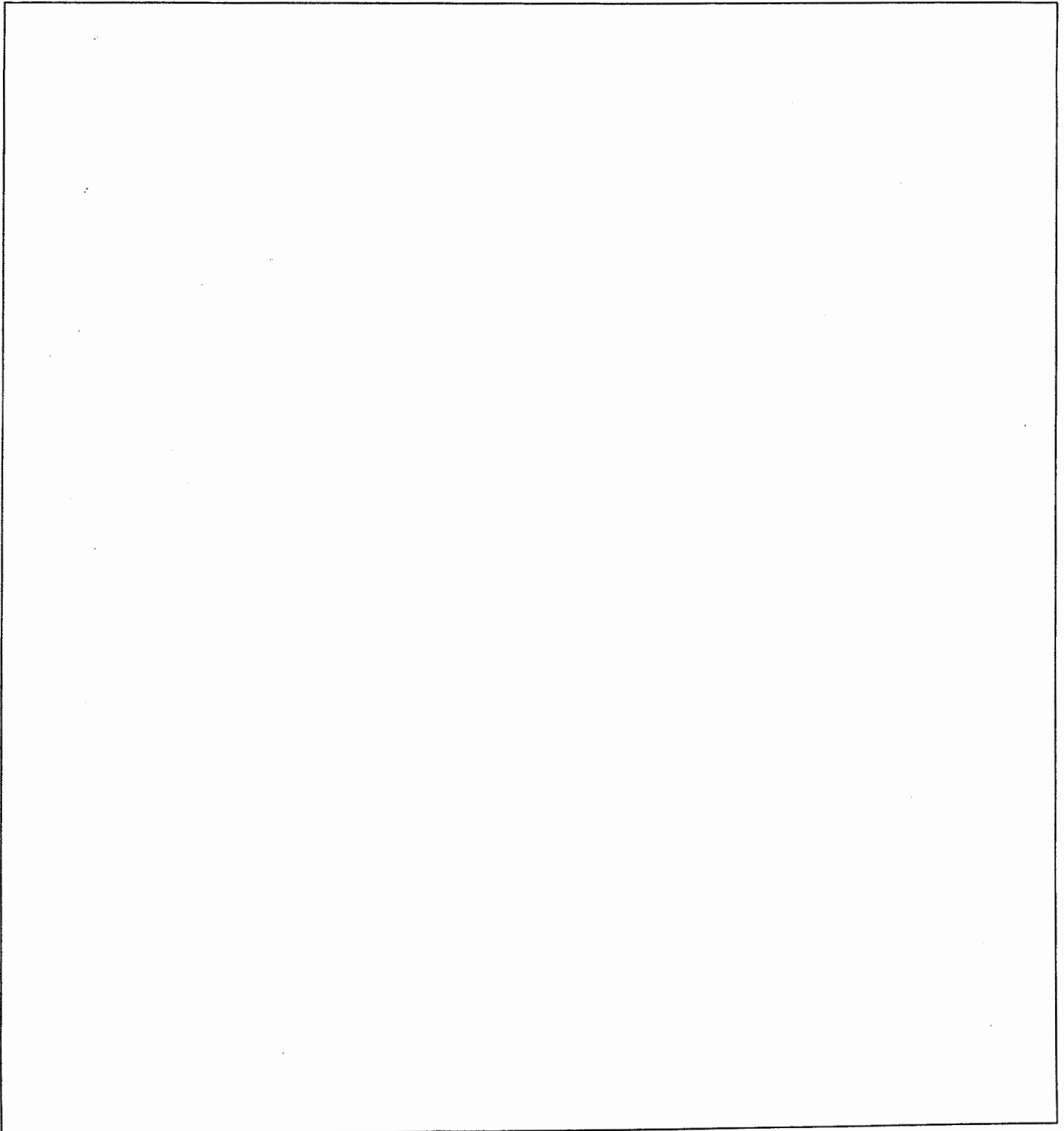
6. LOCATION OF PROJECT SITE



Physical Address:

7. EXISTING HOMES and FLOOR PLANS

Please draw you existing home with floor plan.

A large, empty rectangular box with a thin black border, intended for a hand-drawn floor plan of an existing home. The box occupies the majority of the page below the instruction.

8. BATHROOM ADDITION OR RENOVATION

Do you need a bathroom addition or renovation?

☐ Yes

☐ No

If so, please explain:

Bathroom Renovation Needed:

Sink(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Sink faucet(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Toilet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bidet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bidet faucet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shower/Walk-In Shower	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shower faucet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shower screen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bath	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bath faucet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Cabinets/fixtures/light	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shelves/organization accessories	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Mirrors	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Towel rack(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Water Heater	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Wastewater/Drain field replace	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
ADA Rails	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the Navajo Nation through Becenti Resolution CJN-29-22 to obtain all necessary information for completion of my application for housing assistance including information on my interest on land and household. I understand and acknowledge this information will be used in determining my eligibility and extent of the American Rescue Plan Act (ARPA) through Department of Community Development (DC) and Department of Justice (DOJ).

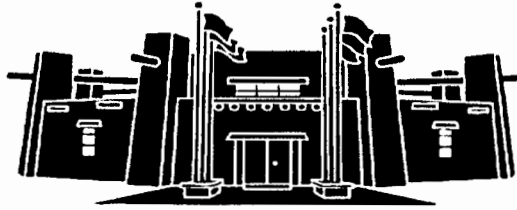
Signatures: _____

Applicant's Signature

Co-Applicant's Signature

Date

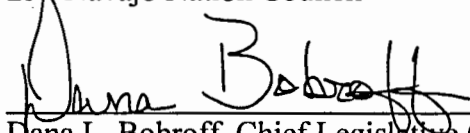
Office of Legislative Counsel
Telephone: (928) 871-7166
Fax No.: (928) 871-7576



Honorable Crystalyne Curley
Speaker
25th Navajo Nation Council

MEMORANDUM

TO: Hon. Danny Simpson, Council Delegate
25th Navajo Nation Council

FROM: 
Dana L. Bobroff, Chief Legislative Counsel
Office of Legislative Counsel

DATE: May 17, 2023

SUBJECT: **AN ACTION RELATING TO THE NAABIK'ÍYÁTI' COMMITTEE AND NAVAJO NATION COUNCIL; APPROVING THE NAVAJO NATION FISCAL RECOVERY FUND DELEGATE REGION PROJECT PLAN FOR HONORABLE DANNY SIMPSON'S DELEGATE REGION (CHAPTERS: BECENTI, LAKE VALLEY, NAHODISHGISH, STANDING ROCK, WHITEROCK, HUERFANO, NAGEEZI, CROWNPOINT)**

I have prepared the above-referenced proposed resolution and associated legislative summary sheet pursuant to your request for legislative drafting. Based on existing law and review of documents submitted, the resolution as drafted is legally sufficient. As with any action of government however, it can be subject to review by the courts in the event of proper challenge.

The Office of Legislative Counsel confirms the appropriate standing committee(s) based on the standing committees powers outlined in 2 N.N.C. §§301, 401, 501, 601 and 701. Nevertheless, "the Speaker of the Navajo Nation Council shall introduce [the proposed resolution] into the legislative process by assigning it to the respective oversight committee(s) of the Navajo Nation Council having authority over the matters for proper consideration." 2 N.N.C. §164(A)(5).

Please ensure that his particular resolution request is precisely what you want. You are encouraged to review the proposed resolution to ensure that it is drafted to your satisfaction.