

## LEGISLATIVE SUMMARY SHEET

Tracking No. 0089-24

**DATE:** April 23, 2024

**TITLE OF RESOLUTION:** AN ACTION RELATING TO THE NAABIK'ÍYÁTI' COMMITTEE; AMENDING NABIF-09-24 AND NABIN-44-23 AND NABIO-38-23 AND CJY-67-23, THE NAVAJO NATION FISCAL RECOVERY FUND DELEGATE REGION PROJECT PLAN FOR HONORABLE GEORGE H. TOLTH'S DELEGATE REGION (CHAPTERS: LITTLEWATER, PUEBLO PINTADO, TORREON, WHITEHORSE LAKE, BACA/PREWITT, CASAMERO LAKE, OJO ENCINO, COUNSELOR)

**PURPOSE:** This legislation, if approved, will add FRF-Eligible projects to Hon. George H. Tolth's Fiscal Recovery Fund Delegate Region Projects Plan (Chapters: Littlewater, Pueblo Pintado, Torreon, Whitehorse Lake, Baca/Prewitt, Casamero Lake, Ojo Encino, Counselor) enacted under CJY-67-23 and NABIO-38-23 and NABIN-44-23 and NABIF-09-24.

**FINAL AUTHORITY:** Naabik'iyáti' Committee

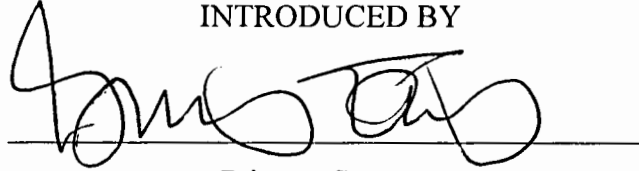
**VOTE REQUIRED:** 2/3 Vote

**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.**

5-DAY BILL HOLD PERIOD                       
Website Posting Time/Date                       
Posting End Date: 04-28-24  
Eligible for Action: 04-29-24

PROPOSED STANDING COMMITTEE RESOLUTION  
25th NAVAJO NATION COUNCIL — Second Year, 2024

INTRODUCED BY



Primary Sponsor

TRACKING NO. 0089-24

AN ACTION

RELATING TO THE NAABIK'ÍYÁTI' COMMITTEE;  
AMENDING NABIF-09-24 AND NABIN-44-23 AND NABIO-38-23 AND  
CJY-67-23, THE NAVAJO NATION FISCAL RECOVERY FUND DELEGATE  
REGION PROJECT PLAN FOR HONORABLE GEORGE H. TOLTH'S  
DELEGATE REGION (CHAPTERS: LITTLEWATER, PUEBLO PINTADO,  
TORREON, WHITEHORSE LAKE, BACA/PREWITT, CASAMERO LAKE,  
OJO ENCINO, COUNSELOR)

BE IT ENACTED:

SECTION ONE. AUTHORITY

- A. The Naabik'íyáti' Committee is established as a standing committee of the Navajo Nation Council. 2 N.N.C. §700(A).
- B. Navajo Nation Council Resolution No. CJN-29-22, as amended by CAU-74-23, mandates that Fiscal Recovery Fund ("NNFRF") Delegate Region Project Plans be approved by two-thirds (2/3) vote of the Naabik'íyáti' Committee members in attendance.
- C. Navajo Nation Council Resolution No. CJY-67-23, included and incorporated herein by reference, mandated that amendments to the Navajo Nation Fiscal Recovery Fund

1 Delegate Region Project Plan for Hon. George H. Tolth's Delegate Region (Chapter:  
2 Littlewater, Pueblo Pintado, Torreon, Whitehorse Lake, Baca/Prewitt, Casamero  
3 Lake, Ojo Encino, Counselor) be approved by a Navajo Nation Council resolution and  
4 signed into law by the President of the Navajo Nation pursuant to 2 N.N.C. § 164  
5 (A)(17), and 2 N.N.C. §§ 1005 (C) (10), (11), and (12).

6 D. Navajo Nation Council Resolution No. CAU-74-23, which amended CJN-29-22 and  
7 CJY-41-2, included and incorporated herein by reference, delegated the Naabik'iyáti'  
8 Committee as the final approval authority for Delegate Region Project Plans funded  
9 through Navajo Nation's Fiscal Recovery Funds.

10 E. Naabik'iyáti' Committee Resolution No. NABIO-38-23, included and incorporated  
11 herein by reference, mandated that amendments to the Navajo Nation Fiscal Recovery  
12 Fund Delegate Region Project Plan for Hon. George H. Tolth's Delegate Region  
13 (Chapter: Littlewater, Pueblo Pintado, Torreon, Whitehorse Lake, Baca/Prewitt,  
14 Casamero Lake, Ojo Encino, Counselor) be adopted and approved by resolution of the  
15 Naabik'iyáti' Committee pursuant to two-thirds (2/3) vote of the Naabik'iyáti'  
16 Committee members in attendance.

17 F. Naabik'iyáti' Committee Resolution No. NABIN-44-23, included and incorporated  
18 herein by reference, mandated that amendments to the Navajo Nation Fiscal Recovery  
19 Fund Delegate Region Project Plan for Hon. George H. Tolth's Delegate Region  
20 (Chapter: Littlewater, Pueblo Pintado, Torreon, Whitehorse Lake, Baca/Prewitt,  
21 Casamero Lake, Ojo Encino, Counselor) be adopted and approved by resolution of the  
22 Naabik'iyáti' Committee pursuant to two-thirds (2/3) vote of the Naabik'iyáti'  
23 Committee members in attendance.

24 G. Naabik'iyáti' Committee Resolution No. NABIF-09-24, included and incorporated  
25 herein by reference, mandated that amendments to the Navajo Nation Fiscal Recovery  
26 Fund Delegate Region Project Plan for Hon. George H. Tolth's Delegate Region  
27 (Chapter: Littlewater, Pueblo Pintado, Torreon, Whitehorse Lake, Baca/Prewitt,  
28 Casamero Lake, Ojo Encino, Counselor) be adopted and approved by resolution of the  
29 Naabik'iyáti' Committee pursuant to two-thirds (2/3) vote of the Naabik'iyáti'  
30 Committee members in attendance.

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, as amended by CAU-74-23, Section Three, now states, in part and among  
18 other things, that

- 19 1. The Navajo Nation hereby approves total funding for the NNFRF Chapter and  
20 Chapter Projects Expenditure Plan from the Navajo Nation Fiscal Recovery  
21 Fund in the total amount of two hundred eleven million two hundred fifty-six  
22 thousand one hundred forty-eight dollars (\$211,256,148) to be divided equally  
23 between the twenty-four (24) Delegate Regions in the amount of eight million  
24 eight hundred two thousand three hundred forty dollars (\$8,802,340) per  
25 Delegate Region . . . and allocated through Delegate Region Project Plans  
26 approved by two-thirds (2/3) vote of the Naabik'íyáti' Committee members in  
27 attendance. . . . See CJN-29-22, as amended by CAU-74-23, 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, to

1 implement the projects rather than directly to the Chapters. *See* CJN-29-22,  
2 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 Project  
6 Plans on behalf of Non-LGA-Certified Chapters. The Navajo Nation Central  
7 Government may award funding to LGA-Certified Chapters through sub-  
8 recipient agreements to implement and manage specific projects, but shall  
9 maintain Administrative Oversight over such funding and Delegate Region  
10 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 entity  
19 and its Oversight Committee(s) and be subject CJY-41-21's NNDOJ initial  
20 eligibility determination. *See* CJN-29-22, Section Three (L)(5) and (L)(6).

21 C. The Navajo Nation Council Resolution No. CJY-67-23, AN ACTION RELATING TO  
22 THE NAABIK'ÍYÁTI' COMMITTEE AND NAVAJO NATION COUNCIL;  
23 APPROVING THE NAVAJO NATION FISCAL RECOVERY FUND DELEGATE  
24 REGION PROJECT PLAN FOR HONORABLE GEORGE H. TOLTH'S  
25 DELEGATE REGION (CHAPTERS: LITTLEWATER, PUEBLO PINTADO,  
26 TORREON, WHITEHORSE LAKE, BACA/PREWITT, CASAMERO LAKE, OJO  
27 ENCINO, COUNSELOR) was signed into law by the President of the Navajo Nation  
28 on August 4, 2023.

29 D. CJY-67-23, Section Four, states that:  
30

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

5 E. The Navajo Nation Council Resolution No. CAU-74-23, AN ACTION RELATING  
6 TO THE NAABIK'ÍYÁTI' COMMITTEE AND NAVAJO NATION COUNCIL;  
7 AMENDING COUNCIL RESOLUTIONS CJY-41-21 AND CJN-29-22;  
8 DELEGATING THE NAABIK'ÍYÁTI' COMMITTEE AS THE FINAL APPROVAL  
9 AUTHORITY FOR DELEGATE REGION PROJECT PLANS FUNDED THROUGH  
10 THE NAVAJO NATION'S FISCAL RECOVERY FUNDS was signed into law by the  
11 President of the Navajo Nation on September 6, 2023.

12 F. CJN-29-22, as amended by CAU-74-23, Section Three, now states, in part and among  
13 other things, that

14 1. The Navajo Nation hereby approves total funding for the NNFRF Chapter and  
15 Chapter Projects Expenditure Plan from the Navajo Nation Fiscal Recovery  
16 Fund in the total amount of two hundred eleven million two hundred fifty-six  
17 thousand one hundred forty-eight dollars (\$211,256,148) to be divided equally  
18 between the twenty-four (24) Delegate Regions in the amount of eight million  
19 eight hundred two thousand three hundred forty dollars (\$8,802,340) per  
20 Delegate Region . . . and allocated through Delegate Region Project Plans  
21 approved by two-thirds (2/3) vote of the Naabik'íyáti' Committee members in  
22 attendance. . . . See CJN-29-22, as amended by CAU-74-23, Section Three (B).

23 G. The Naabik'íyáti' Committee Resolution No. NABIO-38-23, AN ACTION  
24 RELATING TO THE NAABIK'ÍYÁTI' COMMITTEE; AMENDING CJY-67-23,  
25 THE NAVAJO NATION FISCAL RECOVERY FUND DELEGATE REGION  
26 PROJECT PLAN FOR HONORABLE GEORGE H. TOLTH'S DELEGATE  
27 REGION (CHAPTERS: LITTLEWATER, PUEBLO PINTADO, TORREON,  
28 WHITEHORSE LAKE, BACA/PREWITT, CASAMERO LAKE, OJO ENCINO,  
29 COUNSELOR), TO INCLUDE ADDITIONAL PROJECTS FOR THIS DELEGATE  
30

1 REGION was signed into law by the Chairperson of the Naabik'íyáti' Committee on  
2 October 24, 2023.

3 H. NABIO-38-23, Section Four, states that:

4 1. Amendments to this legislation or to the Delegate Region Project Plan approved  
5 herein shall only be adopted and approved by resolution of the Naabik'íyáti'  
6 Committee.

7 I. The Naabik'íyáti' Committee Resolution No. NABIN-44-23, AN ACTION  
8 RELATING TO THE NAABIK'ÍYÁTI' COMMITTEE; AMENDING NABIO-38-23  
9 AND CJY-67-23, THE NAVAJO NATION FISCAL RECOVERY FUND  
10 DELEGATE REGION PROJECT PLAN FOR HONORABLE GEORGE H.  
11 TOLTH'S DELEGATE REGION (CHAPTERS: LITTLEWATER, PUEBLO  
12 PINTADO, TORREON, WHITEHORSE LAKE, BACA/PREWITT, CASAMERO  
13 LAKE, OJO ENCINO, COUNSELOR), TO INCLUDE ADDITIONAL PROJECTS  
14 FOR THIS DELEGATE REGION was signed into law by the Chairperson of the  
15 Naabik'íyáti' Committee on November 14, 2023.

16 J. NABIN-44-23, Section Four, states that:

17 1. Amendments to this legislation or to the Delegate Region Project Plan approved  
18 herein shall only be adopted and approved by resolution of the Naabik'íyáti'  
19 Committee.

20 K. The Naabik'íyáti' Committee Resolution No. NABIF-09-24, AN ACTION  
21 RELATING TO THE NAABIK'ÍYÁTI' COMMITTEE; AMENDING NABIN-44-23  
22 AND NABIO-38-23 AND CJY-67-23, THE NAVAJO NATION FISCAL  
23 RECOVERY FUND DELEGATE REGION PROJECT PLAN FOR HONORABLE  
24 GEORGE H. TOLTH'S DELEGATE REGION (CHAPTERS: LITTLEWATER,  
25 PUEBLO PINTADO, TORREON, WHITEHORSE LAKE, BACA/PREWITT,  
26 CASAMERO LAKE, OJO ENCINO, COUNSELOR) was signed into law by the  
27 Chairperson of the Naabik'íyáti' Committee on February 15, 2024.

28 L. NABIF-09-24, Section Four, states that:  
29  
30

1 1. Amendments to this legislation or to the Delegate Region Project Plan approved  
2 herein shall only be adopted and approved by resolution of the Naabik'íyáti'  
3 Committee.

4 M. All projects listed in the Hon. George H. Tolth's Delegate Region Projects Plan,  
5 attached as **Exhibit A**, have been deemed Fiscal Recovery Fund eligible by NNDOJ.  
6 In addition, Hon. George H. Tolth's Delegate Region Projects Plan does *not* exceed  
7 the amount of \$8,802,340, as set forth in CJN-29-22, Section Three (F).  
8

9 **SECTION THREE. AMENDING NABIF-09-24 AND NABIN-44-23 AND NABIO-38-**  
10 **23 AND CJY-67-23, THE NAVAJO NATION FISCAL RECOVERY FUND**  
11 **DELEGATE REGION PROJECT PLAN FOR HONORABLE GEORGE H.**  
12 **TOLTH'S DELEGATE REGION (CHAPTERS: LITTLEWATER, PUEBLO**  
13 **PINTADO, TORREON, WHITEHORSE LAKE, BACA/PREWITT, CASAMERO**  
14 **LAKE, OJO ENCINO, COUNSELOR)**

15 A. The Navajo Nation hereby approves the projects as part of the Navajo Nation Fiscal  
16 Recovery Fund Delegate Region Project Plan for Hon. George H. Tolth's Delegate  
17 Region (Chapters: Littlewater, Pueblo Pintado, Torreon, Whitehorse Lake,  
18 Baca/Prewitt, Casamero Lake, Ojo Encino, Counselor) set forth in **Exhibit A**.

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

21 C. Any inconsistencies between this legislation, the Delegate Region Project Plan, and the  
22 individual project appendix, shall be resolved in favor of the project appendix reviewed  
23 by Department of Justice during their eligibility determination(s).  
24

25 **SECTION FOUR. AMENDMENTS**

26 Amendments to this legislation or to the Delegate Region Project Plan approved herein  
27 shall only be adopted and approved by resolution of the Naabik'íyáti' Committee.  
28

29 **SECTION FIVE. EFFECTIVE DATE**  
30

1 This legislation shall be effective upon its approval pursuant to two-thirds (2/3) vote of the  
2 Naabik'íyáti' Committee members in attendance.

3  
4 **SECTION SIX. SAVING CLAUSE**

5 If any provision of this legislation is determined invalid by the Navajo Nation Supreme Court,  
6 or by a Navajo Nation District Court without appeal to the Navajo Nation Supreme Court,  
7 those provisions of this legislation not determined invalid shall remain the law of the Navajo  
8 Nation.

# NAVAJO NATION FISCAL RECOVERY FUND DELEGATE REGION PROJECT PLAN

## Exhibit A

COUNCIL DELEGATE: Hon. George H. Tolth

CHAPTERS: Littlewater, Pueblo Pintado, Torreon, Whitehorse Lake, Baca/Prewitt, Casamero Lake, Ojo Encino, Counselor

| FUNDING RECIPIENT                 | SUBRECIPIENT    | EXPENDITURE PLAN / PROJECT                                                              | ADMIN OVERSIGHT                   | FRF CATEGORY | DOJ REVIEW # | AMOUNT           |
|-----------------------------------|-----------------|-----------------------------------------------------------------------------------------|-----------------------------------|--------------|--------------|------------------|
|                                   |                 | TOTAL AMOUNT APPROPRIATED IN CJY-67-23 on August 4, 2023                                |                                   |              |              | \$ 4,730,125.11  |
|                                   |                 | TOTAL AMOUNT APPROPRIATED IN NABIO-38-23 on October 24, 2023                            |                                   |              |              | \$ 514,947.00    |
|                                   |                 | TOTAL AMOUNT APPROPRIATED IN NABIN-44-23 on November 14, 2023                           |                                   |              |              | \$ 2,069,493.39  |
|                                   |                 | TOTAL AMOUNT REVERTED IN NABIF-09-24 on February 15, 2024                               |                                   |              |              | -\$ 1,404,033.00 |
|                                   |                 | TOTAL AMOUNT APPROPRIATED IN NABIF-09-24 on February 15, 2024                           |                                   |              |              | \$ 2,241,807.50  |
| Division of Community Development | None Identified | Pueblo Pintado Chapter Installation of AC/Mechanical Ventilation System Project         | Division of Community Development | 1.4          | HK0750       | \$ 150,000.00    |
| Division of Community Development | None Identified | Pueblo Pintado Chapter House Roof Repair Project                                        | Division of Community Development | 2.22         | HK0751       | \$ 200,000.00    |
| Division of Community Development | None Identified | Pueblo Pintado Chapter Repair & Renovate Kitchen Wall and Grease Trap Project           | Division of Community Development | 2.22         | HK0761       | \$ 100,000.00    |
| Division of Community Development | None Identified | Pueblo Pintado Chapter House West Wall Repair Project                                   | Division of Community Development | 2.22         | HK0762       | \$ 100,000.00    |
| Division of Community Development | None Identified | Pueblo Pintado Chapter Replacement of Seven-Doors for Various Chapter Buildings Project | Division of Community Development | 2.22         | HK0763       | \$ 100,000.00    |
| 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 FISCAL RECOVERY FUND DELEGATE REGION PROJECT PLAN

## Exhibit A

COUNCIL DELEGATE: Hon. George H. Tolth

CHAPTERS: Littlewater, Pueblo Pintado, Torreon, Whitehorse Lake, Baca/Prewitt, Casamero Lake, Ojo Encino, Counselor

| FUNDING RECIPIENT | SUBRECIPIENT | EXPENDITURE PLAN / PROJECT      | ADMIN OVERSIGHT | FRF CATEGORY | DOJ REVIEW # | AMOUNT          |
|-------------------|--------------|---------------------------------|-----------------|--------------|--------------|-----------------|
|                   |              | TOTAL AMOUNT from Page 01 ..... |                 |              |              | \$ 8,802,340.00 |
|                   |              |                                 |                 |              |              |                 |
|                   |              |                                 |                 |              |              |                 |
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|                   |              |                                 |                 |              |              |                 |
|                   |              |                                 |                 |              |              |                 |
|                   |              | UN-ALLOCATED AMOUNT             |                 |              |              | \$ 0.00         |
|                   |              |                                 |                 |              | 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 #:** HK0750

**Date & Time Received:** 02/12/24 at 16:10

**Date & Time of Response:** 2/27/24 at 17:00

**Entity Requesting FRF:** Pueblo Pintado Chapter

**Title of Project:** Pueblo Pintado Installation of Air Conditioning (AC) and Mechanical Ventilation System

**Administrative Oversight:** Division of Community Development

**Amount of Funding Requested:** \$150,000

**Eligibility Determination:**

- ☒ FRF eligible  
☐ FRF ineligible  
☐ Additional information requested

**FRF Eligibility Category:**

- ☒ (1) Public Health and Economic Impact  
☐ (2) Premium Pay  
☐ (3) Government Services/Lost Revenue  
☐ (4) Water, Sewer, Broadband Infrastructure

**U.S. Department of Treasury Reporting Expenditure Category:** \_\_\_\_\_

1.4, Prevention in Congregate Settings

**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     |
| <input type="checkbox"/> Project will not be completed by 12/31/2026                                        | 12/31/2024                                                  |
| <input type="checkbox"/> Ineligible purpose                                                                 | <input type="checkbox"/> Incorrect Signatory                |
| <input type="checkbox"/> Submitter failed to timely submit CARES reports                                    | <input type="checkbox"/> Inconsistent with applicable NN or |
| <input type="checkbox"/> Additional information submitted is insufficient<br>to make a proper determination | federal laws                                                |

Other Comments: Please note that we have modified the requested expenditure code from 6.1 (Provision of Government Services) to 1.4 (Prevention in Congregate Settings) to be consistent with previously approved projects.

Name of DOJ Reviewer: Veronica Blackhat, AAG-Natural Resources Unit

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](mailto: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: Pueblo Pintado Date prepared: 11/16/2023

Chapter's mailing address: HCR 79, Box 3026 phone/email: 505-655-3221  
Cuba, New Mexico 87013 website (if any): puebloupintado@navajochapters.org

This Form prepared by: Janice Arthur phone/email: jarthur@nnchapters.org  
Coordinator

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

Title and type of Project: Pueblo Pintado Installation of Air Conditioning (AC) and mechanical ventilation system

Chapter President: Erlene Henderson phone & email: 505-655-3221 puebloupintado@navajochapters.org

Chapter Vice-President: Donald Chee phone & email: 505-655-3221 puebloupintado@navajochapters.org

Chapter Secretary: Cheryl Chavez phone & email: 505-655-3221 puebloupintado@navajochapters.org

Chapter Treasurer: Cheryl Chavez phone & email: 505-655-3221 puebloupintado@navajochapters.org

Chapter Manager or CSC: Janice Arthur phone & email: 505-655-3221 puebloupintado@navajochapters.org

DCD/Chapter ASO: \_\_\_\_\_ phone & email: \_\_\_\_\_

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

Amount of FRF requested: \$150,000.00 FRF funding period: November 1, 2024 - September 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:

Air Conditioner will maintain good indoor air quality with adequate flow of air and ventilation for a comfortable meeting arena. During Covid-19, the air quality in the Chapter House was not safe due to no flow of air for people who meet for committees and Chapter Meetings. Chapter capacity is 60 people and many times there's an overflow of people if a meeting is an event or receptions. Virtual Chapter meetings kept most community people safe from sickness.

☐ document attached

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

Meeting areas will be comfortable for meetings on extended time.

☐ 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 Sept. 30, 2026 and/or fully expending funds and completing the

## APPENDIX A

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

The Pueblo Pintado Chapter House will work with fiscal recovery office and Community Development to ensure project completed by September 30, 2026.

Begin date 11/1/24 End date 9/30/26.

☐ document attached

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

Pueblo Pintado Chapter and Community Development

☐ 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:

Pueblo Pintado Chapter will be responsible for the operations and maintenance of the air conditioning and mechanical ventilation system.

☐ 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 - Provision of Government Services.

The purchase of the air conditioning (AC) and mechanical ventilation system is much needed to maintain air conditioned meeting rooms for the community members gatherings.

☐ document attached

### Part 3. Additional documents.

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

☐ 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] 01/23/2024  
signature of Chapter ASO

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

|                                  |  |                  |  |                                                                            |  |                                                    |  |
|----------------------------------|--|------------------|--|----------------------------------------------------------------------------|--|----------------------------------------------------|--|
| PART I. Business Unit No.: _____ |  | New              |  | Program Title: Pueblo Pimado Chapter Air Conditioning & Ventilation System |  | Division/Branch: Division of Community Development |  |
| Prepared By: Janice Arthur, CSC  |  | Phone No.: _____ |  | 505-655-3221                                                               |  | Email Address: jarthur@nnchapters.org              |  |

| PART II. FUNDING SOURCE(S) |  | Fiscal Year | Amount     | % of Total | PART III. BUDGET SUMMARY |                              |   | Fund Type Code | NNC Approved Original Budget | (B) Proposed Budget | (C) Difference or Total |
|----------------------------|--|-------------|------------|------------|--------------------------|------------------------------|---|----------------|------------------------------|---------------------|-------------------------|
| ARPA Funds                 |  | 11/1/24     | 150,000.00 | 100%       | 2001                     | Personnel Expenses           |   |                |                              |                     |                         |
|                            |  | 7/30/24     |            |            | 3000                     | Travel Expenses              |   |                |                              |                     |                         |
|                            |  |             |            |            | 3500                     | Meeting Expenses             |   |                |                              |                     |                         |
|                            |  |             |            |            | 4000                     | Supplies                     |   |                |                              |                     |                         |
|                            |  |             |            |            | 5000                     | Lease and Rental             |   |                |                              |                     |                         |
|                            |  |             |            |            | 5500                     | Communications and Utilities |   |                |                              |                     |                         |
|                            |  |             |            |            | 6000                     | Repairs and Maintenance      | 6 |                | \$150,000.00                 |                     | \$150,000.00            |
|                            |  |             |            |            | 6500                     | Contractual Services         |   |                |                              |                     |                         |
|                            |  |             |            |            | 7000                     | Special Transactions         |   |                |                              |                     |                         |
|                            |  |             |            |            | 8000                     | Public Assistance            |   |                |                              |                     |                         |
|                            |  |             |            |            | 9000                     | Capital Outlay               |   |                |                              |                     |                         |
|                            |  |             |            |            | 9500                     | Matching Funds               |   |                |                              |                     |                         |
|                            |  |             |            |            | 9500                     | Indirect Cost                |   |                |                              |                     |                         |
|                            |  |             |            |            | TOTAL                    |                              |   |                | \$150,000.00                 |                     | \$150,000.00            |

| 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: Jaron M. Charley, Department Manager II | APPROVED BY: Arbin Mitchell                           |
| Program Manager's Printed Name                        | Division Director / Branch Chief's Printed Name       |
| 01/23/2024                                            |                                                       |
| 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>Pueblo Pintado Chapter Air Conditioning and mechanical ventilation system</u> |                                                     |         |        |         |        |
| PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:                              |  |                                                      |        |                                                                                                      |                                                     |         |        |         |        |
| Pueblo Pintado Chapter Air Conditioning and mechanical ventilation system                     |  |                                                      |        |                                                                                                      |                                                     |         |        |         |        |
| PART III. PROGRAM PERFORMANCE CRITERIA:                                                       |  |                                                      |        |                                                                                                      |                                                     |         |        |         |        |
| 1. Goal Statement:                                                                            |  | 1st QTR                                              |        | 2nd QTR                                                                                              |                                                     | 3rd QTR |        | 4th QTR |        |
|                                                                                               |  | Goal                                                 | Actual | Goal                                                                                                 | Actual                                              | Goal    | Actual | Goal    | Actual |
|                                                                                               |  | 1                                                    |        | 1                                                                                                    |                                                     | 1       |        | 1       |        |
| Program Performance Measure:                                                                  |  | Air Conditioning & ventilation for comfortable rooms |        |                                                                                                      |                                                     |         |        |         |        |
| 2. Goal Statement:                                                                            |  | 1st QTR                                              |        | 2nd QTR                                                                                              |                                                     | 3rd QTR |        | 4th QTR |        |
|                                                                                               |  | Goal                                                 | Actual | Goal                                                                                                 | Actual                                              | Goal    | Actual | Goal    | Actual |
|                                                                                               |  | 1                                                    |        | 1                                                                                                    |                                                     | 1       |        | 1       |        |
| Program Performance Measure:                                                                  |  | Mechanical refrigeration of air output               |        |                                                                                                      |                                                     |         |        |         |        |
| 3. Goal Statement:                                                                            |  | 1st QTR                                              |        | 2nd QTR                                                                                              |                                                     | 3rd QTR |        | 4th QTR |        |
|                                                                                               |  | Goal                                                 | Actual | Goal                                                                                                 | Actual                                              | Goal    | Actual | Goal    | Actual |
|                                                                                               |  | 1                                                    |        | 1                                                                                                    |                                                     | 1       |        | 1       |        |
| Program Performance Measure:                                                                  |  | Ventilation for indoor air quality                   |        |                                                                                                      |                                                     |         |        |         |        |
| 4. Goal Statement:                                                                            |  | 1st QTR                                              |        | 2nd QTR                                                                                              |                                                     | 3rd QTR |        | 4th QTR |        |
|                                                                                               |  | Goal                                                 | Actual | Goal                                                                                                 | Actual                                              | Goal    | Actual | Goal    | Actual |
|                                                                                               |  | 1                                                    |        | 1                                                                                                    |                                                     | 1       |        | 1       |        |
| Program Performance Measure:                                                                  |  |                                                      |        |                                                                                                      |                                                     |         |        |         |        |
| 5. Goal Statement:                                                                            |  | 1st QTR                                              |        | 2nd QTR                                                                                              |                                                     | 3rd QTR |        | 4th QTR |        |
|                                                                                               |  | Goal                                                 | Actual | Goal                                                                                                 | Actual                                              | Goal    | Actual | Goal    | Actual |
|                                                                                               |  |                                                      |        |                                                                                                      |                                                     |         |        |         |        |
| Program Performance Measure:                                                                  |  |                                                      |        |                                                                                                      |                                                     |         |        |         |        |
| 6. Goal Statement:                                                                            |  | 1st QTR                                              |        | 2nd QTR                                                                                              |                                                     | 3rd QTR |        | 4th QTR |        |
|                                                                                               |  | Goal                                                 | Actual | Goal                                                                                                 | Actual                                              | Goal    | Actual | Goal    | Actual |
|                                                                                               |  |                                                      |        |                                                                                                      |                                                     |         |        |         |        |
| Program Performance Measure:                                                                  |  |                                                      |        |                                                                                                      |                                                     |         |        |         |        |
| PART IV. I HEREBY AFFIRM AND CERTIFY THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED. |  |                                                      |        |                                                                                                      |                                                     |         |        |         |        |
| Jaron M. Charley, Department Manager II                                                       |  |                                                      |        |                                                                                                      | Arbin Mitchell                                      |         |        |         |        |
| Program Manager's Printed Name                                                                |  |                                                      |        |                                                                                                      | Division Director/Branch Chief's Printed Name       |         |        |         |        |
| 01/23/2024                                                                                    |  |                                                      |        |                                                                                                      |                                                     |         |        |         |        |
| Program Manager's Signature and Date                                                          |  |                                                      |        |                                                                                                      | Division Director/Branch Chief's Signature and Date |         |        |         |        |

## THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

FY 2024

| PART I. PROGRAM INFORMATION: |                                                                                                                |                                                    |                                    |
|------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------|
| Program Name/Title:          |                                                                                                                | Chapter                                            | Business Unit No.:                 |
|                              |                                                                                                                | Air Conditioning and mechanical Ventilation system | 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) |
| 6960                         | Subcontracted Services<br>6960 - sub contracted Services<br>Air Conditioning and mechanical ventilation system |                                                    | \$150,000.00                       |
|                              |                                                                                                                | TOTAL                                              | \$150,000.00                       |

**THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE**

[illegible]



**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 #: HK0751

Date & Time Received: 02/12/24 at 16:47

Date & Time of Response: 2/26/24 at 17:00

Entity Requesting FRF: Pueblo Pintado Chapter

Title of Project: Pueblo Pintado Chapter House Roof Repair

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$200,000.00

**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:** 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     |
| <input type="checkbox"/> Project will not be completed by 12/31/2026                                        | 12/31/2024                                                  |
| <input type="checkbox"/> Ineligible purpose                                                                 | <input type="checkbox"/> Incorrect Signatory                |
| <input type="checkbox"/> Submitter failed to timely submit CARES reports                                    | <input type="checkbox"/> Inconsistent with applicable NN or |
| <input type="checkbox"/> Additional information submitted is insufficient<br>to make a proper determination | federal laws                                                |

Other Comments: Please note we have modified the requested expenditure code from 6.1

(Provision of Government Services) to 2.22 (Strong Healthy Communities: Neighborhood Features that  
Promote Health and Safety) to be consistent with previously approved projects.

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](mailto: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: Pueblo Pintado Date prepared: 11/16/23  
Chapter's mailing address: HCR 79, Box 3026 phone/email: 505-655-3221  
Cuba, New Mexico 87013 website (if any): puebloupintado@navajochapters.org

This Form prepared by: Janice Arthur phone/email: jarthur@nnchapters.org  
Coordinator

CONTACT PERSON'S name and title

CONTACT PERSON'S info

Title and type of Project: Pueblo Pintado Chapter House Roof Repair

Chapter President: Erlene Henderson phone & email: 505-655-3221 puebloupintado@navajochapters.org  
Chapter Vice-President: Donald Chee phone & email: 505-655-3221 puebloupintado@navajochapters.org  
Chapter Secretary: Cheryl Chavez phone & email: 505-655-3221 puebloupintado@navajochapters.org  
Chapter Treasurer: Cheryl Chavez phone & email: 505-655-3221 puebloupintado@navajochapters.org  
Chapter Manager or CSC: Janice Arthur phone & email: 505-655-3221 puebloupintado@navajochapters.org  
DCD/Chapter ASO: \_\_\_\_\_ phone & email: \_\_\_\_\_

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

Amount of FRF requested: \$200,000.00 FRF funding period: November 1, 2024 - September 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:

Pueblo Pintado Chapter House built in 1971 for capacity of 60 people per Fire Code. There are 443 Registered Voters for the Pueblo Pintado Chapter. Covid-19 related Supplies and donated food could not be stored in the Chapter House water damages due to roof leaks. Chapter House serves various committee members at any given time, i.e., veteran organization, CLUPC, Indian Health Nutrition training and cooking demonstrations, New Health Center Steering Committee, Food Handlers Training, IIM (Individual Indian Monies) meetins and community receptions.

☐ document attached

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

Roof Repair will prevent roding of roof insulation and other material so that Chapter House facility lasts for several more years. A place for community people to gather.

☐ 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 Sept. 30, 2026 and/or fully expending funds and completing the

## APPENDIX A

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

Repair & Maintenance of the Chapter House Roof

Begin date - 11/1/24 End date: 9/30/26

☐ document attached

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

Chapter Officials, Community Services Coordinator

☐ 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:

Chapter Officials and Community Service Coordinator would be responsible for the PEP Worker during repairs, and maintenance costs would be budgeted annually as preventive maintenance 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:

EC 27 - Revenue Replacement

6.1 - Provision of Government Services.  
Roof Repair

☐ document attached

### Part 3. Additional documents.

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

☐ 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

01/23/2024

Approved to submit  
for Review:

signature of DCD Director

THE NAVAJO NATION  
PROGRAM BUDGET SUMMARY

FY 2024

|                                  |  |                    |  |                      |  |                                          |  |                        |  |                                   |  |
|----------------------------------|--|--------------------|--|----------------------|--|------------------------------------------|--|------------------------|--|-----------------------------------|--|
| PART I. Business Unit No.: _____ |  | New                |  | Program Title: _____ |  | Pueblo Pintado Chapter House Roof Repair |  | Division/Branch: _____ |  | Division of Community Development |  |
| Prepared By: _____               |  | Janice Arthur, CSC |  | Phone No.: _____     |  | 505-655-3221                             |  | Email Address: _____   |  | jarthur@nnchapters.org            |  |

| PART III. BUDGET SUMMARY |                              |  |  | Fund Type Code | (A) NNC Approved Original Budget | (B) Proposed Budget | (C) Difference or Total |
|--------------------------|------------------------------|--|--|----------------|----------------------------------|---------------------|-------------------------|
| 2001                     | Personnel Expenses           |  |  |                |                                  |                     |                         |
| 3000                     | Travel Expenses              |  |  |                |                                  |                     |                         |
| 3500                     | Meeting Expenses             |  |  |                |                                  |                     |                         |
| 4000                     | Supplies                     |  |  |                |                                  |                     |                         |
| 5000                     | Lease and Rental             |  |  |                |                                  |                     |                         |
| 5500                     | Communications and Utilities |  |  |                |                                  |                     |                         |
| 6000                     | Repairs and Maintenance      |  |  | 6              | \$200,000.00                     |                     | \$200,000.00            |
| 6500                     | Contractual Services         |  |  |                |                                  |                     |                         |
| 7000                     | Special Transactions         |  |  |                |                                  |                     |                         |
| 8000                     | Public Assistance            |  |  |                |                                  |                     |                         |
| 9000                     | Capital Outlay               |  |  |                |                                  |                     |                         |
| 9500                     | Matching Funds               |  |  |                |                                  |                     |                         |
| 9500                     | Indirect Cost                |  |  |                |                                  |                     |                         |
| TOTAL                    |                              |  |  |                |                                  | \$200,000.00        | \$200,000.00            |

| 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: _____                  | Jaron M. Charley, Department Manager II | APPROVED BY: _____                                    | Arbair Mitchell |
| Program Manager's Printed Name       | 01/23/2024                              | Division Director / Branch Chief's Printed Name       |                 |
| Program Manager's Signature and Date |                                         | Division Director / Branch Chief's Signature and Date |                 |

THE NAVAJO NATION  
PROGRAM PERFORMANCE CRITERIA

FY 2024

|                                                                                        |         |                                                     |         |                                                        |      |
|----------------------------------------------------------------------------------------|---------|-----------------------------------------------------|---------|--------------------------------------------------------|------|
| PART I. PROGRAM INFORMATION:                                                           |         | Business Unit No.: New                              |         | Program Name/Title: Pueblo Pintado Chapter Roof Repair |      |
| PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:                       |         |                                                     |         |                                                        |      |
| Plan is to do chapter roof repair for community members to meet safely.                |         |                                                     |         |                                                        |      |
| PART III. PROGRAM PERFORMANCE CRITERIA:                                                |         |                                                     |         |                                                        |      |
| 1. Goal Statement:                                                                     | 1st QTR | 2nd QTR                                             | 3rd QTR | 4th QTR                                                |      |
|                                                                                        | Goal    | Actual                                              | Goal    | Actual                                                 | Goal |
|                                                                                        | 1       | 1                                                   | 1       | 1                                                      | 1    |
| Program Performance Measure:                                                           |         |                                                     |         |                                                        |      |
| Repair Roof - no leaks                                                                 |         |                                                     |         |                                                        |      |
| 2. Goal Statement:                                                                     | 1st QTR | 2nd QTR                                             | 3rd QTR | 4th QTR                                                |      |
|                                                                                        | Goal    | Actual                                              | Goal    | Actual                                                 | Goal |
|                                                                                        | 1       | 1                                                   | 1       | 1                                                      | 1    |
| Program Performance Measure:                                                           |         |                                                     |         |                                                        |      |
| No leaks from the roof to prolong life of Chapter House Roof.                          |         |                                                     |         |                                                        |      |
| 3. Goal Statement:                                                                     | 1st QTR | 2nd QTR                                             | 3rd QTR | 4th QTR                                                |      |
|                                                                                        | Goal    | Actual                                              | Goal    | Actual                                                 | Goal |
|                                                                                        |         |                                                     |         |                                                        |      |
| Program Performance Measure:                                                           |         |                                                     |         |                                                        |      |
|                                                                                        |         |                                                     |         |                                                        |      |
| 4. Goal Statement:                                                                     | 1st QTR | 2nd QTR                                             | 3rd QTR | 4th QTR                                                |      |
|                                                                                        | Goal    | Actual                                              | Goal    | Actual                                                 | Goal |
|                                                                                        |         |                                                     |         |                                                        |      |
| Program Performance Measure:                                                           |         |                                                     |         |                                                        |      |
|                                                                                        |         |                                                     |         |                                                        |      |
| 5. Goal Statement:                                                                     | 1st QTR | 2nd QTR                                             | 3rd QTR | 4th QTR                                                |      |
|                                                                                        | Goal    | Actual                                              | Goal    | Actual                                                 | Goal |
|                                                                                        |         |                                                     |         |                                                        |      |
| Program Performance Measure:                                                           |         |                                                     |         |                                                        |      |
|                                                                                        |         |                                                     |         |                                                        |      |
| PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED. |         |                                                     |         |                                                        |      |
| Jaron M. Charley, Department Manager II                                                |         | Arbin Mitchell                                      |         |                                                        |      |
| Program Manager's Printed Name                                                         |         | Division Director/Branch Chief's Printed Name       |         |                                                        |      |
| 01/23/2024                                                                             |         |                                                     |         |                                                        |      |
| Program Manager's Signature and Date                                                   |         | Division Director/Branch Chief's Signature and Date |         |                                                        |      |

|                                                                                               |                                                                                       |     |                                       |                                      |                       |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----|---------------------------------------|--------------------------------------|-----------------------|
| PART I. PROGRAM INFORMATION:<br>Program Name/Title: <u>Pueblo Pintado Chapter Roof Repair</u> |                                                                                       |     |                                       | Business Unit No.: <u>          </u> | New <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)   |                       |
| 6960                                                                                          | Subcontracted Services<br>6960 - sub contracted Services<br>Chapter House Roof Repair |     |                                       | \$200,000.00                         |                       |
| TOTAL                                                                                         |                                                                                       |     | \$200,000.00                          | \$200,000.00                         |                       |

## PROJECT BUDGET SCHEDULE

[illegible]

**FOR OMB USE ONLY:** Resolution No:

Company No:

OMB Analyst:



**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 0761

**Date & Time Received:** 03/08/24 at 11:17

**Date & Time of Response:** March 21, 2024 at 10:30 a.m.

**Entity Requesting FRF:** Pueblo Pintado Chapter

**Title of Project:** Repair & Renovate Kitchen Wall Behind the Stove and Install New Grease Trap

**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 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:** \_\_\_\_\_  
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):**

- ☐ Missing Form
- ☐ Supporting documentation missing
- ☐ Project will not be completed by 12/31/2026
- ☐ Ineligible purpose
- ☐ Submitter failed to timely submit CARES reports
- ☐ Additional information submitted is insufficient to make a proper determination

- ☐ Expenditure Plan incomplete
- ☐ Funds will not be obligated by 12/31/2024
- ☐ Incorrect Signatory
- ☐ Inconsistent with applicable NN or federal laws

**Other Comments:** Please note we have modified the requested expenditure code from 6.1

(Provision of Government Services) to 2.22 (Strong Healthy Communities: Neighborhood Features that Promote Health and Safety) to be consistent with previously approved projects.

**Name of DOJ Reviewer:** Lorenzo Curley

**Signature of DOJ Reviewer:** *Lorenzo Curley*

**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](mailto: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.

**APPENDIX A**

**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: Pueblo Pintado Date prepared: 11/16/23

Chapter's HCR 79, Box 3026 phone/email: 505-655-3221  
mailing address: Cuba, New Mexico 87013 website (if any): pueblopintado@navajochapters.org

This Form prepared by: Janice Arthur phone/email: jarthur@nnchapters.org  
Coordinator

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

Title and type of Project: Repair & Renovate Kitchen Wall behind the Stove and Install New Grease Trap

Chapter President: Erlene Henderson phone & email: 505-655-3221 pueblopintado@navajochapters.org  
Chapter Vice-President: Donald Chee phone & email: 505-655-3221 pueblopintado@navajochapters.org  
Chapter Secretary: Cheryl Chavez phone & email: 505-655-3221 pueblopintado@navajochapters.org  
Chapter Treasurer: Cheryl Chavez phone & email: 505-655-3221 pueblopintado@navajochapters.org  
Chapter Manager or CSC: Janice Arthur phone & email: 505-655-3221 pueblopintado@navajochapters.org  
DCC/Chapter ASO: phone & email:

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

Amount of FRF requested: \$100,000.00 FRF funding period: November 1, 2024 - September 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:

Replace the wall with sheetrock or plywood behind the stove that is currently covered with grease/oil from frying food. The wall supports cabinet structures. The grease trap is planned for installation under the sink to keep it simple to maintain without incurring large maintenance cost. Chapter has 443 voters and several committee members who would need a facility that is large for meetings and gatherings. A working kitchen in the immediate area of the Chapter House will prevent cross contamination of food due to not washing hands. To mitigate covid-19, Kitchen equipment will be cleaned regularly using disinfectant products and counter tops wash with disinfectant and rinse with clean water during food preparation to keep food safe. ☐ document attached

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

Project will equip community volunteers to serve food to customers during food sales and other community gatherings for food handlers training. ☐ 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:

Begin date: 11-01-2024 end date: 09-30-2026  
Repair of Kitchen Wall (behind the stove) and install a new grease trap (according to P&P) and preventive maintenance (P/M) schedules.

☐ document attached

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

Chapter Officials and Community Services Coordinator and work with PEP Labors to make repairs and installation of equipment.

☐ 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:

Chapter Officials and Community Services Coordinator. Operations and Maintenance cost will be included on the Chapter's annual budget preventive maintenance cost for grease trap.

☐ 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:

EC 27 - Revenue Replacement

6.1 - Provision of Government Services.

Repair and Renovate Kitchen Wall behind the stove and install new Grease Trap.

☐ document attached

### Part 3. Additional documents.

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

☐ 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:

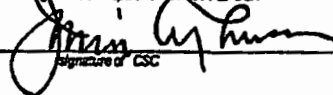
Chapter's  
Preparer:

  
Signature of Preparer/CONTACT PERSON

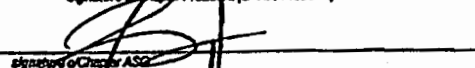
Approved by:

  
Signature of Chapter President (or Vice-President)

Approved by:

  
Signature of CSC

Approved by:

  
Signature of Chapter ASG

Approved to submit  
for Review.

  
Signature of TCD Director

FY 2024

THE NAVAJO NATION  
PROGRAM BUDGET SUMMARYPage 1 of 4  
BUDGET FORM 1

|                                                                                                              |                    |                                                                    |            |                                                           |                                  |                     |                         |
|--------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------|------------|-----------------------------------------------------------|----------------------------------|---------------------|-------------------------|
| PART I. Business Unit No.: <u>Now</u>                                                                        |                    | Program Title: <u>Pueblo Pintado Repairs/Renovate Kitchen Wall</u> |            | Division/Branch: <u>Division of Community Development</u> |                                  |                     |                         |
| Prepared By: <u>Janice Arthur, CSC</u>                                                                       |                    | Phone No.: <u>805-855-3221</u>                                     |            | Email Address: <u>jarthur@nmchaplers.org</u>              |                                  |                     |                         |
| PART II. FUNDING SOURCE(S)                                                                                   | Fiscal Year / Item | Amount                                                             | % of Total | PART III. BUDGET SUMMARY                                  |                                  |                     |                         |
| ARPA Funds                                                                                                   | 11/1/24-9/30/26    | 100,000.00                                                         | 100%       | Fund Type Code                                            | (A) NNC Approved Original Budget | (B) Proposed Budget | (C) Difference or Total |
|                                                                                                              |                    |                                                                    |            | 2001 Personnel Expenses                                   |                                  |                     |                         |
|                                                                                                              |                    |                                                                    |            | 3000 Travel Expenses                                      |                                  |                     |                         |
|                                                                                                              |                    |                                                                    |            | 3500 Meeting Expenses                                     |                                  |                     |                         |
|                                                                                                              |                    |                                                                    |            | 4000 Supplies                                             |                                  |                     |                         |
|                                                                                                              |                    |                                                                    |            | 5000 Lease and Rental                                     |                                  |                     |                         |
|                                                                                                              |                    |                                                                    |            | 5500 Communications and Utilities                         |                                  |                     |                         |
|                                                                                                              |                    |                                                                    |            | 6000 Repairs and Maintenance                              | 6                                | \$100,000.00        | \$100,000.00            |
|                                                                                                              |                    |                                                                    |            | 6500 Contractual Services                                 |                                  |                     |                         |
|                                                                                                              |                    |                                                                    |            | 7000 Special Transactions                                 |                                  |                     |                         |
|                                                                                                              |                    |                                                                    |            | 8000 Public Assistance                                    |                                  |                     |                         |
|                                                                                                              |                    |                                                                    |            | 9000 Capital Outlay                                       |                                  |                     |                         |
|                                                                                                              |                    |                                                                    |            | 9500 Matching Funds                                       |                                  |                     |                         |
|                                                                                                              |                    |                                                                    |            | 9500 Indirect Cost                                        |                                  |                     |                         |
|                                                                                                              |                    |                                                                    |            | TOTAL                                                     |                                  | \$100,000.00        | \$100,000.00            |
| TOTAL: 100,000.00 100%                                                                                       |                    |                                                                    |            | 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>Jaron M. Charley, Department Manager II</u>                                                 |                    |                                                                    |            | APPROVED BY: <u>Arbin Mitchel</u>                         |                                  |                     |                         |
| Program Manager's Printed Name                                                                               |                    |                                                                    |            | Division Director / Branch Chief's Printed Name           |                                  |                     |                         |
| <u>01/23/2024</u>                                                                                            |                    |                                                                    |            | <u></u>                                                   |                                  |                     |                         |
| Program Manager's Signature and Date                                                                         |                    |                                                                    |            | Division Director / Branch Chief's Signature and Date     |                                  |                     |                         |

FY 2024THE NAVAJO NATION  
PROGRAM PERFORMANCE CRITERIAPage 2 of 4  
BUDGET FORM 2

|                                                                                               |  |         |        |                     |                                                     |                                             |        |         |        |
|-----------------------------------------------------------------------------------------------|--|---------|--------|---------------------|-----------------------------------------------------|---------------------------------------------|--------|---------|--------|
| <b>PART I. PROGRAM INFORMATION:</b>                                                           |  |         |        |                     |                                                     |                                             |        |         |        |
| Business Unit No.:                                                                            |  | New     |        | Program Name/Title: |                                                     | Pueblo Pintado Repair/Renovate Kitchen Wall |        |         |        |
| <b>PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:</b>                       |  |         |        |                     |                                                     |                                             |        |         |        |
| Pueblo Pintado Repair/Renovate Kitchen Wall & install grease trap.                            |  |         |        |                     |                                                     |                                             |        |         |        |
| <b>PART III. PROGRAM PERFORMANCE CRITERIA:</b>                                                |  |         |        |                     |                                                     |                                             |        |         |        |
|                                                                                               |  | 1st QTR |        | 2nd QTR             |                                                     | 3rd QTR                                     |        | 4th QTR |        |
|                                                                                               |  | Goal    | Actual | Goal                | Actual                                              | Goal                                        | Actual | Goal    | Actual |
| 1. Goal Statement:                                                                            |  |         |        |                     |                                                     |                                             |        |         |        |
| Program Performance Measure:                                                                  |  |         |        |                     |                                                     |                                             |        |         |        |
| Repair/Renovate kitchen wall & make it ready for use                                          |  | 1       |        | 1                   |                                                     | 1                                           |        | 1       |        |
| 2. Goal Statement:                                                                            |  |         |        |                     |                                                     |                                             |        |         |        |
| Program Performance Measure:                                                                  |  |         |        |                     |                                                     |                                             |        |         |        |
| Install Grease Trap properly and useable                                                      |  | 1       |        | 1                   |                                                     | 1                                           |        | 1       |        |
| 3. Goal Statement:                                                                            |  |         |        |                     |                                                     |                                             |        |         |        |
| Program Performance Measure:                                                                  |  |         |        |                     |                                                     |                                             |        |         |        |
| 4. Goal Statement:                                                                            |  |         |        |                     |                                                     |                                             |        |         |        |
| Program Performance Measure:                                                                  |  |         |        |                     |                                                     |                                             |        |         |        |
| 5. Goal Statement:                                                                            |  |         |        |                     |                                                     |                                             |        |         |        |
| Program Performance Measure:                                                                  |  |         |        |                     |                                                     |                                             |        |         |        |
| <b>PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.</b> |  |         |        |                     |                                                     |                                             |        |         |        |
| Jeron M. Chadey, Department Manager II                                                        |  |         |        |                     | Arbin Mitchell                                      |                                             |        |         |        |
| Program Manager's Printed Name                                                                |  |         |        |                     | Division Director/Branch Chief's Printed Name       |                                             |        |         |        |
| 01/23/2024                                                                                    |  |         |        |                     |                                                     |                                             |        |         |        |
| Program Manager's Signature and Date                                                          |  |         |        |                     | Division Director/Branch Chief's Signature and Date |                                             |        |         |        |

FY 2024THE NAVAJO NATION  
DETAILED BUDGET AND JUSTIFICATIONPage 3 of 4  
BUDGET FORM 4

| PART I. PROGRAM INFORMATION:                                                           |                                                                                                                                                       |                                       |                                    |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------|
| Program Name/Title: <u>Pueblo Pintado Chapter Kitchen Wall and install grease trap</u> |                                                                                                                                                       | Business Unit No.: <u>New</u>         |                                    |
| PART II. DETAILED BUDGET:                                                              |                                                                                                                                                       |                                       |                                    |
| (A)                                                                                    | (B)                                                                                                                                                   | (C)                                   | (D)                                |
| Object Code (LOD 6)                                                                    | Object Code Description and Justification (LOD 7)                                                                                                     | Total by DETAILED Object Code (LOD 6) | Total by MAJOR Object Code (LOD 4) |
| 6960                                                                                   | Subcontracted Services<br>6960 - Sub contracted Services<br>Chapter House Kitchen Repair/Renovation of Wall behind the stove and install grease trap. |                                       | \$100,000.00                       |
| TOTAL                                                                                  |                                                                                                                                                       | \$100,000.00                          | \$100,000.00                       |

**THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE**

Page 4 of 4  
PROJECT FORM

| <b>PART I. Business Unit No.:</b> <u>New</u><br><b>Project Title:</b> <u>Pueblo Pinado Chapter Repair/Renovate Kitchen Wall and install grease trap</u><br><b>Project Description:</b> <u>Repair/renovate kitchen wall behind the stove and install grease trap</u><br>Check one box: <input checked="" type="checkbox"/> Original Budget <input type="checkbox"/> Budget Revision <input type="checkbox"/> Budget Reallocation <input type="checkbox"/> Budget Modification |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |    |    |         |    |    |         |    |    |         |    |    | <b>PART II. Project Information</b><br><b>Project Type:</b> <u>Repair Services</u><br><b>Planned Start Date:</b> <u>11/1/24</u><br><b>Planned End Date:</b> <u>9/30/26</u><br><b>Project Manager:</b> <u>Chapter Staff</u> |    |    |         |    |    |         |         |    |                                                       |    |    |    |    |    |                                      |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |                                                       |    |         |    |    |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |      |  |   |   |   |   |   |   |   |   |   |     |   |   |   |   |   |   |   |   |   |   |   |     |   |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|----|---------|----|----|---------|----|----|---------|----|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|---------|----|----|---------|---------|----|-------------------------------------------------------|----|----|----|----|----|--------------------------------------|----|----|----|---------|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------------------------|----|---------|----|----|---------|--|--|---------|--|--|---------|--|--|---------|--|--|---------|--|--|---------|--|--|---------|--|--|------|--|---|---|---|---|---|---|---|---|---|-----|---|---|---|---|---|---|---|---|---|---|---|-----|---|---|---|---|---|---|---|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------------------|--|
| <b>PART III.</b><br>List Project Task separately, such as Plan, Design, Construct, Equip or Furnish.                                                                                                                                                                                                                                                                                                                                                                         |    | <b>PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = Oct; N = Nov; D = Dec., etc.</b><br><table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="12">FY 2024</th> <th colspan="12">FY 2025</th> <th colspan="2">Expected Completion Date if project exceeds 8 FY Qtrs</th> </tr> <tr> <th colspan="3">1st Qtr</th> <th colspan="3">2nd Qtr</th> <th colspan="3">3rd Qtr</th> <th colspan="3">4th Qtr</th> <th colspan="3">1st Qtr</th> <th colspan="3">2nd Qtr</th> <th colspan="3">3rd Qtr</th> <th colspan="3">4th Qtr</th> <th colspan="2">Date</th> </tr> <tr> <th>O</th><th>N</th><th>D</th> <th>J</th><th>F</th><th>M</th> <th>A</th><th>M</th><th>J</th> <th>Jul</th><th>A</th><th>S</th> <th>O</th><th>N</th><th>D</th> <th>J</th><th>F</th><th>M</th> <th>A</th><th>M</th><th>J</th> <th>Jul</th><th>A</th><th>S</th> <th>O</th><th>N</th><th>D</th><th>J</th><th>F</th><th>M</th> </tr> </thead> <tbody> <tr> <td colspan="30" style="height: 100px; vertical-align: top;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 25%;">           Purchase Process (Get quotes based on specification)<br/><br/>           Project Implementation<br/>           Construction/renovation<br/><br/>           Close-Out         </div> <div style="width: 75%;"></div> </div> </td> <td colspan="2" style="vertical-align: bottom;"> <b>PROJECT TOTAL</b><br/>           \$100,000.00         </td> </tr> </tbody> </table> |         |    |    |         |    |    |         |    |    |         |    |    |                                                                                                                                                                                                                            |    |    |         |    |    |         | FY 2024 |    |                                                       |    |    |    |    |    |                                      |    |    |    | FY 2025 |    |    |    |    |    |    |    |    |    |    |    | Expected Completion Date if project exceeds 8 FY Qtrs |    | 1st Qtr |    |    | 2nd Qtr |  |  | 3rd Qtr |  |  | 4th Qtr |  |  | 1st Qtr |  |  | 2nd Qtr |  |  | 3rd Qtr |  |  | 4th Qtr |  |  | Date |  | O | N | D | J | F | M | A | M | J | Jul | A | S | O | N | D | J | F | M | A | M | J | Jul | A | S | O | N | D | J | F | M | <div style="display: flex; justify-content: space-between;"> <div style="width: 25%;">           Purchase Process (Get quotes based on specification)<br/><br/>           Project Implementation<br/>           Construction/renovation<br/><br/>           Close-Out         </div> <div style="width: 75%;"></div> </div> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>PROJECT TOTAL</b><br>\$100,000.00 |  |
| FY 2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |    |    |         |    |    |         |    |    | FY 2025 |    |    |                                                                                                                                                                                                                            |    |    |         |    |    |         |         |    | Expected Completion Date if project exceeds 8 FY Qtrs |    |    |    |    |    |                                      |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |                                                       |    |         |    |    |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |      |  |   |   |   |   |   |   |   |   |   |     |   |   |   |   |   |   |   |   |   |   |   |     |   |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |
| 1st Qtr                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2nd Qtr |    |    | 3rd Qtr |    |    | 4th Qtr |    |    | 1st Qtr |    |    | 2nd Qtr                                                                                                                                                                                                                    |    |    | 3rd Qtr |    |    | 4th Qtr |         |    | Date                                                  |    |    |    |    |    |                                      |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |                                                       |    |         |    |    |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |      |  |   |   |   |   |   |   |   |   |   |     |   |   |   |   |   |   |   |   |   |   |   |     |   |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |
| O                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N  | D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | J       | F  | M  | A       | M  | J  | Jul     | A  | S  | O       | N  | D  | J                                                                                                                                                                                                                          | F  | M  | A       | M  | J  | Jul     | A       | S  | O                                                     | N  | D  | J  | F  | M  |                                      |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |                                                       |    |         |    |    |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |      |  |   |   |   |   |   |   |   |   |   |     |   |   |   |   |   |   |   |   |   |   |   |     |   |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 25%;">           Purchase Process (Get quotes based on specification)<br/><br/>           Project Implementation<br/>           Construction/renovation<br/><br/>           Close-Out         </div> <div style="width: 75%;"></div> </div>                                                                                                                                                  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |    |    |         |    |    |         |    |    |         |    |    |                                                                                                                                                                                                                            |    |    |         |    |    |         |         |    |                                                       |    |    |    |    |    | <b>PROJECT TOTAL</b><br>\$100,000.00 |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |                                                       |    |         |    |    |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |      |  |   |   |   |   |   |   |   |   |   |     |   |   |   |   |   |   |   |   |   |   |   |     |   |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |
| <b>PART V.</b><br>Expected Quarterly Expenditures                                                                                                                                                                                                                                                                                                                                                                                                                            |    | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td><td>\$</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |    |    |         |    |    |         |    |    |         |    |    |                                                                                                                                                                                                                            |    |    |         |    |    |         | \$      | \$ | \$                                                    | \$ | \$ | \$ | \$ | \$ | \$                                   | \$ | \$ | \$ | \$      | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$                                                    | \$ | \$      | \$ | \$ |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |      |  |   |   |   |   |   |   |   |   |   |     |   |   |   |   |   |   |   |   |   |   |   |     |   |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |
| \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$ | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$      | \$ | \$ | \$      | \$ | \$ | \$      | \$ | \$ | \$      | \$ | \$ | \$                                                                                                                                                                                                                         | \$ | \$ | \$      | \$ | \$ | \$      | \$      | \$ | \$                                                    | \$ | \$ | \$ | \$ |    |                                      |    |    |    |         |    |    |    |    |    |    |    |    |    |    |    |                                                       |    |         |    |    |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |         |  |  |      |  |   |   |   |   |   |   |   |   |   |     |   |   |   |   |   |   |   |   |   |   |   |     |   |   |   |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                      |  |

FOR OMB USE ONLY:    Resolution No: \_\_\_\_\_    FAMS Set Up Date: \_\_\_\_\_    Company No: \_\_\_\_\_    OMB Analyst: \_\_\_\_\_



**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 0762

Date & Time Received: 03/08/24 at 13:50

Date & Time of Response: 3/20/24 at 17:00

Entity Requesting FRF: Pueblo Pintado Chapter

Title of Project: Pueblo Pintado Chapter House West Wall Repair

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 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:** \_\_\_\_\_

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 |                                                                          |

Other Comments: Please note that we have modified the requested expenditure code from 6.1 (Provision of Government Services) to 2.22 (Strong Healthy Communities: Neighborhood Features that Promote Health and Safety) to be consistent with previously approved projects.

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Name of DOJ Reviewer: Veronica Blackhat, AAG- NRU

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](mailto: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: Pueblo Pintado Date prepared: 11/16/2023

Chapter's mailing address: HCR 79, Box 3026 phone/email: 505-655-3221  
Cuba, New Mexico 87013 website (if any): puebloupintado@navajochapters.org

This Form prepared by: Janice Arthur phone/email: jarthur@nnchapters.org  
Coordinator  
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Pueblo Pintado Chapter House West Wall Repair

Chapter President: Erlene Henderson phone & email: 505-655-3221 puebloupintado@navajochapters.org  
Chapter Vice-President: Donald Chee phone & email: 505-655-3221 puebloupintado@navajochapters.org  
Chapter Secretary: Cheryl Chavez phone & email: 505-655-3221 puebloupintado@navajochapters.org  
Chapter Treasurer: Cheryl Chavez phone & email: 505-655-3221 puebloupintado@navajochapters.org  
Chapter Manager or CSC: Janice Arthur phone & email: 505-655-3221 puebloupintado@navajochapters.org  
DCD/Chapter ASO: \_\_\_\_\_ phone & email: \_\_\_\_\_

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

Amount of FRF requested: \$100,000.00 FRF funding period: November 1, 2024 - September 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:

Pueblo Pintado Chapter House was built in 1971. No records on file for repairs. Properly stabilize wall so the inside/wall paneling do not shake and appear ready to come off on windy days. There's a draft and dust from the wall. Chapter has 443 registered voters and the house has capacity of 60 people. Stabilization of West Wall inside & outside of chapter building will help to provide proper and correct air/heating temperature during meetings, thereby, prevent cross contamination of flu viruses; covid-19 and its strain. Repair will stop the dust coming into the Chapter House cutting down on cleaning.

☐ document attached

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

Pueblo Pintado Chapter House would be much safer for community people to use for gathering for Chapter Meetings and other events.

☐ 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:

Pueblo Pintado Chapter House West Wall Repair  
Begin date 11/01/2024 End date 09/30/2026

☐ document attached

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

Pueblo Pintado Chapter Officials and Community Services Coordinator

☐ 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:

Pueblo Pintado Chapter Officials and Administration Staff will include costs on annual chapter budget as operation and maintenance costs and include as prevention maintenance on annual basis

☐ 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:

EC 27 - Revenue Replacement  
6.1 - Provision of Government Services.  
Repair Chapter House West Wall.

☐ document attached

### **Part 3. Additional documents.**

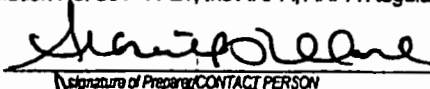
List here all additional supporting documents attached to this FRF Expenditure Plan (or indicate N/A):

☒ Chapter Resolution attached

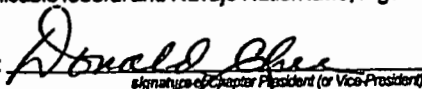
### **Part 4. Affirmation by Funding Recipient.**

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:

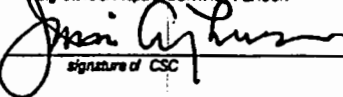
Chapter's  
Preparer:

  
signature of Preparer/CONTACT PERSON

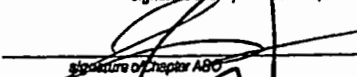
Approved by:

  
signature of Chapter President (or Vice-President)

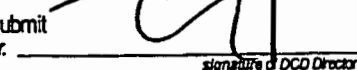
Approved by:

  
signature of CSC

Approved by:

  
signature of Chapter ASO

Approved to submit  
for Review:

  
signature of DCO Director

|                                               |  |                                                                            |  |                                                                  |  |
|-----------------------------------------------|--|----------------------------------------------------------------------------|--|------------------------------------------------------------------|--|
| <b>PART I. Business Unit No.:</b> <u>New</u>  |  | <b>Program Title:</b> <u>Pueblo Pintado Chapter House West Wall Repair</u> |  | <b>Division/Branch:</b> <u>Division of Community Development</u> |  |
| <b>Prepared By:</b> <u>Janice Arthur, CSC</u> |  | <b>Phone No.:</b> <u>505-655-3221</u>                                      |  | <b>Email Address:</b> <u>jarthur@nnchapters.org</u>              |  |

| PART II. FUNDING SOURCE(S) |                | Fiscal Year | Amount     | % of Total | PART III. BUDGET SUMMARY          |                                  |                     |                         |
|----------------------------|----------------|-------------|------------|------------|-----------------------------------|----------------------------------|---------------------|-------------------------|
|                            | Item           |             |            |            | Fund Type Code                    | (A) NNC Approved Original Budget | (B) Proposed Budget | (C) Difference or Total |
| ARPA Funds                 | 11/124-9/30/24 |             | 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      | 6                                | \$100,000.00        | \$100,000.00            |
|                            |                |             |            |            | 6500 Contractual Services         |                                  |                     |                         |
|                            |                |             |            |            | 7000 Special Transactions         |                                  |                     |                         |
|                            |                |             |            |            | 8000 Public Assistance            |                                  |                     |                         |
|                            |                |             |            |            | 9000 Capital Outlay               |                                  |                     |                         |
|                            |                |             |            |            | 9500 Matching Funds               |                                  |                     |                         |
|                            |                |             |            |            | 9500 Indirect Cost                |                                  |                     |                         |
|                            |                |             |            |            | <b>TOTAL</b>                      |                                  | \$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.**

|                                                                                                              |                                                                                                     |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>SUBMITTED BY:</b> <u>Jaron M. Charley, Department Manager II</u><br><u>Program Manager's Printed Name</u> | <b>APPROVED BY:</b> <u>Arbin Mitchell</u><br><u>Division Director / Branch Chief's Printed Name</u> |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|

**01/23/2024**  
Program Manager's Signature and Date

|                                                                                        |  |                        |  |                                                             |  |
|----------------------------------------------------------------------------------------|--|------------------------|--|-------------------------------------------------------------|--|
| PART I. PROGRAM INFORMATION:                                                           |  | Business Unit No.: New |  | Program Name/Title: Pueblo Pintado Chapter West Wall Repair |  |
| PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:                       |  |                        |  |                                                             |  |
| Pueblo Pintado Chapter West Wall Repair                                                |  |                        |  |                                                             |  |
| PART III. PROGRAM PERFORMANCE CRITERIA:                                                |  |                        |  |                                                             |  |
| 1. Goal Statement:                                                                     |  |                        |  |                                                             |  |
| Program Performance Measure:                                                           |  |                        |  |                                                             |  |
| Construct Chapter West Wall/Repair                                                     |  |                        |  |                                                             |  |
| 2. Goal Statement:                                                                     |  |                        |  |                                                             |  |
| Program Performance Measure:                                                           |  |                        |  |                                                             |  |
| Construction requests a sturdy wall to withstand strong winds and other storms         |  |                        |  |                                                             |  |
| 3. Goal Statement:                                                                     |  |                        |  |                                                             |  |
| Program Performance Measure:                                                           |  |                        |  |                                                             |  |
| 4. Goal Statement:                                                                     |  |                        |  |                                                             |  |
| Program Performance Measure:                                                           |  |                        |  |                                                             |  |
| 5. Goal Statement:                                                                     |  |                        |  |                                                             |  |
| Program Performance Measure:                                                           |  |                        |  |                                                             |  |
| PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED. |  |                        |  |                                                             |  |
| Jaron M. Charley, Department Manager II                                                |  |                        |  | Arbia Mitchell                                              |  |
| Program Manager's Printed Name                                                         |  |                        |  | Division Director/Branch Chief's Printed Name               |  |
| 01/23/2024                                                                             |  |                        |  | Division Director/Branch Chief's Signature and Date         |  |

|                                                             |                                                                                                            |                                       |                                    |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------|
| PART I. PROGRAM INFORMATION:                                |                                                                                                            |                                       |                                    |
| Program Name/Title: Pueblo Pintado Chapter West Wall Repair |                                                                                                            | 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) |
| 6960                                                        | Subcontracted Services<br>6960 - sub contracted Services<br>Repair West Wall of Chapter House/Construction |                                       | \$100,000.00                       |
| TOTAL                                                       |                                                                                                            | \$100,000.00                          | \$100,000.00                       |





**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 0763

**Date & Time Received:** 03/08/24 at 14:16

**Date & Time of Response:** March 21, 2014 at 10 a.m.

**Entity Requesting FRF:** Pueblo Pintado Chapter

**Title of Project:** Replacement of Seven (7) Doors: Four (4) for Chapter House; one (1) for Hogan; one(1) for Head Start; one (1) for former Senior Center

**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:** \_\_\_\_\_  
2.22, 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 |                                                                          |

Other Comments: Please note that we have modified the requested expenditure code from 6.1 (Provision of Government Services) to 2.22 (Strong Healthy Communities: Neighborhood Features that Promote Health and Safety) to be consistent with previously approved projects.

Name of DOJ Reviewer: Lorenzo Curley

Signature of DOJ Reviewer: *Lorenzo Curley*

**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](mailto: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.

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## APPENDIX A

### 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: Pueblo Pintado Date prepared: 11/16/23  
Chapter's mailing address: HCR 79, Box 3026 phone/email: 505-655-3221  
Cuba, New Mexico 87013 website (if any): pueblopintado@navajochapters.org  
This Form prepared by: Janice Arthur phone/email: jarthur@nnchapters.org  
Coordinator  
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Replacement of Seven (7) doors; four (4) for Chapter House; one (1) for Hogan one (1) for Head Start, one (1) for former Senior Center

Chapter President: Erlene Henderson phone & email: 505-655-3221 pueblopintado@navajochapters.org  
Chapter Vice-President: Donald Chee phone & email: 505-655-3221 pueblopintado@navajochapters.org  
Chapter Secretary: Cheryl Chavez phone & email: 505-655-3221 pueblopintado@navajochapters.org  
Chapter Treasurer: Cheryl Chavez phone & email: 505-655-3221 pueblopintado@navajochapters.org  
Chapter Manager or CSC: Janice Arthur phone & email: 505-655-3221 pueblopintado@navajochapters.org  
DCD/Chapter ASO: \_\_\_\_\_ phone & email: \_\_\_\_\_

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

Amount of FRF requested: \$100,000.00 FRF funding period: November 1, 2024 - September 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:

Pueblo Pintado Chapter spends approximately \$4000.00 to heat the building and the Administration office each winter. Doors are old and don't open and close properly. They squeak when opening and closing and poses safety hazard for children and elders in wheel chairs. Risk is finger injuries. Old doors is not energy efficient due to loose hinges, incorrect sizes of doors leaving gaps between door and the frame. Replacement of doors to more natural light in through windows not open doors thereby improve energy efficiency. More hours spent indoors due to Covid-19 while the pandemics still there on Navajo Nation. To mitigate covid-19 and protect chapter membership health is to use disinfectant products to wipe door knobs and regular touched areas. New doors would be easier to clean/wash and rinse with clorox.

☐ document attached

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

Replacements of doors will keep the buildings warm in the winter and cool in the summer time with air conditioner usage. The community people will have a much safer building to occupy during gathers & events.

☐ 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:

Begin date: 11-01-2024 end date: 09-30-2026

3 front entrance of Chapter & Administration

1-door for Chapter House Kitchen

1 - door for Senior Center-front entrance

1-door for Hogan front entrance

1 - door for Head Start - front entrance

☐ document attached

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

Chapter Officials, Community Services Coordinator will be responsible for implementation of this 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:

Chapter Officials and Community Services Coordinator. Operations will be responsible for maintenance of replaced doors and other individual offices will also be responsible for replaced doors and report to Chapter Administration.

☐ 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:

EC 27 - Revenue Replacement

6.1 - Provision of Government Services.

☐ document attached

### Part 3. Additional documents.

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

☐ 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:

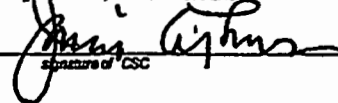
Chapter's  
Preparer:

  
signature of Preparer/CONTACT PERSON

Approved by:

  
signature of Chapter President (or Vice-President)

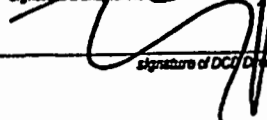
Approved by:

  
signature of CSC

Approved by:

  
signature of Chapter ASQ

Approved to submit  
for Review:

  
signature of DCF Director

FY 2024

THE NAVAJO NATION  
PROGRAM BUDGET SUMMARYPage 1 of 4  
BUDGET FORM 1

|                                                                                                              |  |                                                                             |              |                                                           |                                                                                             |
|--------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|--------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------|
| PART I. Business Unit No.: <u>New</u>                                                                        |  | Program Title: <u>Pueblo Pintado Chapter Replacement of Seven (7) doors</u> |              | Division/Branch: <u>Division of Community Development</u> |                                                                                             |
| Prepared By: <u>Janice Arthur, CSC</u>                                                                       |  | Phone No.: <u>505-655-3221</u>                                              |              | Email Address: <u>jarthur@nnchapters.org</u>              |                                                                                             |
| PART II. FUNDING SOURCE(S)                                                                                   |  | Fiscal Year / Item                                                          | Amount       | % of Total                                                | PART III. BUDGET SUMMARY                                                                    |
| ARPA Funds                                                                                                   |  | 11/1/24-9/30/26                                                             | \$100,000.00 | 100%                                                      | Fund Type Code (A) NNC Approved Original Budget (B) Proposed Budget (C) Difference or Total |
|                                                                                                              |  |                                                                             |              |                                                           | 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                                                                      |
|                                                                                                              |  |                                                                             |              |                                                           | 9000 Capital Outlay                                                                         |
|                                                                                                              |  |                                                                             |              |                                                           | 9500 Matching Funds                                                                         |
|                                                                                                              |  |                                                                             |              |                                                           | 9500 Indirect Cost                                                                          |
|                                                                                                              |  |                                                                             |              |                                                           | TOTAL                                                                                       |
|                                                                                                              |  |                                                                             |              |                                                           | \$100,000.00 \$100,000.00                                                                   |
|                                                                                                              |  |                                                                             |              |                                                           | PART IV. POSITIONS AND VEHICLES (D) (E)                                                     |
|                                                                                                              |  |                                                                             |              |                                                           | Total # of Positions Budgeted:                                                              |
|                                                                                                              |  |                                                                             |              |                                                           | Total # of Vehicles Budgeted:                                                               |
| TOTAL:                                                                                                       |  |                                                                             | 100,000.00   | 100%                                                      |                                                                                             |
| PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE. |  |                                                                             |              |                                                           |                                                                                             |
| SUBMITTED BY: <u>Jaron M. Charley, Department Manager II</u>                                                 |  | APPROVED BY: <u>Artin Mitchell</u>                                          |              |                                                           |                                                                                             |
| Program Manager's Printed Name                                                                               |  | Division Director / Branch Chief's Printed Name                             |              |                                                           |                                                                                             |
| <u>01/23/2024</u>                                                                                            |  |                                                                             |              |                                                           |                                                                                             |
| Program Manager's Signature and Date                                                                         |  | Division Director / Branch Chief's Signature and Date                       |              |                                                           |                                                                                             |

FY 2024THE NAVAJO NATION  
PROGRAM PERFORMANCE CRITERIAPage 2 of 4  
BUDGET FORM 2

|                                                                                                                                                                          |  |                                                                                  |        |         |        |         |        |         |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--------|---------|--------|---------|--------|---------|--------|
| PART I. PROGRAM INFORMATION:                                                                                                                                             |  |                                                                                  |        |         |        |         |        |         |        |
| Business Unit No.: <u>New</u>                                                                                                                                            |  | Program Name/Title: <u>Pueblo Pintado Chapter Replacement of seven (7) doors</u> |        |         |        |         |        |         |        |
| PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:                                                                                                         |  |                                                                                  |        |         |        |         |        |         |        |
| Pueblo Pintado Chapter Replacement of seven (7) doors: 4 doors for Chapter House; one (1) door for Hogan; one (1) door for Headstart and one (1) door for Senior Center. |  |                                                                                  |        |         |        |         |        |         |        |
| PART III. PROGRAM PERFORMANCE CRITERIA:                                                                                                                                  |  |                                                                                  |        |         |        |         |        |         |        |
|                                                                                                                                                                          |  | 1st QTR                                                                          |        | 2nd QTR |        | 3rd QTR |        | 4th QTR |        |
|                                                                                                                                                                          |  | Goal                                                                             | Actual | Goal    | Actual | Goal    | Actual | Goal    | Actual |
| 1. Goal Statement:                                                                                                                                                       |  |                                                                                  |        |         |        |         |        |         |        |
| Program Performance Measure:                                                                                                                                             |  |                                                                                  |        |         |        |         |        |         |        |
| Replacement of doors will keep cold wind out.                                                                                                                            |  | 1                                                                                |        | 1       |        | 1       |        | 1       |        |
| 2. Goal Statement:                                                                                                                                                       |  |                                                                                  |        |         |        |         |        |         |        |
| Program Performance Measure:                                                                                                                                             |  |                                                                                  |        |         |        |         |        |         |        |
| New doors will close tightly and secured.                                                                                                                                |  | 1                                                                                |        | 1       |        | 1       |        | 1       |        |
| 3. Goal Statement:                                                                                                                                                       |  |                                                                                  |        |         |        |         |        |         |        |
| Program Performance Measure:                                                                                                                                             |  |                                                                                  |        |         |        |         |        |         |        |
| 4. Goal Statement:                                                                                                                                                       |  |                                                                                  |        |         |        |         |        |         |        |
| Program Performance Measure:                                                                                                                                             |  |                                                                                  |        |         |        |         |        |         |        |
| 5. Goal Statement:                                                                                                                                                       |  |                                                                                  |        |         |        |         |        |         |        |
| Program Performance Measure:                                                                                                                                             |  |                                                                                  |        |         |        |         |        |         |        |
| PART IV. I HEREBY AC                                                                                                                                                     |  |                                                                                  |        |         |        |         |        |         |        |
| Jeron M. Charley, Department Manager II                                                                                                                                  |  |                                                                                  |        |         |        |         |        |         |        |
| Program Manager's Printed Name                                                                                                                                           |  |                                                                                  |        |         |        |         |        |         |        |
| Arbin Mitchell                                                                                                                                                           |  |                                                                                  |        |         |        |         |        |         |        |
| Division Director/Branch Chief's Printed Name                                                                                                                            |  |                                                                                  |        |         |        |         |        |         |        |
| 01/23/2024                                                                                                                                                               |  |                                                                                  |        |         |        |         |        |         |        |
| Program Manager's Signature and Date                                                                                                                                     |  |                                                                                  |        |         |        |         |        |         |        |
| Division Director/Branch Chief's Signature and Date                                                                                                                      |  |                                                                                  |        |         |        |         |        |         |        |

FY 2024

## THE NAVAJO NATION DETAILED BUDGET AND JUSTIFICATION

**Page 3 of 4**  
**BUDGET FORM 4**

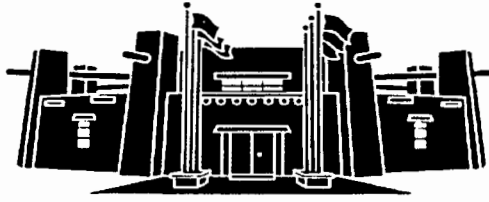
| <b>PART I. PROGRAM INFORMATION:</b>                               |                                                                                                                                                                                                            |                                                |                                             |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|
| Program Name/Title: Pueblo Pintado Replacement of seven (7) doors |                                                                                                                                                                                                            | Business Unit No.: New                         |                                             |
| <b>PART II. DETAILED BUDGET:</b>                                  |                                                                                                                                                                                                            |                                                |                                             |
| (A)                                                               | (B)                                                                                                                                                                                                        | (C)                                            | (D)                                         |
| Object Code<br>(LOD 6)                                            | Object Code Description and Justification (LOD 7)                                                                                                                                                          | Total by<br>DETAILED<br>Object Code<br>(LOD 6) | Total by<br>MAJOR<br>Object Code<br>(LOD 4) |
| 6960                                                              | Subcontracted Services<br>6960 - sub contracted Services<br>Replacement of seven (7) doors: 4 doors for Chapter House<br>: 1 door for Hogan<br>: 1 door for Headstart<br>: 1 door for former Senior Center |                                                | \$100,000.00                                |
|                                                                   |                                                                                                                                                                                                            | TOTAL                                          | \$100,000.00                                |

THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                     |   |   |          |   |   |          |   |   |          |   |   |          |                                                                                                                                                                                                                            |   |          |   |   |          |   |   |          |   |   |                                                        |   |   |   |   |   |  |  |  |  |  |  |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---|---|----------|---|---|----------|---|---|----------|---|---|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|---|---|----------|---|---|----------|---|---|--------------------------------------------------------|---|---|---|---|---|--|--|--|--|--|--|---------------|
| <b>PART I. Business Unit No.:</b> <u>New</u><br><b>Project Title:</b> <u>Pueblo Pintado Replacement of seven (7) doors</u><br><b>Project Description:</b> <u>Replace 4 doors for Chapter House; 1 door for hogan; 1 door for Headstart and 1 for former Senior Center</u><br>Check one box: <input checked="" type="checkbox"/> Original Budget <input type="checkbox"/> Budget Revision <input type="checkbox"/> Budget Reallocation <input type="checkbox"/> Budget Modification |                                                                                                                     |   |   |          |   |   |          |   |   |          |   |   |          | <b>PART II. Project Information</b><br><b>Project Type:</b> <u>Repair Services</u><br><b>Planned Start Date:</b> <u>11/1/24</u><br><b>Planned End Date:</b> <u>9/30/26</u><br><b>Project Manager:</b> <u>Chapter Staff</u> |   |          |   |   |          |   |   |          |   |   |                                                        |   |   |   |   |   |  |  |  |  |  |  |               |
| <b>PART III.</b><br>List Project Task separately, such as Plan, Design, Construct, Equip or Furnish.                                                                                                                                                                                                                                                                                                                                                                               | <b>PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.</b> |   |   |          |   |   |          |   |   |          |   |   |          |                                                                                                                                                                                                                            |   |          |   |   |          |   |   |          |   |   | Expected Completion Date if project exceeds 8 FY Qtrs. |   |   |   |   |   |  |  |  |  |  |  |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FY 2024                                                                                                             |   |   |          |   |   |          |   |   |          |   |   | FY 2025  |                                                                                                                                                                                                                            |   |          |   |   |          |   |   |          |   |   | Date                                                   |   |   |   |   |   |  |  |  |  |  |  |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1st Qtr.                                                                                                            |   |   | 2nd Qtr. |   |   | 3rd Qtr. |   |   | 4th Qtr. |   |   | 1st Qtr. |                                                                                                                                                                                                                            |   | 2nd Qtr. |   |   | 3rd Qtr. |   |   | 4th Qtr. |   |   |                                                        |   |   |   |   |   |  |  |  |  |  |  |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | O                                                                                                                   | N | D | J        | F | M | A        | M | J | Jul      | A | S | O        | N                                                                                                                                                                                                                          | D | J        | F | M | A        | M | J | Jul      | A | S | O                                                      | N | D | J | F | M |  |  |  |  |  |  |               |
| Purchase Process (get quotes for doors based on measurements & Specifications)                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |   |   |          |   |   |          |   |   |          |   |   |          |                                                                                                                                                                                                                            |   |          |   |   |          |   |   |          |   |   |                                                        |   |   |   |   |   |  |  |  |  |  |  |               |
| Project Implementation                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |   |   |          |   |   |          |   |   |          |   |   |          |                                                                                                                                                                                                                            |   |          |   |   |          |   |   |          |   |   |                                                        |   |   |   |   |   |  |  |  |  |  |  |               |
| Close-Out                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                     |   |   |          |   |   |          |   |   |          |   |   |          |                                                                                                                                                                                                                            |   |          |   |   |          |   |   |          |   |   |                                                        |   |   |   |   |   |  |  |  |  |  |  |               |
| <b>PART V.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                                                                                                                  |   |   |          |   |   |          |   |   |          |   |   | \$       |                                                                                                                                                                                                                            |   |          |   |   |          |   |   |          |   |   | \$                                                     |   |   |   |   |   |  |  |  |  |  |  | PROJECT TOTAL |
| Expected Quarterly Expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                     |   |   |          |   |   |          |   |   |          |   |   |          |                                                                                                                                                                                                                            |   |          |   |   |          |   |   |          |   |   |                                                        |   |   |   |   |   |  |  |  |  |  |  | \$100,000.00  |

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

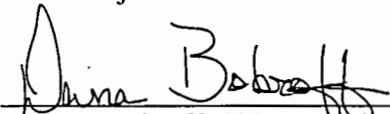
Office of Legislative Counsel  
Telephone: (928) 871-7166  
Fax No.: (928) 871-7576



Honorable Crystalyne Curley  
Speaker  
25<sup>th</sup> Navajo Nation Council

## **MEMORANDUM**

TO: Hon. George H. Tolth, Council Delegate  
25<sup>th</sup> Navajo Nation Council

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

DATE: April 23, 2024

SUBJECT: **AN ACTION RELATING TO THE NAABIK'ÍYÁTI' COMMITTEE;  
AMENDING NABIF-09-24 AND NABIN-44-23 AND NABIO-38-23 AND  
CJY-67-23, THE NAVAJO NATION FISCAL RECOVERY FUND  
DELEGATE REGION PROJECT PLAN FOR HONORABLE GEORGE H.  
TOLTH'S DELEGATE REGION (CHAPTERS: LITTLEWATER, PUEBLO  
PINTADO, TORREON, WHITEHORSE LAKE, BACA/PREWITT,  
CASAMERO LAKE, OJO ENCINO, COUNSELOR)**

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 this 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.