

SECTION 1: COVER PAGE

(1) Grant Number: 20BV3002800

(2) Recipient Program Year: 1/1 - 12/31

(3) Federal Fiscal Year: 2021

- IHBG-CARES
- (4) Initial Plan (Complete this Section then proceed to Section 2) or an Amended IHP
- (6) Annual Performance Report (Complete items 27-30 and proceed to Section 3)
- (7) Tribe
- (8) TDHE

(9) Name of Recipient:
Salish and Kootenai Housing Authority

(10) Contact Person:
Jody Perez, Executive Director

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(18) If TDHE, List Tribes Below:
Confederated Salish and Kootenai Tribes

(19) Tax Identification Number: 81-0464576

(20) DUNS Number: 131067576

(21) CCR/SAM Expiration Date (MM/DD/YYYY): 02/01/2022

(22) IHBG-CARES Amount: \$1,497,446

Date Started Preparing for COVID-19: 03/16/2020

(23) Name of Authorized IHP Submitter: Jody Perez

(24) Title of Authorized IHP Submitter:	Executive Director
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	06/01/2021
(27) Name of Authorized APR Submitter:	Jody Perez
(28) Title of Authorized APR Submitter:	Executive Director
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	03/15/2022

Certification: The information contained in this document is accurate and reflects the activities actually planned or accomplished during the program year. Activities planned and accomplished are eligible under applicable statutes and regulations.

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosure of information, including intentional disclosure, is subject to a civil money penalty not to exceed \$10,000 for each violation.

APR: REPORTING ON PROGRAM YEAR PROGRESS

Complete the shaded section of text below to describe your completed program tasks and actual results. Only report on activities completed during the 12-month program year. Financial data should be presented using the same basis of accounting as the Schedule of Expenditures of Federal Awards (SEFA) in the annual audit. For unit accomplishments, only count units when the unit was completed and occupied during the year. For households, only count the household if it received the assistance during the previous 12-month program year. (NAHASDA § 404(b))

Program Descriptions

1.1. Program Name and Unique Identifier:

Unique Identifier	COVID-19 Respond
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COVID-19 Respond- 1 - Maintaining Essential Services

1.2. Program Description (This should be the description of the planned program.):

Maintain essential services and funding eligible affordable housing activities under NAHASDA during the period the housing authority is impacted by COVID-19. This includes the purchase of vehicles to facilitate meetings with tenants who are sheltering in place, payroll expenses for TDHE staff that are providing essential services either in the office on a part-time basis or from home and operating budget shortfalls as a result of reprogramming IHBG funding to address the immediate affects of COVID-19. On-going costs as well as post-pandemic costs commensurate with the impact on IHBG funding prior to the availability of IHBG-CARES funding are included.

1.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(2) Operation of 1937 Act Housing [202(1)]

1.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(6) Assist affordable housing for low income households

Describe Other Intended Outcome (Only if you selected "Other" above):

1.5 Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):

(6) Assist affordable housing for low income households

Describe Other Actual Outcome (Only if you selected "Other" above.):

1.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.):

- Low-income Indian Households Non-low income Indian Households Non-Indian Households

Eligible low income Indian families will be assisted.

1.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):

This will ensure that essential services will not be disrupted due to the effects of COVID-19.

1.8. APR: Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

The Housing Authority funded payroll expenses for TDHE employees who provided essential services. Various other NAHASDA qualifying activities were supported, due to the operating budget shortfalls as a result of reprogramming IHBG funding to address the immediate effects of COVID-19 were funded.

1.9: Planned and Actual Outputs for 12-Month Program Year

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
484		
APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
484		

1.10: APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))

Program Descriptions

2.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Preparation

COVID-19 Preparation - 2 - Housing Services - Hotel Voucher Program

2.2. Program Description (This should be the description of the planned program.):

Provide hotel vouchers to homeless Indian families who need a place to social distance and shelter in place. The Housing Authority also recognizes some affordable housing residents may require isolation/quarantine for an extended period of time. The hotel vouchers will ensure homeless Indian families have the ability to self-quarantine in a safe manner in case they become infected by COVID-19. This program is a collaborative effort with the Confederated Salish and Kootenai Tribes.

2.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(17) Tenant Based Rental Assistance [202(3)]

2.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Intended Outcome (Only if you selected "Other" above):

Assist eligible Indian families with hotel vouchers to safely self quarantine and shelter in place.

2.5 Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Actual Outcome (Only if you selected "Other" above.):

The Housing Authority assisted eligible Indian families that allowed them to safely quarantine and shelter in place.

2.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.):

Low-income Indian Households Non-low income Indian Households Non-Indian Households

Homeless Tribal Members and participants in Housing Authority programs.

2.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):

No set levels of assistance per household but hotels will provide a safe place for those who require a location where they can be isolated/quarantined and receive assistance as required.

2.8. APR: Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

The Housing Authority assisted 1 family with a hotel voucher in program year 2021. The Housing Authority was awarded Emergency Rental Assistance funding from the U.S. Treasury Department so we discontinued the program.

2.9: Planned and Actual Outputs for 12-Month Program Year

Planned Number of **Units** to be Completed in Year Under this Program

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

20

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

1

2.10: APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*

The Housing Authority was awarded with Emergency Rental Assistance funding through the the U.S. Treasury Department in program year 2021 so we discontinued the program.

3.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 3 - Rent and Homeowner Assistance

3.2. Program Description (This should be the description of the planned program.):

The purpose of this program is to prevent homelessness due to lost wages as a result of COVID-19. Eligible participants will receive rent or mortgage assistance, as applicable, so they can remain in their homes. Payments will be made directly to private landlords or mortgage companies.

This program will also provide technology support (payment of Internet services) to assist residents in remotely accessing medical care, remote learning for education, employment assistance and other community services. This could take the form of direct payments to Internet service providers. No direct payments or rebates will be provided to participating families.

3.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

3.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Intended Outcome (Only if you selected "Other" above):

Assist eligible tribal members with rent, mortgage payments and technology support.

3.5 Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Actual Outcome (Only if you selected "Other" above.):

This program assisted tribal members with rent, mortgage payments, homeowners insurance and technology support.

3.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.):

Low-income Indian Households Non-low income Indian Households Non-Indian Households

Eligible low income Indian families will be assisted. Homeowners whose monthly payments are in forbearance will not be eligible for mortgage assistance.

3.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):

Eligible families may receive rental assistance, mortgage assistance or technology support.

3.8. APR: Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

The Housing Authority was able to assist 1 eligible low income Indian families with homeowners insurance and did not provide any other utility assistance in program year 2021. The Housing Authority was awarded Emergency Rental Assistance funding from the U.S. Treasury Department so we discontinued the program.

3.9: Planned and Actual Outputs for 12-Month Program Year

Planned Number of **Units** to be Completed in Year Under this Program

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

50

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

1

3.10: APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*

The Housing Authority was awarded with Emergency Rental Assistance funding through the the U.S. Treasury Department in program year 2021 so we discontinued the program.

4.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 4 - Food and Cleaning Supplies

4.2. Program Description (This should be the description of the planned program.):

The Housing Authority will provide tenants with vouchers to purchase necessary food and cleaning supplies. These vouchers will only be redeemable at local grocery stores on an as-needed basis with restrictions. Only the purchase of food and cleaning supplies will be allowed. Expenditures will be tracked via printouts provided by the grocery store. This program will stimulate the local economy, help small businesses, mitigate the financial hardships of low-income families and help prevent the spread of COVID-19.

4.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

4.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Intended Outcome (Only if you selected "Other" above):

Assist Housing Authority program participants with food and cleaning supplies during COVID-19 pandemic.

4.5 Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Actual Outcome (Only if you selected "Other" above.):

This program assisted low income families with food and cleaning supplies during the COVID-19 pandemic.

4.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.):

Low-income Indian Households Non-low income Indian Households Non-Indian Households

Eligible low income Indian families will be assisted.

4.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):

One-time vouchers to local stores for food and cleaning supplies for all Housing Authority program participants.

4.8. APR: Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

The Housing Authority did not distribute any food and cleaning supply vouchers in program year 2021 as the program was discontinued.

4.9: Planned and Actual Outputs for 12-Month Program Year

Planned Number of **Units** to be Completed in Year Under this Program

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

500

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

0

4.10: APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*

The program was only active in program year 2020 and then discontinued in program year 2021.

5.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Reimbursement

COVID-19 Reimbursement - 5 - Security System

5.2. Program Description (This should be the description of the planned program.):

Due to COVID-19 shelter in place orders, Housing Authority staff have minimal physical presence at Housing Authority properties. The Housing Authority needed to upgrade/install security systems to meet the increased security threat. IHBG-CARES funding will be used to reimburse these costs. These items were purchased with unrestricted funds.

5.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(21) Crime Prevention and Safety [202(5)]

5.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Intended Outcome (Only if you selected "Other" above):

Protect Housing Authority tenants and property against criminal activity.

5.5 Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Actual Outcome (Only if you selected "Other" above.):

This program helped protect the Housing Authority tenants and property against criminal activity.

5.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.):

Low-income Indian Households Non-low income Indian Households Non-Indian Households

Resident families and Housing Authority facilities.

5.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):

There was an immediate increase in criminal activity as a direct result of COVID-19 social distancing and stay-at-home orders because the level of on-site security was reduced. Therefore, the Housing Authority needed to purchase additional surveillance equipment, security lighting and a key card system to eliminate this threat and safeguard physical assets as well as affordable housing residents. A non-restricted funding source was used to address these problems for which reimbursement is being requested.

5.8. APR: Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

The Housing Authority completed all security expense activities in program year 2020 and no new expenses were accrued in program year 2021.

5.9: Planned and Actual Outputs for 12-Month Program Year

Planned Number of **Units** to be Completed in Year Under this Program

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

5.10: APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*

6.1. Program Name and Unique Identifier:

Unique Identifier	COVID-19 Respond
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COVID-19 Respond - 6 - Utility Assistance

6.2. Program Description (This should be the description of the planned program.):

In order to mitigate the financial impacts of COVID-19 on low-income Indian families, the Housing Authority will offer utility assistance. This could take the form of direct payments to utility companies. No direct payments or rebates will be provided to participating families.

6.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(18) Other Housing Services [202(3)]

6.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(6) Assist affordable housing for low income households

Describe Other Intended Outcome (Only if you selected "Other" above):

6.5 Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):

(6) Assist affordable housing for low income households

Describe Other Actual Outcome (Only if you selected "Other" above.):

6.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.):

- Low-income Indian Households Non-low income Indian Households Non-Indian Households

Eligible low income Indian families will be assisted. Payments will be made directly to the utility companies for renters and homeowners whose monthly utility bills are past due.

6.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):

This will provide financial relief to during this unprecedented time.

6.8. APR: Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

The Housing Authority did not provide any utility assistance in program year 2021. The Housing Authority was awarded Emergency Rental Assistance funding from the U.S. Treasury Department so we discontinued the program.

6.9: Planned and Actual Outputs for 12-Month Program Year

Planned Number of **Units** to be Completed in Year Under this Program

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

50

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

0

6.10: APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*

The Housing Authority was awarded with Emergency Rental Assistance funding through the the U.S. Treasury Department in program year 2021 so we discontinued the program.

7.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 7 - Office Building Alterations

7.2. Program Description (This should be the description of the planned program.):

The office building will be altered to minimize close contact and prevent the spread of COVID-19. Glass barriers will be installed in the receptionist area, buzz-in entry systems will be installed at the main entrance, secure walk-in payment window will be installed inside the building, drive-through payment window will be upgraded, and lobby area will be altered to accommodate social distancing.

7.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(22) Model Activities [202(6)]

7.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Intended Outcome (Only if you selected "Other" above):

Prevent spread of COVID-19 in the office building.

7.5 Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Actual Outcome (Only if you selected "Other" above.):

This program continues to prevent the spread of COVID-19 in the office building.

7.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.):

Low-income Indian Households Non-low income Indian Households Non-Indian Households

Current tenants, participants in Housing Authority programs, and Housing Authority staff.

7.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):

The glass barriers will be installed in the receptionist area, buzz-in entry systems will be installed at the main entrance, secure walk-in payment window will be installed inside the building, drive-through payment window will be upgraded, and lobby area will be altered to accommodate social distancing.

7.8. APR: Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

Due to the pandemic, the Housing Authority had to adopt new safety protocols regarding staff and tenant interaction. To follow CS&KT mandated COVID-19 building protocols and to prevent the spread of infection the Housing Authority installed glass barriers in the reception area, the lobby was altered to accommodate social distancing, installed nonporous surfaces and non-touch light fixtures/soap dispensers in the restrooms, installed temperature check stations, installed hand sanitizing stations, installed a protected walk up payment window and added ventilation systems.

7.9: Planned and Actual Outputs for 12-Month Program Year

Planned Number of **Units** to be Completed in Year Under this Program

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

7.10: APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*

SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

(1) Sources of Funding (NAHASDA § 102(b)(2)(C)(i), (404(b)) (Complete the **non-shaded** portions of the chart below to describe your estimated or anticipated sources of funding for the 12-month program year. **APR Actual Sources of Funding -- Please complete the shaded portions of the chart below to describe your actual funds received. Only report on funds actually received and under a grant agreement or other binding commitment during the 12-month program year.**)

SOURCE	IHP					APR					(K) Actual unexpended funds obligated but not expended at end of 12-month program year
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	
IHBG-CARES Funds		\$1,497,446	\$1,497,446	\$1,497,446	\$0	\$0	\$41,304	\$41,304	\$41,304	\$0	\$0

TOTAL	\$0	\$1,497,446	\$1,497,446	\$1,497,446	\$0	\$0	\$41,304	\$41,304	\$41,304	\$0
TOTAL Columns C & H, 2 through 10	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Notes:

- a. For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). For the APR, fill in columns F, G, H, I, J, and K (shaded columns).
- b. Total of Column D should match the total of Column N from the Uses of Funding table below.
- c. Total of Column I should match the Total of Column Q from the Uses of Funding table below.
- d. For the IHP, describe any estimated leverage in Line 3 below (Estimated Sources or Uses of Funding). For the APR, describe actual leverage in Line 4 below.

(2) Uses of Funding (NAHASDA § 102(b)(2)(C)(ii)) (Note that the budget should not exceed the total funds on hand (Column C) and insert as many rows as needed to include all the programs identified in Section 3. Actual expenditures in the APR section are for the 12-month program year)

PROGRAM NAME	IHP			APR			Total funds expended in 12-month program year (O+P)
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q)	
COVID-19 Respond - 1 - Maintaining Essential Services	\$904,453		\$904,453	\$27,604		\$27,604	\$27,604
COVID-19 Preparation - 2 - Housing Services - Hotel Voucher Program	\$30,000		\$30,000	\$2,419		\$2,419	\$2,419
COVID-19 Respond - 3 - Rent and Homeowner Assistance	\$75,000		\$75,000	\$1,405		\$1,405	\$1,405

COVID-19 Respond - 4 - Food and Cleaning Supplies	\$100,000	\$100,000	\$0	\$0	\$0
COVID-19 Reimbursement - 5 - Security System	\$20,000	\$20,000	\$0	\$0	\$0
COVID-19 Respond - 6 - Utility Assistance	\$25,000	\$25,000	\$0	\$0	\$0
COVID-19 Prevention - 7 - Office Building Alterations	\$77,000	\$77,000	\$2,783	\$2,783	\$2,783
Planning and Administration	\$265,993	\$265,993	\$7,092	\$7,092	\$7,092
TOTAL	\$1,497,446	\$1,497,446	\$0	\$0	\$41,304

Notes:

- a. Total of Column L cannot exceed the IHBG funds from Column C, Row 1 from the Sources of Funding table in Line 1 above.
- b. Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Sources of Funding table in Line 1 above.
- c. Total of Column O cannot exceed total IHBG funds received in Column H, Row 1 from the Sources of Funding table in Line 1 above.**
- d. Total of Column P cannot exceed total of Column H, Rows 2-10 of the Sources of Funding table in Line 1 above.**
- e. Total of Column Q should equal total of Column I of the Sources of Funding table in Line 1 above.**

(3) Estimated Sources or Uses of Funding (NAHASDA § 102(b)(2)(C)). (Provide any additional information about the estimated sources or uses of funding, including leverage (if any). You must provide the relevant information for any planned loan repayment listed in the Uses of Funding table on the previous page. This planned loan repayment can be associated with Title VI or with private or tribal funding that is used for an eligible activity described in an IHP that has been determined to be in compliance by HUD. The text must describe which specific loan is planned to be repaid and the NAHASDA-eligible activity and program associated with this loan):

N/A

(4) APR (NAHASDA § 404(b)) (Enter any additional information about the actual sources or uses of funding, including leverage (if any). You must provide the relevant information for any actual loan repayment listed in the Uses of Funding table on the previous page. The text must describe which loan was repaid and the NAHASDA-eligible activity and program associated with this loan.):

N/A

SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

By signing the IHP, the recipient certifies its compliance with Title II of the Civil Rights Act of 1968 (25 USC Part 1301 et seq.), and ensures that the recipient has all appropriate policies and procedures in place to operate its planned programs. The recipient should not assert that it has the appropriate policies and procedures in place if these documents do not exist in its files, as this will be one of the items verified during any HUD monitoring review.

(1) In accordance with applicable statutes, the recipient certifies that:

It will comply with Title II of the Civil Rights Act of 1968 in carrying out this Act, to the extent that such title is applicable, and other applicable federal statutes.

Yes No

(2) In accordance with 24 CFR 1000.328, the recipient receiving less than \$200,000 under FCAS certifies that:

There are households within its jurisdiction at or below 80 percent of median income.

Yes No Not Applicable

(3) The following certifications will only apply where applicable based on program activities.

a. It will maintain adequate insurance coverage for housing units that are owned and operated or assisted with grant amounts provided under NAHASDA, in compliance with such requirements as may be established by HUD;

Yes No Not Applicable

b. Policies are in effect and are available for review by HUD and the public governing the eligibility, admission, and occupancy of families for housing assisted with grant amounts provided under NAHASDA;

Yes No Not Applicable

c. Policies are in effect and are available for review by HUD and the public governing rents charged, including the methods by which such rents or homebuyer payments are determined, for housing assisted with grant amounts provided under NAHASDA; and

Yes No Not Applicable

d. Policies are in effect and are available for review by HUD and the public governing the management and maintenance of housing assisted with grant amounts provided under NAHASDA.

Yes No Not Applicable

SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

By signing the IHP, you certify whether you will use tribally determined wages, Davis-Bacon wages, or HUD determined wages. Check only the applicable box below.

- (1) You will use tribally determined wage rates when required for IHBG-assisted construction or maintenance activities. The Tribe has appropriate laws and regulations in place in order for it to determine and distribute prevailing wages.
- (2) You will use Davis-Bacon or HUD determined wage rates when required for IHBG-assisted construction or maintenance activities.
- (3) You will use Davis-Bacon and/or HUD determined wage rates when required for IHBG-assisted construction except for the activities described below.

(4) If you checked the box in Line 3, list the other activities that will be using tribally determined wage rates:

The Housing Authority employs maintenance technicians to maintain the rental units while they are occupied. The Housing Authority follows the tribe's pay scale which was approved by the tribal council.

SECTION 12: AUDITS

24 CFR § 1000.544

This section is used to indicate whether a financial audit based on the Single Audit Act and 2 CFR Part 200 Subpart F is required, based on a review of your financial records.

Did you expend \$750,000 or more in total Federal awards during the APR reporting period?

Yes No

If Yes, an audit is required to be submitted to the Federal Audit Clearinghouse and your Area Office of Native American Programs.

If No, an audit is not required.