



Puyallup Tribe of Indians



PUYALLUP TRIBAL COUNCIL
RESOLUTION NO. 131223

WHEREAS, the Puyallup Tribe has existed since creation as the aboriginal people who are the owners and guardians of their lands and waters; and

WHEREAS, the Puyallup Tribe is an independent sovereign nation, having historically negotiated with several foreign nations, including the United States in the Medicine Creek Treaty; and

WHEREAS, the Puyallup Tribal Council is the governing body of the Puyallup Tribe in accordance with the authority of its sovereign rights as reaffirmed in the Medicine Creek Treaty; and

RESOLUTION SUMMARY

Tribal Council Resolution consenting for submittal of a Housing of Urban Development (HUD), Indian Housing Block Grant, under the HUD NAHASDA program for the Fiscal Year 2024. This would fund Low-Income Native American Housing for the service area of the Puyallup Tribe of Indians. The total grant budget is \$4,231,361.00 for IHBG Grant # 55IT5312680. Fiscal Year 2023 for Annual Performance Reviews for Grants IHBG-CARES/IHBG-ARP # 20BV5312680 and #21AH5312680.

Please review the full text of this Resolution and Attachments.

WHEREAS, the Salish culture of the Puyallup Tribe of Indians has existed since time immemorial and it is at the core of our people and life; and

WHEREAS, the Puyallup Tribal Council is committed to providing safe, sustainable and affordable housing for the Puyallup Tribal Community; and

WHEREAS, the Department of Housing and Urban Development has provided grant funding under the Indian Housing Block Grant under the HUD NAHASDA; and

WHEREAS, the Puyallup Tribe of Indians is eligible for grant funding under the Indian Housing Block Grant, HUD NAHASDA; and

WHEREAS, the total budget for this grant number 55IT5312680 is \$4,231,361.00 for Indian Housing Block Grant FY 2024; expenditures through the Annual Performance Reports for IHBG CARES and IHBG ARP; and

WHEREAS, the Puyallup Tribe of Indians hereby certifies that citizen participation, with the Puyallup Tribal Community as outlined in 24 CFR 1003.604 was conducted. Information regarding the grant project and purpose; and detail about to the amount of funding provided by the Department of Housing and Urban Development, will be published on the Puyallup Tribe's webpage for an open comment period of 10 days, which comments will be accepted via email.

NOW THEREFORE BE IT RESOLVED, that Puyallup Tribal Council approves the submittal of the Indian Housing Block Grant to the Department of Housing and Urban Development NAHASDA.

BE IT FURTHER RESOLVED, that the Puyallup Tribal Council hereby approves of grant programs for Indian Housing Block Grant (IHBG) Fiscal Year 2024 for HUD NAHASDA grant number 55IT5312680 in the amount of \$4,231,361.00. Expenditures for APR for IHBG-CARES and IHBG-ARP.


BE IT FINALLY RESOLVED, by the Tribal Council that it authorizes the Tribal Council Chairman (Bill Sterud), and in his absence, the Vice-Chairwoman (Sylvia P. Miller), to execute this Resolution and other such required implementing documents as are required on behalf of the Tribe.

CERTIFICATION

I, Olivia Mauitson, Secretary of the Puyallup Tribal Council of the Puyallup Reservation do hereby certify that the above Resolution was duly adopted at a Regular Meeting of the Puyallup Tribal Council held on the Puyallup Indian Reservation on the 13 day of Dec, 2023, a quorum being present with a vote of 5 FOR, 0 AGAINST, 0 ABSTAINING, and 1 NOT VOTING its adoption.


Secretary, Puyallup Tribal Council

ATTEST:



Bill Sterud, Chairman or
Vice-Chairwoman, Sylvia P. Miller
Puyallup Tribal Council

MEMO: Request for approval of grant dollars spent for FY 2023 grants and Approval for grant activities for FY 2024

FROM: Joanne Gutierrez



DATE: December 6, 2023

Attached is the Annual Performance Review (APR) for the reporting of the grants for Fiscal Year 2023 IHBG CARES #20BV5312680 in the amount of \$1,003,407 and IHBG ARP #21AH5312680 in the amount of \$2,247,653 are attached to show the progress of the grants and expenditures charged to those grants. Also attached is the planned activities for day to day operations, development, and construction for Fiscal Year 2024 in the Indian Housing Plan (IHP) #55IT5312680 in the amount of \$4,231,361.

SECTION 1: COVER PAGE

(1) Grant Number: 21AH5312680
(2) Recipient Program Year: 10/1 - 9/30
(3) Federal Fiscal Year: 2021

- (4) IHBG-CARES/IHBG-ARP
- (5) 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:

Puyallup Tribe of Indians

(10) Contact Person:

Bill Sterud

(11) Telephone Number with Area Code (999) 999-9999 :

(253) 573-7800

(12) Mailing Address:

3009 East Portland Ave

(13) City:

Tacoma

(14) State:

Washington

(15) Zip Code (99999 or 99999-9999):

98404

(16) Fax Number with Area Code (if available) (999) 999-9999 :

(253) 680-5986

(17) Email Address (if available):

bill.sterud@puyalluptribe-nsn.gov

(18) If TDHE, List Tribes Below:

Puyallup Tribe of Indians Housing Department

(19) Tax Identification Number:

91-0955402

(20) DUNS Number:

146765938

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

05/14/2024

(22) IHBG-CARES/ARP Amount:

\$2,247,653

Date Started Preparing for COVID-19

02/04/2020

(23) Name of Authorized IHP Submitter:

Joanne Gutierrez

(24) Title of Authorized IHP Submitter:	Director
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	02/11/2022
(27) Name of Authorized APR Submitter:	Anita, Oldbull
(28) Title of Authorized APR Submitter:	Administrative Manager
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	

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 Prevention

COVID-19 Prevention - 1 - PPE, cleaning, and supplies prevention of COVID-19

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

Funding for additional PPE, cleaning, and supplies for prevention of COVID 19 for staff, clients, residents and members of community

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.):

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

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.):

(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):

Provide additional PPE, and supplies for prevention of COVID 19 for staff, clients, residents and members of community

1.5 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.):

No additional supplies have been purchased due to COVID restrictions lifted within the tribe and housing department. the need to reassess what precautions are needed to service our community, tenants, and workers for protecting against COVID 19 spread.

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

Low income Native American families in service area

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

114 low income Native American families to receive PPE and cleaning supplies to prevent 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.

N/A

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
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114

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

No additional supplies have been purchased due to COVID restrictions lifted within the tribe and housing department. the need to reassess what precautions are needed to service our community, tenants, and workers for protecting against COVID 19 spread.

2.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 1 - Waller Road Site

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

Development and construction costs for Waller Road site. 6 ADA complexes with 2 1 or 2 bedroom units per complex for a total of 12 units, depending on funding and what is allowed with expansion of septic system and infrastructure to reduce over crowding and respond to COVID 19.

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.):

(4) Construction of Rental Housing [202(2)]

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.):

(1) Reduce over-crowding

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

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

(1) Reduce over-crowding

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

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

Low Income Indian households

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

Develop and construct safe and healthy housing for participants on waiting lists. Develop 6 complexes with 2 units each ranging from 1 or 2 bedrooms variable depending on expansion of septic system and infrastructure. With \$2,000,000 budgeted, the cost per unit will be \$166,666.

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.

N/A

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
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12

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
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0

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

Selection of A&E services to assist with further developing The Waller Road Project has been conducted and completed. The A&E contract was signed with AKANA and the Puyallup Tribe of Indians. This project had some changes with the budget, implementation schedule, and citizen participation posting. The site design has progressed to the 60% design phase. However Puyallup Tribe of Indians Housing Department has made some suggestions to site design change to minimize or eliminate the retaining walls on site. There are also some permitting adjustments due to changes. The county of the project development has requested onerous improvements however the Puyallup Tribe of Indians and AKANA will requests a variance for all county requirements. This process has slowed down the construction phase of The Waller Road Project.

3.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2 - Garden located behind Greatview site

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

Assist in further developing and construction of garden located behind Greatview site where residents can socially distance with safe and healthy activity near their residency of 27 units at Greatview and scattered sites to grow, plant, and gather indigenous plants and foods.

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):

Provide an outdoor space to grow, plant, and gather indigenous plants and foods in coordination with Greatview daycare, Tacoma school district and other scattered housing sites located near Greatview 27 unit apartment site.

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.):

No MOU has been able to set up for further development of project due to lack of meetings with the Tacoma Public School district since COVID-19. There have been no further meetings so the housing department will be following up on this issue to hopefully use these funds for its intentions if not reallocate funding. The workers at the site are still in the development phase of how the garden should be set up and how it should divide amongst the parties in MOU.

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

Low Income Indian households

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

Provide an outdoor space where residents can socially distance with safe and healthy activity near their residency of 27 units at Greatview and scattered sites to grow, plant, and gather indigenous plants and foods. Create a space where clients and family can gather to be in a safe and socially distanced area to collect free indigenous foods.

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.

N/A

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
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27

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
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0

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

No MOU has been able to set up for further development of project due to lack of meetings with the Tacoma Public School district since COVID-19. There have been no further meetings so the housing department will be following up on this issue to hopefully use these funds for its intentions if not reallocate funding. The workers at the site are still in the development phase of how the garden should be set up and how it should divide amongst the parties in MOU.

4.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Reimbursement

COVID-19 Reimbursement - 1 - COVID related costs

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

Incurred costs for a variety of COVID-19 related expenses for the period beginning February 4, 2020 and extending until expenses no longer needed to address COVID related issues. These costs were separately tracked in our accounting records and include the following:

- A portion of normal operating expenses (primarily staff wages and fringe benefits).
- Payroll expenses for staff required to shelter in place but provided with administrative leave.
- Legal fees, etc...

Procurement of PPE and cleaning supplies for housing staff and operations.

- iPad, equipment and cell phone purchases and related supplies for staff required to telework.

Payment for our web based program HDS Doorways

These expenses were paid for by Tribal funds. Federal funds (including program income and IHBG formula funds) were not used for these expenses.

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):

Recover COVID-19 related costs incurred from February 4th , 2020 to present

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.):

No funds have been used out of this funding for any of these purchases due to no need to access for COVID related costs. A majority of these purchases were made with first round of COVID funding.

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

Low Income Indian Households

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

Purchased equipment for all staff including iPhones, iPads, and Laptops to enable staff to telework and communicate with other tribal entities, staff and clients via phone call, text, Facetime, e-mail, or ZOOM. Purchased a larger mailbox and drop-box to allow social distance and safety for clients and staff to drop-off mail, packages, materials, and payments. Purchased more mail postage, envelopes, ink and supplies to do additional mail-out correspondence due to the increased need to communicate through mail. Reimbursed cost for staff to self-quarantine for a period of time, if needed, due to first-hand exposure. Reimbursed cost for staff to be at home and work on a flex schedule or permanently on a telework schedule due to minors in household not attending school in person but through ZOOM. Arranged to purchase the web-based program, "Housing Data System (HDS)" to allow staff to telework and better

service clients final stages of transition to this program are being done to start web access program. Access to PPE through Tribe and purchased when available. Extra garbage collection cans purchased due to more clients staying home due to quarantine and lock down periods.

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.

N/A

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

114

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))

No funds have been used out of this funding for any of these purchases due to no need to access for COVID related costs. A majority of these purchases were made with first round of COVID funding.

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/ARP Funds	\$0	\$2,247,653	\$2,247,653	\$2,247,653	\$0	\$0	\$2,247,653	\$2,247,653	\$0	\$2,247,653	\$0

TOTAL	\$0	\$2,247,653	\$2,247,653	\$2,247,653	\$0	\$0	\$2,247,653	\$0	\$2,247,653	\$0	\$2,247,653	\$0
TOTAL Columns C & H, 2 through 10	\$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		
	(L) Prior and current year IHBG CARES/ARP (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)	(L) Total IHBG CARES/ARP (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)
COVID-19 Prevention - 1 - PPE, cleaning, and supplies prevention of COVID-19	\$19,653		\$19,653	\$0		\$0
COVID-19 Respond - 1 - Waller Road Site	\$2,000,000		\$2,000,000	\$0		\$0
COVID-19 Respond - 2 - Garden located behind Greatview site	\$18,000		\$18,000	\$0		\$0

COVID-19 Reimbursement - 1 - COVID related costs	\$40,000	\$40,000	\$0	\$0
Planning and Administration	\$170,000	\$170,000	\$0	\$0
TOTAL	\$2,247,653	\$2,247,653	\$0	\$0

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):

The project will be using multiple fund sources to complete this project. The estimated cost ICDBG ARP (22RP5312680) \$1,722,746 & IHBG ARP (21AH5312680) (\$2,000,000) & IHBG (55IT5312680) (\$277,254). The funds will be used for Infrastructure and construction of the Waller Road project.

(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.):

Develop and construct safe and healthy housing for participants on Waller Road waiting lists. Develop 6 complexes with 2 units each ranging from 1 or 2 bedrooms variable depending on expansion of septic system and infrastructure. The project will be using multiple fund sources to complete this project. The estimated cost CDBG ARP (22RP5312680) \$1,722,746 & IHBG ARP (21AH5312680) (\$2,000,000) & IHBG (55IT5312680) (\$277,254) These fund sources will be used for infrastructure and construction with the Waller Road project.

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 8: IHP TRIBAL CERTIFICATION

NAHASDA § 102(c)

This certification is used when a Tribally Designated Housing Entity (TDHE) prepares the IHP or IHP amendment on behalf of a tribe.

This certification must be executed by the recognized tribal government covered under the IHP.

(1) The recognized tribal government of the grant beneficiary certifies that:

(2) It had an opportunity to review the IHP or IHP amendment and has authorized the submission of the IHP by the TDHE; or

(3) It has delegated to such TDHE the authority to submit an IHP or IHP amendment on behalf of the Tribe without prior review by the Tribe.

(4) Tribe:	Puyallup Tribe of Indians
(5) Authorized Official's Name and Title:	Bill Sterud, Puyallup Tribe of Indians, Council Chairman
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	

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:

--

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.

SECTION 1: COVER PAGE

(1) Grant Number: 20BV5312680
(2) Recipient Program Year: 10/1 - 9/30
(3) Federal Fiscal Year: 2020

- 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:

Puyallup Tribe of Indians

(10) Contact Person:

David Peterson

(11) Telephone Number with Area Code (999) 999-9999 :

(253) 573-7940

(12) Mailing Address:

3009 East Portland Ave

(13) City: (14) State: (15) Zip Code (99999 or 99999-9999):

Tacoma Washington 98404

(16) Fax Number with Area Code (if available) (999) 999-9999 :

(253) 573-7944

(17) Email Address (if available):

david.peterson@puyalluptribe-nsn.gov

(18) If TDHE, List Tribes Below:

(19) Tax Identification Number: 91-0955402

(20) DUNS Number: 146765938

(21) CCR/SAM Expiration Date (MM/DD/YYYY): 05/24/2024

(22) IHBG-CARES Amount: \$1,003,407

Date Started Preparing for COVID-19 02/04/2020

(23) Name of Authorized IHP Submitter: Joanne C. Gutierrez

(24) Title of Authorized IHP Submitter:	Director, Puyallup Tribe Housing
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	06/08/2020
(27) Name of Authorized APR Submitter:	Anita Oldbull
(28) Title of Authorized APR Submitter:	Administrative Manager
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	

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 Reimbursement
-------------------	------------------------

COVID-19 Reimbursement - 2020-1 - Incurred COVID-19 Related Costs

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

Incurred costs for a variety of COVID-19 related expenses for the period beginning February 4, 2020 and extending until May 31, 2020. These costs were separately tracked in our accounting records and include the following:

- A portion of normal operating expenses (primarily staff wages and fringe benefits).
- Payroll expenses for staff required to shelter in place but provided with administrative leave.
- Procurement of PPE and cleaning supplies for housing staff and operations.
- Ipad purchases and related supplies for staff required to telework.

These expenses were paid for by Tribal funds. Federal funds (including program income and IHBG formula funds) were not used for these expenses.

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.):

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

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.):

(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):

Recover COVID-19 related costs incurred from February 4th to May 31st, 2020.

1.5 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.):

N/A

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

Current residents of and participants in the Tribal housing program.

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

No specific types and level determinable for this activity, represents an accumulation of incurred costs related to 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.

N/A

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

112

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

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

No funds have been used out of this funding for any of these purchases due to no need to access for COVID related costs.

2.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2020-2 - Maintaining Normal Operations Impacted by COVID-19 National Emergency

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

Maintaining normal operations and funding eligible affordable housing activities under NAHASDA during the period the housing dept is impacted by COVID-19. All standard housing dept activities and services have been and will continue to be significantly impacted by the COVID-19 situation. This activity covers the time frame starting June 1, 2020 and is projected to end when the Governor of Washington State approves the final reopening phase for Pierce County. This represents a portion (approx. 50%) of the operations costs projected for this period. During this time frame the Housing dept will operate at a baseline level with a primary focus on resident and staff health and safety and recognize a modified level of efficiency.

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.):

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

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):

Continue to assist affordable housing for low income households on a limited basis while impacted by COVID-19

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.):

Continue to assist affordable housing for low income households on a limited basis while impacted by COVID-19

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

Current residents of and participants in the Tribal housing program.

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

Baseline level of assistance to assist low income households while impacted by the COVID-19 situation, no specific types and level determinable for this activity.

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.

Ability to Maintenance and Operations of Puyallup Tribe of Indians Housing Department Salaries, Wages, and Benefits. Ability to purchase supplies, iPads and iPhones for staff and housing committee to communicate if need department is impacted by COVID-19 future incidents and staff need to isolate to perform work tasks and duties. The need to pay for updates on legal and audit issues still in regards to responding to COVID-19 issues.

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

112

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

112

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

N/A

3.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2020-3 - Housing Payment & Rental Assistance Program

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

The Puyallup Tribal Housing Dept. currently operates a tenant based rental assistance (TBRA) program serving 112 tribal families. In addition, there are an estimated 88 tribal families who are renting units without TBRA assistance in our service area. This temporary program will provide assistance towards Rent/Mortgage payments for both sets of families. This activity covers the time frame starting June 1, 2020 and is projected to end when tribal families are no longer impacted financially by COVID-19.(This temporary activity is up to 3(three) months for non low-income tenants and 6(six) months for low-income 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.):

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

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.):

(6) Assist affordable housing for low income households

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

3.5 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.):

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

Tenants currently in the Housing Dept tenant based rental assistance (TBRA) program as well as tribal members renting/Mortgages outside of the Housing Dept program who have been impacted by COVID-19.

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

This is a one-time payment for low income Indian households of up to \$1,000 paid directly to the landlord, mortgage company or lending company who live in Pierce, King and Thurston Counties that have experienced loss of employment or reduction in wages due to COVID-19.

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 ability to service 7 families who were approve for the ERAP program however due to deadline issues needing to be resolved by Puyallup Tribe of Indians staff payment was delayed on being released before the cut off date.

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
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250

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
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7

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

N/A

4.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 2020-4 - Acquisition and Distribution of PPE and Cleaning Supplies - Residents

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

The Puyallup Tribal Housing Dept is acquiring and distributing "CARES" packages consisting of Personal Protective Equipment (masks, gloves, etc.), health supplies (thermometers, tissues, hand soap, etc.) and cleaning supplies (disinfectant, bleach, spray bottles, wipes, etc.) to current residents of and assisted by the Tribal housing program. Supplies can be replenished as necessary via a direct request to Housing Dept staff. This activity covers the time frame starting June 1, 2020 and is projected to end when housing residents are no longer affected by 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.):

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

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):

Continue to assist residents of affordable housing who are impacted by COVID-19

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.):

Housing Department continues to assist residents of affordable housing who are impacted by COVID-19

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

Current residents of and participants in the Tribal housing program.

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

All families will receive an initial allocation of PPE and cleaning supplies to help them prevent COVID-19 and protect their families from COVID-19, approximate cost of \$250 per family.

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.

Replacement of batteries for staff to use on their thermometers when working in the field to check if client has symptoms of COVID-19. Requests for additional PPE for staff working in field to change into and have changes of clothes if necessary due to COVID-19 related issues and preparing for working in field due to the need to separate and maintain distance. Staff need to be able to work outdoors and have the proper PPE to be seen when working outdoors and walking out on the premises. Due to need to carry PPE supplies and other items when responding and reacting to COVID issues staff carry items in a backpack for PPE to carry additional items to work in field such as coat, technology, and additional PPE.

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
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112

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
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112

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

N/A

5.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2020- 5 - Community Events & Facilities

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

Distribution of food to the community and Housing tenants. This temporary program will offer food delivery for tenants to shelter in place due to the COVID-19 as well as to provide food for the surrounding Puyallup Tribe of Indians community and surrounding East side Tacoma community residents through a drive-up food bank held at the old EQC event tent. This activity will continue until until tribal residents are no longer affected by COVID-19.

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.):

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

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):

The ability for tenants to shelter in place and maintain social distancing by providing food delivery to our low income Native American clients due COVID-19. To provide food through a drive up food bank to Puyallup Tribal members and other Native community members allowing them to gain access to food due to reductions in household income because of COVID-19. Utilize the EQC event tent, refrigeration, and freezers for food prep, package, and distribution. Ability to purchase or rent equipment to run food bank (example dollies, carts, boxes, tape, box cutters, etc.). Ability for tenants and community to have access to food and outdoor recreation to build community relationships while social distancing.

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 no longer needed at this time

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

Current residents of the Housing program and other low-income Native Americans.

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

The ability for tenants to shelter in place and maintain social distancing by providing food to our low income Native American clients due to furloughs and household changes in income due to COVID-19. Access for tenants and community to have healthy and culturally relevant food and outdoor recreation to build community relationships while social distancing.

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.

N/A

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
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37

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
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0

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

This Program no longer needed at this time

6.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond 2020 - 6 - Technology

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

Technology for Housing tenants to receive Wifi so they will have accessibility to the Internet for reasons such as distance learning, job searches, access to telehealth services, and on-line banking which have become critical during the COVID-19 pandemic. The Tribe's I.T. department will work with the Housing dept. to set up this technology.

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.):

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

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.):

(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):

To provide wireless internet services to all Housing tenants within the Housing Program allowing tenants to distance learn, search for jobs, access telehealth services, and on-line banking. Provide resources while social distancing and establish self-sufficient skills with the ability to access on-line bill pay.

6.5 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.):

Budget to pay for the cell phone and iPad service for the Emergency Rental Assistance Program (ERAP) staff of 3

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

All Housing tenants within the Housing Program

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

Households will have accessibility to the Internet for distance learning, job search, access to telehealth services, and on-line banking. Establish self-sufficient skills with the ability to access on-line bill pay.

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.

This funding allowed housing department to pay for cell phone and iPad services for the Emergency Rental Assistance Program to have the ability to telework and technology to assist with making receiving documents easier through wireless technology to complete applications for ERAP program which was in response to COVID related rent issues for our clients and community.

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
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112

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
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112

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

N/A

7.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond 2020 - 7 - ROSS Position (Resident Services Advocate)

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

Due to COVID-19, the Puyallup Tribal Government has had significant reductions in revenue with the Casino closures. This program will supplement the salary and benefits of the Resident Services Advocate position that is currently paid by tribal dollars. This activity covers the time frame starting June 1, 2020 and is projected to end when the Governor of Washington State approves the final reopening phase for Pierce County.

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.):

(19) Housing Management Services [202(4)]

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):

Supplement the salary and benefits of the Resident Services Advocate position who offers resources to provide self sufficiency for tenants.

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.):

Supplement the salary and benefits of the Resident Services Advocate position who offers resources to provide self sufficiency for tenants.

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 residents of and participants in the Tribal housing program.

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

Resources for tenants to provide self sufficiency in response to COVID-19.

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.

The ability for Puyallup Tribe of Indians to supplement the ROSS position salaries and wages. Plus the benefits for this position due to the impact and responding to COVID-19 on the budget for Puyallup Tribe of Indians Housing Department.

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

112

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

112

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

8.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2020 - 8 - Repair & Maintenance

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

Maintaining repair and maintenance during the period the housing dept is impacted by COVID-19. Repair and maintenance services have been and will continue to be significantly impacted by the COVID-19 situation. This activity covers the time frame starting June 1, 2020 and is projected to end when the Governor of Washington State approves the final reopening phase for Pierce County. This represents a portion (approx. 50%) of the repair and maintenance costs projected for this period. During this time frame the Housing dept will operate at a baseline level with a primary focus on resident and staff health and safety and recognize a modified level of efficiency.

8.3. 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

8.4. 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):

While maintaining social distancing, continue to repair and maintain all affordable housing units for low income households on a limited basis while impacted by COVID-19. Provide a safe and healthy living environment for all tenants.

8.5 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.):

N/A

8.6 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 residents of and participants in the Tribal housing program.

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

Repair and maintenance for affordable housing units to provide a safe and healthy living environment for all tenants.

8.8. 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.

No funds have been used out of this funding for any of these purchases due to no need to access for COVID related costs.

8.9: 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
---	---	---

112

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

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

9.1. Program Name and Unique Identifier:

Unique Identifier

COVID-19 Respond

COVID-19 Respond

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

The Puyallup Tribal Housing Dept. currently operates a tenant based rental assistance (TBRA) program serving 112 tribal families. In addition, there are an estimated 88 tribal families who are renting units without TBRA assistance in our service area. This temporary program will provide Utility assistance payments for both sets of families. This activity covers the time frame starting June 1, 2020 and is projected to end when tribal families are no longer impacted financially by COVID-19. (This temporary activity is up to 3(three) months for non low-income tenants and 6(six) months for low-income families.)

9.3. 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)]

9.4. 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):

9.5 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.):

9.6 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

Tenants currently in the Housing Dept tenant based rental assistance (TBRA) program as well as tribal members renting/Mortgages outside of the Housing Dept program who have been impacted by COVID-19 with their Utilities.

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

This is a one-time payment for low income Indian households of up to \$1,000 paid directly to the landlord for utilities, utility company who live in Pierce, King and Thurston Counties that have experienced loss of employment or reduction in wages due to COVID-19.

9.8. 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.

Currently no need for this program at this time

9.9: 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

250

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

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

Currently no need for this program at this time.

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
IHBG-CARES Funds	\$0	\$1,003,407	\$1,003,407	\$1,003,407	\$0	\$272,635		\$272,635	\$76,734	\$195,903

TOTAL	\$0	\$1,003,407	\$1,003,407	\$1,003,407	\$1,003,407	\$0	\$272,635	\$0	\$272,635	\$76,734	\$195,900	\$0
TOTAL Columns C & H, 2 through 10	\$0	\$0	\$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		
	(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) Total funds expended in 12-month program year (O+P)
COVID-19 Reimbursement - 2020-1 - Incurred COVID-19 Related Costs	\$150,000		\$150,000	\$0		\$0
COVID-19 Respond - 2020-2 - Maintaining Normal Operations Impacted by COVID-19	\$125,000		\$125,000	\$25,761		\$25,761
National Emergency COVID-19 Respond - 2020-3 - Housing Payment & Rental Assistance Program	\$178,586		\$178,586	\$28,307		\$28,307

COVID-19 Prevention - 2020-4 - Acquisition and Distribution of PPE and Cleaning Supplies - Residents	\$20,000	\$20,000	\$7,527	\$7,527
COVID-19 Respond - 2020 - 5 - Community Events & Facilities	\$40,000	\$40,000	\$0	\$0
COVID-19 Respond 2020 - 6 - Technology	\$50,000	\$50,000	\$584	\$584
COVID-19 Respond 2020 - 7 - ROSS Position (Resident Services Advocate)	\$44,000	\$44,000	\$9,160	\$9,160
COVID-19 Respond - 2020 - 8 - Repair & Maintenance	\$50,000	\$50,000	\$0	\$0
COVID-19 Respond	\$178,586	\$178,586	\$0	\$0
Planning and Administration	\$167,234	\$167,234	\$5,396	\$5,396
TOTAL	\$1,003,406	\$1,003,406	\$76,734	\$76,734

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 8: IHP TRIBAL CERTIFICATION

NAHASDA § 102(c)

This certification is used when a Tribally Designated Housing Entity (TDHE) prepares the IHP or IHP amendment on behalf of a tribe.

This certification must be executed by the recognized tribal government covered under the IHP.

(1) The recognized tribal government of the grant beneficiary certifies that:

(2) It had an opportunity to review the IHP or IHP amendment and has authorized the submission of the IHP by the TDHE; or

(3) It has delegated to such TDHE the authority to submit an IHP or IHP amendment on behalf of the Tribe without prior review by the Tribe.

(4) Tribe:	Puyallup Tribe of Indians
(5) Authorized Official's Name and Title:	David Bean, Chairman of the Puyallup Tribe of Indians
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	

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:

--

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.

Section 1: Cover Page

- (1) Grant Number: 55IT5312680
- (2) Recipient Program Year: 10/01/2023 - 09/30/2024
- (3) Federal Fiscal Year: 2024
- (4) Initial Plan (Complete this Section then proceed to Section 2)
- (5) Amended Plan (Complete this Section and Section 8 if applicable)
- (6) Annual Performance Report (Complete items 27-30 and proceed to Section 3)
- (7) Tribe
- (8) TDHE
- (9) Name of Recipient: Puyallup Tribe of Indians
- (10) Contact Person: Anita Oldbull
- (11) Telephone Number with Area Code (999) 999-9999: 253-573-7800
- (12) Mailing Address: 3009 E Portland Avenue
- (13) City: Tacoma
- (14) State: WA
- (15) Zip Code (99999 or 99999-9999): 984044926
- (16) Fax Number with Area Code (999) 999-9999: 253-680-5996
- (17) Email Address Anita.Oldbull@PuyallupTribe-nsn.gov
- (18) If TDHE, List Tribes Below:
- (19) Tax Identification Number: 910955402
- (20) UEI Number: K3P8QSSCSJC4
- (21) CCR/SAM Expiration Date (MM/DD/YYYY): 05/14/2024
- (22) IHBG Fiscal Year Formula Amount: \$4,231,361
- (23) Name of Authorized IHP Submitter: Joanne C. Gutierrez For Anita Oldbull
- (24) Title of Authorized IHP Submitter: Administrative Manager of Puyallup Tribe of Indians
- (25) Signature of Authorized IHP Submitter: Joanne C. Gutierrez
- (26) IHP Submission Date (MM/DD/YYYY):
- (27) Name of Authorized APR Submitter:
- (28) Title of Authorized APR Submitter:
- (29) Signature of Authorized APR Submitter:
- (30) APR Submission Date (MM/DD/YYYY):

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.

ONE YEAR PLAN ANNUAL PERFORMANCE REPORT

Section 2: Housing Needs

NAHASDA § 102(b)(2)(B)

(1) Type of Need: Check the appropriate box(es) below to describe the estimated types of housing needs and the need for other assistance for low-income Indian families (column B) and all Indian families (column C) inside and outside the jurisdiction.

(A) Type of Need	Check All That Apply	
	(B) Low-Income Indian Families	(C) All Indian Families
(1) Overcrowded Households	X	X
(2) Renters Who Wish to Become Owners	X	X
(3) Substandard Units Needing Rehabilitation	X	X
(4) Homeless Households	X	X
(5) Households Needing Affordable Rental Units	X	X
(6) College Student Housing		
(7) Disabled Households Needing Accessibility	X	X
(8) Units Needing Energy Efficiency Upgrades	X	X
(9) Infrastructure to Support Housing	X	X
(10) Other (specify below)	X	X

(2) Other Needs. (Describe the “Other” needs below. Note: this text is optional for all needs except “Other.”):

Providing additional funding for construction of the Waller Road Project of 12 units on existing site. The housing department received funding from IHBG ARP and ICBDG ARP funding to complete this project.

(3) Planned Program Benefits. (Describe below how your planned programs and activities will address the needs of low income families identified above. Also describe how your planned programs will address the various types of housing assistance needs *NAHASDA § 102(b)(2)(B)*):

Puyallup Tribal Housing Department current programs include Low Rent units, Homebuyer units and rental assistance vouchers. These programs service 125 plus households each year and through the expansion of these programs PTHD has positively impacted the number of families that have been on the waiting lists for many years. The waiting lists for each program continues to grow each year (along with the Puyallup Tribe's number of enrolled members living in the area) There is a continuing need for additional housing units, renovation and repair of existing units. PTHD current program year activities specifically address the type of needs for low income Native American families as identified in section 2 (1) by means of Operation and Maintenance, Housing Management Services, Crime and Prevention, 1937 Act Modernization, Rehab of Rental Housing, Waller Road ,New construction, acquisition of new rent housing and homes.

(4) Geographic Distribution. Describe below how the assistance will be distributed throughout the geographic area and how this geographic distribution is consistent with the needs of low income families. *NAHASDA § 102(b)(2)(B)(i)*:

Puyallup Tribal Housing Department services two counties: Pierce and King: within and outside of the reservation boundaries. These counties are limited to the rental assistance voucher subsidies of the Fair Market Rent for those counties the units are located.

Section 3: Program Descriptions

[102(b)(2)(A)], [233(a)], [235(c)], [404(b)], 24 CFR §1000.512(b)(2)

Planning and Reporting Program Year Activities

In this section, the recipient must provide a description of its planned eligible activities, and intended outcomes and outputs for the One-Year IHP. The recipient can select any combination of activities eligible under NAHASDA and intended outcomes and outputs that are based on local needs and priorities. There is no maximum or minimum number of eligible activities or intended outcomes and outputs. Rather, the One-Year IHP should include a sufficient number of eligible activities and intended outcomes to fully describe any tasks that the recipient intends to fund in whole or in part with IHBG resources during the coming program year.

Subtitle B of NAHASDA authorizes recipients to establish a program for self-determined housing activities involving construction, acquisition, rehabilitation, or infrastructure relating to housing activities or housing that will benefit the low-income households served by the Indian tribe. A recipient may use up to 20 percent of its annual allocation, but not more than \$2 Million, for this program. Section 233(a) of NAHASDA requires a recipient to include its planned self-determination program activities in the IHP, and Section 235(c) requires the recipient to report the expenditures, outputs, and outcomes for its self-determination program in the APR. For more information, see PIH Notice 2010-35 (Demonstration Program - Self-Determined Housing Activities for Tribal Governments) at https://www.hud.gov/sites/documents/DOC_8814.PDF.

The One-Year IHP is not required to include eligible activities or intended outcomes and outputs that will not receive IHBG resources. For example, the recipient may be planning to apply for Low Income Housing Tax Credits (LIHTC) from its state. If those tax credit projects will not receive IHBG resources, they are not required to be described in the IHP. However, the recipient may wish to include nonIHBG activities in the IHP to provide tribal members with a more complete picture of housing activities.

If an activity will receive partial funding from an IHBG resource, it must be described in the IHP.

For example, if the recipient uses IHBG-funded staff persons to manage, inspect, or maintain an LIHTC-funded rental project, that project would be considered an IHBG-assisted project and the related activities must be described in the IHP.

Planning and Administrative expenses and loan repayments should not be identified as programs in the IHP. That is why there are dedicated rows in the Uses of Funding budget for these expenses. Instead, describe anticipated planning and administrative expenses in Section 6, Line 4 of the IHP, and describe actual planning and administration expenses in Section 6, Line 5 of the APR. Report the planned and actual amount of planning and administrative expenses in the dedicated row of the Uses of Funding budget (Section 5, Line 2). Please note that Reserve Accounts to support planning and administration is an eligible activity and should be identified as a program in the IHP, and any planned or actual expenditure from the Reserve Account would be reported by its program name in the Uses of Funding table.

For the IHP, complete the **unshaded** sections to describe the planned activities, outcomes and outputs in the coming 12-month program year. The recipient must complete Lines 1.1 through 1.4, Lines 1.6 and 1.7, and Line 1.9 for each eligible activity or program planned for the One-Year IHP. For the APR, complete the shaded sections to describe actual accomplishments, outcomes, and outputs for the previous 12-month program year. In particular, complete Lines 1.5, 1.8, 1.9, and 1.10 for each program included in the IHP.

Eligible Activity May Include (citations below all reference sections in NAHASDA)

Eligible Activity	Output Measure	Output Completion
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit
(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed
(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA- Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection

	Rehabilitation	Units	All work completed and unit passed final inspection
	Infrastructure	Dollars	Dollars spent (report in Uses of Funding table only)
(24)	Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding table only)
(25)	Reserve Accounts [202(9)]	N/A	N/A

Outcome May Include

(1) Reduce over-crowding	(7) Create new affordable rental units
(2) Assist renters to become homeowners	(8) Assist affordable housing for college students
(3) Improve quality of substandard units	(9) Provide accessibility for disabled/elderly persons
(4) Improve quality of existing infrastructure	(10) Improve energy efficiency
(5) Address homelessness	(11) Reduction in crime reports
(6) Assist affordable housing for low income households	(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

IHP: PLANNED PROGRAM YEAR ACTIVITIES (NAHASDA § 102(b)(2)(A))

For each planned activity, complete all the non-shaded sections below. It is recommended that for each program name you assign a unique identifier to help distinguish individual programs. This unique number can be any number of your choosing, but it should be simple and clear so that you and HUD can track tasks and results under the program and collect appropriate file documentation tied to this program.

- One way to number your programs is chronologically. For example, you could number your programs 2011-1, 2011-2, 2011-3 etc.
- Or, you may wish to number the programs based on type. For example rental 1, rental 2, homebuyer1, homebuyer 2 etc. This type of numbering system might be appropriate if you have many programs that last over several years.
- Finally, you may wish to use an outline style of numbering. For example, all programs under your first eligible activity would start with the number 1 and then be consecutively numbered as 1.1, 1.2, 1.3 etc.

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))

1.1. Program Name and Unique Identifier: 18107A1:Housing Management

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

The provision of management services for affordable housing, including preparation of work specifications, and management of affordable housing projects.

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.):*

(19) Housing Management Services [202(4)]

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.):*

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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low-Income Native Americans living in the departments rental units 22 Greatview Apartments 27 NE apartments 20 Longhouse apartments 6 Sandi Yakima house 8 Waller Road 4 scattered home rentals 26 HOPA units ,1 rental assistance voucher

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

1. Preparation of work specifications RFPs; 2. Loan grant processing, tracking maintenance; 3. Housing Inspections; 4. Tenant selection; 5. Mediation programs for landlord/tenant disputes in Housing; 6. Paralegal

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.):*

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: 114	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 18107B1:Operations and Maintenance of NAHASDA HOPA

1.2. Program Description(This should be the description of the planned program.):
Operation Maintenance of PTHD NAHASDA.

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.):

(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]

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.):

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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):

Low-Income Native Americans in HOPA units.

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

Maintain units to housing quality standards , i.e., appliances, debris removal; Replacesiding/painting exterior

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.):

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

Planned Number of Units to be Completed in Year Under this Program: 10	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 18107B2:Operations and Maintenance of CAS Rental units

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

Operation and Maintenance of PTHD CAS units.

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.):*

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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low-Income Native Americans

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

Assistance is limited to operations and maintenance of the units including utilities, insurance, AP/AR, garbage collection, water, landscaping, administration, maintenance repairs, property management. Plan to address, paint, asphalt sealing, maintenance shed and storage due to the need to store tools and maintenance items and supplies to complete work orders. (camera installation, lock/door change)

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.):*

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

Planned Number of Units to be Completed in Year Under this Program: 37	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 18107B5:37 ACT Modernization

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

This program will be used for the modernization of Act 1937 units under PTHD's management

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.):*

(1) Modernization 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.):*

(3) Improve quality of substandard units

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.):*

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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low-Income Native Americans Homes that were bought with funds from the 1937 Act dollars.

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

New hot water tanks, new closet enclosures and increase patio size of units

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.):*

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

Planned Number of Units to be Completed in Year Under this Program: 27	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:

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

1.1. Program Name and Unique Identifier: 18107B7:1937 Act Modernization (HOPA)

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

This program will be used for the modernization of Act 1937 units under PTHD's management

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.):*

(1) Modernization 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.):*

(3) Improve quality of substandard units

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.):*

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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low-Income Native Americans Homes that were bought with funds from the 1937 Act dollars.

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

Repair extensively damaged units after tenants vacate, and unit turnovers due to evictions or policy and procedure violations, i.e. floor wall replacement or damages, replacement, painting, appliances, debris removal.

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.):*

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

Planned Number of Units to be Completed in Year Under this Program: 10	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 18107B8:HOPA Loans

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

HOPA Loans to provide assistance to Low-Income Native Americans clients in the Home Ownership Program Agreement (HOPA) an opportunity to get a \$50,000 loan to do major repairs on their home. The program would allow the tenant to make repairs and allowable upgrades on unit if the inspection by housing department determines that is a need for unit to maintain useful life of unit or need repairs identified. The department will insure that the proper procurement procedures are followed for work conducted on homes.

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.):*

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

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.):*

(3) Improve quality of substandard units

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.):*

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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low income Native American HOPA clients

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

HOPA clients must qualify as low income for major repairs deemed necessary by housing department for \$50,000 cap per household. The program will assist 10 homes at a max of \$50,000 per household.

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.):*

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: 10	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:

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

1.1. Program Name and Unique Identifier: 18107D2:Crime & Prevention

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

The provision of safety, security, and law enforcement measures and activities appropriate to protect residents of affordable housing from crime. The need to hire a Puyallup Tribe of Indians Police Officer to be specifically hired to respond to incidents within housing projects. This officer would be available for servicing of termination, eviction, and any court related documents to housing clients. The officer to create a relationship with housing department by attending housing events and activities at NE gym and other scatter sites to give a positive image of Puyallup Tribe of Indians Officers. This program would also provide a budget for the staff that assist with crime and prevention activities at the NE gym and scattered housing sites for clients. While also providing a budget to host these activities to prevent crime, provide the need for mobile cameras from Live View tech due to the need to have this option to deter crime and scattered vacant units in rehab being broken into. Potentially having this camera service available for the construction of the Waller Road Project to prevent crime and incidents.

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.):*

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

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.):*

(11) Reduction in crime reports

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.):*

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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low-Income Native Americans housing clients and housing client community members

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

Officer will provide crime prevention activities; monthly crime reports, provide daily housing focused patrols of all subdivisions. Implement a community policing program. PTHD will provide wages, law enforcement supplies, relevant training, publications, vehicle operational costs. Maintenance of surveillance cameras at each subdivision. Criminal background checks. Update/Replace modem's, cameras and lighting with additional lighting and additional internet feeds to support the system. Trailer with tables and chairs for community events at different site locations to provide an outdoor space to conduct event related to housing safety, crime and prevention to gather safely outdoors and socialize with neighbors and local tribal officers in person to discuss crime prevention: theft, personal safety, neighborhood protection and crime reduction issues. - Plan to build fence at Yakima House, Greatview apartments, Northeast site.

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.):*

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: 0 114	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 18107E1:Operations and Maintenance of NAHASDA Rental units

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

Operation and Maintenance of PTHD NAHASDA.

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.):

(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]

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.):

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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):

Low-Income Native Americans clients

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

Assistance is limited to operations maintenance of the units including utilities, insurance, AP/AR, garbage collection, water, landscaping, administration, maintenance repairs, property management. Plan to address painting of properties, replace floor and walls in units.

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.):

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

Planned Number of Units to be Completed In Year Under this Program: 82	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 18107E2:Housing Services

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

The provision of housing-related services for affordable housing, such as housing counseling in connection with rental or homeownership assistance, establishment and support of resident organizations and resident management corporations, activities, related to the provision of self-sufficiency and other services, and other services related to assisting owners, tenants, contractors, and other entities, participating or seeking to participate in other housing activities assisted pursuant to this section.

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.):*

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

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.):*

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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low-income Native Americans living in PTHD Low Rent and HOPA units.

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

Activities and counseling to provide tenants assistance with tools to become self-sufficient through financial, budgeting, and credit counseling classes. Provide eating healthy habits and cooking. Provide family-oriented events to bring culture, diversity, safety, and crime prevention throughout the year and hosting numerous events. Community awareness of neighbors. Aging in place for our Waller and disabled units.

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.):*

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: 114	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 18107E3:Rental Assistance Voucher Program

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

The Rental Assistance Voucher Program subsidizes housing units in the private market throughout service area for Low-Income Native Americans. Based on 30% of participants adjusted gross monthly income for household.

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.):*

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

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.):*

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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low-Income Native Americans within our service area of Pierce and King County

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

Subsidize rents to landlord-All units are inspected for meeting HQS before occupancy. Program is limited to 36 months per participant unless client meets other preferences deemed in housing policy. Not to exceed FMR-Participant must recertify annually

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.):*

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: 1	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 18107E4:Rehabilitation of NAHASDA Units

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

Rehab of PTHD NAHASDA units

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.):*

(5) Rehabilitation of Rental Housing [202(2)]

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.):*

(3) Improve quality of substandard units

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.):*

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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low-Income Native Americans

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

Assistance is limited to rehabilitation of the units including repairs. Plan to address sprinklers and possibly add more to the sprinkler system, roofs, gutters, (stripping paint, primer, finishing, etc.) paint, replace floors, walls, HVAC and appliances. Meth remediation and boiler system repairs. Place bark at sights for protection of plants and shrubs. Rehab of green house (1415 East 32nd) from the holes to fixing the sinking of unit pillions. Replace playground floor or parts due to issues with maintenance of floor.

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.):*

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

Planned Number of Units to be Completed in Year Under this Program: 82	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 18107F2:Acquisition

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

Purchase new home, or apartment building for low income Native American within service area.

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.):*

(3) Acquisition of Rental Housing [202(2)]

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.):*

(7) Create new affordable rental units

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.):*

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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low-Income Native Americans within our service area

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

Seeking to purchase land and build new low income rental units and/or purchase pre-existing apartment rentals to address the extreme housing needs in the area while following any NAHASDA guidelines and environmental review before purchase. This funding will help find a unit for a family in flood zone that needs to be relocated out of area.

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.):*

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

Planned Number of Units to be Completed in Year Under this Program: 1	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed In Program Year: 0	APR: Actual Number of Households Served In Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 18107F8:Waller Road Construction

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

Waller Road construction for additional complexes on existing site owned by Puyallup Tribe of Indians Housing Department. This project will expand the existing Waller Road site to add the construction of 6 duplex complexes with 2 bedrooms for each unit.

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.):*

(4) Construction of Rental Housing [202(2)]

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.):*

(7) Create new affordable rental units

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.):*

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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

To service low-income Native Americans within our service area.

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

Develop and construct safe and healthy housing for participants on Waller Road waiting lists. Develop 6 duplex complexes with 2 units with 2 bedrooms . Any need for change orders if need be. The project will be using multiple fund sources to complete this project. The estimated cost per unit will be around \$460,813 for a total of \$921,626 per duplex complex. The fund sources that will be used will be from ICDBG ARP Grant # (22RP5312680) \$1,722,746 IHBG ARP Grant # (21AH5312680) (\$2,000,000) IHBG Grant # (55IT5312680) (\$1,277,254) These fund sources will be used for the infrastructure and construction any associated with the Waller Road project.

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.):*

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

Planned Number of Units to be Completed in Year Under this Program: 12	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

Section 4: Maintaining 1937 Act Units, Demolition, and Disposition

NAHASDA §§ 102(b)(2)(A)(v), 102(b)(2)(A)(iv)(I-III)

(1) Maintaining 1937 Act Units(NAHASDA § 102(b)(2)(A)(v))(Describe specifically how you will maintain and operate your 1937 Act housing units in order to ensure that these units will remain viable.)

Adequate fire and extended insurance coverage will continued to be provided for all units owned by the PTHD. Annual inspections will be done on all the rental units to ensure any necessary repairs are attended to in a timely manner. Lease to purchase homeownership unit inspections will result in action plans to address the costs of repairs. Re-inspections will occur for those units in need of serious repairs to meet the HQS.

(2) Demolition and Disposition(NAHASDA § 102(b)(2)(A)(iv)(I-III), 24 CFR 1000.134)Describe any planned demolition or sale of 1937 Act or NAHASDA-assisted housing units. If the recipient is planning on demolition or disposition of 1937 Act or NAHASDA-assisted housing units, be certain to include the timetable for any planned demolition or disposition and any other information that is required by HUD with respect to the demolition or disposition:

PTHD has no plans for demolition or disposition of the 1937 act units in 2024

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					
	(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)	
1. IHBG Funds	\$9,209,463.78	\$4,231,361.00	\$13,440,824.78	\$8,505,479.79	\$4,935,344.99	
2. IHBG Program Income	\$2,400,555.37	\$465,627.00	\$2,866,182.37	\$0.00	\$2,866,182.37	
3. Title VI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
4. Title VI Program Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
5. 1937 Act Operating Reserves	\$0.00		\$0.00	\$0.00	\$0.00	
6. Carry Over 1937 Act Funds	\$0.00		\$0.00	\$0.00	\$0.00	
7. ICDBG Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
8. Other Federal Funds	\$3,462,816.00	\$0.00	\$3,462,816.00	\$3,326,056.21	\$136,759.79	
9. LIHTC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10. Non-Federal Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total	\$15,072,835.15	\$4,696,988.00	\$19,769,823.15	\$11,831,536.00	\$7,938,287.15	
TOTAL Columns C and H(2 through 10)			\$6,328,998.37			
SOURCE	APR					
	(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 to be expended during 12-month program year	(J) Actual unexpended funds remaining at end of program year (H-I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds			\$0.00		\$0.00	
2. IHBG Program Income			\$0.00		\$0.00	
3. Title VI			\$0.00		\$0.00	
4. Title VI Program Income			\$0.00		\$0.00	
5. 1937 Act Operating Reserves			\$0.00		\$0.00	
6. Carry Over 1937 Act Funds			\$0.00		\$0.00	
7. ICDBG Funds			\$0.00		\$0.00	
8. Other Federal Funds			\$0.00		\$0.00	
9. LIHTC			\$0.00		\$0.00	
10. Non-Federal Funds			\$0.00		\$0.00	
Total			\$0.00		\$0.00	
TOTAL Columns C and H(2 through 10)			\$0.00			

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 **Uses of Funding table 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		
	(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) Total funds expended in 12-month program year (O+P)
18107A1: Housing Management	\$956,832.44		\$956,832.44	\$0.00	\$0.00	\$0.00
18107B1: Operations and Maintenance of NAHASDA HOPA	\$308,940.48		\$308,940.48	\$0.00	\$0.00	\$0.00
18107B2: Operations and Maintenance of CAS Rental units	\$706,348.76		\$706,348.76	\$0.00	\$0.00	\$0.00
18107B5: 37 ACT Modernization	\$405,000.00	\$0.00	\$405,000.00	\$0.00	\$0.00	\$0.00
18107B7: 1937 Act Modernization (HOPA)	\$105,317.72		\$105,317.72	\$0.00	\$0.00	\$0.00
18107B8: HOPA Loans	\$500,000.00	\$0.00	\$500,000.00	\$0.00	\$0.00	\$0.00
18107D2: Crime & Prevention	\$639,000.00		\$639,000.00	\$0.00	\$0.00	\$0.00
18107E1: Operations and Maintenance of NAHASDA Rental units	\$1,450,011.40		\$1,450,011.40	\$0.00	\$0.00	\$0.00
18107E2: Housing Services	\$246,277.36		\$246,277.36	\$0.00	\$0.00	\$0.00
18107E3: Rental Assistance Voucher Program	\$18,589.80		\$18,589.80	\$0.00	\$0.00	\$0.00
18107E4: Rehabilitation of NAHASDA Units	\$561,040.92		\$561,040.92	\$0.00	\$0.00	\$0.00
18107F2: Acquisition	\$608,399.08		\$608,399.08	\$0.00	\$0.00	\$0.00
18107F8: Waller Road Construction	\$1,277,254.00	\$3,326,056.21	\$4,603,310.21	\$0.00	\$0.00	\$0.00
Loan repayment - describe in 3 & 4 below	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Planning and Administration	\$999,721.83	\$0.00	\$999,721.83	\$0.00	\$0.00	\$0.00
TOTAL	\$8,782,733.79	\$3,326,056.21	\$12,108,790.00	\$0.00	\$0.00	\$0.00

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): **Waller Road Construction includes leveraged funds from ICDBG ARP and IHBG-ARP.**

(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.):

Approval Completed

Section 6: Other Submission Items

[102(b)(2)(C)(ii)], [201(b)(5)], [202(6)], [205(a)(2)], [209], 24 CFR §§ 1000.108, 1000.120, 1000.142, 1000.238, 1000.302

(1) Useful Life/Affordability Period(s) (*NAHASDA § 205, 24 CFR § 1000.142*) (Describe your plan or system for determining the useful life/affordability period of the housing it assists with IHBG and/or Title VI funds must be provided in the IHP. A record of the current, specific useful life/affordability period for housing units assisted with IHBG and/or Title VI funds (excluding Mutual Help) must be maintained in the recipient's files and available for review for the useful life/affordability period.):

IHP Funds

IHBG funds expended

under \$5,000 6months

\$5,000 to \$15,000 5years

\$15,000-\$40,000 10 years

over \$40,000 15 years

New construction or acquisition of newly constructed housing: 20 years

2) Model Housing and Over-Income Activities(*NAHASDA § 202(6), 24 CFR § 1000.108*) (If you wish to undertake a model housing activity or wish to serve non-low-income households during the 12-month program year, those activities may be described here, in the program description section of the 1-year plan, or as a separate submission.):

N/A

(3) Tribal and Other Indian Preference(*NAHASDA § 201(b)(5), 24 CFR § 1000.120*) If preference will be given to tribal members or other Indian families, the preference policy must be described. This information may be provided here or in the program description section of the 1-year plan.

Does the Tribe have a preference policy?: Yes

If yes, describe the policy. PTHD is committed to non-discrimination. PTHD shall not discriminate while providing services on race, color, gender, sexual orientation, disability, national origin, or veteran status. However PTHD will exercise its sovereign authority regarding the practice of Puyallup Tribal preference regarding eligibility of services. Furthermore, PTHD will only service eligible Native Americans and Alaskan Natives.

(4) Anticipated Planning and Administration Expenses (*NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238*)

Do you intend to exceed your allowable spending cap for Planning and Administration? No

If yes, describe why the additional funds are needed for Planning and Administration. For a recipient administering funds from multiple grant beneficiaries with a mix of grant or expenditure amounts, for each beneficiary state the grant amount or expenditure amount, the cap percentage applied, and the actual dollar amount of the cap.

(5) Actual Planning and Administration Expenses(*NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238*)

Did you exceed your spending cap for Planning and Administration?

If yes, did you receive HUD approval to exceed the cap on Planning and Administration costs?

If you did not receive approval for exceeding your spending cap on planning and administration costs, describe the reason(s) for exceeding the cap. (See Section 6, Line 5 of the Guidance for information on carry-over of unspent planning and administration expenses.)

(6) Expanded Formula Area - Verification of Substantial Housing Services (*24 CFR § 1200.302(3)*) If your tribe has an expanded formula area (i.e., an area that was justified based on housing services provided rather than the list of areas defined in 24 CFR § 1200.302 Formula Area (1)), the tribe must demonstrate that it is continuing to provide substantial housing services to that expanded formula area. Does the tribe have an expanded formula area? No

If no, proceed to Section 7.

If yes, list each separate geographic area that has been added to the Tribe's formula area and the documented number of Tribal members residing there.

For each separate formula area expansion, list the budgeted amount of IHBG and other funds to be provided to all American Indian and Alaska Native (AIAN) households and to only those AIAN households with incomes 80% of median income or lower during the recipient's 12-month program year:

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**

(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: **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**

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**

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: **Yes**

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**

Section 8: IHP Tribal Certification

NAHASDA § 102(c)

This certification is used when a Tribally Designated Housing Entity (TDHE) prepares the IHP or IHP amendment on behalf of a tribe.

This certification must be executed by the recognized tribal government covered under the IHP.

(1) The recognized tribal government of the grant beneficiary certifies that:

(2) It had an opportunity to review the IHP or IHP amendment and has authorized the submission of the IHP by the TDHE

(3) It has delegated to such TDHE the authority to submit an IHP or IHP amendment on behalf of the Tribe without prior review by the Tribe

(4) Tribe:

(5) Authorized Official's Name and Title:

(6) Authorized Official's Signature:

(7) Date (MM/DD/YYYY):

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: