




GILA RIVER INDIAN COMMUNITY

DEPARTMENT OF COMMUNITY HOUSING



TO: Members of the Gila River Indian Community

FROM: Derwin Cooper, Director 

DATE: Friday, November 15, 2024

SUBJ: Annual Performance Report (APR) for Grant Year 2024

In accordance with 24 CFR 1000.518, the Department of Community Housing is required to make its report publicly available to Tribal members, non-Indians served under NAHASDA and other citizens in its Indian area. The purpose for public availability is to obtain any and all comments to the report; the comments will be used to better the services of the Department. The contents in the report consist of the following:

- General Information
- Sources of Funds
- Uses of Funds
- Monitoring
- Inspection of Assisted Housing
- Audits
- Public Availability
- Jobs Created by NAHASDA

Please use the Public Availability Comment Sheet for all comments. At the end of the public availability period, the comments will be noted under Section C (Public Accountability) for HUD's review. The timeframe for the public comment feedback will be due on **Friday, December 13, 2024**.

If you have any questions, please refer them to Administrative Services.

Attachments

Cc: File

Section 1: Cover Page

- (1) Grant Number: 55IT0401760
- (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:** Gila River Pima-Maricopa Indian Community
- (10) **Contact Person:** Roe Lewis, Stephen
- (11) **Telephone Number with Area Code (999) 999-9999:** 520-562-9840
- (12) **Mailing Address:** PO Box 97, 525 West Gu U Ki
- (13) **City:** Sacaton
- (14) **State:** AZ
- (15) **Zip Code (99999 or 99999-9999):** 85147-0001
- (16) **Fax Number with Area Code (999) 999-9999:** 520-562-6010
- (17) **Email Address** Executivemail@gric.nsn.us
- (18) **If TDHE, List Tribes Below:**
- (19) **Tax Identification Number:** 860107023
- (20) **UEI Number:** VEB2J5QVVNN9
- (21) **CCR/SAM Expiration Date (MM/DD/YYYY):** 06/15/2024
- (22) **IHBG Fiscal Year Formula Amount:** \$10,522,264
- (23) **Name of Authorized IHP Submitter:** Derwin Cooper
- (24) **Title of Authorized IHP Submitter:** Director
- (25) **Signature of Authorized IHP Submitter:**
- (26) **IHP Submission Date (MM/DD/YYYY):** 04/08/2024
- (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.