

# GILA RIVER INDIAN COMMUNITY

*Executive Office of the Governor & Lieutenant Governor*

“Gila River Strong”

*Stephen Roe Lewis*  
Governor



*Monica Lynn Antone*  
Lieutenant Governor

October 16, 2023

David Southerland, Acting Administrator  
U.S. Department of Housing and Urban Development  
Southwest Office of Native American Programs  
One North Central Avenue, Suite 600  
Phoenix, Arizona 85004-4415

Dear Mr. Southerland,

The Gila River Indian Community (GRIC), Department of Community Housing (DCH) respectfully submits the FY2023 Annual Performance Report for review and approval and authorizes Trina Fasthorse, DCH Deputy Director to submit the IHP in the Energy and Performance Information Center (EPIC) system on behalf of the GRIC-DCH.

Please do not hesitate to contact Derwin Cooper, DCH Director with any questions or concerns. Mr. Cooper may be reached at (520) 562-3904 or via email at [Derwin.cooper.dch@gric.nsn.us](mailto:Derwin.cooper.dch@gric.nsn.us).

Sincerely,

Stephen R. Lewis, Governor  
Gila River Indian Community

Cc: Monica Antone, GRIC Lt. Governor  
Patrick Palmer, HUD Grants Management  
Suzanne Jones, GRIC Community Manager  
Derwin Cooper, GRIC DCH Director  
Trina Fasthorse, GRIC DCH Deputy Director  
Rebecca Hall, GRIC Law Office

# Section 1: Cover Page

- (1) Grant Number: 55IT0401760
- (2) Recipient Program Year: 10/01/2022 - 09/30/2023
- (3) Federal Fiscal Year: 2023
- (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:** 525 West Gu u ki PO Box 97
- (13) **City:** Sacaton
- (14) **State:** AZ
- (15) **Zip Code** (99999 or 99999-9999): 851470097
- (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): 04/02/2024
- (22) **IHBG Fiscal Year Formula Amount:** \$9,014,227
- (23) **Name of Authorized IHP Submitter:** FASTHORSE, TRINA
- (24) **Title of Authorized IHP Submitter:** Dept. of Community Housing Deputy Director
- (25) **Signature of Authorized IHP Submitter:** FASTHORSE, TRINA
- (26) **IHP Submission Date** (MM/DD/YYYY): 07/15/2022
- (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)		

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

**(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)*):

The FY2023 Indian Housing Plan will support the following: need for rehabilitation. Complete annual inspections which will determine modernization/renovation of a unit or reconstruction if needed. Assist families dealing with overcrowding and living in sub-standard housing. Convert homes to ADA accessibility by rehabilitating an existing rental unit. Security will patrol DCH neighborhoods a minimum of 20 hours per day, 7 days a week. Provide routine maintenance to all low rent units. Provide for homeownership opportunity.

**(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)*:

Geographical area includes Pinal and Maricopa Counties, bothpart of the Gila River Indian Community.