

GILA RIVER INDIAN COMMUNITY

Executive Office of the Governor & Lieutenant Governor

"Gila River Strong"

Stephen Roe Lewis
Governor



Regina Antone
Lieutenant Governor

November 18, 2024

Dr. Corinna Stiles, Administrator
U.S. Department of Housing and Urban Development
Southwest Office of Native American Programs
2800 North Central Avenue, Suite 700
Phoenix, Arizona 85004-4415

Dear Dr. Stiles,

The Gila River Indian Community (GRIC), Department of Community Housing (DCH) respectfully submits the FY2024 Annual Performance Report for review and approval and authorizes Derwin Cooper, DCH Director to submit the APR in the Grants Evaluation and Management System (GEMS) on behalf of 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.

Sincerely,

A handwritten signature in black ink, appearing to be "SRL", written over a large, faint watermark of the Gila River Indian Community logo.

Stephen R. Lewis, Governor
Gila River Indian Community

Cc: Regina 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
Zachary Picciotti, GRIC Law Office

Section 1: Cover Page

- (1) Grant Number: 55IT0401760
- (2) Recipient Program Year: 10/1/2023 - 9/30/2024
- (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:** Derwin Cooper
- (28) **Title of Authorized APR Submitter:** Director
- (29) **Signature of Authorized APR Submitter:** Derwin Cooper
- (30) **APR Submission Date** (MM/DD/YYYY): 12/20/2024

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	
(2) Renters Who Wish to Become Owners	X	
(3) Substandard Units Needing Rehabilitation	X	
(4) Homeless Households	X	
(5) Households Needing Affordable Rental Units	X	
(6) College Student Housing		
(7) Disabled Households Needing Accessibility	X	
(8) Units Needing Energy Efficiency Upgrades	X	
(9) Infrastructure to Support Housing	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 FY2024 Indian Housing Plan will support the following: need for rehabilitation, maintenance, management, and improve efficiency and/or replace deteriorating infrastructure. 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 rentunits. 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, both part of the Gila River Indian Community.'

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: 2024-1:Operation of 1937 Act Housing

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

Provide routine and emergency maintenance and repairs for the upkeep of the 1937 Housing Act Units to include: Insurance coverage for each unit; personnel expense to manage property; Maintenance materials and equipment; Equipment rentals; Pest control services; Preventative maintenance measures.

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.):*

(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.):*

(3) Improve quality of substandard units

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 families.

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

Types of assistance will include repair to units identified by annual inspections results and complete routine, preventative maintenance and emergency work orders to all units. The level of assistance will be dependent on need, additionally, identify tenant abuse and/or wear and tear.

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.):*

Maintenance personnel successfully completed annual inspections on all units to determine deficiencies. Maintenance completed over 4000 work orders and charged for repairs accordingly (identified to be tenant abuse). Provided routine and emergency maintenance and repairs for the upkeep of the 1937 Housing Act Units to include: Insurance coverage for each unit, performed preventative maintenance on fire extinguishers, smoke detectors, conducted filter changes and HVAC coil cleaning as well as pest control services. Additionally, personnel maintained landscaping in common areas and housing public buildings.

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

Planned Number of Units to be Completed in Year Under this Program: 661	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: 661	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: 2024-10:Infrastructure

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

Infrastructure assessment and installation for 20 new single family rental units. Infrastructure is necessary to support housing residents. Activity to fund materials, supplies and equipment purchases; contractors expense, additional assessments may be required to determine possible needs for engineering, testing, structural/infrastructure stability or earthwork.

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.):*

(24) Infrastructure to Support 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.):*

(7) Create new affordable rental units

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 families will be assisted.

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

The type of assistance will be to build and add to the inventory of safe and stable units to the Community for eligible low income Native American families.

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.):*

Successfully identified construction area, and obtained Tribal Council resolution to grant land approval. Actual ground work has yet to be completed. Infrastructure assessment for the installation for 20 new single family rental units has been completed. FY2025 will continue with completed Environmental Review, testing, and ground work.

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:
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))):*

Projects of this level require a number of steps to include Environmental Review, which requires time to consult with Cultural and Historical Offices. No project expenditures as of date, Fiscal year 2025 will see more ground work expenditures.

1.1. Program Name and Unique Identifier: 2024-2:Modernization of 1937 Act Housing

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

Moderate rehabilitation of 1937 Act housing, to include modernization of standard energy efficiency to homes. Activity to fund personnel expense; modernization materials, supplies and equipment; equipment rental and purchases.

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.):*

(3) Improve quality of substandard units

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 families.

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

Types and level of assistance is dependent on need. Identify, test and eliminate and reduce lead-based paint and asbestos hazards. Increase energy efficiency of units. Convert units to ADA accessibility. Replace deficiencies to include but not limited to: cabinets, doors, and carports, etc. Address erosion issues.

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.):*

Successfully completed moderate rehabilitation of 1937 Act housing, to include modernization of standard energy efficiency to homes. Activity to fund personnel expense; modernization materials, supplies and equipment; equipment rental and purchases. Types and level of assistance is dependent on need. Staff has successfully identify, test and eliminated and reduced lead-based paint and asbestos hazards; and increased unit energy efficiency, converted units for ADA accessibility and replaced deficiencies to include but not limited to: cabinets, doors, and carports, etc.

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

Planned Number of Units to be Completed in Year Under this Program: 30	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: 30	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: 2024-3: Tenant Based Rental Assistance

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

Provide Urban Rental Assistance to eligible enrolled Community members who reside in Maricopa and Pinal Counties. Participants will receive rental assistance up to \$600.00 dollars per month for a period of 12 months paid to landlord.

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.):*

(5) Address homelessness

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.):*

(5) Address homelessness

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 families.

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

The type of assistance is rental assistance, the level will be up to \$600.00 dollars per month for a period of up to twelve months for each eligible applicant.

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.):*

Successfully provided tenant assistance to eligible enrolled Community members who reside in Maricopa and Pinal Counties to prevent homelessness and keep Tribal members housed. Participants received rental assistance up to \$600.00 dollars per month for a period of 12 months (paid to landlord).

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

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 75	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: 75	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: 2024-4:Development and Construction Planning

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

This activity will support the planning, engineering services, and supervision for future projects and current project management. Conduct Environmental Reviews; Site/Engineering Improvement Plans; Infrastructure development services to include soil and property testing. To include budget planning, pre-design, and Contractor assessment and project management. Activity to fund personnel expense; materials, supplies and equipment purchases.

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.):*

(24) Infrastructure to Support 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.):*

(7) Create new affordable rental units

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 families.

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

The type of assistance will be determined on the scope of work, from rehabilitation to re-construction. Level of assistance will be based on the work write-up for a rehabilitation program, capped by the TDC.

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.):*

Successfully identified, developed, and coordinated FY2024 project support to include, the planning, engineering services, and supervision /project management. Organized and completed Environmental Reviews; Site/Engineering Improvement Plans; Infrastructure development services to include soil and property testing. To include budget planning, pre-design, and Contractor assessment and project management. Activity to fund personnel expense; materials, supplies and equipment purchases.

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

Planned Number of Units to be Completed in Year Under this Program: 4	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: 2024-5:Housing Services

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

Housing Services and housing management of services will be responsible for oversight of the following: oversight of compliance of all tenants in rental units; Inspections and operating of units to include annual inspections on all units; Tenant relocation based current household compositions; Collect restitution on criminal damages to DCH Housing Units; Provide outreach and training to educate tenants and youth on sustaining healthy families, self sufficiency, homeless prevention, counseling through collaboration with other GRIC services. In addition to grant research and writing to financial support affordable housing construction and maintenance. Activity to fund personnel expense; materials, supplies and equipment purchases.

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.):*

(6) Assist affordable housing for low income households

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

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

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

Management of NAHASDA low rent units. Tenant file maintenance. Process and validate applications, by conducting 3rd party income verification to determine eligibility. Update and maintain waiting list/selection of eligible tenants. Collect restitution. Monitor lease violations to ensure compliance. Complete Annual and Interim re-certifications. Tenant ledger management and review.

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.):*

Housing Services has successfully managed the oversight of the following: tenant lease compliance; inspections and operating of units to include annual inspections; Tenant relocation based current household compositions; Collect restitution on criminal damages to DCH Housing Units; Provide outreach and training to educate tenants and youth on sustaining healthy families, self sufficiency, homeless prevention, counseling through collaboration with other GRIC services. In addition to grant research and writing to financial support affordable housing construction and maintenance. Management of NAHASDA low rent units. Tenant file maintenance. Process and validate applications, by conducting 3rd party income verification to determine eligibility. Update and maintain waiting list/selection of eligible tenants. Collect restitution. Monitor lease violations to ensure compliance. Complete Annual Interim re-certifications. Tenant ledger management and review.

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

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 45	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: 45	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: 2024-6:Crime Prevention and Safety

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

Security will patrol Department of Community Housing neighborhoods and will serve as a liaison between the department and emergency responders. Additionally improve physical security equipment such as fencing, lighting, camera's, secure safe playground equipment, etc. Activity to fund personnel expense; materials, supplies and equipment purchases.

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.):*

(11) Reduction in crime reports

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 families.

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

Security will patrol all Department of Community Housing sub-divisions/neighborhoods, and Department of Community Housing facilities. Department will install fencing, solar motion sensor lights, and camera's for high crime areas as a mitigation to criminal activity.

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.):*

Security will patrol Department of Community Housing neighborhoods and will serve as a liaison between the department and emergency responders. Additionally improve physical security equipment such as fencing, lighting, camera's, secure safe playground equipment, etc. The Security guards have reported 296 incident reports on various activities from graffiti, trespassing, Criminal Damage, Alcohol violations, and assist the Housing Services Specialist conduct welfare checks and support during field visits. This activity has funded personnel; materials, supplies and equipment purchases.

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

Planned Number of Units to be Completed in Year Under this Program: 0	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: 2024-7:Operations and Maintenance of NAHASDA-Assisted Units

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

Provide routine maintenance and repairs for all NAHASDA units to include: insurance coverage on each unit, Warehouse and Administration buildings; personnel expenses; maintenance materials, supplies and equipment and equipment rentals.

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.):*

(6) Assist affordable housing for low income households

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

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

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

Complete annual inspections on all units. Complete repairs and maintenance to all units. Identify, document (work orders), schedule and complete tenant abuse repair, general, emergency and preventative maintenance as required.

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.):*

Successfully provide routine maintenance and repairs for all NAHASDA rental units to include: insurance coverage on each unit, Warehouse and Administration buildings; personnel expenses; maintenance materials, supplies and equipment and equipment rentals.

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

Planned Number of Units to be Completed in Year Under this Program: 45	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: 45	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: 2024-8:Construction of Rental Housing

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

Demolition and reconstruction of six (6) substandard 1937 Act single family rental units. Demolition is necessary due to building code violations which pose an imminent threat to the health and safety of housing residents. The housing units have been condemned by the Dept. of Community Housing which has authority over the unit. Activity to fund personnel expense; materials, supplies and equipment purchases; contractors expense (each unit will include total development cost of \$420,356). The amount to be expended is \$2,522,136.

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.):*

(3) Improve quality of substandard units

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 families

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

The type of assistance will be to rebuild and add to the inventory of safe and stable units to the Community for eligible low income Native American families. The homes will demolished and rebuilt within one year of demolition. The units will remain low-rent 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.):*

Project management has been developed. Project preliminary has been completed and bid solicitation is in review.

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

Planned Number of Units to be Completed in Year Under this Program: 6	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))):*

Due to internal organizational delays in scheduling and bidding process this project has been delayed. Preliminary has been completed in fiscal year 2024. Project will be completed in fiscal year 2025.

1.1. Program Name and Unique Identifier: 2024-9:Infrastructure

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

Assessment, upgrades, replacement of substandard infrastructure for single family rental units. Upgrades/replacement is necessary due to building code violations which pose an imminent threat to the health and safety of housing residents. The housing units have been condemned by the Dept. of Community Housing which has authority over the unit. Activity to fund materials, supplies and equipment purchases; contractors expense, additional assessments may be required to determine possible needs for engineering, testing, structural/ infrastructure stability or earthwork.

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.):*

(24) Infrastructure to Support 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):*

Create new affordable rental units and/or rebuild existing affordable units.

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

(7) Create new affordable rental units

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 families

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

The type of assistance will be to rebuild and add to the inventory of safe and stable units to the Community for eligible low income Native American families.

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.):*

Project management has been developed. Project preliminary has been completed and bid solicitation is in review.

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

Planned Number of Units to be Completed in Year Under this Program: 0	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))):*

Due to internal organizational delays in scheduling and bidding process this project has been delayed. Preliminary has been completed in fiscal year 2024. Project will be completed in fiscal year 2025.

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.)*

The Department of Community Housing will plan and schedule operation and maintenance of 661 formula current Assisted Stock. Annual inspections will continue to support and preserve the 1937 Act Housing Units as well as monitoring units for improvement in the area of energy efficiency and complete timely repairs.

(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:*

DCH plans to demolish and reconstruct six (6) substandard 1937 Act single family rental units. Demolition is necessary due to building code violations which pose an imminent threat to the health and safety of housing residents. The housing units have been condemned by the Dept. of Community Housing which has authority over the unit. Activity to fund personnel expense; materials, supplies and equipment purchases; contractors expense (each unit will include total development cost of \$420,356). The amount to be expended is \$2,522,136.

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	\$4,993,761.00	\$10,522,264.00	\$15,516,025.00	\$15,516,025.00	\$0.00	
2. IHBG Program Income	\$0.00	\$600,000.00	\$600,000.00	\$600,000.00	\$0.00	
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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
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	\$4,993,761.00	\$11,122,264.00	\$16,116,025.00	\$16,116,025.00	\$0.00	
TOTAL Columns C and H (2 through 10)			\$600,000.00			
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	\$7,538,410.17	\$12,199,096.00	\$19,737,506.17	\$7,046,491.68	\$12,691,014.49	
2. IHBG Program Income		\$662,804.98	\$662,804.98	\$662,804.98	\$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	\$7,538,410.17	\$12,861,900.98	\$20,400,311.15	\$7,709,296.66	\$12,691,014.49	
TOTAL Columns C and H (2 through 10)			\$662,804.98			

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)
2024-1: Operation of 1937 Act Housing	\$3,134,227.00	\$300,000.00	\$3,434,227.00	\$3,020,600.00	\$331,402.49	\$3,352,002.49
2024-10: Infrastructure	\$1,000,000.00	\$0.00	\$1,000,000.00	\$0.00	\$0.00	\$0.00
2024-2: Modernization of 1937 Act Housing	\$2,523,953.00	\$300,000.00	\$2,823,953.00	\$1,110,792.45	\$331,402.49	\$1,442,194.94
2024-3: Tenant Based Rental Assistance	\$540,000.00	\$0.00	\$540,000.00	\$531,326.44	\$0.00	\$531,326.44
2024-4: Development and Construction Planning	\$900,000.00	\$0.00	\$900,000.00	\$177,367.43	\$0.00	\$177,367.43
2024-5: Housing Services	\$600,000.00	\$0.00	\$600,000.00	\$624,843.34	\$0.00	\$624,843.34
2024-6: Crime Prevention and Safety	\$700,000.00	\$0.00	\$700,000.00	\$346,001.72	\$0.00	\$346,001.72
2024-7: Operations and Maintenance of NAHASDA-Assisted Units	\$1,000,000.00	\$0.00	\$1,000,000.00	\$88,903.16	\$0.00	\$88,903.16
2024-8: Construction of Rental Housing	\$2,522,136.00	\$0.00	\$2,522,136.00	\$941.94	\$0.00	\$941.94
2024-9: Infrastructure	\$605,517.00	\$0.00	\$605,517.00	\$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	\$1,990,192.00	\$0.00	\$1,990,192.00	\$1,145,715.20	\$0.00	\$1,145,715.20
TOTAL	\$15,516,025.00	\$600,000.00	\$16,116,025.00	\$7,046,491.68	\$662,804.98	\$7,709,296.66

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): **No leveraging. Program income will be earned (through laundry facility and tenant abuse charges) and will be reallocated to activities under the Operation or Modernization of 1937 Act Housing.**

(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.):

No leveraging. Program income will be earned (through laundry facility and tenant abuse charges) and will be reallocated to activities under the Operation or Modernization of 1937 Act Housing.

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.):

The useful life of the unit will remain affordable housing based on the amount of IHBG funds invested. The sliding scale is as follows: Under \$5,000 - 6 months; \$5,000 to \$15,000 - 5 years; \$15,001 to \$40,000 - 10 years; Over \$40,000 - 15 years; New construction or acquisition of newly constructed housing units will remain affordable housing for 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.):

Not applicable.

(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. **Low Income applicant family whose head of household or spouse is an enrolled Gila River Indian Community (GRIC) member, who is elderly, near elder, a person with disabilities or a veteran. 2. Low Income applicant whose head of household or spouse is a GRIC member 18 years or older. 3. Low income applicant who are not GRIC members, but care for GRIC enrolled depend(s). 4. Applicant family whose head of household or spouse is an enrolled member of a federally recognized tribe. 5. Applicant non-Indian family determined to be eligible to receive assistance.**

(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? **No**

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:

Expanded Formula Area:

Geographic area that has been added to the Tribe's formula area and the documented number of Tribal members residing there :

All AIAN Households - IHBG Funds : **\$0.00**

AIAN Households with Incomes 80% or Less of Median Income - IHBG Funds : **\$0.00**

All AIAN Households - Funds from Other Sources : **\$0.00**

AIAN Households with Incomes 80% or Less of Median Income - Funds from Other Sources : **\$0.00**

(7) APR: : If answered "Yes" in Field 6, for each separate formula area, list the amount of IHBG and other funds expended for all AIAN households and for only AIAN households with incomes 80% of median income or lower during the recipient's 12#month program year.

All AIAN Households - IHBG Funds : **\$0.00**

AIAN Households with Incomes 80% or Less of Median Income - IHBG Funds : **\$0.00**

All AIAN Households - Funds from Other Sources :**\$0.00**

AIAN Households with Incomes 80% or Less of Median Income - Funds from Other Sources : **\$0.00**

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: **Yes**

(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:

Section 10: Self-Monitoring

NAHASDA § 403(b), 24 CFR §§ 1000.26, 85.37, 85.40

(1) Do you have a procedure and/or policy for self-monitoring? **Yes**

(2) Pursuant to 24 CFR § 1000.502(b) where the recipient is a TDHE, did the TDHE provide periodic progress reports including the self-monitoring report, Annual Performance Report, and audit reports to the Tribe? **Yes**

(3) Did you conduct self-monitoring, including monitoring sub-recipients? **Yes**

(4) Self-Monitoring Results. *(Describe the results of the monitoring activities, including corrective actions planned or taken.):*

1. Inaccurate Addresses on Amerind Insurance Policy. Do not Concur. Action Plan: DCH maintains adequate insurance coverage for housing units that are owned and operated under NAHASDA funding. DCH maintains NAHASDA compliance. Although, Amerind Policy addresses listed are not uniformed (project/unit number as opposed to physical address) DCH HDS Doorways system includes both project and unit numbers along with physical address. DCH will work with Amerind representative to address uniformed address to include both project/unit and physical addresses.

2. Stock Homes Not listed on Amerind Insurance Policy. Do Not Concur. Action Plan: DDCH maintains adequate insurance coverage for housing units that are owned and operated under NAHASDA funding. DCH maintains NAHASDA compliance. DCH will work with Amerind representative to address uniformed address to include both project/unit and physical addresses to assist in properly identifying listed units.

3. Credit Card Payments Not Submitted within 24 Hours. Action Plan. DCH will review and update standard operating procedures (SOP) regarding cash (equivalent) handling, and conduct staff retraining. DCH will conduct monitoring and reconciliation to ensure deposits are completed in a timely manner; and SOP training will be completed.

4. Internal Control Weakness: Reconciliation of Rent Payments. Action Plan: DCH will conduct reconciliations in a timely manner. DCH will review and update standard operation procedures and training will be completed. DCH will conduct random tenant ledger reviews to ensure rent payments are reconciled.

5. Current Lease Agreements Not Maintained. Action Plan: DCH will update identified cases. Staff retraining will be completed. DCH will conduct random file reviews to ensure updated leases are maintained.

6. Ineligible Applicant Letter Not Documented. Action Plan: DCH will conduct weekly file checks to ensure new applications are processed and issued eligibility letters. DCH will clarify the standard operation procedures and complete staff retraining. DCH will conduct random applicant file review.

7. Application Requirements Not Documented. Action Plan: DCH will update identified cases. DCH will update the standard operation procedures and complete staff retraining. DCH will conduct random file reviews to ensure application requirements are documented and files are maintained.

8. Annual Recertification's Not Updated. Action Plan: DCH will update identified cases to ensure missing records are documented. DCH will clarify the standard operation procedures and complete staff retraining. DCH will conduct random file reviews to ensure application requirements are documented and maintained.

9. Inconsistent Grievance Process. Action Plan: DCH Management will properly document extenuating circumstances in the grievance file to detail timeline issues, such as investigations, pending documents, tenant rescheduling, DCH will complete standard operating guide to clarify "7-day requirement from the aggrieved event."

10. Vehicle Records Not Provided. Action Plan: DCH Management will implement monitoring controls to ensure vehicle records are maintained. DCH will ensure all vehicles are using the current forms to detail credit card sign out/in.

11. Department Inventory Not Maintained. Action Plan: DCH Warehouse and administration have identified and conducted research of missing items and will update the DCH inventory to include GRIC tag numbers.

12. Sacate – Perpetual Inventory Not Maintained. Action Plan: DCH Warehouse has identified and conducted recounts and updated the MIS ACCESS database. DCH will conduct monthly reconciliations.

Section 11: Inspections

NAHASDA § 403(b)

(1) **Inspection of Units** Self-Monitoring Results. (Use the table below to record the results of recurring inspections of assisted housing.)

Activity (A)	Total Number of Units (B)	Units in Standard Condition (C)	Units Needing Rehabilitation (D)	Units Needing to be Replaced (E)	Total Number of Units Inspected (F=C+D+E)
1937 Housing Act Units:					
a. Rental	706	617	83	6	706
b. Homeownership	0	0	0	0	0
c. Other	0	0	0	0	0
1937 Act Subtotal:	706	617	83	6	706
NAHASDA Associated Units:					
a. Rental	0	0	0	0	0
b. Homeownership	0	0	0	0	0
c. Rental Assistance	0	0	0	0	0
d. Other	0	0	0	0	0
NAHASDA Act Subtotal:	0	0	0	0	0
Total:	706	617	83	6	706

(2) Did you comply with your inspection policy: **Yes**

(3) If no, why not:

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**

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.

Audit Due Date : **06/30/2025**

Section 13: Public Availability

NAHASDA § 408, 24 CFR § 1000.518

(1) Did you make this APR available to the citizens in your jurisdiction before it was submitted to HUD (24 CFR § 1000.518): **Yes**

(2) If you are a TDHE, did you submit this APR to the Tribe(s) (24 CFR § 1000.512): **Not Applicable**

(3) If you answered “No” to question #1 and/or #2, provide an explanation as to why not and indicate when you will do so.

(4) Summarize any comments received from the Tribe(s) and/or the citizens (NAHASDA § 404(d)).

No comments submitted.

Section 14: Jobs Supported by NAHASDA

NAHASDA § 404(b)

Use the table below to record the number of jobs supported with IHBG funds each year.

Indian Housing Block Grant Assistance (IHBG)	
(1) Indian Housing Block Grant Assistance (IHBG)	75
(2) Number of Temporary Jobs Supported	0

(3) Narrative (optional):

Section 15: IHP Waiver Requests

NAHASDA § 101(b)(2)

THIS SECTION IS ONLY REQUIRED IF THE RECIPIENT IS REQUESTING A WAIVER OF AN IHP SECTION OR A WAIVER OF THE IHP SUBMISSION DUE DATE.

A waiver is valid for a period not to exceed 90 days Fill out the form below if you are requesting a waiver of one or more sections of the IHP. **NOTE** :This is NOT a waiver of the IHBG program requirements but rather a request to waive some of the IHP submission items.

- (1) List below the sections of the IHP where you are requesting a waiver and/or a waiver of the IHP due date. (*List the requested waiver sections by name and section number*) :
- (2) Describe the reasons that you are requesting this waiver (*Describe completely why you are unable to complete a particular section of the IHP or could not submit the IHP by the required due date.*) :
- (3) Describe the actions you will take in order to ensure that you are able to submit a complete IHP in the future and/or submit the IHP by the required due date. (*This section should completely describe the procedural, staffing or technical corrections that you will make in order to submit a complete IHP in the future and/or submit the IHP by the required due date.*):
- (4) Recipient: **Gila River Pima-Maricopa Indian Community**
- (5) Authorized Official's Name and Title:
- (6) Authorized Official's Signature:
- (7) Date (*MM/DD/YYYY*):