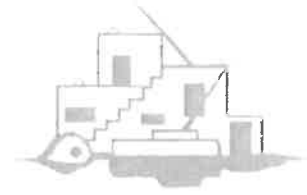


HOPI TRIBAL HOUSING AUTHORITY

PUBLIC ANNOUNCEMENT



February 27, 2023

**SUBJECT: ANNUAL PERFORMANCE REPORT FOR IHBG-ARP FISCAL YEAR ENDED
DECEMBER 31, 2023.**

Dear Hopi Sinom,

As a recipient of funds under the Native American Housing and Self Determination Act of 1996 (NAHASDA), the Hopi Tribal Housing Authority is required to make public its Annual Performance Report of Fiscal Year ended December 31, 2022.

Should you have any questions or comments regarding the Annual Performance Report submit in one of the following ways:

By email: spahe@htha.org
By Mail: Hopi Tribal Housing Authority
P.O. Box 906
Polacca, AZ 86042

For immediate correspondence you may contact me at 928-737-2800.

Sincerely,


Stanley Pahe, Executive Director
Hopi Tribal Housing Authority

SECTION 1: COVER PAGE

(1) Grant Number:

21AH0402180

(2) Recipient Program Year:

1/1 - 12/31

(3) Federal Fiscal Year:

2022

- (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:

Hopi Tribal Housing Authority

(10) Contact Person:

Stanley Pahe

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

(928) 737-2800

(12) Mailing Address:

P.O. Box 906

(13) City:

Polacca

(14) State:

Arizona

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

86042

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

(928) 737-9270

(17) Email Address (if available):

spahe@htha.org

(18) If TDHE, List Tribes Below:

Hopi Tribe

(19) Tax Identification Number:

86-0223702

(20) DUNS Number:

623354651

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

04/08/2022

(22) IHBG-CARES Amount:

\$4,695,853

Date Started Preparing for COVID-19

05/26/2021

(23) Name of Authorized IHP Submitter:

Stanley Pahe

(24) Title of Authorized IHP Submitter:	Executive Director
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	06/29/2021
(27) Name of Authorized APR Submitter:	Stanley Pahe
(28) Title of Authorized APR Submitter:	Executive Director
(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 Respond

COVID-19 Respond - 1 - 2021-01 Winslow Public Rental Units

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

Construction of affordable rental housing for low income families to reduce overcrowding to prepare for and prevent COVID.

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.):

(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.):

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

HTHA will assist households with incomes at or below 80% of US Median Income

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

Provide Low Income Rental Housing for eligible families, rents within 30% of monthly adjusted income.

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 Construction progress at 75%.

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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20

APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
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0

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

Due to inclement weather and unforeseen soil condition project was delayed.

2.1. Program Name and Unique Identifier:

Unique Identifier

COVID-19 Respond

COVID-19 Respond - 2 - 2021-02 Connex Design Homes

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

Purchase connex design homes for low income families to deter spread of 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.):

(12) Acquisition of Homebuyer Units [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.):

(6) Assist affordable housing for low income households

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.):

(6) Assist affordable housing for low income households

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

Assist low income Hopi families at or below 80% Median Income

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

Purchase/Lease Connex design homes for low income families, payments not to exceed 30% of their monthly adjusted income.

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.

Potential vendor did not meet procurement regulations. Project in review for possible close out or amendment to project.

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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3

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))*

Unsuccessful bidder. RFP was advertised three (3) times with no/limited response.

3.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 3 - 2021-03 Solar Project -LMI

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

Will assist families with purchase/lease of solar systems who do not have electricity and have been impacted by COVID 19. Privately owned units.

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 a power source

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.):

Provide a power source for Low Income Families

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 Hopi families at or below 80% Median Income

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

HSTA will purchase/lease solar system, batteries, panels, brackets, wiring, switch box, Maintenance and upkeep of the system. Each unit will cost \$18,000 for privately owned homes.

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.

HSTA conducted advertisement and intake, with eligible applicants.

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

10

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

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

Unsuccessful bidder. RFP was advertised two (2) times with no/limited response. Vendor contracted in 2022.

4.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Preparation

COVID-19 Preparation/Prevention - 1 - 2021-04 Security Connex Office - Main Administration office

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

Purchase of 1100 square foot Connex re-designed metal container to be used as an office (location is Hwy. 264 milepost 390). The building will house Security Personnel for affordable housing activities to provide traffic control, monitoring, and screening access for health and safety measures to maintain safety at the Main office complex, to prevent the spread of COVID-19 and deter further criminal activity, break-ins and theft. The project will also include site work, utilities, and street work.

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.):

(22) Model Activities [202(6)]

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):

Purchase a re-designed metal container to house Security Personnel to carry out the crime/safety and screening measures for affordable housing.

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.):

Purchase a re-design metal container to house Security Personnel to carry out the crime/safety and screening measures for affordable housing.

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 and future participants of affordable housing activities and employees of tribal housing programs at Main Office.

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

Various levels of assistance to low income households while preparing and prevention for COVID 19 situation. Hopi HA has two office locations and this purchase/building will be located at the Main office complex to house security personnel considering their health & safety matters and to carry out Crime Prevention and Safety measures. Cost of the building with site work and utilities will be approximately \$400,000.

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.

Provide daily temperature checks on staff during COVID 19 pandemic, ensures only employees are allowed on HTHA premises. Security Services on going.

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

Potential vendor did not meet procurement regulations. Project in review for possible close out or amendment to project.

5.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Preparation

COVID-19 Preparation - 2 - 2021-05 (Location 1) Security Services-Rental Units and second Housing Office Winslow, AZ

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

Provide traffic control, monitoring, and screening the public before access to the Winslow Housing office and housing complex for health and safety measures to prevent COVID-19. Security services have been outsourced to an outside certified service.

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

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

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

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

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

To provide precautionary measures for the employees and participants of affordable housing activities.

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.):

To provide precautionary measures for the employees and participants of affordable housing activities.

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

To current tenants in the Rental Program and employees located at the second Housing office.

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

Various levels of assistance to assist low income households while preparing for COVID 19 situations. Will provide traffic control, screening, and monitoring the public before access to the office and complex for health and safety measures. Pay Security Personnel services for this specific location.

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.*

Respond, prepare and prevent all related to COVID 19 pandemic to keep the public from mass interaction and traffic control. Services on-going.

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

6.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 4 - 2021-06 (Location two) Security for Low Income Households in the Hopi villages.

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

Provide security, patrol and to enforce curfews in villages and stay at home directive order during COVID 19 pandemic. Street lighting to deter criminal activities, crime has increased as a direct result of the pandemic.

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.):

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

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.):

(11) Reduction in crime reports

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

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

(11) Reduction in crime reports

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

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

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

Low income households in Hopi villages.

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

Provide and pay security personnel to patrol and enforce curfews in villages during COVID 19 pandemic. Services for approximately 12 months to pay security salaries, benefits, PPE equipment and street lighting to deter criminal activity which has increased as a direct result of the pandemic.

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.

Assist Hopi villages with security services during COVID 19 pandemic disseminate information related to COVID 19, PPE distribution to homes, security monitoring at entrance of village. Services on-going. Contract with five (5) villages in 2022.

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

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7.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 5 - 2021-07 (Location 3) Security for HTHA Main Administration Office

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

Provide traffic control, monitoring, and screening the public before access to the Administration office for health and safety measures to prevent COVID-19.

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.):

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

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.):

(11) Reduction in crime reports

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

7.5 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.):

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 participants and employees of tribal housing programs at Main Office.

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

Various levels of assistance to assist low income households while preparing for COVID 19 situations. Will provide traffic control, screening, and monitoring the public before access to the main office and complex for health and safety measures. Pay Security Personnel services for this specific location.

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.

Daily temperature checks on all employees prior to entering HTHA premises, provides monitoring on building and premises, ensures visitors/guest that are allowed on the HTHA premises by appointment only On-going in 2022.

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

SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP					APR					
	(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)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
IHBG-CARES Funds	\$0	\$4,695,853	\$4,695,853	\$4,695,853	\$0	\$0	\$4,695,853	\$4,695,853	\$1,085,350	\$3,610,503	\$4,540,839

TOTAL	\$0	\$4,695,853	\$4,695,853	\$0	\$0	\$4,695,853	\$4,695,853	\$1,085,350	\$3,610,503	\$4,540,839
TOTAL Columns C & H, 2 through 10	\$0	\$4,695,853	\$4,695,853	\$0	\$0	\$4,695,853	\$4,695,853	\$0	\$0	\$0

Notes:

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

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

PROGRAM NAME	IHP			APR			Total funds expended in 12-month program year (O+P)
	(L) Prior and current year IHBG CARES (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 (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q)	
COVID-19 Respond - 1 - 2021-01 Winslow Public Rental Units	\$1,041,683		\$1,041,683	\$0		\$0	
COVID-19 Respond - 2 - 2021-02 Connex Design Homes	\$1,200,000		\$1,200,000	\$227		\$227	
COVID-19 Respond - 3 - 2021-03 Solar Project - LMI	\$360,000		\$360,000	\$570		\$570	

COVID-19 Preparation/Prevention - 1 - 2021-04 Security Connex Office - Main Administration office	\$400,000	\$400,000	\$88,374	\$88,374	\$88,374
COVID-19 Preparation - 2 - 2021-05 (Location 1) Security Services-Rental Units and second Housing Office Winslow,	\$160,000	\$160,000	\$234,000	\$234,000	\$234,000
COVID-19 Respond - 4 - 2021-06 (Location two) Security for Low Income Households in the Hopi villages.	\$335,000	\$335,000	\$604,086	\$604,086	\$604,086
COVID-19 Respond - 5 - 2021-07 (Location 3) Security for HTHA Main Administration Office	\$260,000	\$260,000	\$48,190	\$48,190	\$48,190
Planning and Administration	\$939,170	\$939,170	\$109,903	\$109,903	\$109,903
TOTAL	\$4,695,853	\$4,695,853	\$1,085,350	\$1,085,350	\$1,085,350

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:	
(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:

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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.

