

HOPI TRIBAL HOUSING AUTHORITY

PUBLIC ANNOUNCEMENT

February 22, 2018

SUBJECT: ANNUAL PERFORMANCE REPORT FOR FISCAL YEAR ENDED DECEMBER 31, 2017.

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, 2017.

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

By email: ESakeva@htha.org
By Mail: P.O. Box 906
Polacca, AZ 86042

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

Sincerely,



Ernest Sakeva, Interim Executive Director
Hopi Tribal Housing Authority

SECTION 1: COVER PAGE

(1) Grant Number: 55IH0402180

(2) Recipient Program Year: 1/1 - 12/31

(3) Federal Fiscal Year: 10/01/16 - 09/30/17

☐ (4) Initial Plan (Complete this Section then proceed to Section 2)

☐ (5) Amended Plan (Complete this Section, Section 8 if applicable, and Section 16)

☒ (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:

Ernest Sakeva

(11) Telephone Number with Area Code:

(928)737-2801 or (928) 737-2800

(12) Mailing Address:

P.O. Box 906

(13) City:

Polacca

(14) State:

AZ

(15) Zip Code:

86042

(16) Fax Number with Area Code (if available):

(928) 737-9270

(17) Email Address (if available):

Esakeva@htha.org

(18) If TDHE, List Tribes Below:

(19) Tax Identification Number:

86-0223702

(20) DUNS Number:

623354651

(21) CCR/SAM Expiration Date:

August 23, 2017

(22) IHBG Fiscal Year Formula Amount:	\$6,867,895
(23) Name of Authorized IHP Submitter:	Wes Corben
(24) Title of Authorized IHP Submitter:	Executive Director
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date:	
(27) Name of Authorized APR Submitter:	Ernest Sakeva
(28) Title of Authorized APR Submitter:	Interim Executive Director
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date:	

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

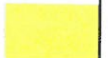
NAHASDA § 102(b)(2)(B)

(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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(2) Renters Who Wish to Become Owners	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(3) Substandard Units Needing Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(4) Homeless Households	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(5) Households Needing Affordable Rental Units	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(6) College Student Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(7) Disabled Households Needing Accessibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(8) Units Needing Energy Efficiency Upgrades	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(9) Infrastructure to Support Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(10) Other (specify below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Resident Self Sufficiency Opportunities



(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 IHP is developed to address housing shortage in the Hopi service area with new construction of rental and homeownership units, by rehabilitating existing homeownership units to standard conditions, by assisting families with mortgage buy-downs and rental assistance both low income families and college students.

(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)):*

Navajo County: All Housing Programs will be available to low income families in this county.

Coconino County: All Housing Programs will be available to low income families residing within the Village of Moenkopi which is in this county. In all other areas of this county, the HTHA will assist low income Hopi families with VASH, mortgage buy-down assistance and rental assistance.

Apache and Maricopa Counties the HTHA will assist low income Hopi families with VASH, mortgage buy-down assistance and rental assistance.

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.):*

Regular inspections and the maintenance staff is responsible for designing a plan to ensure all units are being maintained.

(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.

No

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..

(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 HTHA designates the useful life period of 15 years for homes that will be fully funded with NAHASDA funds, for homes leveraged with NAHASDA funds such as the BIA-HIP program, the useful life period will be for five years, including private homes that receive rehabilitation assistance and homes that receive down-payment assistance.

Assistance under \$5,000:	6 months
Assistance \$5,000 to \$20,000:	3 years
Assistance \$20,000 to \$70,000:	5 years
Construction of acquisition of new homes:	15 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.):*

2017-12 Model Activity - Bacavi Youth and Elder Center Demo and Rebuild

The type of activity will be for a Community Center. The activity will be 100% funded by IHBG funds. In accordance with Section 202 of NAHASDA Eligibility requirements the Bacavi Community center will undergo demolition and rebuilt for low income residents to be used for affordable housing activities within the Villages of Third Mesa. The Community was built in late 1960's and needs extensive repairs in order for safe occupancy. It will be to the benefit of funding source to replace the building to avoid unforeseen issues and the additions that were added to the building not to any type of code for safety. Now the structure of the building has been compromised placing the youth, elderly and low income homeowners at risk each time the facility is used. The Facility will be used to communication session on housing maintenance, rehabilitation registration and outreach as well as storage of supplies when working on homes in Third Mesa and all other activities operated but the Village of Bacavi. It has been determined that families in the community are Low Income Families living in affordable housing.

2017-13 Model Activity - Shungopavi Community

The type of activity will be for a Community Center. The activity will be 100% funded by IHBG funds. In accordance with Section 202 of NAHASDA Eligibility requirements the Shungopavi Community center will undergo demolition and rebuilt for low income residents to be used for affordable housing activities within the Village of Shungopavi. The Community was built in late 1960's (same time as Bacavi and same funding source in the 60's) and needs extensive repairs in order for safe occupancy. It will be to the benefit of funding source to replace the building to avoid unforeseen issues and the additions that were added to the building not to any type of code which threatens the safety. The structure was build with no stem wall or footing just slab on grade and the shifting of the mesa has cause structural damages that compromise placing the youth, elderly and low income homeowners at risk each time the facility is used. The Facility will be used to communication session on housing maintenance, rehabilitation registration and outreach as well as storage of supplies when working on homes in The Village of Shungopavi and all other activities operated. It has been determined that families in the community are Low Income Families living in affordable housing.

(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 ☒ No ☐

If yes, describe the policy.

The Housing Assistance basic eligibility determination and waiting list score sheet has a 15 pts. score for applicant who is an enrolled member of the Hopi Tribe preference before other federally recognized tribe.

(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?

Yes ☐ 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)

Yes ☐ No ☒

Did you exceed your spending cap for Planning and Administration?

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

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

(6) Expanded Formula Area - Verification of Substantial Housing Services (24 CFR § 1000.302(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 § 1000.302 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?*

Yes ☐ 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:

Total Expenditures on Affordable Housing Activities for:		
	All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income
IHBG Funds:		
Funds from Other Sources:		

(7) APR: If answered "Yes" in Line 6, for each separate formula area, list the actual 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.

Total Expenditures on Affordable Housing Activities for:		
	All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income
IHBG Funds:		
Funds from Other Sources:		

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 or
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:	Hopi Tribe
(5) Authorized Official's Name and Title:	Timothy Nuvangyaoma
(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 ☒ No ☐

(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 ☒ No ☐ Not Applicable ☐

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

Yes ☒ No ☐

(4) Self-Monitoring Results. *(Describe the results of the monitoring activities, including inspections for this program year.):*

HTHA has submitted Resolution HTHA-047-2017 to the Board in December 2017, however it has been tabled since then. We have added the Resoolution on February's agenda again.

SECTION 11: INSPECTIONS

NAHASDA § 403(b)

(1) Inspection of Units (Use the table below to record the results of recurring inspections of assisted housing.)

Activity		Results of Inspections			
		Total Number of Units (Inventory)	Units in standard condition	Units needing rehabilitation	Units needing to be replaced
(a)		(b)	(c)	(d)	(e)
1	1937 Housing Act Units:				
	a. Rental	40	40		40
	b. Homeownership	19	19		19
	c. Other				0
	1937 Act Subtotal	59	59	0	59
2	NAHASDA assisted units:				
	a. Rental	40	40		40
	b. Homeownership	67	67		67
	c. Rental Assistance	9	9		9
	d. Other				0
	NAHASDA Subtotal	116	116	0	116
	Total	175	175	0	175

(2) Did you comply with your inspection policy:

Yes ☒ No ☐

(3) If no, why not:

SECTION 12: AUDITS

24 CFR § 1000.544

This section is used to indicate whether an Office of Management and Budget Circular A-133 audit is required, based on a review of your financial records.

Did you expend \$750,000 or more in total Federal awards during the APR reporting period?

Yes ☒ No ☐

If Yes, an audit is required to be submitted to the Federal Audit Clearinghouse and your Area Office of Native American Programs.

If No, an audit is not required.

SECTION 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 ☒ No ☐

(2) If you are a TDHE, did you submit this APR to the Tribe(s) (24 CFR § 1000.512)?

Yes ☒ No ☐ 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)).

APR is posted on the HTHA Website at www.htha.org for public viewing.

APR submitted and Approved on February 20, 2018 at Regular Board Meeting.

APR is posted at the following locations Keams Canyon Post Office and Store, Polacca Post Office, HTHA Administration Office, Second Mesa Post Office, Kykotsmovi Community Center and Village Store. The Hopi Tribe Administration Building. Hotevilla Post Office .

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) Number of Permanent Jobs Supported	29
(2) Number of Temporary Jobs Supported	24
(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:

(5) Authorized Official's Name and
Title:

(6) Authorized Official's Signature:

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

APR: REPORTING ON PROGRAM YEAR PROGRESS (NAHASDA § 404(b))

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.

1. Program Name and Unique Identifier:	2017-21 Ten Percent Non-Low Income Program	
2. Program Description <i>(This should be the description of the planned program.):</i> Providing Assistance to NON-Low Income Families under the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA)		
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.):		11
4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):		1
Describe Other Intended Outcome (Only if you selected "Other" above.):		
5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):		1
Describe Other Actual Outcome (Only if you selected "Other" in above):		
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.): The HTHA will use up to ten percent of the amount planned for the Tribal Program Year for families with incomes that fall between 80 percent and 100 percent of the median income.		
7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i> Construct a Homeownership Unit		
8. APR: Describe the accomplishments for the APR in the 12-month program year. Successfully constructed one unit providing assistance to a non-low income family under the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA)		
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
1		
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))

APR: REPORTING ON PROGRAM YEAR PROGRESS (NAHASDA § 404(b))

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.

1.1. Program Name and Unique Identifier:	2017-1 Operation of NAHASDA units	
1.2. Program Description (<i>This should be the description of the planned program.</i>):		
Assist households under NAHASDA homeownership program, with management and maintenance inspection, warranty follow up work, routine maintenance on homes, provide counseling as needed, collect homebuyer payments, and over see the equity accounts, ensure compliance with housing policies and regulations are followed.		
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	
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	
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	
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.):		
The HTHA will assist households with income below 80% of US Median Income.		
1.7. Types and Level of Assistance (<i>Describe the types and the level of assistance that will be provided to each household, as applicable.</i>):		
Families will be assisted with tracking of homebuyer payments, tracking of equity accounts, compliance with homeownership occupancy, grievance and collection policy, training or counseling in compliance with the homeownership agreement, and routine maintenance.		
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.		

HTHA conducted maintenance inspection and work order for 67 units. The HTHA Maintenance Dept. focused on providing technical assistance to homebuyers on items listed or found having issues during inspections, along with the completion of 17 Scattered Site Homeownership Units.

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
69		
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
67		

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

2.1. Program Name and Unique Identifier:		2017-2 Operation of 1937 Housing Units	
2.2. Program Description (This should be the description of the planned program.): Operation of the 1937 housing units, including administrative cost of inspecting, recertification process, routine and routine maintenance required.			
2.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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
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
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
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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.): The HTHA will assist households with income below 80% of US 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.): Assist qualified households of affordable housing assistance, housing application intake, move-in, housing inspection, recertification and maintenance of the homes.			
2.8. APR: Describe the accomplishments for the APR in the 12-month program year. HTHA has grasped that output of the backlog of work orders for the 1937 Act Mutual Help Housing Units and Low Rent Units. With the continued counseling and education of the MHOA and conducting of the annual inspections only (48) work orders were generated to ensure the homes are safe, decent, and sanitary.			
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	
78			
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	
65			
2.10: APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))			

3.1. Program Name and Unique Identifier:		2017-3 Modernization of 1937 Housing Units	
3.2. Program Description (This should be the description of the planned program.): Modernization dwelling units constructed under the 1937 Housing Act, mechanical system, electricity and lighting ,structural system, upgrade of building materials to ensure safe and energy efficient units, update homes for accessibility for handicap and elderly clients.			
3.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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
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.):			3
Describe Other Intended Outcome (Only if you selected "Other" above.):			
3.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			3
Describe Other Actual Outcome (Only if you selected "Other" above.):			
3.6. Who Will Be Assisted (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.): Low income Hopi Households with income less than 80% of US Median Income Limits.			
3.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.): Based on annual housing inspection and work orders, the families will be assisted in upgrade of homes to ensure the homes are safe and energy efficient.			
3.8. APR: Describe the accomplishments for the APR in the 12-month program year. The HTHA generated Maintenance plan to complete weatherization to 17 units addressing window and door replacements.			
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	
25			
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	
17			
3.10: APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))			

4.1. Program Name and Unique Identifier:		2017-4 Twin Arrows Community Development	
4.2. Program Description (This should be the description of the planned program.): Market and Feasibility study to determine future housing development.			
4.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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.):			9
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.):			1
Describe Other Intended Outcome (Only if you selected "Other" above.):			
4.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			12
Describe Other Actual Outcome (Only if you selected "Other" above.): Market and Feasibility Study was able to be completed in the prior Fiscal Year. No carry over to pay outstanding invoices was required in FY 2017.			
4.6. 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 should be included as a <u>separate</u> program within this section.): The HTHA will assist households with income below 80% of US Median Income.			
4.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.): Conduct assessments on the feasible type of housing that can be constructed on the Hopi land to assist affordable housing assistance eligible families, cover administration costs of withdrawing land under master lease which includes environmental assessment.			
4.8. APR: Describe the accomplishments for the APR in the 12-month program year. Market and Feasibility Study was able to be completed in the prior Fiscal Year. No carry over to pay outstanding invoices was required in FY 2017.			
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	

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

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

5.1. Program Name and Unique Identifier:		2017-5 First Mesa Community Development	
5.2. Program Description (This should be the description of the planned program.): Pre-planning and engineering for 100 acre for future housing development for low-income families.			
5.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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
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.):			7
Describe Other Intended Outcome (Only if you selected "Other" above.):			
5.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			12
Describe Other Actual Outcome (Only if you selected "Other" above.): Project was terminated via Resolution HTHA-062-16 (Resolution to Terminate the First Mesa Development Project) in Fiscal Year 2016 and had no carry over charges or outstanding invoices in FY 2017. The Project had an overwhelming objection from Hopi Tribal Members mainly within the village the units were to be constructed.			
5.6. 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 should be included as a <u>separate</u> program within this section.): The HTHA will assist households with income below 80% of US Median Income.			
5.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.): Pre-planning and engineering activities for low-income families under the NAHASDA guidelines.			
5.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
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	

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

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

Community opposition and guranteed funding was main issue for terminating the project.

6.1. Program Name and Unique Identifier:		2017-6 Nine (9) Scattered Site Homes	
6.2. Program Description (This should be the description of the planned program.): Planning for new construction of nine (9) homeownership units.			
6.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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.):			11
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.):			1
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.):			1
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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.): The HTHA will assist households with income below 80% of US Median Income.			
6.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.): Planning for new affordable housing units to assist families by providing opportunities under the homeownership program.			
6.8. APR: Describe the accomplishments for the APR in the 12-month program year. The HTHA is successful in its approach to this project and has been successful in the planning phase working with the Hopi Tribal Programs to complete necessary steps. Initially started with Nine (9) scattered but changed to eight (8) due to land issues.			
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	

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

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

The Project list was confirmed late in the Fiscal Year. Families were identified and have each been informed of the steps to successfully complete the project as planned. The Surveys are being completed at this time and will soon be ready to be presented to the Hopi Tribal Council for approval of a development permit per the Hopi Tribal Ordinance 55.

7.1. Program Name and Unique Identifier:		2017-7 Upper Moencopi Community	
7.2. Program Description (This should be the description of the planned program.): Planning of eleven (11) new homeownership units			
7.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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.):			11
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.):			1
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.):			12
Describe Other Actual Outcome (Only if you selected "Other" above.): The Project is hold at this time due to a water shortage. The Village has infomred the HTHA the water capacity is not capeable of supporting the homes to be constructed.			
7.6. 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 should be included as a <u>separate</u> program within this section.): The HTHA will assist households with income below 80% of US Median Income.			
7.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.): Planning for new affordable housing units to assist families by providing opportunities under the homeownership program.			
7.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
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	

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

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

Project was in the planning and feasibility phase and therefore, the project was put on hold in 2017 due to issues related to water and lagoon capacity.

8.1. Program Name and Unique Identifier:		2017-8 Sipaulovi Community	
8.2. Program Description <i>(This should be the description of the planned program.):</i> Planning for a sub-division development			
8.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>			11
8.4. Intended Outcome Number <i>(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.):</i>			1
Describe Other Intended Outcome <i>(Only if you selected "Other" above.):</i>			
8.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>			12
Describe Other Actual Outcome <i>(Only if you selected "Other" above.):</i> The Project was terminated due to non-responsive request for documents and meetings as well as a change in Village administration. The Village administration staff were to provide the HTHA with a land assignment document to conduct the 30 day comment period but failed to submit documents as requested by the deadline provided to the Village.			
8.6. Who Will Be Assisted <i>(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 should be included as a <u>separate</u> program within this section.):</i> The HTHA will assist households with income below 80% of US Median Income.			
8.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i> Construct new affordable housing units to assist families by providing opportunities under the homeownership program.			
8.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
8.9: Planned and Actual Outputs for 12-Month Program Year			
Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program	

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

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

9.1. Program Name and Unique Identifier:		2017-09 Winslow Development & Site Improvement	
9.2. Program Description (This should be the description of the planned program.): Construction of forty (40) rental units			
9.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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
9.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):			7
Describe Other Intended Outcome (Only if you selected "Other" above.):			
9.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			7
Describe Other Actual Outcome (Only if you selected "Other" above.):			
9.6. Who Will Be Assisted (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.): Low-Income Households with income less than 80% of U.S. Median Income Limits.			
9.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.): Provide rental housing for low-income. Will be operated similar to the low rent program.			
9.8. APR: Describe the accomplishments for the APR in the 12-month program year. The HTHA successfully completed the construction of 40 units with bedroom sizes ranging from 1 to 5 bedroom. The HTHA held an Open House and tenants have started to move in to the units beginning Janaury 12, 2018.			
9.9: Planned and Actual Outputs for 12-Month Program Year			
Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program	
40			

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
40		

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

10.1. Program Name and Unique Identifier:		2017-10 Spider Mound Community	
10.2. Program Description (This should be the description of the planned program.): Construction of affordable rental housing for low income families			
10.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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
10.4. 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
Describe Other Intended Outcome (Only if you selected "Other" above.):			
10.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			12
Describe Other Actual Outcome (Only if you selected "Other" above.): The Project is moving slowly although no funds have been expended, all the work occurring at this time is happening between the HTHA, Spider Mound and the Tribe's Office of Real Estate staff. At this time the project is in the planning phase.			
10.6. 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 should be included as a <u>separate</u> program within this section.): Low-Income Households with income less than 80% of U.S. Median Income Limits.			
10.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.): Provide rental housing for eligible families. Will be operated similar to the low rent program.			
10.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
10.9: 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	
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
0		

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

The Project is plagued by the Tribe's development process and requires a written lease prior to the commencement of development activities.

11.1. Program Name and Unique Identifier:		2017-11 Nineteen (19) Scattered-Site Homes	
11.2. Program Description (This should be the description of the planned program.): Final phases of construction for nineteen new homes built throughout the Hopi Reservation			
11.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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.):			11
11.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):			1
Describe Other Intended Outcome (Only if you selected "Other" above.):			
11.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			6
Describe Other Actual Outcome (Only if you selected "Other" above.):			
11.6. 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 should be included as a <u>separate</u> program within this section.): Household whose income are less than 80% of US Median Income Limits.			
11.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.): Develop homeownership units.			
11.8. APR: Describe the accomplishments for the APR in the 12-month program year. Scattered Site Project completed in 2017, families moved in their new homes in April and May.			
11.9: 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	
19			

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
16		

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

12.1. Program Name and Unique Identifier:		2017-12 Model Activity - Bacavi Youth and Elder Center Demo and Rebuild	
12.2. Program Description (This should be the description of the planned program.): Demo and Rebuild of youth and elder center for low income residents to be used for affordable housing activities.			
12.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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
12.4. 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
Describe Other Intended Outcome (Only if you selected "Other" above.): Assist residents of low income households with a Demolition and Rebuild of an existing community center that is used by resident of and for affordable housing activities			
12.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			12
Describe Other Actual Outcome (Only if you selected "Other" above.):			
12.6. 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 should be included as a <u>separate</u> program within this section.): Household whose income are less than 80% of US Median Income Limits.			
12.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.): Assist the Village of Bacavi of Third Mesa for a place for carrying out activities to benefit low income household residents.			
12.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
12.9: 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

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

Project and pre-planning activities on the existing complex pre-requisite clearances are on going.

13.1. Program Name and Unique Identifier:		2017-13 Model Activity - Shungopavi Community	
13.2. Program Description (This should be the description of the planned program.): Demolition of a community center and replacement of a modular unit for low income residents to be used for affordable housing activities.			
13.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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
13.4. 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
Describe Other Intended Outcome (Only if you selected "Other" above.): Assist residents of low income households with Dem of an existing community center and replace with a modular that is used by residents of and for affordable housing activities.			
13.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			
Describe Other Actual Outcome (Only if you selected "Other" above.):			
13.6. 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 should be included as a <u>separate</u> program within this section.): Household whose income are less than 80% of US Median Income Limits.			
13.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.): Assist the Village of Shungopavi with a place for carrying out activities to benefit low income household residents.			
13.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
13.9: 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

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

14.1. Program Name and Unique Identifier:		2017-14 Housing Rehabilitation	
14.2. Program Description (This should be the description of the planned program.): Rehabilitation of privately owned affordable housing units.			
14.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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.):			16
14.4. 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
Describe Other Intended Outcome (Only if you selected "Other" above.):			
14.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			3
Describe Other Actual Outcome (Only if you selected "Other" above.):			
14.6. 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 should be included as a <u>separate</u> program within this section.): Assist households which qualify as low-income with less than 80% of U.S. Median Income Limits.			
14.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.): Provide moderate rehabilitation including roofing repair, wall reconstruction or traditional homes, installation of flooring, installation of plumbing, kitchen and bathroom, upgrading or windows, and providing physical accessibility for disabled persons. Relocation assistance will be provided.			
14.8. APR: Describe the accomplishments for the APR in the 12-month program year. Assisted 10 families in completing Home Rehabilitation.			
14.9: 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	
16			

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
10	.	

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

15.1. Program Name and Unique Identifier:		2017-15 NAHASDA - Settlement units	
15.2. Program Description <i>(This should be the description of the planned program.):</i> Demo and Rebuild of two (2) NAHASDA units who have extensive damage due to foundation settlement			
15.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>			16
15.4. Intended Outcome Number <i>(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.):</i>			3
Describe Other Intended Outcome (Only if you selected "Other" above.):			
15.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>			
Describe Other Actual Outcome (Only if you selected "Other" above.):			
15.6. Who Will Be Assisted <i>(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 should be included as a <u>separate</u> program within this section.):</i> Low-Income Households with income less than 80% of U.S. Median Income Limits.			
15.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i> Demo and Rebuild of two homes that experienced foundation settlement problems.			
15.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
15.9: 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	
2			

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

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

16.1. Program Name and Unique Identifier:		2017-16 BIA-HIP Supplement Rehabilitation	
16.2. Program Description (This should be the description of the planned program.):			
Assist with Rehabilitation costs.			
16.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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.):			16
16.4. 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
Describe Other Intended Outcome (Only if you selected "Other" above.):			
16.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			3
Describe Other Actual Outcome (Only if you selected "Other" above.):			
16.6. 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 should be included as a <u>separate</u> program within this section.):			
Low-income native families who applied for homeownership assistance under the BIA home program.			
16.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):			
Rehabilitation of homes			
16.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
Assisted six (6) families with rehabilitaiton costs to bring units up to standard.			
16.9: 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	
4			

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
6		

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

17.1. Program Name and Unique Identifier:	2017-17 Down Payment Assistance/Closing Costs	
<p>17.2. Program Description <i>(This should be the description of the planned program.):</i></p> <p>This program enables families who are low-income families who meet eligibility criteria to finance a home or modular home to used as the primary place of residence. The family must meet all the lender's requirements associated with obtaining a mortgage (i.e. creditworthiness, total debt-including housing payment cannot exceed guidelines established within HTHA policies).</p>		
<p>17.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i></p>		13
<p>17.4. Intended Outcome Number <i>(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.):</i></p>		2
<p>Describe Other Intended Outcome (Only if you selected "Other" above.):</p>		
<p>17.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i></p>		6
<p>Describe Other Actual Outcome (Only if you selected "Other" above.):</p>		
<p>17.6. Who Will Be Assisted <i>(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 should be included as a <u>separate</u> program within this section.):</i></p> <p>Household whose income are less than 80% of US Median Income Limits.</p>		
<p>17.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i></p> <p>Provide down payment assistance in accordance with the policy set on a tier to establish a costs of assistance provided to the purchase of a home.</p>		
<p>17.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i></p> <p>One (1) Hopi family was assisted with Mortgage Buy Down Program to help with down payment assistance to have a home built in Maricopa County.</p>		
<p>17.9: Planned and Actual Outputs for 12-Month Program Year</p>		

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
5		
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		

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

18.1. Program Name and Unique Identifier:	2017-18 First Mesa Youth Center	
18.2. Program Description <i>(This should be the description of the planned program.):</i> Provide youth activities for residents of affordable housing that will reduce or eliminate the use of drugs. Provide assistance to maintain and operate the youth center.		
18.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>		18
18.4. Intended Outcome Number <i>(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.):</i>		11
Describe Other Intended Outcome <i>(Only if you selected "Other" above.):</i> 		
18.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		11
Describe Other Actual Outcome <i>(Only if you selected "Other" above.):</i> 		
18.6. Who Will Be Assisted <i>(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 should be included as a <u>separate</u> program within this section.):</i> Household whose income are less than 80% of US Median Income Limits.		
18.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i> Provide youth activities that reduce or eliminate the use of drugs and to provide for salaries and expenses of staff. Includes maintenance and operation expenses.		
18.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		

First Mesa Youth Center has served 356 youth.

2017 Accomplishments

Youth Leadership Meetings January 6, 27, February 10, March 14, April 7, 12, 21, August 11, 25, 31, September 28 and November 19, **MPOWRD Session hosted by Hopi Substance Abuse Prevention Program** January 20, February 3, March 3, 4, April 7, 14, 21, May 9, 16, 23, 30, June 6, 13, 20, 27, July 11, 18, August 30, September 6, 20, 27, October 11, 18 and November 8. **Family Movie Nights:** Jan 27, April 28, June 21, July 7, August 18, September 8, 22 and October 20

Hopi Cooking Class: February 17, **Youth Canning Workshop** February 20, **Youth Garden work** February 22, 24, **Youth Summits:** March 13, **FMYC Carnivals:** March 15, July 12 and October 30, **Parent Meetings:** March 20, June 1, November 2 and November 12 **Youth Project (Creating Garden Beds):** March 15 and April 1, **Youth Leadership Group Attended Conference at Pima Community College:** March 30-31, **Community Easter Egg Hunt Event:** April 14, **Outreaches:** April 19, August 15, 24, 17, September 21, 27, November 16 and December 2, **Summer Program:** June 5 – June 22, **Fitness program hosted by Hopi Tribe Wellness Program:** June 15, 19, 22, November 6, 13, 20, 27, July 3, 17, 31, October 6, 13, 20, 21, October 16, 23, 30 and November 1

Powwow Jam Session: June 24, **End of School Year Incentive Field Trip for youth participants:** May 24, **Youth Field trip to Diamond Backs Game in Phoenix, AZ:** June 29, **Youth Leadership Community Volunteer:** June 7, 12, July 12, October 2, November 7, 16 and December 2, **Summer Youth Field Trips for Summer Program Participants:** June 21 and July 14, 21 **End of Summer Program Barbeque for youth participants and families:** July 22, **Youth Leadership Incentive Field Trip:** July 26 – 28, **Youth Photography Orientation:** May 30, **Youth Photography Workshop:** July 24, **Youth Photography Field trip to NAU Library:** July 14, **Basketball Enrichment Program:** September 8, 15, 22, 29, **Halloween Safety Presentation Hosted by Hopi Resource Enforcement Services:** October 18, **Youth Halloween Party:** October 26, **Community Thanksgiving Dinner/presentation Event:** November 16, **Safe Touch Presentation hosted by Hopi Resource Enforcement Services:** November 12, **Angel Tree Gift Distribution:** December 20, **Youth Christmas Party:** December 26, **FMYC Parade/Bazar:** December 2

18.9: 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
	88	
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
	253	

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

19.1. Program Name and Unique Identifier:		2017-19 Tenant Based Rental Assistance	
19.2. Program Description (This should be the description of the planned program.):			
Management and assistance of tenant base rental assistance			
19.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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
19.4. 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
Describe Other Intended Outcome (Only if you selected "Other" above.):			
19.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			6
Describe Other Actual Outcome (Only if you selected "Other" above.):			
19.6. 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 should be included as a <u>separate</u> program within this section.):			
Household whose income are less than 80% of US Median Income Limits.			
19.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):			
Assistance will be provided to families that qualify for rental assistance beyond 30% of adjusted income of the family and does not include assistance for utilities.			
19.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
Nine (9) Hopi Families assisted with Rental Assistance in Coconino, Maricopa and Navajo Counties.			
19.9: 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	
	30		

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
	9	

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

20.1. Program Name and Unique Identifier:		2017-20 VASH	
20.2. Program Description (This should be the description of the planned program.):			
To serve VA eligible clients with Tenant Based Rental Assistance Vouchers			
20.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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
20.4. 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
Describe Other Intended Outcome (Only if you selected "Other" above.):			
20.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			6
Describe Other Actual Outcome (Only if you selected "Other" above.):			
20.6. 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 should be included as a <u>separate</u> program within this section.):			
Household whose income are less than 80% of US Median Income Limits.			
20.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):			
Rental Assistance			
20.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
With the help of the Prescott VA Office Case Manager referrals Resident Services has begun housing Hopi Veterans in our service areas as well as recruiting new veterans.			
20.9: 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	
	5		

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
	5	

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

1. Program Name and Unique Identifier:		2017-22 Modular Home Construction Unit	
2. Program Description (This should be the description of the planned program.): Providing Homeownership Opportunity to Low-Income Families under the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA)			
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.):			11
4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):			1
Describe Other Intended Outcome (Only if you selected "Other" above):			
5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			
Describe Other Actual Outcome (Only if you selected "Other" above):			
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 should be included as a <u>separate</u> program within this section.): Low-Income Households with income less than 80 percent of the U.S. Median Income Limits			
7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.): Construction and purchase of a Modular Unit for Homeownership			
8. APR: Describe the accomplishments for the APR in the 12-month program year.			
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	
1			

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))*

(11) Amended Sources of Funding (NAHASDA § 102(b)(2)(C)(i) and 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
1. IHBG Funds	\$9,580,454	\$6,867,895	\$16,448,349	\$16,417,072	\$31,277	\$13,865,324	\$6,057,186	\$19,922,510	\$5,308,776	\$14,613,734	
2. IHBG Program Income			\$0		\$0			\$0		\$0	
3. Title VI			\$0		\$0			\$0		\$0	
4. Title VI Program Income			\$0		\$0			\$0		\$0	
5. 1937 Act Operating Reserves			\$0		\$0			\$0		\$0	
6. Carry Over 1937 Act Funds			\$0		\$0			\$0		\$0	
LEVERAGED FUNDS											
7. ICDBG Funds			\$0		\$0			\$0		\$0	
8. Other Federal Funds	\$816,489		\$816,489	\$244,000	\$572,489	\$400,432		\$400,432	\$203,670	\$196,762	
9. LIHTC			\$0		\$0			\$0		\$0	
10. Non-Federal Funds			\$0		\$0			\$0		\$0	
TOTAL	\$10,396,943	\$6,867,895	\$17,264,838	\$16,661,072	\$603,766	\$14,265,756	\$6,057,186	\$20,322,942	\$5,512,447	\$14,810,495	\$0

TOTAL Columns C & H, 2 through 10

\$816,489

\$400,432

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.

(12) Amended Uses of Funding (NAHASDA § 102(b)(2)(C)(ii)) (Note that the budget should not exceed the total funds on hand 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)
2017-21 Ten Percent Non-Low Income Program	\$250,000		\$250,000	\$289,914		\$289,914
2017-22 Modular Home Construction Unit	\$125,000		\$125,000	\$61,840		\$61,840
2017-1 Operation of NAHASDA units	\$394,475	\$0	\$394,475	\$374,875	\$0	\$374,875
2017-2 Operation of 1937 Housing Units	\$173,237	\$0	\$173,237	\$152,737	\$0	\$152,737

2017-3 Modernization of 1937 Housing Units	\$255,781	\$0	\$255,781	\$1,909,476	\$0	\$1,909,476
2017-4 Twin Arrows Community Development	\$0	\$0	\$0	\$0	\$0	\$0
2017-5 First Mesa Community Development	\$0	\$0	\$0	\$0	\$0	\$0
2017-6 Nine (9) Scattered Site Homes	\$200,000	\$0	\$200,000	\$1,370	\$0	\$1,370
2017-7 Upper Moencopi Community	\$150,000	\$0	\$150,000	\$0	\$0	\$0
2017-8 Sipaulovi Community	\$150,000	\$0	\$150,000	\$0	\$0	\$0
2017-09 Winslow Development & Site Improvement	\$2,250,000	\$0	\$2,250,000	\$1,926,409	\$0	\$1,926,409
2017-10 Spider Mound Community	\$6,250,000	\$0	\$6,250,000	\$2,927	\$0	\$2,927

2017-11 Nineteen (19) Scattered-Site Homes	\$250,000	\$0	\$250,000	\$32,526	\$0	\$32,526
2017-12 Model Activity - Bacavi Youth and Elder Center Demo and Rebuild	\$1,800,000	\$0	\$1,800,000	\$3,290	\$0	\$3,290
2017-13 Model Activity - Shungopavi Community	\$0	\$0	\$0	\$0	\$0	\$0
2017-14 Housing Rehabilitation	\$1,245,000	\$0	\$1,245,000	\$656,761	\$0	\$656,761
2017-15 NAHASDA - Settlement units	\$650,000	\$0	\$650,000	\$7,107	\$0	\$7,107
2017-16 BIA-HIP Supplement Rehabilitation	\$190,000	\$190,000	\$380,000	\$168,314	\$0	\$168,314
2017-17 Down Payment Assistance/Closing Costs	\$60,000	\$0	\$60,000	\$25,000	\$0	\$25,000
2017-18 First Mesa Youth Center	\$150,000	\$0	\$150,000	\$146,345	\$0	\$146,345

2017-19 Tenant Based Rental Assistance	\$80,000	\$0	\$80,000	\$28,570	\$0	\$28,570
2017-20 VASH	\$0	\$54,000	\$54,000	\$13,670	\$0	\$13,670
Planning and Administration	\$1,793,579		\$1,793,579	\$1,690,122		\$1,690,122
Loan repayment - describe in 3 & 4 below			\$0			\$0
TOTAL	\$16,417,072	\$244,000	\$16,661,072	\$7,491,253	\$0	\$7,491,253

Notes:

- Total of Column L cannot exceed the IHBG funds from Column C, Row 1 from the Estimated Sources of Funding table in Line 2 above.
- Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Estimated Sources of Funding table in Line 2 above.
- Total of Column O cannot exceed total IHBG funds received in Column H, Row 1 from the Estimated Sources of Funding table in Line 2 above.**
- Total of Column P cannot exceed total of Column H, Rows 2-10 of the Estimated Sources of Funding table in Line 2 above.**
- Total of Column Q should equal total of Column I of the Estimated Sources of Funding table in Line 2 above.**

(13) 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):

VASH \$54,000 and BIA HIP \$190,000 for a total of \$244,000 in matching funds.

(14) 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.):

(15) Recipient:	Hopi Tribal Housing Authority	
(16) Authorized Official's Name	Wes Corben	
(17) Authorized Official's Signature:	I certify that all other sections of the IHP approved on	2/21/2017
	are accurate and reflect the activities planned.	
(18) Date (MM/DD/YYYY):	3/7/2017	