

SECTION 1: COVER PAGE

(1) Grant Number: 55IH0402180

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

(3) Federal Fiscal Year: 10/01/17-09/31/18

☐ (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:
Wes Corben

(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

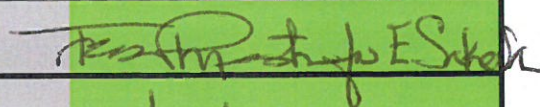
(17) Email Address (if available):
wcorben@htha.org

(18) If TDHE, List Tribes Below:

(19) Tax Identification Number: 86-02238702

(20) DUNS Number: 623354651

(21) CCR/SAM Expiration Date: July 25, 2018

(22) IHBG Fiscal Year Formula Amount:	\$6,057,186
(23) Name of Authorized IHP Submitter:	Wes Corben
(24) Title of Authorized IHP Submitter:	Executive Director
(25) Signature of Authorized IHP Submitter:	Signed on Hard Copy
(26) IHP Submission Date:	October 4, 2017
(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:	1/30/19

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 Indian Housing Plan is developed to address housing shortage in the Hopi Service area with the construction of Rental and Homeownership Units, Rehabilitating Private Homes to safe descent and sanitary conditions and assist families with Rental Assistance.

(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.

Yavapai County: VASH Program

SECTION 4: MAINTAINING 1937 ACT UNITS, DEMOLITION, AND DISPOSITION

NAHASDA §§ 102(b)(2)(A)(v), 102(b)(2)(A)(iv)(I-III)

(1) Maintaining 1937 Act Units (NAHASDA § 102(b)(2)(A)(v)) *(Describe specifically how you will maintain and operate your 1937 Act housing units in order to ensure that these units will remain viable.):*

The HTHA has a plan for continuous regular inspections to identify maintenance needs as well as sustain the units for long term life expectancy of the homes.

(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.):*

2018-09 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(6) 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.

(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 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) List the activities 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.):*

Self Monitoring Session with staff was conducted for FY2018 ongoing monitoring in departments.

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		Total Number of Units (Inventory)	Results of Inspections			
			Units in standard condition	Units needing rehabilitation	Units needing to be replaced	Total number of units inspected
(a)		(b)	(c)	(d)	(e)	(f)
1	1937 Housing Act Units:					
	a. Rental	33	33			33
	b. Homeownership	17	17			17
	c. Other					0
1937 Act Subtotal		50	50	0	0	50
2	NAHASDA assisted units:					
	a. Rental	40	40			40
	b. Homeownership	67	67			67
	c. Rental Assistance	5	5			5
	d. Other					0
NAHASDA Subtotal		112	112	0	0	112
Total		162	162	0	0	162

(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 Posted on HTHA Website at www.htha.org for public viewing.

APR submitted for February 19, 2019 Regular Board Meeting

APR posted at the following locations: Keams Canyon Post Office and store, Polacca Store, HTHA Administration Office, Second Mesa Post Office, Kykotsmovi Post Office and Store and 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	27
(2) Number of Temporary Jobs Supported	17
(3) Narrative (optional):	

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:	2018-01 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 at or below 80% of US Median Income and one unit at 80% to 100%		
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.

The HTHA conducted maintenance inspections on 67 units. Maintenance Dept. has used the inspections to aid in technical assistance to families in need of help on adhering to Maintenance and up keep of home. Maintenance was called out for only (9) work orders. All of our service areas have been solicited to via newspapers, webistes, local outreach events and person to person communications. Continued counseling and preventative maintenance Homebuyer files and accounts.

	Under this Program	
67		
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:		2018-02 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 at or below 80% of US Medium 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.			
The continued counseling and education of the Homeownership Opportunity Agreement and keeping abreast of the annual inspections of hte 46 units has aided to keep the work order at a minimum. Thirty (30) work orders were generated to ensure the units are kept safe, decent and sanitary.			
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	
73			

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
52		

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

Conveyed units not removed from FCAS timely.

3.1. Program Name and Unique Identifier:		2018-03 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.):			
The HTHA will assist households with income at or below 80% of US 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.):			
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 conducted annual inspections on 13 units to aid in 3 work orders for the 1937 Housing units. Reiteration of the Homeownership Opportunity Agreement work orders have lessened in which Homeowners are taking the initiative to adhere to their obligations as a Homeowner.			
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	

<p>21</p> <p>APR: Actual Number of Units Completed in Program Year</p>	<p>APR: Actual Number of Households Served in Program Year</p>	<p>APR: Actual Number of Acres Purchased in Program Year</p>
<p>13</p>		
<p>3.10: APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))</p>		
<p>Not all units were needing weatherization based on assessment.</p>		

4.1. Program Name and Unique Identifier:		2018-04 Upper Moenkopi Community Subdivision	
4.2. Program Description (This should be the description of the planned program.):			
Planning of Ten (10) new Homeownership Units			
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.):			11
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.):			
Project terminated due to infrastructure and land issues.			
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 at or 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.):			
Planning for new affordable housing Units to assist families by providing opportunities under the Homeownership Program.			
4.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
Project terminated due to infrastructure and land issue.			
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:		2018-05 Twenty (20) Scattered Site Homes	
5.2. Program Description (This should be the description of the planned program.):			
Planning for new construction of twenty (20) Homeownership Units			
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.):			11
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.):			1
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.):			1
Describe Other Actual Outcome (Only if you selected "Other" above.):			
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 at or 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.):			
Planning for new affordable housing units to assist families by providing opportunities under the Homeownership Program.			
5.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
Pre-planning phase conducting feasibility study in preparation for Environmental Assessment.			
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))*

6.1. Program Name and Unique Identifier:		2018-06 Spider Mound Community	
6.2. Program Description (This should be the description of the planned program.): Construction of affordable rental housing for low-income families			
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.):			4
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.):			7
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.):			12
Describe Other Actual Outcome (Only if you selected "Other" above.):			
Project terminated due to land issue.			
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 at or 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.):			
Low-Income Rental Housing for eligible families			
6.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
Project terminated due to land issue.			
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	
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

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

7.1. Program Name and Unique Identifier:		2018-07 Eight (8) Scattered Site Homes	
7.2. Program Description (This should be the description of the planned program.):			
Construction of eight (8) new homes built throughout the Hopi Reservation			
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.):			1
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. 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 at or 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.):			
Develop homeownership units			
7.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
Design and EA phase on scatted sites.			
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	
8			

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))*

Delay due to pre-planning requirements for right of way documents and land documents.

8.1. Program Name and Unique Identifier:		2018-08 Modular Home Construction Unit	
8.2. 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)			
8.3. 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
8.4. 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.):			
8.5. 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.):			
8.6. 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 at or below 80% of US Median Income.			
8.7. 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			
8.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
Design and EA phase			
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	
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
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8.10: APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*

Right of Way issue from Village and Realty Office.

9.1. Program Name and Unique Identifier:	2018-09 Bacavi Youth & Elderly Center Demo and Rebuilt	
9.2. Program Description <i>(This should be the description of the planned program.):</i>		
Demo and Rebuild of youth and elder center for low income residents to be used for affordable housing activities.		
9.3. 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>		22
9.4. 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>		12
Describe Other Intended Outcome <i>(Only if you selected "Other" above.):</i>		
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		
9.5. 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>		
9.6. 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 at or below 80% of US Median Income		
9.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Assist the Village of Bacavi in Third Mesa for a place for carrying out activities to benefit low income household residents.		
9.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
Project in planning stage		
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
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

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

Delay due to pre-clearance issues and design consultation issue with village.

10.1. Program Name and Unique Identifier:		2018-10 Housing Rehabilitation	
10.2. Program Description (This should be the description of the planned program.): Rehabilitation of privately owned affordable housing units			
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.):			16
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.):			3
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.):			3
Describe Other Actual Outcome (Only if you selected "Other" above.):			
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.):			
The HTHA will assist households with income at or below 80% of US Median Income			
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 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.			
10.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
Completed 13 homes			
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	
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
13		

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

Due to weather delays and termite issues.

11.1. Program Name and Unique Identifier:		2018-11 NAHASDA Units - Settlement	
11.2. Program Description (This should be the description of the planned program.):			
Demo and Rebuild of two (2) NAHASDA units who have extensive damage due to foundation settlement			
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.):			16
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.):			3
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.):			3
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.):			
The HTHA will assist households with income at or below 80% of US Median Income			
11.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):			
Demo and Rebuild of two homes that experienced foundation settlement problems.			
11.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
Design and Environmental Assessment Phase			
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	
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

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

Technical issues related to engineering.

12.1. Program Name and Unique Identifier:		2018-12 BIA-IHP Supplement Rehabilitation	
12.2. Program Description <i>(This should be the description of the planned program.):</i>			
Assist with Rehabilitation costs to privately owned homes			
12.3. 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
12.4. 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 <i>(Only if you selected "Other" above.):</i>			
12.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>			3
Describe Other Actual Outcome <i>(Only if you selected "Other" above.):</i>			
12.6. 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 native families who applied for homeownership assistance under the BIA home program.			
12.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>			
Rehabilitation of homes			
12.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>			
Feasibility and planning phase on 2 units.			
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	
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

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

Feasibility and planning phase land and infrastructure issues. Delay with scheduling on Category

13.1. Program Name and Unique Identifier:		2018-13 Home Roof Rehabilitation Program	
13.2. Program Description (This should be the description of the planned program.):			
The HTHA will provide home roof repairs for low income eligible families within its service area.			
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.):			16
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.):			11
Describe Other Intended Outcome (Only if you selected "Other" above.):			
13.5. 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.):			
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.):			
The HTHA will assist households with income at or below 80% of US Median Income .			
13.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):			
The HTHA will focus on Home roof rehabilitation and minor repairs that will reduce the need for full unit rehabilitation by preventing damage to homes.			
13.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
Completed 20 units			
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	

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
20		
13.10: APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))		

14.1. Program Name and Unique Identifier:	2018-14 First Mesa Youth Center Operation	
14.2. 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		
14.3. 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
14.4. 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 (Only if you selected "Other" above.): 		
14.5. Actual Outcome Number (<i>In the APR identify the actual outcome from the Outcome list.</i>):		11
Describe Other Actual Outcome (Only if you selected "Other" above.): 		
14.6. 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 at or below 80% of US Median Income		
14.7. 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 to staff. Includes maintenance and operation		
14.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i> FY 2018 Accomplishments: Youth Leadership Activities : 2/27, 4/2 Parent Meeting, 3/5 Open House, 4/13 Spring Carnival, 4/27Service Learning Benefit Fundraiser, 5/12 Mother's Day Bazaar, 5/29 School Out Carnival, 6/2 Pow Wow Jam Session, 6/9 1st Annual Sikyatki Run, 6/29, 7/26 Summer Carnival, 10/6 Incentive Trip, 11/6&27 Meetings, 3/9, 13, 20, 24, 4/13, 6/19, 6/26, 7/24, 8/24 Family Movie Night, 7/19, 8/29 Fundraiser Prize Bingo Event, 9/10-15 Raffle Sales, 9/21 Food Sale and 9/28 Fall Carnival. Afterschool Program: January, - May & August -December, June Mon-Thurs Youth Summer Camp (6-12), July Mon-Thurs Youth Summer Camp (Ages 12-18), Community Events: 1/11,Christmas Debriefing Party 1/23,FMYC Support Cervial Cancer Event, 1/24, 2/22 Family Fun Night Hopi Story Telling, 1/31 Hopi Ranger Enforcement Services-SORNA Presentation, 2/7 Valentine Box Creation, 2/8, 2/20 Cultural Night, 2/13 Valentine Party, 2/21 Family Fun Night Hopi Special Diabetes, 2/22, 2/28 Good Touch Bad Touch Hopi Behavioral Health, 3/12-16 Spring Break Camp Week 1, 3/19-23 Spring Break Camp Week 2, 3/31 Easter Event, 5/10 Youth Council Conference, 10/8, 10/17, 10/29, 11/7, 11/13, 11/26 Christmas Planning Meetings, 10/2 Afterschool Program Youth 1 mile fun run Hopi Tewa Womens Coalition to End Abuse, 10/5, 10/12 Family Fitness Night with Studio 13Seven, 10/27 Red Ribbon Presentation-Hopi Health Care Center, 11/16 Community Thanksgiving Dinner , 12/1 2nd Annual Christmas Parade and Bazaar, and 12/15 Christmas Angel Tree Event.		

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
	200	
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
	976	

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

15.1. Program Name and Unique Identifier:		2018-15 Tenant Based Rental Assistance	
15.2. Program Description (This should be the description of the planned program.):			
Management and assistance of tenant based rental assistance			
15.3. 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
15.4. 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.):			
15.5. 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.):			
15.6. 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 at or below 80% of US Median Income			
15.7. 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 at 30% of adjusted income and does not include assistance for utilities or deposits.			
15.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
Assisted five (5) families within Maricopa County. RS staff is finding that most landlords shy away from TBRA as they are thinking it is a voucher program, but further explanations tend to help in allowing landlords to sign into the contract for one (1) 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	

	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
	5	

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

Not behind schedule. Five (5) households have completed paperwork.

16.1. Program Name and Unique Identifier:		2018-16 VASH	
16.2. Program Description (This should be the description of the planned program.):			
To serve VA eligible clients with Tenant Based Rental Assistance vouchers.			
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.):			17
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.):			5
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.):			5
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.):			
The HTHA will assist households with income at or below 80% of US Median Income			
16.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):			
Rental Assistance			
16.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
THVASH program is well underway with the aid of the VA Caseworker as she has found families that are in need and meet qualifications for referral for assistance. We have been able to assist nine (9) families in Coconino, Maricopa and Yavapai counties. Continued updates are provided to SWONAP and headquarters.			
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	
	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
	9	

16.10: 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. Program Name and Unique Identifier:	2018-17 Winslow 20 Unit	
2. Program Description <i>(This should be the description of the planned program.):</i>		
Planning for Twenty (20) Rental Units in Winslow		
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	
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.):	7	
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 assist households with income at or below 80% of US 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>		
Planning for new affordable rental housing units to assist families by providing opportunities under Rental Program.		
8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
Feasibility and planning phase		
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
10. APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))		
Collection of data on project from previous Contractor and Utility agency.		

1. Program Name and Unique Identifier:	2018-18 Operation of NAHASDA Units - Over Income	
2. Program Description <i>(This should be the description of the planned program.):</i> Assist the family assisted under the NAHASDA homeownership program with management and maintenance inspection, and warranty work, extra-ordinary maintenance on their homes. Address other occupancy issues as needed, provide counseling on financial literacy and maintenance on homebuyer's home. Track homebuyer payments and tracking of equity accounts.		
3. Eligible Activity Number <i>(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.):</i>	20	
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>	12	
Describe Other Intended Outcome <i>(Only if you selected "Other" above):</i> 		
5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome <i>(Only if you selected "Other" above):</i> 		
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 one household with income between 80% to 100% of the US 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> 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.		
8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i> HTHA had conducted one (1) annual inspection and provided continued counseling to Homeowner.		
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		
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	\$11,235,000	\$6,057,186	\$17,292,186	\$17,286,933	\$5,253	\$10,589,645	\$6,697,288	\$17,286,933	\$3,433,307	\$13,853,626	
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	\$385,000	\$0	\$385,000	\$385,000	\$0	\$385,000		\$385,000	\$59,771	\$325,229	
9. LIHTC			\$0		\$0			\$0		\$0	
10. Non-Federal Funds			\$0		\$0			\$0		\$0	
TOTAL	\$11,620,000	\$6,057,186	\$17,677,186	\$17,671,933	\$5,253	\$10,974,645	\$6,697,288	\$17,671,933	\$3,493,078	\$14,178,855	\$0

TOTAL Columns C & H, 2 through 10	\$385,000	\$385,000
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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)(iii)) (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)
2018-17 Winslow 20 Unit	\$500,000		\$500,000	\$4,883		\$4,883
2018-18 Operation of NAHASDA Units - Over Income	\$3,175		\$3,175	\$0		\$0
2018-01 Operation of NAHASDA Units	\$209,550	\$0	\$209,550	\$325,146	\$0	\$325,146
2018-02 Operation of 1937 Housing Units	\$11,088	\$0	\$11,088	\$126,721	\$0	\$126,721

2018-03 Modernization of 1937 Housing Units	\$178,120	\$0	\$178,120	\$146,722	\$0	\$146,722
2018-04 Upper Moenkopi Community Subdivision	\$0	\$0	\$0	\$0	\$0	\$0
2018-05 Twenty (20) Scattered Site Homes	\$250,000	\$0	\$250,000	\$0	\$0	\$0
2018-06 Spider Mound Community	\$5,650,000	\$0	\$5,650,000	\$103,484	\$0	\$103,484
2018-07 Eight (8) Scattered Site Homes	\$4,250,000	\$0	\$4,250,000	\$32,112	\$0	\$32,112
2018-08 Modular Home Construction Unit	\$75,000	\$0	\$75,000	\$4,453	\$0	\$4,453
2018-09 Bacavi Youth & Elderly Center Demo and Rebuilt	\$2,000,000	\$0	\$2,000,000	\$29,258	\$0	\$29,258
2018-10 Housing Rehabilitation	\$1,245,000	\$0	\$1,245,000	\$1,022,564	\$0	\$1,022,564

2018-11 NAHASDA Units - Settlement	\$1,100,000	\$0	\$1,100,000	\$8,906	\$0	\$8,906
2018-12 BIA-IHP Supplement Rehabilitation	\$150,000	\$190,000	\$340,000	\$0	\$0	\$0
2018-13 Home Roof Rehabilitation Program	\$240,000	\$0	\$240,000	\$170,816	\$0	\$170,816
2018-14 First Mesa Youth Center Operation	\$125,000	\$0	\$125,000	\$273,374	\$0	\$273,374
2018-15 Tenant Based Rental Assistance	\$100,000	\$0	\$100,000	\$13,128	\$0	\$13,128
2018-16 VASH	\$0	\$195,000	\$195,000	\$59,770	\$0	\$59,770
Planning and Administration	\$1,200,000		\$1,200,000	\$1,171,740		\$1,171,740
Loan repayment - describe in 3 & 4 below			\$0			\$0
TOTAL	\$17,286,933	\$385,000	\$17,671,933	\$3,493,077	\$0	\$3,493,077

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.

e. 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 \$195,999 and BIA HIP \$190,000 for a total of \$385,000

(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	Ernest Sakeva, Interim Executive Director
(17) Authorized Official's Signature:	I certify that all other sections of the IHP approved on are accurate and reflect the activities planned.
(18) Date (MM/DD/YYYY):	1/30/2019

