

**SECTION 1: COVER PAGE**

(1) Grant Number: 20BV0402180

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

(3) Federal Fiscal Year: 2020

IHBG-CARES

(4) Initial Plan (Complete this Section then proceed to Section 2) or an Amended IHP

(6) Annual Performance Report (Complete items 27-30 and proceed to Section 3)

(7) Tribe

(8) TDHE

(9) Name of Recipient:

Hopi Tribal Housing Authority

(10) Contact Person:

Stanley Pahe

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

(928) 737-2800

(12) Mailing Address:

PO Box 906

(13) City:

Polacca

(14) State:

Arizona

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

86042

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

(928) 737-9270

(17) Email Address (if available):

spahe@htha.org

(18) If TDHE, List Tribes Below:

Hopi Tribe

(19) Tax Identification Number:

86-0223702

(20) DUNS Number:

623354651

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

06/17/2020

(22) IHBG-CARES Amount:

\$2,016,465

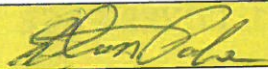
Date Started Preparing for COVID-19

03/06/2020

(23) Name of Authorized IHP Submitter:

Stanley Pahe



(24) Title of Authorized IHP Submitter:	Interim Executive Director
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	05/11/2020
(27) Name of Authorized APR Submitter:	
(28) Title of Authorized APR Submitter:	
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	

**Certification:** The information contained in this document is accurate and reflects the activities actually planned or accomplished during the program year. Activities planned and accomplished are eligible under applicable statutes and regulations.

**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosure of information, including intentional disclosure, is subject to a civil money penalty not to exceed \$10,000 for each violation.

**APR: REPORTING ON PROGRAM YEAR PROGRESS**

Complete the shaded section of text below to describe your completed program tasks and actual results. Only report on activities completed during the 12-month program year. Financial data should be presented using the same basis of accounting as the Schedule of Expenditures of Federal Awards (SEFA) in the annual audit. For unit accomplishments, only count units when the unit was completed and occupied during the year. For households, only count the household if it received the assistance during the previous 12-month program year. (NAHASDA § 404(b))

**Program Descriptions**

**1.1. Program Name and Unique Identifier:**

Unique Identifier	COVID-19 Respond
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COVID-19 Respond - 1 - 2020-01 Food Distribution Rental Units

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

To assist rental tenants with groceries (i.e.vegetables, dry goods, can goods, water, sugar, flour, potatoes etc.) allow them to shelter in place.



**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.):

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

**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.):

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

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

to keep families shelter in place to avoid the spread of COVID 19

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

[Redacted]

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

[Redacted]

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

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

Current tenants in the Rental Program

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

By providing low income households with food distribution while impacted by the COVID-19. Monthly distribution for 4 months.

**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.

[Redacted]

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

Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program
	80	
APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year
	[Redacted]	

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

[Redacted]



**2.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2 - 2020-02 Food Distribution Homeownership

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

To assist homebuyers with groceries (i.e. vegetables, dry goods, can goods, water, sugar, flour, potatoes etc.) allow them to shelter in place.

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

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

**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.):

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

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

to keep families shelter in place to avoid the spread of COVID 19.

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

[Redacted]

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

[Redacted]

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

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

Current residents of the Homeownership Program

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

By providing low income households with food distribution while impacted by the COVID-19. Monthly distribution for 4 months.

**2.8. APR:** Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

[Redacted]



**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

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



**3.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 3 - 2020-03 Food Distribution VASH Program

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

To assist client with groceries (i.e.vegetables, dry goods, can goods, water, sugar, flour, potatoes etc.) allow them to shelter in place.

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

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

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

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

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

to keep families shelter in place to avoid the spread of COVID 19.

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

[Redacted]

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

[Redacted]

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

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

Current participants in the VASH Program

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

By providing low income households with food distribution while impacted by the COVID-19. Will coordinate with VA Case Manager for distribution.

**3.8. APR:** Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

[Redacted]



**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

13

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

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



4.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 4 - 2020-04 Food Distribution Tenant Based Rental Assistance Program

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

To assist participants with groceries (i.e.vegetables, dry goods, can goods, water, sugar, flour, potatoes etc.) allow them to shelter in place.

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

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

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

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

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

to keep families shelter in place to avoid the spread of COVID 19.

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

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

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

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

Current participants in the Tenant Based Rental Assistance Program

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

By providing low income households with food distribution while impacted by the COVID-19. Monthly distribution for approximately 4 months.

4.8. APR: Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

**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

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

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



**5.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 3 - 2020-05 Acquisition and Distribution of PPE and Cleaning Supplies - Residents

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

The HTHA is acquiring and distributing "ESSENTIAL" packages consisting of Personal Protective Equipment (masks, gloves etc.), health supplies (tissues, hand soap, paper towels, etc.) and cleaning supplies (disinfectant, bleach, spray bottles, wipes etc.), stay at home activities (board games, puzzles, weaving supplies etc) to current residents of and assisted by the Housing program. Supplies can be replenished as necessary via a direct request to HTHA staff.

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

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

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

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

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

Assist residents who are impacted by COVID 19

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

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

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

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

Current residents of and participants of HTHA housing programs.

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

All families will receive an initial allocation of PPE and cleaning supplies to help them prepare for and protect their families from COVID-19, approximate cost \$150.00 per family.

**5.8. APR:** Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

**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

123

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:**

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 1 -2020-06 Sanitation Equipment Rental Units Winslow, AZ

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

Provide further sanitation necessities for tenants to deter spread of COVID 19 rent waste bins and portable wash stations for Winslow grounds.

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

(18) Other Housing Services [202(3)]

**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.):

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

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

Continue to assist residents of affordable housing who are impacted by COVID 19 with sanitation services.

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

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

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

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

Current tenants of Rental Program.

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

Base line level of sanitary assistance services. Additional trash bins needed to be rented for additional trash coming out the homes . Rent additional waste bins and wash stations for winslow grounds to prevent spread of COVID 19.

**6.8. APR:** Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

**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

80

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:**

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 2 - 2020-07 Sanitation Equipment - Development

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

To assist Force Account with sanitation equipment on project sites.

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

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

**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.):

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

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

Assist employees with precautionary measures on project sites to avoid COVID 19

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

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

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

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

Assist housing authority force account crew

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

To prevent employees from being impacted by COVID 19.

**7.8. APR:** Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

**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))*



**8.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Preparation

COVID-19 Preparation - 1 - 2020-08 Security Services- Administration Office

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

Provide traffic control, monitoring, and screening the public before access to the office for health and safety measures.

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

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

**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.):

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

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

To provide precautionary measures for the employees and public.

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

[Redacted]

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

[Redacted]

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

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

Current participants and employees of tribal housing programs.

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

Various levels of assistance to assist low income households while preparing for COVID-19 situations. Security will be for housing office during COVID 19 situation.

**8.8. 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.

[Redacted]

**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:**

Unique Identifier COVID-19 Preparation

COVID-19 Preparation - 2 - 2020-09 Security Services - Rental Units Winslow, AZ

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

Provide traffic control, monitoring, and screening the public before access to the office and complex for health and safety measures.

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

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

**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.):

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

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

To provide precautionary measures for the employees and public.

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

[Redacted]

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

[Redacted]

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

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

To current tenants in the Rental Program

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

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

**9.8. 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.

[Redacted]

**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))*



10.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Preparation

COVID-19 Preparation - 3 - 2020-10 Internet Service for Rental Units

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

Provide computer services for rental tenants who don't have internet services for school, employment or public communication.

10.3. 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.):

(18) Other Housing Services [202(3)]

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.):

(6) Assist affordable housing for low income households

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.):

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.):

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

Current rental tenants impacted by COVID-19.

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

Assist low income households who require on line educational activities due to stay at home order. Services will be provided for approximately 6 months.

10.8. 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.

**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

58

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

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



11.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Preparation

COVID-19 Preparation - 4 - 2020-11 Staff Salaries

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

Payroll expenses for staff required to shelter in place but provided with Administrative leave.

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

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

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.):

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

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

Cover payroll expenses due to Tribal Stay at Home Declaration.

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

[Redacted]

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

[Redacted]

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

[X] Low-income Indian Households [ ] Non-low income Indian Households [ ] Non-Indian Households

Current employees of Hopi Tribal Housing Authority.

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

Cover salaries and benefits for employees required to stay at home during COVID-19.

11.8. 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.

[Redacted]

**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

22

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))*



**12.1. Program Name and Unique Identifier:**

Unique Identifier	COVID-19 Respond
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COVID-19 Respond - 5 - 2020-12 Utility Allowance for VASH Clients

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

Providing utility assistance which includes internet services for VASH clients who are impacted by COVID-19.

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

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

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

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

Continue to assist VASH clients with utility assistance during this pandemic for 4 months.

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

[Redacted]

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

[Redacted]

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

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

Current participants in VASH Program

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

Provide utility assistance and internet services while responding to COVID-19. Assistance will be provided for approximately 4 months.

**12.8. 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.

[Redacted]

**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

6

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))*



**13.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 7 - 2020-13 Transportation VASH clients

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

Provide transportation assistance to VASH clients who are impacted to COVID-19.

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

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

**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) Other - must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

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

Continue to assist VASH clients with transportation assistance during this pandemic for 4 months.

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

[Redacted]

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

[Redacted]

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

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

Current participants of the VASH Program

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

Provide transportation assistance such as bus passes to assist low income household while responding to COVID-19,

**13.8. 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.

[Redacted]

**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

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

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



14.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Preparation

COVID-19 Preparation - 5 - 2020-14 Front Office Screening Room and Security upgrade Administration Building

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

Provide traffic control, monitoring, and screening the public before access to the office for health and safety measures which will require upgrade to the facility.

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

(22) Model Activities [202(6)]

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.):

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

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

To provide precautionary measure to employees and public.

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

[Redacted]

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

[Redacted]

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

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

Current HTHA employees and public.

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

Rehab HTHA office to provide front office screening room and security upgrade.

14.8. 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.

[Redacted]

**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

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

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



**15.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 7 - 2020-15 Propane Service Homeownership Units

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

Provide propane assistance up to 25% for homebuyers impacted by COVID-19.

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

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

**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) Assist affordable housing for low income households

**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.):

**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.):

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

Current residents of the Homeownership Program

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

Will provide 25% propane for home buyers for approximately 4 months.

**15.8. 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.

**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

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

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



**16.1. Program Name and Unique Identifier:**

Unique Identifier	COVID-19 Respond
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COVID-19 Respond - 8 - 2020-16 Expanded Rental Assistance payments for Tenant Based Rental Assistance Program

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

HTHA currently operates a tenant based rental assistance (TBRA) program serving 3 tribal families. This temporary program will assist families for 4 months to provide financial relief to occupants who are not able to work due to stay at home requirements. Current participants will not be required to pay 30% contribution, instead the HTHA will pay 100% of rental payment.

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

(17) Tenant Based Rental Assistance [202(3)]

**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.):

(6) Assist affordable housing for low income households

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

[Empty text box]

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

[Empty text box]

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

[Empty text box]

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

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

Current participants in the TBRA program who have been impacted by COVID-19.

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

For current participants in the TBRA program, the HTHA will pay 100% of rental payment which amounts to \$1072 a month per family.

**16.8. 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.

[Empty text box]

**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

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

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



**17.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 9 - 2020-17 Security for Low Income Household in the Hopi Villages

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

Provide security, patrol and to enforce curfews in villages and stay at home directive order during COVID -19 pandemic. Street lighting to deter criminal activities.

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

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

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

(11) Reduction in crime reports

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

Protect families from the spread of COVID-19.

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

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

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

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

Low income household in the Hopi villages.

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

Provide security, patrol and to enforce curfews in villages and stay at home directive order during COVID -19 pandemic. Services Approximately 4 months to pay security salary and benefits and PPE equipment. Street lighting to deter criminal activities.

**17.8. 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.

**17.9: Planned and Actual Outputs for 12-Month Program Year**

Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program
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APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year
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**17.10: APR:** *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*



**18.1. Program Name and Unique Identifier:**

Unique Identifier	COVID-19 Prevention
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COVID-19 Prevention - 4 - 2020-18 Acquisition and Distribution of PPE and Cleaning Supplies- LMI Village residents

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

The HTHA is acquiring and distributing "ESSENTIAL" packages consisting of Personal Protective Equipment (masks, gloves etc.), health supplies (tissues, hand soap, paper towels, etc.) and cleaning supplies (disinfectant, bleach, spray bottles, wipes etc.), stay at home activities (board games, puzzles, weaving supplies etc) to current residents of and assisted by the Housing program. Supplies can be replenished as necessary via a direct request to HTHA staff.

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

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

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

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

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

Assist residents that are impacted by COVID 19

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

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

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

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

LMI vresidents of the Hopi villages

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

All families will receive an initial allocation of PPE and cleaning supplies to help them prepare for and protect their families with COVID-19, approximate cost of \$150.00 per family.

**18.8. 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.

**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

600

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

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



**19.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 5 - 2020-19 Acquisition and Distribution of PPE and Cleaning Supplies- NLI Village residents

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

The HTHA is acquiring and distributing "ESSENTIAL" packages consisting of Personal Protective Equipment (masks, gloves etc.), health supplies (tissues, hand soap, paper towels, etc.) and cleaning supplies (disinfectant, bleach, spray bottles, wipes etc.), stay at home activities (board games, puzzles, weaving supplies etc) to current residents of and assisted by the Housing program. Supplies can be replenished as necessary via a direct request to HTHA staff.

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

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

**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.):

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

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

Assist residents that are impacted by COVID 19

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

[Redacted]

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

[Redacted]

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

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

NLI residents of the Hopi villages

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

All families will receive an initial allocation of PPE and cleaning supplies to help them prepare for and protect their families with COVID-19, approximate cost of \$150.00 per family.

**19.8. 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.

[Redacted]

**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

600

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

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



**20.1. Program Name and Unique Identifier:**

Unique Identifier	COVID-19 Respond
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COVID-19 Respond - 10 - 2020-20 Temporary Housing - LMI (Low Median Income)

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

Provide temporary housing in hotel rooms for individuals who need self quarantine for over crowded households or homeless families.

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

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

**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.):

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

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

Provide temporary housing

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

[Redacted]

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

[Redacted]

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

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

Low income families that need self quarantine or are homeless.

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

Provide temporary housing for self quarantine or homeless families. Will pay for hotel rooms as needed. When a individual is moved out to self quarantine can pay home to get sanitized.

**20.8. 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.

[Redacted]

**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

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

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



**21.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 11 - 2020-21 Temporary Housing -NLI (Non Low Income)

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

Provide temporary housing in hotel rooms for individuals who need self quarantine for over crowded households or homeless families.

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

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

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

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

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

Provide temporary housing.

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

[Redacted]

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

[Redacted]

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

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

Non Low income families that need self quarantine or are homeless.

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

Provide temporary housing for self quarantine or homeless families. Will pay for hotel rooms as needed. When a individual is moved out to self quarantine can pay home to get sanitized

**21.8. 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.

[Redacted]

**21.9: 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

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



**SECTION 5: BUDGETS**

NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
IHBG-CARES Funds		\$2,016,465	\$2,016,465	\$1,091,734	\$924,731			\$0		\$0	

TOTAL	\$0	\$2,016,465	\$2,016,465	\$1,091,734	\$924,731	\$0	\$0	\$0	\$0	\$0
TOTAL Columns C & H, 2 through 10	\$0									

**Notes:**

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

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

PROGRAM NAME	IHP			APR		
	(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)
COVID-19 Respond - 1 - 2020-01 Food Distribution Rental Units	\$48,000		\$48,000			\$0
COVID-19 Respond - 2 - 2020-02 Food Distribution Homeownership	\$46,800		\$46,800			\$0
COVID-19 Respond - 3 - 2020-03 Food Distribution VASH Program	\$7,800		\$7,800			\$0



COVID-19 Respond - 4 - 2020-04 Food Distribution Tenant Based Rental Assistance Program	\$1,800	\$1,800	\$0
COVID-19 Prevention - 3 - 2020-05 Acquisition and Distribution of PPE and Cleaning Supplies - Residents	\$33,450	\$33,450	\$0
COVID-19 Prevention - 1 -2020-06 Sanitation Equipment Rental Units Winslow, AZ	\$23,200	\$23,200	\$0
COVID-19 Prevention - 2 - 2020-07 Sanitation Equipment - Development	\$16,000	\$16,000	\$0
COVID-19 Preparation - 1 - 2020-08 Security Services- Administration Office	\$21,000	\$21,000	\$0
COVID-19 Preparation - 2 - 2020-09 Security Services - Rental Units Winslow, AZ	\$14,000	\$14,000	\$0
COVID-19 Preparation - 3 - 2020-10 Internet Service for Rental Units	\$48,000	\$48,000	\$0
COVID-19 Preparation - 4 - 2020-11 Staff Salaries	\$105,724	\$105,724	\$0
COVID-19 Respond - 5 - 2020-12 Utility Allowance for VASH Clients	\$15,360	\$15,360	\$0



COVID-19 Respond - 7 - 2020-13 Transportation VASH clients	\$2,136	\$2,136	\$0
COVID-19 Preparation - 5 - 2020-14 Front Office Screening Room and Security upgrade Administration Building	\$200,000	\$200,000	\$0
COVID-19 Respond - 7 - 2020-15 Propane Service Homeownership Units	\$15,600	\$15,600	\$0
COVID-19 Respond - 8 - 2020-16 Expanded Rental Assistance payments for Tenant Based Rental Assistance	\$12,864	\$12,864	\$0
COVID-19 Respond - 9 - 2020-17 Security for Low Income Household in the Hopi Villages	\$60,000	\$60,000	\$0
COVID-19 Prevention - 4 - 2020-18 Acquisition and Distribution of PPE and Cleaning Supplies- LMI Village residents	\$90,000	\$90,000	\$0
COVID-19 Prevention - 5 - 2020-19 Acquisition and Distribution of PPE and Cleaning Supplies- NLI Village residents	\$90,000	\$90,000	\$0
COVID-19 Respond - 10 - 2020-20 Temporary Housing - LMI (Low Median Income)	\$120,000	\$120,000	\$0
COVID-19 Respond - 11 - 2020-21 Temporary Housing -NLI (Non Low Income)	\$120,000	\$120,000	\$0
Planning and Administration		\$0	\$0



<b>TOTAL</b>	\$1,091,734	\$0	\$1,091,734	\$0	\$0	\$0
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**Notes:**

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

**(3) Estimated Sources or Uses of Funding (NAHASDA § 102(b)(2)(C)).** (Provide any additional information about the estimated sources or uses of funding, including leverage (if any). You must provide the relevant information for any planned loan repayment listed in the Uses of Funding table on the previous page. This planned loan repayment can be associated with Title VI or with private or tribal funding that is used for an eligible activity described in an IHP that has been determined to be in compliance by HUD. The text must describe which specific loan is planned to be repaid and the NAHASDA-eligible activity and program associated with this loan):

**(4) APR (NAHASDA § 404(b))** (Enter any additional information about the actual sources or uses of funding, including leverage (if any). You must provide the relevant information for any actual loan repayment listed in the Uses of Funding table on the previous page. The text must describe which loan was repaid and the NAHASDA-eligible activity and program associated with this loan.):

## SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

By signing the IHP, the recipient certifies its compliance with Title II of the Civil Rights Act of 1968 (25 USC Part 1301 et seq.), and ensures that the recipient has all appropriate policies and procedures in place to operate its planned programs. The recipient should not assert that it has the appropriate policies and procedures in place if these documents do not exist in its files, as this will be one of the items verified during any HUD monitoring review.

**(1) In accordance with applicable statutes, the recipient certifies that:**

It will comply with Title II of the Civil Rights Act of 1968 in carrying out this Act, to the extent that such title is applicable, and other applicable federal statutes.

Yes  No

**(2) In accordance with 24 CFR 1000.328, the recipient receiving less than \$200,000 under FCAS certifies that:**

There are households within its jurisdiction at or below 80 percent of median income.

Yes  No  Not Applicable

**(3) The following certifications will only apply where applicable based on program activities.**

a. It will maintain adequate insurance coverage for housing units that are owned and operated or assisted with grant amounts provided under NAHASDA, in compliance with such requirements as may be established by HUD;

Yes  No  Not Applicable

b. Policies are in effect and are available for review by HUD and the public governing the eligibility, admission, and occupancy of families for housing assisted with grant amounts provided under NAHASDA;

Yes  No  Not Applicable

c. Policies are in effect and are available for review by HUD and the public governing rents charged, including the methods by which such rents or homebuyer payments are determined, for housing assisted with grant amounts provided under NAHASDA; and

Yes  No  Not Applicable

d. Policies are in effect and are available for review by HUD and the public governing the management and maintenance of housing assisted with grant amounts provided under NAHASDA.

Yes  No  Not Applicable



**SECTION 8: IHP TRIBAL CERTIFICATION**

NAHASDA § 102(c)

This certification is used when a Tribally Designated Housing Entity (TDHE) prepares the IHP or IHP amendment on behalf of a tribe.

This certification must be executed by the recognized tribal government covered under the IHP.

(1) The recognized tribal government of the grant beneficiary certifies that:

(2)  It had an opportunity to review the IHP or IHP amendment and has authorized the submission of the IHP by the TDHE; or

(3)  It has delegated to such TDHE the authority to submit an IHP or IHP amendment on behalf of the Tribe without prior review by the Tribe.

(4) Tribe:	The 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 12: AUDITS

24 CFR § 1000.544

This section is used to indicate whether a financial audit based on the Single Audit Act and 2 CFR Part 200 Subpart F is required, based on a review of your financial records.

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

Yes  No

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

If No, an audit is not required.