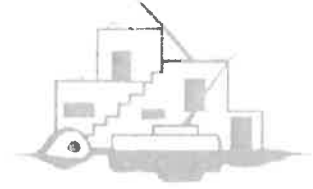


HOPI TRIBAL HOUSING AUTHORITY

PUBLIC ANNOUNCEMENT



February 27, 2023

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

Dear Hopi Sinom,

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

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Stanley Pahe', is positioned above the typed name.

Stanley Pahe, Executive Director
Hopi Tribal Housing Authority

SECTION 1: COVER PAGE

(1) Grant Number: 20BV0402180

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

(3) Federal Fiscal Year: 2022

- 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):

04/08/2022

(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:	Executive Director
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	06/01/2021
(27) Name of Authorized APR Submitter:	Stanley Pahe
(28) Title of Authorized APR Submitter:	Executive Director
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	

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

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

APR: REPORTING ON PROGRAM YEAR PROGRESS

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

Program Descriptions

1.1. Program Name and Unique Identifier:

Unique Identifier

COVID-19 Respond

COVID-19 Respond - 1 - 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.):

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

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

Assisted all tenants in the rental program with groceries.

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.

Provided four (4) rounds of food distribution to tenants in Winslow and scattered sites on the reservation. Groceries were purchased from local stores on the reservation.

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

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

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

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

80

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

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.):

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

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

Provide groceries to homeownership families.

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.

Provided four (4) rounds of food distribution to homebuyers. Groceries were purchased from local stores on the reservation.

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

	78	
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2.10: APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*

[Redacted]

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.):

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

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

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

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.

Provided groceries to veteran families through delivery to their residence or pick up to store.

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
--------------------------------------------------------------	----------------------------------------------------------------	--------------------------------------------------------------

13

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

[Redacted]

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.):

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

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

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

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.

Provided four (4) food distributions to TBRA clients.

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

3		
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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.), emotional and academic supplies (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.):

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

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

Assist residents who are impacted with COVID 19

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.

All Rental, Homeownership, TBRA and VASH clients were provided with PPE and cleaning supplies by procuring from outside and local stores.

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
--------------------------------------------------------------	----------------------------------------------------------------	--------------------------------------------------------------

123

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

[Redacted area]

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.):

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

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

Continue assistance residents of affordable housing who are impacted by COVID 19 with sanitation services

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.

Sanitation equipments (i.e. waste bins) were a great aid to waste needs of tenants while adhering to Executive Order of tribe.

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

80

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.):

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

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

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

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.

Purchased Sanitation Equipment (8prota john, 8 waste bin & 8 water jugs) for Force Account crew and placed at work 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
--------------------------------------------------------------	----------------------------------------------------------------	--------------------------------------------------------------

8

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

[Redacted area]

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.):

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

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

To provide precautionary measures for the employees and public.

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. Amendment to include radio system equipment.

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.

Daily check on staff before entering office building, ensures employees are allowed on the HTHA premises.

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 Winslow housing office and housing 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.):

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

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

To provide precautionary measures for the employees and public.

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.

Security Services provided 24/7 at Winslow Complex with lessening of activity to bring down rising COVID numbers.

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.):

(6) Assist affordable housing for low income households

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 employment, telemedicine, food services, grocery delivery 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.

With installation of microwave HTHA was able to provide all winslow tenants with continued internet services.

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

	58	
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10.10: APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*

[Redacted area]

11.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

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

11.2. 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.

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):

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

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

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

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

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

11.6 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

11.7. 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.

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.

HHTA was able to provide families with a wifi hotspot device, provided out of pocket reimbursement for utilities to three families

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

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

13

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

[Redacted]

12.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

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

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

Provide transportation assistance to VASH clients who are impacted to 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 transportation assistance during this pandemic for 4 months.

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

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

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

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

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

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.

HHTA provided bicycles and bus vouchers to veteran without transportation.

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

3		
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12.10: APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*

[Redacted area]

13.1. 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

13.2. 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.

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.):

(22) Model Activities [202(6)]

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):

To provide precautionary measure to employees and public.

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

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

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

To provide precautionary measure to employees and public.

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 HTHA employees and public.

13.7. 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.

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.

Project at 100% completion with upgraded security and screening office for safety of employees and guest.

13.9: Planned and Actual Outputs for 12-Month Program Year

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

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

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

14.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

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

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

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

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.):

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

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.):

(6) Assist affordable housing for low income households

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

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

(6) Assist affordable housing for low income households

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

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

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

Current residents of the Homeownership Program

14.7. 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% of the propane cost for home buyers for approximately 4 months.

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.

HHTA provided propane services to homebuyers for three (3) deliveries.

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

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

78

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

[Redacted area]

15.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

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

15.2. 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.

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.):

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

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.):

(6) Assist affordable housing for low income households

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

15.7. 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.

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.

HTHA provided assistance to TBRA clients with 100% rental coverage for 4 months.

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
---------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------------------------------------------------------

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
--------------------------------------------------------------	----------------------------------------------------------------	--------------------------------------------------------------

3

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

[Redacted area]

16.1. 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

16.2. 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.

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.):

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

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.):

(11) Reduction in crime reports

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

Protect families from the spread of COVID-19.

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

(11) Reduction in crime reports

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

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

Low income household in the Hopi villages.

16.7. 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.

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.

Assisted Hopi villages with COVID19 related issues, disseminated information related to COVID 19, village closures, PPE distribution to homes, security monitoring at entrance of village. Provided services beginning July 2020 to current.

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
---------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------------------------------------------------------

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 Prevention

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

17.2. 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.), emotional and academic supplies (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.

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.):

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

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.):

(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

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

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

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

Assist residents that are impacted by COVID 19

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

LMI vresidents of 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.):

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.

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.

HTHA provided PPE/Cleaning supplies to LMI residents outside our program clientel.

17.9: 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
--------------------------------------------------------------	----------------------------------------------------------------	--------------------------------------------------------------

600

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

[Redacted]

18.1. 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

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.), emotional and academic supplies (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.):

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

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

Assist residents that are impacted by COVID 19

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

NLI residents 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.

HTHA provided PPE/Cleaning supplies to NLI residents throughtout the reservation.

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
--------------------------------------------------------------	----------------------------------------------------------------	--------------------------------------------------------------

600

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 Respond

COVID-19 Respond - 14 - 2020-22 Acquisition and Distribution of PPE and Cleaning supplies - FMYC staff & stakeholders

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

It is vital to purchase PPE 's for staff during COVID-19 to protect them from the virus when among one another, the general public and students. CDS guidelines recommend everyone to facemasks, latex gloves, and keep center free of droplets that may fall from one. Additional equipment as protection is sprayer equipment to sanitize large areas such as gym, and small sprayer to sanitize shoes, spray bottles to use on surfaces. It is a recommendation of IHS to conduct health checks on all students and staff. Part of health check will be to take temperature of students and staff upon arrival. Purchase thermal thermometer, disinfectant wipes, disposable hand towels etc.

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 Low Income families impacted by COVID-19

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

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

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

Assist Low Income families impacted by COVID 19

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

Current families and participants who engage in Youth Center Programs.

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 and participants who utilize and participate in youth center programs issued PPE for protection, and cleaning supplies to keep work areas sanitized. Two time purchase

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.*

For all in person activities held at the center for the year 2022 provided hand sanitizer, sanitizing spray, gloves and face masks. Purchased sanitizing cleaning solutions to use to clean high touch areas through out the building. Prepared for participants small kits of PPE supplies to use while at home to quarantine/emergency situations.

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
---------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------------------------------------------------------

100

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
--------------------------------------------------------------	----------------------------------------------------------------	--------------------------------------------------------------

100

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

[Redacted area]

20.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 13 - 2020-23 Portable Handwashing Station

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

Purchase wash station for students, staff and general public to deter spread of COVID 19 as recommended by CDC guidelines and Indian Health Service.

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):

Assist employees, and general public with precautionary measures to avoid COVID-19

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

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

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

Assist employees, and general public with precautionary measures to avoid COVID-19.

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

Assist FMYC staff and general public

20.7. 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 and general public from being impacted by COVID 19. One time purchase.

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.

The center provides copying and faxing for the public. The hours of this service are Monday-Friday, 9 a.m. – 4 p.m. Many of the existing facilities that use to accommodate the needs for families and the public has shut down and do not offer this service. The additional times we use the portable handwashing station is for all scheduled activities offered such as the Afterschool program and all other afterschool programming we provide for our youth.

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
---------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------------------------------------------------------

100

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
--------------------------------------------------------------	----------------------------------------------------------------	--------------------------------------------------------------

100

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

[Redacted area]

21.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Preparation

COVID-19 Preparation - 5 - 2020-24 Front Office and Computer Lab Screening Room

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

Purchase small size plexiglass to be placed between desktops in the computer lab to enforce social distancing and minimize close contact when desktops are in use. Purchase plexiglass for the front desk area to minimize contact between staff, students, and stakeholders.

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):

To provide precautionary measure to employee and public.

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

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

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

To provide precautionary measure to employee and public.

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

FMYC staff and general public.

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

Install plexiglass between desktops and front desk to minimize close contact.

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.

Plexiglass with stands were purchased and set up in the gym where 10 tables were set-up to seat 2 participants to a table. The set-up was used to practice social distancing and to help deter droplets that may accidentally drop only to the isolated area. During, the time, sanitizing solution as used to sanitize the area of use. Plexiglass (4) was also set-up in the computer room for participants that needed to use desktops. One Plexiglass was set up at the front for Secretary. Numbers were higher than anticipated because we continued to provide faxing and copying services to the general public. 100% completed.

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
---------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------------------------------------------------------

100

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
--------------------------------------------------------------	----------------------------------------------------------------	--------------------------------------------------------------

100

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

[Redacted area]

22.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 14 - 2020-25 Propane Service Homeownership Units NLI

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

Provide propane assistance up to 25% for Home buyers impacted COVID 19

22.3. 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

22.4. 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 Non Low Income families under the Homeownership Program

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

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

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

Assist Non Low Income families under the Homeownership Program

22.6 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 Non Program Residential Program

22.7. 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% of propane cost for Non Program Residential Homebuyers for approximately 4 months.

22.8. 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.

Propane services were provided to our NLI homebuyers.

22.9: 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

2

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

23.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 6 - 2020-26 Sanitation Equipment - LMI

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

The HTHA will acquire and assist families with sanitation equipment to deter spread of COVID 19

23.3. 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.):

(9) Other Rental Housing Development [202(2)]

23.4. 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 have been impacted by COVID 19

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

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

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

Assist residents who have been impacted by COVID 19

23.6 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

residents of the Hopi villages

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

Assist village residents that do not having running water with sanitation equipment purchase wash stations, porta johns. Amendment to include portable showers, and porta pump truck rental services.

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

HTHA provided Sanitation Equipment services to families who do not have running water.

23.9: 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
--------------------------------------------------------------	----------------------------------------------------------------	--------------------------------------------------------------

60

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

[Redacted]

24.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 8 - 2020-27 Sanitation Equipment - NLI

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

The HTHA will acquire and assist families with sanitation equipment to deter spread of COVID 19

24.3. 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

24.4. 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 have been impacted by COVID 19

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

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

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

Assist residents who have been impacted by COVID 19

24.6 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

Hopi/Tewa families

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

Assist village residents that do not having running water with sanitation equipment purchase wash stations, porta johns, portable showers and porta pump truck rental services.

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

HTHA adopted and approved the Sanitation Equipment Program for NLI families in August 2021.

24.9: Planned and Actual Outputs for 12-Month Program Year

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
---------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------------------------------------------------------

	30	
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APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
--------------------------------------------------------------	----------------------------------------------------------------	--------------------------------------------------------------

	0	
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24.10: APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*

Residents picked up applications but were not returned for processing. Project close out.

25.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 13 - 2020-29 Firewood Distribution - LMI

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

Provide a cord of wood for families who have been impacted by COVID 19

25.3. 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

25.4. 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):

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

(6) Assist affordable housing for low income households

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

25.6 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

residents of the Hopi villages

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

HHA will purchase a cord of firewood at \$300.00 per truck load for families one time assistance.

25.8. 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.

HHA purchased and distributed firewood to LMI families within the Hopi reservation.

25.9: 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
--------------------------------------------------------------	----------------------------------------------------------------	--------------------------------------------------------------

600

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

[Redacted]

26.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 14 - 2020-30 Firewood Distribution - NLI

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

Provide a cord of wood for families who have been impacted by COVID 19

26.3. 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

26.4. 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

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

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

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

Assist residents that are impacted by COVID 19

26.6 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

residents of the Hopi Villages

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

HHA will purchase a cord of firewood at \$300.00 per truck load for families one time assistance.

26.8. 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.

HHA purchased and distributed firewood to NLI families within the Hopi reservation.

26.9: 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

600

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

27.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 15 - 2020-31 Solar Systems -LMI

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

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

27.3. 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.):

(16) Rehabilitation Assistance to Existing Homeowners [202(2)]

27.4. 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 LMI households with a power source

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

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

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

Provide LMI household with a power source.

27.6 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

Hopi/Tewa families for privately owned homes that do not have electricity.

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

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

27.8. 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.

HHA approved and adopted the Solar Project Policy on October 19, 2021.

27.9: Planned and Actual Outputs for 12-Month Program Year

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

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

10

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

0

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

Ten (10) applicants were eligible. However, Solar Service was not Contracted until November 2022 and pending Hopi Tribal Business License.

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	\$2,016,465	\$0	\$0	\$2,016,465	\$2,016,465	\$2,016,465	\$0	\$0

TOTAL	\$0	\$2,016,465	\$2,016,465	\$2,016,465	\$0	\$0	\$2,016,465	\$2,016,465	\$0	\$0	\$2,016,465	\$2,016,465	\$0
TOTAL Columns C & H, 2 through 10	\$0	\$2,016,465	\$2,016,465	\$2,016,465	\$0	\$0	\$2,016,465	\$2,016,465	\$0	\$0	\$2,016,465	\$2,016,465	\$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	\$22,419		\$22,419		
COVID-19 Respond - 2 - 2020-02 Food Distribution Homeownership	\$30,000		\$30,000	\$12,169		\$12,169		
COVID-19 Respond - 3 - 2020-03 Food Distribution VASH Program	\$7,800		\$7,800	\$5,936		\$5,936		

COVID-19 Respond - 4 - 2020-04 Food Distribution Tenant Based Rental Assistance Program	\$1,800
COVID-19 Prevention - 3 - 2020-05 Acquisition and Distribution of PPE and Cleaning Supplies - Residents	\$33,450
COVID-19 Prevention - 1 -2020-06 Sanitation Equipment Rental Units Winslow, AZ	\$42,400
COVID-19 Prevention - 2 - 2020-07 Sanitation Equipment - Development	\$18,140
COVID-19 Preparation - 1 - 2020-08 Security Services- Administration Office	\$21,000
COVID-19 Preparation - 2 - 2020-09 Security Services - Rental Units Winslow, AZ	\$138,000
COVID-19 Preparation - 3 - 2020-10 Internet Service for Rental Units	\$130,000
COVID-19 Respond - 5 - 2020-12 Utility Allowance for VASH Clients	\$8,000
COVID-19 Respond - 7 - 2020-13 Transportation VASH clients	\$2,136

\$1,800
\$33,450
\$42,400
\$18,140
\$21,000
\$138,000
\$130,000
\$8,000
\$2,136

\$944
\$21,138
\$33,656
\$9,867
\$63,852
\$166,111
\$94,290
\$21,291
\$517

\$944
\$21,138
\$33,656
\$9,867
\$63,852
\$166,111
\$94,290
\$21,291
\$517

COVID-19 Preparation - 5 - 2020-14 Front Office Screening Room and Security upgrade Administration Building	\$558,285	\$181,000	\$181,000
COVID-19 Respond - 7 - 2020-15 Propane Service Homeownership Units	\$40,000	\$39,615	\$39,615
COVID-19 Respond - 8 - 2020-16 Expanded Rental Assistance payments for Tenant Based Rental Assistance	\$21,440	\$22,845	\$22,845
COVID-19 Respond - 9 - 2020-17 Security for Low Income Household in the Hopi Villages	\$50,640	\$756,837	\$756,837
COVID-19 Prevention - 4 - 2020-18 Acquisition and Distribution of PPE and Cleaning Supplies- LMI Village residents	\$90,000	\$28,613	\$28,613
COVID-19 Prevention - 5 - 2020-19 Acquisition and Distribution of PPE and Cleaning Supplies- NLI Village residents	\$50,000	\$10,192	\$10,192
COVID-19 Respond - 14 - 2020-22 Acquisition and Distribution of PPE and Cleaning supplies - FMYC staff &	\$1,400	\$1,852	\$1,852
COVID-19 Respond - 13 - 2020-23 Portable Handwashing Station	\$850	\$850	\$850
COVID-19 Preparation - 5 - 2020-24 Front Office and Computer Lab Screening Room	\$1,900	\$1,530	\$1,530

COVID-19 Respond - 14 - 2020-25 Propane Service Homeownership Units - NLI	\$2,000	\$2,000	\$1,162	\$1,162
COVID-19 Prevention - 6 - 2020-26 Sanitation Equipment - LMI	\$13,500	\$13,500	\$118,238	\$118,238
COVID-19 Prevention - 8 - 2020-27 Sanitation Equipment - NLI	\$60,000	\$60,000	\$0	\$0
COVID-19 Respond - 13 - 2020-29 Firewood Distribution - LMI	\$180,000	\$180,000	\$20,150	\$20,150
COVID-19 Respond - 14 - 2020-30 Firewood Distribution - NLI	\$180,000	\$180,000	\$20,150	\$20,150
COVID-19 Respond - 15 - 2020-31 Solar Systems - LMI	\$180,000	\$180,000	\$0	\$0
Planning and Administration	\$105,724	\$105,724	\$361,241	\$361,241
TOTAL	\$2,016,465	\$2,016,465	\$0	\$2,016,465

Notes:

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

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

n/a

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

N/A

SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

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

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

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

Yes No

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

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

Yes No Not Applicable

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

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

Yes No Not Applicable

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

Yes No Not Applicable

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

Yes No Not Applicable

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

Yes No Not Applicable

SECTION 8: IHP TRIBAL CERTIFICATION
 NAHASDA § 102(c)

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

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

- (1) The recognized tribal government of the grant beneficiary certifies that:
- (2) It had an opportunity to review the IHP or IHP amendment and has authorized the submission of the IHP by the TDHE; or
- (3) It has delegated to such TDHE the authority to submit an IHP or IHP amendment on behalf of the Tribe without prior review by the Tribe.

(4) Tribe:	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:

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SECTION 12: AUDITS

24 CFR § 1000.544

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

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

Yes No

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

If No, an audit is not required.

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?

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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.

