

Section 1: Cover Page

- (1) Grant Number: 55IT5306970
- (2) Recipient Program Year: 10/01/2022 - 09/30/2023
- (3) Federal Fiscal Year: 2023
- (4) Initial Plan (Complete this Section then proceed to Section 2)
- (5) Amended Plan (Complete this Section and Section 8 if applicable)
- (6) Annual Performance Report (Complete items 27-30 and proceed to Section 3)
- (7) Tribe
- (8) TDHE
- (9) **Name of Recipient:** Jamestown S'Klallam Tribe of Indians
- (10) **Contact Person:** Lesly DeAngelo
- (11) **Telephone Number with Area Code** 360-681-4635
- (12) **Mailing Address:** 1033 Old Blyn Highway
- (13) **City:** Sequim
- (14) **State:** WA
- (15) **Zip Code** 98382-7670
- (16) **Fax Number with Area Code** 360-681-3417
- (17) **Email Address** ldeangelo@jamestowntribe.org
- (18) **If TDHE, List Tribes Below:**
- (19) **Tax Identification Number:** 910963298
- (20) **UEI Number:** MLVMMNN8LJS7
- (21) **CCR/SAM Expiration Date** (MM/DD/YYYY): 02/14/2024
- (22) **IHBG Fiscal Year Formula Amount:** \$436,495
- (23) **Name of Authorized IHP Submitter:** DeAngelo, Lesly
- (24) **Title of Authorized IHP Submitter:** Housing Manager
- (25) **Signature of Authorized IHP Submitter:** DeAngelo, Lesly
- (26) **IHP Submission Date** (MM/DD/YYYY): 10/13/2022
- (27) **Name of Authorized APR Submitter:** Paul Scott
- (28) **Title of Authorized APR Submitter:** SCS Projects Manager
- (29) **Signature of Authorized APR Submitter:** Paul Scott
- (30) **APR Submission Date** (MM/DD/YYYY): 02/26/2024

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

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

ONE YEAR PLAN ANNUAL PERFORMANCE REPORT

Section 2: Housing Needs

NAHASDA § 102(b)(2)(B)

(1) Type of Need: Check the appropriate box(es) below to describe the estimated types of housing needs and the need for other assistance for low-income Indian families (column B) and all Indian families (column C) inside and outside the jurisdiction.

(A) Type of Need	Check All That Apply	
	(B) Low-Income Indian Families	(C) All Indian Families
(1) Overcrowded Households	X	
(2) Renters Who Wish to Become Owners	X	
(3) Substandard Units Needing Rehabilitation	X	
(4) Homeless Households	X	
(5) Households Needing Affordable Rental Units	X	
(6) College Student Housing	X	
(7) Disabled Households Needing Accessibility	X	
(8) Units Needing Energy Efficiency Upgrades	X	
(9) Infrastructure to Support Housing	X	
(10) Other (specify below)	X	

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

Elders with Special Needs - Some Tribal Elders require living accommodations located close to their extended families and/or close to Tribal services such as health care providers or Tribal cultural and social programs/event

(3) Planned Program Benefits. (Describe below how your planned programs and activities will address the needs of low income families identified above. Also describe how your planned programs will address the various types of housing assistance needs NAHASDA § 102(b)(2)(B)):

This year our program will focus on: Maintenance and operations of our existing rental housing, the possible acquisition of a single-family or multi-family rental unit, provide rental subsidies for Elders with Special Needs, provide short-term assistance for eligible participants of our Homelessness Prevention Program, provide down payment/matched savings assistance, offer emergency loan assistance and continue to refine and implement a financial literacy program, first time home buyer and home maintenance curriculum. 1. Maintenance and Operations of Existing Rental Housing - Bi-Annual inspections of our rental housing inventory and regular monitoring ensures that our rental housing assets are protected and reduces the potential for health and safety issues. 2. Acquisition of an Existing Single-Family or Multi-Family Rental Unit - Acquire an existing single or multi-family rental housing unit. 3. Elders with Special Needs - Some Tribal Elders require living accommodations located close to their extended families and/or close to Tribal services such as health care providers or Tribal cultural and social programs/events. The NAHASDA program will provide a subsidy for the eligible Elders to

cover the costs over their 30% rent cap. 4. Down Payment/Matched Savings Assistance - Eligible housing applicants who are ready to become homeowners will be provided with down payment or matched savings assistance to help them qualify for conventional mortgage financing. 5. Emergency Loan Assistance - Eligible applicants will be assisted with up to \$1000 of financial assistance for health and safety related issues in their homes that must be repaid within 12 months of the assistance with a payback agreement required. 6. Homelessness Prevention Program - This assistance is for the prevention of homelessness. This assistance will benefit Tribal Citizens by providing short-term assistance in activities that will prevent homelessness. 7. Journey Home - Training Opportunities - We continue to provide the following mandatory education classes to our eligible Down Payment/Matched Savings Assistance applicants: Part 1: First Time Home buyer - Eligible applicants must complete a 6 class course relating to the purchase of their first home. This includes information provided by local lenders, an insurance agent and a title company representative. This course also covers budgeting and how to prioritize spending to ensure they can maintain their home and meet their mortgage obligation. Part 2: Home Maintenance - Eligible applicants must complete a 6 class course on home maintenance to prepare them for home ownership. This covers such things as what kinds of projects require permits, when to call a professional and what minor repairs homeowners can complete on their own.

(4) Geographic Distribution. Describe below how the assistance will be distributed throughout the geographic area and how this geographic distribution is consistent with the needs of low income families. *NAHASDA § 102(b)(2)(B)(i)*:

Services will be provided within the Tribe's designated service area of Clallam and Jefferson counties. Because the Tribe does not have reservation based housing, we provide assistance to families at scattered sites within the bounds of the service area.

Section 3: Program Descriptions

[102(b)(2)(A)], [233(a)], [235(c)], [404(b)], 24 CFR §1000.512(b)(2)

Planning and Reporting Program Year Activities

In this section, the recipient must provide a description of its planned eligible activities, and intended outcomes and outputs for the One-Year IHP. The recipient can select any combination of activities eligible under NAHASDA and intended outcomes and outputs that are based on local needs and priorities. There is no maximum or minimum number of eligible activities or intended outcomes and outputs. Rather, the One-Year IHP should include a sufficient number of eligible activities and intended outcomes to fully describe any tasks that the recipient intends to fund in whole or in part with IHBG resources during the coming program year.

Subtitle B of NAHASDA authorizes recipients to establish a program for self-determined housing activities involving construction, acquisition, rehabilitation, or infrastructure relating to housing activities or housing that will benefit the low-income households served by the Indian tribe. A recipient may use up to 20 percent of its annual allocation, but not more than \$2 Million, for this program. Section 233(a) of NAHASDA requires a recipient to include its planned self-determination program activities in the IHP, and Section 235(c) requires the recipient to report the expenditures, outputs, and outcomes for its self-determination program in the APR. For more information, see PIH Notice 2010-35 (Demonstration Program - Self-Determined Housing Activities for Tribal Governments) at https://www.hud.gov/sites/documents/DOC_8814.PDF.

The One-Year IHP is not required to include eligible activities or intended outcomes and outputs that will not receive IHBG resources. For example, the recipient may be planning to apply for Low Income Housing Tax Credits (LIHTC) from its state. If those tax credit projects will not receive IHBG resources, they are not required to be described in the IHP. However, the recipient may wish to include nonIHBG activities in the IHP to provide tribal members with a more complete picture of housing activities.

If an activity will receive partial funding from an IHBG resource, it must be described in the IHP.

For example, if the recipient uses IHBG-funded staff persons to manage, inspect, or maintain an LIHTC-funded rental project, that project would be considered an IHBG-assisted project and the related activities must be described in the IHP.

Planning and Administrative expenses and loan repayments should not be identified as programs in the IHP. That is why there are dedicated rows in the Uses of Funding budget for these expenses. Instead, describe anticipated planning and administrative expenses in Section 6, Line 4 of the IHP, and describe actual planning and administration expenses in Section 6, Line 5 of the APR. Report the planned and actual amount of planning and administrative expenses in the dedicated row of the Uses of Funding budget (Section 5, Line 2). Please note that Reserve Accounts to support planning and administration is an eligible activity and should be identified as a program in the IHP, and any planned or actual expenditure from the Reserve Account would be reported by its program name in the Uses of Funding table.

For the IHP, complete the **unshaded** sections to describe the planned activities, outcomes and outputs in the coming 12-month program year. The recipient must complete Lines 1.1 through 1.4, Lines 1.6 and 1.7, and Line 1.9 for each eligible activity or program planned for the One-Year IHP. For the APR, complete the shaded sections to describe actual accomplishments, outcomes, and outputs for the previous 12-month program year. In particular, complete Lines 1.5, 1.8, 1.9, and 1.10 for each program included in the IHP.

Eligible Activity May Include (citations below all reference sections in NAHASDA)

Eligible Activity	Output Measure	Output Completion
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit
(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed
(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA- Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection

Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding table only)
(25) Reserve Accounts [202(9)]	N/A	N/A

Outcome May Include

(1) Reduce over-crowding	(7) Create new affordable rental units
(2) Assist renters to become homeowners	(8) Assist affordable housing for college students
(3) Improve quality of substandard units	(9) Provide accessibility for disabled/elderly persons
(4) Improve quality of existing infrastructure	(10) Improve energy efficiency
(5) Address homelessness	(11) Reduction in crime reports
(6) Assist affordable housing for low income households	(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

IHP: PLANNED PROGRAM YEAR ACTIVITIES(NAHASDA § 102(b)(2)(A))

For each planned activity, complete all the non-shaded sections below. It is recommended that for each program name you assign a unique identifier to help distinguish individual programs. This unique number can be any number of your choosing, but it should be simple and clear so that you and HUD can track tasks and results under the program and collect appropriate file documentation tied to this program.

- One way to number your programs is chronologically. For example, you could number your programs 2011-1, 2011-2, 2011-3 etc.
- Or, you may wish to number the programs based on type. For example rental 1, rental 2, homebuyer1, homebuyer 2 etc. This type of numbering system might be appropriate if you have many programs that last over several years.
- Finally, you may wish to use an outline style of numbering. For example, all programs under your first eligible activity would start with the number 1 and then be consecutively numbered as 1.1, 1.2, 1.3 etc.

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))

1.1. Program Name and Unique Identifier: **2022-23:Maintenance and Operations of Existing NAHASDA Rental Units**

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

Maintain all NAHASDA rental units to ensure they are structurally sound, safe and sanitary. Each home will be inspected at least annually. Additional monitoring will be provided on an as-needed basis.

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

(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]

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.):*

(3) Improve quality of substandard units

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

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

(4) Improve quality of existing infrastructure

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Eligible Low-Income Native American Families.

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

Each rental unit (26) will be repaired in a timely manner, regular maintenance will be conducted and tenant requests for assistance will be addressed in a timely manner.

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.):*

NAHASDA units were inspected this past year . Items found that needed to be addressed were repaired or replaced as needed. New appliances were purchased for ones needing to be replaced.

No acquisitions this year

We built handicap ramps for disabled units and renovated bathrooms with shower handles and walk in showers

Due to Covid-19, we paused our program. We will start it back up in March 2024

Due to Covid-19, we paused our program. We will start it back up in March 2024

We provided emergency rental assistance that helped with past due rents and utility bills for those needing assistance in order to keep them in their homes.

We provide an application process to individuals needing to relocate. They go onto a waiting list for units that may become available.

We paid for one individuals rent with special needs

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

Planned Number of Units to be Completed in Year Under this Program: 26	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 2022-23:Acquisition of Single or Multi-Family Rental Unit

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

Acquire exisiting single or multi-family NAHASDA rental unit.

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.):*

(3) Acquisition of Rental Housing [202(2)]

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

(7) Create new affordable rental units

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

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

(4) Improve quality of existing infrastructure

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Eligible Low-Income Tribal Families.

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

Low-income Native American families will be provided rental housing with a rent established at no more than 30% of their income. The single family unit will be approximately 1200 s.f. with two bedrooms and one bathroom. If a duplex unit is aquired, the square footage will be approximatley 2500 s.f. with each unit consisting of two bedrooms and one bathroom. This assistance will be provided to applicants on the waiting list who meet the eligibility requirements.

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.):*

NAHASDA units were inspected this past year . Items found that needed to be addressed were repaired or replaced as needed. New appliances were purchased for ones needing to be replaced.

No acquisitions this year

We built handicap ramps for disabled units and renovated bathrooms with shower handles and walk in showers

Due to Covid-19, we paused our program. We will start it back up in March 2024

Due to Covid-19, we paused our program. We will start it back up in March 2024

We provided emergency rental assistance that helped with past due rents and utility bills for those needing assistance in order to keep them in their homes.

We provide an application process to individuals needing to relocate. They go onto a waiting list for units that may become available.

We paid for one individuals rent with special needs

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

Planned Number of Units to be Completed in Year Under this Program: 1	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 2022-23:Rehabilitation of Existing NAHASDA Rental Units

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

Rehabilitation of any NAHASDA rental unit requiring rehab for health and safety concerns or to prolong the life of the unit.

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.):*

(5) Rehabilitation of Rental Housing [202(2)]

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

(3) Improve quality of substandard units

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

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

(4) Improve quality of existing infrastructure

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Eligible low-income Native American Families.

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

Each unit will be inspected at least annually. Based on those inspection reports any unit needing rehabilitation will be tended to. Examples of anticipated renovations include roof replacement or other rehabilitation activities per the maintenance vs rehab spreadsheet.

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.):*

NAHASDA units were inspected this past year . Items found that needed to be addressed were repaired or replaced as needed. New appliances were purchased for ones needing to be replaced.

No acquisitions this year

We built handicap ramps for disabled units and renovated bathrooms with shower handles and walk in showers

Due to Covid-19, we paused our program. We will start it back up in March 2024

Due to Covid-19, we paused our program. We will start it back up in March 2024

We provided emergency rental assistance that helped with past due rents and utility bills for those needing assistance in order to keep them in their homes.

We provide an application process to individuals needing to relocate. They go onto a waiting list for units that may become available.

We paid for one individuals rent with special needs

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

Planned Number of Units to be Completed in Year Under this Program: 4	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 2022-23:Journey Home - First Time Homebuyer Education Courses

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

Provide homebuyer education courses for low income Native American Citizens/Families purchasing a home or interested in homeownership. If utilizing the Down Payment or Matched Savings Assistance Programs these courses are required.

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.):*

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

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.):*

(2) Assist renters to become homeowners

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

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

(4) Improve quality of existing infrastructure

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low income Native American Citizens/Families.

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

Provide at least one 5-6 course class for First Time Homebuyers and at least one 5-6 course class on Home Maintenance.

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

NAHASDA units were inspected this past year . Items found that needed to be addressed were repaired or replaced as needed. New appliances were purchased for ones needing to be replaced.

No acquisitions this year

We built handicap ramps for disabled units and renovated bathrooms with shower handles and walk in showers

Due to Covid-19, we paused our program. We will start it back up in March 2024

Due to Covid-19, we paused our program. We will start it back up in March 2024

We provided emergency rental assistance that helped with past due rents and utility bills for those needing assistance in order to keep them in their homes.

We provide an application process to individuals needing to relocate. They go onto a waiting list for units that may become available.

We paid for one individuals rent with special needs

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

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 6	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 2022-23:Down Payment Assistance/Matched Savings Assistance (DPA/MSP)

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

Down payment or matched savings assistance which assists with closing costs will be provided to an eligible Native American applicant who wishes to purchase a home within the Tribe's service area. Applicants may qualify for either down payment or matches savings assistance options.

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.):*

(13) Down Payment/Closing Cost Assistance [202(2)]

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

(2) Assist renters to become homeowners

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

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

(4) Improve quality of existing infrastructure

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Eligible Low-Income Native American Citizens/Families who have completed the 2 Part Journey Home series of classes to become educated homeowners.

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

Down Payment Assistance of \$25,000 or Matched Savings Assistance of up to \$40,000 is available depending on applicant qualifications.

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.):*

NAHASDA units were inspected this past year . Items found that needed to be addressed were repaired or replaced as needed. New appliances were purchased for ones needing to be replaced.

No acquisitions this year

We built handicap ramps for disabled units and renovated bathrooms with shower handles and walk in showers

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We provide an application process to individuals needing to relocate. They go onto a waiting list for units that may become available.

We paid for one individuals rent with special needs

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

Planned Number of Units to be Completed in Year Under this Program: 3	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 2022-23:Homelessness Prevention Program

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

This assistance is for the prevention of homelessness. This assistance will benefit low-income Native American Citizens/Families by providing short-term assistance for those who are or will become homeless.

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.):*

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

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.):*

(5) Address homelessness

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

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

(4) Improve quality of existing infrastructure

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low-income Native American Citizens/Families who are, or will become, homeless.

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

Provide short term financial assistance for the prevention of eligible families becoming homeless. This may include short term tenant based rental assistance, utility assistance (\$100 per month for 6 months if family has already recieved utility assistance), paying a security deposit or any other activity that may assist a family from becoming homeless.

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.):*

NAHASDA units were inspected this past year . Items found that needed to be addressed were repaired or replaced as needed. New appliances were purchased for ones needing to be replaced.

No acquisitions this year

We built handicap ramps for disabled units and renovated bathrooms with shower handles and walk in showers

Due to Covid-19, we paused our program. We will start it back up in March 2024

Due to Covid-19, we paused our program. We will start it back up in March 2024

We provided emergency rental assistance that helped with past due rents and utility bills for those needing assistance in order to keep them in their homes.

We provide an application process to individuals needing to relocate. They go onto a waiting list for units that may become available.

We paid for one individuals rent with special needs

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

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 5	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 2022-23:Relocation Service

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

With the potential purchase of units for the NAHASDA Program there may be the need for relocation services for any existing tenants. This line item would include hiring a consultant to facilitate the relocation process and all costs associated with their relocation to comparable housing.

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.):*

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

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):*

Find suitable replacement housing for any tenant displaced due to the purchase of NAHASDA units by hiring a relocation consultant to facilitate the relocation process to ensure that the project is completed properly.

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

(4) Improve quality of existing infrastructure

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Displaced tenant(s) will be relocated so that the unit purchased can provide housing to eligible, low-income Native American Citizens/Families.

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

The displacee(s) will be provided a relocation specialist who will assist with locating comparable housing options and walk the displacee(s) and the Housing Program Staff through the complicated relocation process. The displacee(s) will also be given all required relocation benefits.

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.):*

NAHASDA units were inspected this past year . Items found that needed to be addressed were repaired or replaced as needed. New appliances were purchased for ones needing to be replaced.

No acquisitions this year

We built handicap ramps for disabled units and renovated bathrooms with shower handles and walk in showers

Due to Covid-19, we paused our program. We will start it back up in March 2024

Due to Covid-19, we paused our program. We will start it back up in March 2024

We provided emergency rental assistance that helped with past due rents and utility bills for those needing assistance in order to keep them in their homes.

We provide an application process to individuals needing to relocate. They go onto a waiting list for units that may become available.

We paid for one individuals rent with special needs

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

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 4	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 2022-23:Elders with Special Needs

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

Provide a rental subsidy to cover the costs over the 30% rent cap for low-income Native American Elders who are eligible to participate in this program.

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.):*

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

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

(6) Assist affordable housing for low income households

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

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

(4) Improve quality of existing infrastructure

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low-income Native American Elders with special health related needs that require them to be close to Tribal services.

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

Each eligible Native American Elder will be obligated to pay up to 30% of thier income toward their rent. A rental subsidy to pay the balance between the 30% cap and the actual rent amount will be paid directly to the landlord on the Elder's behalf.

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.):*

NAHASDA units were inspected this past year . Items found that needed to be addressed were repaired or replaced as needed. New appliances were purchased for ones needing to be replaced.

No acquisitions this year

We built handicap ramps for disabled units and renovated bathrooms with shower handles and walk in showers

Due to Covid-19, we paused our program. We will start it back up in March 2024

Due to Covid-19, we paused our program. We will start it back up in March 2024

We provided emergency rental assistance that helped with past due rents and utility bills for those needing assistance in order to keep them in their homes.

We provide an application process to individuals needing to relocate. They go onto a waiting list for units that may become available.

We paid for one individuals rent with special needs

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

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 3	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

Section 4: Maintaining 1937 Act Units, Demolition, and Disposition

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

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

N/A

(2) Demolition and Disposition(NAHASDA § 102(b)(2)(A)(iv)(I-III), 24 CFR 1000.134)Describe any planned demolition or sale of 1937 Act or NAHASDA-assisted housing units. If the recipient is planning on demolition or disposition of 1937 Act or NAHASDA-assisted housing units, be certain to include the timetable for any planned demolition or disposition and any other information that is required by HUD with respect to the demolition or disposition:

N/A

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					
	(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)	
1. IHBG Funds	\$392,978.97	\$436,495.00	\$829,473.97	\$829,473.00	\$.97	
2. IHBG Program Income	\$712,497.09	\$0.00	\$712,497.09	\$31,256.00	\$681,241.09	
3. Title VI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
4. Title VI Program Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
5. 1937 Act Operating Reserves	\$0.00		\$0.00	\$0.00	\$0.00	
6. Carry Over 1937 Act Funds	\$0.00		\$0.00	\$0.00	\$0.00	
7. ICDBG Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
8. Other Federal Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
9. LIHTC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10. Non-Federal Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total	\$1,105,476.06	\$436,495.00	\$1,541,971.06	\$860,729.00	\$681,242.06	
TOTAL Columns C and H (2 through 10)			\$712,497.09			
SOURCE	APR					
	(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 to be expended during 12-month program year	(J) Actual unexpended funds remaining at end of program year (H-I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds	\$610,478.67	\$430,874.00	\$1,041,352.67	\$446,659.74	\$594,692.93	
2. IHBG Program Income	\$779,995.13	\$132,756.50	\$912,751.63	\$24,763.50	\$887,988.13	
3. Title VI			\$0.00		\$0.00	
4. Title VI Program Income			\$0.00		\$0.00	
5. 1937 Act Operating Reserves			\$0.00		\$0.00	
6. Carry Over 1937 Act Funds			\$0.00		\$0.00	
7. ICDBG Funds			\$0.00		\$0.00	
8. Other Federal Funds			\$0.00		\$0.00	
9. LIHTC			\$0.00		\$0.00	
10. Non-Federal Funds			\$0.00		\$0.00	
Total	\$1,390,473.80	\$563,630.50	\$1,954,104.30	\$471,423.24	\$1,482,681.06	
TOTAL Columns C and H (2 through 10)			\$912,751.63			

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 **Uses of Funding table 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)
2022-23: Maintenance and Operations of Existing NAHASDA Rental Units	\$52,000.00	\$0.00	\$52,000.00	\$241,667.48	\$0.00	\$241,667.48
2022-23: Acquisition of Single or Multi-Family Rental Unit	\$368,744.00	\$31,256.00	\$400,000.00	\$0.00	\$0.00	\$0.00
2022-23: Rehabilitation of Existing NAHASDA Rental Units	\$133,000.00	\$0.00	\$133,000.00	\$107,931.97	\$0.00	\$107,931.97
2022-23: Journey Home - First Time Homebuyer Education Courses	\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00
2022-23: Down Payment Assistance/ Matched Savings Assistance (DPA/ MSP)	\$105,000.00	\$0.00	\$105,000.00	\$0.00	\$0.00	\$0.00
2022-23: Homelessness Prevention Program	\$20,000.00	\$0.00	\$20,000.00	\$0.00	\$0.00	\$0.00
2022-23: Relocation Service	\$20,000.00	\$0.00	\$20,000.00	\$0.00	\$0.00	\$0.00
2022-23: Elders with Special Needs	\$25,000.00	\$0.00	\$25,000.00	\$25,795.00	\$0.00	\$25,795.00
Loan repayment - describe in 3 & 4 below	\$0.00	\$0.00	\$0.00	\$60,092.41	\$0.00	\$60,092.41
Planning and Administration	\$100,729.00	\$0.00	\$100,729.00	\$0.00	\$0.00	\$0.00
TOTAL	\$829,473.00	\$31,256.00	\$860,729.00	\$435,486.86	\$0.00	\$435,486.86

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.):
There is a difference in the beginning IHBG funds (Sec 5, row 1, Col F) from the 2022 ending balance (\$613,235.88 vs \$610,478.67 = \$2,757.21). This difference is due to an adjustment to the FY 2022 SF-425 submitted to HUD.

Section 6: Other Submission Items

[102(b)(2)(C)(ii)], [201(b)(5)], [202(6)], [205(a)(2)], [209], 24 CFR §§ 1000.108, 1000.120, 1000.142, 1000.238, 1000.302

(1) Useful Life/Affordability Period(s) (NAHASDA § 205, 24 CFR § 1000.142) (Describe your plan or system for determining the useful life/affordability period of the housing it assists with IHBG and/or Title VI funds must be provided in the IHP. A record of the current, specific useful life/affordability period for housing units assisted with IHBG and/or Title VI funds (excluding Mutual Help) must be maintained in the recipient's files and available for review for the useful life/affordability period.):

The useful life for the JSTNP Down Payment and Matched Savings Assistance will be 5 years with 20% forgiveness per year of the contract term. The useful life for all housing activities for FY19 and thereafter will adhere to the following tiered schedule: IHBG Funds Invested Affordability Period Under \$5,000 6 Months \$5,000 to \$15,000 5 Years \$15,001 to \$40,000 10 Years Over \$40,000 15 Years New construction/acquisition 20 Years IHBG funds provided in the form of a grant or loan, to purchase, construct or rehabilitate a residence will include binding commitments by either agreements and/or contracts enforcing the provisions of our useful life schedule and restrictions. Down Payment Assistance and Matched Savings Program Assistance will receive full forgiveness after 5 years with 20% forgiveness each year.

2) Model Housing and Over-Income Activities(NAHASDA § 202(6), 24 CFR § 1000.108) (If you wish to undertake a model housing activity or wish to serve non-low-income households during the 12-month program year, those activities may be described here, in the program description section of the 1-year plan, or as a separate submission.):

N/A

(3) Tribal and Other Indian Preference(NAHASDA § 201(b)(5), 24 CFR § 1000.120) If preference will be given to tribal members or other Indian families, the preference policy must be described. This information may be provided here or in the program description section of the 1-year plan.

Does the Tribe have a preference policy?:**Yes**

If yes, describe the policy.**Assistance is provided to low-income Native American Families who reside within the Tribe's service area with priority given based on a point scale. Preference points are awarded to Jamestown Citizens.**

(4) Anticipated Planning and Administration Expenses (NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238)

Do you intend to exceed your allowable spending cap for Planning and Administration? **No**

If yes, describe why the additional funds are needed for Planning and Administration. For a recipient administering funds from multiple grant beneficiaries with a mix of grant or expenditure amounts, for each beneficiary state the grant amount or expenditure amount, the cap percentage applied, and the actual dollar amount of the cap.

(5) Actual Planning and Administration Expenses(NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238)

Did you exceed your spending cap for Planning and Administration? **No**

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

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

(6) Expanded Formula Area - Verification of Substantial Housing Services (24 CFR § 1200.302(3))If your tribe has an expanded formula area (i.e., an area that was justified based on housing services provided rather than the list of areas defined in 24 CFR § 1200.302 Formula Area (1)), the tribe must demonstrate that it is continuing to provide substantial housing services to that expanded formula area. Does the tribe have an expanded formula area? **No**

If no, proceed to Section 7.

If yes, list each separate geographic area that has been added to the Tribe's formula area and the documented number of Tribal members residing there.

For each separate formula area expansion, list the budgeted amount of IHBG and other funds to be provided to all American Indian and Alaska Native (AIAN) households and to only those AIAN households with incomes 80% of median income or lower during the recipient's 12-month program year:

Expanded Formula Area:

Geographic area that has been added to the Tribe's formula area and the documented number of Tribal members residing there :

All AIAN Households - IHBG Funds : **\$0.00**

AIAN Households with Incomes 80% or Less of Median Income - IHBG Funds : **\$0.00**

All AIAN Households - Funds from Other Sources : **\$0.00**

AIAN Households with Incomes 80% or Less of Median Income - Funds from Other Sources : **\$0.00**

(7) APR: : If answered "Yes" in Field 6, for each separate formula area, list the amount of IHBG and other funds expended for all AIAN households and for only AIAN households with incomes 80% of median income or lower during the recipient's 12#month program year.

All AIAN Households - IHBG Funds : **\$0.00**

AIAN Households with Incomes 80% or Less of Median Income - IHBG Funds : **\$0.00**

All AIAN Households - Funds from Other Sources :**\$0.00**

AIAN Households with Incomes 80% or Less of Median Income - Funds from Other Sources : **\$0.00**

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**

(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: **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**

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**

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: **Yes**

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**

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

(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: **Yes**

(5) Authorized Official's Name and Title:

(6) Authorized Official's Signature:

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

Section 9: Tribal Wage Rate Certification

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

By signing the IHP, you certify whether you will use tribally determined wages, Davis-Bacon wages, or HUD determined wages. Check only the applicable box below.

(1) You will use tribally determined wage rates when required for IHBG-assisted construction or maintenance activities. The Tribe has appropriate laws and regulations in place in order for it to determine and distribute prevailing wages.

(2) You will use Davis-Bacon or HUD determined wage rates when required for IHBG-assisted construction or maintenance activities.

(3) You will use Davis-Bacon and/or HUD determined wage rates when required for IHBG-assisted construction except for the activities described below.

(4) If you checked the box in Line 3, list the other activities that will be using tribally determined wage rates:

Section 10: Self-Monitoring

NAHASDA § 403(b), 24 CFR §§ 1000.26, 85.37, 85.40

(1) Do you have a procedure and/or policy for self-monitoring? **Yes**

(2) Pursuant to 24 CFR § 1000.502(b) where the recipient is a TDHE, did the TDHE provide periodic progress reports including the self-monitoring report, Annual Performance Report, and audit reports to the Tribe? **Not Applicable**

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

(4) Self-Monitoring Results. *(Describe the results of the monitoring activities, including corrective actions planned or taken.):*

NAHASDA Self-monitoring Report for FY2023

As required under Section 403(b) of NAHASDA and its implementing regulations at 24 CFR 1000.502(a), all recipients of IHBG funds must complete an annual self-monitoring assessment to ensure that the Jamestown S’Klallam Tribe Housing Department (JST Housing) follows IHBG and other applicable Federal requirements and that JST Housing is demonstrating performance and progress in implementing the Indian Housing Plan approved by ONAP. The purpose of this report is to assist in compliance with the above requirements.

The Self-Monitoring assessment was conducted by Paul Scott, SCS Projects Manager, who is not involved with the day-to-day operations of JST Housing and is familiar with all its aspects, particularly reporting. For these reasons, it was determined by management that Paul would be the monitor.

A variety of sources were used to conduct the assessment, including interviews with staff, review of files, records, and transactions, and the self-monitoring questionnaires recommended for use by ONAP per Program Guidance 2012-03 issued January 19, 2012. The assessment was conducted at the SCS facilities where JST Housing is located using standard monitoring programs from NWONAP and Christine Dennis during her training.

The areas monitored for Jamestown Tribe Housing and results are the following:

Admissions and Occupancy

•No exceptions or findings found.

IHP and APR compliance

•No exceptions or findings found. The APR reflects the IHP and expenses are tied to the general ledger.

Financial and Fiscal Management

•No exceptions or findings found. Note that a significant amount of work was needed to reconcile the APR to the SF-425 for FY2023. This was due to unfamiliarity with the new GEMS system. With the help of NWONAP staff, JST accounting was able to revise the SF-425 correctly and have it in agreement with the APR.

Procurement and Contract Administration

•No exceptions or findings

Organizational Structure

•No exceptions or findings

Maintenance Inspection

•Findings noted in this area.

oJST housing has a total of 29 NAHASDA units.

oAn initial sample of 3 units were tested for inspections and work order compliance.

oOne of the units selected had not been inspected.

oThe sample size was expanded to 2 additional units. oAlso, all remaining inspection reports were tied to the units to ensure all inspections had been completed. It was discovered 2 additional units did not have inspection reports because there was significant work ongoing at those units. The proper completion of that work was confirmed by the monitor by inquiry to the residents. As a result, the Monitor was satisfied that only 1 home had not been inspected.

oDuring the review of work orders from the sample, it was found that most of the work orders had not been completed in a timely fashion. This was due to turnover in JST Housing and that the maintenance employees had been assigned to other significant projects by the CEO/Chairman. There has also been a shortage of contractors and people who can complete the work.

•Corrective Action

oA meeting was called with the SCS Director, Dustin Brenske, JST housing, Paul Scott, Projects Manager Monitor and Jason Roberts, Grants Specialist

oDuring that meeting, a comprehensive spreadsheet of all outstanding work orders was discussed, and directions given to set priorities for getting all outstanding work orders completed, with the most critical to be done 1st.

oJason Roberts was tasked to assist JST Housing in their efforts to complete these work orders.

oA Tribal Citizen will be hired on a contract basis to assist with the work order completion and inspection for quality of the work completed.

oThe projects that took maintenance staff time are near completion and priorities will be redirected to getting workorders done, regardless of any other projects that may be requested.

oThe monitor will follow up in 2 months to check progress.

No other monitoring tools were needed, such as Environmental Review and Relocation Real Property Acquisition since there was no activity in these areas.

Section 11: Inspections

NAHASDA § 403(b)

(1) **Inspection of Units** Self-Monitoring Results. (Use the table below to record the results of recurring inspections of assisted housing.)

Activity (A)	Total Number of Units (B)	Units in Standard Condition (C)	Units Needing Rehabilitation (D)	Units Needing to be Replaced (E)	Total Number of Units Inspected (F=C+D+E)
1937 Housing Act Units:					
a. Rental	0	0	0	0	0
b. Homeownership	0	0	0	0	0
c. Other	0	0	0	0	0
1937 Act Subtotal:	0	0	0	0	0
NAHASDA Associated Units:					
a. Rental	29	25	4	0	29
b. Homeownership	0	0	0	0	0
c. Rental Assistance	0	0	0	0	0
d. Other	0	0	0	0	0
NAHASDA Act Subtotal:	29	25	4	0	29
Total:	29	25	4	0	29

(2) Did you comply with your inspection policy: **Yes**

(3) If no, why not:

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**

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.

Audit Due Date : **07/01/2024**

Section 13: Public Availability

NAHASDA § 408, 24 CFR § 1000.518

(1) Did you make this APR available to the citizens in your jurisdiction before it was submitted to HUD (24 CFR § 1000.518): **Yes**

(2) If you are a TDHE, did you submit this APR to the Tribe(s) (24 CFR § 1000.512): **Not Applicable**

(3) If you answered “No” to question #1 and/or #2, provide an explanation as to why not and indicate when you will do so.

(4) Summarize any comments received from the Tribe(s) and/or the citizens (NAHASDA § 404(d)).

We just posted today and have not received comments. We would like to give it more time and will report any comments that come in.

Section 14: Jobs Supported by NAHASDA

NAHASDA § 404(b)

Use the table below to record the number of jobs supported with IHBG funds each year.

Indian Housing Block Grant Assistance (IHBG)	
(1) Indian Housing Block Grant Assistance (IHBG)	4
(2) Number of Temporary Jobs Supported	0

(3) Narrative (optional):

Section 15: IHP Waiver Requests

NAHASDA § 101(b)(2)

THIS SECTION IS ONLY REQUIRED IF THE RECIPIENT IS REQUESTING A WAIVER OF AN IHP SECTION OR A WAIVER OF THE IHP SUBMISSION DUE DATE.

A waiver is valid for a period not to exceed 90 days Fill out the form below if you are requesting a waiver of one or more sections of the IHP. **NOTE** :This is NOT a waiver of the IHBG program requirements but rather a request to waive some of the IHP submission items.

- (1) List below the sections of the IHP where you are requesting a waiver and/or a waiver of the IHP due date. (*List the requested waiver sections by name and section number*) :
- (2) Describe the reasons that you are requesting this waiver (*Describe completely why you are unable to complete a particular section of the IHP or could not submit the IHP by the required due date.*) :
- (3) Describe the actions you will take in order to ensure that you are able to submit a complete IHP in the future and/or submit the IHP by the required due date. (*This section should completely describe the procedural, staffing or technical corrections that you will make in order to submit a complete IHP in the future and/or submit the IHP by the required due date.*):
- (4) Recipient: **Jamestown S'Klallam Tribe of Indians**
- (5) Authorized Official's Name and Title:
- (6) Authorized Official's Signature:
- (7) Date (*MM/DD/YYYY*):