

SECTION 1: COVER PAGE

(1) Grant Number: 21AH3002800

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

(3) Federal Fiscal Year: 2021

- (4) IHBG-CARES/IHBG-ARP
- (5) 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:

Salish and Kootenai Housing Authority

(10) Contact Person:

Jody Perez, Executive Director

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

(406) 675-4491

(12) Mailing Address:

PO Box 38

(13) City:

Pablo

(14) State:

Montana

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

59855-0038

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

(406) 675-4495

(17) Email Address (if available):

jperez@skha.org

(18) If TDHE, List Tribes Below:

Confederated Salish and Kootenai Tribes

(19) Tax Identification Number: 81-0464576

(20) DUNS Number: 131067576

(21) CCR/SAM Expiration Date (MM/DD/YYYY): 02/01/2022

(22) IHBG-CARES/ARP Amount: \$3,450,368

Date Started Preparing for COVID-19 03/16/2020

(23) Name of Authorized IHP Submitter: Jody Perez

(24) Title of Authorized IHP Submitter:	Executive Director
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	07/26/2021
(27) Name of Authorized APR Submitter:	Jody Perez
(28) Title of Authorized APR Submitter:	Executive Director
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	03/15/2022

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 Prevention
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COVID-19 Prevention - Grizzly Bear Homesites

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

The Grizzly Bear Homesites will be developed to create a mixed-income tribal community consisting of nine new homesites. Development will include an extension of the Pablo Water and Sewer District mainline, installation of power, telephone, internet, streetlights, paved road, and sidewalks. This program will provide an affordable home ownership opportunity to five SKHA tenants or applicants on the low-rent waiting list that are financially secure. This will free up units for applicants on the low-rent waiting list. The CSKT Tribal Lands Department will lease the other four homesites to other tribal members.

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.):

(11) New Construction of Homebuyer Units [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.):

(2) Assist renters to become homeowners

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.):

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

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

This program will provide five new affordable home ownership opportunities to SKHA tenants or applicants on the low-rent waiting list. Participants will be required to purchase the homes. Program income will be used to provide additional affordable homeownership opportunities to low income tribal members.

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

The Housing Authority was able to complete the Environmental Assessment in order to proceed with the project. We also have completed the implementation schedule and created a new position within the organization called Construction Coordinator to help assist with development projects. We have begun holding workforce meetings to coordinate the project.

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
5		
APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
0		

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 - Emergency Rental Assistance Program Staff

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

This program will cover payroll expenses for additional staff members hired to administer the Emergency Rental Assistance Program (ERAP). All residents of the Flathead Indian Reservation are eligible to apply for ERAP, as are all CSKT tribal members and descendants residing within the United States of America. Households are eligible for ERAP if one or more individuals in the household has experienced financial hardship due to COVID-19, are at risk of experiencing homelessness or housing instability, and are low-income.

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.):

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

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.):

(5) Address homelessness

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

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

(5) Address homelessness

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

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

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

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

This program will provide necessary personnel to assist in the administration of the ERAP program. All eligible low-income applicants will benefit from this program.

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.

The Housing Authority was able to complete the Environmental Assessment in order to proceed with the program and will begin expensing payroll for the Emergency Rental Assistance Program staff in program year 2022.

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

400

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

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

[Redacted area]

3.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - Youth Outreach

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

There is a cluster of 10 multi-family housing buildings nicknamed "The Projects" or "Dirty 30s" due to the criminal and drug activity that plagues it and the surrounding community. The children residing in this community are particularly vulnerable to mental and physical health issues as a result of racial and socioeconomic disparities. COVID-19 compounded their vulnerability by eliminating their school schedule (and resulting sleep schedule), drastically reducing their social interactions, reducing activity levels, and exposure to increased parental stress. This program will construct a community center and develop curriculum for a youth outreach pilot program focused on enhancing a positive self-image, effective life management skills, and cultural activities.

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.):

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

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.):

(11) Reduction in crime reports

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

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

(11) Reduction in crime reports

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

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

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

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

The community center will be constructed on property already owned by the SKHA. Although the center will be available for community activities, it's primary purpose will be to house the youth outreach pilot program. The youth outreach program will focus on enhancing a positive self-image, effective life management skills, and cultural activities. The curriculum will be developed by an experienced youth outreach consultant. The consultant will train one youth outreach coordinator that will be hired as an employee of the SKHA.

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.

The Housing Authority was able to complete the Environmental Assessment in order to proceed with the project. We also have completed the implementation schedule and created a new position within the organization called Construction Coordinator to help assist with development projects. We have begun holding workforce meetings to coordinate the project.

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

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

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

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

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

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				(K) Actual unexpended funds obligated but not expended at end of 12-month program year		
	(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)
IHBG-CARES/ARP Funds	\$0	\$3,450,368	\$3,450,368	\$3,450,368	\$0	\$0	\$0	\$0	\$0	\$0	\$3,450,368

TOTAL	\$0	\$3,450,368	\$3,450,368	\$3,450,368	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,450,368
TOTAL Columns C & H, 2 through 10			\$0								\$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 CARES/ARP (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)	(L) Total IHBG CARES/ARP (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 Prevention - Grizzly Bear Homesites	\$2,192,330		\$2,192,330	\$0		\$0		\$0
COVID-19 Respond - Emergency Rental Assistance Program Staff	\$40,000		\$40,000	\$0		\$0		\$0
COVID-19 Respond - Youth Outreach	\$625,591		\$625,591	\$0		\$0		\$0
Planning and Administration	\$592,447		\$592,447	\$0		\$0		\$0

\$3,450,368	\$0	\$3,450,368	\$0	\$0
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TOTAL

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 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:

The Housing Authority employs maintenance technicians to maintain the rental units while they are occupied. The Housing Authority follows the tribe's pay scale which was approved by the tribal council.

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.