

SECTION 1: COVER PAGE

(1) Grant Number:

21AH5313870

(2) Recipient Program Year:

1/1 - 12/31

(3) Federal Fiscal Year:

2024



(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:

Samish Indian Nation

(10) Contact Person:

Justin Krupa

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

(360) 707-1066

(12) Mailing Address:

P.O. Box 217

(13) City:

Anacortes

(14) State:

Washington

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

98221

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

(360) 707-1066

(17) Email Address (if available):

jkrupa@samishtribe.nsn.us

(18) If TDHE, List Tribes Below:

(19) Tax Identification Number:

91-0931896

(20) DUNS Number:

091741637

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

01/30/2024

(22) IHBG-CARES Amount:

\$624,608

Date Started Preparing for COVID-19

03-10-2020

(23) Name of Authorized IHP Submitter:

Thomas D. Wooten

(24) Title of Authorized IHP Submitter:

Tribal Chairman

(25) Signature of Authorized IHP Submitter:

(26) IHP Submission Date(MM/DD/YYYY) :

(27) Name of Authorized APR Submitter:

(28) Title of Authorized APR Submitter:

(29) Signature of Authorized APR Submitter:

(30) APR Submission Date (MM/DD/YYYY):

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

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

APR: REPORTING ON PROGRAM YEAR PROGRESS

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

Program Descriptions

1.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 1 - Operations and Maintenance

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

Samish Indian Nation will utilize IHBG-ARP funds for the Operations and Maintenance for our Xwch'angteng low-income housing project, designated for elders and persons with a disability impacted by COVID 19, located at 2109 34th street, Anacortes, WA. 9822, Skagit County, WA. We will provide and maintain a safe and healthy environment for Tenants residing at Xwch'angteng. The maintenance of units will be performed in compliance with local code and quality standards..

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.):

(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.):

(6) Assist affordable housing for low income households

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

low income Native Americans

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 will cover routine maintenance for the units and property. Each unit will have two bedrooms and one bathroom with a combination of ADA accessible bedrooms. Each unit will be 1000 Square Feet. A Community Center is located on the property, allowing housing staff to conduct community gatherings, annual events in the community, safety demonstrations, home maintenance and education training provided in a classroom setting. This center will be utilized to help combat the sustained isolation Elders and People with a physical disability have experienced since the COVID 19 Pandemic began, and is still present today. This will also include and cover the insurance of the 34th street projects units.

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 use and implementation of Operations and Maintenance (0020) was used toward the safety and unit maintenance for 14 households equating to \$11,523. 14.

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

14

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

14

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 Prevention

COVID-19 Prevention - 2 - Housing Support Services

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

Community Awareness Health and Safety. Rental and Unit Subsidy to Prevent Overcrowding which protects tenants from COVID 19.

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.):

(1) Reduce over-crowding

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.):

(1) Reduce over-crowding

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

low in come Native Americans

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 be designed to provide home safety demonstrations, home maintenance skills, and training to protect our elders and persons with a disability from abusive financial practices. This will happen in a group classroom setting and with one on one case management. Virtual tools will be used to provide on line home safety training to our clients, home maintenance skills, and financial literature. This concept replaces the face-to-face (in-person) interactions with clients while we are working from home. Clients still need the skill, this is a way of ensure they will receive it. Case Management sessions will be scheduled using ZOOM or TEAMS, and staff can share presentation materials, etc. The level of assistance will also cover rental and utility subsidy. Utility assistance – electrical, gas, water, garbage, for families that are not able to pay these bills due to no income or reduced income. The Tribe would cover up to 75% of household's utility cost.

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.

14 low-income Samish Elders or Samish Citizens with a permanent Disability were provided Rent Subsidies reducing over-crowding equating to \$134,695.84. Additionally, the 14 Households were aided by utility subsidies equating to \$2,262.82 and Safety related demonstations and equipment were provided to all 14 households equating to \$6,996.28.

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

14

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

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

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

14

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

3.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 3 - Housing Management

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

Provision of management services for affordable housing including preparation of work specification, tenant selection, home inspections, and leasing and occupancy.

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.):

(19) Housing Management Services [202(4)]

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.):

(6) Assist affordable housing for low income households

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.):

(6) Assist affordable housing for low income households

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

low in come Native Americans

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

(1) Preparation of work specifications for affordable housing; (2) Inspections for affordable housing; (3) Tenant selection for affordable housing; (4) Management of rental assistance;

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 process of Tenant selection, housing inspections and management of rental assistance was completed for all 14 units. This equates to 14 units of affordable housing units being filled by low income Native Americans and the corresponding rental assistance being managed.

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

14

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

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

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

14

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

4.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 4 - Housing Support Services

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

The provision of housing-related services for affordable housing, such as housing counseling related to the provision of self-sufficiency and other services. The intent of this program is to work with native elders and persons with a disability to understand their unique needs tailoring our services toward self sufficiency.

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 cover the public health related services for the tenants of this program to prevent 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.):

Through an approval we were able to purchase transportation services within the community to allow for Low Income Native Americans who are either Elders, Disabled, or both, to have safe access to services and safety, wellness, and community programs which also serves to prevent isolation.

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

low in come Native Americans

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

We will provide assistance to elders and persons with a disability who are unable to work that have been directly impacted by COVID-19
 Transportation cost, by purchasing a handicap accessible van to transport citizens to medical, dental, and vision appointments.
 Supplies, such as tablets for clients that need virtual mental health and/or substance abuse treatment.
 Cell phone purchase, if family does not have any other way to contact Tribe for services. The tribe will be paying for minutes, in order to ensure the family can stay in touch with the Tribe. Food Distributions to the tenants of the units and other household items, such as cleaning supplies, disinfectants, to prevent the spread of COVID 19.
 All services will be individualized and tailored to the specific needs of the family members and will be related directly to impacts of COVID-19.
 Families that have become homeless due to COVID-19 will be housed and provided with support services.

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.

Samish was able to provide low income Native American Elders and or those with a permanent disability tailored needs including transportation to community events, cleaning products and food distribution. The project was not over budget and has met outcome measures for the 14 units served.

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
	14	
APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
	14	

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

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

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.):

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.):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 source 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	\$0	\$624,608	\$624,608	\$624,608	\$0			\$0		\$0	

TOTAL	\$0	\$624,608	\$624,608	\$624,608	\$624,608	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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 (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 (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 - Operations and Maintenance	\$239,793		\$239,793				\$0		
COVID-19 Prevention - 2 - Housing Support Services			\$0				\$0		
COVID-19 Prevention - 3 - Housing Management	\$114,851		\$114,851				\$0		

COVID-19 Prevention - 4 - Housing Support Services	\$153,538	\$153,538	\$0
Program Name		\$0	\$0
Planning and Administration	\$116,426	\$116,426	\$0
TOTAL	\$624,608	\$624,608	\$0

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.):

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 100.328, 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