

SECTION 1: COVER PAGE

(1) Grant Number: 20BV5313870

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

(3) Federal Fiscal Year: 2024

IHBG-CARES

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

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

(7) Tribe

(8) TDHE

(9) Name of Recipient:

Samish Indian Nation

(10) Contact Person:

Justin Krupa, Housing Director

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

(360) 726-2210

(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) 899-5193

(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):

06/30/2025

(22) IHBG-CARES Amount:

\$281,241

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) :	4-20-2020
(27) Name of Authorized APR Submitter:	Thomas D. Wooten
(28) Title of Authorized APR Submitter:	Tribal Chairman
(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 Prevention
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COVID-19 Prevention - 1 - Housing Support Services related to COVID-19

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

The provision of housing-related services for affordable housing, such as housing counseling in connection with rental or , establishment and support of resident organizations and resident management corporations, energy auditing, activities related to the provision of self-sufficiency and other services, and other services related to assisting owners, tenants, contractors, and other entities, participating or seeking to participate in other housing activities. Additionally, we will provide Medical/dental cost that are not covered through Indian Health Services. This includes medicine, glasses, medical equipment, etc.

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):

Native families maintain their housing, continue employment efforts take care of medical issues and other barriers that have impacted their lives due to COVID-19.

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

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

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

Our focus in 2024 was on elders that were experiencing isolation and/or were victims of crime, facing housing instability, and with possible medical obstacles.

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 Indian Households that live in our ten county service area: San Juan, Whatcom, Island,

1.7. 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 Low-Income Indian Households that have been directly impacted by COVID-19 which in turn will allow Native Families to maintain their housing, continue employment efforts, take care impacted by COVID-19.

1. Families returning to work, that may need assistance with childcare cost.
2. Medical/dental cost that are not covered through Indian Health Services. This includes medicine, glasses, medical equipment, etc.
3. Transportation cost, such as gas or bus passes which will allow families to return to work, relocate to less expensive housing or locate housing.
4. Supplies, such as tablets for clients that need virtual mental health and/or substance abuse treatment.
5. Legal cost associated with COVID-19 - families that have been evicted during the Mortarium.
6. 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 use their funding from LIHEAP to cover up to 75% of household's utility cost. This funding would cover the balance or 25% if needed.
7. 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.
8. Purchasing of food and other household items, such as cleaning supplies, disinfectants, etc.

All services will be individualized and tailored to the specific needs of the family members and will related directly to impacts of COVID-19.

Additionally, we will use funds to support families that have received eviction notices, 3-day pay or vacate notices and/or need to relocate to a rental unit that is less expensive to prevent family from becoming homeless due to COVID-19.

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.

Families that have become homeless due to COVID-19 will be housed and provided with support services.

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.

In 2024, we were able to move 4 Elder Households into less expensive units, provide utility energy assistance to 47 Households, Water assistance for 19 Citizens, and provide 2 emergency medical bill coverage for amounts not covered by IHS. In addition, we were able to provide housing stability services for 6 households to prevent homelessness.

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
	8	
APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
	74	

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

By utilizing our dollars to directly meet the critical needs of Households impacted within the criteria included in this section 1, Samish was able to make substantial impact for 68 Citizens who have maintained or been moved to safe and stable permanent housing. An additional 6 households were supplied emergent needs to prevent homelessness. This far exceeds the expectations.

2.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 2 - Tenant Based Rental Assistance to families impacted by COVID-19

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

Tenant based Rental Assistance to families impacted by 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.):

(17) Tenant Based Rental Assistance [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.):

(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):

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

Native American households, enrolled in a Federally recognized tribe living in our ten-county service area: San Juan, Whatcom, Island, Skagit, Snohomish, King, Pierce, Jefferson, Kitsap, Clallam

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

Eligible low-income Native households, enrolled in a Federally recognized Indian Tribe, that have been impacted by COVID-19, will receive assistance with additional rental payment, not to exceed the total dollar of rent due on the unit. This assistance will up to 10% of the amount usually paid by the Resident.

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.

In 2024, with the pandemic coming to an end, we did not have as many households qualifying for rental assistance through this program. We were able to help 4 different Elder led Households maintain housing stability within the TBRA program through emergency rental assistance and approved essential housing supplies. Rents had continued to rise within our 10 county service area and many Citizens looked to relocate to lesser expensive units or needed temporary emergency relief. We utilized these dollars to provide the emergency relief.

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

1

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

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

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

4

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

Samish surpassed expectations for this category. Using CARES funds 4 households who were impacted under these guidelines while also on the Tenant Based Rental Assistance Program were able to maintain their housing unit and remained stably housed.

3.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 3 - Management of Services for affordable housing for Native Families impacted by COVID-19

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

The provision of management services for affordable housing, including preparation of work specifications, the costs of operation and maintenance of units developed with funds provided under this Act, and management of affordable housing projects"

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):

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.):

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

Eligible low-income Native households that are enrolled in a Federally recognized Indian Tribe, that have been impacted by COVID-19, and live in our ten-county service area: San Juan, Whatcom, Island, Skagit, Snohomish, King, Pierce, Jefferson, Kitsap and Clallam

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

Developing policies associated with COVID-19, Tenant selection and enrollment into programs; Inspection of affordable housing - this will be accomplished in two stages: 1. If the Unit has been empty, we will get the key from the landlord, use personal protected equipment and do a housing inspection using our approved HQI tool. 2. If the unit is occupied, we will contact the resident, have them open the door, open windows so that we can look inside and provide a quick visual inspection. At such time that COVID-19 allows us to go into units, we will complete a HQI.

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.

Staff continued working with participants to determine eligibility. We were able to help 4 households who were impacted by COVID.

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

9

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

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

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

4

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

There were 4 units that were directly impacted by the need for HUD inspections in transition to a safer and less expensive unit.

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	\$116,463	\$0	\$116,463	\$48,740	\$67,723	\$116,038	\$0	\$116,038	\$22,374	\$93,664	\$0

TOTAL	\$116,463	\$0	\$116,463	\$48,740	\$67,723	\$116,038	\$0	\$116,038	\$22,374	\$93,664	\$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				(Q) Total funds expended in 12-month program year (O +P)
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O +P)			
COVID-19 Prevention - 1 - Housing Support Services related to COVID-19	\$30,482		\$30,482	\$9,124		\$9,124	\$9,124	\$9,124	
COVID-19 Prevention - 2 - Tenant Based Rental Assistance to families impacted by COVID-19	\$9,656		\$9,656	\$1,518		\$1,518	\$1,518	\$1,518	
COVID-19 Prevention - 3 - Management of Services for affordable housing for Native Families impacted by COVID-19	\$875		\$875	\$8,135		\$8,135	\$8,135	\$8,135	
Planning and Administration	\$7,727		\$7,727	\$3,597		\$3,597	\$3,597	\$3,597	

TOTAL	\$48,740	\$0	\$48,740	\$22,374	\$0	\$22,374
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Notes:

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

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

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

Prevention 1 reflects the emergency utility costs that were covered by elders impacted by COVID, Staffing costs, postage, and supplies to support this part of the program. Prevention 2 was direct support with emergency rental assistance and supplies. Prevention 3 is reflective of staffing costs and supplies related to screening and necessary steps toward housing stability related to COVID prevention, HUD inspections for housing assistance, and safety measures.

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

SECTION 8: IHP TRIBAL CERTIFICATION

NAHASDA § 102(c)

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

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

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

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

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

(4) Tribe:	
(5) Authorized Official's Name and Title:	
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	