

# IHBG-ARP IMPLEMENTATION TRAINING

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IHBG-ARP IMPLEMENTATION TRAINING	ARP BACKGROUND	WAIVERS AND ALTERNATIVE REQUIREMENTS	ELIGIBLE ACTIVITIES	WAIVERS AND ALTERNATIVE REQUIREMENTS
Applying for the IHBG-ARP Grant	ABBREVIATED IHP/APR FORM		SAMPLE POLICY STATEMENTS	SAMPLE ABBREVIATED IHP
SAMPLE PROGRAM DESCRIPTIONS	RESOURCES			

	YES	NO
I have completed an IHBG-CARES Abbreviated IHP		
I have completed an IHBG-ARP Abbreviated IHP		
I have a resolution authorizing alternative approaches		
I have a policy re use of Cares & ARP		
I want to learn about the		
➤ Waivers		
➤ Eligible activities		
➤ Program descriptions for the Abbrv. IHP		

## TRAINING COMPONENTS

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- Training Purpose
- ARP Act Background
- Purpose of ARP
- Eligible Activities
- Waivers and Alternatives
- Applying for IHBG-ARP
- Sample Policy Statements
- Resources

4

## Training Purpose

- Indian Housing Block Grant (IHBG) [Formula] Funding Provided Under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and the American Rescue Plan Act (ARP) IHBG-CARES Grants
- Develop a practical understanding of the:
  - ARP Background
  - ARP Purpose
  - PIH Notice - 2021-14 COVID-19 Statutory and Regulatory Waivers and Alternative Requirements
  - PIH Notice 2021-11 IHBG-ARP Implementation Notice
  - Waivers and Alternative Requirements
  - Eligible Activities
  - Review of Abbreviated IHP/APR
  - Sample Completed IHBG-ARP Application
  - Sample Program Activities
  - Sample Policy Statements
  - Reporting
  - FAQ
  - Resources

## ARP BACKGROUND

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## American Rescue Plan Act of 2021 (ARP) (Public Law 117-2) Background

- March 11, 2021, President Biden signed the American Rescue Plan (ARP) into law.
- Additional \$450,000,000 in IHBG formula funding for eligible Indian tribes and TDHEs
- All funding through the IHBG program
- Allocated based on the 2021 Formula
- Prevent, prepare for, and/or respond to COVID-19, including maintaining normal operations and funding eligible NAHASDA activities during recipient's impact period
- Authority to waive or specify alternative statutory/regulatory requirements to facilitate or expedite the use of IHBG-ARP grant funds
- IHBG-ARP grants will be awarded as separate IHBG grants. On March 25, 2021, HUD published IHBG-ARP grant allocations for all Indian tribes that are eligible to receive funding. These allocations are available at: [https://www.hud.gov/sites/dfiles/PIH/documents/IHBG-ARP\\_for\\_Codetalk3.24.21.pdf](https://www.hud.gov/sites/dfiles/PIH/documents/IHBG-ARP_for_Codetalk3.24.21.pdf)

7

## ARP Implementation Resources

IHBG-ARP grant allocations are available at:  
[https://www.hud.gov/sites/dfiles/PIH/documents/IHBG-ARP\\_for\\_Codetalk3.24.21.pdf](https://www.hud.gov/sites/dfiles/PIH/documents/IHBG-ARP_for_Codetalk3.24.21.pdf)

COVID-19 Related Frequently Asked Questions (FAQs) for Tribes and Tribally Designated Housing Entities (TDHEs)

PIH Notice 2021-11 IHBG-ARP Implementation Notice: Provides Recipients with instructions on how to apply for IHBG Program funding under ARP and other program requirements

8

## REMEMBER

- PIH Notice 2021-14 Supersedes:
  - Notices PIH 2020-33;
  - PIH 2020-13;
  - PIH 2020-05
- This notice consolidates into a single document all previously established waivers and alternative requirements, including those not being extended at this time.

## WAIVERS AND ALTERNATIVE REQUIREMENTS

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## Waivers and Alternative Requirements

HUD waives various IHBG rules in order to

- Expedite the delivery of services
- Reduce administrative burden associated with normal operations. (PIH Notice 2021-22, *COVID-19 Statutory and Regulatory Waivers*)

## Authority for Waivers

- Waivers and alternative requirements are established under the authority of the
  - CARES Act,
  - ARP Act, and
  - Secretary's finding that all waivers provided under this notice are necessary to expedite or facilitate the use of IHBG and Indian Community Development Block Grant (ICDBG) funds.
- Use of funds MUST
  - Prevent,
  - Prepare for, and
  - Respond to the coronavirus.
- Recipients are encouraged to submit additional waiver requests.

## Applicability of Waivers

- The following waivers and alternative requirements apply to IHBG funding provided
  - Under the CARES Act, ARP Act, and
  - FY 2020 IHBG formula funds under the Further Consolidated Appropriations Act, 2020.
- In applying these waivers and alternative requirements, IHBG recipients must ensure that they are doing so only with respect to IHBG-CARES and IHBG-ARP and FY 2020 IHBG grants.
- **These waivers and alternative requirements do not apply to IHBG funds appropriated in any other prior year.**

13

## Date Began Preparing for COVID-19

- Waivers are effective as of the date an Indian tribe or TDHE began preparing for COVID-19.
- Waivers and alternative requirements apply retroactively to the date that the respective IHBG recipient began preparing for COVID-19.

## Term of Waivers

- **Period of Availability:** The period of availability of each IHBG waiver and alternative requirement ends when funds subject to the waiver and alternative requirement are
- Expended, unless otherwise specified under each waiver and alternative requirement (e.g., Indian Housing Plan (IHP) / Annual Performance Report (APR) deadline extensions).

## IHBG-ARP Purpose of Eligible Activities

### **Prepare For**

Examples include housing activities designed to reduce severe overcrowding, providing food delivery services to eligible families (including the elderly, disabled, and other high-risk populations) to allow them to shelter in place, and public health campaigns designed to educate families on how to prepare for a possible outbreak in the community and ways to minimize community spread.

### **Prevent**

Examples include distributing Personal Protective Equipment to housing maintenance staff, residents, and members of the community, using IHBG-ARP funds to clean common areas to prevent infections, using IHBG-ARP funds to facilitate the vaccination of IHBG assisted residents and IHBG recipient staff, and etc.

### **Respond to:**

Examples include to provide care for those infected and to limit the exposure and spread of the virus, rent assistance to eligible families that cannot pay rent, carrying out activities to reduce severe overcrowding, prevent homelessness to ensure families are stably housed, and operations.



## IHBG-ARP Purpose of Eligible Activities

One example of maintaining normal operations is using

- IHBG-ARP funds to carry out eligible IHBG activities that the recipient initially planned to carry out with its regular IHBG funds but did not because it had to use its regular IHBG funds to carry out an unplanned activity to prevent, prepare for, or respond to COVID-19.
- In this scenario, the IHBG- ARP grant funds can be used to carry out the original IHBG activity that the recipient planned on carrying out but did not due to COVID-19.

## Activities Tied to IHBG- ARP Purposes

- Use of IHBG-ARP grants MUST be tied to preventing, preparing for, and responding to COVID-19, including maintaining normal operations and funding eligible affordable housing activities under NAHASDA during the period the program is impacted by COVID-19.
- Compliance with this requirement, all activities must be tied to at least one of the following three eligible purposes:
  1. Activities, Projects, or Programs to Prevent COVID-19
  2. Activities, Projects, or Programs to Prepare for COVID-19
  3. Activities, Projects, or Programs to Respond to COVID-19

# ELIGIBLE ACTIVITIES

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19

## Eligible Purposes

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### **Prevent, Prepare for, and/or Respond to COVID-19**

- Including maintaining normal operations and funding eligible NAHASDA activities during recipient's impact period
- Grant funds may also be used **to cover or reimburse allowable costs** incurred by the recipient provided: the funds to be reimbursed were
  - used to prevent, prepare for, and/or respond to COVID-19;
  - costs to be reimbursed were paid with **non-Federal funds**; and
  - costs incurred "after January 21, 2020" (i.e., from 1/22/2020)

20

## Eligible Activities Examples

Carrying out activities eligible under IHBG provided those activities will prevent, prepare for, and respond to COVID-19;

- Providing essential housing services to shelter residents including childcare, education services, employment assistance, outpatient health services, legal services, mental health services, and transportation, provided such services are not duplicative of other Federally-funded services;
- Working with resident groups to help educate residents on social distancing and other practices designed to minimize the risk of community spread of COVID-19;
- Acquiring, constructing, converting, or rehabilitating structures to reduce and prevent homelessness, and reduce vulnerability to COVID-19;

## Eligible Activities Examples (Continued)

Carrying out activities eligible under IHBG provided those activities will prevent, prepare for, and respond to COVID-19;

- Payment of tenant and homebuyer utilities;
- Installing a lockbox or other method for collecting rent payments without the need for personal contact;
- Supporting laundry facilities to assist residents with eliminating the spread of COVID-19;
- Paying for IHBG operating costs due to a significant reduction in rent receipts caused by COVID-19;

## Eligible Activities Examples (Continued)

### Emergency Response (Continued)

- Carrying out activities that would prevent individuals from becoming homeless and rapidly rehousing homeless individuals;
- Acquiring, constructing, converting, or rehabilitating structures that can serve as temporary emergency shelters, or converting existing facilities for this purpose, to ensure homeless persons are provided safe shelter and to minimize the risk of community spread of COVID-19;

## Eligible Activities Examples (Continued)

### Emergency Response

- Providing short- term rental assistance to homeless persons in hotel/motels to minimize infection and spread of COVID-19;
- Providing units or other space for temporary quarantine purposes as a result of COVID-19;
- Providing emergency housing for health care workers;
- Purchasing Telehealth equipment to allow assisted residents access to health care providers from home;
- Purchasing and distributing personal protective equipment (PPE) such as gloves, surgical masks and goggles, hand hygiene products, soap, paper towels, hand sanitizer, hand wipes, tissues, and thermometers;

## Eligible Activities Examples (Continued)

### Administrative Activities

- Preparing housing for TDHE staff and Board of Commissioners to conduct business in a remote working environment, and providing them with necessary supplies to carry out the IHBG program;
- Setting up web-based communication options for program participants and staff;
- Implementing policies, procedures, and other measures to protect vulnerable populations; and
- Revising the approval process for policies and procedures in order to limit person-to-person contact;

## Eligible Activities Examples (Continued)

### Administrative Activities (Continued)

- Paying staff salaries including the salaries of employees who must shelter in place or are otherwise prohibited from interacting with community members due to COVID-19;
- Paying hazard pay for essential workers that are managing or maintaining units, or staffing emergency or isolation centers, provided such costs are considered necessary and reasonable under 2 C.F.R. Part 200;
- Paying transportation costs of staff to perform IHBG program functions or assist tenants in accessing food, medical care, or prescriptions.

# WAIVERS AND ALTERNATIVE REQUIREMENTS

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27

## Waivers:

### Reduced IHP/APR Application Requirements for Recipients

#### Alternative processes

- Electronic transmission of information to families,
- Conducting briefings online,
- Conducting conference calls, or
- Using self-service features on the Recipient's website,
- Providing business-reply envelopes,
- Providing drop-box apparatuses for document submission

28

## Recipient's Application Process

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- IHBG-ARP recipients may deviate from their current written admissions and occupancy policies, and may allow less frequent income recertifications; and
- IHBG-ARP recipients may carry out intake and other tasks necessary to verify income of applicants and residents remotely if the IHBG recipient or eligible families chooses to do so, including allowing income self-certification over the phone (with a written record by the IHBG recipient's staff), or through an email with a self-certification form signed by the family.

29

## Sample Income Verification Policy

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- **RECIPIENT PLAN:** During the COVID-19 pandemic, the Recipient's staff will make every effort to abide by the requirements cited in the Recipient's admissions and occupancy policy. However, when the situation is urgent and time is of the essence, any of the following efforts will be accepted:
  - Self-certification by mail,
  - Email,
  - First party verification,
  - In person if feasible for the family and the recipient, or
  - Over the phone.
- When and if time permits, efforts to obtain additional verification of information.

30

## Income Limits

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All low-income families will be assisted regardless of

- Income and
- Classification of unit, meaning FCAS or NAHASDA unit.

31

## Low-Income, Non-Low-Income, and Non-Indian Families

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Provide assistance to **all affected and threatened people without regard to income limits** for services such as:

- Temporary shelter-in-place,
- Isolation centers,
- Purchasing and making medical testing kits available,
- Purchasing and distributing masks and other personal protection equipment, emergency food preparation and distribution,
- Cleaning and decontamination, and other directly related activities.

32



## Justification for Assisting Non-Low-Income and Non-Indian Families

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### JUSTIFICATION

- Persons infected with the virus, regardless of income or tribal membership, pose a health risk to the entire community, and low-income families are especially vulnerable given the severe overcrowding in Indian Country, infrastructure challenges, and the lack of access to running water and readily available health care services in many remote communities.

### TERM

- Provided during the COVID-19 pandemic; if it is designed to protect the health and safety of low-income Native American families; if it is provided on an urgent basis (as documented by the IHBG recipient); and if it is temporary in nature.

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## Prohibited Non-Low-Income and Non-Indian Families

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Permanent rental assistance, mortgage assistance, housing rehabilitation, and new housing construction **will not be provided** except under all of the following conditions:

- It is provided during the COVID-19 pandemic.
- It is designed to protect the health and safety of low-income Native American families.
- It is provided on an urgent basis (as documented by the Recipient).

### AND

- It is temporary in nature.

34

## Allowable Assistance for Non-Low-Income and Non-Indian Families

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- Purchasing and making medical testing kits available,
- Purchasing and distributing masks and other personal protection equipment,
- Emergency food preparation and distribution,
- Cleaning and decontamination, and
- Other directly related

35

## Public Health Services

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Facilitate access to vaccination such as

- Paying the transportation costs to get IHBG-assisted families and staff to and from a vaccination site;
- Coordinating with health clinics to provide on-site vaccinations;
- Paying the costs of providing public health information to staff and residents so they can learn about the benefits of getting vaccinated and how to get vaccinated; and
- Supporting IHBG-assisted families and staff with online registration for vaccination appointments and keeping them informed as vaccination efforts continue

36

## Useful Life

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- Useful life requirements (period of affordability) are waived if assistance is related to cleanup of pandemic contamination and temporary use dwelling units for purposes of housing and quarantining families to inhibit the spread of disease to low-income Indian families and the Tribal community.
- This waiver only applies during the period that a unit is being temporarily used to prevent, prepare for, or respond to COVID-19.
- Useful life restrictions are required for other housing activities conducted with IHBG-ARP funding and are also required after a unit is no longer needed to temporarily quarantine families and is no longer needed for other COVID-19 purposes.

37

## Total Development Costs

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- TDC maximum limits may be exceeded by 20 percent without HUD review or approval which applies to:
- Dwelling and non-dwelling units developed, acquired, or assisted to prevent, prepare for, and respond to COVID-19.

38

## Prohibition Against Investment of ARP Grant Funds

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- Statutory Authority: Section 204(b) of NAHASDA
- Regulatory Authority: 24 C.F.R. § 1000.58
- HUD is prohibiting the investment of any IHBG funding provided under the ARP Act.

39

## IHBG-ARP Funds Not Counted in Undisbursed Funds Factor

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- Regulatory Authority: 24 C.F.R. § 1000.342
- HUD will exclude IHBG-ARP funds from counting towards an Indian tribe's undisbursed
  - IHBG funds from prior years under the Undisbursed Funds Factor (UDFF).

40

## Continued Operations During the COVID-19 Pandemic

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- Waiver is intended to provide administrative relief, and
- Allow for alternative approaches to various aspects of recipient operations that are necessary to expedite or facilitate the use of the IHBG-ARP funds.
- Alternative processes may include:
  - electronic transmission of information to families,
  - conducting briefings online,
  - conducting conference calls, or using self-service features of an Indian tribe's or TDHE's website, and
  - providing business-reply envelopes or secure drop-box apparatuses for document or rent submission for assisted families that do not have access to the Internet.

41

## Reimbursement of Costs

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- IHBG-ARP grant funds may cover or reimburse any eligible and allowable costs to **Prevent, Prepare** for, and/or **Respond** to COVID-19 paid by the IHBG recipient with other non-Federal funds, **and** dating from January 21, 2020 and later (date of first confirmed case of COVID-19)
- **Section 1** of the Abbreviated IHP/APR identifies the date recipient began preparing for COVID-19
- There should be a program in the Abbreviated IHP/APR specific to reimbursement costs
- **Unique Identifier (Line 1 of Section 3)** must be titled COVID-19 reimbursement costs
- Recipients should maintain:
  - Start date documentation
  - Documentation to support any costs the recipient plans to reimburse with grant funding
  - Must show what is being reimbursed (must be non-federal funds, cannot be program income)

42

## FCAS Units

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24 C.F.R. §§ 1000.312 and 1000.314 identifies FCAS units as low rent, Mutual Help, and Turnkey III housing units owned and operated by an IHBG recipient. 24 C.F.R. § 1000.318 establishes when these units can be considered FCAS for purposes of the IHBG formula. These regulations are also waived and modified to the extent necessary to not impact the FCAS eligibility of FCAS units used for this purpose of addressing COVID-19 regardless of income or Indian status, provided such units are operated as low-income housing dwelling units once no longer needed to shelter-in-place persons, and upon a determination that such units are safe to be occupied again by low-income families not infected with COVID-19.

43

## Duplication of Benefits

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- Before expending IHBG-ARP grant funds on any eligible activity, recipient must conduct a duplication of benefits analysis.
- Ensure that no insurance proceeds or other financial assistance has been received or is available to pay costs INTENDED TO BE charged to the IHBG-ARP grant.
- Recipient retains a copy of the duplication of benefits analysis for monitoring purposes.

44

# Applying for the IHBG-ARP Grant

45

## Indian Tribes Eligible to Receive IHBG-ARP Funds

- On March 25, 2021, HUD published IHBG-ARP grant allocations for all Indian tribes that are eligible to receive funding. [These allocations are available at: https://www.hud.gov/sites/dfiles/PIH/documents/IHBG-ARP\\_for\\_Codetalk3.24.21.pdf](https://www.hud.gov/sites/dfiles/PIH/documents/IHBG-ARP_for_Codetalk3.24.21.pdf)
- Indian tribes or TDHEs that did not submit a FY 2021 IHP (or whose IHP was not approved) may still take advantage of this funding opportunity by preparing and submitting an Abbreviated IHP/APR.

46

## Waivers:

### Reduced IHP/APR Application Requirements for Recipients

- IHBG-ARP grants will be awarded as separate IHBG grants.
- HUD has streamlined the application process while ensuring IHBG-ARP grant funds will be used only to prevent, prepare for, and respond to COVID-19,
- The Abbreviated IHP/APR is a streamlined fillable PDF version of the regular IHP/APR and reduced as follows:
  - Form has been reduced from 15 sections to 7 sections
    - Section 1 (Cover Page),
    - Section 3 (Programs),
    - Section 5 (Budget),
    - Section 7 (IHP Certification of Compliance),
    - Section 8 (IHP Tribal Certification),
    - Section 9 (Tribal Wage Rate Certification), and
    - Section 12 (Audits).
  - Must be submitted electronically via email to ONAP

## Applying for IHBG-ARP Grant

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- Indian tribe or TDHE must first submit an Abbreviated Indian Housing Plan/Annual Performance Report (IHP/APR) (Form: HUD-52737) to its Area Office of Native American Programs (AONAP).
- Except for a single check box, it is identical in format to the Abbreviated IHP/APR used by recipients of IHBG-CARES funding.
- IHBG-ARP recipients will not be required to use the Energy and Performance Information Center (EPIC) to submit the Abbreviated IHP.
- Specific instructions on how to use and complete the form are included in the form.



## Formal Adoption of IHBG-ARP Grant

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- To help minimize unnecessary administrative burden, HUD is providing regulatory waiver relief pertaining to the Abbreviated IHP.
  - HUD will accept any Abbreviated IHP that cannot be formally adopted by the recipient in accordance with their normal policies and procedures for adopting IHPs, provided an official or principal provides a statement indicating that it is not practical or safe for the Indian tribe or TDHE to assemble a board or other governing body to conduct business to secure required approvals due to the impact of COVID-19 on operations of the recipient (or the beneficiary Indian tribe of the TDHE).

49

## IHP Certification

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- IHBG recipients are required to provide HUD with all required IHP certifications in their Abbreviated IHPs. If an authorized official of an Indian tribe or TDHE provides a statement to HUD indicating that it is not practical or safe for the Indian tribe or TDHE to secure new certifications due to the impact of COVID-19 on its operations HUD will accept all IHP certifications that were previously submitted and accepted by HUD for FY 2022 IHBG grants (or for FY 2021 IHBG grants for those IHBG recipients that have not yet submitted their FY 2022 IHP), in lieu of requiring new tribal certifications to be submitted.

50

## IHP Submission and Review

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- HUD will review all Abbreviated IHPs and will make a determination as to whether an Abbreviated IHP is in compliance with ARP and NAHASDA.
- If an IHBG-ARP recipient fails to adequately describe how the proposed activities are tied to preventing, preparing for, or responding to COVID-19, or meet other Abbreviated IHP requirements, HUD will reject the Abbreviated IHP and notify the IHBG-ARP recipient of any deficiencies in the Abbreviated IHP.
  - IHBG-ARP recipients should amend and resubmit rejected Abbreviated IHP for further consideration.
  - AONAP will provide any necessary technical assistance to help the IHBG-ARP recipient modify its Abbreviated IHP, as appropriate, to help ensure that it can be found in compliance with the ARP, NAHASDA, and any requirements specified by HUD

51

## Follow-up Actions

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- ONAP will email the IHBG-ARP grantee an award letter and a grant agreement package to sign and return via email once the Abbreviated IHP is found in compliance.
- Funds will be available to draw down from the Line of Credit Control System (LOCCS) when the fully executed grant agreements are returned by the recipient and processed by HUD.
- Documents such as the grant agreement must be signed, scanned, and sent back to ONAP electronically.
- The IHBG-ARP recipient should maintain all documents with wet signatures in their records.

52

# ABBREVIATED IHP/APR FORM

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53

## Abbreviated IHP/APR Form

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- Submit an Abbreviated IHP to the ONAP Area Office **electronically (via email)** to receive the IHBG-ARP grant,
- **You must click IHBG CARES checkbox in Section 1 in order to access the Abbreviated IHP**
- Abbreviated IHP/APR
- Modified version of the regular IHP/APR
- Requesting less information
- Amended certain data fields
- Fillable PDF – open with free version of Adobe Acrobat reader
- Abbreviated Indian Housing Plan (IHP):
- how the IHBG recipient will carry out activities or projects that meet the requirements of the ARP Act
- If no FY 2021 IHP submitted: submit Abbreviated IHP
- may be required to submit additional information

54

Abbreviated IHP/APR Form

**SECTION 1: COVER PAGE**      [Instructions](#)      [Help Files](#)

ONAP Office Use Only  
 Release Date: 3/17/2021  
  
  
 apr id: \_\_\_\_\_

(1) Grant Number: \_\_\_\_\_  
 (2) Recipient Program Year: \_\_\_\_\_  
 (3) Federal Fiscal Year: \_\_\_\_\_

(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: \_\_\_\_\_  
 (10) Contact Person: \_\_\_\_\_  
 (11) Telephone Number with Area Code (999) 999-9999 : \_\_\_\_\_  
 (12) Mailing Address: \_\_\_\_\_  
 (13) City: \_\_\_\_\_ (14) State: \_\_\_\_\_ (15) Zip Code (99999 or 99999-9999): \_\_\_\_\_  
 (16) Fax Number with Area Code (if available) (999) 999-9999 : \_\_\_\_\_  
 (17) Email Address (if available): \_\_\_\_\_  
 (18) If TDHE, List Tribes Below: \_\_\_\_\_  
 (19) Tax Identification Number: \_\_\_\_\_  
 (20) DUNS Number: \_\_\_\_\_  
 (21) CCRISAM Expiration Date (MM/DD/YYYY): \_\_\_\_\_

(22) IHBG-CARES/ARP Amount: \_\_\_\_\_  
 Date Started Preparing for COVID-19: \_\_\_\_\_  
 (23) Name of Authorized IHP Submitter: \_\_\_\_\_

NOTE: You must check the IHBG-CARES-ARP box to populate the Abbreviated IHP

You must enter the IHBG-ARP amount  
 You must enter the date you are preparing for COVID

(24) Title of Authorized IHP Submitter:	
(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.

56

**1.1. Program Name and Unique Identifier:** Unique Identifier [COVID-19 Prevention]

**1.2. Program Description** (This should be the description of the planned program.): [COVID-19 Preparation]

**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.): [COVID-19 Reimbursement]

**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.): [COVID-19 Reimbursement]

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.): [COVID-19 Reimbursement]

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.): [ ]

**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. [ ]

# PROGRAM DESCRIPTIONS

# Abbreviated IHP/APR Form (Continued)

**1.1. Program Name and Unique Identifier:** Unique Identifier [COVID-19 Prevention]

**1.2. Program Description** (This should be the description of the planned program.): [COVID-19 Preparation]

**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.): [COVID-19 Reimbursement]

**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.): [COVID-19 Reimbursement]

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.): [COVID-19 Reimbursement]

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.): [ ]

**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. [ ]

**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 Houses to be Served in Year Under this Program	Planned Number of Acres Purchased in Year Under this Program	APR Actual Number of Units Completed in Program Year	APR Actual Number of Houses Served in Program Year	APR Actual Number of Acres Purchased in Program Year
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

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

# Program Descriptions

# Abbreviated IHP/APR Form (Continued)

## 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

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

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

Add Program

|



## Requirements B & C of Section 15011 of the CARES Act

The amount of large covered funds that were expended or obligated for each project or activity, cont'd.

### For IHBG-ARP – Eligible Activity Number from IHP

# IHBG Project/Activity Level	
1 Modernization of 1937 Act Housing	14 Lending Subsidies for Homebuyers (Loan)
2 Operation of 1937 Act Housing	15 Other Homebuyer Assistance Activities
3 Acquisition of Rental Housing	16 Rehabilitation Assistance to Existing Homeowners
4 Construction of Rental Housing	17 Tenant Based Rental Assistance
5 Rehabilitation of Rental Housing	18 Other Housing Service
6 Acquisition of Land for Rental Housing Development	19 Housing Management Services
7 Development of Emergency Shelters	20 Operation and Maintenance of NAHASDA-Assisted Units
8 Conversion of Other Structures to Affordable Housing	21 Crime Prevention and Safety
9 Other Rental Housing Development	22 Model Activities
10 Acquisition of Land for Homebuyer Unit Development	24 Infrastructure to Support Housing
11 New Construction of Homebuyer Units	25 Reserve Account
12 Acquisition of Homebuyer Units	26 Other COVID-19 Activities Authorized by Waivers or Alternate Requirements
13 Down Payment/Closing Cost Assistance	

# Abbreviated IHP/APR Form (Continued)

## SOURCES OF FUNDS

### SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

**(1) Sources of Funding** (NAHASDA § 102(b)(2)(C)(i), (404(b))) *(Complete the non-shaded portions of the chart below to describe your estimated or anticipated sources of funding for the 12-month program year. APR Actual Sources of Funding -- Please complete the shaded portions of the chart below to describe your actual funds received. Only report on funds actually received and under a grant agreement or other binding commitment during the 12-month program year.)*

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
IHBG-CARES Funds			\$0		\$0			\$0		\$0	

# Abbreviated IHP/APR Form (Continued)

## USES OF FUNDS

TOTAL	\$0	\$0	\$0	\$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		(Q) Total funds expended in 12-month program year (O+P)
	(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)	(I) Total IHBG CARES/ARP (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	
Program Name			\$0			\$0
Planning and Administration			\$0			\$0
TOTAL	\$0	\$0	\$0	\$0	\$0	\$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):

(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):

## SECTION 9: SOURCES & USES OF FUNDS (Continued)

### 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 1501 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 7: Certification of Compliance



**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 9: TRIBAL WAGE RATE**

65

## Abbreviated IHP/APR Form (Continued)

Audits

**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.

66

## Use of FY 2020 IHBG for COVID-19

- **The alternative requirements in Notice PIH 2020-05 apply to FY2020 IHBG formula funds only**
  - Other years of IHBG formula funds can be used for COVID-19 purposes, but the alternative requirements do not apply
  - **Notify** Area ONAP **before** using regular IHBG formula funds for COVID-19 purposes, and how much
  - Area ONAP will move the identified amount of FY 2020 funds to the new COVID-19 Budget Line Item (BLI) in LOCCS
  - Recipient can then select the COVID-19 BLI when in LOCCS to pay for COVID-19 activities
- PIH Notice 2020-06 describes FY2020 IHBG amendment requirements and how to reprogram FY 2020 IHBG funds
  - Amendments don't have to be submitted before using funds for COVID-19 purposes, but you **must** notify Area ONAP **before** using funds so that they can move the funds to the COVID-19 BLI
- Investment Funds
  - If recipient has invested FY 2020 funds, invested funds can be used for COVID-19 purposes with the alternative requirements
  - ONAP to provide more guidance on tracking and reporting of invested FY 2020 funds

67

## COVID-19 Budget Line Item (BLI)

BLI Redistribution								Program Code: NHB
Status	Line Item	Name	Pgm Cd	Authorized Amt	Disbursed Amt	Balance	Revised Authorization	
	1600	Current Assist StockOpSub	NHB	0.00	0.00	0.00		0.00
	1601	Investments	NHB	0.00	0.00	0.00		0.00
	1602	IHGB Balance	NHB	18,628,851.11	16,637,794.11	1,991,057.00		18,628,851.11
	1603	Administrative Fee	NHB	0.00	0.00	0.00		0.00
	1620	COVID 19	NHB	0.00	0.00	0.00		0.00
	1640	Rental Assistance	NHB	0.00	0.00	0.00		0.00
	9900	Close Out Adjustment	NHB	0.00	0.00	0.00		0.00
<b>Totals (for NHB):</b>				<b>18,628,851.11</b>	<b>16,637,794.11</b>	<b>1,991,057.00</b>		<b>18,628,851.11</b>

68

## Abbreviated IHP Review

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- Determine if Abbreviated IHP complies with the ARP Act and NAHASDA
- **Will be done as quickly as possible.**
- If IHP is noncompliant
  - Recipient will be asked to revised and resubmit ASAP
  - Area ONAP will provide technical assistance to modify Abbreviated IHP, as appropriate
    - Ensure compliance with the ARP Act
- Abbreviated IHP may be amended to adjust any planned eligible activities or programs

69

## Grant Agreement and Award Letter

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- After Abbreviated IHP is found in compliance
- Area ONAP emails the recipient an award letter and grant agreement package to sign and return via email
- Grant agreement package
  - Grant Agreement
  - Grant Addendum
- Grant agreement is signed, scanned, and sent back to Area ONAP electronically
- Recipient maintains all documents with wet signatures in their records
- Funds available in LOCCS once the fully executed grant agreement is returned and processed by HUD

70

## Keep Accounts Separated

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Due to the number of different funding sources, it is critical that the recipient keeps accounts separated as much as possible.

- Separate coding.
- Bank accounts.
- Keep documentation for all expenditures (as usual).
- Plan ahead for reporting.

71

## Reporting Requirements

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- **Quarterly Federal Financial Reports (SF-425)**
  - account for the receipt and disbursement of grant funding
  - IHBG ARP will be reported cumulatively for the life of the grant
- **Abbreviated Annual Performance Report (APR)** (Form: HUD-52735)
  - information regarding recipient expenditure of grant funding
  - separate from IHBG Formula APR
  - covers the recipient's typical reporting period
  - due to Area ONAP within 90 days of the end of the recipient's program year unless otherwise specified
- **Additional ARP Act Reporting:** Recipients of \$150,000 or more in IHBG-ARP funding must submit a soon to be developed OMB form
  - amount of funds received
  - amount of funds obligated or expended for each project or activity
  - detailed list of all such projects or activities, including a description of the project or activity
  - detailed information on any subcontracts or subgrants awarded by the recipient.
- Data to be reported is identified on the following slides and are subject to change as COVID-19 evolves

72

Required Reporting	IHBG-CARES Grant # 20BV-	IHBG-ARP Grant # 21AH-
Indian Housing Plan (IHP)	Abbreviated IHP Due at application.	
Annual Performance Report (APR)	Due 90 Days after Program Year End <u>and</u> 90 Days after project completion.	
Federal Financial Report (SF-425)	Due 30 Days after quarter end, and Final SF-425 due 90 Days after project completion. Reports Cumulative expenditure for the life of the grant.	
Annual IPA Audit	If grantee meets annual \$750,000 federal funds expended threshold, required IPA audit due 9 months after Fiscal Year End.	
FFATA	Due for all contracts and sub-grants that meet the thresholds.	
Other Reporting	Quarterly CARES ACT reporting due in CARS Portal (once website is live).	

## Summary of Reporting Requirements

73

## Reporting Requirements

### Abbreviated APR (continued)

- Total amount of IHBG-ARP grant funding received from HUD.
- Total amount of IHBG-ARP grant funding that was expended or obligated during the tribal program year to:
  - (a) prevent COVID-19
  - (b) prepare for COVID-19; or
  - (c) respond to COVID-19
- List of all activities for which IHBG-ARP grant funds were expended or obligated under each of the above eligible purpose categories, including:
  - description of the activity, including whether the activity is:
    - (i) eligible under the IHBG program; or
    - (ii) an eligible activity pursuant to a waivers and alternative requirement set forth in PIH Notice 2021-14 related to prevention, preparation for, and response to COVID-19.

74

# Reporting Requirements

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Abbreviated APR (continued)

- (c) an explanation of how the activity addresses one or more of the eligible purposes identified in (2), above;
- (d) an evaluation of the completion status of the activity;
- (e) an estimate of the number of eligible families that were assisted by this activity, including the number of low-income Indian families, non-low-income Indian families, and non-Indian families that were assisted by the activity; and
- (f) the name of the person to contact at the Tribe or TDHE if there are concerns with or questions about the activity.

75

# SAMPLE POLICY STATEMENTS

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76

## Income Verification – Sample Policy

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### Income Verification

- K/S TDHE may deviate from their current written admissions and occupancy policies and may allow less frequent income recertifications; and
- K/S TDHE will carry out intake and other tasks necessary to verify income remotely including allowing income self-certification over the phone (with a written record by the IHBG recipient's staff), or through email with a self-certification form signed by the family.

77

## Alternative Approach – Sample Policy

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When the situation is urgent and time is of the essence, the TDHE may adopt alternative approaches and/or documentation concerning the following;

- Proof of homeownership
- A completed W-9 Form from financial institution
- Evidence of unit as primary residence
- Proof of established Alaska Residency within K/S TDHE's services area (i.e., eligible for AK PFD, vehicle registration, photo ID, federal tax form, etc.)
- Proof of income information to the greatest extent feasible.
- Completion of self-certification in extreme circumstances

78

## Possible Uses – Sample Policy

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- Mortgage payment for a home already occupied by the applicant family
- Rental assistance occupied by the applicant family.
- Prepayment of rental assistance to homeless families
- Late fees
- Delinquent taxes
- Security deposit plus first and last month's rent on a unit where the lease payment does not exceed 70% of the combined deposit;
- Utility assistance
- Housing services related to the provision of self-sufficiency in accordance with IHBG regulations.

79

## Eligible Circumstances – Sample Policy

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Emergency housing assistance may be provided for circumstances that are beyond the family's control such as, but not limited, to the following situations:

- An inability to earn income as the result of a loss of childcare due to a pandemic or other catastrophic incident;
- An inability to earn income as the result of mandated isolation and quarantine due to contracting an infectious disease during a pandemic;
- An inability to secure goods and services as the result of mandated isolation and quarantine due to a pandemic or other catastrophic incident;
- A catastrophic illness resulting in inability to maintain essential housing costs;
- A natural disaster recognized by the state of Alaska proclamation
- An event which means the death of, or mental incapacity of or abandonment of the home by all of the persons who have executed the agreement as lessees.
- Inadequate housing
- Temporary housing
- Cost burden - paying more than 50% of gross income
- At risk of homelessness or homeless

80



## Assistance Amount – Sample Policy

### Amount

- Participants will receive no more than \$3,000.00 in a two (2) year period, subject to the availability of funds

### Factors

- The factors used to determine the amount of assistance to be awarded on behalf of the participant are:
  - Present annual income of the household
  - Family budget
  - Fair Market Rent (FMR) for area in the State of \_\_\_\_\_ as determined by HUD.
  - Family circumstances
  - Type of assistance needed

81

## Rental Assistance – Sample Policy

### Commencement

- Once the lease and the unit have been approved, and the landlord has signed the agreement to abide by the landlord obligation statement, the Recipient's staff will sign a contract with the landlord for the assistance payment amount showing the effective date of payments and the amount of the monthly payment.

### Proration

- If a participant moves into a unit during the month rather than at the beginning of the month, the assistance payment will be pro-rated for the remaining days left in the month and a check will be issued within three working days. The assistance payment will be made thereafter on or before the first day of each month. The participant is not responsible for the approved assistance payment made by the Recipient's staff.

82

## Payment of Assistance – Sample Policy

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At no time will assistance be made directly to the family. NAHASDA program staff will develop procedures regarding the process for disbursing emergency assistance funds. The following cites typical examples of payment disbursement:

- Directly to a landlord
- Directly to a vendor
- Directly to a financial institution
- Other as determined by NAHASDA program staff

83

## Costs – Sample Policy

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### **ALLOWABLE COSTS**

Administrative costs are allowable, but limitations on the amount are set by the grantor.

### **IMPERMISSIBLE USE OF FUNDS**

- Assistance will not be provided to pay rent to an immediate family member (i.e., father, mother, son, daughter, husband, wife, sibling, or grandparent) with whom the applicant resides, unless there is a documented history of prior payments.
- Assistance may not be used for which duplicate assistance exists.
- Homeownership assistance may not be used simultaneously with a rental assistance for a boarder in the homeowner's home.

84

## Service Area – Policy Sample

Assistance will be provided to eligible applicants who have established residence within the Recipient's Service Area:

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## SAMPLE ABBREVIATED IHP

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SECTION 1: COVER PAGE

[Instructions](#) [Help Files](#)

(1) Grant Number: 21AH5605620

(2) Recipient Program Year: 10/1 - 9/30

(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:  
Eastern Shoshone Housing Authority

(10) Contact Person:  
Charles Washakie

(11) Telephone Number with Area Code (999) 999-9999 :  
(307) 332-5832

(12) Mailing Address:  
PO Box 1250

(13) City: Fort Washakie (14) State: Wyoming (15) Zip Code (99999 or 99999-9999): 82514

(16) Fax Number with Area Code (if available) (999) 999-9999 :  
(307) 332-1486

(17) Email Address (if available):  
charles.washakie@es-ha.com

(18) If TDHE, List Tribes Below:  
Eastern ShoshoneTribe

(19) Tax Identification Number: 84-1433335

(20) DUNS Number: 180696171

(21) CCR/SAM Expiration Date (MM/DD/YYYY): 04/06/2022

(22) IHBG-CARES/ARP Amount: \$1,023,116  
Date Started Preparing for COVID-19: 03/16/2020

(23) Name of Authorized IHP Submitter: John St. Clair

87

[Program Descriptions](#)

1.1. Program Name and Unique Identifier: Unique Identifier COVID-19Respond

COVID-19Respond-1-Activity 1 Continue to Maintain Normal Operations Impacted by COVID-19

1.2. Program Description (This should be the description of the planned program.)  
The Eastern Shoshone Housing Authority (ESHA) plans to continue to maintain normal operations as we provide eligible affordable housing activities under our IHBG program while still being impacted by COVID-19. Our normal operations include operating and maintaining our current assisted stock as described in our IHBG formula IHP. Due to the COVID-19 pandemic, tenants are not able to pay rent due to job loss as well as shelter in place orders. Therefore, we are receiving significantly less rental income that we rely on to operate and maintain our current assisted stock. We also continue to incur unexpected increases in maintenance expenses due to the increased cost of materials and continuing to paying hazard pay to our maintenance and inspection personnel with a primary focus on resident and staff health and safety. This activity represents a portion (approximately 54%) of our normal operating costs.

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.)  
(2) Operation of 1937 Act Housing (2021)

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.)

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

Current residents in SSI(s) low income housing assistance programs

1.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.)  
Continue to provide a level of assistance to low-income households still being impacted by the COVID-19 pandemic including operating and providing routine and non-routine maintenance on our current assisted stock.

88

**Program Descriptions**

1.1. Program Name and Unique Identifier: Unique Identifier: COVID-19Respond  
 COVID-19Respond-2020-1-Maintaining Normal Operations Impacted by COVID-19 National Emergency

2.2. Program Description (This should be the description of the planned program.):  
 Maintaining normal operations and funding eligible affordable housing activities under NAHASDA during the period the housing authority is impacted by COVID-19. All standard housing authority activities and services have been and will continue to be significantly impacted by the COVID-19 situation. This activity covers the time frame starting in April 2020 and is projected to end in August 2020. BHS represents a portion (50%) of the operations costs projected for this period. During this time frame the HA operated at a baseline level with a primary focus on resident and staff health and safety and recognizes a modified level of efficiency.

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. 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 (BHP) and 1.5 (APR) below  
 Describe Other Intended Outcome (Only if you selected "Other" above):  
 Continue to assist affordable housing for low income households on a limited basis while impacted by COVID-19

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):

1.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.)  
 Low-income Indian Households  Non-low income Indian Households  Non-Indian Households

Current residents of and participants in the Tribal housing program

7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided)  
 Baseline level of assistance to assist low income households while impacted by the COVID-19 situation, no specific type/s of level determinable for this activity.

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

Planned Number of Units to be Completed in Year Under the Program	Planned Number of Households To Be Served in Year Under the Program	Planned Number of Acres To Be Purchased in Year Under the Program
0	0	0

89

**Program Descriptions**

2.1. Program Name and Unique Identifier: Unique Identifier: COVID-19Respond  
 COVID-19Respond-2020-2-Expanded Rental Assistance Payments

2.2. Program Description (This should be the description of the planned program.):  
 The Pacific Tribal HA currently operates a tenant based rental assistance (TBRA) program serving 50 tribal families. In addition, there are an estimated 20 tribal families who are renting units without TBRA assistance in our service area. This temporary program will assist both sets of families for the months of April, May, and June 2020 and was implemented to provide immediate financial relief to occupants who are no longer able to work due to mandatory COVID-19 related stay at home requirements. The assistance is structured as follows:  
 - Current participants in TBRA program will not be required to pay their 30% contribution, instead the HA will pay 100% of rental payment.  
 - For eligible Tribal families renting from third parties but not part of current TBRA program, the HA will make direct payments of \$500 per month to the property owners/landlords.

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 (2023)

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) Assist affordable housing for low income households  
 Describe Other Intended Outcome (Only if you selected "Other" above):

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):

2.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.)  
 Low-income Indian Households  Non-low income Indian Households  Non-Indian Households

Current participants in the HA tenant based rental assistance (TBRA) program as well as tribal members renting outside of the TBRA program who have been impacted by COVID-19.

2.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable):  
 For current participants in TBRA program, the HA will pay 100% of rental payment (not just amount above 30% previously covered) which amounts to about \$225 per month per family. For tribal members not part of current TBRA program, the HA will contribute \$500 per month to assist low income households impacted by the COVID-19 situation. Specific amount/level of assistance will vary by family situation for this activity.

1.8. APR:

Number of Units to be Completed in Year Under the Program	Planned Number of Households To Be Served in Year Under the Program	Planned Number of Acres To Be Purchased in Year Under the Program
0	0	0

90

**Program Descriptions**

3.1. Program Name and Unique Identifier: Unique Identifier COVID-19 Prevention  
 COVID-19 Prevention - 2020-3 - Acquisition and Distribution of PPE and Cleaning Supplies - Residents

3.2. Program Description (This should be the description of the planned program.):  
 The Pacific Tribal HA is acquiring and distributing "CARES" packages consisting of Personal Protective Equipment (masks, gloves, etc.), health supplies (thermometers, tissues, hand soap, etc.) and cleaning supplies (disinfectant, bleach, spray bottles, wipes, etc.) to current residents of and assisted by the Tribal housing program. Supplies can be replenished as necessary via a direct request to HA staff.

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.):  
 18) Other Housing Services (2023)

3.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):  
 12) Other - must provide description in boxes 1.4 (HP) and 1.5 (APR) below  
 Describe Other Intended Outcome (Only if you selected "Other" above):  
 Continue to assist residents of affordable housing who are impacted by COVID-19

3.5 Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):  
 Describe Other Actual Outcome (Only if you selected "Other" above):

3.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.):  
 Low-income Indian Households  Non-low income Indian Households  Non-Indian Households

Current residents of and participants in the Tribal housing program.

3.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):  
 All families will receive an initial allocation of PPE and cleaning supplies to help them prepare for and protect their families from COVID-19, approximate cost of \$250 per family.

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.

Planned Number of Units to be Completed in Year Under the Program	Planned Number of Households To Be Served in Year Under the Program	Planned Number of Aides To Be Purchased in Year Under the Program
0	0	0

91

**APR and Description**

3.1. Program Name and Unique Identifier: Unique Identifier COVID-19 Prevention  
 COVID-19 Prevention - 2020-3 - Acquisition and Distribution of PPE and Cleaning Supplies - Residents

3.2. Program Description (This should be the description of the planned program.):  
 The Pacific Tribal HA is acquiring and distributing "CARES" packages consisting of Personal Protective Equipment (masks, gloves, etc.), health supplies (thermometers, tissues, hand soap, etc.) and cleaning supplies (disinfectant, bleach, spray bottles, wipes, etc.) to current residents of and assisted by the Tribal housing program. Supplies can be replenished as necessary via a direct request to HA staff.

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.):  
 18) Other Housing Services (2023)

3.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):  
 12) Other - must provide description in boxes 1.4 (HP) and 1.5 (APR) below  
 Describe Other Intended Outcome (Only if you selected "Other" above):  
 Continue to assist residents of affordable housing who are impacted by COVID-19

3.5 Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):  
 Describe Other Actual Outcome (Only if you selected "Other" above):

3.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.):  
 Low-income Indian Households  Non-low income Indian Households  Non-Indian Households

Current residents of and participants in the Tribal housing program.

3.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):  
 All families will receive an initial allocation of PPE and cleaning supplies to help them prepare for and protect their families from COVID-19, approximate cost of \$250 per family.

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.

Planned Number of Units to be Completed in Year Under the Program	Planned Number of Households To Be Served in Year Under the Program	Planned Number of Aides To Be Purchased in Year Under the Program
0	0	0

92

**Program Description**

4.1. Program Name and Unique Identifier: Unique Identifier COVID-19 Prevention  
 COVID-19 Prevention -2020-4 -Acquisition and Distribution of PPE and Cleaning Supplies - Non-Residents

4.2. Program Description (This should be the description of the planned program.):  
 The Pacific Tribal HA is acquiring and distributing "CARES" packages consisting of Personal Protective Equipment (masks, gloves, etc.), health supplies (thermometers, tissues, hand soap, etc.) and cleaning supplies (disinfectant, bleach, spray bottles, wipes, etc.) to current residents of and assisted by the Tribal housing program. Supplies can be replenished as necessary via a direct request to HA staff.

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.)  
 20/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 (HP) and 1.5 (APR) below  
 Describe Other Intended Outcome (Only if you selected "Other" above):  
 Assist Tribal community (non-residents of affordable housing) households who are impacted by COVID-19

4.5 Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.)  
 Describe Other Actual Outcome (Only if you selected "Other" above):

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

Assist Tribal community (non-residents of affordable housing and regardless of income level or Indian status) in order to limit the community wide impact of COVID-19

4.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):  
 All families will receive an initial allocation of PPE and cleaning supplies to help them prepare for and protect their families from COVID-19, approximate cost of \$250 per family.

1.5. APR:  
 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.

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
0	0	0

93

**Program Description**

5.1. Program Name and Unique Identifier: Unique Identifier COVID-19 Preparation  
 COVID-19 Preparation -2020-5 -Housing Services to Residents

5.2. Program Description (This should be the description of the planned program.):  
 Providing a variety of COVID-19 related housing services including the following:  
 • Educational materials and general information via mail, social media, and community broadcasts on how to limit exposure to COVID-19 and manage shelter in place situations.  
 • Establish food delivery services for resident elders, disabled, and high-risk families.  
 • Establish medical delivery services for resident elders, disabled, and high-risk families.  
 • Provide technology support (internet hot spots, computers, cell phones, etc.) to assist residents in remotely accessing medical care, school, employment assistance, and other community services.  
 • Utility assistance payments on behalf of residents whom are unable to meet utility obligations.  
 • Other housing services identified and requiring rapid action to prepare for COVID-19.

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.)  
 18/Other Housing Services (2020)

5.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)  
 12/Other - must provide description in boxes 1.4 (HP) and 1.5 (APR) below  
 Describe Other Intended Outcome (Only if you selected "Other" above):  
 Assist residents of affordable housing who are impacted by COVID-19 with various housing services.

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

Current residents of and participants in the Tribal housing program.

5.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):  
 Various levels of assistance to assist low income households while preparing for COVID-19 situations, no specific types of assistance determinable for this activity.

1.5. APR:  
 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.

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
125	125	0

94

**Program Descriptions**

6.1. Program Name and Unique Identifier: Unique Identifier: COVID-19Respond  
 COVID-19Respond-2020-6-Conversion of Housing Units to Isolation/Quarantine Facilities

6.2. Program Description (This should be the description of the planned program):  
 The Pacific Tribal HA will convert two of our vacant 5-Bedroom 1937 Act Rental units for use as isolation/quarantine facilities. The units will be modified to allow for maximum separation and minimal shared facilities. Modifications will include upgraded ventilation, additional bathrooms, as well as facilities for on-site staff.

6.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)  
 5)Rehabilitation of Rental Housing [2022]

6.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)  
 12)Other - must provide description in boxes 1.4 (HP) and 1.5 (APR) below  
 Describe Other Intended Outcome (Only if you selected "Other" above):  
 Assist residents of affordable housing who require isolation or quarantine due to COVID-19.

6.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.)  
 Describe Other Actual Outcome (Only if you selected "Other" above):

6.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.)  
 Low-income Indian Households  Non-low income Indian Households  Non-Indian Households

Current residents of and participants in the Tribal housing program.

6.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable):  
 No set levels of assistance per household but facility will assist low income households who require a location where they can be isolated/quarantined and receive assistance as required.

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

Planned Number of Units to be Completed in Year Under the Program	Planned Number of Households To Be Served in Year Under the Program	Planned Number of Access To Be Purchased in Year Under the Program
2		

95

**Program Descriptions**

7.1. Program Name and Unique Identifier: Unique Identifier: COVID-19 Reimbursement  
 COVID-19 Reimbursement - 2020-7 - Incur COVID-19 Related Costs

7.2. Program Description (This should be the description of the planned program):  
 Incurred costs for a variety of COVID-19 related expenses for the period beginning March 4th and extending until March 31st. These costs were separately tracked in our accounting records and include the following:  
 - A portion of normal operating expenses (primarily staff wages and fringe benefits).  
 - Payroll expenses for staff required to shelter in place but provided with administrative leave.  
 - Procurement of PPE and cleaning supplies for housing staff and operations.  
 - Purchase and installation of a rental payment lockbox and system enhancements for on-line payments.  
 - Computer purchases and related supplies for staff required to telework.  
 - Meal deliveries to Elders in Elders Housing Complex.  
 These expenses were paid for by Tribal funds. Federal funds (including program income and IHBO formula funds) were not used for these expenses.

7.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.)  
 26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

7.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.)  
 12)Other - must provide description in boxes 1.4 (HP) and 1.5 (APR) below  
 Describe Other Intended Outcome (Only if you selected "Other" above):  
 Recover COVID-19 related costs incurred from March 4th to March 31st, 2020.

7.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.)  
 Describe Other Actual Outcome (Only if you selected "Other" above):

7.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.)  
 Low-income Indian Households  Non-low income Indian Households  Non-Indian Households

Current residents of and participants in the Tribal housing program.

7.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable):  
 No specific types and level determinable for this activity, expenses are an accumulation of incurred costs related to COVID-19.

Planned Number of Units to be Completed in Year Under the Program	Planned Number of Households To Be Served in Year Under the Program	Planned Number of Access To Be Purchased in Year Under the Program
108		

95



**SECTION 5: BUDGETS**  
NAHASDA § 1020)(2)(C), 404(B)

(1) Sources of Funding (NAHASDA § 1020)(2)(C), 404(B)) (Complete the open-shaded portions of the sheet 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 sheet 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	IFP					APR				
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
	Estimated amount to be received by the end of 12-month program year	Estimated amount received from HUD during 12-month program year (LME)	Estimated total received from HUD	Estimated amount received from other sources during 12-month program year (I-05)	Estimated amount received from HUD during 12-month program year (I-05)	Actual amount received during 12-month program year	Actual amount received from HUD during 12-month program year (E0)	Actual amount received from HUD during 12-month program year	Actual amount received from other sources during 12-month program year	Actual amount received from HUD during 12-month program year
HUD CARES Funds	\$0	\$500,000	\$500,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0

c. Total of Column I should match the Total of Column Q from the Uses of Funding table below.  
d. For the IFP, 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 § 1020)(2)(C)(iii)) (Note that the budget should not exceed the total funds on hand (Column C) and must be fully used; it should include all the programs identified in Section 3. Actual expenditures in the APR section are for the 12-month program year)

PROGRAM NAME	IFP			APR		
	(3)	(4)	(5)	(6)	(7)	(8)
	Four and current year HUD (LME) funds to be expended in 12-month program year	Total all other funds to be expended in 12-month program year	Total funds to be expended in 12-month program year (LME)	Total HUD (LME) funds expended in 12-month program year	Total all other funds expended in 12-month program year	Total funds expended in 12-month program year (E0)
COVID-19 RESPONSE 2020-1 - Maintenance Normal Operations Impacted by COVID-19	\$125,000		\$125,000			\$0
COVID-19 RESPONSE 2020-2 - Expanded Rental Assistance Payments	\$50,000		\$50,000			\$0
COVID-19 RESPONSE 2020-3 - Acquisition and Distribution of PPE and Consumables	\$31,250		\$31,250			\$0
Distribution of PPE and Cleaning Supplies - Non-Residents	\$12,500		\$12,500			\$0
COVID-19 Response 2020-3 - Housing Services to Residents	\$75,000		\$75,000			\$0
COVID-19 RESPONSE 2020-4 - Construction of Housing Units to Relieve Quarantine Facilities	\$100,000		\$100,000			\$0
Reimbursement - COVID-19 Related Costs	\$37,250		\$37,250			\$0
Planning and Administration	\$69,000		\$69,000			\$0
<b>TOTAL</b>	<b>\$500,000</b>	<b>\$0</b>	<b>\$500,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Notes:  
a. Total of Column I cannot exceed the HUD 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 HUD 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.

**SECTION 7. INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE**  
NAHASDA § 1020)(2)(C)

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 homeowner 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:	Pacific Tribe
(5) Authorized Official's Name and Title:	Kevin Neptune, Tribal Chairperson
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	04/20/2020

**SECTION 9: TRIBAL WAGE RATE CERTIFICATION**  
NAHASDA §§ 102(b)(2)(D)(v), 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:

[Redacted]

# SAMPLE PROGRAM DESCRIPTIONS

101

The Crow Creek Housing Authority (CCHA) plans to maintain normal operations and fund eligible affordable housing activities under NAHASDA during the period CCHA is impacted by COVID-19. All standard CCHA activities and services have been and will continue to be significantly impacted by the COVID situation. This activity covers the time frame starting June 2020 and is projected to end June 2021. This activity represents a portion (22%) of the operation costs projected for this period. During this time frame, the CCHA will operate at a baseline level at a modified level of efficiency with a primary focus on resident and staff health and safety.

Provide temporary shelter-in-place rental assistance to protect Indian families from the further spread of COVID-19.

CCHA

102

CCHA plans to acquire and distribute "CARES" packages consisting of Personal Protective Equipment (PPE) (masks, gloves, etc.), health supplies (thermometers, tissues, hand soap, hand sanitizer, etc.) and cleaning and disinfecting supplies (disinfectant, bleach, spray bottles, disinfectant wipes, etc.) to current participants in our housing assistance programs as well as the CCHA employees. Supplies will be replenished as necessary if requested.

All families will receive an initial allocation of PPE and cleaning supplies to help them prepare for and protect their families from COVID-19 with an approximate cost of up to \$250 per family. Any remaining funds for this activity will be used for replenish requests. CCHA plans to provide up to 500 CARES packages throughout the 12 months covered by this plan.

The logo consists of a solid brown rectangle with the letters "CCHA" in white, sans-serif font centered within it.

103

Provide temporary shelter-in-place rental assistance to protect Indian families from the further spread of COVID-19.

CCHA plans to provide temporary shelter-in-place rental assistance to a member or members of an Indian family who have to isolate infected persons from others. CCHA will provide temporary assistance to families in facilities designed to shelter-in-place including privately owned units, hotels, and similar facilities designed to shelter-in-place or isolate infected persons from others. It's anticipated that up to 20 families will need this assistance over the 12-month period covered by this plan with an estimated cost of up to \$1,000 per family.

The logo consists of a solid brown rectangle with the letters "CCHA" in white, sans-serif font centered within it.

104

In 2018 ESHA was awarded a \$690,000 Indian Community Development Block Grant (ICDBG) to construct infrastructure that will support the development of affordable housing in Fort Washakie, WY. The infrastructure will consist of installing water, sewer, and power lines as well as constructing roads on a 15-acre parcel of land for the development of 24 units of low-income rental housing. In 2020, ESHA was awarded a \$4,200,000 Competitive Indian Housing Block Grant (IHBG) to construct the units. These projects represent a continuation of our long range affordable housing assistance program to provide safe and healthy homes for eligible tribal families. The development of the infrastructure followed by development of the new homes will alleviate homelessness and overcrowded conditions and will prevent the spread of COVID-19 by protecting the health and safety of our low-income families. ESHA is committing \$230,000 in leverage for the ICDBG project. This COVID-19 prevention activity consists of using IHBG-ARP funds as 45% percent of our committed leverage amount (\$103,500), which will be spent during the period covered by this plan.

(24) Infrastructure to Support Housing [202(2)]

The logo for ESHA, consisting of the letters "ESHA" in white, centered within a solid brown rectangular box.

105

(24) Infrastructure to Support Housing [202(2)]

The type of assistance that will be provided consists of using our IHBG-ARP funds as leverage for the development of infrastructure during this plan year, which will help us prevent the spread of COVID-19 by providing healthy and safe homes for our tribal families who are currently homeless or living in overcrowded, unsafe, and unhealthy living conditions. The level of assistance will be using \$103,500 of IHBG-ARP funds as leverage.

The logo for ESHA, consisting of the letters "ESHA" in white, centered within a solid brown rectangular box.

105

ESHA plans to modernize up to 14 low-income rental units during this plan year using FY 2019-20 ICDBG funds. The modernization of the homes will help prevent the spread of COVID-19 because the homes will provide a healthier and safer living environment for our low-income tribal families that reside in our rental units. An integral part of our modernization program is repairing and replacing the HVAC systems in each unit with more energy efficient components that will provide better air filtration and circulation systems that keep the families safer and healthier in an effort to prevent the spread of COVID-19. ESHA has committed \$250,000 in leverage for this project. This COVID-19 prevention activity consists of using IHBG-ARP funds as approximately 40% of our committed leverage amount (\$94,500) for this modernization project during this plan year.

The type of assistance that will be provided consists of using our IHBG-APR funds as leverage to accomplish the modernization activities, which will help us prevent the spread of COVID-19 by providing healthier and safer homes.

ESHA

107

ESHA was awarded an IHBG competitive grant of \$4.2 million to construct 24 single-family houses in Fort Washakie, WY. The project will include the construction of 8-2 bedroom houses, 8-3 bedroom houses, and 8-4 bedroom houses on a 15-acre parcel of land that the ESHA has leased from the Eastern Shoshone tribe. This project is a continuation of our long range affordable housing assistance program to provide safe and healthy homes for our tribal families. The construction of the new homes will alleviate homelessness and overcrowded conditions and will prevent the spread of COVID-19 by protecting the health and safety of our low-income families. ESHA is committing \$1.4 million as leverage for this project. This COVID-19 prevention activity consists of using IHBG-ARP funds as 25% percent of our committed leverage amount (\$350,000), which will be spent during the period covered by this plan.

ESHA

108

Pacific Housing Authority (PHA) plans to continue to maintain normal operations as we provide eligible affordable housing activities under our IHBG program while still being impacted by COVID-19. Our normal operations include operating and maintaining our current assisted stock as described in our IHBG formula IHP. Due to the COVID-19 pandemic, tenants are not able to pay rent due to job loss as well as shelter in place orders. Therefore, we are receiving significantly less rental income that we rely on to operate and maintain our current assisted stock. We also continue to incur unexpected increases in maintenance expenses due to the increased cost of materials and continuing to paying hazard pay to our maintenance and inspection personnel with a primary focus on resident and staff health and safety. This activity represents a portion (approximately 54%) of our normal operating costs.

Continue to provide a level of assistance to low-income households still being impacted by the COVID-19 pandemic including operating and providing routine and non-routine maintenance on our current assisted stock.

(2) Operation of 1937 Act Housing [202(1)]

ONAP

109

In 2018 PHA was awarded a \$690,000 Indian Community Development Block Grant (ICDBG) to construct infrastructure that will support the development of affordable housing in Fort Washakie, WY. The infrastructure will consist of installing water, sewer, and power lines as well as constructing roads on a 15-acre parcel of land for the development of 24 units of low-income rental housing. In 2020, PHA was awarded a \$4,200,000 Competitive Indian Housing Block Grant (IHBG) to construct the units. These projects represent a continuation of our long-range affordable housing assistance program to provide safe and healthy homes for eligible tribal families. The development of the infrastructure followed by development of the new homes will alleviate homelessness and overcrowded conditions and will prevent the spread of COVID-19 by protecting the health and safety of our low-income families. PHA is committing \$230,000 in leverage for the ICDBG project. This COVID-19 prevention activity consists of using IHBG-ARP funds as 45% percent of our committed leverage amount (\$103,500), which will be spent during the period covered by this plan. (24) Infrastructure to Support Housing [202(2)]

The type of assistance that will be provided consists of using our IHBG-ARP funds as leverage for the development of infrastructure during this plan year, which will help us prevent the spread of COVID-19 by providing healthy and safe homes for our tribal families who are currently homeless or living in overcrowded, unsafe, and unhealthy living conditions. The level of assistance will be using \$103,500 of IHBG-ARP funds as leverage. (24) Infrastructure to Support Housing [202(2)]

ONAP

110

PHA plans to modernize up to 14 low-income rental units during this plan year using FY 2019-20 ICDBG funds. The modernization of the homes will help prevent the spread of COVID-19 because the homes will provide a healthier and safer living environment for our low-income tribal families that reside in our rental units. An integral part of our modernization program is repairing and replacing the HVAC systems in each unit with more energy efficient components that will provide better air filtration and circulation systems that keep the families safer and healthier in an effort to prevent the spread of COVID-19. PHA has committed \$250,000 in leverage for this project. This COVID-19 prevention activity consists of using IHBG-ARP funds as approximately 40% of our committed leverage amount (\$94,500) for this modernization project during this plan year.

The type of assistance that will be provided consists of using our IHBG-APR funds as leverage to accomplish the modernization activities, which will help us prevent the spread of COVID-19 by providing healthier and safer homes.

(1) Modernization of 1937 Act Housing [202(1)]

ONAP

111

PHA was awarded an IHBG competitive grant of \$4.2 million to construct 24 single-family houses in Fort Washakie, WY. The project will include the construction of 8 2-bedroom houses, 8 3-bedroom houses, and 8 4-bedroom houses on a 15-acre parcel of land that the PHA has leased from Pacific tribe. This project is a continuation of our long-range affordable housing assistance program to provide safe and healthy homes for our tribal families. The construction of the new homes will alleviate homelessness and overcrowded conditions and will prevent the spread of COVID-19 by protecting the health and safety of our low-income families. PHA is committing \$1.4 million as leverage for this project. This COVID-19 prevention activity consists of using IHBG-ARP funds as 25% percent of our committed leverage amount (\$350,000), which will be spent during the period covered by this plan.

The type of assistance will be using \$350,000 of IHBG-ARP funds as leverage to complete the preliminary project activities and begin the construction of the single-family homes on Shipton Lane in Fort Washakie during this plan year. The infrastructure work on the project site is being completed by PHA using funding from an ICDBG grant.

ONAP

112



## RESOURCES

### General Resources:

Office of Native American Programs COVID-19 Recovery Programs website:

[https://www.hud.gov/program-offices/public-indian-housing/ih/COVID Recovery](https://www.hud.gov/program-offices/public-indian-housing/ih/covid-recovery)

IHBG-ARP Waivers and Alternative Requirements, PIH Notice 2020-33: <https://www.hud.gov/sites/dfiles/PIH/documents/PIH2020-33.pdf>

Office of Native American Programs website, including updated COVID-19

related Frequently Asked Questions: <https://www.hud.gov/codetalk>

HUD COVID Resources and Fact Sheets: <https://www.hud.gov/coronavirus>

### DEAR TRIBAL LEADER LETTERS

[\\*CARES Act Reporting Update \(June 28, 2021\)](#)

[\\*CARES Act Reporting Update \(March 26, 2021\)](#)

[\\*CARES Act Quarterly Report not required for January 10, 2021.](#)

[\\*Publication of IHBG-CARES Implementation Notice \(April 22, 2020\)](#)

[\\*IHBG-CARES Formula Allocation Letter \(April 3, 2020\)](#)

For more information on how your Tribe's IHBG-CARES formula allocation was calculated, please see: [View IHBG-CARES Formula Allocation Chart](#) If you have any questions about your IHBG allocation under the CARES Act, please contact the IHBG Formula Customer Service Center at: Phone: 1-800-410-8808 or [IHBGformula@firstpic.org](mailto:IHBGformula@firstpic.org)

[\\*CARES Act Reporting Update \(June 28, 2021\)](#)

[\\*CARES Act Reporting Update \(March 26, 2021\)](#)

[\\*CARES Act Quarterly Report not required for January 10, 2021.](#)

[\\*ICDBG-CARES Implementation Training \(May 19, 2020\)](#)

[\\*ICDBG-CARES Implementation Notice \(May 15, 2020\)](#)

[\\*Input Requested on ICDBG-CARES Act Grant Ceilings \(April 15, 2020\)](#)