SECTION 1: COVER PAGE

(1) Grant Number:	21AH5313870	
(2) Recipient Program Year:	1/1 - 12/31	
(3) Federal Fiscal Year:	2021	
(4) IHBG-CARES/IHBC	3-ARP	
(5) Initial Plan (Comple	te this Section then proceed to Section 2) or an Amended IHP
G) Annual Performance	e Report (Complete items 27-30 and proc	ceed to Section 3)
(7) Tribe		
(8) TDHE		
(9) Name of Recipient:		
Samish Indian Nation		
(10) Contact Person:		
Sharon Paskewitz		
(11) Telephone Number with A	srea Code (999) 999-9999 :	
360-726-3366		
(12) Mailing Address:		
P.O. Box 217		
	(4.1) 24-4	
	(14) State: (15	5) Zip Code (99999 or 99999-9999):
(13) City:		
Anacortes	Washington	98221
Anacortes (16) Fax Number with Area Co		
Anacortes (16) Fax Number with Area Co 360-899-5193	Washington de (if available) (999) 999-9999 :	
Anacortes (16) Fax Number with Area Co 360-899-5193 (17) Email Address (if availabl	Washington de (if available) (999) 999-9999 :	
Anacortes (16) Fax Number with Area Co 360-899-5193 (17) Email Address (if availabl spaskewitz@samishtribe.nsn.us	Washington de (if available) (999) 999-9999 : e):	
Anacortes (16) Fax Number with Area Co 360-899-5193 (17) Email Address (if availabl spaskewitz@samishtribe.nsn.us (18) If TDHE, List Tribes Below	Washington de (if available) (999) 999-9999 : e):	98221
Anacortes (16) Fax Number with Area Co 360-899-5193 (17) Email Address (if availabl spaskewitz@samishtribe.nsn.us (18) If TDHE, List Tribes Below (19) Tax Identification Number	Washington de (if available) (999) 999-9999 : e):	98221
Anacortes (16) Fax Number with Area Co 360-899-5193 (17) Email Address (if availabl spaskewitz@samishtribe.nsn.us (18) If TDHE, List Tribes Below	Washington de (if available) (999) 999-9999 : e): /:	98221 98221 91-0931896 091741637
Anacortes (16) Fax Number with Area Co 360-899-5193 (17) Email Address (if availabl spaskewitz@samishtribe.nsn.us (18) If TDHE, List Tribes Below (19) Tax Identification Number (20) DUNS Number: (21) CCR/SAM Expiration Date	Washington de (if available) (999) 999-9999 : e): /:	98221 98221 91-0931896 091741637 01/10/2023
Anacortes (16) Fax Number with Area Co 360-899-5193 (17) Email Address (if availabl spaskewitz@samishtribe.nsn.us (18) If TDHE, List Tribes Below (19) Tax Identification Number (20) DUNS Number: (21) CCR/SAM Expiration Date (22) IHBG-CARES Amount:	Washington de (if available) (999) 999-9999 : e): /: : • (MM/DD/YYYY):	98221 98221 91-0931896 091741637 01/10/2023 \$624,608
Anacortes (16) Fax Number with Area Co 360-899-5193 (17) Email Address (if availabl spaskewitz@samishtribe.nsn.us (18) If TDHE, List Tribes Below (19) Tax Identification Number (20) DUNS Number: (21) CCR/SAM Expiration Date	Washington de (if available) (999) 999-9999 : e): /: ': *:	98221 98221 91-0931896 091741637 01/10/2023

(24) Title of Authorized IHP Submitter:	Tribal Chairman
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	10/20/2021
(27) Name of Authorized APR Submitter:	Thomas D. Wooten
(28) Title of Authorized APR Submitter:	Tribal Chairman
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	

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

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

APR: REPORTING ON PROGRAM YEAR PROGRESS

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

		Program Descriptions	
1.1. Program Name and Unique Identifier:	Unique Identifier	COVID-19 Respond	
COVID-19 Respond - 1 -			

1.2. Program Description *program.):*

Samish Indian Nation will utilize IHBG-ARP funds to purchase a building, which will be used as a shelter for tribal citizens, especially elders and persons that are disabled, are currently living in substandard, overcrowded or homeless conditions, which puts them at risk for contracting COVID-19.

(This should be the description of the planned

The goal is to ensure that our homeless and/or recently evicted citizens, due to COVID-19 have a safe and stable place to live.

1.3. Eligible Activity Number (Select o involving housing units as the output meas combine homeownership and rental housi reported in the APR they are correctly ide	sure (excluding ope ing in one activity, so	o that when housing units are
(7) Development of Emergency Shelters [202(2)]	
		the Outcome list. Each program
can have only one outcome. If more than each outcome.):	one outcome applie	es, create a separate program for
(5) Address homelessness		
Describe Other Intended Outcome (Onl	ly if you selected "O	ther" above):
1.5 Actual Outcome Number (In the Al	PR identify the actua	al outcome from the Outcome list.):
(5) Address homelessness		
Describe Other Actual Outcome (Only	if you selected "Othe	er" above.):
1.6 Who Will Be Assisted (Describe th	e types of househol	ds that will be assisted under the program.):
XLow-income Indian Households	-low income Indian Ho	useholds Non-Indian Households
Fide and Dischlard Tribel Citizens living in such		
Elder and Disabled Tribal Citizens living in sub	ostandard, overcrowe	a or nomeless conditions.
1.7. Types and Level of Assistance (D to each household, as applicable.):	escribe the types a	nd the level of assistance that will be provided
	re has been attached) second floor which a	
1.8. APR: Describe the accomplishmen 24 CFR § 1000.512(b)(3), provide an ana	ts for the APR in the lysis and explanatio	e 12-month program year. In accordance with n of cost overruns or high unit costs.
We did not accomplish our outcome for 2021	L.	
1.9: Planned and Actual Outputs for 12	-Month Program Y	Tear
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
	12	
APR: Actual Number of Units Completed in Program Year	d APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
	0	
1.10: APR: If the program is behind sci	hedule, explain why	. (24 CFR § 1000.512(b)(2))
In 2021 there was not a size of arrows	vailable for surphase of	bet was is in the right location for this type of project
In 2021, there was not a piece of property av	anable for purchase, t	that was is in the right location, for this type of project.

lS	404(b)
GET	Ű,
G	(b)(2)
5: B	(102(b)
NO	N 55
TIC	HASD/
SECT	NAF

(1) Sources of Funding (NAHASDA § 102(b)(2)(C)(i), (404(b)) (Complete the <u>non-shaded</u> 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.

			ЧH					A	APR		
SOURCE (A a a provide the providet the provide the provide the providet the pr	 (A) Estimated amount on hand at beginning of program year 	(A) Estimated (B) (C) (A) Estimated Estimated Estimated amount on amount to total sour hand at be received of funds beginning of during 12- (A+B) orogram year year	(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(D) Estimated funds to be expended during 12- month program year	 (D) Estimated funds to be funds to be funds to be funds expended funds to be funds enaining at hand at end furting 12- end of month year program year program year 	(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\$	\$624,608	\$624,608	\$624,608	0\$	0\$	\$624,608	\$624,608	0\$	\$624,608	0\$

TOTAL	\$	\$624,608	\$624,608	\$624,608	\$0	\$0	\$624,608	\$624,608	\$0	\$624,608	\$0
TOTAL Columns C & H, 2 through 10	igh 10		\$0					0\$			
Notes: a. For the IHP, fill in columns A, B, C, D, and E (non-shaded columns).	S A, B, C, D, and E (non-s	haded column		For the APR, fill in columns F, G, H, I, J, and K (shaded columns).	lumns F, G,	H, I, J, and K	(shaded co	olumns).			
b. Lotal of Column L should match the Total of Column Q from the Uses of Funding table below.	match the total of Column d match the Total of Col	umn Q from th	he Uses of Fund	es or runding table below. Uses of Funding table below.	ow. 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.	<i>y</i> estimated leverage in Li	ne 3 below (Es	stimated Sour	rces or Uses o	of Funding). F	⁻ or the APR, c	describe actu	al leverage in L	ine 4 belov	Ν.	
(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.)	AHASDA § 102(b)(2)(C	c)(ii)) (Note t in Section 3.	hat the budg Actual ex	get should nc penditures	tt exceed th in the APR	ne total funds section are	s on hand ((for the 12	Column C) and -month prog i	l insert as am year)	s many rows	
		IHP	Ь					APR			
	(L) Prior and current year IHBG CARES (only) funds to be expended in 12- month program year	(M) Total all other funds to be expended in 12- month program year	ther funds to 12- month year	(N) Total funds to be expended in 12-month program year (L+M)	: to be 2-month ar (L+M)	(L) Total IHBG CARES (only) funds expended in 12- month program year) ARES (only) ided in 12- gram year	(P) Total all other funds expended in 12-month program year	funds -month ear	(Q) Total funds expended in 12- month program year (O+P)	ended in 12- year (O+P)
COVID-19 Respond - 1 -	\$624,608				\$624,608		0\$				\$0
Planning and Administration					\$0		\$0				\$0
TOTAL	\$624,608		0\$		\$624,608		0\$		0\$		\$0

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- 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.

describe which specific loan is planned to be repaid and the NAHASDA-eligible activity and program associated information for any planned loan repayment listed in the Uses of Funding table on the previous page. This (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 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 with this loan):

Samish Indian Nation will be using \$2,589,038.10 from our Indian Housing Block Grant - Program 0007 Development of Rental Shelter to help support the purchase of a building.

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

There were no funds used toward this project in 2021

SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

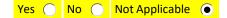
By signing the IHP, the recipient certifies its compliance with Title II of the Civil Rights Act of 1968 (25 USC Part 1301 et seq.), and ensures that the recipient has all appropriate policies and procedures in place to operate its planned programs. The recipient should not assert that it has the appropriate policies and procedures in place if these documents do not exist in its files, as this will be one of the items verified during any HUD monitoring review.

(1) In accordance with applicable statutes, the recipient certifies that:

It will comply with Title II of the Civil Rights Act of 1968 in carrying out this Act, to the extent that such title is applicable, and other applicable federal statutes.

(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.

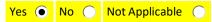


(3) The following certifications will only apply where applicable based on program activities.

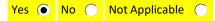
a. It will maintain adequate insurance coverage for housing units that are owned and operated or assisted with grant amounts provided under NAHASDA, in compliance with such requirements as may be established by HUD;



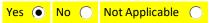
b. Policies are in effect and are available for review by HUD and the public governing the eligibility, admission, and occupancy of families for housing assisted with grant amounts provided under NAHASDA;



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



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.



SECTION 8: IHP TRIBAL CERTIFICATION

NAHASDA § 102(c)

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

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

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

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

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

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

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 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?



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.