

# Section 1: Cover Page

- (1) Grant Number: 55IT5313870
- (2) Recipient Program Year: 01/01/2024 - 12/31/2024
- (3) Federal Fiscal Year: 2024
- (4)  Initial Plan (Complete this Section then proceed to Section 2)
- (5)  Amended Plan (Complete this Section and Section 8 if applicable)
- (6)  Annual Performance Report (Complete items 27-30 and proceed to Section 3)
- (7)  Tribe
- (8)  TDHE
- (9) **Name of Recipient:** Samish Indian Nation
- (10) **Contact Person:** Wooten, Thomas
- (11) **Telephone Number with Area Code** (999) 999-9999: 360-293-6404
- (12) **Mailing Address:** PO Box 217
- (13) **City:** Anacortes
- (14) **State:** WA
- (15) **Zip Code** (99999 or 99999-9999): 982210217
- (16) **Fax Number with Area Code** (999) 999-9999: 360-293-0790
- (17) **Email Address** tomwooten@samishtribe.nsn.us
- (18) **If TDHE, List Tribes Below:**
- (19) **Tax Identification Number:** 910931896
- (20) **UEI Number:** FG6GWTLX9CM9
- (21) **CCR/SAM Expiration Date** (MM/DD/YYYY): 01/30/2024
- (22) **IHBG Fiscal Year Formula Amount:** \$1,513,381
- (23) **Name of Authorized IHP Submitter:** Justin Krupa
- (24) **Title of Authorized IHP Submitter:** Housing Director
- (25) **Signature of Authorized IHP Submitter:** Justin Krupa
- (26) **IHP Submission Date** (MM/DD/YYYY): 12/07/2023
- (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.

## ONE YEAR PLAN ANNUAL PERFORMANCE REPORT

# Section 2: Housing Needs

NAHASDA § 102(b)(2)(B)

**(1) Type of Need:** Check the appropriate box(es) below to describe the estimated types of housing needs and the need for other assistance for low-income Indian families (column B) and all Indian families (column C) inside and outside the jurisdiction.

(A) Type of Need	Check All That Apply	
	(B) Low-Income Indian Families	(C) All Indian Families
(1) Overcrowded Households	<b>X</b>	<b>X</b>
(2) Renters Who Wish to Become Owners		
(3) Substandard Units Needing Rehabilitation	<b>X</b>	<b>X</b>
(4) Homeless Households	<b>X</b>	<b>X</b>
(5) Households Needing Affordable Rental Units		
(6) College Student Housing		
(7) Disabled Households Needing Accessibility	<b>X</b>	<b>X</b>
(8) Units Needing Energy Efficiency Upgrades		
(9) Infrastructure to Support Housing	<b>X</b>	<b>X</b>
(10) Other (specify below)		

**(2) Other Needs.** (Describe the “Other” needs below. Note: this text is optional for all needs except “Other.”):  
N/A

**(3) Planned Program Benefits.** (Describe below how your planned programs and activities will address the needs of low income families identified above. Also describe how your planned programs will address the various types of housing assistance needs *NAHASDA § 102(b)(2)(B)*):

Our program and activities address the needs of low-income Native families by offering safe and affordable housing through our Tenant Based Rental Assistance (TBRA) Program, Homelessness Prevention, Emergency Housing (Shelter Stays), Rapid Re-Housing, housing searches, financial management, landlord/tenant education and other supportive services that will help Native families obtain skills that will support their ability to retain long term permanent housing. Through our TBRA program, forty (40) Native families will receive rental assistance and fifty (50) will be supported through our Homelessness Prevention, Rapid Re-Housing and/or Emergency Housing assistance program.

**(4) Geographic Distribution.** Describe below how the assistance will be distributed throughout the geographic area and how this geographic distribution is consistent with the needs of low income families. *NAHASDA § 102(b)(2)(B)(i)*:

Assistance is distributed in a variety of ways for us to meet the needs and cultural diversity of our families. We send information to our families through newsletters, social media, and the housing departments web page. For our Native Elders, developing community relationships with agencies that have Tribal Outreach and Assistance has been and continues to be critical in providing information and assistance to this population. This one-on-one approach has been effective in helping our elders understand the services we provide and how such services can be effective for them. We provide services in ten (10) counties throughout Western Washington - Clallam, Island, Jefferson, King, Kitsap, Pierce, San Juan, Skagit, Snohomish, and Whatcom. We have developed partnerships within our 10-county service area, explaining to other providers who we serve and how to contact us for information regarding the various housing services offered. We are also a part of Skagit, Island and Whatcom Counties Coordinated Entry System- a system designed for all populations that aligns the Single Adult, Family, and Youth into a seamless, collaborative, county-wide platform for housing and service delivery to homeless households. The main objectives of this system are to: Reduce the length of time a family is homeless and permanently house them as quickly as possible, using Rapid Re-housing and linkages to supportive services. Build upon existing community-based infrastructures to serve homeless families, leverage resources, and provide more targeted and cost-effective interventions. Although the COVID-19 Pandemic has been declared over, we continue to be ambassadors in using technology to work with our families to help them reach their housing goals. We also plan to become a part of the Homelessness Management Information System (HMIS) in San Juan County. This will be another resource in helping us identify families in those areas that could benefit from our program. We will continue collaborating with Volunteers of America Western Washington (VOAWW) through their Indian Behavioral Health and Dispute Resolution programs.

# Section 3: Program Descriptions

[102(b)(2)(A)], [233(a)], [235(c)], [404(b)], 24 CFR §1000.512(b)(2)

## Planning and Reporting Program Year Activities

In this section, the recipient must provide a description of its planned eligible activities, and intended outcomes and outputs for the One-Year IHP. The recipient can select any combination of activities eligible under NAHASDA and intended outcomes and outputs that are based on local needs and priorities. There is no maximum or minimum number of eligible activities or intended outcomes and outputs. Rather, the One-Year IHP should include a sufficient number of eligible activities and intended outcomes to fully describe any tasks that the recipient intends to fund in whole or in part with IHBG resources during the coming program year.

Subtitle B of NAHASDA authorizes recipients to establish a program for self-determined housing activities involving construction, acquisition, rehabilitation, or infrastructure relating to housing activities or housing that will benefit the low-income households served by the Indian tribe. A recipient may use up to 20 percent of its annual allocation, but not more than \$2 Million, for this program. Section 233(a) of NAHASDA requires a recipient to include its planned self-determination program activities in the IHP, and Section 235(c) requires the recipient to report the expenditures, outputs, and outcomes for its self-determination program in the APR. For more information, see PIH Notice 2010-35 (Demonstration Program - Self-Determined Housing Activities for Tribal Governments) at [https://www.hud.gov/sites/documents/DOC\\_8814.PDF](https://www.hud.gov/sites/documents/DOC_8814.PDF).

The One-Year IHP is not required to include eligible activities or intended outcomes and outputs that will not receive IHBG resources. For example, the recipient may be planning to apply for Low Income Housing Tax Credits (LIHTC) from its state. If those tax credit projects will not receive IHBG resources, they are not required to be described in the IHP. However, the recipient may wish to include nonIHBG activities in the IHP to provide tribal members with a more complete picture of housing activities.

If an activity will receive partial funding from an IHBG resource, it must be described in the IHP.

For example, if the recipient uses IHBG-funded staff persons to manage, inspect, or maintain an LIHTC-funded rental project, that project would be considered an IHBG-assisted project and the related activities must be described in the IHP.

Planning and Administrative expenses and loan repayments should not be identified as programs in the IHP. That is why there are dedicated rows in the Uses of Funding budget for these expenses. Instead, describe anticipated planning and administrative expenses in Section 6, Line 4 of the IHP, and describe actual planning and administration expenses in Section 6, Line 5 of the APR. Report the planned and actual amount of planning and administrative expenses in the dedicated row of the Uses of Funding budget (Section 5, Line 2). Please note that Reserve Accounts to support planning and administration is an eligible activity and should be identified as a program in the IHP, and any planned or actual expenditure from the Reserve Account would be reported by its program name in the Uses of Funding table.

For the IHP, complete the **unshaded** sections to describe the planned activities, outcomes and outputs in the coming 12-month program year. The recipient must complete Lines 1.1 through 1.4, Lines 1.6 and 1.7, and Line 1.9 for each eligible activity or program planned for the One-Year IHP. For the APR, complete the shaded sections to describe actual accomplishments, outcomes, and outputs for the previous 12-month program year. In particular, complete Lines 1.5, 1.8, 1.9, and 1.10 for each program included in the IHP.

**Eligible Activity May Include** (citations below all reference sections in NAHASDA)

<b>Eligible Activity</b>	<b>Output Measure</b>	<b>Output Completion</b>
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit
(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed
(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA- Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection

Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding table only)
(25) Reserve Accounts [202(9)]	N/A	N/A

**Outcome May Include**

(1) Reduce over-crowding	(7) Create new affordable rental units
(2) Assist renters to become homeowners	(8) Assist affordable housing for college students
(3) Improve quality of substandard units	(9) Provide accessibility for disabled/elderly persons
(4) Improve quality of existing infrastructure	(10) Improve energy efficiency
(5) Address homelessness	(11) Reduction in crime reports
(6) Assist affordable housing for low income households	(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

**IHP: PLANNED PROGRAM YEAR ACTIVITIES**(NAHASDA § 102(b)(2)(A))

For each planned activity, complete all the non-shaded sections below. It is recommended that for each program name you assign a unique identifier to help distinguish individual programs. This unique number can be any number of your choosing, but it should be simple and clear so that you and HUD can track tasks and results under the program and collect appropriate file documentation tied to this program.

- One way to number your programs is chronologically. For example, you could number your programs 2011-1, 2011-2, 2011-3 etc.
- Or, you may wish to number the programs based on type. For example rental 1, rental 2, homebuyer1, homebuyer 2 etc. This type of numbering system might be appropriate if you have many programs that last over several years.
- Finally, you may wish to use an outline style of numbering. For example, all programs under your first eligible activity would start with the number 1 and then be consecutively numbered as 1.1, 1.2, 1.3 etc.

## APR: REPORTING ON PROGRAM YEAR PROGRESS

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

### 1.1. Program Name and Unique Identifier: 2024-0007:Development of Emergency Shelter

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

Samish Indian Nation will purchase and rehabilitate a building to be used as shelter for tribal citizens, especially elders and persons that are disabled, living in substandard, overcrowded, or homeless conditions.

#### 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.):*

(7) Development of Emergency Shelters [202(2)]

#### 1.4. Intended Outcome Number *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):*

(5) Address homelessness

**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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low-income Native American families enrolled in a federally recognized tribe. Focus will be on elders and persons with a disability that are living in substandard, overcrowded, or homeless conditions.

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

No set level of assistance per household, but funds will go towards the purchase of a building that will be used for emergency shelter. The building purchase will be contingent on what is available in the community. We will complete the appropriate ER prior to any funds being used and will ensure that TDC for Samish will be adhered to.

#### 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 Households To Be Served in Year Under this Program: 12	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

**1.1. Program Name and Unique Identifier: 2024-0017: Tenant Based Rental Assistance**

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

Provides rental assistance to Samish Citizens and enrolled members of Federally recognized Indian tribes living in our ten-county service area. The purpose of the program is to ensure that low-income native families have an opportunity for and access to housing that is responsive to their cultural and physical needs and that is free from any form of discrimination. Additionally, we will work with households to develop and/or increase their economic skills that will demonstrate their ability to maintain stable permanent housing once rental assistance ends. Families will be assigned to a Case Manager that will link them to supportive services that enable participants to increase earned income, reduce or eliminate the need for welfare assistance, and make progress toward achieving economic independence and housing self-sufficiency.

**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.):*

(17) Tenant Based Rental Assistance [202(3)]

**1.4. Intended Outcome Number** *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):*

(5) Address homelessness

**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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low-income Native families.

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

Rental assistance will pay rent in private market rental units. Eligible families will pay no more than 30% of their adjusted gross household income. The Samish Housing Department pays the additional cost of the families rent up to the Fair Market Rent for that area.

**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 Households To Be Served in Year Under this Program: 45	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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



**1.1. Program Name and Unique Identifier: 2024-0018:Housing Support Services**

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

The intent of this program is to work with Native families to understand their unique needs, tailoring our services to move them toward independence and self-sufficiency. Information and resources on budgets, credit repair, basic home housekeeping, how to maintain a rental unit, Landlord/Tenant rights and other information, is just an example of the resources we will provide to families enrolled in our services. To prevent households from becoming homeless by offering short term rental assistance to defray rent and utility bills. For tribal households who are currently homeless to establish stable housing, emergency shelter will be offered for up to four (4) weeks. Emergency assistance will also be used to relocate families when it has been determined that current living situations are not decent, safe, or sanitary. Our clients reside in scattered site-housing throughout ten (10) Counties in Western Washington: Clallam, Island, Jefferson, King, Kitsap, Pierce, San Juan, Skagit, Snohomish, and Whatcom. Many of our housing clients live in rural areas and do not have access to public transportation. Staff will make home visits to review housing stability plans, plan for clients to get transportation to medical appointments and job interviews, if not held virtually. Staff members will collaborate with clients to navigate systems such as work source and other necessary appointments to ensure families will become self-sufficient.

**1.3. Eligible Activity Number***(Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):*

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

**1.4. Intended Outcome Number** *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):*

(5) Address homelessness

**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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Samish citizens and other Native families enrolled in a federally recognized Indian tribe. Households with or without children who are living temporarily with friends, relatives or households who are facing eviction within 14 days. Households that are forced to live in a place not meant for human habitation. Having no primary nighttime residence. People who are fleeing or attempting to flee a domestic violence situation.

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

Assistance preparing a housing search plan and list of local property owners. For those clients that demonstrate that they need more assistance and support to find housing, the supportive service will be provided to meet the level of need. Evaluate the household's current resources, problem-solving abilities, and financial life skills, then provide the appropriate amount of assistance to ensure the greatest chance of successful transition to independence after program exit. When assistance ends, participants should have developed a natural support system, if possible, that will allow them to address obstacles that might later arise with employments, childcare, transportation, or monetary management. Participants will also need to know how to navigate multiple systems, so other housing services will consist of arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability. Rather than simply making referrals to programs, there will be times that we will need to walk participants through how to access services on their own and ensure that participants have the skills to access services in the future independently. Connections to Mainstream Resources that are appropriate to addressing barriers to housing retention. We will also provide resources and information through our newsletter, webpage, social media and mailings on budgeting, credit repair and debt management. We will also provide information on basic home repair, weatherization, and home safety tips. This information will be available to all our Samish citizens and to other Native families that have access to the internet. Homelessness Prevention - short term rental assistance to defray rent and utility bills. Rapid Re-Housing quickly move families out of homelessness and into permanent housing. Emergency Assistance - to establish stable housing, emergency shelter will be offered for up to four (4) weeks. Emergency assistance will also be used to relocate families when it has been determined that current living situations are not decent, safe, or sanitary. All services are attached to Case Management and community mainstream resources.

**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 Households To Be Served in Year Under this Program: 50	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

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**1.1. Program Name and Unique Identifier: 2024-0019:Housing Management**

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

The provision of management services for affordable housing and management of affordable housing projects.

**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.):*

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

**1.4. Intended Outcome Number** *(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):*

(6) Assist affordable housing for low income households

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

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

**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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low-income Native 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) Preparation of work specifications for affordable housing; (2) Inspections for affordable housing; (3) Tenant selection for affordable housing; (4) Management of tenant-based and project-based rental assistance; (5) Mediation programs for landlord-tenant disputes for affordable housing; (6) Hiring of grants writers for affordable housing applications.

**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 Households To Be Served in Year Under this Program: 95	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

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# Section 4: Maintaining 1937 Act Units, Demolition, and Disposition

NAHASDA §§ 102(b)(2)(A)(v), 102(b)(2)(A)(iv)(I-III)

**(1) Maintaining 1937 Act Units**(NAHASDA § 102(b)(2)(A)(v))(Describe specifically how you will maintain and operate your 1937 Act housing units in order to ensure that these units will remain viable.)

N/A

**(2) Demolition and Disposition**(NAHASDA § 102(b)(2)(A)(iv)(I-III), 24 CFR 1000.134)Describe any planned demolition or sale of 1937 Act or NAHASDA-assisted housing units. If the recipient is planning on demolition or disposition of 1937 Act or NAHASDA-assisted housing units, be certain to include the timetable for any planned demolition or disposition and any other information that is required by HUD with respect to the demolition or disposition:

N/A

# 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					
	(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)	
1. IHBG Funds	\$3,892,897.00	\$1,513,381.00	\$5,406,278.00	\$5,406,278.00	\$0.00	
2. IHBG Program Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
3. Title VI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
4. Title VI Program Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
5. 1937 Act Operating Reserves	\$0.00		\$0.00	\$0.00	\$0.00	
6. Carry Over 1937 Act Funds	\$0.00		\$0.00	\$0.00	\$0.00	
7. ICDBG Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
8. Other Federal Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
9. LIHTC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10. Non-Federal Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Total</b>	\$3,892,897.00	\$1,513,381.00	\$5,406,278.00	\$5,406,278.00	\$0.00	
<b>TOTAL Columns C and H ( 2 through 10 )</b>			\$0.00			
SOURCE	APR					
	(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 to be expended during 12-month program year	(J) Actual unexpended funds remaining at end of program year (H-I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds			\$0.00		\$0.00	
2. IHBG Program Income			\$0.00		\$0.00	
3. Title VI			\$0.00		\$0.00	
4. Title VI Program Income			\$0.00		\$0.00	
5. 1937 Act Operating Reserves			\$0.00		\$0.00	
6. Carry Over 1937 Act Funds			\$0.00		\$0.00	
7. ICDBG Funds			\$0.00		\$0.00	
8. Other Federal Funds			\$0.00		\$0.00	
9. LIHTC			\$0.00		\$0.00	
10. Non-Federal Funds			\$0.00		\$0.00	
<b>Total</b>			\$0.00		\$0.00	
<b>TOTAL Columns C and H ( 2 through 10 )</b>			\$0.00			

**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 **Uses of Funding table below.**

(2) **Uses of Funding**(NAHASDA § 102(b)(2)(C)(ii) (Note that the budget should not exceed the total funds on hand (Column C) and insert as many rows as needed to include all the programs identified in Section 3.

**Actual expenditures in the APR section are for the 12-month program year.)**

PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)
<b>2024-0007: Development of Emergency Shelter</b>	\$3,960,732.00	\$0.00	\$3,960,732.00	\$0.00	\$0.00	\$0.00
<b>2024-0017: Tenant Based Rental Assistance</b>	\$726,216.00	\$0.00	\$726,216.00	\$0.00	\$0.00	\$0.00
<b>2024-0018: Housing Support Services</b>	\$297,322.00	\$0.00	\$297,322.00	\$0.00	\$0.00	\$0.00
<b>2024-0019: Housing Management</b>	\$180,016.00	\$0.00	\$180,016.00	\$0.00	\$0.00	\$0.00
<b>Loan repayment - describe in 3 &amp; 4 below</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Planning and Administration</b>	\$241,992.00	\$0.00	\$241,992.00	\$0.00	\$0.00	\$0.00
<b>TOTAL</b>	\$5,406,278.00	\$0.00	\$5,406,278.00	\$0.00	\$0.00	\$0.00

**Notes:**

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

(3) **Estimated Sources or Uses of Funding** NAHASDA § 102(b)(2)(C) (Provide any additional information about the estimated sources or uses of funding, including leverage (if any). You must provide the relevant information for any planned loan repayment listed in the Uses of Funding table on the previous page. This planned loan repayment can be associated with Title VI or with private or tribal funding that is used for an eligible activity described in an IHP that has been determined to be in compliance by HUD. The text must describe which specific loan is planned to be repaid and the NAHASDA-eligible activity and program associated with this loan):  
**N/A. There is no planned repayment of funds ties to Title VI.**

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

# Section 6: Other Submission Items

[102(b)(2)(C)(ii)], [201(b)(5)], [202(6)], [205(a)(2)], [209], 24 CFR §§ 1000.108, 1000.120, 1000.142, 1000.238, 1000.302

**(1) Useful Life/Affordability Period(s)** (NAHASDA § 205, 24 CFR § 1000.142) (Describe your plan or system for determining the useful life/affordability period of the housing it assists with IHBG and/or Title VI funds must be provided in the IHP. A record of the current, specific useful life/affordability period for housing units assisted with IHBG and/or Title VI funds (excluding Mutual Help) must be maintained in the recipient's files and available for review for the useful life/affordability period.):

**\$5,000 - \$15,000 5 Years; \$15,000 - \$40,000 10 Years; \$40,001 and over 15 years: New construction or Acquisition 20 Years**

**2) Model Housing and Over-Income Activities**(NAHASDA § 202(6), 24 CFR § 1000.108) (If you wish to undertake a model housing activity or wish to serve non-low-income households during the 12-month program year, those activities may be described here, in the program description section of the 1-year plan, or as a separate submission.):

N/A

**(3) Tribal and Other Indian Preference**(NAHASDA § 201(b)(5), 24 CFR § 1000.120) If preference will be given to tribal members or other Indian families, the preference policy must be described. This information may be provided here or in the program description section of the 1-year plan.

Does the Tribe have a preference policy?:**Yes**

If yes, describe the policy.

**Samish Tribal Citizens will have first preference to all services offered under the Housing Department. If funds allow, we will offer services to other tribal citizens, enrolled in a federally recognized Indian tribe, that reside in our ten county service area.**

**(4) Anticipated Planning and Administration Expenses** (NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238)

Do you intend to exceed your allowable spending cap for Planning and Administration? **No**

If yes, describe why the additional funds are needed for Planning and Administration. For a recipient administering funds from multiple grant beneficiaries with a mix of grant or expenditure amounts, for each beneficiary state the grant amount or expenditure amount, the cap percentage applied, and the actual dollar amount of the cap.

**(5) Actual Planning and Administration Expenses**(NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238)

Did you exceed your spending cap for Planning and Administration?

If yes, did you receive HUD approval to exceed the cap on Planning and Administration costs?

If you did not receive approval for exceeding your spending cap on planning and administration costs, describe the reason(s) for exceeding the cap. (See Section 6, Line 5 of the Guidance for information on carry-over of unspent planning and administration expenses.)

**(6) Expanded Formula Area - Verification of Substantial Housing Services** (24 CFR § 1200.302(3))If your tribe has an expanded formula area (i.e., an area that was justified based on housing services provided rather than the list of areas defined in 24 CFR § 1200.302 Formula Area (1)), the tribe must demonstrate that it is continuing to provide substantial housing services to that expanded formula area. Does the tribe have an expanded formula area? **No**

**If no, proceed to Section 7.**

If yes, list each separate geographic area that has been added to the Tribe's formula area and the documented number of Tribal members residing there.

For each separate formula area expansion, list the budgeted amount of IHBG and other funds to be provided to all American Indian and Alaska Native (AIAN) households and to only those AIAN households with incomes 80% of median income or lower during the recipient's 12-month program year:

# Section 7: Indian Housing Plan Certification of Compliance

NAHASDA § 102(b)(2)(D)

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

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

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

**(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: **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: **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**

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: **Yes**

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**



# 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

(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: