

To: Tribal Members
From: Housing Department Staff
Re: Annual Performance Report Fiscal Year 2024

Notice for 7 day public comment period starting January 22, 2025 at 3 pm AKST to January 29, 2025 at 3 pm AKST.

The purpose of this notice is to allow for 7 days of public comment required for submittal of the Kenaitze/Salamatof TDHE Annual Performance Report for federal fiscal year 2024.

The Indian Housing Block Grant (IHBG) is a formula grant that provides a range of affordable housing activities within Kenaitze/Salamatof service area. The block grant approach to housing for Native Americans was enabled by the Native American Housing Assistance and Self Determination Act of 1996 (NAHASDA). Eligible activities include development of affordable housing, housing services to eligible families and individuals, crime and safety prevention, and model activities that provide creative approaches to solving affordable housing barriers.

We have attached the Annual Performance Report for the period 10/1/2023-9/30/2024 IHBG grant number 55IH0207960 for your review and feedback. Please direct all comments to the Kenaitze/Salamatof Housing Department by email to housing@kenaitze.org or call (907-335-7228)

Section 1: Cover Page

- (1) Grant Number: 55IH0207960
- (2) Recipient Program Year: 10/1/2023 - 9/30/2024
- (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:** Kenaitze Salamatof TDHE
- (10) **Contact Person:** Dale Segura
- (11) **Telephone Number with Area Code** (999) 999-9999: 907-335-7386
- (12) **Mailing Address:** 1501 cottonwood Cir
- (13) **City:** Kenai
- (14) **State:** AK
- (15) **Zip Code** (99999 or 99999-9999): 99611
- (16) **Fax Number with Area Code** (999) 999-9999: 855-598-2102
- (17) **Email Address** DFSegura@kenaitze.org
- (18) **If TDHE, List Tribes Below:**
 - Kenaitze Indian Tribe
 - Salamatof Tribe
- (19) **Tax Identification Number:** 562408506
- (20) **UEI Number:** NNN6CUJ4RL93
- (21) **CCR/SAM Expiration Date** (MM/DD/YYYY): 09/09/2025
- (22) **IHBG Fiscal Year Formula Amount:** \$1,474,740
- (23) **Name of Authorized IHP Submitter:** Aurora Rogers
- (24) **Title of Authorized IHP Submitter:** Grants Coordinator
- (25) **Signature of Authorized IHP Submitter:** Aurora Rogers
- (26) **IHP Submission Date** (MM/DD/YYYY): 07/10/2023
- (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	X	X
(2) Renters Who Wish to Become Owners		
(3) Substandard Units Needing Rehabilitation	X	X
(4) Homeless Households	X	X
(5) Households Needing Affordable Rental Units	X	X
(6) College Student Housing	X	
(7) Disabled Households Needing Accessibility	X	
(8) Units Needing Energy Efficiency Upgrades	X	
(9) Infrastructure to Support Housing	X	X
(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)):

The TDHE will address the needs of eligible households/qualified recipients will be determined based off of the programs applied for, NAHASDA income qualification, Tribal Preference, policies and procedures. Programs offered by the TDHE are:

Homeless Prevention Placement Program: The TDHE will provide assistance to qualified recipients with rental assistance or foreclosure prevention assistance in order to prevent eviction, foreclosure or place a family into affordable housing.

Homeless Supportive Services Program: The TDHE provides individuals with essential items, emergency lodging, transportation assistance, etc. that are necessary to assist households who are actively homeless.

Tenant Based Rental Voucher Program: The TDHE provides qualified recipients with a tenant based rental voucher within the TDHE service area. The recipient will pay no more than 30% of their adjusted gross income and the TDHE will pay the remaining monthly rental balance to the applicant’s private landlord.

Student Housing: The TDHE will provide Housing Assistance to qualified recipients who are enrolled in an accredited college, university, or trade school and who are pursuing a degree or certificate.

Sand Snow Plow: The TDHE will provide snow removal and sanding services to qualified recipients to ensure the safety of entrance and egress of dwellings/residences and protect the dwelling from snow and ice buildup when conditions are hazardous to the home.

Homeowner Rehabilitation (Safe Home): The TDHE operates the Safe Home program which provides assistance to qualified recipients by offering rehabilitation to bring dwellings up to a decent, safe sanitary standard.

Urgent Home Repair: The TDHE operates the Urgent Home Repair program to provide qualified recipients with an urgent home repair that, if not resolved, could damage the home, displace the occupants, and/or pose a health and safety risk to the occupants.

Fire Safety Program: The TDHE operates the Fire Safety program for qualified elderly and/or disabled households to assist with replacing/inspecting carbon monoxide detector(s), smoke detector(s), and/or residential fire extinguisher(s).

Housing Development and Planning: The TDHE is planning and developing an 18 unit housing complex that will provide affordable and accessible housing to elderly (55+) and/or disabled households within the TDHE service area.

Planning Administration/Housing Management: The TDHE employs capable management staff to ensure that the planning, development, administration and management of the activities set forth in the annual IHP are in compliance with NAHASDA statutes and regulations. To do this staff conduct: planning surveys, self-monitoring reviews, environmental reviews, home inspections and assessment (before and after work is performed), activities related to the provision of self-sufficiency. These activities allow staff to gather information necessary to evaluate program goals effectiveness, and make necessary improvements.

(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)*:

The TDHE will provide funds to eligible applicants for housing services based on a first come first serve basis and funding availability. When funding is unavailable and a waitlist is required, the TDHE will apply preferences and priorities that ensure fair equitable treatment by following the policies and procedures as approved by the Housing Board for selection of the waiting list. Per NAHASDA statutes low income applicants will receive preference for assistance for services based on eligibility. The Kenaitze/Salamatof TDHE service area is defined as areas within the boundaries shown in the ANVSA map for Kenaitze and Salamatof Tribe as outlined in the United States Census Bureau. These areas include the following communities: Funny River, Kalifornsky, Kenai, Nikiski, Ridgeway, Salamatof, Soldotna, Sterling, areas north of the Kasilof River, and limited areas up to and in Cooper Landing.

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.

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)

Eligible Activity	Output Measure	Output Completion
(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-A1:Homeless Prevention & Placement Program**

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

The TDHE will provide low-income individuals/households with financial assistance in the Homeless Prevention Placement program in order to prevent participants from becoming, or continuing to be, homeless. Individuals participating in this program will receive housing services per the programs policies and procedures.

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.):*

(5) Address homelessness

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.):*

Qualified low-income AN/AI households (defined as those who have incomes that are less than or equal to 80% of the area median income) residing in the TDHE service area with preference and priority to be given as outlined in the TDHE policies and procedures.

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

The TDHE will provide housing assistance in the form of security deposit, first month's rent, and/or utility deposit(s) or payment for past due balance for rent, mortgage, utilities, home insurance, and/or property taxes. In FY 2024 the TDHE estimates it will serve 25 number of households with up to \$5,000 in assistance per eligible household.

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

The TDHE served 167 AI/AN at 80% and below median income clients with Homeless Prevention and Placement services to clients that were at risk of homelessness with rent, mortgage, utilities, property tax and home Insurance. Houshold's served reside in the TDHE service area.

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 25	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: 167	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-A2:Homeless Prevention & Placement Program

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

The TDHE will provide non-low-income individuals/households (defined as those who have incomes between 81% and 100% of the area median income) with financial assistance in the Homeless Prevention Placement program in order to prevent participants from becoming, or continuing to be, homeless. Individuals participating in this program will receive housing services per the programs policies and procedures to further prevent future financial hardship.

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.):*

(5) Address homelessness

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.):*

Qualified non-low-income AN/AI households (defined as those who have incomes between 81% and 100% of the area median income) residing in the TDHE service area with preference to be given as outlined in the TDHE policies and procedures.

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

The TDHE will provide housing assistance in the form of security deposit, first month’s rent, and/or utility deposit(s) or payment for past due balance for rent, mortgage, utilities, home insurance, and/or property taxes. In FY 2024 the TDHE estimates it will serve 5 number of households with \$4,000 in assistance per eligible household.

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

The TDHE served 3 AI/AN at 80% to 100% median income clients with Homeless Prevention and Placement services to clients that were at risk of homelessness with rent, mortgage, utilities, property tax and home Insurance. Houshold's served reside in the TDHE service area.

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 5	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: 3	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-B:Student Housing

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

The TDHE provides tenant based rental assistance to low-income AN/AI full-time, enrolled students who attend an accredited college, university, or trade school who is pursuing a degree/certificate and who have established residence within the TDHE service area. Students must maintain a GPA of 2.0 in order to qualify for this assistance.

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.):*

(8) Assist affordable housing for college students

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.):*

(8) Assist affordable housing for college students

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.):*

Qualified low-income AN/AI (defined as those who have incomes that are less than or equal to 80% of the area median income) college, university or trade school bound students with preference and priority to be given as outlined in the TDHE policies and procedures.

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

The type of assistance provided is student housing on or off campus inside or outside the TDHE service area and may be a component of tuition. The level of assistance is a maximum of \$1,000 per student unless prior authorization is approved as outlined in the TDHE policies and procedures, per month while the student attends an accredited college, university or trade school and is pursuing a degree/certificate.

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

The TDHE served 18 students at 80% and below median income with rental/dorm assistance while attending an accredited college, university, and or trade school while attending full time school. We increased the max amount to 1500.00 per month due to major increase in rents within our service area over this fiscal year. Students served reside in the TDHE service area.

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 15	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: 18	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-C1:Urgent Housing Repair

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

The TDHE will provide low-income individuals/households with the Urgent Home Repair program to qualified recipients who are facing an imminent threat to health, safety, or habitation of the dwelling. Individuals participating in this program will receive services per the TDHE policy and procedure.

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.):*

(16) Rehabilitation Assistance to Existing Homeowners [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.):*

(3) Improve quality of substandard units

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.):*

(3) Improve quality of substandard units

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.):*

Qualified low-income AN/AI households (defined as those who have incomes that are less than or equal to 80% of the area median income) residing in the TDHE service area with preference to be given as outlined in the TDHE policies and procedures.

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

The TDHE will provide repairs that present an imminent threat to health, safety or the habitation of the dwelling. These repairs are capped at \$5,000 in total costs per year per household.

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

The TDHE provided eligible homeowners below the 80% median income with qualifying urgent home repairs that pose a health and safety risk to the occupants or the loss of the dwelling that could displace households. Households served reside in the TDHE service area.

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 25	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 91	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-C2:Urgent Housing Repair

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

The TDHE will provide non-low-income individuals/households with the Urgent Home Repair program to qualified recipients who are facing an imminent threat to health, safety, or habitation of the dwelling. Individuals participating in this program will receive services per the TDHE Policy and Procedure.

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.):*

(16) Rehabilitation Assistance to Existing Homeowners [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.):*

(3) Improve quality of substandard units

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.):*

(3) Improve quality of substandard units

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.):*

Qualified non-low-income AN/AI households (defined as those who have incomes that are equal to 81% to 100% of the area median income) residing in the TDHE service area with preference to be given as outlined in the TDHE policies and procedures.

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

The TDHE will provide repairs that present an imminent threat to health, safety or the habitation of the dwelling. These repairs are capped at \$4,000 in total costs per year per household.

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

The TDHE provided eligible homeowners at the 80% to 100% median income with qualifying urgent home repairs that pose a health and safety risk to the occupants or the loss of the dwelling that could displace households.

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 6	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 1	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))):*

N/A

1.1. Program Name and Unique Identifier: 2024-D:Sand and Snow Plow

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

The TDHE will provide Snow Removal and Sanding to Elders (age 55+) and disabled qualifying households/individuals.

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.):*

(9) Provide accessibility for disabled/elderly persons

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.):*

(9) Provide accessibility for disabled/elderly persons

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.):*

The TDHE will provide sand and snow plow services to qualifying low-income households (defined as those who have incomes that are less than or equal to 80% of the area median income). Kenaitze and Salamatof Elders (defined as 55+) and disabled Tribal members will receive priority preference then other AN/AI who reside in the TDHE service area.

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

Snow plowing and sanding services will be provided to ensure the safety of entrances and exits of a dwelling and walkways. Snow and ice removal will be performed on roofs when hazardous conditions threaten the integrity of the home or its occupants. We estimate 65 planned households will be served this year.

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

The TDHE provided sand and snow plowing and snow removal services to provide safe accessible entrance and egress of housing to prevent displacement and or homelessness for elder and disabled AN/AI who are under the 80% median income who reside in the TDHE service area.

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 65	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: 81	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-E:Homeownership Rehabilitation (Safe Home)

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

The Safe Home program provides moderate rehabilitation, weatherization, ADA accessibility improvements, and energy efficiency improvements based on the TDHE Inspection and needs assessment. After an initial assessment, a determination is made on the necessary improvements to bring the dwelling up to a decent, safe and sanitary standard.

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.):*

(16) Rehabilitation Assistance to Existing Homeowners [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.):*

(3) Improve quality of substandard units

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.):*

(3) Improve quality of substandard units

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.):*

Qualified low-income (defined as those who have incomes that are less than or equal to 80% of the area median income) AN/AI families residing in the TDHE service area with preference to Elders (defined as 55+), Kenaitze Tribal Members and Salamatof Tribal Members.

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

The TDHE will provide assistance to an estimated 15 dwellings in 2024. The type of assistance provided can include, but is not limited to the following: materials and labor to make structural, electrical and plumbing repairs, and to install energy efficient windows and doors and insulation. The level of assistance depends on the amount of work required, but shall not exceed \$40,000 per house or \$5,000 per mobile home unless TDHE received prior approval as outlined in the TDHE policies and procedures.

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

The TDHE selected 15 units from the waiting list. Once selected, eligibility determination efforts began. Of the 15, 10 units were assessed, 6 Tier 2 Environmental Records were completed, and 4 units were in progress at the end of FY '24. Efforts for the 15 selected units are ongoing with several completions anticipated in FY '25. The TDHE reconveyed 2 units and continues to monitor existing useful life requirements for the prior program participants.

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 15	Planned Number of Households To Be Served in Year Under this Program: 0	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))):*

The TDHE worked towards updating their program policy in FY '24 and planning for the projects. Additionally, the TDHE continues to see an increase in high-priority requests under the Urgent Home Repair (UHR) program. To address this issue, the TDHE staff responsible for coordination and project management for home repair programs underwent training on the new housing software ticketing system. The software continues to be used allowing for increased efficiency and prompt responses to the UHR emergencies and planning for the Safe Home Projects.

1.1. Program Name and Unique Identifier: 2024-F1:Fire Safety Program

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

The TDHE will perform a limited annual inspection and replacement as needed for smoke detectors, carbon monoxide detectors, and fire extinguishers for Elders (age 55+) and disabled qualifying households/individuals.

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

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

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

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

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

The TDHE will provide annual safety inspections for Elders (age 55+) and disabled qualifying households. Inspection will test (and/or replace, if necessary, device or batteries) smoke alarms, carbon monoxide detectors, and fire extinguishers.

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

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

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

The TDHE provided annual safety inspections for Elders (age 55+) and disabled qualifying households. Inspection will test (and/or replace, if necessary, device or batteries) smoke alarms, carbon monoxide detectors, and fire extinguishers.

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.):*

Qualified low-income Elderly (age 55+) or disabled AN/AI households (defined as those who have incomes that are less than or equal to 80% of the area median income) residing in the TDHE service area with preference to be given as outlined in the TDHE policies and procedures.

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

The TDHE will perform an annual inspection of the household/individuals household to determine if there are working adequate smoke detectors, carbon monoxide detectors and fire extinguishers. This inspection will test that the batteries in the devices are in working order to ensure safety of inhabitants, and will also allow for replacement (of device or batteries) by housing staff to keep devices in working order. If additional needs in the home are found housing staff will refer the household to a suitable program depending on the type of repairs. We anticipate inspection of 50 households and have instituted a cap of \$500 per household.

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

The TDHE provided the Fire Safety Program to 76 elder and disabled households at the 80% and below median income with a safety inspection and replacement of smoke and carbon monoxide detectors and residential fire extinguishers to prevent homelessness by fire for households that reside in the TDHE service area.

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 0	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: 76	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-F2:Fire Safety Program

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

The TDHE will perform a limited annual inspection and replacement as needed for smoke detectors, carbon monoxide detectors, and fire extinguishers for Elders (age 55+) and disabled qualifying households/individuals.

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

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

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

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

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

The TDHE will provide annual safety inspections for Elders (age 55+) and disabled qualifying households. Inspection will test (and/or replace if necessary, device or batteries) smoke detectors, carbon monoxide detectors, and fire extinguishers.

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

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

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

The TDHE will provide annual safety inspections for Elders (age 55+) and disabled qualifying households. Inspection will test (and/or replace if necessary, device or batteries) smoke detectors, carbon monoxide detectors, and fire extinguishers.

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.):*

Qualified non-low-income AN/AI Elderly (age 55+) or disabled families (defined as those who have incomes between 81% and 100% of the area median income) residing in the TDHE service area with preference to be given as outlined in the TDHE policies and procedures.

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

The TDHE will perform an annual inspection of the household/individuals home to determine if there are working adequate smoke detectors, carbon monoxide detectors, and fire extinguishers. This inspection will test that the batteries in the devices are in working order to ensure safety of inhabitants, and will also allow for replacement (of device or batteries) by housing staff to keep devices in working order. If additional needs in the home are found housing staff will refer the household to a suitable program depending on the type of repairs. We anticipate inspection of 15 households and have instituted a cap of \$400 per home.

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.):*

No households applied that where at the 80% to 100% median income.

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 15	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))):*

No households applied that where at the 80% to 100% median income.

1.1. Program Name and Unique Identifier: 2024-G:Homeless Supportive Service

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

The TDHE will provide assistance to qualified recipients who are housing insecure.

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):*

The TDHE will provide annual safety inspections for Elders (age 55+) and Disabled qualifying households. Inspection will test (and/or replace if necessary, device or batteries) Smoke Alarms, Carbon Monoxide Detectors, and Fire Extinguishers.

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

(5) Address homelessness

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.):*

Qualified low-income AN/AI households (defined as those who have incomes that are less than or equal to 80% of the area median income) residing in the TDHE service area with preference to be given as outlined in the TDHEs policies and procedures.

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

The TDHE will provide assistance to qualified recipients who are housing insecure. This benefit will take the form of camping supplies (tent, sleeping bag, heating materials, outdoor clothing, etc.), fee space or space rent in campgrounds, shower or laundry assistance, emergency lodging, transportation assistance, costs associated with obtaining housing (application fees, etc.), and other expenses as determined by housing staff.

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

The TDHE provided 79 households at the 80% median income and below with emergency Lodging and essential needs to overcome barriers to homelessness that reside in the TDHE service area.

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 15	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: 79	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-H:Housing Development Planning

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

The TDHE Board and Housing employees will work with the Tribal Councils of the TDHE member Tribes to develop Elders Housing.

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.):*

(9) Other Rental Housing Development [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.):*

(9) Provide accessibility for disabled/elderly persons

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.):*

(9) Provide accessibility for disabled/elderly persons

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.):*

Qualified low-income Elderly (age 55+) or disabled AN/AI households (defined as those who have incomes that are less than or equal to 80% of the area median income) and non-low-income (defined as 81% - 100% of area median income) residing in the TDHE service area with preference to be given as outlined in the TDHE policies and procedures.

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

When completed the TDHE Elder Housing project will consist of 18 units (14 units low-income and 4 units non-low-income) that will increase the number of safe, affordable, ADA compliant elder housing units available in the service 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.):*

The TDHE in collaboration with Kenaitze Indian Tribe has made progress in the planning and development of the Senior Housing Project. Staff is working on Architectural Proposal, Civil Design, Enviromental Assessment.

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 1	Planned Number of Households To Be Served in Year Under this Program: 0	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-I: Tenant Based Rental Voucher Program

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

The TDHE will provide ongoing rental assistance to a qualified household that is renting from a private landlord. The household will not pay more than 30% of the household’s adjusted gross income.

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.):*

(6) Assist affordable housing for low income households

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

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

(6) Assist affordable housing for low income households

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

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

Qualified low-income Elderly (age 55+) or disabled AN/AI households (defined as those who have incomes that are less than or equal to 80% of the area median income) residing in the TDHE service area with preference to be given as outlined in the TDHE policies and procedures.

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

Qualified households will receive a tenant based voucher for a twelve month period and may be subject to renew their voucher as outlined in the TDHE policies and procedures. The tenant will pay 30% of their adjusted gross income to a private third-party landlord and the TDHE will pay for the remaining balance due. Tenants, assisted units, and landlords will be screened for eligibility for program participation according to the TDHE policies and procedures.

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

The TDHE provided tenant based rental assistance to 2 households at the 80% and below median income. Household's reside within the TDHE service area.

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: 10	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: 2	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 efforts were delayed due to having to get policy and procedures approved for this program.

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	\$1,914,582.05	\$1,662,901.00	\$3,577,483.05	\$1,662,901.00	\$1,914,582.05	
2. IHBG Program Income	\$7,025.27	\$0.00	\$7,025.27	\$0.00	\$7,025.27	
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	\$78,088.87	\$0.00	\$78,088.87	\$78,088.87	\$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	
Total	\$1,999,696.19	\$1,662,901.00	\$3,662,597.19	\$1,740,989.87	\$1,921,607.32	
TOTAL Columns C and H (2 through 10)			\$85,114.14			
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	\$2,914,729.37	\$0.00	\$2,914,729.37	\$1,735,742.00	\$1,178,987.37	
2. IHBG Program Income	\$23,244.00	\$108,351.00	\$131,595.00	\$0.00	\$131,595.00	
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	
Total	\$2,937,973.37	\$108,351.00	\$3,046,324.37	\$1,735,742.00	\$1,310,582.37	
TOTAL Columns C and H (2 through 10)			\$131,595.00			

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)
2024-A1: Homeless Prevention & Placement Program	\$125,000.00	\$0.00	\$125,000.00	\$505,124.00	\$0.00	\$505,124.00
2024-A2: Homeless Prevention & Placement Program	\$20,000.00	\$0.00	\$20,000.00	\$27,841.00	\$0.00	\$27,841.00
2024-B: Student Housing	\$180,000.00	\$0.00	\$180,000.00	\$160,791.00	\$0.00	\$160,791.00
2024-C1: Urgent Housing Repair	\$125,000.00	\$0.00	\$125,000.00	\$314,623.00	\$0.00	\$314,623.00
2024-C2: Urgent Housing Repair	\$24,000.00	\$0.00	\$24,000.00	\$22,178.00	\$0.00	\$22,178.00
2024-D: Sand and Snow Plow	\$78,000.00	\$0.00	\$78,000.00	\$275,940.00	\$0.00	\$275,940.00
2024-E: Homeownership Rehabilitation (Safe Home)	\$611,320.80	\$76,090.50	\$687,411.30	\$85,629.00	\$0.00	\$85,629.00
2024-F1: Fire Safety Program	\$25,000.00	\$0.00	\$25,000.00	\$63,255.00	\$0.00	\$63,255.00
2024-F2: Fire Safety Program	\$6,000.00	\$0.00	\$6,000.00	\$0.00	\$0.00	\$0.00
2024-G: Homeless Supportive Service	\$15,000.00	\$0.00	\$15,000.00	\$184,492.00	\$0.00	\$184,492.00
2024-H: Housing Development Planning	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$0.00
2024-I: Tenant Based Rental Voucher Program	\$120,000.00	\$0.00	\$120,000.00	\$3,828.00	\$0.00	\$3,828.00
Loan repayment - describe in 3 & 4 below	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Planning and Administration	\$332,580.20	\$1,998.37	\$334,578.57	\$92,041.00	\$0.00	\$92,041.00
TOTAL	\$1,662,901.00	\$78,088.87	\$1,740,989.87	\$1,735,742.00	\$0.00	\$1,735,742.00

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): **Other federal funds are from the remaining months of the OLHCHH (Healthy Homes) grant #AKHHP0027-19**

(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.): **Kenaitze has a ROSS241993 grant but no funds were expended**

OLHCHH (Healthy Homes) grant #AKHHP0027-19 grant ended 1/2/24, no grant funds were expended but funds were drawn out of eLOCCS to complete liquidation and close out.

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.):

Due to extreme weather conditions in the State of Alaska (AK), the TDHE has determined that it will use an alternate means of determining useful life for projects programs under NAHASDA. The full guidelines are contained in the TDHEs Policy Procedure (PP) guide. General guidelines state that work completed under the Urgent Home Repair (Unique Identifier 2024-C1 2024-C2) will have a useful life of up to one (1) month, Assistance under the Homeownership (Safehome) Rehabilitation program will range from six (6) months to two (2) years based on the assistance provided and the TDHE PP.

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.):

The TDHE plans to provide less than or no more than 10% of program funds to AN/AI non-low-income eligible households who fall within 81% to 100% of median income guidelines. Please see program description section of this IHP.

(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.**Yes; preference to be given as outlined below in the order of priority: ·Kenaitze/Salamatof Tribal Members·Alaska Natives·American Indians enrolled with a federally recognized tribeAt the housing board's discretion, a priority ranking system may also be established and a waiting list waiver process may be permissible as outlined in the TDHE policies and procedures.**

(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? **No**

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:

Expanded Formula Area:

Geographic area that has been added to the Tribe's formula area and the documented number of Tribal members residing there :

All AIAN Households - IHBG Funds : **\$0.00**

AIAN Households with Incomes 80% or Less of Median Income - IHBG Funds : **\$0.00**

All AIAN Households - Funds from Other Sources :**\$0.00**

AIAN Households with Incomes 80% or Less of Median Income - Funds from Other Sources : **\$0.00**

(7) APR: : If answered "Yes" in Field 6, for each separate formula area, list the amount of IHBG and other funds expended for all AIAN households and for only AIAN households with incomes 80% of median income or lower during the recipient's 12#month program year.

All AIAN Households - IHBG Funds : **\$0.00**

AIAN Households with Incomes 80% or Less of Median Income - IHBG Funds : **\$0.00**

All AIAN Households - Funds from Other Sources :**\$0.00**

AIAN Households with Incomes 80% or Less of Median Income - Funds from Other Sources : **\$0.00**

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: **Yes**

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: **Shayna Lazaros**
- (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: **Kenaitze Indian Tribe**
- (5) Authorized Official's Name and Title: **Kaarlo Wik, TDHE Board Chair**
- (6) Authorized Official's Signature: **Signed by Signed by Kaarlo Wik on 2023-06-19 on 2023-06-19**
- (7) Date (MM/DD/YYYY): **2023-06-19**

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 10: Self-Monitoring

NAHASDA § 403(b), 24 CFR §§ 1000.26, 85.37, 85.40

- (1) Do you have a procedure and/or policy for self-monitoring? **Yes**
- (2) Pursuant to 24 CFR § 1000.502(b) where the recipient is a TDHE, did the TDHE provide periodic progress reports including the self-monitoring report, Annual Performance Report, and audit reports to the Tribe? **Yes**
- (3) Did you conduct self-monitoring, including monitoring sub-recipients? **Yes**
- (4) Self-Monitoring Results. *(Describe the results of the monitoring activities, including corrective actions planned or taken.):*
In FY '24, the ONAP team visited the TDHE to conduct an on-site HUD monitoring review to include the IHBG funds. Following the on-site review, the draft report was provided identifying one finding and one concern. Staff are working to respond to the draft report and develop a corrective action plan to address the areas of concern.

Section 11: Inspections

NAHASDA § 403(b)

(1) **Inspection of Units** Self-Monitoring Results. (Use the table below to record the results of recurring inspections of assisted housing.)

Activity (A)	Total Number of Units (B)	Units in Standard Condition (C)	Units Needing Rehabilitation (D)	Units Needing to be Replaced (E)	Total Number of Units Inspected (F=C+D+E)
1937 Housing Act Units:					
a. Rental	0	0	0	0	0
b. Homeownership	0	0	0	0	0
c. Other	0	0	0	0	0
1937 Act Subtotal:	0	0	0	0	0
NAHASDA Associated Units:					
a. Rental	0	0	0	0	0
b. Homeownership	0	0	0	0	0
c. Rental Assistance	0	0	0	0	0
d. Other	10	0	10	0	10
NAHASDA Act Subtotal:	10	0	10	0	10
Total:	10	0	10	0	10

(2) Did you comply with your inspection policy: **Yes**

(3) If no, why not:

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**

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.

Audit Due Date : **06/30/2025**

Section 13: Public Availability

NAHASDA § 408, 24 CFR § 1000.518

(1) Did you make this APR available to the citizens in your jurisdiction before it was submitted to HUD (*24 CFR § 1000.518*): **Yes**

(2) If you are a TDHE, did you submit this APR to the Tribe(s) (*24 CFR § 1000.512*): **Yes**

(3) If you answered “No” to question #1 and/or #2, provide an explanation as to why not and indicate when you will do so.

(4) Summarize any comments received from the Tribe(s) and/or the citizens (*NAHASDA § 404(d)*).

Section 14: Jobs Supported by NAHASDA

NAHASDA § 404(b)

Use the table below to record the number of jobs supported with IHBG funds each year.

Indian Housing Block Grant Assistance (IHBG)	
(1) Indian Housing Block Grant Assistance (IHBG)	10
(2) Number of Temporary Jobs Supported	3

(3) Narrative (optional):

this grant funding supports 10 full time and 3 part time temporary seasonal position not including the vacant posted unfilled position.

Section 15: IHP Waiver Requests

NAHASDA § 101(b)(2)

THIS SECTION IS ONLY REQUIRED IF THE RECIPIENT IS REQUESTING A WAIVER OF AN IHP SECTION OR A WAIVER OF THE IHP SUBMISSION DUE DATE.

A waiver is valid for a period not to exceed 90 days Fill out the form below if you are requesting a waiver of one or more sections of the IHP. **NOTE** :This is NOT a waiver of the IHBG program requirements but rather a request to waive some of the IHP submission items.

- (1) List below the sections of the IHP where you are requesting a waiver and/or a waiver of the IHP due date. (*List the requested waiver sections by name and section number*) :
- (2) Describe the reasons that you are requesting this waiver (*Describe completely why you are unable to complete a particular section of the IHP or could not submit the IHP by the required due date.*) :
- (3) Describe the actions you will take in order to ensure that you are able to submit a complete IHP in the future and/or submit the IHP by the required due date. (*This section should completely describe the procedural, staffing or technical corrections that you will make in order to submit a complete IHP in the future and/or submit the IHP by the required due date.*):
- (4) Recipient: **Kenaitze Salamatof TDHE**
- (5) Authorized Official's Name and Title:
- (6) Authorized Official's Signature:
- (7) Date (*MM/DD/YYYY*):