

Section 1: Cover Page

- (1) Grant Number: 55IT3712260
- (2) Recipient Program Year: 07/01/2024 - 06/30/2025
- (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:** Haliwa-Saponi Indian Tribe
- (10) **Contact Person:** Lynch, Gary
- (11) **Telephone Number with Area Code** (999) 999-9999: 252-586-4017
- (12) **Mailing Address:** PO Box 99
- (13) **City:** Hollister
- (14) **State:** NC
- (15) **Zip Code** (99999 or 99999-9999): 27844
- (16) **Fax Number with Area Code** (999) 999-9999: 252-586-1047
- (17) **Email Address** glynch@haliwa-saponi.org
- (18) **If TDHE, List Tribes Below:**
- (19) **Tax Identification Number:** 237377602
- (20) **UEI Number:** UM4BKHUM6VA1
- (21) **CCR/SAM Expiration Date** (MM/DD/YYYY): 04/30/2024
- (22) **IHBG Fiscal Year Formula Amount:** \$1,052,151
- (23) **Name of Authorized IHP Submitter:** Gary Lynch
- (24) **Title of Authorized IHP Submitter:** Housing Director
- (25) **Signature of Authorized IHP Submitter:**
- (26) **IHP Submission Date** (MM/DD/YYYY):
- (27) **Name of Authorized APR Submitter:**
- (28) **Title of Authorized APR Submitter:**
- (29) **Signature of Authorized APR Submitter:**
- (30) **APR Submission Date** (MM/DD/YYYY):

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

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

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 | |
| (2) Renters Who Wish to Become Owners | X | X |
| (3) Substandard Units Needing Rehabilitation | X | |
| (4) Homeless Households | X | |
| (5) Households Needing Affordable Rental Units | X | X |
| (6) College Student Housing | | |
| (7) Disabled Households Needing Accessibility | X | X |
| (8) Units Needing Energy Efficiency Upgrades | X | 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.”):

(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)):

Rehabilitations for low-income owner-occupied homes: Provides up to \$40,000 for stick- built, and double-wide manufactured homes, and \$10,000 for single-wide manufactured homes, to repair and upgrade with respect to substandard conditions, such as, safety, weatherization, accessibility, heating and air conditioning, foundation failure, septic failure, and roofs. Due to Covid 19 and personnel issues there had been only 5 units supported by the rehabilitation for low- income owner-occupied homeowner at this time. Any emergency repairs will be done under the Emergency Repair program. This program addresses housing needs #3 and #8 on page 5. We have 30 rental units for low-income families: The Tribe has 15 duplex apartment buildings (30 units) that are in the 1937 Act housing program. These units have 100% occupancy except for the time required to clean and do any necessary repairs to the apartment when one renter moves out and the new tenant moves in. There is always a qualified waiting list of applicants. Emergency replacement home program: This program provided an average of 1.5 units per year for the last 5 years to families that were low-income, and the condition of the house was beyond repair, whether it was a stick - built, or a manufactured home. This program is considered when it costs more than 25% of the value of the home to rehabilitate.

(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 Tribes service area is the North Carolina State Designated Tribal Statistical Area (SDTSA) as shown by the 2010-2020 Census Map of the Haliwa-Saponi Indian Tribe. This consists of an area that is approximately 15 miles x at miles (225 square miles) with the Tribal offices located near the center of this area. Approximately 67% of the Tribal membership (4000 total members) live in this local area and 62% of those living in the local area are at or below the 80% of the National Median Income level, therefore, being eligible for the NAHASDA program. any work outside the SDTSA is to be approved by the Tribal Council prior to the application being approved.

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 non-IHBG 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: 2024-1:Emergency Repair

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

An unforeseen combination of circumstance and the resulting state of a home that calls for immediate action. The home -owner needs change, such as, needing accessibility due to an operation or accident, and for the elderly, lack of funds to do maintenance causing a need for a new roof, a heating and air conditioning unit breaks, or is outdated and needing replacement, a water heater leaking causing the flooring to buckle, improvement of utilities and utility services. This program will meet all these needs for the low-income homeowner of the Tribal community.

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.):

(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.):

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.):

Any low-income tribal member that owns and occupies their own home.

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

Emergency repair will repair leaking roofs, accessibility for elderly and handicap, provide new furnaces or heating units if the old unit breaks down and can't be fixed. Other modifications can be made as needed if it is deemed an emergency. Emergency health, utilities and utility services, safety, energy efficiency and accessibility will be addressed up to \$15,000 in any home needing emergency repairs.

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: 18 | 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: 2024-2:Rehabilitation

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

Low- income tribal members, who own and occupy their home, may apply for rehabilitation of their home.

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.):*

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.):*

Any low- income tribal member that owns and occupies their own home.

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

A home with more extensive repairs: health issues- needing a vapor barrier to deter mold from growing, lead-based paint hazards elimination or reduction, old chimney, safety- uneven floors, weak foundation system, rotten siding, and a leaky roof, and energy efficiency- windows, doors, insulation, energy related improvements, heating and cooling system, and water heater replacement, and accessibility- handicap bars, and shower to replace tub, and handicap ramp will be addressed up to \$40,000 on any home. (Current Tribal Policy limits rehabilitation for any one home to \$40,000).

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: 12 | 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: 2024-3:Boys & Girls Club

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

Boys and Girls Clubs offer a wide variety of educational, recreational, cultural and social activities for Tribal youth.

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.):*

(11) Reduction in crime reports

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.):*

Supports Tribal youth, ages 6 to 18, by creating a positive, safe, supportive network.

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

A safe place to learn and grow...Ongoing relationships with caring, adult professionals...Life-enhancing programs and character development experiences...Hope and opportunity.

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: 55 | Planned Number of Acres To Be Purchased in Year Under this Program: |
| APR: Actual Number of Units Completed in Program Year: | APR: Actual Number of Households Served in Program Year: | APR: Actual Number of Acres Purchased in Program Year: |

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

1.1. Program Name and Unique Identifier: 2024-4:Housing Management Services

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

This program deals with the maintenance, supplies, phones, utilities, insurance costs, travel and training associated with the tribal buildings and staff associated with housing of 15 duplex units.

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

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

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):*

Training provided for housing staff and appropriate office space and equipment provided. All equipment and facilities maintained through the preventative and work-order system. We plan to upgrade all windows, doors, door locks, storm doors, and schedule septic tank cleaning for all units as well as the administrative building and upgrade the playground onsite. Due to the age of the units, the windows, doors, door locks, septic tanks need pumping, and some pumps are failing. The plan is to get all work completed in a 2- year span.

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.):*

Tribal housing staff is responsible for all 1937 Act housing and services. There are 15 duplex units, 1 Administrative Building, and a playground.

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

On-line, and in-person training (when available) for each staff member with respect to housing, housing outreach services, contracting services, and financial processes. Upgrade apartment housing units pertaining to energy efficiency, sanitation, and mental and physical health.

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: 8 | 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: 2024-5:Other Services

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

To cover some or all of the salaries, benefits, and indirect costs of the Housing Coordinator, Housing Outreach, Housing Administrative Assistant, Office Manager, Procurement/Human Resources Officer, Maintenance Technicians, Tribal Properties Supervisor, and grant writer for affordable housing applications The Self-Monitoring Committee will give recommendations to comply with HUD and Tribal policies.

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):

To assist home buyers with the purchase of new homes, using down payment assistance to qualified tribal members \$5000 to \$10000. Provide credit counseling, and client education for home ownership.

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.):

All eligible 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 level of assistance will include, providing an adequate labor force for services to perform maintenance, occupancy inspections and other services.

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

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: 30 | 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: 0 | 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))):

1.1. Program Name and Unique Identifier: 2024-6:Planning and Administration

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

To pay salaries and benefits for the Tribal Administrator, Housing Director, and Financial Officer for the day-to-day tasks of the Tribal Offices to carry out planning, administrative, regulatory, payroll, and financial responsibilities.

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.):*

(22) Model Activities [202(6)]

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):*

To carry out plans for community projects and the overall running of all the programs for the Tribal community housing rehabilitations, emergency repair programs, Indian Housing Plan, Annual Performance Report, data collection, and 1937 Housing Act properties.

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.):*

Community

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

All programs.

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

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

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.)

There are 30 apartments that are managed by the Facilities Manager and a maintenance team. The facilities manager is responsible for day-to-day maintenance. If there is an issue, the resident calls the Housing coordinator, and a work order is issued to the facilities manager who sees that the work is completed and returns the work order with the appropriate comments. The number of work orders completed, and the number outstanding are reported in the Housing Directors monthly report. The outstanding work orders are normally in the 0 to 3 range. At least once a year a completed inspection of each apartment is done, and the findings are reported using a prepared check sheet. These check sheets are reviewed, and appropriate work orders are written to repair any deficiencies. Annually, all residents re-certify to ensure that there are no changes in household status, and income, and still qualify for rental assistance.

(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:

There are no plans to demolish an of the 1937 Act housing units.

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 | \$234,019.61 | \$1,180,220.00 | \$1,414,239.61 | \$1,330,487.00 | \$83,752.61 |
| 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 |
| Total | \$234,019.61 | \$1,180,220.00 | \$1,414,239.61 | \$1,330,487.00 | \$83,752.61 |
| TOTAL Columns C and H(2 through 10) | | | \$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 | |
| Total | | | \$0.00 | | \$0.00 | |
| TOTAL Columns C and H(2 through 10) | | | \$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) |
| 2024-1: Emergency Repair | \$172,500.00 | \$0.00 | \$172,500.00 | \$0.00 | \$0.00 | \$0.00 |
| 2024-2: Rehabilitation | \$450,000.00 | \$0.00 | \$450,000.00 | \$0.00 | \$0.00 | \$0.00 |
| 2024-3: Boys & Girls Club | \$79,320.00 | \$0.00 | \$79,320.00 | \$0.00 | \$0.00 | \$0.00 |
| 2024-4: Housing Management Services | \$279,397.00 | \$0.00 | \$279,397.00 | \$0.00 | \$0.00 | \$0.00 |
| 2024-5: Other Services | \$214,720.00 | \$0.00 | \$214,720.00 | \$0.00 | \$0.00 | \$0.00 |
| 2024-6: Planning and Administration | \$134,550.00 | \$0.00 | \$134,550.00 | \$0.00 | \$0.00 | \$0.00 |
| Loan repayment - describe in 3 & 4 below | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Planning and Administration | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | \$1,330,487.00 | \$0.00 | \$1,330,487.00 | \$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

(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.):

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.):

IHBG Funds invested for an Affordable period. Emergency Repairs, Rehabilitations, and Replacements that are under \$5000 the affordable period is 6 months, \$5001-\$15,000 is 5 years, \$15,001-\$40,000 is 10 years, and over \$40,000 is 15 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. **Haliwa-Saponi preference is exercised in the services provided including but not limited to hiring, contracting and purchasing. Next priority will be given to members of other Tribes service areas. The preference is stated in several policies: 1) Rehabilitation, 2_ Procurement and, 3) Rental Housing Programs. An applicant must be a Tribal member to receive Rehabilitation or Rental Housing Services. the Procurement Policy specifies solicitation procedures be in compliance with 24CFR 8.36 and Indian preference requirements and methods of procurement with 24CFR 1000.rw.**

(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: **Yes**

(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:
- (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: