

# Section 1: Cover Page

- (1) Grant Number: 55IT0636220
- (2) Recipient Program Year: 1/1/2024 - 12/31/2024
- (3) Federal Fiscal Year: 2024
- (4)  Initial Plan (Complete this Section then proceed to Section 2)
- (5)  Amended Plan (Complete this Section and Section 8 if applicable)
- (6)  Annual Performance Report (Complete items 27-30 and proceed to Section 3)
- (7)  Tribe
- (8)  TDHE
- (9) **Name of Recipient:** Stewarts Point Rancheria - Kashia Band of Pomo
- (10) **Contact Person:** Franklin, Dino
- (11) **Telephone Number with Area Code** (999) 999-9999: 707-591-0580
- (12) **Mailing Address:** 420 Guerneville Road, Suite 1
- (13) **City:** Santa Rosa
- (14) **State:** CA
- (15) **Zip Code** (99999 or 99999-9999): 95401
- (16) **Fax Number with Area Code** (999) 999-9999: 707-591-0583
- (17) **Email Address** dino@stewartspoint.org
- (18) **If TDHE, List Tribes Below:**
- (19) **Tax Identification Number:** 942193845
- (20) **UEI Number:** GFCMA234QPH3
- (21) **CCR/SAM Expiration Date** (MM/DD/YYYY): 11/29/2024
- (22) **IHBG Fiscal Year Formula Amount:** \$849,877
- (23) **Name of Authorized IHP Submitter:** Reno Franklin
- (24) **Title of Authorized IHP Submitter:** Tribal Chairman
- (25) **Signature of Authorized IHP Submitter:** Reno Franklin
- (26) **IHP Submission Date** (MM/DD/YYYY): 02/13/2024
- (27) **Name of Authorized APR Submitter:**
- (28) **Title of Authorized APR Submitter:**
- (29) **Signature of Authorized APR Submitter:**
- (30) **APR Submission Date** (MM/DD/YYYY):

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

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

## ONE YEAR PLAN ANNUAL PERFORMANCE REPORT

# Section 2: Housing Needs

NAHASDA § 102(b)(2)(B)

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

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

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

The Tribe also needs a community center and low income rentals in the Santa Rosa area, the area of the greatest concentration of Tribal Members, in which youth activities, counseling, classes and other activities can take place.

**(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)*):

Kashia Band of Pomo Indians of the Stewarts Point Rancheria intends to address homelessness and overcrowding in the 15 managed units onsite and through the completion of the Home Key units. The Tribe also intends to provide affordable housing for KBPI Tribal members through the development of the Windsor CDBG property. The Tribe is currently seeking alternative funding sources for the Windsor property such as LIHTC, NHT, AHSC, and so on. The Tribe also provides Tribal specific tenant-based rental assistance programs such as Emergency Deposit assistance, Elder TBRA, and Disability TBRA.

All onsite and TBRA program participants are required to participate in the DPA Pathways course with the goal of transitioning them to homeownership. Substandard units and units needing disability accessibility/modifications, or energy upgrades are addressed in the Tribal specific rehabilitation programs for both on and off-reservation.

Awareness and utilization of all the housing department programs will be promoted regularly via direct mail, digitally through social media/Tribes' website and through regular participation in community events.

The Tribe will continue to provide garbage services to the rancheria to promote the preservation of onsite housing. So that the useful life of the homes will be preserved and to prevent unsanitary conditions from developing.

The Tribe will also provide structural insurance for the onsite units at the rancheria. The Tribe intends to submit for MHP, NHT, FHL, and LIHTC funding to meet the funding gaps in the affordable housing low rent developments. The Tribe upholds and maintains the Tribal Ethics Conduct Ordinance 11.

**(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 Kashia Band of Pomo Indians of the Stewarts Point Rancheria has 1,124 members. 85 of those members live on the Rancheria. The Tribe has chosen to serve Sonoma, Lake, Mendocino, and Napa Counties. The extremely high housing costs make it very hard for the members to maintain continual self sufficiency and housing security.

# Section 3: Program Descriptions

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

## Planning and Reporting Program Year Activities

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

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

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

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

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

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

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

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

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

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

**Outcome May Include**

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

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

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

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

## APR: REPORTING ON PROGRAM YEAR PROGRESS

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

### 1.1. Program Name and Unique Identifier: 2024-01:Rental Assistance Program

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

The Tribe provides a tenant-based rental assistance program that assists eligible low-income Tribal members in paying rent in the private market.

The program requires that the out-of-pocket expense does not exceed 30% of the tenant's monthly adjusted income. The Housing Department:

1. Accepts applications.
2. Verifies Tribal enrollment.
3. Verifies income sources.
4. Verifies all other eligibility criteria, such as location of rentals per Tribal policy.

The department will obtain or ensure that:

1. A lease approval from the landlord.
2. W9 completed form. (From landlord). To the greatest extent possible, the Resident Services staff will ensure the tenant does not breach contract with KHA/the Tribe or the landlord.

Services include credit counseling, rental assistance payments to landlords on a participation basis, per the terms of our Rental Assistance Policy, qualifying applicants are awarded 12 months of assistance at which time they are required to submit re-certification documentation.

### 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.):*

Our program serves low-income Kashia families in which the head-of-household is an elder and/or disabled, and who resides in the Tribal service area (excluding the Rancheria).

### 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 Tribe will assist the eligible family with a portion of their monthly rent. No participant will pay more than 30% of their monthly adjusted income for rent. Assistance is limited to 12 months, at which time elderly and disabled households can re-apply for continuation of assistance. At no cost to the participant. Staff time working with the clients is also billed to this program.

### 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 Tribe assisted eligible Tribal Members with a portion of their monthly rent, assistance did not to exceed 30% AMI for members

### 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: 0 |
| APR: Actual Number of Units Completed in Program Year: 0            | APR: Actual Number of Households Served in Program Year: 6               | APR: Actual Number of Acres Purchased in Program Year: 0              |

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

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**1.1. Program Name and Unique Identifier: 2024-02:Management of Housing Stock**

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

Fiscal management of the rancheria rental units LMI housing programs through monthly board meetings, training, collection billings, legal services, staffing, and reporting annual audits.

Includes provision of a stipend to board members in attendance at Board and Committee meetings.

The department will adhere to and implement adopted policies and procedures, including but not limited to the management of waitlists, selections, collection, and unit assessments as defined in the NAHASDAS statute. All the while adhering to the Kashia Band of Pomo Indians of Stewarts Point Rancheria Standards of Conduct ordinance.

These activities will be completed by the Housing Department and Tribal Fiscal Department.

The Housing Department will:

Performing routine and periodic maintenance as scheduled.

Performing emergency and non-routine maintenance as needed.

Department staff will empower onsite and offsite Tribal program participants on program compliance and community referrals.

Activities supported by funds are utility costs, inventory control programs, purchasing supplies/materials, equipment purchasing/leasing, and maintenance.

The Tribe will pay for structure coverage for the homes on the rancheria within this activity.

All LMI IHBG programs are advertised via the Tribal newsletter and Tribal website.

**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.):*

(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]

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

(6) Assist affordable housing for low income households

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

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

(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.):*

Low-income Kashia families (below 80% median income) residing on the Rancheria NAHASDA units.

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

LMI Tribal Families living onsite. Provided at no cost to participants, no rents are charged

**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 Tribe continued to build capacity to be able to operate and expand the housing department. The housing department provided maintenance on 12 units on the Rancheria

**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: 12              | 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: 2024-03:Homeless Housing Services**

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

This activity consists of serving the Tribe’s LI members that are chronically homeless or at risk of homelessness per CFR 24 578.3. This activity will cover the operation of the property which will include property taxes, utilities, and staffing. The operation of this property and supportive services will help the LI Tribal members move toward self-sufficiency and securing stable 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.):*

(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):*

To assist unemployed households to gain employment and become self-sufficient.

**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.):*

Kashia LMI households under 80% of median income that are homeless or at risk of becoming homeless will be assisted.

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

This activity will provide self-sufficiency supportive services for members that meet the Tribe’s definition of chronically homeless or at risk of homelessness. The services provided will include referrals for health care, Cal Fresh, job training, client chosen rehabilitation programs to include both inpatient and outpatient services, disability advocacy. The intent of this activity is to empower the LI Tribal members to move out ready within two years. This activity will be led by the Tribe’s Constitution, KHA Ordinance, and NAHASDA housing policies. Provided at no cost to participants.

**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.):*

Housing Tribal staff has assisted its LI/homeless Tribal Members with supportive services , also the development and maintenance of facilities.

**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: 20 | 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: 43              | 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: 2024-04:Low Income Housing Tax Credit Planning**

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

The Kashia Band of Pomo Indians of Stewarts Point Rancheria was awarded a 2016 ICDBG for land purchase in Windsor, CA. The Tribe intends to submit a Low-Income Tax credit application to the State of California in 23/24 to help build the units. This activity is intended to cover the planning, consultant, and staffing expenses to design and engineer the housing development of the pre-development costs, and submittal of the applications. The property/project is intended to serve LMI Tribal members within the services are. Rent will be charged according to the Tribe's Constitution, KHA Housing Ordinance, NAHASDA statute.

**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.):*

(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.):*

LMI Kashia Band of Pomo Indians of the Stewarts Point Rancheria Tribal families.

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

The intent of this activity is to complete all of the required pre-development activities so that construction could begin in the next program year if awarded.

**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.):*

LIHTC application was submitted on 3/24, but was not approved the Tribe plans to apply in FY25

**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: 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: 2024-05:Home Rehabilitation Program**

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

The Rehabilitation program adopted KHA Tribal specific policies and procedures that outline eligibility criteria as defined under NAHASDA and the Code of Federal Regulations for Tribal member specific units such as Tribally owned, privately owned, and conveyed homeowner units.

Rehabilitation services are provided to income-eligible Tribal applicants provided they have met all application terms and have been approved for services per the KHA Housing Department.

The Department will:

1. Accept applications on behalf from KBPI Tribal members.
2. Process income verifications.
3. Prioritize applicants according to Tribal specific criteria.
4. Verify Tribal enrollment.
5. Verify ownership or site control.
6. Verify homeownership insurance.
7. Submit a complete application to the Housing Director for approval.

The Department will:

1. Assess the project need and develop a scope of work either in-house or through obtaining professional services.
2. Produce Contract or Bid documents.
3. Verify funding availability before obtaining approval from the Housing Director and Fiscal Officer.
4. Perform procurement via the Tribe's policy.
5. Perform environmental review.
6. Advertise and award contracts.
7. Manage contracts, including inspections, permits, change orders, and payments.
8. Obtain force account labor depending on scope of work/skill level required.
9. Contract close out and documentation in the KHA Rehabilitation files.

Type of Assistance to be provided:

Typical items to be addressed are:

1. Plumbing.
2. Electrical.
3. Roof repair.
4. Roof replacement.
5. Exterior siding repair or replacement.
6. Exterior painting.
7. Dry rot removal and reconstruction.
8. Flooring.
9. Interior renovations such as cabinet repairs, bathroom renovations, handicap/accessibility hardware and fixtures.

The amount provided is a grant that will be forgiven at the end of the useful life period pursuant to the NAHASDA statute.

**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.):*

Rehabilitate homes owned by Tribal Members in the Service Area. Low-income Kashia families (below 80% median income) residing in the Service Area that meet all the program policy requirements.

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

LMI tribal households. Rehabilitation services may be provided as forgivable grants or loan as each application will be reviewed on a case by case basis.

**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 Tribe is assisting an Elder Tribal Member with mold remediation, an ADA-compliant bathroom renovation, and the replacement of a non-functional heating source.

**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: 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))):*

---

**1.1. Program Name and Unique Identifier: 2024-07:Rental Rehabilitation Program 2021 ICDBG**

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

Rehabilitate homes owned by the Tribe on the Rancheria. The Policy establishes the Tribe's standard policy and approach to housing rehabilitation which is to improve housing conditions by removing and repairing defects in substandard housing. A notice of program will be sent out to Tribal Members with an application period. The Housing Department staff will meet potential rehabilitation clients to assess their home repair needs. A scope of work will be generated and procurement of the contractor will take place. After work is completed, Housing will contract the inspections of the work. The work will be done at no cost to the families. No rents are charged for these units. For 21GC ICDBG \$800,000 Housing Rehabilitation (15 units on Rancheria)-IHBG Leverage column (L)\$100,000 and Tribal Nations Grant Fund column (M) \$75,000 Line 10. \$25,000 for in-kind services for Executive Director is under P A budget line item

**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.):*

(5) Rehabilitation of Rental Housing [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.):*

Rehabilitate homes owned by the Tribe in the Service Area. Low-income Kashia families (below 80% median income) residing on the Rancheria that meet all the program policy requirements.

**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 Tribe will provide rehabilitation to the homes owned by the Tribe. The Tribe will provide the rehabilitation on the rentals on as needed basis based off of annual inspection information. Activities may include: replacing roofs, siding, doors, and windows to increase energy efficiency and temperature control; adding attic insulation and replacing HVAC systems with energy-efficient modern units to address increasing temperature extremes; installing or replacing backup generators or batteries to address frequent power outages; installing or replacing water capture and/or storage equipment to address frequent water shortages; replacing major appliances with energy-efficient modern units; repairing floors, walls, and ceilings; and other repairs and upgrades as identified during the project. The Housing Department staff will meet potential rehabilitation clients to assess their home repair needs. A scope of work will be generated and procurement of the contractor will take place. After work is completed, housing will contract the inspections of the work.

**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 Tribe completely renovated two of its vacant units before beginning the full community rehabilitation. This approach was necessary due to the limited availability of affordable rental units for temporary relocation on or near the Rancheria during the project. Additionally, the housing department carried out various rehabilitation projects based on inspection reports and needs.

**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: 16              | 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: 2024-08:Acquisition of Rental Units**

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

The Tribe will use IHBG funds in conjunction with an ICDBG award of \$1,400,000 will be used by Stewarts Point for Acquisition of 10 multifamily housing units in or near Santa Rosa to ensure affordable housing for low-and moderate-income Tribal members.

**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.):*

(3) Acquisition of Rental Housing [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.):*

(7) Create new affordable rental 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.):*

(7) Create new affordable rental 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.):*

Our program serves low-income Kashia families in which the head-of-household is an elder and/or disabled, and who resides in the Tribal service area (excluding the Rancheria).

**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 Tribe will assist the eligible families with affordable low income rentals in the Tribe's service area. No participant will pay more than 30% of their monthly adjusted income for rent. The Tribe will provide maintenance on all units.

**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 Tribe has acquired a multi-unit complex. Since the property is currently occupied, the Tribe must adhere to NAHASDA guidelines and requirements for the relocation process. This process is extensive and requires a significant investment of time and resources. The Tribe is considering purchasing additional units with the remaining funds as an option.

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

|  |   |   |
|--|---|---|
| Planned Number of Units to be Completed in Year Under this Program: 10 | 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: 4               | 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.)

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)<br>Estimated amount on hand at beginning of program year | (B)<br>Estimated amount to be received during 12-month program year | (C)<br>Estimated total sources of funds (A+B) | (D)<br>Estimated funds to be expended during 12-month program year | (E)<br>Estimated unexpended funds remaining at end of program year (C-D) |   |
| 1. IHBG Funds                                 | \$374,653.00   | \$849,877.00  | \$1,224,530.00                                | \$1,049,877.00   | \$174,653.00   |   |
| 2. IHBG Program Income                        | \$0.00   | \$0.00  | \$0.00  | \$0.00   | \$0.00   |   |
| 3. Title VI                                   | \$0.00   | \$0.00  | \$0.00  | \$0.00   | \$0.00   |   |
| 4. Title VI Program Income                    | \$0.00   | \$0.00  | \$0.00  | \$0.00   | \$0.00   |   |
| 5. 1937 Act Operating Reserves                | \$0.00   |   | \$0.00  | \$0.00   | \$0.00   |   |
| 6. Carry Over 1937 Act Funds                  | \$0.00   |   | \$0.00  | \$0.00   | \$0.00   |   |
| 7. ICDBG Funds                                | \$2,200,000.00   | \$0.00  | \$2,200,000.00                                | \$2,200,000.00   | \$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                         | \$75,000.00  | \$0.00  | \$75,000.00                                   | \$75,000.00  | \$0.00   |   |
| <b>Total</b>                                  | \$2,649,653.00   | \$849,877.00  | \$3,499,530.00                                | \$3,324,877.00   | \$174,653.00   |   |
| <b>TOTAL Columns C and H ( 2 through 10 )</b> |  |   | \$2,275,000.00                                |  |  |   |
| SOURCE  | APR  |   |   |  |  |   |
|   | (F)<br>Actual amount on hand at beginning of program year    | (G)<br>Actual amount received during 12-month program year          | (H)<br>Actual total sources of funding (F+G)  | (I)<br>Actual funds to be expended during 12-month program year    | (J)<br>Actual unexpended funds remaining at end of program year (H-I)    | (K)<br>Actual unexpended funds obligated but not expended at end of 12-month program year |
| 1. IHBG Funds                                 | \$254,809.44   | \$1,313,535.00  | \$1,568,344.44                                | \$1,483,621.14   | \$84,723.30  |   |
| 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                                | \$2,200,000.00   | \$0.00  | \$2,200,000.00                                | \$1,029,974.14   | \$1,170,025.86   |   |
| 8. Other Federal Funds                        |  |   | \$0.00  | \$0.00   | \$0.00   |   |
| 9. LIHTC                                      |  |   | \$0.00  | \$0.00   | \$0.00   |   |
| 10. Non-Federal Funds                         | \$75,000.00  |   | \$75,000.00                                   | \$0.00   | \$75,000.00  |   |
| <b>Total</b>                                  | \$2,529,809.44   | \$1,313,535.00  | \$3,843,344.44                                | \$2,513,595.28   | \$1,329,749.16   |   |
| <b>TOTAL Columns C and H ( 2 through 10 )</b> |  |   | \$2,275,000.00                                |  |  |   |

**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)<br>Prior and current year IHBG (only) funds to be expended in 12-month program year | (M)<br>Total all other funds to be expended in 12-month program year | (N)<br>Total funds to be expended in 12-month program year (L+M) | (O)<br>Total IHBG (only) funds expended in 12-month program year | (P)<br>Total all other funds expended in 12-month program year | (Q)<br>Total funds expended in 12-month program year (O+P) |
| 2024-01: Rental Assistance Program                | \$138,832.00  | \$0.00   | \$138,832.00   | \$131,824.59   | \$0.00   | \$131,824.59   |
| 2024-02: Management of Housing Stock              | \$116,566.00  | \$0.00   | \$116,566.00   | \$287,730.15   | \$0.00   | \$287,730.15   |
| 2024-03: Homeless Housing Services                | \$106,464.00  | \$0.00   | \$106,464.00   | \$254,520.46   | \$0.00   | \$254,520.46   |
| 2024-04: Low Income Housing Tax Credit Planning   | \$143,040.00  | \$0.00   | \$143,040.00   | \$67,331.98  | \$0.00   | \$67,331.98  |
| 2024-05: Home Rehabilitation Program              | \$75,000.00   | \$0.00   | \$75,000.00  | \$80,541.75  | \$0.00   | \$80,541.75  |
| 2024-07: Rental Rehabilitation Program 2021 ICDBG | \$100,000.00  | \$875,000.00   | \$975,000.00   | \$467,377.67   | \$0.00   | \$467,377.67   |
| 2024-08: Acquisition of Rental Units              | \$200,000.00  | \$1,400,000.00   | \$1,600,000.00   | \$194,294.54   | \$1,029,974.14   | \$1,224,268.68   |
| Loan repayment - describe in 3 & 4 below          | \$0.00  | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   |
| Planning and Administration                       | \$169,975.00  | \$0.00   | \$169,975.00   | \$0.00   | \$0.00   | \$0.00   |
| <b>TOTAL</b>                                      | <b>\$1,049,877.00</b>   | <b>\$2,275,000.00</b>  | <b>\$3,324,877.00</b>  | <b>\$1,483,621.14</b>  | <b>\$1,029,974.14</b>  | <b>\$2,513,595.28</b>                                      |

**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):

- **2021 ICDBG \$800,000**
- **2022 ICDBG \$1,400,000**
- **Tribal Nations Grant \$75,000**

(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.):

**Useful Life for home rehabilitation program will follow the chart below: IHBG Funds Invested Affordability Period-**

**Under \$5,000 .....6 months**

**\$5,000 to \$15,000 .....5 years**

**\$15,001 to \$40,000.....10 years**

**Over \$40,000.....15 years**

**Useful Life on New Construction is 20 years. Grant amount is reduced 20% annually: \$ amount of annual depreciation = original grant amount divided by 20 years of Useful Life.**

**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.**Kashia will first serve the needs of Kashia Tribal Members with available funding; after all Kashia's needs are met, other Native American families will be considered.**

**(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:

# 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: **Not Applicable**

d. Policies are in effect and are available for review by HUD and the public governing the management and maintenance of housing assisted with grant amounts provided under NAHASDA: **Yes**

# 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:

# 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? **Not Applicable**
- (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.*):  
**All housing policies and procedures were taken.**

# 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) |
|----------------------------------|---------------------------|---------------------------------|----------------------------------|----------------------------------|---|
| <b>1937 Housing Act Units:</b>   |                           |                                 |                                  |                                  |   |
| a. Rental                        | 0                         | 0                               | 0                                | 0                                | 0   |
| b. Homeownership                 | 0                         | 0                               | 0                                | 0                                | 0   |
| c. Other                         | 0                         | 0                               | 0                                | 0                                | 0   |
| <b>1937 Act Subtotal:</b>        | 0                         | 0                               | 0                                | 0                                | 0   |
| <b>NAHASDA Associated Units:</b> |                           |                                 |                                  |                                  |   |
| a. Rental                        | 17                        | 2                               | 14                               | 1                                | 17  |
| b. Homeownership                 | 0                         | 0                               | 0                                | 0                                | 0   |
| c. Rental Assistance             | 0                         | 0                               | 0                                | 0                                | 0   |
| d. Other                         | 0                         | 0                               | 0                                | 0                                | 0   |
| <b>NAHASDA Act Subtotal:</b>     | 17                        | 2                               | 14                               | 1                                | 17  |
| <b>Total:</b>                    | 17                        | 2                               | 14                               | 1                                | 17  |

(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 : **09/30/2025**

# 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): **Not Applicable**

(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.

| <b>Indian Housing Block Grant Assistance (IHBG)</b>     |   |
|---|---|
| <b>(1)</b> Indian Housing Block Grant Assistance (IHBG) | 7 |
| <b>(2)</b> Number of Temporary Jobs Supported           | 1 |

**(3)** Narrative (optional):

# 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: **Stewarts Point Rancheria - Kashia Band of Pomo**
- (5) Authorized Official's Name and Title:
- (6) Authorized Official's Signature:
- (7) Date (*MM/DD/YYYY*):