

## SECTION 1: COVER PAGE

(1) Grant Number: 20BV5318320

(2) Recipient Program Year: 10/1 - 9/30

(3) Federal Fiscal Year: 2022

☒ IHBG-CARES

☐ (4) Initial Plan (Complete this Section then proceed to Section 2) or an Amended IHP

☐ (6) Annual Performance Report (Complete items 27-30 and proceed to Section 3)

☐ (7) Tribe

☒ (8) TDHE

(9) Name of Recipient:

Yakama Nation Housing Authority

(10) Contact Person:

Andrea Matheny

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(18) If TDHE, List Tribes Below:

(19) Tax Identification Number:

91-0786940

(20) DUNS Number:

783064488

(21) CCR/SAM Expiration Date (MM/DD/YYYY):

11/15/2023

(22) IHBG-CARES Amount:

\$1,883,782

Date Started Preparing for COVID-19

03/20/2020

(23) Name of Authorized IHP Submitter:

Andrea Matheny

(24) Title of Authorized IHP Submitter:	Executive Director
(25) Signature of Authorized IHP Submitter:	<i>Andrea Matheny</i>
(26) IHP Submission Date(MM/DD/YYYY) :	06/24/2020
(27) Name of Authorized APR Submitter:	Andrea Matheny
(28) Title of Authorized APR Submitter:	Executive Director
(29) Signature of Authorized APR Submitter:	<i>Andrea Matheny</i>
(30) APR Submission Date (MM/DD/YYYY):	01/23/2023

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

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

#### APR: REPORTING ON PROGRAM YEAR PROGRESS

Complete the shaded section of text below to describe your completed program tasks and actual results. 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:	Program Descriptions	
	Unique Identifier	COVID-19 Prevention

COVID-19 Prevention - 1 - Transportation

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

Procure 5 vehicles to allow Maintenance employees to travel to and from each rental complex to perform day to day duties and regular maintenance duties as required. Vehicles will be used for all YNHA managed units and properties. Increasing vehicles will allow YNHA employees to reduce exposure by traveling separately in their own vehicle and preventing COVID. YNHA experienced an increase in maintenance staff exposure and positive tests when employees were traveling to various rental complexes together in one vehicle. The increase in vehicles will prevent further direct, close contact exposure.

**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):

Prevent COVID exposure by reducing close contact.

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

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

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

Prevent COVID exposure by reducing close contact.

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

Low Income 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.):

5 vehicles will be available to the maintenance department staff to utilize to travel to and from rental complexes to perform regular maintenance duties such as repairing air filters, changing batteries for smoke detectors, landscaping, inspection work orders, etc.

**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.

YNHA purchased 3 vehicles for the Maintenance Department to travel to and from rental complexes. YNHA was not able to purchase more than 3 vehicles due to the high cost to purchase.

**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

509

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

509

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



**2.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19-2- Homeless Showers

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

Purchase 2 mobile showers. The mobile showers will allow them to maintain cleanliness and lower the risk of homeless people contracting the COVID-19.

**2.3. 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.):

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

**2.4. 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):

Provide sanitation to homeless people

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

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

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

YNHA completed a preliminary purchase process to determine the logistics to purchase a mobile shower and bathroom unit. the cost was at the budgeted amount; however the unit would not be available until late fall or winter. YNHA then reached out to Noah's Ark and Village of Hope to determine the implementation of a portable shower. Neither homeless outreach program had staff or inclination to manage and clean the portable facility should YNHA provide it to them. Management completed a revision to program activities and reallocated the funds to vehicles and FEMA trailers.

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

Low income Homeless population in our service area that are at risk of contracting Covid-19. Approx. \$50k each.

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

Mobile homeless shower to be provided .

**2.8. 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.

YNHA was unable to find a program that was able to utilize the showers for homeless individuals. Many programs did not have a location to place the showers or the staff to maintain them. Therefore, YNHA reallocated the funds for vehicles and FEMA trailers.

**2.9: 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

50

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

p

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

YNHA was unable to find a program that was able to utilize the showers for homeless individuals. Many programs did not have a location to place the showers or the staff to maintain them. Therefore, YNHA reallocated the funds for vehicles and FEMA trailers.

**3.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19-3-Maintaining Normal Operations Impacted by COVID-19 National Emergency

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

Maintaining normal operations and funding eligible affordable housing activities under NAHASDA during the period the housing authority is impacted by COVID-19. Starting June 2020.

**3.3. 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.):*

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

**3.4. 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):*

Continued operation during COVID

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

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

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

An IHP amendment was completed for \$223,775 in 2021 to support YNHA employee payroll during the COVID pandemic. This amount was supported in the 2021 IHP.

**3.6 Who Will Be Assisted** *(Describe the types of households that will be assisted under the program.):*☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

Low income Native American Families, with applicable Covid waiver

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

"Baseline level of assistance to assist low income households while impacted by the COVID-19 situation, no specific types and level determinable for this activity."

**3.8. 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.*

An IHP amendment was completed for \$223,775 in 2021 to support YNHA employee payroll during the COVID pandemic. This amount was supported in the 2021 IHP.



**3.9: 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

75

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

0

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

Funding was not utilized from IHBG Cares.

**4.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Preparation

COVID-19-4-TEP

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

TEP, provides work opportunities at YNHA during the COVID-19. The Tenant Empowerment Program, Policy (TEP) was last revised on June 2020. The Board of Commissioners adopted the policy to give direction for the implementation of the TEP. The

**4.3. 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)]

**4.4. 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):*

Support Self-sufficiency during and post COVID

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

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

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

YNHA updated TEP Policy for COVID. It was approved by the Board. New TEP workers were recruited.

**4.6 Who Will Be Assisted** *(Describe the types of households that will be assisted under the program.):*
☒ Low-income Indian Households    ☐ Non-low income Indian Households    ☐ Non-Indian Households

Low income Native American Households.

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

Provide Job training and employment, teach new skills, how to earn funds and pay off debt related to rent.

**4.8. 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.*

YNHA employed 6 TEP employees that worked in Security, Foster Center Aide, Warehouse &amp; Maintenance.



**4.9: 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

125

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

130

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

**5.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Prevention

Covid 19-5 Prevention

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

The Yakama Nation Housing Authority is acquiring and distributing "CARES" packages consisting of Personal Protective Equipment (masks, gloves, etc.), health supplies (thermometers, tissues, hand soap, etc.) and cleaning supplies (disinfectant, bleach, spray bottles, wipes, etc.) to current residents of and assisted by the Tribal housing program. Supplies can be replenished as necessary via a direct request to HA staff.

**5.3. 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)]

**5.4. 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):*

Continue to assist residents of affordable housing who are impacted by COVID-19

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

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

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

Yakama Nation COVID Response team and Peacekeeper Society provided the PPE supplies and health and safety protective gear to prevent COVID.

**5.6 Who Will Be Assisted** *(Describe the types of households that will be assisted under the program.):*
☒ Low-income Indian Households    ☐ Non-low income Indian Households    ☐ Non-Indian Households

Eligible Tribal Families with Covid waiver

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

All families will receive an initial allocation of PPE and cleaning supplies to help them prepare for and protect their families from COVID-19, approximate cost of \$250 per family.

**5.8. 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.*

YNHA did not meet this goals as there were other agencies that purchased PPE and health and safety supplies such as the Yakama Nation COVID Response Team and Peacekeeper Society.

**5.9: 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

125

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

0

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

YNHA did not want to duplicate services that were being provided by other agencies that purchased and distributed supplies to prevent COVID.



**6.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Prevention

COVID-19-6-Housing Services to Residents

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

Providing a variety housing services to assist residents of affordable housing that are affected by COVID-19

**6.3. 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)]

**6.4. 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):*

Assist residents of affordable housing who are impacted by COVID-19 with various housing services.

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

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

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

YNHA entered into a sub recipient contract with Peacekeepers to provide COVID prepare, respond and prevent protocols in the community.

**6.6 Who Will Be Assisted** *(Describe the types of households that will be assisted under the program.):*☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

Low Income Native American Households

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

- Educational materials and general information via mail, social media, and community broadcasts on how to limit exposure to COVID-19 and manage shelter in place situations.
- Establish food delivery services for resident elders, disabled, and high-risk families.
- Establish medical delivery services for resident elders, disabled, and high-risk families.
- Provide technology support (internet hot spots, computers, cell phones, etc.) to assist residents in remotely accessing medical care, school, employment assistance, and other community services.
- Utility assistance payments on behalf of residents whom are unable to meet utility obligations.
- Other housing services identified and requiring rapid action to prepare for COVID-19.

**6.8. 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.*

Peacekeepers delivered food to White Swan, Harrah and other communities within our service area and near YNHA rental parks. Peacekeepers provided prescriptions medicine food and cleaning supplies. Peacekeepers provided \$150 utility assistance for 105 of the lowest income tenants. School supplies were purchased and distributed in August 2021 for students.

**6.9: 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

125

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

300

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

**7.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Prevention

COVID-19-7-Remote Hardware

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

Installation of remote server hardware, wiring, fibre optics and broadband.

**7.3. 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.):

(24) Infrastructure to Support Housing [202(2)]

**7.4. 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.):

(4) Improve quality of existing infrastructure

**Describe Other Intended Outcome** (Only if you selected "Other" above):**7.5 Actual Outcome Number** (In the APR identify the actual outcome from the Outcome list.):

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

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

YNHA purchased a webcam, battery backup, printers, restocked computers, mobile adaptors, 4 Arecont cameras, 2 laptops to spend \$13,018 for YNHA staff that were working remotely during the pandemic.

**7.6 Who Will Be Assisted** (Describe the types of households that will be assisted under the program.):☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

Low Income Native American Families, with Covid waivers.

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

Sustain ability to continue operations in safe and productive manner, during the COVID crisis.

**7.8. 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.

YNHA purchased a webcam, battery backup, printers, restocked computers, mobile adaptors, 4 Arecont cameras, 2 laptops to spend \$13,018 for YNHA staff that were working remotely during the pandemic.



**7.9: 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

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

**8.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19-8-Homeless Housing Assistance

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

Sub Recipient partnership with Noah's Arch and YN Village of Hope, for preparation, prevention and response of Covid. To provide emergency housing to the homeless and support self-sufficiency services to reduce the community risk to exposure during COVID

**8.3. 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)]

**8.4. 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):

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

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

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

YNHA entered into two sub-recipient agreements. Generating Hope AKA Noah's Ark spent \$63,980 for homelessness and to reduce COVID exposure. Yakama Nation Village of Hope sub recipient agreements were approved by the Board of Commissioners however as they did not spend any funds, the Sub-recipient agreement was extended.

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

Low income Homeless population in our service area that are at risk of contracting COVID-19

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

. Partner with the sub-recipients to provide homeless shelter, outreach, and covid testing. YNHA will pay for: shelter services, pest control and shower upgrades to maintain cleanliness, and replace windows, and equipment: cooler/freezer, washer/ dryer, and kitchen supplies.

**8.8. 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.

YNHA contracted with appropriate recipients to support and respond to the changing nature of the homeless population they serve. Both homeless providers required updated sanitation and health supplies and modifications to safely serve. The sub recipient agreement with Yakama Nation Village of Hope had not processed any reimbursement requests at this date and was extended into 2022.

**8.9: 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

50

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

100

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

Village of Hope has struggled with implementing the sub recipient agreement due to a lack of procurement options available during limited operations within the primary government. Village of Hope requested to extend the SA agreement into 2022, which was approved by the Board of Commissioners.



**9.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Preparation

COVID-19-9-Office revisions to maintain post COVID-19 social distancing, the new normal

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

Staff will have a safer and healthy work environment pre and post COVID-19. The new normal, work space will be configured for social distancing, regular cleaning and sanitizing work and meeting areas, working on site and remotely will become routine.

**9.3. 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)]

**9.4. 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):

Redesign of waiting area to decrease risk of Covid 19 infections

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

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

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

YNHA expensed \$29,674 for plexiglass to be placed in the front lobby area as well as other employee desk stations. Offices were renovated to remove carpet that could harbor germs.

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

Low Income Native American Families, with Covid waivers

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

Doors, hard surface fixtures, protective plastic dividers, out side seating, appointment waiting hand held monitors

**9.8. 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.

YNHA installed plexiglass at the front receptionist desk in the lobby and at many employee desks. Vacant offices had carpet replaced with hard wood floors to reduce the exposure to germs.

**9.9: 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

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

YNHA was unable to complete construction due to the high budget cost and inability to find and hire contractors during the pandemic.

Program Descriptions

**10.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19-10-Integrated Behavioral Health

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

The Housing Dept., has conducted a needs survey for our tenants one of the questions is regarding need for mental health issues, alcoholism and domestic violence. YNHA will ensure tenants have access to integrated behavioral health services either through referrals or privately contracted mental health specialist. Integrated Behavioral Health, for tribal tenants and homeless people residing within our service area who are affected by the COVID pandemic.

**10.3. 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.):*

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

**10.4. 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):*

Provide access to behavior health services during COVID

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

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

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

YNHA was able to enter into a Sub Recipient Agreement with Integrated Behavioral Health Group (IHBG) who went to YNHA parks and provided mental health therapy for victims of families that were lost due to COVID.

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

Low Income Native American Families and Homeless with Covid waiver

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

YNHA is reaching out to private therapist to contract services, collaborate with Yakima County Comprehensive Mental Health that secured a federal grant to create out reach to at high risk Yakima County diverse community, particularly the Yakama Nation. YNHA will ensure that there is no crossover/duplication of services in which case we will refer our tenants to those entities for needed services

**10.8. 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.*

IHBG set up at YNHA parks to provide remote mental health therapy to tenants that may have been impacted by the loss of a family member due to COVID or that were experiencing mental health concerns due to the pandemic.



**10.9: 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

25

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

50

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

The sub-recipient agreement with IHBG was fulfilled in December 2020 but final payments were made in 2021.

Program Descriptions

11.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 11- Emergency Housing for Quarantine

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

Emergency Housing will be available to fund quarantine of eligible low income families, with Covid waivers. The Emergency Housing Policy has been updated for Covid scenarios.

11.3. 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)]

11.4. 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.):

(1) Reduce over-crowding

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

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

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

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

YNHA was able to provide emergency housing assistance for homeless at risk of COVID, for quarantine of elderly living with infected family members, for a homeowner who lost his job and was behind on his mortgage payments.

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

Eligible Native American Families, with Covid waiver.

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

Up to \$1,500 per family to assist with quarantine of sick (or healthy) family members to decrease spread of Covid.

11.8. 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.

YNHA was able to provide emergency housing assistance for homeless at risk of COVID by providing hotel stays.

**11.9: 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

13

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

3

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

YNHA expensed funds from the IHBG for homelessness and received the Department of Treasury grant which also authorized hotel stays therefore did not expense or assist through the IHBG Cares.



**12.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2 - FEMA Trailers

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

YNHA has 4 FEMA trailers that we have allocated to low-income families that have been impacted by COVID and have become homeless. The families will need assistance with relocation and set-up costs, all other responsibilities for electrical, water/sewer are the occupants responsibility. YNHA will utilize funds to relocate the trailers to the occupants site and set-up.

**12.3. 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.):*

(11) New Construction of Homebuyer Units [202(2)]

**12.4. 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):***12.5 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.):***12.6 Who Will Be Assisted** *(Describe the types of households that will be assisted under the program.):*
☒ Low-income Indian Households    ☐ Non-low income Indian Households    ☐ Non-Indian Households

Low-income homeless Native American families

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

A FEMA trailer will be provided for homeless families to live in and YNHA will provide the trailers and relocation & set-up costs for families that have been impacted by COVID through homelessness. Applicants will need to be income eligible, have land, utility access, water/sewer, roadway. YNHA will transport trailer, prepare land for trailer, install the trailer in the land, hook up the water/sewer/electric and the lower paneling. Once other utilities such as water/sewer/power is completed by the homeowner, YNHA will then be contacted to come to the site and finalize the hook-up for the utilities.

**12.8. 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.*

4 Low income families were provided FEMA trailers and YNHA provided the relocation & set-up costs for families that include transporting the trailer, preparing land for the trailer, installing the trailer on the land, hooking up the water/sewer/electric and lower paneling.

**12.9: 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

4

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

4

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

**13.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 3 - Generator

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

Procure two new Generators to support (prepare) backup power generation for portable water and sewer systems at Wolf Point (30) & Adams View (162) low income rental units and other rental complexes as required. Due to COVID-19 crisis, Washington State and Yakama Nation orders to "stay home and stay healthy" most people are staying home from work and schools closure puts undue stress for use of drinking water and sewer systems. Recently (prevent) Yakama Power experienced power outage at Adams View Complex all weekend which caused no water flow issue and raw sewage back up. YNHA must be able to effectively (respond) and have in good working order generator(s) to generate electrical power to keep water pumps and sewer system working for tenants to be able to drink water, bath and flush bathrooms.

**13.3. 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)]

**13.4. 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.):*

(4) Improve quality of existing infrastructure

**Describe Other Intended Outcome** *(Only if you selected "Other" above):***13.5 Actual Outcome Number** *(In the APR identify the actual outcome from the Outcome list.):*

(4) Improve quality of existing infrastructure

**Describe Other Actual Outcome** *(Only if you selected "Other" above.):***13.6 Who Will Be Assisted** *(Describe the types of households that will be assisted under the program.):*
☒ Low-income Indian Households
 ☐ Non-low income Indian Households
 ☐ Non-Indian Households

Low Income Native American's with Covid Waiver

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

Mobile Generator 1 will be located at Adams View Park, maximum threshold# (147 low-income units) and Mobile Generator 2 will be located at Wolf Point Park, (30 low-income units) threshold. There are a total of (505 low-income units) spread out over (21) locations that YNHA, manages and provides maintenance generators will be used where needed.

**13.8. 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.*

YNHA purchased 2 mobile generators to locate at Adams View Park and Wolf Point Park.



**13.9: 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

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

## 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					APR					
	(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)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
IHBG-CARES Funds	\$0	\$1,883,782	\$1,883,782	\$1,883,782	\$0	\$723,968		\$723,968	\$217,433	\$506,535	\$506,535

TOTAL	\$0	\$1,883,782	\$1,883,782	\$1,883,782	\$1,883,782	\$0	\$723,968	\$0	\$723,968	\$217,433	\$506,535	\$506,535
TOTAL Columns C & H, 2 through 10			\$0						\$0			

**Notes:**

- 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).
- Total of Column D should match the total of Column N from the Uses of Funding table below.
- Total of Column I should match the Total of Column Q from the Uses of Funding table below.
- 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.

**(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)	(M)	(N)	(O)	(P)	(Q)
	Prior and current year IHBG (only) funds to be expended in 12-month program year	Total all other funds to be expended in 12-month program year	Total funds to be expended in 12-month program year (L+M)	Total IHBG (only) funds expended in 12-month program year	Total all other funds expended in 12-month program year	Total funds expended in 12-month program year (O+P)
COVID-19 Prevention - 1 Transportation	\$150,916		\$150,916	\$131,426		\$131,426
COVID-19-2- Homeless Showers	\$0		\$0	\$4,260		\$4,260
COVID-19-3-Maintaining Normal Operations Impacted by COVID-19 National Emergency	\$490,530		\$490,530			\$0



COVID-19-4-TEP	\$105,000	\$105,000	\$63,447	\$63,447
Covid 19-5 Prevention	\$6,000	\$6,000	\$4,918	\$4,918
COVID-19-6-Housing Services to Residents	\$240,000	\$240,000	\$400	\$400
COVID-19-7-Remote Hardware	\$63,000	\$63,000	\$5,899	\$5,899
COVID-19-8-Homeless Housing Assistance	\$362,720	\$362,720	\$0	\$0
COVID-19-9-Office revisions to maintain post COVID-19 social distancing, the new normal	\$54,000	\$54,000	\$7,083	\$7,083
COVID-19-10-Integrated Behavioral Health	\$100,002	\$100,002	\$0	\$0
COVID-19 Respond - 11- Emergency Housing for Quarantine	\$116,588	\$116,588	\$0	\$0
COVID-19 Respond - 2 - FEMA Trailers	\$120,000	\$120,000	\$0	\$0

COVID-19 Respond - 3 - Generator	\$75,026	\$75,026		\$0
Planning and Administration	\$0	\$0		\$0
<b>TOTAL</b>	<b>\$1,883,782</b>	<b>\$0</b>	<b>\$1,883,782</b>	<b>\$217,433</b>
<b>Notes:</b>				

- Total of Column L cannot exceed the IHBG funds from Column C, Row 1 from the Sources of Funding table in Line 1 above.
- Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Sources of Funding table in Line 1 above.
- 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.**
- Total of Column P cannot exceed total of Column H, Rows 2-10 of the Sources of Funding table in Line 1 above.**
- 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 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 ☒ No ☐

**(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 ☐ No ☐ 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 ☒ No ☐ Not Applicable ☐

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

Yes ☒ No ☐ Not Applicable ☐

c. Policies are in effect and are available for review by HUD and the public governing rents charged, including the methods by which such rents or homebuyer payments are determined, for housing assisted with grant amounts provided under NAHASDA; and

Yes ☒ No ☐ 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 ☒ No ☐ Not Applicable ☐



## SECTION 8: IHP TRIBAL CERTIFICATION

NAHASDA § 102(c)

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

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

- (1) The recognized tribal government of the grant beneficiary certifies that:
- (2) ☐ It had an opportunity to review the IHP or IHP amendment and has authorized the submission of the IHP by the TDHE; or
- (3) ☒ It has delegated to such TDHE the authority to submit an IHP or IHP amendment on behalf of the Tribe without prior review by the Tribe.

(4) Tribe:	Yakama Nation
(5) Authorized Official's Name and Title:	Gerald Lewis, Yakama Nation Chairman
(6) Authorized Official's Signature:	<i>Gerald Lewis</i>
(7) Date (MM/DD/YYYY):	01.19.2023

## SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

By signing the IHP, you certify whether you will use tribally determined wages, Davis-Bacon wages, or HUD determined wages. Check only the applicable box below.

- (1) ☒ You will use tribally determined wage rates when required for IHBG-assisted construction or maintenance activities. The Tribe has appropriate laws and regulations in place in order for it to determine and distribute prevailing wages.
- (2) ☐ You will use Davis-Bacon or HUD determined wage rates when required for IHBG-assisted construction or maintenance activities.
- (3) ☐ You will use Davis-Bacon and/or HUD determined wage rates when required for IHBG-assisted construction except for the activities described below.

(4) If you checked the box in Line 3, list the other activities that will be using tribally determined wage rates:

--

## SECTION 12: AUDITS

24 CFR § 1000.544

This section is used to indicate whether a financial audit based on the Single Audit Act and 2 CFR Part 200 Subpart F is required, based on a review of your financial records.

Did you expend \$750,000 or more in total Federal awards during the APR reporting period?

Yes ☒ No ☐

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.



