

KARUK TRIBE HOUSING AUTHORITY

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Karuk Tribe Housing Authority Annual Performance Report Notice Regarding Public Comments

The Karuk Tribe Housing Authority has prepared its Annual Performance Report (APR) for submission to the Department of Housing and Urban Development for funds received under the Native American Housing Assistance and Self Determination Act (NAHASDA).

We welcome constructive public comments from community members, in writing. All comments must be **RECEIVED by 5pm, Friday, December 20** in order to be considered.

A copy of the APR is available at www.ktha.us

Written comments/suggestions may be submitted using the provided Comment Form to Sara Spence, Executive Director as follows:

Email to: sspence@karuk.us

Mail to: Sara Spence, Executive Director
Karuk Tribe Housing Authority
PO Box 1159
Happy Camp, CA 96039-1159

Yootva!

Section 1: Cover Page

- (1) Grant Number: 55IH0617850
- (2) Recipient Program Year: 10/01/2023 - 09/30/2024
- (3) Federal Fiscal Year: 2024
- (4) Initial Plan (Complete this Section then proceed to Section 2)
- (5) Amended Plan (Complete this Section and Section 8 if applicable)
- (6) Annual Performance Report (Complete items 27-30 and proceed to Section 3)
- (7) Tribe
- (8) TDHE
- (9) **Name of Recipient:** Karuk Tribe Housing Authority
- (10) **Contact Person:** Spence, Sara
- (11) **Telephone Number with Area Code** (999) 999-9999: 530-493-1417
- (12) **Mailing Address:** PO Box 1159
- (13) **City:** Happy Camp
- (14) **State:** CA
- (15) **Zip Code** (99999 or 99999-9999): 96039-1159
- (16) **Fax Number with Area Code** (999) 999-9999: 530-493-1416
- (17) **Email Address** sspence@karuk.us
- (18) **If TDHE, List Tribes Below:**
 - Karuk Tribe
- (19) **Tax Identification Number:** 680096275
- (20) **UEI Number:** J4WFMVXVNL49
- (21) **CCR/SAM Expiration Date** (MM/DD/YYYY): 12/26/2024
- (22) **IHBG Fiscal Year Formula Amount:** \$5,079,556
- (23) **Name of Authorized IHP Submitter:** SPENCE, SARA
- (24) **Title of Authorized IHP Submitter:** Executive Director
- (25) **Signature of Authorized IHP Submitter:** SPENCE, SARA
- (26) **IHP Submission Date** (MM/DD/YYYY): 07/13/2023
- (27) **Name of Authorized APR Submitter:** Sara Spence
- (28) **Title of Authorized APR Submitter:** Executive Director
- (29) **Signature of Authorized APR Submitter:**
- (30) **APR Submission Date** (MM/DD/YYYY):

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

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

ONE YEAR PLAN ANNUAL PERFORMANCE REPORT

Section 2: Housing Needs

NAHASDA § 102(b)(2)(B)

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

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

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

Our Tribe is in need of domestic violence shelters, transitional housing, elders housing, security for residents, educational and employment opportunities, workforce development activities, youth and adult diversion activities, family wellness activities, and community support.

(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)):

We intend to achieve the mission of the Karuk Tribe Housing Authority through the implementation of our planned programs that include, but are not limited to, the management and maintenance of low income rentals, low income lease purchase, homeownership, revolving loan program, home replacement program, student voucher, elder voucher, emergency voucher programs and emergency housing. We will continue to plan for and implement the construction of new rental homes, and will maintain and insure our current assets. We will strive to use culturally appropriate designs. We will provide homeownership assistance through our revolving loan, down payment assistance, and home replacement programs. The student voucher, elder voucher, and the temporary housing voucher programs will continue to provide assistance to those individuals who qualify for these services. The emergency housing program will provide a home to those who are in crisis situations and need temporary emergency housing placement. We will continue to work with local water and sanitation systems providers to develop infrastructure to support new development of low income housing units. The TDHE will continue to explore

leveraging through 184, Title VI, Housing and New Market Tax Credits, USDA, and BIA funds together with our IHBG funds to continue developing affordable housing activities and construct homes on our Tribal Housing Lands. The Tribe's needs outweigh available IHBG funding, therefore, programs and levels of service have varying income limits as described further in Section 3.

(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 Karuk Tribe Housing Authority assistance will be distributed throughout the Tribal Service Area (Siskiyou and Humboldt Counties, California), unless otherwise stated. We have a substantial amount of low income Native Americans on our waiting lists. By managing, and constructing homes as funding is available, in our Tribal Service Area communities of Happy Camp, Yreka, and Orleans, we will provide rental units in each community to address the need. Native American women suffer the highest rates of domestic violence in America; the continued support of a domestic violence shelter will address this need for Native American women in Siskiyou and Humboldt Counties. Our revolving loan program addresses the need for mortgage assistance to our low-moderate income Native American families. We plan to lend funds to qualified families in our Service Area to address the shortage of safe housing. In each of our communities, Tribal Members live in substandard homes. To address this need, the Home Rehabilitation and Replacement programs provide a means to address safe and sanitary housing needs at varying income limits as described further in Section 3. The Student Rent Voucher program aims to address the shortage of housing needs for full time low income Tribal Member college students attending college within the United States. The Student Rent Voucher program is provided where the student is attending school, not only the Service Area, and provides a basic need, and helps to keep our Tribal Member students on track to obtain their education. The Elder and Temporary Housing Voucher Programs address homelessness in each of our communities and are provided in the Service Area. By making other housing more affordable, it allows access to rental opportunities for low income Tribal elders. Unfortunately, crime and drug usage exist in each of the Tribal communities. Through education and safety activities, our Crime Prevention and Safety Officers, Wellness Center Staff will reach into each community and provide activities and opportunities to work with our residents. Operations and maintenance help deliver safe and sanitary housing in our 1937 Act units in our communities and in our NAHASDA funded units. In order to deliver our housing management services to the low income Native American families, our Admissions and Occupancy staff, including our Admissions/ Loan Specialist and Tenant Relations Officers administer services that help in each community. The Home Improvement/ Rehabilitation program will assist low-moderate income Tribal Member families with improving the quality of their homes throughout our Service Area. KTHA offers home rehabilitation, down payment assistance, and revolving loan assistance to moderate income Tribal Members who are eligible. Moderate income assistance will not exceed 10% of the total grant award, and moderate income recipients will not receive the same level of assistance as low income recipients.

Section 3: Program Descriptions

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

Planning and Reporting Program Year Activities

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

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

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

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

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

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

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

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

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

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

Outcome May Include

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

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

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

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

APR: REPORTING ON PROGRAM YEAR PROGRESS

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

1.1. Program Name and Unique Identifier: 2019-14:Wellness Center, Orleans

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

Construction of a new Wellness Center in Orleans to provide wellness activities for low income families. This Model Activity was approved in the FY19 IHP. A site has been acquired for this facility. KTHA has added to the amount allocated to this project to undertake environmental clearance and design activities while we seek other funding sources that can be leveraged with IHBG for construction in a future year.

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

(22) Model Activities [202(6)]

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

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

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

Will improve health and well-being of low income families by providing access to services in the community that will improve their quality of life through health, drug prevention, crime prevention, physical fitness, and self-sufficiency activities. Will seek leverage funds through Tribe, ICDBG, and other grants for construction. This Model Activity was approved in the FY19 IHP.

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):*

Will improve health and well-being of low income families by providing access to services in the community that will improve their quality of life through health, drug prevention, crime prevention, physical fitness, and self-sufficiency activities. Will seek leverage funds through Tribe, ICDBG, and other grants for construction. This Model Activity was approved in the FY19 IHP.

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low income Native American families residing in affordable housing units and the surrounding areas.

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

Will improve health and well-being of low income families residing in affordable housing units and the surrounding areas by providing access to services in the community that will improve their quality of life through health, drug prevention, crime prevention, physical fitness, and self-sufficiency activities. Will seek leverage funds through Tribe, ICDBG, and other grants for construction. The center is an essential community development need and is critical to the viability of this very isolated community. This Model Activity was approved in the FY19 IHP. There will be no cost to programs or users for Tribally Sponsored activities in the facility.

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.):*

A suitable parcel of land for this facility was acquired in FY22. The Fee to Trust application was submitted to BIA. Next steps include architectural and engineering design services, and preparation of the engineer's construction cost estimate so that construction funds can be secured for the facility.

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))):*

N/A



1.1. Program Name and Unique Identifier: 2020-16:Construction of Single Family Homes, Orleans

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

Construction of eight (8) single family rental homes in Orleans, including site design and infrastructure. IHGB Program Income (\$1,000,000) will be leveraged with the awarded IHGB Competitive Grant 21ICCA17850 (\$2,035,648) for completion of the project.

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.):*

(4) Construction 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.):*

Low income Native American 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.):*

Construction of eight (8) single family rental homes in Orleans to provide safe and affordable housing to low income Native American families. Each beneficiary will be re-evaluated annually. The rent for each unit will be determined by the total household income and shall not exceed 30% of monthly adjusted gross income. These funds will be leveraged with the awarded IHGB Competitive Grant 21ICCA17850 for completion of the project.

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.):*

Permits were finally obtained from Humboldt County, after a multi-year process which required dissolving the previously issued Conditional Use Permit for the vacant RV Park, rezoning the parcel for Multi-Family housing. Demolition work was completed in FY23 of one single family NAHASDA unit. Caltrans issued the encroachment permit and the IHGB Competitive Grant 21ICCA17850 extension was submitted and approved. The contract for the Infrastructure portion of the project was awarded 6/12/24 and work is currently underway!

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

Planned Number of Units to be Completed in Year Under this Program: 8	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

N/A

1.1. Program Name and Unique Identifier: 2021-17:Yreka Apartment Renovation

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

Rehabilitation of 63 Yreka Apartment (1937 Act Units) interiors including kitchens, bathrooms, and flooring. This is a carryover project that was not completed in the same fiscal year, therefore the amount does not represent the total for the entire project.

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.):*

(1) Modernization 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.):*

(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.):*

KTHA Tenants living in the Yreka apartments. All tenants were verified as low income at the time of initial occupancy.

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

All 63 Yreka Apartments (1937 Act Units) will have their kitchens, bathrooms, and flooring rehabilitated to update the units that are the oldest in the KTHA Formula Current Assisted Stock (DOFA 5/31/1992). There will be no cost to tenants.

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.):*

Work continues on this extensive project through a combination of contractors and KTHA Staff. The first transfers for this project were nearly ready for move-in at the end of FY24!

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

Planned Number of Units to be Completed in Year Under this Program: 63	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))):*

N/A

1.1. Program Name and Unique Identifier: 2024-01:1937 Act Operations and Maintenance

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

Inspect and maintain units, buildings, equipment, and grounds. Maintain replacement value fire insurance on all rental units, building and facilities. Maintain and record replacement value fire insurance on all homeowner units. Maintain business insurance on all equipment. Inspect and maintain waste and water systems and roads that serve KTHA communities, extraordinary maintenance activities and land management. There is a discrepancy between the FCAS (160) and actual (165) unit counts. KTHA will work with the Formula Center to resolve this.

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.):*

(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.):*

Low income Native American families living in 1937 Act Units. All tenants are verified as low income at the time of initial occupancy.

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

Provide maintenance operations, housing assistance and housing management for Yreka, Happy Camp, and Orleans 1937 Act Units in the tribal housing communities. Management and skill trainings for staff and board. Perform routine and non-routine maintenance and repairs. There will be no cost to the tenants unless it is tenant caused damage outside of normal wear and tear.

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.):*

Inspected and maintained units, buildings, equipment, and grounds. Replacement value fire insurance was maintained on all units, buildings, and facilities. Business insurance was maintained on all equipment. Waste and water systems and roads that serve KTHA were inspected and maintained. Routine and non routine maintenance was performed according to schedules, policies, and needs. Applicable policies are reviewed and updated as needed.

KTHA successfully leveraged NAHASDA funds to receive grants from California Office of Emergency Services (Cal-OES) to retrofit existing units with Fire Ignition Resistant Materials and complete Defensible Space/Fuels Reduction Activities, Federal Emergency Management Agency (FEMA) to replace wood fencing with fire-resistant chain link in Orleans and add emergency backup generators to key facilities in Happy Camp, and Department of Energy (DOE) to add Solar Panels with Battery Storage to all 39 Elder Units throughout all three communities. These Hazard Mitigation Projects avert hazards, improve the quality of life for tenants, and add useful life KTHA units throughout all three communities.

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

Planned Number of Units to be Completed in Year Under this Program: 160	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: 160	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

N/A

1.1. Program Name and Unique Identifier: 2024-02:NAHASDA Operations and Maintenance

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

Inspect and maintain units, buildings, equipment, and grounds. Maintain replacement value fire insurance on all rental units, building and facilities. Maintain and record replacement value fire insurance on all homeowner units. Maintain business insurance on all equipment. Inspect and maintain waste and water systems and roads that serve KTHA communities, extraordinary maintenance activities and land management.

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.):*

(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.):*

Low income Native American families living in NAHASDA units. All tenants are verified as low income at the time of initial occupancy.

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

Provide maintenance operations, housing assistance and housing management for Yreka, Happy Camp, and Orleans NAHASDA units in the tribal housing communities. Management and skill trainings for staff and board. Perform routine and non-routine maintenance and repairs. There will be no cost to the tenants unless it is tenant caused damage outside of normal wear and tear.

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.):*

Inspected and maintained units, buildings, equipment, and grounds. Replacement value fire insurance was maintained on all units, buildings, and facilities. Business insurance was maintained on all equipment. Waste and water systems and roads that serve KTHA were inspected and maintained. Routine and non routine maintenance was performed according to schedules, policies, and needs. Applicable policies were reviewed and updated as needed.

KTHA successfully leveraged NAHASDA funds to receive grants from California Office of Emergency Services (Cal-OES) to retrofit existing units with Fire Ignition Resistant Materials and complete Defensible Space/Fuels Reduction Activities, Federal Emergency Management Agency (FEMA) to replace wood fencing with fire-resistant chain link in Orleans and add emergency backup generators to key facilities in Happy Camp, and Department of Energy (DOE) to add Solar Panels with Battery Storage to all 39 Elder Units throughout all three communities. These Hazard Mitigation Projects avert hazards, improve the quality of life for tenants, and add useful life KTHA units throughout all three communities.

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

Planned Number of Units to be Completed in Year Under this Program: 58	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: 58	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

N/A

1.1. Program Name and Unique Identifier: 2024-03:Student Rent Voucher

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

Provide rental assistance to low income Tribal Member students obtaining higher education within the United States.

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.):*

(8) Assist affordable housing for college students

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

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

(8) Assist affordable housing for college students

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low income Tribal Member college students in the United States.

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

Provides rental assistance up to a maximum of \$5,000 per eligible student, per school year. Students will pay 30% of their total monthly household adjusted gross income toward rent and KTHA will subsidize the remainder. Rent is paid to landlord only. Assistance is a grant that students do not have to repay.

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.):*

Assisted all eligible applicants. We are finally seeing growth in this program since the Covid-19 pandemic ended.

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: 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: 10	APR: Actual Number of Acres Purchased in Program Year: 0

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

N/A

1.1. Program Name and Unique Identifier: 2024-04:Elder Voucher

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

Provide rental assistance to low income Tribal Members who are elders or fully disabled within the Service Area.

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

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

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

(5) Address homelessness

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

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

(5) Address homelessness

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low income Tribal Members who are elders or fully disabled within the Service Area.

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

Provides recurring rental voucher assistance to eligible Tribal Members who are elders or fully disabled within the Service Area. Each beneficiary is re-evaluated annually for continued eligibility, beneficiary share of cost is based on income. The maximum amount of assistance is capped at \$6,000 per year. Recipients will pay 30% of their total household adjusted gross income toward rent and KTHA will subsidize the remainder. Rent is paid to landlord only. Assistance is a grant that recipients do not have to repay.

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.):*

Assisted all eligible applicants. We re finally seeing growth in this program since the Covid-19 pandemic ended.

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: 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: 21	APR: Actual Number of Acres Purchased in Program Year: 0

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

N/A

1.1. Program Name and Unique Identifier: 2024-05:Temporary Housing Voucher

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

Provide non-recurring temporary rental voucher assistance to eligible low income Tribal Members in the Service Area who are not at the top of the waiting list or who do not meet the requirements to live in the Tribal Housing communities.

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

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

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

(5) Address homelessness

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

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

(5) Address homelessness

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low income Tribal Members in the Service Area.

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

Provides non-recurring temporary rental voucher assistance to eligible low income Tribal Members in the Service Area. Each beneficiary is re-evaluated every three (3) to six (6) months for continued eligibility, beneficiary share of cost is based on income. The maximum amount of assistance is capped at \$6,000 per year. Recipient will pay 30% of their total household adjusted gross income toward rent and KTHA will subsidize the remainder. Rent is paid to landlord only. Assistance is a grant that recipients do not have to repay.

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.):*

Assisted all eligible applicants. We are finally seeing growth in this program since the Covid-19 pandemic ended.

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: 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: 7	APR: Actual Number of Acres Purchased in Program Year: 0

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

N/A

1.1. Program Name and Unique Identifier: 2024-06:Home Improvement/Rehabilitation Less Than 80%

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

Provide funding to low income Tribal Members in the Karuk Tribe Constitution Geographic Districts to rehabilitate or improve their housing conditions.

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

(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.):*

Low income Tribal Members in the Karuk Tribe Constitution Geographic Districts.

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

Provide assistance to low income Tribal Member homeowners in the Karuk Tribe Constitution Geographic Districts to rehabilitate or make improvements to their existing home to improve the quality of their living conditions. The amount of assistance is \$10,000 or an amount approved at the Board of Commissioner's discretion. The assistance is either a grant that is not repaid or a low interest loan, depending on their median income level. Elderly applicants are referred to apply for USDA programs, leveraging IHBG funds. Assistance to Tribal members at or below 50% of median income shall be a grant that is not repaid. Assistance to Tribal members at 50-80% of median income shall be a 2% loan that is repaid over 10 years.

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.):*

All eligible applicants approved for assistance. 2 prior year projects, and 4 current year projects, were completed by outside contractors.

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

Planned Number of Units to be Completed in Year Under this Program: 4	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: 6	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

N/A

1.1. Program Name and Unique Identifier: 2024-07:Home Improvement/Rehabilitation 80-100%

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

Provide funding to moderate income Tribal Members in the Karuk Tribe Constitution Geographic Districts to rehabilitate or improve their housing conditions. Assistance in this category will be for 80-100% median income families, not to exceed 10% of total grant award.

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.):*

Moderate income Tribal Members at 80-100% of median in the Karuk Tribe Constitution Geographic Districts.

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

Provide assistance to moderate income Tribal Members in the Karuk Tribe Constitution Geographic Districts who are homeowners to rehabilitate or make improvements to their existing home to improve the quality of their living conditions. The amount of assistance is approved at the Board of Commissioner's discretion based on needs. The assistance is a loan with interest. Applicants are referred to apply for USDA programs, leveraging IHBG funds. Assistance in this category will be for 80-100% median income families, not to exceed 10% of total grant award. Assistance shall be in the form of a loan with 4% interest that is repaid over 10 years.

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

No eligible applicants for this income level.

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

Planned Number of Units to be Completed in Year Under this Program: 4	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))):*

N/A

1.1. Program Name and Unique Identifier: 2024-08:Down Payment Assistance Less Than 80%

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

Down payment assistance for low income Tribal Members in the Karuk Tribe Constitution geographic districts.

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.):*

(13) Down Payment/Closing Cost Assistance [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.):*

(2) Assist renters to become homeowners

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.):*

(2) Assist renters to become homeowners

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 Tribal Members in the Karuk Tribe Constitution Geographic Districts.

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

Provides down payment assistance to low income Tribal Members in the Karuk Tribe Constitution geographic districts who require assistance to secure traditional first time homebuyer financing. Assistance is based on the loan amount, up to a maximum of \$20,000 or an approved amount at the Board of Commissioner's discretion. This assistance is a grant that is not repaid.

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

No eligible applicants.

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

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

N/A

1.1. Program Name and Unique Identifier: 2024-09:Down Payment Assistance 80-100%

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

Down payment assistance for moderate income Tribal Members in the Karuk Tribe Constitution Geographic Districts. Assistance in this category will be for 80-100% median households, not to exceed 10% of total grant award.

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.):*

(13) Down Payment/Closing Cost Assistance [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.):*

(2) Assist renters to become homeowners

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.):*

(2) Assist renters to become homeowners

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.):*

Moderate income Tribal Members in the Karuk Tribe Constitution Geographic Districts.

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

Provides down payment assistance to moderate income Tribal Members in the Karuk Tribe Constitution Geographic Districts who require assistance to secure traditional first time homebuyer financing. Assistance is based on the loan amount, up to a maximum of \$20,000 or an approved amount at the Board of Commissioner's discretion. Assistance in this category will be for 80-100% median households, not to exceed 10% of annual grant award. Recipients under this category will not receive the same level of assistance as low income recipients. This is a grant that is not repaid.

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

No eligible applicants for this income level.

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

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

N/A

1.1. Program Name and Unique Identifier: 2024-10:Revolving Loan Program Less than 80%

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

Provide home loans to low income Tribal Members in the Service Area.

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.):*

(14) Lending Subsidies for Homebuyers (Loan) [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.):*

(2) Assist renters to become homeowners

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.):*

(2) Assist renters to become homeowners

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 Tribal Members in the Service Area.

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

Provide home loans to low income Tribal Members in the Service Area who are eligible. Loans are traditional 30 year terms with 2% interest repaid to KTHA.

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

No eligible applicants for this income level due to the number of other first time homebuyer and HUD 184 Loan programs.

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

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

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

N/A

1.1. Program Name and Unique Identifier: 2024-11:Revolving Loan Program 80-100%

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

Provide home loans to moderate income Tribal Members in the Service Area. Assistance in this category will be for 80-100% median households, not to exceed 10% of total grant award.

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.):*

(15) Other Homebuyer Assistance Activities [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.):*

(2) Assist renters to become homeowners

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.):*

(2) Assist renters to become homeowners

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.):*

Moderate income Tribal Members in the Service Area at 80-100% of median income.

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

Provide home loans to moderate income Tribal Members in the Service Area who are eligible. Assistance in this category will be for 80-100% median households, not to exceed 10% of total grant award. Loans are traditional 30 year terms at 4% interest repaid to KTHA.

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

No eligible applicants for this income level due to the number of other first time homebuyer and HUD 184 Loan programs.

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

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

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

N/A

1.1. Program Name and Unique Identifier: 2024-12:Home Replacement

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

Provides replacement of substandard home within the existing footprint for Tribal Members at or below 50% of median income limits in the Service Area who own their own home.

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

(16) Rehabilitation Assistance to Existing Homeowners [202(2)]

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

(3) Improve quality of substandard units

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

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

(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.):*

Tribal Members at or below 50% of median income limits in the Service Area.

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

Replace substandard homeowner unit to provide safe and sanitary housing for Tribal Members at or below 50% of median income limits in the Service Area at no cost to the beneficiary through a grant that is not repaid. The Karuk Tribe Housing Authority will adhere to Total Development Cost limits as issued by ONAP.

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.):*

2 prior year projects carried over; 1 was near completion at FYE, and the second finally had the construction permit issued.

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

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

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

N/A

1.1. Program Name and Unique Identifier: 2024-13:Land Acquisition

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

KTHA acquisition of land for housing development, including site preparation, for the construction of new units to be occupied by eligible families with a rental agreement and other eligible affordable housing activities.

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.):*

(6) Acquisition of Land for 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.):*

(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.):*

Low-Moderate income Native American 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.):*

Provide safe and affordable housing to low-moderate income Native American families. Construction will include stick built and/or modular homes using Total Development Costs as issued by ONAP. Goal will be one home per acre, with higher density depending on the location and characteristics of the specific property. Rents will not exceed 30% of monthly total household adjusted gross income.

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.):*

One parcel was acquired, totaling 2.04 acres, adjacent to existing KTHA Trust lands.

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: 5
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: 2

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

N/A

1.1. Program Name and Unique Identifier: 2024-14:Crime Prevention and Safety

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

Provide crime prevention and safety activities in the Yreka, Happy Camp, and Orleans housing communities.

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.):*

(21) Crime Prevention and Safety [202(5)]

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

(11) Reduction in crime reports

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

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

(11) Reduction in crime reports

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low income Native American families residing in affordable housing units and the surrounding areas.

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 Crime Prevention and Safety Officers will provide crime prevention and reduction, drug and alcohol awareness, safety, and wellness activities in Yreka, Happy Camp, and Orleans. Activities will be reported as total dollars spent. Tenants will not be charged for these services.

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

The Security and Emergency Services Officers continue to coordinate and hold crime prevention, drug and alcohol awareness, and safety activities and programs in the three (3) tribal housing communities. Security of KTHA facilities and communities continue to be evaluated and improved through the installation of security cameras where appropriate. Security continues to assist with Neighborhood Watch Programs in the communities. The Security Department Staff continue to oversee Workplace Safety and address incidents that may occur in the workplace to protect staff, community members, and resources. Staff maintains communication with local first responders and law enforcement to report crimes when they occur. Staff continue to receive training and network with local agencies to collaborate on services. Each KTHA community has a dedicated Security Officer.

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))):*

N/A

1.1. Program Name and Unique Identifier: 2024-15:Wellness Center Operations

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

Provide youth and tenant activities in the Yreka, Happy Camp, and Orleans housing communities.

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

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

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

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

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

Provide educational and workforce development activities for residents living within the KTHA housing communities through computer center(s). Provide youth and tenant activities to engage at risk youth and tenants, while also working toward self sufficiency.

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):*

Provide educational and workforce development activities for residents living within the KTHA housing communities through computer center(s). Provide youth and tenant activities to engage at risk youth and tenants, while also working toward self sufficiency.

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low income Native American families residing in affordable housing 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.):*

The Wellness Center Staff will provide educational and workforce development activities for residents living within the KTHA housing communities through computer center(s). Provide youth and tenant activities to engage at risk youth and tenants, while also working toward self sufficiency. There will be no cost to programs or users for Tribally Sponsored activities in the facility.

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 Resource Development Manager and Wellness Center Staff continue to coordinate and hold crime prevention, drug and alcohol awareness, and safety activities and programs in the three (3) tribal housing communities including youth wellness activities with participation continuing to grow year over year. Two Program Activities Staff are employed by KTHA with funding from the Karuk Tribe.

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: 218	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: 223	APR: Actual Number of Acres Purchased in Program Year: 0

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

N/A

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.)

The Karuk Tribe Housing Authority will maintain 1937 Act housing units, buildings, equipment, and grounds. This will be accomplished by scheduled routine maintenance inspections, and regularly scheduled preventative maintenance or repairs. The Karuk Tribe Housing Authority will protect the 1937 Act assets by maintaining replacement value fire insurance on all rental units, buildings and facilities. In addition, KTHA will also maintain business insurance on all equipment. The Karuk Tribe Housing Authority will inspect and maintain waste and water systems and roads that serve our housing authority communities.

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

n/a

Section 5: Budgets

NAHASDA §§ 102(b)(2)(C), 404(b)

(1) **Sources of Funding** NAHASDA § 102(b)(2)(C)(i), (404(b)) (Complete the **non-shaded** portions of the chart below to describe your estimated or anticipated sources of funding for the 12-month program year. **APR Actual Sources of Funding -- Please complete the shaded portions of the chart below to describe your actual funds received. Only report on funds actually received and under a grant agreement or other binding commitment during the 12-month program year.**)

SOURCE	IHP					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	
1. IHBG Funds	\$0.00	\$5,079,556.00	\$5,079,556.00	\$5,079,556.00	\$0.00	
2. IHBG Program Income	\$5,096,000.00	\$850,000.00	\$5,946,000.00	\$5,946,000.00	\$0.00	
3. Title VI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
4. Title VI Program Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
5. 1937 Act Operating Reserves	\$0.00		\$0.00	\$0.00	\$0.00	
6. Carry Over 1937 Act Funds	\$0.00		\$0.00	\$0.00	\$0.00	
7. ICDBG Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
8. Other Federal Funds	\$0.00	\$2,035,648.00	\$2,035,648.00	\$2,035,648.00	\$0.00	
9. LIHTC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10. Non-Federal Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total	\$5,096,000.00	\$7,965,204.00	\$13,061,204.00	\$13,061,204.00	\$0.00	
TOTAL Columns C and H (2 through 10)			\$7,981,648.00			
SOURCE	APR					
	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds to be expended during 12-month program year	(J) Actual unexpended funds remaining at end of program year (H-I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds	\$0.00	\$6,668,962.00	\$6,668,962.00	\$6,668,962.00	\$0.00	
2. IHBG Program Income	\$0.00	\$0.00	\$0.00	\$228,130.44	-\$228,130.44	
3. Title VI			\$0.00		\$0.00	
4. Title VI Program Income			\$0.00		\$0.00	
5. 1937 Act Operating Reserves			\$0.00		\$0.00	
6. Carry Over 1937 Act Funds			\$0.00		\$0.00	
7. ICDBG Funds			\$0.00		\$0.00	
8. Other Federal Funds			\$0.00		\$0.00	
9. LIHTC			\$0.00		\$0.00	
10. Non-Federal Funds			\$0.00		\$0.00	
Total	\$0.00	\$6,668,962.00	\$6,668,962.00	\$6,897,092.44	-\$228,130.44	
TOTAL Columns C and H (2 through 10)			\$0.00			

Notes:

- a. For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). For the APR, fill in columns F, G, H, I, J, and K (shaded columns).
- b. Total of Column D should match the total of Column N from the **Uses of Funding** table below.
- c. Total of Column I should match the Total of Column Q from the **Uses of Funding** table below.

d. For the IHP, describe any estimated leverage in Line 3 below (Estimated Sources or Uses of Funding). For the APR, describe actual leverage in Line 4 below **Uses of Funding table below.**

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

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

PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)
2019-14: Wellness Center, Orleans	\$0.00	\$500,000.00	\$500,000.00	\$0.00	\$0.00	\$0.00
2020-16: Construction of Single Family Homes, Orleans	\$0.00	\$3,035,648.00	\$3,035,648.00	\$289,572.19	\$0.00	\$289,572.19
2021-17: Yreka Apartment Renovation	\$0.00	\$600,000.00	\$600,000.00	\$252,425.42	\$0.00	\$252,425.42
2024-01: 1937 Act Operations and Maintenance	\$4,029,711.00	\$0.00	\$4,029,711.00	\$2,543,779.71	\$0.00	\$2,543,779.71
2024-02: NAHASDA Operations and Maintenance	\$0.00	\$1,415,845.00	\$1,415,845.00	\$1,001,613.26	\$0.00	\$1,001,613.26
2024-03: Student Rent Voucher	\$0.00	\$125,000.00	\$125,000.00	\$31,062.15	\$0.00	\$31,062.15
2024-04: Elder Voucher	\$0.00	\$75,000.00	\$75,000.00	\$52,443.25	\$0.00	\$52,443.25
2024-05: Temporary Housing Voucher	\$0.00	\$25,000.00	\$25,000.00	\$15,026.00	\$0.00	\$15,026.00
2024-06: Home Improvement/ Rehabilitation Less Than 80%	\$0.00	\$125,000.00	\$125,000.00	\$269,695.49	\$0.00	\$269,695.49
2024-07: Home Improvement/ Rehabilitation 80-100%	\$0.00	\$125,000.00	\$125,000.00	\$0.00	\$0.00	\$0.00
2024-08: Down Payment Assistance Less Than 80%	\$0.00	\$125,000.00	\$125,000.00	\$0.00	\$0.00	\$0.00
2024-09: Down Payment Assistance 80-100%	\$0.00	\$125,000.00	\$125,000.00	\$0.00	\$0.00	\$0.00
2024-10: Revolving Loan Program Less than 80%	\$0.00	\$150,000.00	\$150,000.00	\$0.00	\$0.00	\$0.00
2024-11: Revolving Loan Program 80-100%	\$0.00	\$150,000.00	\$150,000.00	\$0.00	\$0.00	\$0.00
2024-12: Home Replacement	\$0.00	\$275,000.00	\$275,000.00	\$236,984.54	\$0.00	\$236,984.54
2024-13: Land Acquisition	\$74,000.00	\$26,000.00	\$100,000.00	\$56,527.87	\$0.00	\$56,527.87
2024-14: Crime Prevention and Safety	\$0.00	\$304,000.00	\$304,000.00	\$340,280.25	\$0.00	\$340,280.25
2024-15: Wellness Center Operations	\$0.00	\$482,000.00	\$482,000.00	\$422,326.10	\$228,130.44	\$650,456.54
Loan repayment - describe in 3 & 4 below	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Planning and Administration	\$975,845.00	\$318,155.00	\$1,294,000.00	\$1,157,225.77	\$0.00	\$1,157,225.77
TOTAL	\$5,079,556.00	\$7,981,648.00	\$13,061,204.00	\$6,668,962.00	\$228,130.44	\$6,897,092.44

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): **In addition to FY2024 IHBG Program Income funds (\$1,000,000), IHBG Competitive Grant 21ICCA17850 funds (\$2,035,648) will be leveraged for Program Description 2020-16 to construct eight (8) new single family rental units. The total projected cost is \$3,035,648 and the project is anticipated to take multiple fiscal years to complete. There are no FY 2024 IHBG funds anticipated to be used for this project. \$500,000 is allocated to the Orleans Wellness Center Model Activity approved in FY2019 with the Unique Identifier 2019-14. The funding will be used to design the facility while additional funds are sought for full construction, which based on prior projects it is anticipated to cost roughly \$3,000,000 for facility construction. There are no loan repayments associated with this IHP.**

(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.): **Funding includes Program Income Reserves and IHBG Competitive Grant 21ICCA17850 which is leveraged for Activity 2020-16. Program Income is increased due to higher interest rates on investments, and some tenants paying more than usual on their Lease Purchase / Homebuyer accounts.**

KTHA successfully leveraged NAHASDA funds to receive grants from California Office of Emergency Services (Cal-OES) to retrofit existing units with Fire Ignition Resistant Materials and complete Defensible Space/Fuels Reduction Activities, Federal Emergency Management Agency (FEMA) to replace wood fencing with fire-resistant chain link in Orleans and add emergency backup generators to key facilities in Happy Camp, and Department of Energy (DOE) to add Solar Panels with Battery Storage to all 39 Elder Units throughout all three communities. These Hazard Mitigation Projects avert hazards, improve the quality of life for tenants, and add useful life KTHA units throughout all three communities.

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.):

The useful life of units which rehabilitation or modernization funds are provided for will be determined on a sliding scale. The useful life of the unit will remain affordable housing based on the amount of IHBG funds invested. The sliding scale is as follows: Under \$5,000 - 6months \$5,001 to \$15,000 - 5 years \$15,001 to \$40,000 -10 years Over \$40,000 - 20 years New construction or acquisition of newly constructed housing units will remain affordable housing for 20 years.

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

Model Activity 2019-14 for an Orleans Wellness Center was approved in the FY2019 IHP. KTHA will continue to work on planning and design of the facility, with additional funding to be identified for construction in future years through leveraged sources such as the Tribe, ICDBG, and other grant funds.

(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.**The Karuk Tribe Housing Authority will give preference in providing housing assistance to members of the Karuk Tribe and then to Enrolled Members of Other Federally Recognized Tribes. It will provide preference by placing all applicants on a Waiting List with Karuk Members receiving a higher point value, followed by Enrolled Members of Other Federally Recognized Tribes receiving a lesser number of points.**

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

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

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

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

Did you exceed your spending cap for Planning and Administration? **No**

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

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

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

If no, proceed to Section 7.

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

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

Expanded Formula Area:

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

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

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

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

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

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

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

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

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

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

Section 7: Indian Housing Plan Certification of Compliance

NAHASDA § 102(b)(2)(D)

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

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

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

(2) In accordance with 24 CFR 1000.328, the recipient receiving less than \$200,000 under FCAS certifies that:

There are households within its jurisdiction at or below 80 percent of median income: **Not Applicable**

(3) The following certifications will only apply where applicable based on program activities.

a. It will maintain adequate insurance coverage for housing units that are owned and operated or assisted with grant amounts provided under NAHASDA, in compliance with such requirements as may be established by HUD: **Yes**

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

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

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

Section 8: IHP Tribal Certification

NAHASDA § 102(c)

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

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

(1) The recognized tribal government of the grant beneficiary certifies that:

(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: **No**

(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? **Yes**

(3) Did you conduct self-monitoring, including monitoring sub-recipients? **Yes**

(4) Self-Monitoring Results. *(Describe the results of the monitoring activities, including corrective actions planned or taken.):*

Ongoing projects are monitored to ensure proper performance. Contract compliance is monitored by the Executive Assistant and Executive Director with oversight by the Board of Commissioners. Tenant Relations Meetings are held and documents are reviewed by the Operations Manager to determine if income calculations are being done correctly and that scheduled inspections and re-certifications are on track. Environmental review requirements are completed by the Executive Assistant, reviewed by the Executive Director and Tribal Land Manager, prior to approval by the Tribal Chairman. A review process is in place for evaluation and approval of home rehabilitation applications including Admissions/Loan Specialist, Operations Manager, Chief Finance Officer, Construction Manager, Executive Assistant, and Executive Director review prior to Board of Commissioners approval. Contracts and Agreements are reviewed through a similar process where the Requestor submits the document for review to the Executive Director, Chief Finance Officer, Construction Manager (when construction is involved) and Executive Assistant prior to approval. KTHA is currently without a Chief Finance Officer, and has retained a Contracted Bookkeeper to provide fiscal reports, directly from the Accounting Software Program to the Board of Commissioners and reconcile KTHA accounts monthly and complete necessary audit preparations. Managers and Staff are updated on the status of programs, projects, and policies as needed. Managers report to the Board of Commissioners monthly, and provide Annual Reports. Managers provide input on policy and procedure development. Policy updates are provided to staff regularly through email communications and staff meetings when necessary. The KTHA Executive Director reports twice monthly to the Board of Commissioners and once monthly to the Tribal Council. The Board of Commissioners and the Tribal Council meet Quarterly, with one Annual Planning Session held to develop and monitor progress toward the goals identified in the last and upcoming Indian Housing Plans.

Section 11: Inspections

NAHASDA § 403(b)

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

Activity (A)	Total Number of Units (B)	Units in Standard Condition (C)	Units Needing Rehabilitation (D)	Units Needing to be Replaced (E)	Total Number of Units Inspected (F=C+D+E)
1937 Housing Act Units:					
a. Rental	137	124	0	0	124
b. Homeownership	23	21	0	0	21
c. Other	0	0	0	0	0
1937 Act Subtotal:	160	145	0	0	145
NAHASDA Associated Units:					
a. Rental	54	43	0	0	43
b. Homeownership	9	7	0	0	7
c. Rental Assistance	0	0	0	0	0
d. Other	0	0	0	0	0
NAHASDA Act Subtotal:	63	50	0	0	50
Total:	223	195	0	0	195

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

(3) If no, why not:

KTHA complied with its inspection policy, however, there were several units vacant due to the ongoing Yreka Apartment Renovation Project and Routine Turnover/Vacancies.

Section 12: Audits

24 CFR § 1000.544

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

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

If Yes, an audit is required to be submitted to the Federal Audit Clearinghouse and your Area Office of Native American Programs.

If No, an audit is not required.

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

Section 13: Public Availability

NAHASDA § 408, 24 CFR § 1000.518

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

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

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

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

Pending end of Comment Period.

Section 14: Jobs Supported by NAHASDA

NAHASDA § 404(b)

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

Indian Housing Block Grant Assistance (IHBG)	
(1) Indian Housing Block Grant Assistance (IHBG)	45
(2) Number of Temporary Jobs Supported	20

(3) Narrative (optional):

None.

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: **Karuk Tribe Housing Authority**
- (5) Authorized Official's Name and Title:
- (6) Authorized Official's Signature:
- (7) Date (*MM/DD/YYYY*):