

SECTION 1: COVER PAGE

(1) Grant Number:

(2) Recipient Program Year:

(3) Federal Fiscal Year:

- (4) IHBG-CARES/IHBG-ARP
- (5) Initial Plan (Complete this Section then proceed to Section 2) or an Amended IHP
- (6) Annual Performance Report (Complete items 27-30 and proceed to Section 3)
- (7) Tribe
- (8) TDHE

(9) Name of Recipient:

Tohono O'odham Ki:Ki Association

(10) Contact Person:

C. Peter Delgado

(11) Telephone Number with Area Code (999) 999-9999 :

(520) 383-2202

(12) Mailing Address:

PO Box 790

(13) City:

Sells

(14) State:

Arizona

(15) Zip Code (99999 or 99999-9999):

85634

(16) Fax Number with Area Code (if available) (999) 999-9999 :

(520) 383-2259

(17) Email Address (if available):

pdelgado@tokahousing.org

(18) If TDHE, List Tribes Below:

Tohono O'odham Nation

(19) Tax Identification Number:

86-0267825

(20) DUNS Number:

832074889

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

11/25/2022

(22) IHBG-CARES/ARP Amount:

\$7,411,230

Date Started Preparing for COVID-19

03/09/2020

(23) Name of Authorized IHP Submitter:

C. Peter Delgado

(24) Title of Authorized IHP Submitter:	Executive Director
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	05/21/2021
(27) Name of Authorized APR Submitter:	C. Peter Delgado
(28) Title of Authorized APR Submitter:	Executive Director
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	08/10/2022

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

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

APR: REPORTING ON PROGRAM YEAR PROGRESS

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

Program Descriptions

1.1. Program Name and Unique Identifier:

Unique Identifier	COVID-19 Respond
-------------------	------------------

COVID-19 Respond - 1 - Mortgage Assistance
--

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

TOKA will provide mortgage payment assistance for families who experienced a reduction in household income, incurred significant costs or experienced financial hardship due, directly or indirectly, to the Covid-19 outbreak. TOKA will provide up to \$5,000 per household.
--

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.):

(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.):

- Low-income Indian Households Non-low income Indian Households Non-Indian Households

Families with incomes that fall at or below 80 percent 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.):

Mortgage payment assistance to assist low income households that was impacted by the COVID-19 outbreak. Payments will be made on behalf of the household to the lender. Assistance is in the form of a grant.

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.

TOKA has received Emergency Rental Assistance and Homeownership Assistance Funds. With these two awards, we did not utilize this budget and will submit an amendment to move these funds to a different line item.

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
20		
APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
0		

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

TOKA has received Emergency Rental Assistance and Homeownership Assistance Funds. With these two awards, we did not utilize this budget and will submit an amendment to move these funds to a different line item.

2.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2 - Renovation/rehabilitation of homes

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

TOKA will provide renovation/rehabilitation to privately owned homes for health and safety issues, ventilation issues, improved water and sewer access and provide relocation assistance during the renovation

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

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

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

(3) Improve quality of substandard units

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

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

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

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

TOKA purchased mobile home units and placed them with the families who were living in substandard conditions.

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

Low-income Indian Households Non-low income Indian Households Non-Indian Households

Families with incomes that fall at or below 80 percent of median income

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

TOKA will provide rehabilitation assistance to low income families who were affected by the Covid-19 outbreak and to help prevent the spread of the disease. The project assistance is in the form of a grant. Total development cost and useful life will be in accordance with established policy and waivers in PIH Notice 2021-11.

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

TOKA did assessments on homes that were in desperate need of repair. The repairs were determined to be very costly and instead made a recommendation to purchase 7 mobile home units. 7 families will be able to benefit a new home. The purchase has been completed and the home delivered. TOKA is in the process of completing the set up on the individual family lands.

2.9: Planned and Actual Outputs for 12-Month Program Year

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

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

10

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

7

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

This program is on time and almost complete.

3.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 1 - Provide PPE supplies

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

TOKA will purchase and distribute cleaning products such as disinfectants, sanitizers, waste disposal supplies, and other supplies to disinfect homes of residents, common areas, housing related public facilities, and other public spaces like playgrounds

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

(7) Development of Emergency Shelters [202(2)]

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

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

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

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

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

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

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

Low-income Indian Households Non-low income Indian Households Non-Indian Households

Families with incomes that fall at or below 80 percent of median income

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

All families will receive an initial allocation of PPE and cleaning supplies to help them prepare for and protect their families from COVID-19, approximate cost of \$100 per family.

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

TOKA purchased 100 gift cards at \$100 each. TOKA distributed the gift cards to families in and who have been affected by the COVID-19 pandemic. The cards will be utilized to purchase groceries, cleaning products and products need by the families. The gift cards were distributed to participants who applied for ERA assistance.

3.9: Planned and Actual Outputs for 12-Month Program Year

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

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

100

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

100

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

This program is completed

4.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Preparation

COVID-19 Preparation - 1 - Provide groceries and essential supplies

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

TOKA will purchase and distribute water, groceries, prescriptions, and other items for Elders, Veterans, at risk population, or disabled households

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

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

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

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

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

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

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

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

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

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

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

Low-income Indian Households Non-low income Indian Households Non-Indian Households

Families with incomes that fall at or below 80 percent of median income

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

All families will receive an initial allocation of supplies to help them prepare for and protect their families from COVID-19, approximate cost of \$100 per family.

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

OKA purchased 150 gift cards at \$100 each. TOKA distributed the gift cards to families in and who have been affected by the COVID-19 pandemic. The cards will be utilized to purchase groceries, cleaning products and products need by the families. The gift cards were distributed to participants who applied for ERA assistance.

4.9: Planned and Actual Outputs for 12-Month Program Year

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

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

100

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

150

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

This program is completed.

5.1. Program Name and Unique Identifier:

Unique Identifier	COVID-19 Respond
-------------------	------------------

COVID-19 Respond - 3 - Upgrade IT structure

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

TOKA will upgrade the IT structure and equipment. This includes the purchase of new software to work remotely, improve cloud capability for off site digital storage, and purchase of telework equipment to allow TDHE employees to work remotely

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

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

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

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

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

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

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

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

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

Low-income Indian Households Non-low income Indian Households Non-Indian Households

TOKA employees will continue to assist the families in the housing program. We currently have 180 rental units, 161 New Mutual Help units, and 103 Nahasda homeownership units for a total of 444

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

TOKA will provide employees with necessary equipment to work remotely to prevent the spread of the Covid-19 outbreak

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

TOKA's IT department has implemented a few cloud-based solutions to help employees complete their work remotely. Before the pandemic took its full effect and caused companies to shut down, our IT department implemented the LogMeln remote desktop solution for employees to access their computers from home. Cloud-based backups were also implemented for the main active directory server as well as the accounting software backups.

During the pandemic closure, our Network Engineer was able to implement new network switches at our main office and at our remote site in San Xavier. These network switches, along with others that we will be implementing soon, will allow our employees to no longer have to remote into their work computers. They will instead be able to have computers at their house that will have direct access to our network via VPN (virtual private network).

Most of our remote workers were already utilizing mobile devices (iPad, iPhone, MacBooks, laptops) so the transition to

cloud-based work was simple. There were some essential employees that did not have adequate personal mobile devices. We had to order laptops for some and provide others with mobile phones. All of TOKA's Maintenance Technicians received new iPads to replace their old, outdated to devices. Project Managers also received new iPads. All of these new devices have cellular cards in them so that the employees do not need to rely on local Wi-Fi. There are other employees throughout the organization who required different things, such as external monitors, which the company has already provided or ordered.

5.9: Planned and Actual Outputs for 12-Month Program Year

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

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

444

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

444

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

This program is completed.

6.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 4 - Construction of new childrens foster care home

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

Construction of a new children’s foster care home who are currently housed off reservation, away from their culture and community are at risk of health and safety issues. TOKA in collaboration with the Nation’s Planning, Health & Human Services division are actively finalizing site plans within our current housing subdivision of Hanam Ke:k, environmental and cultural clearances are already in place. Many existing resources are close to this site include the Recreational Facilities already in construction and surrounding housing and transportation.

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

(7) Development of Emergency Shelters [202(2)]

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

(5) Address homelessness

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

6.5 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.):

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

- Low-income Indian Households Non-low income Indian Households Non-Indian Households

Children with incomes that fall at or below 80 percent median income

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

TOKA will provide children a new foster care home for displaced and homeless children, children who are at risk of health and safety issues, and children who experienced homelessness directly or indirectly due to the Covid-19 outbreak.

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

TOKA has procured architectural design services and drawings are been completed. TOKA is gathering vertical estimates as well as estimates for infrastructure, paving, earthwork, and civil engineering. TOKA has had preliminary meetings with the Tohono O’odham Nation’s Economic and Development Department for site location and budgeting.

6.9: Planned and Actual Outputs for 12-Month Program Year

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

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

20

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

0

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

TOKA is still in the early planning stages of this program.

7.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 5 - Construction of new TDHE facility

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

TOKA will construct a new TDHE facility for essential workers at TOKA. TOKA is in urgent need of modifications to our existing space to better social distance employees who are considered essential workers. Currently we have 2- sometimes 4 employees sharing a single desk space due to space limitations. We are reworking our current space configurations to allow for better social distancing, lighting and cleaning/ upgrading our HVAC air ventilation circulation system.

Additionally, TOKA is in great need of additional space for residential staff to better and more safely meet face to face with clients. TOKA is planning construction of a new building for our Residential Counselors who are deemed essential workers. The TOKA Administration currently does not have enough offices per employee. TOKA employees have to share offices and work spaces, and there are very limited areas to have private meetings with clients we serve. With a new building, this will help reduce the spread of the Covid-19 virus, allow social distancing and continued support of providing essential housing services to the community.

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

(22) Model Activities [202(6)]

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

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

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

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

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

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

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

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

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

Low-income Indian Households Non-low income Indian Households Non-Indian Households

TOKA employees will continue to assist the families in the housing program. We currently have 180 rental units, 161 New Mutual Help units, and 103 Nahasda homeownership units for a total of 444

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

TOKA will provide employees with necessary work space to carry out essential duties in a safe, social distancing environment.

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

TOKA has completed architectural and engineering design for the renovation of the TOKA Administration Building, for the renovation of the TOKA Warehouse and designs for the new construction of a TOKA Residential Department

building. TOKA procured Sellers and Sons to start the renovation of the TOKA Administration building in October 2021 with an estimated completion date of November 2022. The project had delays due to material and labor shortages. The warehouse renovation will go out to bid September 2022. The TOKA Residential Department building is still in the early planning stages.

7.9: Planned and Actual Outputs for 12-Month Program Year

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
---	---	---

APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
--	--	--

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

There were delays in the TOKA Administration renovation due to material and labor shortages but will be completed in November 2022. The other project are still moving along in a timely manner.

SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
IHBG-CARES/ARP Funds	\$0	\$7,411,230	\$7,411,230	\$7,411,230	\$0	\$0	\$7,411,230	\$7,411,230	\$3,481,566	\$3,929,664	\$0

TOTAL	\$0	\$7,411,230	\$7,411,230	\$7,411,230	\$0	\$0	\$7,411,230	\$7,411,230	\$3,481,566	\$3,929,664	\$0
TOTAL Columns C & H, 2 through 10			\$0					\$0			

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.

(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 CARES/ARP (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)	(L) Total IHBG CARES/ARP (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)
COVID-19 Respond - 1 - Mortgage Assistance	\$100,000		\$100,000	\$0		\$0
COVID-19 Respond - 2 - Renovation/rehabilitation of homes	\$1,500,000		\$1,500,000	\$1,041,114		\$1,041,114
COVID-19 Prevention - 1 - Provide PPE supplies	\$10,000		\$10,000	\$24,109		\$24,109

COVID-19 Preparation - 1 - Provide groceries and essential supplies	\$10,000		\$10,000	\$13,500		\$13,500
COVID-19 Respond - 3 - Upgrade IT structure	\$50,000		\$50,000	\$50,603		\$50,603
COVID-19 Respond - 4 - Construction of new childrens foster care home	\$2,000,000		\$2,000,000	\$0		\$0
COVID-19 Respond - 5 - Construction of new TDHE facility	\$2,258,984		\$2,258,984	\$882,801		\$882,801
Planning and Administration	\$1,482,246		\$1,482,246	\$1,469,438		\$1,469,438
TOTAL	\$7,411,230	\$0	\$7,411,230	\$3,481,566	\$0	\$3,481,566

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):

TOKA does not plan to leverage funds with this IHBG-ARP grant

(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.):

TOKA is not leveraging funds for this program.

SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

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

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

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

Yes No

(2) In accordance with 24 CFR 100.328, the recipient receiving less than \$200,000 under FCAS certifies that:

There are households within its jurisdiction at or below 80 percent of median income.

Yes No Not Applicable

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

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

Yes No Not Applicable

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

Yes No Not Applicable

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

Yes No Not Applicable

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

Yes No Not Applicable

SECTION 8: IHP TRIBAL CERTIFICATION
NAHASDA § 102(c)

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

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

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

(4) Tribe:	Tohono O'odham Nation
(5) Authorized Official's Name and Title:	Ned Norris, Chairperson
(6) Authorized Official's Signature:	on file
(7) Date (MM/DD/YYYY):	05/24/2021

SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

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

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

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

--

SECTION 12: AUDITS

24 CFR § 1000.544

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

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

Yes No

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

If No, an audit is not required.