



Puyallup Tribal Housing Department

"A Drug & Alcohol Free Housing Program"



U.S. Department of Housing and Urban Development
Northwest Office of Native American Programs (Attention David Boyd)
Federal Office Building
909 First Avenue, Grants Management Division
Seattle WA 98104-1000

Subject: Modification of IHBG ARP (Grant number 21AH5312680)

Dear David Boyd, Director, Grants Management Division

On August 22, 2024, the PTOI Housing Department and Tribe recognized the need to modify the currently approved IHBG-ARP (grant number 21AH5312680) as follows: As the Waller Project is delayed due to permitting issues with Pierce County and the Greatview Garden is not moving forward, funding is needed for continuing operations expenses due to Covid-19 impacts. PTOI would like to re-budget funding as outlined below.

The proposed modifications would result in the following changes to the currently approved budget:

- Covid-19 Prevention – 1 – PPE, cleaning and supplies prevention of Covid-19
 - **Current budget: \$5,065.04**
 - Proposed Budget: \$14,587.96/Removed
- Covid-19 Respond – 1 - Waller Road Site –
 - Current Budget: \$2,000,000
 - Proposed budget \$585,500/removed \$1,415,500
- Covid-19 Respond – 2 – Garden Located behind Greatview
 - Current budget: \$18,000
 - Proposed Budget: \$0/Removed 18,000
- Covid-19 Reimbursement – 1 – Covid Related Costs
 - Current budget: \$40,000
 - Proposed Budget: \$0/Removed \$40,000
- **New Activity:**
 - Covid-19 Respond – Reimbursement-2-COVID related costs
 - Proposed budget: \$ 645,153,000
 - Covid-19 Reimbursement 3 Painting of all low income rental units
 - Proposed budget: \$ 347,000
 - Covid 19 Reimbursement 4 fencing
 - Proposed budget: \$494,934.96

HUD's consideration of the proposed modifications is appreciated. Please let us know if you need additional information to make a decision.

Very respectfully,

Joanne Gutierrez
Director
Puyallup Tribe of Indians, Housing Department

SECTION 1: COVER PAGE

(1) Grant Number: 21AH5312680

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

(3) Federal Fiscal Year: 2021

- (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: Puyallup Tribe of Indians

(10) Contact Person: Bill Sterud

(11) Telephone Number with Area Code (999) 999-9999 : (253) 573-7800

(12) Mailing Address: 3009 East Portland Ave

(13) City: Tacoma (14) State: Washington (15) Zip Code (99999 or 99999-9999): 98404

(16) Fax Number with Area Code (if available) (999) 999-9999 : (253) 680-5986

(17) Email Address (if available): bill.sterud@puyalluptribe-nsn.gov

(18) If TDHE, List Tribes Below: Puyallup Tribe of Indians Housing Department

(19) Tax Identification Number: 91-0955402

(20) DUNS Number: 146765938

(21) CCR/SAM Expiration Date (MM/DD/YYYY): 04/01/2025

(22) IHBG-CARES/ARP Amount: \$2,247,653

Date Started Preparing for COVID-19: 02/04/2020

(23) Name of Authorized IHP Submitter: Joanne, Gutierrez

(24) Title of Authorized IHP Submitter:	Housing Director
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	
(27) Name of Authorized APR Submitter:	Joanne Gutierrez
(28) Title of Authorized APR Submitter:	Housing Director
(29) Signature of Authorized APR Submitter:	Joanne Gutierrez
(30) APR Submission Date (MM/DD/YYYY):	11/25/24

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 - Waller Road Site

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

Development and construction costs for Waller Road site. 6 ADA complexes with 2 1 or 2 bedroom units per complex for a total of 12 units, depending on funding and what is allowed with expansion of septic system and infrastructure to reduce over crowding and respond to COVID 19.

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.):

(1) Reduce over-crowding

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.):

(1) Reduce over-crowding

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

Low Income Indian households

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

Develop and construct safe and healthy housing for participants on waiting lists. Develop 6 complexes with 2 units each ranging from 1 or 2 bedrooms variable depending on expansion of septic system and infrastructure. With \$2,000,000 budgeted, the cost per unit will be \$166,666.

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.

N/A

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
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12

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
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0

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

Behind schedule due to conduction of updated environmental review of site, selection of A&E services to assist with further developing project, the A&E delayed contract signing and in the process of being routed through our tribal council offices for approval. This project is moving forward but delayed to staffing and processing the documents

through the proper channels and new staff being trained in policies and procedures for tribe, HUD, and NAHASDA. Further training will be conducted and requested through TA through the HUD ONAP offices.

2.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Reimbursement

COVID-19 Reimbursement - 2 - COVID related costs

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

Covid has continued to have negative effects on Indian Country Housing. Incurred costs for a variety of expenses for the period beginning April 1, 2024 and extending until expenses no longer needed to address Covid-related issues. These costs were separately tracked in our accounting records and include but are not limited to the following: Continue to assist affordable housing for low income Native American households while impacted by COVID-19. To provide housing services and operations for eligible activities as following:

- 1) Housing Management
- 2) Crime and Prevention
- 3) Housing Services
- 4) Operations and Maintenance of HOPA NAHASDA
- 5) Operations and Maintenance of 1937 Act Units
- 6) Operations and Maintenance of NAHASDA Rentals
- 7) Rental Assistance Vouchers
- 8) Methamphetamine Remediation
- 9) Any other costs associated with providing services, operations, and maintenance of all Housing department units

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.):

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

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

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

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

Continue to assist affordable housing for low-income households while Impacted by Covid-19.

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

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

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

Provided the services to Low Income Native Americans within our housing units with services for affordable housing management.

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

This funding allowed for the continuity of tribal operations since during the period of performance of IHBG-ARP. This spending assisted low-income Indian households by providing operations and maintenance for affordable housing. Puyallup used these dollars for a variety of line items, including salaries of housing and related staff, as well as other IHBG-eligible costs. These funds made it possible to prepare, prevent and respond to the impacts of COVID 19 while also keeping pace with HUD grant requirements and continuous improvements to the way our tribe delivers services

to our people. Provided services for Low Income Native Americans that lived in our housing department rental units 22 Greatview Apartments, NE apartments, 20 Longhouse apartments, 6 Sandi Yakima house, 8 Waller Road, 4 Scattered home rentals, 26 HOPA units, 1 rental assistance voucher. Prepare all work specifications according to our policy and procedures for providing services, operations, maintenance, legal, and procurement for all of PTOI Housing department housing units. While working with the Puyallup Tribe of Indians Administration to complete contract signing and accounting processing with DAP accounting services. Providing services, operations and maintenance of all housing department units and sites.

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.

[Redacted]

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
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114

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
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[Redacted]

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

[Redacted]

3.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 2 - Rehabilitation of Units

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

Sandblasting/Pressure Washing/Painting Units at 22 Greatview Apartments, 27 NE apartments, 20 Longhouse apartments, 6 Sandi Yakima house, 8 Waller Road, 4 Scattered home rentals to ensure units stay available for occupancy and reduce overcrowding, preventing the spread of Covid.

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.):

(5) Rehabilitation of Rental Housing [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.):

(3) Improve quality of substandard units

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

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

Low Income Native American families residing in PTOI units by extending the useful life of units

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

Improve the housing quality standards of unit and useful life of all low rent units with in PTOI housing department to maintain units to extend the useful life of units for tenants to remain living in safe units to prevent the spread of COVID 19.

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.

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
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87

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

4.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 3 - Crime & Security Fencing

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

Provide fencing at rental housing sites for low income Native Americans at Northeast site, Greatview, and Yakima(Sandi), Waller Road to protect the sites and residents during the period that our community continues to be impacted by Covid-19.

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.):

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

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.):

(11) Reduction in crime reports

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

4.5 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.):

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

This will allow the housing rental unit sites with a fencing around the site properties to provide safety and crime prevention for the tenants living at these sites

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

Provide safety and crime prevention for tenants at sites. This will also allow tenants to provide a safe place to live to prevent the spread of COVID 19. Allows for a confined outdoor spaces within property to prevent the spread of COVID 19. Allows for protection from outside guests or vistor's who may spread COVID 19 and prevent crime also provide prevention.

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.

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

5.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 3 - PPE, cleaning, and supplies prevention of COVID 19

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

Provide additional funding to purchase PPE, cleaning, supplies for prevention of COVID-19 for staff and safety of housing community members

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):

Provide additional PPE and supplies for prevention of the spread of COVID-19 for staff, clients, and members of community

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

Staff, clients, and housing community members in our low-income Native American service area

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

Provide PPE for staff while working in the office, out in the field, when clients visit the office

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.

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

114

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

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

SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
IHBG-CARES/ARP Funds	\$0	\$2,247,653	\$2,247,653	\$2,247,653	\$0	\$0	\$2,247,653	\$2,247,653	\$0	\$2,247,653	\$0

TOTAL	\$0	\$2,247,653	\$2,247,653	\$2,247,653	\$0	\$0	\$2,247,653	\$2,247,653	\$0	\$2,247,653	\$0
TOTAL Columns C & H, 2 through 10			\$0					\$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)	(I) 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 - Waller Road Site	\$585,500		\$585,500	\$0		\$0
COVID-19 Reimbursement - 2 - COVID related costs	\$645,153		\$645,153			\$0
COVID-19 Prevention - 2 Rehabilitation of Units	\$347,000		\$347,000			\$0

COVID-19 Prevention - 3 - Crime & Security Fencing	\$484,935		\$484,935			\$0
COVID-19 Prevention - 3 - PPE, cleaning, and supplies prevention of COVID 19	\$5,085		\$5,085			\$0
Planning and Administration	\$170,000		\$170,000	\$0		\$0
TOTAL	\$2,247,653	\$0	\$2,247,653	\$0	\$0	\$0

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):

The Waller Road project will be using multiple fund sources to complete this project. The estimated cost per unit will be around \$166,666. ICDBG ARP (22RP5312680) \$1,722,746 & IHBG ARP (21AH5312680) (\$585,500) & IHBG (55IT5312680) (estimated at \$1.5M/other funding sources currently under examination). The funds will be used for Infrastructure and construction of the Waller Road project.

(4) APR (NAHASDA § 404(b)) (Enter any additional information about the actual sources or uses of funding, including leverage (if any). You must provide the relevant information for any actual loan repayment listed in the Uses of Funding table on the previous page. The text must describe which loan was repaid and the NAHASDA-eligible activity and program associated with this loan.):



SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

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

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

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

Yes No

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

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

Yes No Not Applicable

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

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

Yes No Not Applicable

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

Yes No Not Applicable

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

Yes No Not Applicable

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

Yes No Not Applicable

SECTION 8: IHP TRIBAL CERTIFICATION

NAHASDA § 102(c)

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

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

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

(4) Tribe:	Puyallup Tribe of Indians
(5) Authorized Official's Name and Title:	Bill Sterud, Puyallup Tribe of Indians, Council Chairman
(6) Authorized Official's Signature:	<i>Bill Sterud</i>
(7) Date (MM/DD/YYYY):	11/21/2024

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.