

**HUD ONAP INDIAN HOUSING BLOCK GRANT
CORONAVIRUS AID RELIEF AND ECONOMIC SECURITY ACT
(IHBG-CARES) CLOSEOUT AGREEMENT**

This grant closeout agreement should be filled out by the AONAP office administering the grant using the final abbreviated Annual Performance Report (APR), final SF-425, and LOCCS. Refer to [PIH Notice: 2020-06: IHBG-CARES Implementation Notice](#) and [PIH Notice 2021-14](#) for applicable waivers.

The Authorized Recipient Official should verify the grant information and make appropriate selections before signing and returning the agreement to their AONAP as part of the grant closeout package.

Grant Number: [\[20BV5312680 IHBG CARES\]](#) Project period 02/04/2020—09/30/2025

Recipient: [\[Puyallup Tribe of Indians\]](#)

Authorized Recipient Official: [\[Bill Sterud\]](#)

I, [\[Bill Sterud\]](#) of the [\[Puyallup Tribe of Indians\]](#) do hereby certify that:

1. All activities undertaken with funds provided under the Grant Agreement for this grant have been completed on [\[6/30/2024\]](#), in accordance with the terms and conditions of the award's grant agreement.
2. Grant Fund Balance:
 - All grant funds have been expended and the grant's LOCCS balance is \$0.00.
 - [\\$\[0.00\]](#) of grant funds remain and have been retained for audit costs.
 - [\\$\[0.00\]](#) of grant funds remain and have been retained for the following contingent liabilities: [\[N/A\]](#).
 - Unused grant funds in the amount of [\\$\[0.00\]](#) have been de-obligated and/or unilaterally canceled by HUD.
3. All costs incurred subsequent to the end of the last audit period will be audited at the time of the next single audit is performed for the recipient. In the event there are disallowed costs from the grant identified in the audit, the amount of such funds shall be returned to Department of Housing and Urban Development (HUD).

4. Per [PIH Notice 2021-14](#): COVID-19 Statutory and Regulatory Waivers and Alternative Requirements for the Public Housing, Housing Choice Voucher (including Mainstream and Mod Rehab), Indian Housing Block Grant and Indian Community Development Block Grant programs, Suspension of Public Housing Assessment System and Section Eight Management Assessment Program, Revision 3, the Useful Life and Non-Low-Income waivers applied during the period that a unit was being temporarily used to prevent, prepare for, or respond to COVID-19. After this emergency use, useful life requirements apply for an affordability period set by the recipient consistent with its IHBG program.

Pursuant to Section 205 of NAHASDA and requirements of [24 CFR §§ 1000.141-147](#), housing units developed, rehabilitated, or acquired with IHBG-ARP funds: **The Tribe did not purchase, rehabilitate, or acquire any property with these funds.**

- Have been disposed of, as of [Date of Sale], and proceeds of sale have been recorded as program income.
- Will maintain a useful life period of [under \$5,000 6 months, \$5,000 to \$15,000 5 years, \$15,000-\$40,000 10 years, over \$40,000 15 years] years from the date of grant closeout.

5. Program income in the amount of \$[0.00] was earned as a result of the grant as reflected in the Federal Financial Reports (SF-425) submitted for this grant and will be used for eligible housing activities.
6. Pursuant to the requirements of [24 CFR § 1000.552](#), all financial records, supporting documentation and all other records relating to the grant will be retained for at least three (3) years from the date of submission of the final expenditure report (SF-425).

Bill Stank

10-23-24

Authorized Recipient Official Signature

Date

SECTION 1: COVER PAGE

(1) Grant Number: 20BV5312680

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

(3) Federal Fiscal Year: 2020

IHBG-CARES

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

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

(7) Tribe

(8) TDHE

(9) Name of Recipient:

Puyallup Tribe of Indians

(10) Contact Person:

David Peterson

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

(253) 573-7940

(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) 573-7944

(17) Email Address (if available):

david.peterson@puyalluptribe-nsn.gov

(18) If TDHE, List Tribes Below:

(19) Tax Identification Number:

91-0955402

(20) DUNS Number:

146765938

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

04/01/2025

(22) IHBG-CARES Amount:

\$1,003,407

Date Started Preparing for COVID-19

02/04/2020

(23) Name of Authorized IHP Submitter:

Joanne C. Gutierrez

(24) Title of Authorized IHP Submitter:	Director, Puyallup Tribe Housing
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	06/08/2020
(27) Name of Authorized APR Submitter:	
(28) Title of Authorized APR Submitter:	
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	

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

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

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 Reimbursement

COVID-19 Reimbursement - 2020-1 - Incurred COVID-19 Related Costs

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

Incurred costs for a variety of COVID-19 related expenses for the period beginning February 4, 2020 and extending until May 31, 2020. These costs were separately tracked in our accounting records and include the following:

- A portion of normal operating expenses (primarily staff wages and fringe benefits).
- Payroll expenses for staff required to shelter in place but provided with administrative leave.
- Procurement of PPE and cleaning supplies for housing staff and operations.
- Ipad purchases and related supplies for staff required to telework.

These expenses were paid for by Tribal funds. Federal funds (including program income and IHBG formula funds) were not used for these expenses.

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.):

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

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):

Recover COVID-19 related costs incurred from February 4th to May 31st, 2020.

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.):

N/A

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

Current residents of and participants in the Tribal housing program.

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

No specific types and level determinable for this activity, represents an accumulation of incurred costs related to COVID-19.

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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112

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))

No funds have been used out of this funding for any of these purchases due to no need to access for COVID related costs.

2.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2020-2 - Maintaining Normal Operations Impacted by COVID-19 National Emergency

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

Maintaining normal operations and funding eligible affordable housing activities under NAHASDA during the period the housing dept is impacted by COVID-19. All standard housing dept activities and services have been and will continue to be significantly impacted by the COVID-19 situation. This activity covers the time frame starting June 1, 2020 and is projected to end when the Governor of Washington State approves the final reopening phase for Pierce County. This represents a portion (approx. 50%) of the operations costs projected for this period. During this time frame the Housing dept will operate at a baseline level with a primary focus on resident and staff health and safety and recognize a modified level of efficiency.

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

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

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

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

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

Continue to assist affordable housing for low income households on a limited basis while impacted by COVID-19

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.):

Continue to assist affordable housing for low income households on a limited basis while impacted by COVID-19

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

Current residents of and participants in the Tribal housing program.

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

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

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.

Ability to Maintenance and Operations of Puyallup Tribe of Indians Housing Department Salaries, Wages, and Benefits. Ability to purchase supplies, iPads and iPhones for staff and housing committee to communicate if need department is impacted by COVID-19 future incidents and staff need to isolate to perform work tasks and duties. The need to pay for updates on legal and audit issues still in regards to responding to COVID-19 issues. The after effects of COVID-19 are still impacting the budgets of the housing department so the continuation to fund these activities under funding is still needed.

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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112

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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112

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

N/A

3.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2020-3 - Housing Payment & Rental Assistance Program

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

The Puyallup Tribal Housing Dept. currently operates a tenant based rental assistance (TBRA) program serving 112 tribal families. In addition, there are an estimated 88 tribal families who are renting units without TBRA assistance in our service area. This temporary program will provide assistance towards Rent/Mortgage payments for both sets of families. This activity covers the time frame starting June 1, 2020 and is projected to end when tribal families are no longer impacted financially by COVID-19. (This temporary activity is up to 3(three) months for non low-income tenants and 6(six) months for low-income families.)

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.):

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

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.):

(6) Assist affordable housing for low income households

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.):

(6) Assist affordable housing for low income households

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

Tenants currently in the Housing Dept tenant based rental assistance (TBRA) program as well as tribal members renting/Mortgages outside of the Housing Dept program who have been impacted by COVID-19.

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

This is a one-time payment for low income Indian households of up to \$1,000 paid directly to the landlord, mortgage company or lending company who live in Pierce, King and Thurston Counties that have experienced loss of employment or reduction in wages due to 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.

the ability to service 7 families who were approve for the ERAP program however due to deadline issues needing to be resolved by Puyallup Tribe of Indians staff payment was delayed on being released before the cut off date.

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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250

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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7

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

N/A

4.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 2020-4 - Acquisition and Distribution of PPE and Cleaning Supplies - Residents

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

The Puyallup Tribal Housing Dept is acquiring and distributing "CARES" packages consisting of Personal Protective Equipment (masks, gloves, etc.), health supplies (thermometers, tissues, hand soap, etc.) and cleaning supplies (disinfectant, bleach, spray bottles, wipes, etc.) to current residents of and assisted by the Tribal housing program. Supplies can be replenished as necessary via a direct request to Housing Dept staff. This activity covers the time frame starting June 1, 2020 and is projected to end when housing residents are no longer affected 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.):

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

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

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

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

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.):

Housing Department continues 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

Current residents of and participants in the Tribal housing program.

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 PPE and cleaning supplies to help them prevent COVID-19 and protect their families from COVID-19, approximate cost of \$250 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.

Replacement of batteries for staff to use on their thermometers when working in the field to check if client has symptoms of COVID-19. Requests for additional PPE for staff working in field to change into and have changes of clothes if necessary due to COVID-19 related issues and preparing for working in field due to the need to separate and maintain distance. Staff need to be able to work outdoors and have the proper PPE to be seen when working outdoors and walking out on the premises. Due to need to carry PPE supplies and other items when responding and reacting to COVID issues staff carry items in a backpack for PPE to carry additional items to work in field such as coat, technology, and additional PPE. The need to protect the staff of the housing department while working in the community there is still the risk of spread of COVID, flu, other illness and protection from any other chemicals, fluids, or harmful substances.

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

112

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

112

4.10: APR: *If the program is behind schedule, explain why. (24 CFR § 100.512(b)(2))*

N/A

5.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2020- 5 - Community Events & Facilities

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

Distribution of food to the community and Housing tenants. This temporary program will offer food delivery for tenants to shelter in place due to the COVID-19 as well as to provide food for the surrounding Puyallup Tribe of Indians community and surrounding East side Tacoma community residents through a drive-up food bank held at the old EQC event tent. This activity will continue until until tribal residents are no longer affected by COVID-19.

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):

The ability for tenants to shelter in place and maintain social distancing by providing food delivery to our low income Native American clients due COVID-19. To provide food through a drive up food bank to Puyallup Tribal members and other Native community members allowing them to gain access to food due to reductions in household income because of COVID-19. Utilize the EQC event tent, refrigeration, and freezers for food prep, package, and distribution. Ability to purchase or rent equipment to run food bank (example dollies, carts, boxes, tape, box cutters, etc.). Ability for tenants and community to have access to food and outdoor recreation to build community relationships while social distancing.

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

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

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

This program no longer needed at this time

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

Current residents of the Housing program and other low-income Native Americans.

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

The ability for tenants to shelter in place and maintain social distancing by providing food to our low income Native American clients due to furloughs and household changes in income due to COVID-19. Access for tenants and community to have healthy and culturally relevant food and outdoor recreation to build community relationships while social distancing.

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.

N/A

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

This Program no longer needed at this time

6.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond 2020 - 6 - Technology

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

Technology for Housing tenants to receive Wifi so they will have accessibility to the Internet for reasons such as distance learning, job searches, access to telehealth services, and on-line banking which have become critical during the COVID-19 pandemic. The Tribe's I.T. department will work with the Housing dept. to set up this technology.

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.):

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

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

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

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

To provide wireless internet services to all Housing tenants within the Housing Program allowing tenants to distance learn, search for jobs, access telehealth services, and on-line banking. Provide resources while social distancing and establish self-sufficient skills with the ability to access on-line bill pay.

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

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

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

Budget to pay for the cell phone and iPad service for the Emergency Rental Assistance Program (ERAP) staff of 3

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

All Housing tenants within the Housing Program

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

Households will have accessibility to the Internet for distance learning, job search, access to telehealth services, and on-line banking. Establish self-sufficient skills with the ability to access on-line bill pay.

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.

This funding allowed housing department to pay for cell phone and iPad services for the Emergency Rental Assistance Program to have the ability to telework and technology to assist with making receiving documents easier through wireless technology to complete applications for ERAP program which was in response to COVID related rent issues for our clients and community.

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
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	112	
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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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	112	
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6.10: APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*

N/A

7.1. Program Name and Unique Identifier:

Unique Identifier **COVID-19 Respond**

COVID-19 Respond 2020 - 7 - ROSS Position (Resident Services Advocate)

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

Due to COVID-19, the Puyallup Tribal Government has had significant reductions in revenue with the Casino closures. This program will supplement the salary and benefits of the Resident Services Advocate position that is currently paid by tribal dollars. This activity covers the time frame starting June 1, 2020 and is projected to end when the Governor of Washington State approves the final reopening phase for Pierce County

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.):

(19) Housing Management Services [202(4)]

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):

Supplement the salary and benefits of the Resident Services Advocate position who offers resources to provide self sufficiency for tenants.

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.):

Supplement the salary and benefits of the Resident Services Advocate position who offers resources to provide self sufficiency for tenants.

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

Current residents of and participants in the Tribal housing program.

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

Resources for tenants to provide self sufficiency in response to COVID-19.

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.

The ability for Puyallup Tribe of Indians to supplement the ROSS position salaries and wages. Plus the benefits for this position due to the impact and responding to COVID-19 on the budget for Puyallup Tribe of Indians Housing Department.

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

112

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

112

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

[Redacted area]

8.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2020 - 8 - Repair & Maintenance

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

Maintaining repair and maintenance during the period the housing dept is impacted by COVID-19. Repair and maintenance services have been and will continue to be significantly impacted by the COVID-19 situation. This activity covers the time frame starting June 1, 2020 and is projected to end when the Governor of Washington State approves the final reopening phase for Pierce County. This represents a portion (approx. 50%) of the repair and maintenance costs projected for this period. During this time frame the Housing dept will operate at a baseline level with a primary focus on resident and staff health and safety and recognize a modified level of efficiency.

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

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

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

(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):

While maintaining social distancing, continue to repair and maintain all affordable housing units for low income households on a limited basis while impacted by COVID-19. Provide a safe and healthy living environment for all tenants.

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

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

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

N/A

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

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

Current residents of and participants in the Tribal housing program.

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

Repair and maintenance for affordable housing units to provide a safe and healthy living environment for all tenants.

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

No funds have been used out of this funding for any of these purchases due to no need to access for COVID related costs.

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
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112

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

8.10: APR: *If the program is behind schedule, explain why. (24 CFR § 100.512(b)(2))*

[Redacted area]

9.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond

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

The Puyallup Tribal Housing Dept. currently operates a tenant based rental assistance (TBRA) program serving 112 tribal families. In addition, there are an estimated 88 tribal families who are renting units without TBRA assistance in our service area. This temporary program will provide Utility assistance payments for both sets of families. This activity covers the time frame starting June 1, 2020 and is projected to end when tribal families are no longer impacted financially by COVID-19. (This temporary activity is up to 3(three) months for non low-income tenants and 6(six) months for low-income families.)

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

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

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

(6) Assist affordable housing for low income households

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

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

(6) Assist affordable housing for low income households

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

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

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

Tenants currently in the Housing Dept tenant based rental assistance (TBRA) program as well as tribal members renting/Mortgages outside of the Housing Dept program who have been impacted by COVID-19 with their Utilities.

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

This is a one-time payment for low income Indian households of up to \$1,000 paid directly to the landlord for utilities, utility company who live in Pierce, King and Thurston Counties that have experienced loss of employment or reduction in wages due to COVID-19.

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
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250

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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9.10: 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 source of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
IHBG-CARES Funds	\$0	\$1,003,407	\$1,003,407	\$1,003,407	\$0	\$185,900		\$185,900	\$185,900	\$0	

TOTAL	\$0	\$1,005,407	\$1,006,407	\$1,008,407	\$0	\$165,000	\$0	\$165,000	\$165,000	\$0	\$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 (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)
COVID-19 Reimbursement - 2020-1 - Incurred COVID-19 Related Costs	\$150,000		\$150,000	\$0		\$0
COVID-19 Response - 2020-2 - Maintaining Normal Operations Impacted by COVID-19 National Emergency	\$125,000		\$125,000	\$165,248		\$165,248
COVID-19 Response - 2020-3 - Housing Payment & Rental Assistance Program	\$178,587		\$178,587	\$0		\$0

COVID-19 Prevention - 2020-4 - Acquisition and Distribution of PPE and Cleaning Supplies - Residents	\$20,000		\$20,000	\$10,853		\$10,853
COVID-19 Response - 2020- 5 - Community Events & Facilities	\$40,000		\$40,000	\$0		\$0
COVID-19 Response 2020 6 - Technology	\$50,000		\$50,000	\$0		\$0
COVID-19 Response 2020 7 - ROSS Position (Resident Services Advocate)	\$44,000		\$44,000	\$0		\$0
COVID-19 Response - 2020 - 8 - Repair & Maintenance	\$50,000		\$50,000	\$0		\$0
COVID-19 Response	\$178,586		\$178,586	\$0		\$0
Planning and Administration	\$167,234		\$167,234	\$0		\$0
TOTAL	\$1,003,407	\$0	\$1,003,407	\$105,800	\$0	\$105,800

Notes:

- Total of Column L cannot exceed the IHBG funds from Column C, Row 1 from the Sources of Funding table in Line 1 above.
- Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Sources of Funding table in Line 1 above.
- Total of Column O cannot exceed total IHBG funds received in Column H, Row 1 from the Sources of Funding table in Line 1 above.
- Total of Column P cannot exceed total of Column H, Rows 2-10 of the Sources of Funding table in Line 1 above.
- Total of Column Q should equal total of Column I of the Sources of Funding table in Line 1 above.

(3) Estimated Sources or Uses of Funding (NAHASDA § 102(b)(2)(C)). (Provide any additional information about the estimated sources or uses of funding, including leverage (if any). You must provide the relevant information for any planned loan repayment listed in the Uses of Funding table on the previous page. This planned loan repayment can be associated with Title VI or with private or tribal funding that is used for an eligible activity described in an IHP that has been determined to be in compliance by HUD. The text must describe which specific loan is planned to be repaid and the NAHASDA-eligible activity and program associated with this loan):

N/A

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

N/A

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)

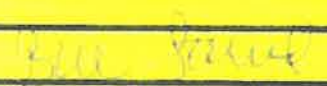
This certification is used when a Tribally Designated Housing Entity (TDHE) prepares the IHP or IHP amendment on behalf of a tribe.

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, Chairman of the Puyallup Tribe of Indians
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	10/23/2024

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.