

## SECTION 1: COVER PAGE

(1) Grant Number: 20BV0617850

(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:

Karuk Tribe Housing Authority

(10) Contact Person:

Sara Spence

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

(530) 493-1417

(12) Mailing Address:

PO Box 1159

(13) City:

Happy Camp

(14) State:

California

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

96039-1159

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

(530) 493-1416

(17) Email Address (if available):

sspence@karuk.us

(18) If TDHE, List Tribes Below:

Karuk Tribe

(19) Tax Identification Number: 68-0096275

(20) DUNS Number: 018037858

(21) CCR/SAM Expiration Date (MM/DD/YYYY): 12/29/2020

(22) IHBG-CARES Amount: \$1,241,540

Date Started Preparing for COVID-19: 03/02/2020

(23) Name of Authorized IHP Submitter: Sara Spence

(24) Title of Authorized IHP Submitter:	Executive Director
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	06/11/2020
(27) Name of Authorized APR Submitter:	Sara Spence
(28) Title of Authorized APR Submitter:	Executive Director
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	12/29/2020

**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 Prevention
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COVID-19 Prevention 2020-1: Prevention of Covid-19 (KTHA Tenants)

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

Prevent and/or slow the spread of Covid-19 by reducing the risk of exposure. Activities will include, but not be limited to the following examples, with the overarching goal being to keep people in their homes and protect our vulnerable low income Native American households. Provide hotel vouchers where isolation or quarantine away from other household members is necessary to prevent exposure due to overcrowding. Provide hotel vouchers where homelessness poses a risk by not having necessary facilities to maintain recommended hygiene practices. Provide food, cleaning supplies, and personal protective equipment to promote overall health, and recommended hygiene practices. Implement public health campaigns to educate families on how to protect themselves and others to minimize community spread. Provide appropriate family oriented activities to

maintain positive mental health while continuing to stay home. Identify and connect recipients with other available resources. Provide other assistance that is necessary, temporary, and related to impacts of 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.):

(26) Other COVID-19 Activities Authorized by Waivers 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):

Prevent and/or slow the spread of Covid-19.

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

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

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

Prevent and/or slow the spread of Covid-19.

**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

KTHA Tenants

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

Assistance will vary by activity and needs.

**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.

KTHA maintained contact with tenants communicating safety information and distributing PPE materials, and at-home activity materials, as they were available, to KTHA households. Staff modified contact with tenants utilizing telephone, email, and virtual (video) methods to continue addressing tenant needs to ensure staff and tenant safety. KTHA staff heavily participated in food box preparation and distribution in all three communities serving not only KTHA households but also low income Tribal Members in the community. In September the Happy Camp community in KTHA's service area experienced a catastrophic wildfire destroying more than 200 homes resulting in widespread homelessness amidst the Covid-19 outbreak. KTHA partnered with the Red Cross, Cal-OES, and FEMA to facilitate the safe delivery of disaster related assistance to our Tribal and community members during this time, while ensuring that non-congregate sheltering was provided to our tenants. Three KTHA homes were lost in the fire, and all remaining Happy Camp units were evacuated until the fire danger passed.

**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

223

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

223

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

n/a

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

Unique Identifier COVID-19 Prevention

COVID-19 Prevention 2020-2: Prevention of Covid-19 (Low-Income Tribal Members)

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

Prevent and/or slow the spread of Covid-19 by reducing the risk of exposure. Provide hotel vouchers where isolation or quarantine away from other household members is necessary to prevent exposure due to overcrowding. Provide food, cleaning supplies, and personal protective equipment to allow recipients to remain in their homes, and practice social distancing by minimizing the need to frequent public facilities, as much as possible, which prevents exposure and spread to the low income Native American communities we serve. Implement public health campaigns to educate families on how to protect themselves and others, and minimize community spread. Provide in-home family activities to maintain positive mental health while continuing to stay home and preventing the spread of the virus. Assist in connecting them with other services that are available in their community. Provide other assistance that is necessary, temporary, and related to impacts of Covid-19.

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

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

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

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

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

Prevent and/or slow the spread of 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.):

Prevent and/or slow the spread of 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

Low-Income Tribal Members

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

Assistance will vary by activity and needs.

**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.

KTHA staff heavily participated in preparing and distributing food boxes in all three communities serving not only KTHA households but also low income Tribal Members in the community. In September the Happy Camp community in KTHA's service area experienced a catastrophic wildfire destroying more than 200 homes resulting in widespread homelessness amidst the Covid-19 outbreak. KTHA partnered with the Red Cross, Cal-OES, and FEMA to facilitate the safe delivery of disaster related assistance to our Tribal and community members during this time, while ensuring that

non-congregate sheltering was provided. KTHA acquired and supplied supportive services to households sheltering by providing equipment and materials needed to keep them safe.

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

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

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

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

50

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

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

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

??

**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 Prevention

COVID-19 Prevention 2020-3: Prevention of Covid-19 (Non Low-Income Tribal Members)

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

Prevent and/or slow the spread of Covid-19 by reducing the risk of exposure. Provide hotel vouchers where isolation or quarantine away from other household members is necessary to prevent exposure due to overcrowding. Provide food, cleaning supplies, and personal protective equipment to allow recipients to remain in their homes, and practice social distancing by minimizing the need to frequent public facilities, as much as possible, which prevents exposure and spread to the low income Native American communities we serve. Implement public health campaigns to educate families on how to protect themselves and others, and minimize community spread. Provide in-home family activities to maintain positive mental health while continuing to stay home and preventing the spread of the virus. Assist in connecting them with other services that are available in their community. Provide other assistance that is necessary, temporary, and related to impacts of Covid-19.

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

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

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

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

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

Prevent and/or slow the spread of Covid-19.

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

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

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

Prevent and/or slow the spread of Covid-19.

**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

Non-Low Income Tribal Members

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

Assistance will vary by activity and needs.

**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.

KTHA staff heavily participated in preparing and distributing food boxes in all three communities serving not only KTHA households but also low income Tribal Members in the community. In September the Happy Camp community in KTHA's service area experienced a catastrophic wildfire destroying more than 200 homes resulting in widespread homelessness amidst the Covid-19 outbreak. KTHA partnered with the Red Cross, Cal-OES, and FEMA to facilitate the safe delivery of disaster related assistance to our Tribal and community members during this time, while ensuring that

non-congregate sheltering was provided. KTHA acquired and supplied supportive services to households sheltering by providing equipment and materials needed to keep them safe.

**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

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

??

**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: Prevention of Covid-19 (Non-Indian Households)

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

Prevent and/or slow the spread of Covid-19 by reducing the risk of exposure. Provide hotel vouchers where isolation or quarantine away from other household members is necessary to prevent exposure due to overcrowding. Provide food, cleaning supplies, and personal protective equipment to allow recipients to remain in their homes, and practice social distancing by minimizing the need to frequent public facilities, as much as possible, which prevents exposure and spread to the low income Native American communities we serve. Implement public health campaigns to educate families on how to protect themselves and others, and minimize community spread. Provide in-home family activities to maintain positive mental health while continuing to stay home and preventing the spread of the virus. Assist in connecting them with other services that are available in their community. Provide other assistance that is necessary, temporary, and related to impacts of 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.):

(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):

Prevent and/or slow the spread of 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.):

Prevent and/or slow the spread of 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

Non-Indian Households

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

Assistance will vary by activity and needs.

**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.

KTHA staff heavily participated in preparing and distributing food boxes in all three communities serving not only Tribal households but also others in the community. In September the Happy Camp community in KTHA's service area experienced a catastrophic wildfire destroying more than 200 homes resulting in widespread homelessness amidst the Covid-19 outbreak. KTHA partnered with the Red Cross, Cal-OES, and FEMA to facilitate the safe delivery of disaster related assistance to our Tribal and community members during this time, while ensuring that non-congregate

sheltering was provided. KTHA acquired and supplied supportive services to households sheltering by providing equipment and materials needed to keep them safe.

**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

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

??

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

n/a

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

Unique Identifier COVID-19 Respond

COVID-19 Respond 2020-5: Maintain Normal Operations While Impacted by Covid-19

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

Maintain normal operations and carry out eligible activities, projects, or programs while impacted by COVID-19. All standard activities and services have been, and will continue to be, significantly impacted. This activity accounts for 50% of normal operating costs from the estimated date of availability through the end of the public health emergency and recovery period. The Housing Authority will continue to provide services, with the acknowledgment that there will be limitations and modifications necessary to maintain the primary focus of maintaining tenant, staff, and community health and safety.

**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 operations while impacted by Covid-19.

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

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

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

Continue operations while impacted by Covid-19.

**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

KTHA Tenants and Program Recipients

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

No specific levels of assistance for each household tied to this activity.

**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.

KTHA has had to respond to the Covid-19 restrictions by revamping nearly all facets of our operations. We have had to restructure staffing schedules and office assignments, obtain and implement technological tools to allow for remote working, and safely interacting with tenants and program recipients. We purchased and installed additional equipment to ensure proper social distancing, PPE to protect staff, and technology equipment to connect our three rurally isolated communities via telecommunications since our offices are spread out over 150 miles and traveling between the offices was not possible while continuing operations.

**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

223

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

223

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

n/a

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

Unique Identifier COVID-19 Preparation

COVID-19 Preparation 2020-6: Prepare for Covid-19 Impacts

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

Prepare for future Covid-19 impacts to KTHA Tenants and reduce the risk of negative outcomes from infection. Provide educational materials that promote healthy lifestyles through diet, exercise, and other relevant activities that boost the immune system and reduce the risk of infection, or negative outcomes, due to the higher risk that underlying health conditions (obesity, diabetes, etc.) pose. Promote and provide nutritional support and food security in the event of shortages due to supply chain disruption by providing gardening materials (supplies, seeds, plants, fruit trees, etc.) to establish both individual and community garden sites. Provide supplies and equipment to preserve the foods grown. Acquire and distribute traditional foods such as salmon, madrone berries, acorns, elderberries, ginger, peppercorn, tea, etc. to promote wellness and reduce the risk of infection, or negative outcomes from infection. Provide other relevant assistance that is related to preparing for impacts of Covid-19.

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

(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):

Prepare for Covid-19 impacts.

**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.):

Prepare for Covid-19 impacts.

**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

KTHA Tenants

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

Assistance will vary by activity and needs.

**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.

KTHA has been collaborating with other Tribal Programs to identify and prepare alternative resources for our rurally isolated communities to be sustained while adhering to state, regional, and local stay at home orders. This involves assisting with preparing community PPE kits for distribution, supporting the installation of community gardens to ensure food security, and coordinating educational activities at home that keep families mentally strong, so they can be physically strong and have immune systems equipped to combat the virus should they become infected.

**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

223

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

223

**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: Respond to Covid-19 Exposure (KTHA Tenants)

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

Respond to the needs of Low-Income Tenants who have become infected with Covid-19 in order to limit the exposure and spread of the virus. Provide rent assistance to infected households to prevent homelessness and ensure stable housing during required isolation, quarantine, and/or recovery. Provide hotel vouchers to ensure isolation or quarantine of infected individuals to prevent the spread. These levels of assistance would also include supportive services necessary to isolate or quarantine such as food, cleaning products, personal protection equipment, toiletries, and treatment supplies (thermometers, over the counter medicines, etc.). Provide other relevant assistance that is related to responding to the impacts of Covid-19.

**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.):

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

**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):

Respond to Covid-19 Exposure

**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.):

Respond to Covid-19 Exposure

**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

KTHA Tenants

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

Assistance will vary by activity and needs.

**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.

No households have required this level of assistance.

**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

223

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

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

n/a



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

Unique Identifier COVID-19 Respond

COVID-19 Respond 2020-8: Respond to Covid-19 Exposure (Low-Income Tribal Members)

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

Respond to the needs Low-Income Tribal Members (employees and community members) who have become infected with Covid-19 in order to limit the exposure and spread of the virus. Provide rent assistance to infected households to prevent homelessness and ensure stable housing during required isolation, quarantine, and/or recovery. Provide hotel vouchers to ensure isolation or quarantine of infected individuals to prevent the spread. These levels of assistance would also include supportive services necessary to isolate or quarantine such as food, cleaning products, personal protection equipment, toiletries, and treatment supplies (thermometers, over the counter medicines, etc.). Provide other relevant assistance that is related to responding to the impacts of Covid-19.

**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):

Respond to Covid-19 Exposure

**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.):

Respond to Covid-19 Exposure

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

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

Low-Income Tribal Members

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

Assistance will vary by activity and needs.

**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 households have required this level of assistance.

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

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

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

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

50

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

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

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

0

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

n/a

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

Unique Identifier COVID-19 Respond

COVID-19 Respond 2020-9: Respond to Covid-19 Exposure (Non Low-Income Tribal Members)

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

Respond to the needs of Non Low-Income Tribal Members (staff and community members) who have become infected with Covid-19 in order to limit the exposure and spread of the virus. Provide rent assistance to infected households to prevent homelessness and ensure stable housing during required isolation, quarantine, and/or recovery. Provide hotel vouchers to ensure isolation or quarantine of infected individuals to prevent the spread. These levels of assistance would also include supportive services necessary to isolate or quarantine such as food, cleaning products, personal protection equipment, toiletries, and treatment supplies (thermometers, over the counter medicines, etc.). Provide other relevant assistance that is related to responding to the impacts of Covid-19.

**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.):

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

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

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

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

Respond to Covid-19 Exposure

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

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

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

Respond to Covid-19 Exposure

**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

Non Low-Income Tribal Members

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

Assistance will vary by activity and needs.

**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.

No households have required this level of assistance.

**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

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

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

n/a

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

Unique Identifier COVID-19 Respond

COVID-19 Respond 2020-10: Respond to Covid-19 Exposure (Non-Indian Households)

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

Respond to the needs of Non Indians (staff and community members) who have become infected with Covid-19 in order to limit the exposure and spread of the virus. Provide rent assistance to infected households to prevent homelessness and ensure stable housing during required isolation, quarantine, and/or recovery. Provide hotel vouchers to ensure isolation or quarantine of infected individuals to prevent the spread. These levels of assistance would also include supportive services necessary to isolate or quarantine such as food, cleaning products, personal protection equipment, toiletries, and treatment supplies (thermometers, over the counter medicines, etc.). Provide other relevant assistance that is related to responding to the impacts of Covid-19.

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

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

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

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

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

Respond to Covid-19 Exposure

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

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

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

Respond to Covid-19 Exposure

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

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

Non-Indian Households

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

Assistance will vary by activity and needs.

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

No households have required this level of assistance.

**10.9: Planned and Actual Outputs for 12-Month Program Year**

Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program
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20

APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year
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0

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

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 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:	Karuk Tribe
(5) Authorized Official's Name and Title:	Russell Attebery, Chairman
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	06/11/2020



## 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:

Not applicable.

## 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.