SECTION 1: COVER PAGE

(1) Grant Number:	20BV3503060	
(2) Recipient Program Year:	1/1 - 12/31	
(3) Federal Fiscal Year:	2023	
IHBG-CARES	, ,	
(4) Initial Plan (Comple	te this Section then proceed to Section 2) or an Amended IHP
(6) Annual Performance	e Report (Complete items 27-30 and pro	ceed to Section 3)
(7) Tribe		
(8) TDHE		
(9) Name of Recipient:		
Pueblo of Jemez Housing Authori	ty	
(10) Contact Person:		
Greta Armijo		
(11) Telephone Number with A	Area Code (999) 999-9999 :	
(575) 834-0305		
(12) Mailing Address:		
., .		
P O Box 670		
., .	(14) State: (15	i) Zip Code (99999 or 99999-9999):
P O Box 670	(14) State: (18 New Mexico	i) Zip Code (99999 or 99999-9999): 87024-0670
P O Box 670 (13) City: Jemez Pueblo		
P O Box 670 (13) City: Jemez Pueblo	New Mexico	
P O Box 670 (13) City: Jemez Pueblo (16) Fax Number with Area Co	New Mexico de (if available) (999) 999-9999 :	
P O Box 670 (13) City: Jemez Pueblo (16) Fax Number with Area Co (575) 834-1105	New Mexico de (if available) (999) 999-9999 :	
P O Box 670 (13) City: Jemez Pueblo (16) Fax Number with Area Co (575) 834-1105 (17) Email Address (if availabl	New Mexico ode (if available) (999) 999-9999 : e):	
P O Box 670 (13) City: Jemez Pueblo (16) Fax Number with Area Co (575) 834-1105 (17) Email Address (if availabl greta.armijo@jemezhousing.org	New Mexico ode (if available) (999) 999-9999 : e):	
P O Box 670 (13) City: Jemez Pueblo (16) Fax Number with Area Co (575) 834-1105 (17) Email Address (if availabl greta.armijo@jemezhousing.org (18) If TDHE, List Tribes Belov	New Mexico ode (if available) (999) 999-9999 : e):	
P O Box 670 (13) City: Jemez Pueblo (16) Fax Number with Area Co (575) 834-1105 (17) Email Address (if availabl greta.armijo@jemezhousing.org (18) If TDHE, List Tribes Below Pueblo of Jemez	New Mexico ode (if available) (999) 999-9999 : e):	87024-0670
P O Box 670 (13) City: Jemez Pueblo (16) Fax Number with Area Co (575) 834-1105 (17) Email Address (if availabl greta.armijo@jemezhousing.org (18) If TDHE, List Tribes Below Pueblo of Jemez (19) Tax Identification Number	New Mexico ode (if available) (999) 999-9999 : e): v:	87024-0670 87024-0670 84-3717931
P O Box 670 (13) City: Jemez Pueblo (16) Fax Number with Area Co (575) 834-1105 (17) Email Address (if availabl greta.armijo@jemezhousing.org (18) If TDHE, List Tribes Below Pueblo of Jemez (19) Tax Identification Number (20) DUNS Number:	New Mexico ode (if available) (999) 999-9999 : e): v:	87024-0670 87024-0670 84-3717931 117332138
P O Box 670 (13) City: Jemez Pueblo (16) Fax Number with Area Co (575) 834-1105 (17) Email Address (if availabl greta.armijo@jemezhousing.org (18) If TDHE, List Tribes Below Pueblo of Jemez (19) Tax Identification Number (20) DUNS Number: (21) CCR/SAM Expiration Date	New Mexico ode (if available) (999) 999-9999 : e): v: r: e (MM/DD/YYYY):	87024-0670 87024-0670 84-3717931 117332138 03/11/2025

(24) Title of Authorized IHP Submitter:	Executive Director
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	05/14/2020
(27) Name of Authorized APR Submitter:	Greta Armijo
(28) Title of Authorized APR Submitter:	Executive Director
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	03/30/2024

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. <u>Only report_on</u> <u>activities completed during the 12-month program year</u>. 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 Preparation	
COVID-19 Preparation - 1 - 001 Hous	sing Services		
1.2 Drogram Deceription (This		- windian af tha plannad	

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

POJHA will provide the following housing services:

General information via mail and monthly newsletter

Assist with food delivery services for elders, disabled, and high-risk families

Provide technical support (internet hot spots, computers, etc) to our staff working remotely and teleworking Purchase disinfecting and sanitizing products for cleaning our office during tenant visits

Utility assistance payments on behalf of community members whom are unable to meet utility obligations (electric, propane, water, and waste water cleaning services)

Collaborate with the Jemez Health and Hu				
Other housing convises identified and requ 1.3. Eligible Activity Number <u>(Select or</u>	iring rapid action to the activity from the I	prepare for COV	ID-19 st. For any activity	
involving housing units as the output meas	ure (excluding oper	ations and maint	enance), do not	
combine homeownership and rental housir			ng units are	
reported in the APR they are correctly iden	itified as homeowne	ership or rental.):		
(18) Other Housing Services [202(3)]				
1.4. Intended Outcome Number (Select				
can have only one outcome. If more than	one outcome applie	es, create a sepa	rate program for	
each outcome.):				
(12) Other – must provide description in boxe	es 1.4 (IHP) and 1.5 (A	PR) below		
Describe Other Intended Outcome (Only	/ if you selected "Ot	her" above):		
Activities designed to assist families impacte	d by COVID-19 with v	various housing se	rvices	
1.5 Actual Outcome Number (In the AF	R identify the actua	al outcome from t	he Outcome list.):	
(12) Other – must provide description in boxe	es 1.4 (IHP) and 1.5 (A	APR) below		
Describe Other Actual Outcome (Only if	you selected "Othe	er" above.):		
Activities designed to assist families impacted	ed by COVID-19 with	various housing s	ervices	
1.6 Who Will Be Assisted (Describe the	e types of household	ds that will be as	sisted under the program.):	
Low-income Indian Households Non-I	ow income Indian Hou	useholds 🗌 No	on-Indian Households	
This program is open to all low-income Nativ			ies of the Pueb <mark>l</mark> o of Jemez, wi	th
preference provided to housing participants	and tribal communit	ty residents.		
1.7. Types and Level of Assistance (De to each household, as applicable.):	escribe the types an	nd the level of ass	sistance that will be provided	1
Various levels of assistance to assist low-inco	me families while pro	eparing for COVID	-19 situations, no specific type	es and
level determinable for this activity.				
1.8. APR: Describe the accomplishment 24 CFR § 1000.512(b)(3), provide an anal			-	ר
POJHA was not able to assist any community	members during thi	is period due to th	e determining eligibility for th	ne
program. POJHA was working with a few eld	ers who cou <mark>l</mark> d benefi			
could not be determined before the fiscal ye	ar ended.			
1.9: Planned and Actual Outputs for 12-	-	ear		
Planned Number of Units to be	Planned Number		er of Acres To Be	
Completed in Year Under this Program	of Households To Be Served in	Purchased in Ye	ear Under this Program	
	Year Under this			
	Program			
	2			
APR: Actual Number of Units Completed		<mark>_</mark> APR: Actual Nu	mber of Acros	
in Program Year	Number of	Purchased in P		
	Households		Ŭ	
	Served in			
	Program Year			
1.10: APR: If the program is behind sch	edule, explain why.	(24 CFR § 1000	.512(b)(2))	

POJHA could not determine eligibility with elders who may benefit from these services, but due to missing award letters. POJHA will continue to assist elders and complete this activity in 2023. COVID-19 Respond - 1 - 004 Rehabilitation Services

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

program.):

POJHA will assist families affected by COVID-19 with rehabilitation services to reduce and prevent the spread of COVID-19. Rehabilitation services may include the following, but not limited to: Plumbing repairs; HVAC; Electrical; Windows and Doors for ventilation; Kitchen and Restroom repairs; Handicap accessibility (grab bars, ADA toilet, etc); Water heater replacements; utility connections for electric and propane; and additional services identified and requiring rapid action to respond to 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):

Activities designed to assist families impacted by COVID-19 with various rehabilitation services

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.):

Activities designed to assist families impacted by COVID-19 with various funding services.

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

Kow-income Indian Households Non-low income Indian Households

Non-Indian Households

Program Descriptions

This program is open to all low-income Native families residing within the boundaries of the Pueblo of Jemez, with preference provided to housing participants and tribal community residents.

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

Rehabilitation of residential homes for safe shelter and minimizing the risk of spread of COVID-19. Rehabilitation services will be provided at no cost to the families. 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.

POJHA assisted a family impacted by COVID-19 with rehabilitation services to help reduce and prevent the spread of COVID-19. The rehabilitation services included, but not limited to: plumbing repairs and water heater replacements. POJHA continues to face an increase in cost of construction related materials and supplies and lack of construction contractors available to complete rehabilitation services.

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
]	29	
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
	1	(24 CER & 1000 512(b)(2))

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

POJHA is facing challenges in identifying licensed contractors to perform specialty work required in some of the rehabilitation services. POJHA continues facing materials and supplies shortage to successfully complete rehabilitation projects. POJHA anticipates on completing this activity in 2024. POJHA hired a Maintenance Supervisor who is experienced with plumbing and electrical, therefore these projects will be completed in 2024.

3.1. Program Name and Unique Identifier:	Unique Identifier	COVID-19 Respond
COVID-19 Respond - 2 - 005 Maintai	ning Operations Imp	pacted by COVID-19
3.2. Program Description (<i>This program.</i>):	should be the des	cription of the planned
Housing Authority is impacted by C and will continue to be significantly	OVID-19. All stand impacted by COVI	ousing activities under NAHASDA during the period the lard housing authority activities and services have been D-19. This activity covers the time frame starting in March ntil further notice) and represents 50% of the operations

costs projected for this period. During this time, the Housing Authority operated at a baseline level with a primary focus on the health and safety of our housing participants and staff and recognizes a modified level of efficiency.

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):

Continue to assist households on a limited basis while impacted by 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.):

Continue to assist households on a limited basis while impact by 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

Program Descriptions

This program is open to all low-income Native families residing within the boundaries of the Pueblo of Jemez, with preference provided to housing participants and tribal community residents.

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

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

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.

Activity completed in 2021

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
	0	
APR: Actual Number of Units Complete in Program Year	ed APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
	0	
3.10: APR: If the program is behind so	chedule, explain why.	(24 CFR § 1000.512(b)(2))
N/A		

SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

below to describe your actual funds received. Only report on funds actually received and under a grant agreement or other binding commitment anticipated sources of funding for the 12-month program year. APR Actual Sources of Funding - Please complete the shaded portions of the chart (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 during the 12-month program year.)

			ЧH					1	APR		
SOURCE	(A)	(B)	(c)	(D)	(E)	(F)	(B)	(H)	(1)	(ſ)	(K)
	Estimated	Estimated	Estimated	Estimated	Estimated	Actual	Actual	Actual total	Actual funds	Actual	Actual
	amount on	amount to	amount to total sources	Ŧ	unds to be unexpended	amount on	amount	sources of	expended	unexpended	unexpended
	hand at	be received of funds	of funds	expended	funds	hand at	received	funding	during 12-	funds	funds
	beginning of	eginning of during 12-	(A+B)	during 12-	remaining at	beginning of	during 12-	(E+G)	month	remaining at	obligated but
	program	month		month	end of	program	month		program	end of 12-	not expended
	year	program		program	program	year	program		year	month	at end of 12-
		year		year	year (C-D)		year			program year	month
										(I - H)	program year
IHBG-CARES Funds	\$27,36 <mark>4</mark>	\$0	\$27,364	\$27,364	\$0	\$30,993	\$0	\$30,993	\$3,797	\$27,196	\$27,196

TOTAL	\$27,364	364 \$0	\$27,364	\$27,364	0\$	\$30,993	\$0 \$30,993	933 \$3,797	\$27,196	\$27,196
TOTAL Columns C & H, 2 through 10	çh 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.	A, B, C, D, and E (no match the total of Col	on-shaded colum umn N from the	nns). For the Uses of Fun	APR, fill in colu ding table belov	ımns F, G, w.	H, I, J, and K (shac	ed columns).			
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.	match the Total of estimated leverage i	Column Q from n Line 3 below (F	the Uses of I	of Funding table below. Sources or Uses of Fundii	elow. Funding). F	or the APR, describ	e actual leveraç	ge in Line 4 bel	Mo	
 (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 	\HASDA § 102(b)(2)(C)(ii)) <i>(Note</i> identified in Se	that the buo	get should not tual expendit u	exceed th ures in th e	oudget should not exceed the total funds on hand (Column C) and insert as man) Actual expenditures in the APR section are for the 12-month progran) year	and (Column (for the 12-m	C) and insert i	as many m) year	
		-	IHP					APR		
PROGRAM NAME	(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)	l) pended in 12- m year (O+P)
COVID-19 Preparation - 1 - 001 Housing Services	\$376	92			\$376		0\$			\$
COVID-19 Respond - 1 - 004 Rehabilitation Services	\$26,988	88			\$26,988	¢ ¢	\$3,797			\$3,797
COVID-19 Respond - 2 - 005 Maintaining Operations Impacted by COVID-19		O S			0\$		0\$			0 \$
Planning and Administration		\$0			\$0		0\$			\$0

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TOTAL	\$27,364	0\$	\$27,364	\$3,797	0\$	\$3,797
				•		•
Notes:						

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

describe which specific loan is planned to be repaid and the NAHASDA-eligible activity and program associated information for any planned loan repayment listed in the Uses of Funding table on the previous page. This about the estimated sources or uses of funding, including leverage (if any). You must provide the relevant (Provide any additional information). (Provide any additional information). 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 with this loan)

None

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

POJHA received funding through the US Department of Treasury for Emergency Rental Assistance and 10% of our funding related Homeowners Assistance Fund to help our community members who financial impacted by COVID-19.

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.

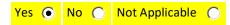
(2) In accordance with 24 CFR 1000.328, the recipient receiving less than \$200,000 under FCAS certifies that:

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

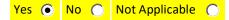


(3) The following certifications will only apply where applicable based on program activities.

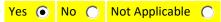
a. It will maintain adequate insurance coverage for housing units that are owned and operated or assisted with grant amounts provided under NAHASDA, in compliance with such requirements as may be established by HUD;



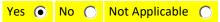
b. Policies are in effect and are available for review by HUD and the public governing the eligibility, admission, and occupancy of families for housing assisted with grant amounts provided under NAHASDA;



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



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.



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:	Pueblo of Jemez
(5) Authorized Official's Name and Title:	David M. Toledo, Governor
(6) Authorized Official's Signature:	x
(7) Date (MM/DD/YYYY):	05/14/2020

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) Vou 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?



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.