

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 (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:

Pueblo of Jemez Housing Authority

(10) Contact Person:

Greta Armijo

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

(575) 834-0305

(12) Mailing Address:

P O Box 670

(13) City:

Jemez Pueblo

(14) State:

New Mexico

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

87024-0670

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

(575) 834-1105

(17) Email Address (if available):

greta.armijo@jemezhousing.org

(18) If TDHE, List Tribes Below:

Pueblo of Jemez

(19) Tax Identification Number:

84-3717931

(20) DUNS Number:

117332138

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

03/11/2025

(22) IHBG-CARES Amount:

\$153,133

Date Started Preparing for COVID-19

03/02/2020

(23) Name of Authorized IHP Submitter:

Greta Armijo

(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. 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 Preparation

COVID-19 Preparation - 1 - 001 Housing Services

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 Human Service Response Team and Pueblo of Jemez Other housing services identified and requiring rapid action to prepare for 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.):

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

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):

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

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.):

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

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

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.

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

Various levels of assistance to assist low-income families while preparing for COVID-19 situations, no specific types and level determinable for this activity.

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.

POJHA was not able to assist any community members during this period due to the determining eligibility for the program. POJHA was working with a few elders who could benefit from the remaining funding; however eligibility could not be determined before the fiscal year ended.

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

2

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

0

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

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.

2.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

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.):

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

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

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 Maintaining Operations Impacted by COVID-19

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

POJHA will maintain operations and funding eligible housing activities under NAHASDA during the period the Housing Authority is impacted by COVID-19. All standard housing authority activities and services have been and will continue to be significantly impacted by COVID-19. This activity covers the time frame starting in March 2020 and is projected to end in September 2020 (or until 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

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** Completed in Program Year

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 schedule, explain why. (24 CFR § 1000.512(b)(2))*

N/A

SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
IHBG-CARES Funds	\$27,364	\$0	\$27,364	\$27,364	\$0	\$30,993	\$0	\$30,993	\$3,797	\$27,196	\$27,196

TOTAL	\$27,364	\$27,364	\$27,364	\$0	\$27,364	\$0	\$30,993	\$0	\$30,993	\$3,797	\$27,196	\$27,196
TOTAL Columns C & H, 2 through 10	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Notes:

- a. For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). For the APR, fill in columns F, G, H, I, J, and K (shaded columns).
- b. Total of Column D should match the total of Column N from the Uses of Funding table below.
- c. Total of Column I should match the Total of Column Q from the Uses of Funding table below.
- d. For the IHP, describe any estimated leverage in Line 3 below (Estimated Sources or Uses of Funding). For the APR, describe actual leverage in Line 4 below.

(2) Uses of Funding (NAHASDA § 102(b)(2)(C)(ii)) (Note that the budget should not exceed the total funds on hand (Column C) and insert as many rows as needed to include all the programs identified in Section 3. Actual expenditures in the APR section are for the 12-month program year)

PROGRAM NAME	IHP			APR			Total all other funds expended in 12-month program year (O+P)	Total funds expended in 12-month program year (O+P)
	(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 Preparation - 001 Housing Services	\$376	\$0	\$376	\$0	\$0	\$0	\$0	\$0
COVID-19 Respond - 1 - 004 Rehabilitation Services	\$26,988	\$0	\$26,988	\$3,797	\$0	\$3,797	\$3,797	\$3,797
COVID-19 Respond - 2 - 005 Maintaining Operations Impacted by COVID-19	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Planning and Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

\$27,364	\$0	\$27,364	\$3,797	\$0	\$3,797
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TOTAL

Notes:

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

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

None

(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.):

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.

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:	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

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:

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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.