

Section 1: Cover Page

- (1) Grant Number: 55IH0203980
- (2) Recipient Program Year: 1/1/2024 - 12/31/2024
- (3) Federal Fiscal Year: 2024
- (4) Initial Plan (Complete this Section then proceed to Section 2)
- (5) Amended Plan (Complete this Section and Section 8 if applicable)
- (6) Annual Performance Report (Complete items 27-30 and proceed to Section 3)
- (7) Tribe
- (8) TDHE
- (9) **Name of Recipient:** Interior Regional Housing Authority
- (10) **Contact Person:** Eugene Paul
- (11) **Telephone Number with Area Code** (999) 999-9999: 907-452-8315
- (12) **Mailing Address:** 828 27th Avenue
- (13) **City:** Fairbanks
- (14) **State:** AK
- (15) **Zip Code** (99999 or 99999-9999): 99701
- (16) **Fax Number with Area Code** (999) 999-9999: 907-452-8324
- (17) **Email Address** epaul@irha.org
- (18) **If TDHE, List Tribes Below:**

- Alatna Village
- Allakaket Village
- Anvik Village
- Beaver Village
- Birch Creek Tribe
- Chalkyitsik Village
- Circle Native Community
- Village of Dot Lake
- Doyon, Limited
- Native Village of Eagle
- Evansville Village
- Organized Village of Grayling
- Healy Lake Village
- Holy Cross Tribe
- Hughes Village
- Huslia Village
- Village of Kaltag
- Koyukuk Native Village
- Manley Hot Springs Village
- McGrath Native Village
- Native Village of Minto
- Nenana Native Association
- Nikolai Village
- Northway Village
- Native Village of Ruby
- Shageluk Native Village
- Native Village of Stevens
- Takotna Village
- Native Village of Tanacross
- Telida Village

■ Native Village of Tetlin

- (19) **Tax Identification Number:** 920049042
- (20) **UEI Number:** Q5SMPBD84CP9
- (21) **CCR/SAM Expiration Date (MM/DD/YYYY):** 09/14/2024
- (22) **IHBG Fiscal Year Formula Amount:** \$10,069,068
- (23) **Name of Authorized IHP Submitter:** Eugene Paul
- (24) **Title of Authorized IHP Submitter:** Chief Executive Officer
- (25) **Signature of Authorized IHP Submitter:**
- (26) **IHP Submission Date (MM/DD/YYYY):** 09/16/2024
- (27) **Name of Authorized APR Submitter:** Eugene Paul
- (28) **Title of Authorized APR Submitter:** CEO
- (29) **Signature of Authorized APR Submitter:** Eugene Paul
- (30) **APR Submission Date (MM/DD/YYYY):** 04/14/2025

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.

ONE YEAR PLAN ANNUAL PERFORMANCE REPORT

Section 2: Housing Needs

NAHASDA § 102(b)(2)(B)

(1) Type of Need: Check the appropriate box(es) below to describe the estimated types of housing needs and the need for other assistance for low-income Indian families (column B) and all Indian families (column C) inside and outside the jurisdiction.

(A) Type of Need	Check All That Apply	
	(B) Low-Income Indian Families	(C) All Indian Families
(1) Overcrowded Households	X	
(2) Renters Who Wish to Become Owners	X	
(3) Substandard Units Needing Rehabilitation	X	
(4) Homeless Households	X	
(5) Households Needing Affordable Rental Units	X	
(6) College Student Housing	X	
(7) Disabled Households Needing Accessibility	X	
(8) Units Needing Energy Efficiency Upgrades	X	
(9) Infrastructure to Support Housing	X	
(10) Other (specify below)		

(2) Other Needs. (Describe the “Other” needs below. Note: this text is optional for all needs except “Other.”):
N/A

(3) Planned Program Benefits. (Describe below how your planned programs and activities will address the needs of low income families identified above. Also describe how your planned programs will address the various types of housing assistance needs NAHASDA § 102(b)(2)(B)):

Improve housing by providing decent, safe, sanitary and affordable housing to low-income Indian families within IRHA/Doyon region. Consult with tribes to identify specific housing needs within their community with the use of annual resolution. Construct new housing development, address health and safety concerns and other affordable housing needs within each community based on available funding. Operate existing single family and multifamily housing stock developed under the Housing Act of 1937 in accordance with the mutual help agreement (MHOA), rental agreements and IRHA policies and procedures. Provide tenant based rental assistance to low-income families in need. Integrate infrastructure needs with housing development planning, environmental assessment and funding resources. Develop infrastructure to provide in-housing financing assistance to eligible low-income Indian families. Leverage IHBG funds through the title VI Loan program and other funding sources. Promote maximum opportunities for local native hire. Provide education and on the job training through housing construction to tribal members, to ensure they are better able to obtain jobs and gain experience within construction trades. Maintain effective and open communication with Tribes

and municipalities in the Doyon region. Seek funding for new construction of housing, village energy efficiency and weatherization throughout the region.

(4) Geographic Distribution. Describe below how the assistance will be distributed throughout the geographic area and how this geographic distribution is consistent with the needs of low income families. *NAHASDA § 102(b)(2)(B)(i)*:

The identification of specific low income needs in the region is an ongoing process. Currently, IRHA is using information gathered from its village councils, surveys, United States Census and information provided by the State of Alaska to identify needs. The distribution of NAHASDA assistance is directly proportional to the allocation of funding under the NAHASDA Formula. The identification of specific low income needs in the region is an ongoing process. Currently, IRHA is using information gathered from its village councils, surveys, United States Census and information provided by the State of Alaska to identify needs. The distribution of NAHASDA assistance is directly proportional to the allocation of funding under the NAHASDA Formula.

Section 3: Program Descriptions

[102(b)(2)(A)], [233(a)], [235(c)], [404(b)], 24 CFR §1000.512(b)(2)

Planning and Reporting Program Year Activities

In this section, the recipient must provide a description of its planned eligible activities, and intended outcomes and outputs for the One-Year IHP. The recipient can select any combination of activities eligible under NAHASDA and intended outcomes and outputs that are based on local needs and priorities. There is no maximum or minimum number of eligible activities or intended outcomes and outputs. Rather, the One-Year IHP should include a sufficient number of eligible activities and intended outcomes to fully describe any tasks that the recipient intends to fund in whole or in part with IHBG resources during the coming program year.

Subtitle B of NAHASDA authorizes recipients to establish a program for self-determined housing activities involving construction, acquisition, rehabilitation, or infrastructure relating to housing activities or housing that will benefit the low-income households served by the Indian tribe. A recipient may use up to 20 percent of its annual allocation, but not more than \$2 Million, for this program. Section 233(a) of NAHASDA requires a recipient to include its planned self-determination program activities in the IHP, and Section 235(c) requires the recipient to report the expenditures, outputs, and outcomes for its self-determination program in the APR. For more information, see PIH Notice 2010-35 (Demonstration Program - Self-Determined Housing Activities for Tribal Governments) at https://www.hud.gov/sites/documents/DOC_8814.PDF.

The One-Year IHP is not required to include eligible activities or intended outcomes and outputs that will not receive IHBG resources. For example, the recipient may be planning to apply for Low Income Housing Tax Credits (LIHTC) from its state. If those tax credit projects will not receive IHBG resources, they are not required to be described in the IHP. However, the recipient may wish to include nonIHBG activities in the IHP to provide tribal members with a more complete picture of housing activities.

If an activity will receive partial funding from an IHBG resource, it must be described in the IHP.

For example, if the recipient uses IHBG-funded staff persons to manage, inspect, or maintain an LIHTC-funded rental project, that project would be considered an IHBG-assisted project and the related activities must be described in the IHP.

Planning and Administrative expenses and loan repayments should not be identified as programs in the IHP. That is why there are dedicated rows in the Uses of Funding budget for these expenses. Instead, describe anticipated planning and administrative expenses in Section 6, Line 4 of the IHP, and describe actual planning and administration expenses in Section 6, Line 5 of the APR. Report the planned and actual amount of planning and administrative expenses in the dedicated row of the Uses of Funding budget (Section 5, Line 2). Please note that Reserve Accounts to support planning and administration is an eligible activity and should be identified as a program in the IHP, and any planned or actual expenditure from the Reserve Account would be reported by its program name in the Uses of Funding table.

For the IHP, complete the **unshaded** sections to describe the planned activities, outcomes and outputs in the coming 12-month program year. The recipient must complete Lines 1.1 through 1.4, Lines 1.6 and 1.7, and Line 1.9 for each eligible activity or program planned for the One-Year IHP. For the APR, complete the shaded sections to describe actual accomplishments, outcomes, and outputs for the previous 12-month program year. In particular, complete Lines 1.5, 1.8, 1.9, and 1.10 for each program included in the IHP.

Eligible Activity May Include (citations below all reference sections in NAHASDA)

Eligible Activity	Output Measure	Output Completion
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit
(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed
(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA- Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection

Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding table only)
(25) Reserve Accounts [202(9)]	N/A	N/A

Outcome May Include

(1) Reduce over-crowding	(7) Create new affordable rental units
(2) Assist renters to become homeowners	(8) Assist affordable housing for college students
(3) Improve quality of substandard units	(9) Provide accessibility for disabled/elderly persons
(4) Improve quality of existing infrastructure	(10) Improve energy efficiency
(5) Address homelessness	(11) Reduction in crime reports
(6) Assist affordable housing for low income households	(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

IHP: PLANNED PROGRAM YEAR ACTIVITIES(NAHASDA § 102(b)(2)(A))

For each planned activity, complete all the non-shaded sections below. It is recommended that for each program name you assign a unique identifier to help distinguish individual programs. This unique number can be any number of your choosing, but it should be simple and clear so that you and HUD can track tasks and results under the program and collect appropriate file documentation tied to this program.

- One way to number your programs is chronologically. For example, you could number your programs 2011-1, 2011-2, 2011-3 etc.
- Or, you may wish to number the programs based on type. For example rental 1, rental 2, homebuyer1, homebuyer 2 etc. This type of numbering system might be appropriate if you have many programs that last over several years.
- Finally, you may wish to use an outline style of numbering. For example, all programs under your first eligible activity would start with the number 1 and then be consecutively numbered as 1.1, 1.2, 1.3 etc.

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))

1.1. Program Name and Unique Identifier: 2020-14:Circle New Construction ICDBG

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

IRHA will administer the development and construction of single family units in Circle with leveraging the ICDBG with IHBG funds. IRHa will use force account to accomplish new development in the region.

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.):*

(11) New Construction of Homebuyer Units [202(2)]

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

(1) Reduce over-crowding

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

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

(1) Reduce over-crowding

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Alaska Native/American Indian families that fall within the HUD low to moderate income (LMI) and meet IRHA's eligibility requirements for the Home Ownership Program (HOP).

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

This activity due to the funding source and amounts received are for the sole purpose of new homes for our HOP.

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.):*

House was turned over to new homeowner Jan 2025

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 1	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 1	APR: Actual Number of Households Served in Program Year: 0	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))):*

Not behind schedule

1.1. Program Name and Unique Identifier: 2020-15:Holy Cross New Construction ICDBG

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

IRHA will administer the development and construction of 2 single family units in Holy Cross with leveraging ICDBG and IHBG funds. IRHA will use force account to accomplish new development.

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.):*

(11) New Construction of Homebuyer Units [202(2)]

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

(1) Reduce over-crowding

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

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

(1) Reduce over-crowding

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Alaska Native/American Indian families that fall within HUD low income limits and meet the IRHA eligibility requirements for the Home Ownership Program.

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

This activity is for the sole purpose of building new homes for our HOP program in Holy Cross.

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.):*

Client moved in and warranty period is expired

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 2	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 2	APR: Actual Number of Households Served in Program Year: 0	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))):*

Not Behind as client is moved in

1.1. Program Name and Unique Identifier: 2020-16:Nikolai New Constsruction ICDBG

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

IRHA will administer the development and construction of single family unit in Nikolai with leveraging ICDBG and IHBG funds. IRHA will use force account to accomplish new development in the region.

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.):*

(11) New Construction of Homebuyer Units [202(2)]

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

(1) Reduce over-crowding

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

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

(1) Reduce over-crowding

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Alaska Native/American Indian families that fall with in the HUD low income limits and meet the IRHA eligibility requirements for the IRHA HOP.

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

For the sole purpose of new construction in Nikolai of HOP unit.

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.):*

Client is moved in and Warranty period is expired.

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 1	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 1	APR: Actual Number of Households Served in Program Year: 0	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))):*

Client is moved in

1.1. Program Name and Unique Identifier: 2024-01:Operation of 1937 Act Housing

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

IRHA will continue to Operate housing units built with the 1937 Act and NAHASDA funds to ensure the long-term viability of the existing housing units and that they remain in safe, decent and sanitary condition.

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.):*

(2) Operation of 1937 Act Housing [202(1)]

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.):*

(3) Improve quality of substandard units

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

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

(4) Improve quality of existing infrastructure

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Residents of 1937 Act Housing, Low-Income AI/AN families

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

IRHA will ensure the viability of current assisted stock through regular inspections; a detailed work order system; intensive follow-up; and strict enforcement of the MHOA, HOP and rental agreements.Existing stock development under the 1937 Housing Act will be maintained in accordance with applicable laws, regulations, HUD guidance and established IRHA policies and procedures.

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.):*

Worked on Units in the Meda Lord, bldg and also the Tok Tri Plex

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 22	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 21	APR: Actual Number of Households Served in Program Year: 0	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))):*

Not behind schedule, with one unit conveyed.

1.1. Program Name and Unique Identifier: 2024-02:New Construction of Homebuyer Units

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

IRHA will administer the development and construction of single family units where funding is sufficient. New housing will be developed as requested. IRHA can be sub recipient of funds to tribes that have been awarded grants. IRHA will use force account to accomplish new development in the region. IRHA will also pursue leveraging of IHBG funds through Title VI of NAHASDA for the purpose of new construction for tribes in our service area.

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.):*

(11) New Construction of Homebuyer Units [202(2)]

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

(2) Assist renters to become homeowners

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

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

(2) Assist renters to become homeowners

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Alaska Native/American Indian families that fall within HUD low income limits and meet IRHA's eligibility requirements will be eligible to apply for new housing through one of our home-ownership programs

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

This activity due to the funding source and amounts received are for the sole purpose of new homes for our home-ownership programs. The level of assistance will be dependent on funding amounts and leveraging of other funds or loans.

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.):*

IRHA has turned over 8 homes to homeowners and clients moved in

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 12	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 8	APR: Actual Number of Households Served in Program Year: 0	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))):*

Not behind schedule

1.1. Program Name and Unique Identifier: 2024-03:TEAM

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

IRHA will provide mortgage assistance through the Tribal Equity Advantage Mortgages (TEAM) program to assist as many families as funding will allow. IRHA will assist families in the Fairbanks Area to obtain loans for the purpose of purchasing homes. IRHA will assist potential home buyers with down payment and closing costs to qualify for affordable loans by local institutions.

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.):*

(13) Down Payment/Closing Cost Assistance [202(2)]

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

(2) Assist renters to become homeowners

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

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

(2) Assist renters to become homeowners

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Participants will be within the median income limits. Alaskan Native/American Indian households with a Certificate of Indian Blood (CIB). Participant of the Home buyer Education Course.

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

TEAM staff will help families apply for home loans through any accredited banking institution not to exceed \$300,000 IRHA staff will use the formula to determine how much TEAM assistance will be needed. This is a onetime forgivable grant that is forgiven at 10% each year over a period of ten (10) years.

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.):*

IRHA help 2 families out, taking applications all year long and clients are waiting to find a house.

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 8	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 2	APR: Actual Number of Households Served in Program Year: 0	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))):*

Helped 2 families with the TEAM program, clients were waiting for the interest rate to go down.

1.1. Program Name and Unique Identifier: 2024-04:TEAM 80-100%

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

IRHA will provide mortgage assistance through the Tribal Equity Advantage Mortgages (TEAM) program to assist as many families as funding will allow. IRHA will assist families in the Fairbanks Area to obtain loans for the purpose of purchasing homes. IRHA will assist potential home buyers with down payment and closing costs to qualify for affordable loans by local institutions.

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.):*

(13) Down Payment/Closing Cost Assistance [202(2)]

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

(2) Assist renters to become homeowners

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

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

(2) Assist renters to become homeowners

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Alaska Native/American Indian Applicants must be 18 years of age or older and have income and living in in IRHA service area's that fall within HUD's 80% - 100% income levels. household that has a Certified of Indian Blood (CIB). Must participate in home buyer Education Course. Have a steady income (which is not derived from temporary assistance). Families that are credit worthy and live in areas eligible for bank financing.

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

Families eligible for home loans through any accredited banking institution not to exceed \$300,000. TEAM assistance will be processed using the over income calculation formula. They will not exceed 20% of the value of the home up to \$40,000. This is a one-time forgivable grant that is forgiven at 10% each year over a period of ten (10) years.

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.):*

IRHA has helped 2 families over the 80% under the 100% with the TEAM program

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 2	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 2	APR: Actual Number of Households Served in Program Year: 0	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))):*

Not behind schedule

1.1. Program Name and Unique Identifier: 2024-05:Acquisition of Home buyers Units

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

HOP - Home Ownership Opportunity Program, the intent of the program is to assist low income Alaska Native/Native American families to become homeowners. IRHA acquire and/or rehabilitate single family units for the Home Ownership Opportunity Program.

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.):*

(12) Acquisition of Homebuyer Units [202(2)]

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

(2) Assist renters to become homeowners

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

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

(2) Assist renters to become homeowners

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low Income Alaska Native/American Indian families who also meet HUD income requirements and IRHA eligibility. Low Income Alaska Native/American Indian elders (62 years or older) who cannot acquire a conventional mortgage to become home buyers.

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

This program is essentially a 20-year mortgage for Low -Moderate income families to establish good credit. IRHA is acting as the mortgage holder until the period of affordability is met for the grant terms. This program is a 10-year mortgage for elder families to establish good credit.

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.):*

Couldn't find a house that the sellers didn't want to wait for an ERR, still looking

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 1	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	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))):*

Couldn't find a house that the sellers didn't want to wait for an ERR.

1.1. Program Name and Unique Identifier: 2024-06:Self Help Construction

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

The Self Help New Construction Program was created to assist eligible applicants, who have the talent and ability to provide the labor to build their own homes with IRHA providing the building materials, Participants in this program are required to build their new home in compliance with the IRHA’s policy and NAHASDA regulations.

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.):*

(11) New Construction of Homebuyer Units [202(2)]

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

(2) Assist renters to become homeowners

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

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

(2) Assist renters to become homeowners

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Alaska Native/American Indian families that fall within HUD low-income limits and those that meet the IRHA Self Help requirements such as, who have the talent and ability to provide the labor to build their own homes, with IRHA providing the building materials. Participants in this program are required to build their new home in compliance with the IRHA’s policy and NAHASDA.

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

Fairbanks North Star Borough: The Maximum amount of assistance for this program in Fairbanks shall be \$75,000 for an individual homeowner. Up to \$50,000 may be used for Materials and up to \$25,000 may be used for IRHA to install electrical and mechanical equipment's. In Doyon region Villages the maximum amount of assistance for this program shall be \$95,000 for an individual homeowner. Up to \$70,000 may be used for Materials and up to \$25,000 may be used for IRHA to install electrical and mechanical equipment's. The useful life for homes assisted through this program shall be 10 years.

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.):*

Helped clients buy material for building

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 12	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 1	APR: Actual Number of Households Served in Program Year: 0	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))):*

Clients are looking for more monies to get the homes to where IRHA can go in and do the electrical and mechanical work.

1.1. Program Name and Unique Identifier: 2024-07:Homeowner Rehabilitation Program

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

This owner occupied rehabilitation program was created to assist existing homeowners living in IRHA region with weatherization and rehabilitation of their home. IRHA will provide both the labor and materials to weatherize/rehabilitate their home

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.):*

(16) Rehabilitation Assistance to Existing Homeowners [202(2)]

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

(4) Improve quality of existing infrastructure

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

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

(3) Improve quality of substandard units

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Existing Alaska Native/American Indian homeowners living in IRHA service area's that fall within HUD's low income levels

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

Rehabilitation services to existing structures. This program is a grant and funds do not have to be paid back to IRHA as long as the homeowner occupies the home for the term in the binding commitment. The grant shall be forgiven over a five (5) year period, with 20% of the grant being forgiven each year for five (5) years. The amount of assistance will not exceed \$85,000 per unit The amount of assistance will not exceed 75% of the value of the home.

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.):*

Working on clients' homes to get them up to health and safety standard with an energy efficient for clients.

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 20	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 11	APR: Actual Number of Households Served in Program Year: 0	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))):*

Working on ERR's with the other clients that have turned in applications

1.1. Program Name and Unique Identifier: 2024-08:Homeowner Rehabilitation Program 80-100%

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

This owner occupied rehabilitation program was created to assist existing homeowners living in IRHA region with weatherization and rehabilitation of their home. IRHA will provide both the labor and materials to weatherize/rehabilitate their home

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.):*

(16) Rehabilitation Assistance to Existing Homeowners [202(2)]

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

(4) Improve quality of existing infrastructure

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

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

(3) Improve quality of substandard units

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Existing Alaska Native/American Indian homeowners living in IRHA service area's that fall within HUD's 80% - 100% income levels.

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

Rehabilitation services to existing structures. This program is a grant program meaning that funds do not have to be paid back to IRHA as long as the homeowner occupies the home in compliance with the binding commitment. The grant shall be forgiven over a five (5) year period, with 20% of the grant being forgiven each year for five (5) years. The amount of assistance will not exceed \$65,000 per unit and based on formula to determine assistance level. The amount of assistance will not exceed 75% of the value of the home.

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.):*

No clients turned in applications that were over income

1.9. Planned and Actual Outputs for 12-Month Program Year:

Planned Number of Units to be Completed in Year Under this Program: 2	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	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))):*

No clients turned in applications that were over income

1.1. Program Name and Unique Identifier: 2024-09:Tenanat Based Rental Assistance

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

This program was created to supplement existing IRHA housing stock by providing housing rental assistance to eligible families. IRHA implemented Housing Based Assistance Program in a manner consistent with the overall mission of providing affordable, quality, safe, and sanitary housing for low-income Native Americans in the Interior of Alaska.

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.):*

(17) Tenant Based Rental Assistance [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.):*

(6) Assist affordable housing for low income households

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

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

(6) Assist affordable housing for low income households

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

IRHA Rental program is geared towards Elders that are not able to become homeowners due to financial limitations and who requires help with their monthly rent payments.

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

IRHA will assist with a portion of the rental amount. Participants are required to pay up to 30% of their monthly income. The level of assistance is dependent on the amount of income the individual has available on a monthly basis. The amount of the rental assistance will not exceed the fair market rent. The client may be eligible for assistance as long as they continue to be income eligible and funds are available.

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.):*

70 families were assisted throughout the year with this program

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: 80	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 70	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))):*

IRHA assisted all eligible applicants that applied for the program.

1.1. Program Name and Unique Identifier: 2024-10: Tenant Based Rental Assistance/Emergency

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

These programs are created to supplement existing IRHA housing stock by providing housing related assistance to eligible families. IRHA will implement Tenant Based Assistance Programs in a manner consistent with the overall mission of providing affordable, quality, safe and sanitary housing for low income Native Americans in the Interior of Alaska

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.):*

(17) Tenant Based Rental Assistance [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.):*

(5) Address homelessness

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

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

(5) Address homelessness

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Households with at or below HUD's income limits. Alaskan Native or American Indian and has a Certificate of Indian Blood (CIB) from the BIA or other positive identification of Native status or Tribal Enrollment. Reside in a residence that meets HUD's quality housing standards.

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

Payments to prevent foreclosure, IRHA may provide up to 2 months mortgage payments to a financial institution for an eligible family to prevent the family from being evicted. The maximum grant allowed shall be \$2,500 per family. this grant shall only be provided once per family. Transitional Housing Assistance, IRHA may provide a transitional housing grant to an eligible family for up to thirty (30) days with a maximum of \$1,500 per family. The Chief Executive Officer may extend the period of time assistance will be provided based upon the documented needs of the family. Homeless Assistance, IRHA may provide emergency assistance to a family who can demonstrate that there is an immediate need of assistance and without it the family will become homeless or the housing will become inadequate. The maximum assistance allowed, as long as funds are available, shall be \$5,000 per family. This grant shall only be provided once per family. The approval of such assistance shall be at the discretion of the Chief Executive Officer.

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.):*

Helped clients that were facing eviction from their rental units.

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: 15	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 25	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))):*

IRHA is not behind schedule.

1.1. Program Name and Unique Identifier: 2024-11:Operations of the Yukon Koyukuk Elders Assisted Living

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

Maintenance and Operating expenses for the Yukon-Koyukuk Elders Assisted Living Facility. The maintenance and operation expenses covered include, but are not limited to utilities, insurance, repairs, minor maintenance and marketing.

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.):*

(4) Improve quality of existing infrastructure

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

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

(4) Improve quality of existing infrastructure

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

NAHASDA eligible residents who are at or below 80% income limits.

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

The funds are limited: not to exceed \$8,333.33 per month. The funds cannot total more than the percentage of eligible residents to the total amount for maintenance and operation expenses. For example, if the October's total maintenance and operations expense is \$10,000 and the percentage of eligible resident is 40% then \$4,000 of NAHASDA dollars will be used for maintenance and operation for that month.

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.):*

4 eligible received maintenance and operating expenses for the Yukon-Koyukuk Elders Assisted Living Facility.

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: 4	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	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))):*

Not behind schedule

1.1. Program Name and Unique Identifier: 2024-12:Other Housing Services

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

IRHA's housing department provides credit counseling, homeownership counseling, payment collections and maintains housing programs

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.):*

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

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.):*

(2) Assist renters to become homeowners

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

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

(2) Assist renters to become homeowners

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

NAHASDA eligible applicants. Properties owned by IRHA and village properties assisted with NAHASDA funds that have low income, Alaska Natives or American Indian families.

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

IRHA's housing department provides credit counseling, homeownership counseling, payment collections and maintains housing programs, Insurance will be provided to properties that IRHA owns or assists. This is dependent on the need of the applicant and the program they enter.

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.):*

Served 300 household with credit counseling, home ownership counseling, payment collections and insurance

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: 300	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 300	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))):*

Not behind schedule

1.1. Program Name and Unique Identifier: 2024-13:Rehabilitation of existing Housing Center

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

Project: Rehabilitation of existing housing service center Location: 828 27th Avenue, Fairbanks AK 99701 Scope of Work: Minor Rehabilitation of an existing structure Doyon is requesting to rehabilitate the main office, warehouse, grounds area, training space and onsite file retention areas. The charges will create a workplace that is more secure, safe and efficient. - The housing authority administers and operates funding throughout the Fairbanks area and the 29-surrounding village for residents of affordable housing. IRHA has determined that 99% of the clients served are residents of affordable housing and fall at or below the HUD income limits. The rehabilitation is essential to our clients and workers as the building was built in 1984 and has had very little upgrades to date. We would like to incorporate energy efficient technology to help reduce administrative costs and help reduce the spread of sickness and allergens. The current budget assessment is \$250,000.00 this budget includes, weatherization, floor replacement, fencing, painting, paving, lighting, and reconditioning larger offices for more efficient smaller office space and grade and level existing parking lot. Through calculation and APR review it is determined that 99% of the clients served are residents of affordable housing and would benefit from this project.

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.):*

(22) Model Activities [202(6)]

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.):*

(4) Improve quality of existing infrastructure

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

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

(10) Improve energy efficiency

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

HUD Low Income American Indians/Alaska Native, IRHA has determined that 99% of the clients served are residents of affordable housing and fall at or below the HUD income limits.

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

This would be rehabilitation to the Interior Regional Housing Authority office building to current standards, the Scope of Work: Minor Rehabilitation of an existing structure Doyon is requesting to rehabilitate the main office, warehouse, grounds area, training space and onsite file retention areas. The charges will create a workplace that is more secure, safe and efficient.

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.):*

Rehabilitation to the housing authority to bring the building, yard to current standards

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:
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:

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

Not behind schedule, work is in progress

1.1. Program Name and Unique Identifier: 2024-14:Healy Lake access ramp

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

Build and install ADA access ramp for elders on the Tribal Council Office for easy access for elders that are 62 and older and have limited mobility to get in and out of the building as this is where the post office is located at, as well as the library and the computers for the community. The building is no larger than 1,100 sq ft and will cost no more than \$50,000

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.):*

(22) Model Activities [202(6)]

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.):*

(9) Provide accessibility for disabled/elderly persons

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

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

(9) Provide accessibility for disabled/elderly persons

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

The ADA ramp will be designed to assist HUD Low income for HUD Low income for Alaska Native and American Indians, elders that is 62 or older who lives in Healy Lake, AK.

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

This will be a onetime installation of ADA access ramp for providing access for the HUD Low income for Alaska Native and American Indians, elders that is 62 or older who lives in Healy Lake, AK.

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.):*

The tribe decided to not do this project

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:
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:

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

The tribe decided to not do this project

1.1. Program Name and Unique Identifier: 2024-17:Repair or Acquisition of Heavy Equipment for Healy Lake

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

IRHA will look into repair or acquisition of Heavy Equipment for the Tribe of Healy Lake to make repairs to homes, dig if needed for wells or new construction.

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.):*

(24) Infrastructure to Support Housing [202(2)]

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

(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):*

Healy Lake would like to maintenance, repair or replace of Heavy equipment as it would be helpful to the Tribal members for rehabilitation of existing homes/bldg. and or of new Constuction.

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

(4) Improve quality of existing infrastructure

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

HUD Low income for Alaska Native and American Indians

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

This will help with the maintenance, repair or replace of Heavy Equipment for the Tribe as they may want to open up Rehabilitation of existing homes and or build new construction of single-family homes.

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.):*

In the process of looking for contractor to look at the Heavy equipment

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:
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:

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

The tribe is in the process of looking for contactor

1.1. Program Name and Unique Identifier: 2024-18:Repair or Acquisition of Heavy Equipment for Allakaket

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

Repair or Acquisition of Heavy Equipment for Allakaket

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.):*

(24) Infrastructure to Support Housing [202(2)]

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

(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):*

Allakaket would like to maintenance, repair or replace of Heavy equipment as it would be helpful to the Tribal members for rehabilitation of existing homes or of new Construction and to help with new road for new subdivision

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

(4) Improve quality of existing infrastructure

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

HUD Low income for Alaska Native and American Indians

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

This will help with the maintenance, repair or replace of Heavy Equipment for the Tribe as they may want to open up Rehabilitation of existing homes and or build new construction of single-family homes and to help with a new road for new subdivision.

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.):*

Is in the process of looking for a contractor to look at the Heavy Equipment

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:
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:

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

The tribe is in the process of looking for a contractor to look at the Heavy Equipment

1.1. Program Name and Unique Identifier: 2024-19:Leveraging funds for Allakaket

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

Tribe will be building new road for new subdivision called the Yukon road Subdivision

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.):*

(24) Infrastructure to Support Housing [202(2)]

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

(6) Assist affordable housing for low income households

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

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

(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):*

Leverage funding, working on ERR

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

HUD Low-income Alaska Native and Native American

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

This leverage funding to help build the road in the new subdivision called the Yukon Road Subdivision.

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.):*

Working on ERR

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:
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:

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

Working on ERR

1.1. Program Name and Unique Identifier: 2024-20:Infrastructure of North Pole Mendone Subdivision

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

Infrastructure of the North Pole Mendone Subdivision to add Culverts and electricity for new construction.

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.):*

(24) Infrastructure to Support Housing [202(2)]

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

(6) Assist affordable housing for low income households

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

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

(4) Improve quality of existing infrastructure

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

1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

HUD Low-income Alaska Native and Native American

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

For sole purpose of new Constuction in the North Pole Mendone Subdivision.

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.):*

Infrastructure of the North Pole Mendone Subdivision to add Culverts and electricity for new construction.

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:
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:

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

worked on culverts and electricity for the Mendone area

Section 4: Maintaining 1937 Act Units, Demolition, and Disposition

NAHASDA §§ 102(b)(2)(A)(v), 102(b)(2)(A)(iv)(I-III)

(1) Maintaining 1937 Act Units(NAHASDA § 102(b)(2)(A)(v))(Describe specifically how you will maintain and operate your 1937 Act housing units in order to ensure that these units will remain viable.)

IRHA will insure viability of Current Assisted Stock through regular inspections: a detailed work order system, intensive follow-up, counseling and strict enforcement of the MHOA and Rental Agreements

(2) Demolition and Disposition(NAHASDA § 102(b)(2)(A)(iv)(I-III), 24 CFR 1000.134)Describe any planned demolition or sale of 1937 Act or NAHASDA-assisted housing units. If the recipient is planning on demolition or disposition of 1937 Act or NAHASDA-assisted housing units, be certain to include the timetable for any planned demolition or disposition and any other information that is required by HUD with respect to the demolition or disposition:

At this time IRHA does not plan to demolish or dispose of any 1937 Act housing units.

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					
	(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)	
1. IHBG Funds	\$16,000,000.00	\$9,876,549.00	\$25,876,549.00	\$13,744,765.49	\$12,131,783.51	
2. IHBG Program Income	\$2,800,000.00	\$700,000.00	\$3,500,000.00	\$1,170,000.00	\$2,330,000.00	
3. Title VI	\$0.00	\$1,103,020.00	\$1,103,020.00	\$818,730.00	\$284,290.00	
4. Title VI Program Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
5. 1937 Act Operating Reserves	\$0.00		\$0.00	\$0.00	\$0.00	
6. Carry Over 1937 Act Funds	\$0.00		\$0.00	\$0.00	\$0.00	
7. ICDBG Funds	\$5,000.00	\$0.00	\$5,000.00	\$5,000.00	\$0.00	
8. Other Federal Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
9. LIHTC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10. Non-Federal Funds	\$0.00	\$300,000.00	\$300,000.00	\$300,000.00	\$0.00	
Total	\$18,805,000.00	\$11,979,569.00	\$30,784,569.00	\$16,038,495.49	\$14,746,073.51	
TOTAL Columns C and H (2 through 10)			\$4,908,020.00			
SOURCE	APR					
	(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 to be expended during 12-month program year	(J) Actual unexpended funds remaining at end of program year (H-I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds	\$22,320,006.86	\$15,418,322.77	\$37,738,329.63	\$7,754,197.09	\$29,984,132.54	\$0.00
2. IHBG Program Income	\$3,742,153.34	\$2,461,407.79	\$6,203,561.13	\$1,649,586.71	\$4,553,974.42	\$0.00
3. Title VI	\$0.00	\$1,000.00	\$1,000.00	\$1,000.00	\$0.00	\$0.00
4. Title VI Program Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. 1937 Act Operating Reserves	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
6. Carry Over 1937 Act Funds	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
7. ICDBG Funds	\$9,687.92	\$0.00	\$9,687.92	\$9,687.92	\$0.00	\$0.00
8. Other Federal Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. LIHTC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. Non-Federal Funds	\$272,096.24	\$314,929.84	\$587,026.08	\$155,599.46	\$431,426.62	\$0.00
Total	\$26,343,944.36	\$18,195,660.40	\$44,539,604.76	\$9,570,071.18	\$34,969,533.58	\$0.00
TOTAL Columns C and H (2 through 10)			\$6,801,275.13			

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 **Uses of Funding table below.**

(2) **Uses of Funding**(NAHASDA § 102(b)(2)(C)(ii) (Note that the budget should not exceed the total funds on hand (Column C) and insert as many rows as needed to include all the programs identified in Section 3.

Actual expenditures in the APR section are for the 12-month program year.)

PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)
2020-14: Circle New Construction ICDBG	\$200,000.00	\$305,000.00	\$505,000.00	\$386,991.72	\$198,026.13	\$585,017.85
2020-15: Holy Cross New Construction ICDBG	\$50,000.00	\$0.00	\$50,000.00	\$318.94	\$0.00	\$318.94
2020-16: Nikolai New Conststruction ICDBG	\$50,000.00	\$0.00	\$50,000.00	\$0.00	\$9,687.92	\$9,687.92
2024-01: Operation of 1937 Act Housing	\$444,798.00	\$0.00	\$444,798.00	\$444,342.00	\$0.00	\$444,342.00
2024-02: New Construction of Homebuyer Units	\$6,750,000.00	\$1,118,730.00	\$7,868,730.00	\$2,609,891.09	\$100,885.85	\$2,710,776.94
2024-03: TEAM	\$400,000.00	\$0.00	\$400,000.00	\$279,696.80	\$0.00	\$279,696.80
2024-04: TEAM 80-100%	\$100,000.00	\$0.00	\$100,000.00	\$0.00	\$0.00	\$0.00
2024-05: Acquisition of Home buyers Units	\$350,000.00	\$0.00	\$350,000.00	\$0.00	\$0.00	\$0.00
2024-06: Self Help Construction	\$460,000.00	\$0.00	\$460,000.00	\$53,542.51	\$0.00	\$53,542.51
2024-07: Homeowner Rehabilitation Program	\$700,000.00	\$0.00	\$700,000.00	\$2,391,673.89	\$334,795.28	\$2,726,469.17
2024-08: Homeowner Rehabilitation Program 80-100%	\$100,000.00	\$0.00	\$100,000.00	\$0.00	\$0.00	\$0.00
2024-09: Tenanat Based Rental Assistance	\$675,000.00	\$0.00	\$675,000.00	\$584,844.04	\$0.00	\$584,844.04
2024-10: Tenant Based Rental Assistance/Emergency	\$55,000.00	\$0.00	\$55,000.00	\$75,131.87	\$0.00	\$75,131.87
2024-11: Operations of the Yukon Koyukuk Elders Assisted Living	\$100,000.00	\$0.00	\$100,000.00	\$125,199.95	\$0.00	\$125,199.95
2024-12: Other Housing Services	\$0.00	\$720,000.00	\$720,000.00	\$0.00	\$969,751.34	\$969,751.34
2024-13: Rehabilitation of existing Housing Center	\$250,000.00	\$0.00	\$250,000.00	\$0.00	\$0.00	\$0.00
2024-14: Healy Lake access ramp	\$50,000.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00
2024-17: Repair or Acquisition of Heavy Equipment for Healy Lake	\$400,000.00	\$0.00	\$400,000.00	\$0.00	\$0.00	\$0.00
2024-18: Repair or Acquisition of Heavy Equipment for Allakaket	\$1,000,000.00	\$0.00	\$1,000,000.00	\$0.00	\$0.00	\$0.00
2024-19: Leveraging funds for Allakaket	\$480,000.00	\$0.00	\$480,000.00	\$0.00	\$0.00	\$0.00
2024-20: Infrastructure of North Pole Mendone Subdivision	\$600,000.00	\$0.00	\$600,000.00	\$196,486.02	\$0.00	\$196,486.02
Loan repayment - describe in 3 & 4 below	\$529,967.49	\$0.00	\$529,967.49	\$606,078.26	\$0.00	\$606,078.26
Planning and Administration	\$0.00	\$150,000.00	\$150,000.00	\$0.00	\$202,727.57	\$202,727.57
TOTAL	\$13,744,765.49	\$2,293,730.00	\$16,038,495.49	\$7,754,197.09	\$1,815,874.09	\$9,570,071.18

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):

- 1. Other sources of income will include NAHASDA program income \$700,000, Title VI funding, Huslia \$1,103,020 and State of Alaska Supplemental funding \$300,000.**
- 2. Title VI Loan Payments for the following Tribe: Allakaket 118669903 \$57,072.38, Holy Cross 118677245 \$92,520.99, Shageluk 118711234 \$71,402.95, Telida 118701565 \$33,930.03, Tetlin 118660159 \$65,952.97, Ruby 118773564 \$87,903.15, Huslia 118870329 \$121,185.02.**

(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.):

- 1. Other sources of income included NAHASDA Program Income for \$1,649,586.71 , Title VI funding for \$1,000, Nikolai ICDBG for \$9,687.92 and State of Alaska Supplemental funding \$155,599.46**
- 2. Title VI Loan Payments for the following Tribe: Allakaket 118669903 \$55,682.72, Holy Cross 118677245 \$90,256.72, Shageluk 118711234 \$69,559.02, Telida 118701565 \$33,097.16, Tetlin 118660159 \$37,105.54, Huslia 118870329 \$248,879.14, Grayling 118743674 \$71,497.96.**

Section 6: Other Submission Items

[102(b)(2)(C)(ii)], [201(b)(5)], [202(6)], [205(a)(2)], [209], 24 CFR §§ 1000.108, 1000.120, 1000.142, 1000.238, 1000.302

(1) Useful Life/Affordability Period(s) (NAHASDA § 205, 24 CFR § 1000.142) (Describe your plan or system for determining the useful life/affordability period of the housing it assists with IHBG and/or Title VI funds must be provided in the IHP. A record of the current, specific useful life/affordability period for housing units assisted with IHBG and/or Title VI funds (excluding Mutual Help) must be maintained in the recipient's files and available for review for the useful life/affordability period.):

Home Ownership Program/Caribou - 10-year term useful life. Homeownership Opportunity Program - 20 years each participant signs an agreement that requires the family to live in the home for the useful life of affordability period or payback the amount expended on the home on a prorated basis for the number of years remaining in the period of affordability. Elders have a 10-year useful life of affordability period. Tribal Equity Advantage Program - 10 year each participants signs a Deed of Trust that is recorded on the title for the 10-year term and expires on the 10th anniversary. Homeownership Rehabilitation Program - 5 years each participant signs a Binding Commitment that is recorded and expires on the 5th anniversary. Self Help New Construction - 10 years each participant signs a binding commitment that gets recorded and expires on the 10th anniversary.

2) Model Housing and Over-Income Activities(NAHASDA § 202(6), 24 CFR § 1000.108) (If you wish to undertake a model housing activity or wish to serve non-low-income households during the 12-month program year, those activities may be described here, in the program description section of the 1-year plan, or as a separate submission.):

TEAM 80% - 100% and Rehabilitation 80% - 100% are listed in the program description Section.

(3) Tribal and Other Indian Preference(NAHASDA § 201(b)(5), 24 CFR § 1000.120) If preference will be given to tribal members or other Indian families, the preference policy must be described. This information may be provided here or in the program description section of the 1-year plan.

Does the Tribe have a preference policy?:**No**

If yes, describe the policy.

(4) Anticipated Planning and Administration Expenses (NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238)

Do you intend to exceed your allowable spending cap for Planning and Administration? **No**

If yes, describe why the additional funds are needed for Planning and Administration. For a recipient administering funds from multiple grant beneficiaries with a mix of grant or expenditure amounts, for each beneficiary state the grant amount or expenditure amount, the cap percentage applied, and the actual dollar amount of the cap.

(5) Actual Planning and Administration Expenses(NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238)

Did you exceed your spending cap for Planning and Administration? **No**

If yes, did you receive HUD approval to exceed the cap on Planning and Administration costs?

If you did not receive approval for exceeding your spending cap on planning and administration costs, describe the reason(s) for exceeding the cap. (See Section 6, Line 5 of the Guidance for information on carry-over of unspent planning and administration expenses.)

(6) Expanded Formula Area - Verification of Substantial Housing Services (24 CFR § 1200.302(3))If your tribe has an expanded formula area (i.e., an area that was justified based on housing services provided rather than the list of areas defined in 24 CFR § 1200.302 Formula Area (1)), the tribe must demonstrate that it is continuing to provide substantial housing services to that expanded formula area. Does the tribe have an expanded formula area? **No**

If no, proceed to Section 7.

If yes, list each separate geographic area that has been added to the Tribe's formula area and the documented number of Tribal members residing there.

For each separate formula area expansion, list the budgeted amount of IHBG and other funds to be provided to all American Indian and Alaska Native (AIAN) households and to only those AIAN households with incomes 80% of median income or lower during the recipient's 12-month program year:

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**

(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: **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**

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**

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: **Yes**

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**

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: **Denise Callahan**

(2) It had an opportunity to review the IHP or IHP amendment and has authorized the submission of the IHP by the TDHE

(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:

(5)Authorized Official's Name and Title:

(6)Authorized Official's Signature:

(7) Date (MM/DD/YYYY): **2023-10-02**

Section 9: Tribal Wage Rate Certification

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

By signing the IHP, you certify whether you will use tribally determined wages, Davis-Bacon wages, or HUD determined wages. Check only the applicable box below.

(1) You will use tribally determined wage rates when required for IHBG-assisted construction or maintenance activities. The Tribe has appropriate laws and regulations in place in order for it to determine and distribute prevailing wages.

(2) You will use Davis-Bacon or HUD determined wage rates when required for IHBG-assisted construction or maintenance activities.

(3) You will use Davis-Bacon and/or HUD determined wage rates when required for IHBG-assisted construction except for the activities described below.

(4) If you checked the box in Line 3, list the other activities that will be using tribally determined wage rates:

Section 10: Self-Monitoring

NAHASDA § 403(b), 24 CFR §§ 1000.26, 85.37, 85.40

- (1) Do you have a procedure and/or policy for self-monitoring? **Yes**
- (2) Pursuant to 24 CFR § 1000.502(b) where the recipient is a TDHE, did the TDHE provide periodic progress reports including the self-monitoring report, Annual Performance Report, and audit reports to the Tribe? **Yes**
- (3) Did you conduct self-monitoring, including monitoring sub-recipients? **Yes**
- (4) Self-Monitoring Results. (*Describe the results of the monitoring activities, including corrective actions planned or taken.*):
N/A

Section 11: Inspections

NAHASDA § 403(b)

(1) **Inspection of Units** Self-Monitoring Results. (Use the table below to record the results of recurring inspections of assisted housing.)

Activity (A)	Total Number of Units (B)	Units in Standard Condition (C)	Units Needing Rehabilitation (D)	Units Needing to be Replaced (E)	Total Number of Units Inspected (F=C+D+E)
1937 Housing Act Units:					
a. Rental	21	21	0	0	21
b. Homeownership	1	1	0	0	1
c. Other	0	0	0	0	0
1937 Act Subtotal:	22	22	0	0	22
NAHASDA Associated Units:					
a. Rental	1	1	0	0	1
b. Homeownership	222	217	1	2	220
c. Rental Assistance	70	70	0	0	70
d. Other	0	0	0	0	0
NAHASDA Act Subtotal:	293	288	1	2	291
Total:	315	310	1	2	313

(2) Did you comply with your inspection policy: **Yes**

(3) If no, why not:

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**

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.

Audit Due Date : **09/30/2025**

Section 13: Public Availability

NAHASDA § 408, 24 CFR § 1000.518

(1) Did you make this APR available to the citizens in your jurisdiction before it was submitted to HUD (24 CFR § 1000.518): **Yes**

(2) If you are a TDHE, did you submit this APR to the Tribe(s) (24 CFR § 1000.512): **Yes**

(3) If you answered “No” to question #1 and/or #2, provide an explanation as to why not and indicate when you will do so.

(4) Summarize any comments received from the Tribe(s) and/or the citizens (NAHASDA § 404(d)).

N/A

Section 14: Jobs Supported by NAHASDA

NAHASDA § 404(b)

Use the table below to record the number of jobs supported with IHBG funds each year.

Indian Housing Block Grant Assistance (IHBG)	
(1) Indian Housing Block Grant Assistance (IHBG)	21
(2) Number of Temporary Jobs Supported	41

(3) Narrative (optional):

Section 15: IHP Waiver Requests

NAHASDA § 101(b)(2)

THIS SECTION IS ONLY REQUIRED IF THE RECIPIENT IS REQUESTING A WAIVER OF AN IHP SECTION OR A WAIVER OF THE IHP SUBMISSION DUE DATE.

A waiver is valid for a period not to exceed 90 days Fill out the form below if you are requesting a waiver of one or more sections of the IHP. **NOTE** :This is NOT a waiver of the IHBG program requirements but rather a request to waive some of the IHP submission items.

- (1) List below the sections of the IHP where you are requesting a waiver and/or a waiver of the IHP due date. (*List the requested waiver sections by name and section number*) :
- (2) Describe the reasons that you are requesting this waiver (*Describe completely why you are unable to complete a particular section of the IHP or could not submit the IHP by the required due date.*) :
- (3) Describe the actions you will take in order to ensure that you are able to submit a complete IHP in the future and/or submit the IHP by the required due date. (*This section should completely describe the procedural, staffing or technical corrections that you will make in order to submit a complete IHP in the future and/or submit the IHP by the required due date.*):
- (4) Recipient: **Interior Regional Housing Authority**
- (5) Authorized Official's Name and Title:
- (6) Authorized Official's Signature:
- (7) Date (*MM/DD/YYYY*):