

Annual Performance Report

These forms meet the minimum requirements for an Annual Performance Report (APR) required by the United States Department of Housing and Urban Development. In addition to these minimum requirements, a tribe/tribally designated housing entity (TDHE) may elect to prepare a more comprehensive APR. If a tribe/TDHE elects to prepare a more comprehensive report, the required elements of this APR must still be submitted on the prescribed HUD forms.

Annual Performance Report

Under the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA) (25 U.S.C. 4104 et seq.) HUD will provide grants, loan guarantees, and technical assistance to Indian tribes and Alaskan Native villages for the development and operation of low-income housing in Indian areas. Grants will be made to eligible recipients under the Indian Housing Block Grant Program. To be eligible for the grants, respondents must submit an Indian Housing Plan that meets the minimum requirements of the Act, consult with residents, prepare Title VI application/certification, submit performance reports, and maintain records for HUD monitoring and audit review.

Public reporting burden for this collection of information is estimated to average 120 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Recipients of Indian Housing Block Grant (IHBG) program funds are required to submit an Annual Performance Report (APR) to HUD within 60 days of the end of their program year. Statutory reference is contained in the Native American Housing Assistance and Self-Determination Act (NAHASDA) of 1996, as amended, *Sec. 404 Performance Reports*. The regulatory reference is found at 24 CFR Part 1000, sections 512 through 521. Response to the Annual Performance Report is mandatory and is required by Sections 403 and 404 of NAHASDA and by the regulations at 24 CFR 1000.

The information requested does not lend itself to confidentiality.

This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Annual Performance Report

Recipients of NAHASDA funds are required to prepare and submit an Annual Performance Report (APR) within 60 days of the end of the program year. The APR shall contain the information required below and narrative statements as needed.

The Annual Performance Report consists of the following parts:

- Cover sheet - General information on the tribe or TDHE
- Part I - Reporting on the One-Year Indian Housing Plan
 - Table I - Sources of Funds
 - Table II - Uses of Funds
- Part II - Reporting on Program Year Accomplishments
 - Section A - Monitoring
 - Table III - Inspection of Assisted Housing
 - Section B - Audits
 - Section C - Public Accountability
 - Section D - Jobs Created by NAHASDA

Part I (including Tables I and II) – One separate part must be submitted for each open grant.

Part II (including Sections A, B, C, and Table III) – This part is not grant specific. A single part is to be prepared and submitted at the end of each program year and will cover all open grants.

Part D (including Table IV) – This part is optional.

Annual Performance Report Cover Sheet

1. APR is submitted by (mark one) tribe THDE



2. Reporting period for which this APR is prepared: from: 06/24/09 to: 06/23/12
(mm/dd/yy) (mm/dd/yy)

3. Recipient Name and Address

Yurok Indian Housing Authority
 15540 Highway 101 N
 Klamath CA 95548

| | | |
|---|-----------------------------|---|
| 4. Name of Contact Person Judith Marasco | Title Executive Director | Telephone no. (include Area Code) 707-482-1506 |
|---|-----------------------------|---|

| | | |
|--|--|--|
| <p>If APR is submitted by the TDHE</p> <p>5. Enter the name of each tribe included in this APR</p> <p>YUROK</p> | | |
|--|--|--|

| | |
|---|-------------------------|
| 6. Name of official authorized to submit APR Thomas P. O'Rourke, Sr. | Title Chairperson |
| Signature | Date December , 2009 |

Certification: The information contained in this report is accurate and reflects the activities actually accomplished during the reporting period. Activities planned and accomplished are eligible under applicable statutes and regulations and were included in the applicable one year activities in the corresponding Indian Housing Plan.

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 civil money penalty not to exceed \$10,000 for each violation.

For HUD use only

| | | |
|-----------------------------|------|--------------|
| Date APR is received by HUD | Time | logged in by |
|-----------------------------|------|--------------|

PART I - REPORTING ON THE ONE-YEAR INDIAN HOUSING PLAN (IHP)

One separate Part I (that includes Tables I and II) must be submitted for **each** open grant.

Grant Number:

Enter the date HUD notified you that your IHP was found in compliance: 06/29/09
(mm/dd/yy)

Is this the final APR for this grant? Check one: yes no

Each year, you develop goals and objectives and performance objectives in the IHP that describe the use of your IHBG funds. At the end of the program year, you report on the progress made towards achievement of them.

1. Please report on each of the one-year goals and objectives **and** report on each of the performance objectives identified in the IHP for this reporting period only in a format as follows:

Note: Goals and Objectives should be reported from inception to the present while the performance objectives should be reported for the reporting period only.

| | | |
|------------|-------------------------------|---|
| GOAL #_1__ | | Goal as identified in the IHP: Acquisition of Rental Housing |
| | Objective #_1__ | Objective as identified in the IHP: Reduce over-crowding and create new affordable rental units. |
| | Performance Objective #_1.1__ | Performance objective relating to the above listed goal and its objective(s) as identified in the IHP: Acquire 3 rental units. |
| | Accomplishment(s) | Progress made toward completion of the goal and objective(s) as they relate to this performance objective: Completed areas of Objective: Review sites in South District to purchase with in the Budget and Total Development Cost |
| | No accomplishment | If no progress was made, explain why not and describe what you will do to complete the activities: |

| | | |
|----------------|------------------------------------|--|
| GOAL # _2__ | | Goal as identified in the IHP: Rehabilitation of Rental Housing |
| | Objective # __2.1__ | Objective as identified in the IHP: To provide affordable, safe and decent housing to lower-income clients. |
| | Performance Objective # __2.1__ | Performance objective relating to the above listed goal and its objective(s) as identified in the IHP: Rehabilitation of up to 1 unit. |
| | Accomplishment(s) | Progress made toward completion of the goal and objective(s) as they relate to this performance objective: Completed Areas of Objective: Identified existing rental unit that needs major rehab. |
| | No accomplishment | If no progress was made, explain why not and describe what you will do to complete the activities: |

| | | |
|----------------|------------------------------------|--|
| GOAL # _3__ | | Goal as identified in the IHP: Planning and Administration |
| | Objective # _3.1__ | Objective as identified in the IHP: Manage and allocate resources in a financially sound manner, using standard business practices. |
| | Performance Objective # __3.1__ | Performance objective relating to the above listed goal and its objective(s) as identified in the IHP: Maintain administrative requirements, standards and systems that meet or exceed the requirements of NAHASDA program regulations. |
| | Accomplishment(s) | Progress made toward completion of the goal and objective(s) as they relate to this performance objective: Completed areas of Objective: Maintain administrative requirements, standards and systems that meet or exceed the requirements of NAHASDA program regulations. Expenditure information in MIP system following YIHA policies #8 and #9. |
| | No accomplishment | If no progress was made, explain why not and describe what you will do to complete the activities: |

| | | |
|---------------|----------------------------------|---|
| GOAL #_3__ | | Goal as identified in the IHP: Planning and Administration |
| | Objective #_3.2__ | Objective as identified in the IHP: Plan for future NAHASDA units, up to 16 Units. |
| | Performance Objective #_3.2__ | Performance objective relating to the above listed goal and its objective(s) as identified in the IHP: Attend at least 2 meetings for future NAHASDA units or subdivisions. |
| | Accomplishment(s) | Progress made toward completion of the goal and objective(s) as they relate to this performance objective: Completed areas of Objective: Administrative staff and Board of Commissioners are meeting with local developers to review Subdivisions possibilities in each district. |
| | No accomplishment | If no progress was made, explain why not and describe what you will do to complete the activities: |

| | | |
|---------------|----------------------------------|--|
| GOAL #_3__ | | Goal as identified in the IHP: Planning and Administration |
| | Objective #_3.3__ | Objective as identified in the IHP: Provide necessary training for staff. |
| | Performance Objective #_3.3__ | Performance objective relating to the above listed goal and its objective(s) as identified in the IHP: Develop program budget to provide adequate training for up to 19 staff, at least 1 training per year. |
| | Accomplishment(s) | Progress made toward completion of the goal and objective(s) as they relate to this performance objective: Completed areas of Objective: Preliminary training budget formulated. |
| | No accomplishment | If no progress was made, explain why not and describe what you will do to complete the activities: |

Repeat this format for additional one year goal and objective(s) and performance objective(s) in the IHP for this grant.

2. Are you on schedule to complete the 5-year goals identified in your IHP?

Check one: yes no

3. If the answer to #2 is no, explain causes for delays and how you plan to modify your program to meet your 5-year goals and objectives.

4. How would you change your programs in general as a result of your experience with the implementation of NAHASDA?

The focus of services needs to be narrowed down to effective operational services. The programs could be condensed so the needs of applicants are met. Standard procedures need to be developed so effective timeline for service delivery is not a hindrance.

Table I - Sources of Funds

| Sources of Funds for IHBG Activities | Planned Amount (from the IHP) | Amount Actually Awarded |
|---|-------------------------------------|-------------------------------|
| (a) | (b) | (c) |
| 1. HUD Resources | | |
| a. NAHASDA Block Grant | 660,018 | 660,018 |
| b. NAHASDA Program Income | | |
| c. NAHASDA Title VI (Federal Guarantee) | | |
| d. Section 184 Loan Guarantee | | |
| e. Indian Community Development Block Grant | | |
| f. Drug Elimination | | |
| g. Prior year funds | | |
| h. Other (explain in narrative) | | |
| 2. Existing Program Resources | | |
| a. 1937 Housing Act Programs | | |
| b. Other HUD Programs | | |
| 3. Other Federal or State Resources | | |
| a. BIA Home Improvement Program | | |
| b. Other (explain in narrative) | | |
| 4. Private Resources | | |
| a. Tribe | | |
| b. Financial Institution | | |
| c. Other (explain in narrative) | | |
| 5. Other (explain in narrative) | | |
| Total Resources | 660,018 | 660,018 |
| | | |

Narrative:

1. If column c is less than column b, explain why the planned funds were not realized.

Grant Number:

08SH641900

Table II - Uses of Funds

| Activity | Budgeted Amount (from the IHP) | Cumulative | | | |
|--|-----------------------------------|--------------------------------|-------------------------|--|---|
| | | Grant (IHBG) funds expended | Other funds expended | Total funds expended from all sources (c + d) | Percentage of IHBG Grant Amount Obligated |
| (a) | (b) | (c) | (d) | (e) | (f) |
| 1. Indian Housing Assistance (1937 Housing Act units) | | | | | |
| a. Modernization | | | | 0 | |
| b. Operating | | | | | |
| 2. Development | | | | | |
| a. Rental | | | | | |
| i. Construction of new units | | | | | |
| ii. Acquisition | 399,900 | | | | |
| iii. Rehabilitation | 128,114 | | | | |
| b. Homeownership | | | | | |
| i. Construction of new units | | | | | |
| ii. Acquisition | | | | | |
| iii. Rehabilitation | | | | | |
| 3. Housing Services | | | | | |
| 4. Housing management services | | | | | |
| 5. Crime Prevention & Safety | | | | | |
| 6. Model Activities | | | | | |
| 7. Planning & administration | 132,004 | | | | |
| 8. Reserves | | | | | |
| 9. Other – | | | | | |
| Total | 660,018 | | | | |

Table II (continued)

| (a) | Number of units planned (g) | Number of units completed (h) | Number of units started not completed (i) | Cumulative | | |
|---|--------------------------------|----------------------------------|--|-----------------------------------|---------------------------------------|----------------------------|
| | | | | Number of families assisted | | |
| | | | | low-income Indian families (j) | non low-income Indian families (k) | non-Native American (l) |
| 1. Indian Housing Assistance (1937 Act units) | | | | | | |
| a. Modernization | | | | | | |
| b. Operating | | | | | | |
| 2. Development | | | | | | |
| a. Rental | | | | | | |
| i. Construction of new units | | | | | | |
| ii. Acquisition | 3 | | | | | |
| iii. Rehabilitation | 1 | | | | | |
| a. Homeownership | | | | | | |
| i. Construction of new units | | | | | | |
| ii. Acquisition | | | | | | |
| iii. Rehabilitation | | | | | | |
| 3. Housing Services | | | | | | |
| 4. Housing Management Services | | | | | | |
| 5. Crime Prevention & Safety | | | | | | |
| 6. Model Activities | | | | | | |
| 7. Planning & administration | | | | | | |
| 8. Reserves | | | | | | |
| 9. Other | | | | | | |
| Total | 4 | | | | | |

Narrative:

1. Column (a), line item #8, Reserves: Identify the purpose for the funds you placed in this category.

2. Explain any unexpected cost overruns associated with IHBG funds.

3. Investments: Date HUD approved: _____
(mm/dd/yy)

Amount approved for investment: \$ _____

Amount of IHBG funds (principal only) invested as of this reporting period end date:
\$ _____

Part II - Reporting on Program Year Accomplishments

This Part is not grant specific. A single Part II consisting of Sections A through D (including Table III), is to be prepared and submitted at the end of each program year and will cover all open grants.

SECTION A - MONITORING

I. Self-Monitoring: Sec 403(b) of the NAHASDA statute and §1000.502 of the program regulations require that the recipient **and** the tribe are to be involved in monitoring activities. You are responsible for monitoring your grant activities to ensure compliance with NAHASDA and its implementing regulations, and for monitoring the performance goals included under the IHP. In addition, if you are the TDHE, the tribe is responsible for monitoring your programmatic performance for compliance with the IHP, its stated goals and objectives, and the NAHASDA statute and its implementing regulations.

If you are a tribe reporting as the recipient, answer questions 1, 2 and 5. If you are a TDHE, answer all of the questions in this part.

1. Briefly describe the self monitoring systems and internal control procedures you used and those you implemented during the past year to assure that program activities comply with NAHASDA and its program regulations.

A. YIHA staff did an internal self-monitoring for all program components. This is part of the new Self-Monitoring policy.

B. Utilized the current policies and procedures for program controls or assistance to clients. We continuously review and revise policies as needed.

2. If you are a tribe or a TDHE reporting as the recipient:

List the activities you monitored:

Organizational Control Environment; Resident Eligibility and Service Standards; Fiscal and Financial Management; Procurement and Contract Administration; Labor Standards and Construction Management; Environmental Reviews per the Self-Monitoring manual.

Organizational Control Environment; Resident Eligibility and Service Standards; Fiscal and Financial Management; Procurement and Contract Administration; Labor Standards and Construction Management; Environmental Reviews per the Self-Monitoring manual.

The following policies were implemented and used to monitor progress for internal controls: Personnel, Drug and Alcohol, Indian Preference/Section 3 Preference, Vehicle Use, Travel and Per Diem, Credit Card, Cash Receipt, Procurement, Purchase of Goods and Services, Accounts Payable Disbursements and Internal Controls –A-87, Financial Investments, Capitalization, Disposition, Collections and Eviction, Low Rent Maintenance, Tenant Grievance / Applicant Grievance, Background Clearance/Credit Check, Relocation, Real Property Acquisition, Electronic Communications, Occupancy, Homebuyer Admission, Tenant Admissions, Rehabilitation Assistance, Self-Help, Student Rental Assistance, Down Payment Assistance, Non-Program Income, Individual Development Account, Inadvertent Discovery of Cultural Resource, Employee Code of Conduct. Sexual Harassment, Key, Elder Heating-Air Conditioning and Air Purification Policy, Foreclosure, Self Monitoring & Evaluation, Ethics Code In Public Contractation.

a. **In addition monthly management team meetings were held. Department reports were provided to Board and Tribal Council liaison, council and made available to Tribal Members on a monthly basis, including financials. BOC held monthly meetings with an agenda to review/authorize Housing Authority activities**

Housing Authority activities and included several joint meetings with the Yurok Tribal Council. Annual audits were completed and copies provided to BOC and Tribal Council and Tribal Members.

- b. Describe the results of each monitoring activity:

It was determined that services were being provided in the manner policies indicated they should be.

- c. Describe any required corrective action:
NOT APPLICABLE

3. If you are a TDHE (in addition to answering #2):

- d. Describe the procedures the tribe used to monitor your affordable housing activities:

The Tribe monitors through monthly reports provided by either the Executive Director or the Tribal Liaison who meets with the BOC at monthly meetings. Coordination of services was developed with several tribal departments for more comprehensive services. BOC agendas are provided to the main tribal office and two outreach offices.

- e. List your activities the tribe monitored:

Management and Administration:

Policy development, Internal Controls, and Program Development; grant application submission, HUD report and response requirements,

Financial:

Balance sheets, Statements of revenues, expenditures and fund balances, General ledger, and audits as indicated in the monthly financial report or the APR.

Housing Services:

Applicant eligibility and services rendered by monthly reports for rentals, mutual-help, emergency and student rental assistance; rehabilitation, replacement or remodeling, inspections, work order requests, and application submission included in monthly reports.

Community development: Acquisitions active/completed/terminated as reported monthly for down payment, Lease Purchase and ownership; Environmental; new Construction.

f.

g. Describe the results of the activities the tribe monitored:

Major undertakings of the Housing Authority must be approved by the Tribal Council prior to launch and all policy changes must be approved by tribally-appointed Board of Commissioners with concurrence by the Tribal Council.

h. Describe any corrective action required: **NOT APPLICABLE**

4. If you are a TDHE, describe any issues regarding your program activities that were referred to the tribe by HUD, an auditor, etc. and your responses to them.

After SWONAP audit there were 14 Findings and 7 Concerns on program activity from prior years. The current administration has worked diligently to produce action and documentation to close them. All Finding are closed.

5. Describe any monitoring activities you conducted of your sub-recipients. **NOT APPLICABLE**

II. Inspection of Units: Per 403(b) of NAHASDA, a monitoring program must include an on-site inspection of all housing units assisted with NAHASDA funds and 1937 Housing Act funds. Use Table III to record the results of the assisted housing units inspected in this reporting period.

Table III - Inspection of Assisted Housing

| Activity | Units Inspected | | | | | |
|----------------------------------|-----------------------|--|---------------------------------------|---|---|--|
| | Total number of units | Total number of units Inspected (total d through g) | Number of units in standard condition | Number of units needing rehabilitation (costing less than \$20,000) | Number of units needing rehabilitation (more than \$20,000) | Number of units needing to be replaced |
| (a) | b. | c. | d. | e. | f. | g. |
| 1. 1937 Housing Act funded units | | | | | | |
| a. Mutual Help | 21 | 21 | 15 | 6 | 0 | |
| b. Low Rent | 45 | 45 | 14 | 10 | 21 | |
| c. Turnkey III | | | | | | |
| d. Other | | | | | | |
| 2. NAHASDA funded units | | | | | | |
| a. Owned or managed by recipient | | | | | | |
| b. Homeownership | 15 | 15 | 7 | 8 | 0 | |
| c. Rental | 23 | 23 | 8 | 15 | 0 | |
| d. Temporary housing | | | | | | |
| e. Other Tax Credit | | | | | | |
| Total | 104 | 104 | 44 | 39 | 21 | |

Narrative:

1. Describe your plan of action for complying with your inspection policy:

All units are provided notice that inspections will occur. Units are inspected by qualified staff and discussion amongst the staff determines which units are out of compliance. Warnings are then submitted to the occupants. All units are followed up with any additional findings to get them into compliance.

2. If applicable, explain why all units were not inspected:

All units were inspected by the September 30, 2009.

3. Describe the process you use to perform inspections on units you do not own or manage which are assisted with IHBG funds:

We utilize outside and inside agency inspectors. Compliance inspections for standard codes, and pest control.

SECTION B - AUDITS

Per 24 CFR 1000.544, IHBG recipients must comply with the requirements of the Single Audit Act and OMB Circular A-133 which require annual audits of recipients that expend Federal funds equal to or in excess of an amount specified by the U.S. Office of Management and Budget. (Currently set at \$300,000). Audit reports are to be submitted to HUD within 30 days after receipt or nine months after the end of the audit period (whichever is soonest). Per 24 CFR 1000.548, if a copy of the audit has not already been submitted, it must be submitted with the APR.

1. For this program year, did you expend Federal funds equal to or more than \$300,000?

Check one: yes No

2. If the audit is not submitted with this APR, the time period your last audit was covered is ____10/1/07__ to
____09/30/08____ (mm/dd/yy)
(mm/dd/yy)

3. If you are a TDHE, will your housing activities be included in the tribe's audit (in which case you will not be submitting an audit for this period)?

Check one: yes No

4. If the answer to #3 is no, have you submitted your latest audit report to the tribe in accordance with 24 CFR 1000.550?

Check one: yes No

SECTION C - Public Accountability:

1. Did you make this APR available to the citizens in your jurisdiction before it was submitted to HUD per 24 CFR 1000.518?

Check one: yes No

2. If you are a TDHE, did you submit this APR to the tribe per 24 CFR 1000.512?

Check one: yes No N/A

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 citizens:

None

5. Summarize any comments received from the tribe if applicable:

None

SECTION D - Jobs Created by NAHASDA

SUBMISSION OF THIS TABLE IS OPTIONAL . The information provided in this table may be used to respond to inquiries from Congress, other Federal agencies, and the public regarding the impact of the IHBG Program.

Table IV - Jobs Created by NAHASDA

| | Number of permanent positions created | Number of temporary positions created | Number of positions needed to implement NAHASDA |
|---------------------------------------|--|--|--|
| (a) | (b) | (c) | (d) |
| Indian Housing Block Grant Assistance | 23 | 18 | 41 |

Narrative: