

## SECTION 1: COVER PAGE

(1) Grant Number: 24ICMT02800

(2) Recipient Program Year: 1/1 - 12/31

(3) Federal Fiscal Year: 2024

- (4) Tribe  
 (5) TDHE

(6) Name of Recipient:

Salish and Kootenai Housing Authority

(7) Contact Person:

Jody Cahoon Perez

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

(406) 675-4491

(9) Mailing Address:

PO Box 38

(10) City:

Pablo

(11) State:

Montana

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

59855-0038

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

(406) 675-4495

(14) Email Address (if available):

jperez@skha.org

(15) If TDHE, List Tribes Below:

Confederated Slaish and Kootenai Tribes

(16) Tax Identification Number:

81-0464576

(17) UEI Number:

E4KZE7TE1US7

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

11/13/2025

(19) Name of Authorized APR Submitter:

Jody Cahoon Perez

(20) Title of Authorized APR Submitter:

Executive Director

(21) Signature of Authorized APR Submitter:

(24) APR Submission Date (MM/DD/YYYY):

02/19/2025

**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.

## SECTION 2: PROGRAM DESCRIPTIONS

### 2.0. Short Description Project Approved in Application

The Salish and Kootenai Housing Authority will construct 12 units of transitional supportive housing for low-income families in Ronan. This project is a collaboration between the Confederated Salish & Kootenai Tribes and SKHA to address homelessness on the Reservation, particularly for those who have issues that prevent them from fulfilling the obligations and requirements of a low-rent lease.

### 2.1. Describe the progress made on completing the project in accordance with the approved Implementation Plan.

Project is on Schedule

Describe why the project is not started or behind schedule and what actions will be taken to ensure the timely completion of the project:

Grant was awarded 8/16/2024. We are in the process of starting on this project.

**2.2. List work remaining towards project completion (check all that apply).**

|                                |  |   |  |   |  |   |                                    |                                |                 |  |
|--------------------------------|--|---|--|---|--|---|------------------------------------|--------------------------------|-----------------|--|
| <b>Housing Construction:</b>   | <input checked="" type="checkbox"/> Architecture & Engineering | <input type="checkbox"/> Land Acquisition   | <input checked="" type="checkbox"/> Housing Site Preparation | <input checked="" type="checkbox"/> Infrastructure Installation | <input checked="" type="checkbox"/> Housing Construction | <input type="checkbox"/> Housing Services | <input type="checkbox"/> Occupancy | <input type="checkbox"/> Other | Describe Other: |  |
| <b>Housing Acquisition:</b>    | <input type="checkbox"/> Market Research                       | <input type="checkbox"/> Property Selection | <input type="checkbox"/> Purchase Negotiations               | <input type="checkbox"/> Unit Purchase                          | <input type="checkbox"/> Housing Services                | <input type="checkbox"/> Occupancy        |                                    | <input type="checkbox"/> Other | Describe Other: |  |
| <b>Housing Rehabilitation:</b> | <input type="checkbox"/> Unit Inspection                       | <input type="checkbox"/> Work Write Up      | <input type="checkbox"/> Temporary Relocation                | <input type="checkbox"/> Unit Rehabilitation                    | <input type="checkbox"/> Housing Services                | <input type="checkbox"/> Occupancy        |                                    | <input type="checkbox"/> Other | Describe Other: |  |

**2.3. If applicable, has the grantee made any minor modifications to the grantee’s workplan and budget in order to meet the project goals?**

No  
 Yes

If yes, please describe:

If yes, did the grantee receive HUD approval for minor modifications to the workplan and budget?

No  
 Yes

**2.4. If applicable, describe the barriers faced towards project implementation and explanation how the grantee will overcome those barriers to complete the project by the period of performance end date.**

Check all that apply:

|   |  |
|---|--|
| <input type="checkbox"/> Administrative/Operational Limitation(s) | <input type="checkbox"/> Construction Delay(s)               |
| <input type="checkbox"/> Environmental Review Delay(s)            | <input type="checkbox"/> Unit Acquisition Complication(s)    |
| <input type="checkbox"/> Procurement Delay(s)                     | <input type="checkbox"/> Unit Rehabilitation Complication(s) |
| <input type="checkbox"/> Contract Dispute(s)                      | <input type="checkbox"/> Relocation Limitations(s)           |
| <input type="checkbox"/> Labor Dispute(s)                         | <input type="checkbox"/> Eligibility Constraint(s)           |
| <input type="checkbox"/> Land Issue(s)                            | <input type="checkbox"/> Weather Delay(s)                    |
| <input type="checkbox"/> Infrastructure Complication(s)           | <input type="checkbox"/> Other                               |

Describe Other barrier(s):

Describe actions planned or taken to overcome the barrier(s):

**2.5. How is the project addressing the need components identified in the IHBG Competitive grant application?**

Partially Meeting the Need

Describe why project is not meeting the need directly:

Because this is a multi year grant, we are only partially meeting the need. We anticipate directly meeting the need by the end of the grant period.

**2.6. What is the progress of efforts to implement the project in coordination with community members, tribal departments,**

Coordination Discussions Underway

Describe coordination delay:

**2.7. What are the outputs and measurable outcomes achieved to date?**

Outputs:

Housing Units Constructed 0

Housing Units Acquired 0

Housing Units Rehabilitated 0

Check all that apply:

|   |  |
|---|--|
| <input checked="" type="checkbox"/> Reduce overcrowding                                 | <input checked="" type="checkbox"/> Create new affordable rental units       |
| <input type="checkbox"/> Assist renters to become homeowners                            | <input type="checkbox"/> Assist affordable housing for college students      |
| <input type="checkbox"/> Improve quality of substandard units                           | <input type="checkbox"/> Provide accessibility for persons with disabilities |
| <input type="checkbox"/> Improve quality of existing infrastructure                     | <input type="checkbox"/> Improve energy efficiency                           |
| <input checked="" type="checkbox"/> Address homelessness                                | <input type="checkbox"/> Reduction in crime reports                          |
| <input checked="" type="checkbox"/> Assist affordable housing for low income households | <input type="checkbox"/> Other   |

Describe Other:

**2.8. If applicable, provide the status of leveraging resources committed to the project.**

Leveraged Resources Being Expended as Planned

Describe why leveraged resources are not being expended as planned:

**2.9. When the project is completed, provide an evaluation of its effectiveness in meeting the grantee's affordable housing project needs.**

Project Partially Met Housing Needs as Planned

Describe why project housing needs were not met or completed as planned:

An evaluation will be provided when the project is completed.

**2.10 Provide any comments regarding the project in the space below.**

We anticipate completing this project on time.

## SECTION 3: BUDGETS

### 3.1. Sources of Funding

| SOURCE                 | (A)   | (B)  | (C)                            | (D)   | (E)  | (F)   |
|------------------------|---|--|--------------------------------|---|--|---|
|                        | Amount on hand at beginning of program year | Amount received during 12-month program year | Total sources of funding A + B | Funds expended during 12-month program year | Unexpended funds remaining at end of 12-month program year C - D | Unexpended funds obligated but not expended at end of 12-month program year |
| IHBG Competitive Grant | \$0   | \$3,836,825                                  | \$3,836,825                    | \$0   | \$3,836,825  | \$0   |
| IHBG Leveraged Funds   | \$0   | \$2,500,000                                  | \$2,500,000                    | \$0   | \$2,500,000  | \$4,326   |
| IHBG Program Income    | \$0   | \$0  | \$0                            | \$0   | \$0  | \$0   |
| Other Leveraged Funds  | \$0   | \$0  | \$0                            | \$0   | \$0  | \$0   |
| <b>TOTAL</b>           | \$0   | \$6,336,825                                  | \$6,336,825                    | \$0   | \$6,336,825  | \$4,326   |

### 3.2. Uses of Funding

|  | (G)  | (H)   | (I)   |
|--|--|---|---|
|  | Total IHBG Competitive funds expended in 12-month program year | Total all other funds expended in 12-month program year | Total funds expended in 12-month program year (G+H) |
| The Salish and Kootenai Housing Authority will | \$0  | \$0   | \$0   |
| Planning and Administration                    | \$0  | \$0   | \$0   |
| <b>TOTAL</b>                                   | \$0  | \$0   | \$0   |

#### Notes:

- Enter data in the green fields (Columns A, B, D, F, G and H) where applicable.
- The total of Column D should match the total of Column I.
- The amount of IHBG Competitive Grant funds in Column D should match the total of Column G.
- The amount(s) of IHBG Leveraged Funds, IHBG Program Income, and/or Other Leveraged Funds in Column D should match the total of Column H.



## SECTION 4: AUDIT

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.

No If No, an audit is not required.