

Native Hawaiian Housing Block Grant (NHHBG)

Exempt from OMB Approval. 5 CFR 1320.3 (c) (4)

U.S. Department of Housing and Urban Development

Abbreviated NHHP/APR

Office of Public and Indian Housing
Office of Native American Programs

For DHHL's Use:

ABBREVIATED NATIVE HAWAIIAN HOUSING PLAN/ANNUAL PERFORMANCE REPORT
NAHASDA §§ [803(b)(1)], [803(c)(1)] and [820(a)(2)]

This form meets the requirements for a Native Hawaiian Housing Plan (NHHP) and Annual Performance Report (APR) required by the United States Department of Housing and Urban Development for Native Hawaiian Housing Block Grant (NHHBG) funds made available under the American Rescue Plan Act of 2021 (ARP or “the Act”). The information requested does not lend itself to confidentiality.

Regulatory and statutory citations are provided throughout this form as applicable. The State of Hawaii’s Department of Hawaiian Home Lands (DHHL) is encouraged to review these citations when completing the Abbreviated NHHP and Abbreviated APR sections of the form.

Under Title VIII of the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA) (25 U.S.C. 4101 et seq.), HUD will provide grants under the NHHBG program to DHHL to carry out affordable housing activities for Native Hawaiian families who are eligible to reside on the Hawaiian Home Lands. To be eligible for the grants, DHHL must submit an Abbreviated NHHP that meets the requirements of the Act. DHHL must submit the Abbreviated NHHP to HUD prior to the release of NHHBG-ARP funding in the Line of Credit Control System (LOCCS) for the total amount of the NHHBG-ARP grant award. The Abbreviated APR is due no later than 60 days after the end of DHHL’s fiscal year (24 CFR § 1006.410).

FORM COMPLETION OPTIONS: The Abbreviated NHHP/APR is to be completed electronically because it is more efficient to complete, submit, and review the form in that format. The form, as a Word document, may be submitted to HUD as an email attachment. To document official signatures, an electronic signature is acceptable. The electronic document may be submitted to the Office of Native American Programs – Attention: Claudine Allen in the HUD Honolulu Field Office via email to: claudine.c.allen@hud.gov. The sections of the Abbreviated NHHP that require an official signature are the Cover Page and Section 14, if applicable. For the Abbreviated APR, the Cover Page requires an official signature.

The Abbreviated NHHP data is used to verify that planned activities are eligible, expenditures are reasonable, and DHHL certifies compliance with related requirements. The Abbreviated APR data is used to audit the program accurately and monitor DHHL’s progress in completing approved activities, including reported expenditures, outputs, and outcomes. This form is exempt from OMB Approval pursuant to 5 CFR 1320.3 (c) (4).

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Note: The page numbers in the Table of Contents can update automatically as the Abbreviated NHHP or Abbreviated APR is completed. To update the page numbers, right-click anywhere in the table, select “Update Field” and select “update page numbers only.”

COVER PAGE

(1) Grant Number:

(2) Recipient Fiscal Year:

(3) Federal Fiscal Year:

NHHBG-ARP

(4) Initial Plan (Complete this Cover Page then proceed to Section 1)

(5) Amended Plan (Complete this Cover Page and Section 14)

(6) Annual Performance Report (Complete items 24-27 and proceed to Section 3)

(7) Name of Recipient:		
(8) Contact Person:		
(9) Telephone Number with Area Code:		
(10) Mailing Address:		
(11) City:	(12) State:	(13) Zip Code:
(14) Fax Number with Area Code (if available):		
(15) Email Address (if available):		

(16) Tax Identification Number:
(17) DUNS Number:
(18) CCR/SAM Expiration Date:
(19) NHHBG-ARP Grant Amount:
(20) Date Started Preparing for COVID-19:
(21) Name of Authorized Abbreviated NHHP Submitter:
(22) Title of Authorized Abbreviated NHHP Submitter:
(23) Signature of Authorized Abbreviated NHHP Submitter:
(24) Abbreviated NHHP Submission Date:
(25) Name of Authorized Abbreviated APR Submitter:
(26) Title of Authorized Abbreviated APR Submitter:
(27) Signature of Authorized Abbreviated APR Submitter:
(28) Abbreviated APR Submission Date:

Certification: The information contained in this document is true, 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 18 U.S.C. 1001. 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 3: PROGRAM DESCRIPTIONS

NAHASDA § [803(c)(2)(A)], [802(c)], [820(b)], 24 CFR §1006.410(b)(2) and (3)

Planning and Reporting on Program Year Activities

For the Abbreviated NHHP, the purpose of this section is to describe each program that will be operating during the performance period of the NHHBG-ARP Grant. Each program must include the eligible activity, its planned outputs, intended outcome, who will be assisted, and types and levels of assistance. Each of the eligible activities has a specific, measurable output. The first column in the table below lists all eligible activities, the second column identifies the output measure for each eligible activity, and the third column identifies when to consider an output as completed for each eligible activity. Copy and paste text boxes 1.1 through 1.10 as often as needed so that all of your planned programs are included.

For the Abbreviated APR, the purpose of this section is to describe accomplishments, actual outputs, actual outcomes, and any reasons for delays.

Eligible Activities May Include (citations below reference sections in NAHASDA)

Eligible Activity	Output Measure	Output Completion
(1) RESERVED – DO NOT USE THIS NUMBER		
(2) RESERVED – DO NOT USE THIS NUMBER		
(3) Acquisition of Rental Housing [810(b)(1)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [810(b)(1)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [810(b)(1)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [810(b)(1)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [810(b)(1)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [810(b)(1)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [810(b)(1)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [810(b)(1)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [810(b)(1)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [810(b)(1)]	Units	When recipient takes title to the unit
(13) Down Payment/Closing Cost Assistance [810(b)(1)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [810(b)(1)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [810(b)(1)]	Units	When binding commitment signed
(16) Rehabilitation Assistance to Existing Homeowners [810(b)(1)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [810(b)(2)]	Households	Count each household once per year

(18) Other Housing Service [810(b)(2)]	Households	Count each household once per year
(19) Housing Management Services [810(b)(3)]	Households	Count each household once per year
(20) Operation and Maintenance of NHHBG-Assisted Units [810(b)(3)]	Units	Number of units in inventory at Fiscal Year End
(21) Crime Prevention and Safety [810(b)(4)]	Dollars	Dollars spent (report in Uses of Funding Table only)
(22) Model Activities [810(b)(5)]	Dollars	Dollars spent (report in Uses of Funding Table only)
(23) RESERVED – DO NOT USE THIS NUMBER		
(24) Infrastructure to Support Housing [810(b)(1)]	Improved Lots	All work completed and lot passed final inspection
(25) RESERVED – DO NOT USE THIS NUMBER		
(26) Other COVID-19 Activities Authorized by Waivers or Alternative Requirements	Households	When household receives services

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 (NHHP) and 1.5 (APR)

ABBREVIATED NHHP: PLANNED FISCAL YEAR ACTIVITIES NAHASDA § [803(c)(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.

Further, each planned activity must either prevent, prepare for, or respond to COVID-19, or be a COVID-19 related reimbursement:

- COVID-19 Prevention
- COVID-19 Preparation
- COVID-19 Respond
- COVID-19 Reimbursement

More than one activity may prevent or respond to COVID-19; however, each activity must have a separate unique identifier. If an activity is to include two purposes, a separate program must be created for each purpose. One way to number your programs is chronologically. For example, you could number your programs ARP-I COVID-19 Prevention, ARP-II COVID-19 Preparation, ARP-III COVID-19 Respond, ARP-IV COVID-19 Reimbursement, ARP-V COVID-19 Respond, etc.

ABBREVIATED APR: REPORTING ON PROGRAM YEAR PROGRESS NAHASDA § [820(b)]

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 fiscal 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 fiscal year.

1.1 Program Name and Unique Identifier:

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

1.3 Eligible Activity Number *(Select one activity from the Eligible Activity list. 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.):*

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.):*

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.):*

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 exceed 80 percent of the median should be included as a separate program within this section.):*

Low-income NH Households Non-low income NH Households Non-NH Households

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

1.8 APR *(Describe the accomplishments for the APR in the 12-month fiscal year in accordance with 24 CFR § 1006.410(b)(2) and (3).):*

1.9 Planned and Actual Outputs for 12-Month Fiscal Year:

Type of Output to be Completed in Fiscal Year Under this Program. Enter <u>one</u> of following choices in accordance with the Eligible Activity: Units; Households; Improved Lots; Acres	Planned Number of Outputs to be completed in Fiscal Year Under this Program	APR: Actual Number of Outputs Completed in Fiscal Year

1.10 APR (If the program is behind schedule, explain why (24 CFR § 1006.410(b)(2)).):

NOTE: Remember to complete all the text boxes in Section 3 in the Program Description section for each NHHBG-ARP funded program. If you are completing an electronic version of this form, you may copy and paste text boxes 1.1 through 1.10 as needed to describe each of your programs. If you are completing this form in hard copy, you may photocopy the Program Description section as needed to describe each of your programs.

SECTION 5: BUDGETS

(1) **Sources of Funding** NAHASDA § [803(c)(2)(C)(i)] and [820(b)(1)] (Complete the **non-shaded** portions of the chart below to describe your estimated or anticipated sources of funding for the 12-month fiscal 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 under a grant agreement during the 12-month fiscal year.**)

SOURCE	NHHP					APR					
	(A) Estimated amount on hand at beginning of fiscal year	(B) Estimated amount to be received	(C) Estimated total sources of funds (A + B)	(D) Estimated funds to be expended	(E) Estimated unexpended funds remaining at end of fiscal year (C minus D)	(F) Actual amount on hand at beginning of fiscal year	(G) Actual amount received during 12-month fiscal year	(H) Actual total sources of funding (F + G)	(I) Actual funds expended during 12-month fiscal year	(J) Actual unexpended funds remaining at end of 12-month fiscal year (H minus I)	(K) Actual unexpended funds obligated but not expended at end of 12-month fiscal year
1. NHHBG-ARP Funds											
TOTAL											

- Notes:**
- a. For the Abbreviated NHHP, fill in columns A, B, C, D, and E (non-shaded columns). **For the Abbreviated 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 Table** on the following page.
 - c. Total of Column I should match the Total of Column Q from the Uses Table on the following page.**
 - d. For the Abbreviated NHHP, describe any estimated leverage in Line 3 below. For the Abbreviated APR, describe actual leverage in Line 4 below (APR).

(2) Uses of Funding NAHASDA § [803(c)(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 fiscal year.**):

PROGRAM NAME <small>(tie to program names in Section 3 above)</small>	Unique Identifier	NHHB			APR		
		(L) Prior and current year NHHBG-ARP (only) funds to be expended	(M)	(N) Total funds to be expended (L + M)	(O) Total NHHBG-ARP (only) funds expended in 12-month fiscal year	(P)	(Q) Total funds expended in 12-month fiscal year (O+P)
Planning and Administration							
TOTAL							

- Notes:**
- a. Total of Column L cannot exceed the NHHBG funds from Column C, Row 1 from the Sources Table on the previous page.
 - b. Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Sources Table on the previous page.
 - c. Total of Column O cannot exceed total NHHBG funds received in Column H, Row 1 from the Sources Table on the previous page.
 - d. Total of Column P cannot exceed total of Column H, Rows 2-10 of the Sources Table on the previous page.
 - e. Total of Column Q should equal total of Column I of the Sources Table on the previous page.

(3) Estimated Sources or Uses of Funding NAHASDA § [803(c)(2)(C)] *(Provide any additional information about the estimated sources or uses of funding.)*

(4) APR NAHASDA § [820(b)(1)] *(Enter any additional information about the actual sources or uses of funding.)*

SECTION 7: NATIVE HAWAIIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE
NAHASDA § [803(c)(2)(E)]

By signing the Abbreviated NHHP, you certify that you have all required policies and procedures in place in order to operate any planned NHHBG-ARP programs.

- (1)** In accordance with applicable statutes, the recipient certifies that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.) or with the Fair Housing Act (42 U.S.C. 3601 et seq.) in carrying out the NHHBG program, to the extent that such Acts are applicable, and other applicable federal statutes.

Yes No

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

- (2)** The recipient will require adequate insurance coverage for housing units that are owned and operated or assisted with grant amounts provided under NAHASDA, in compliance with such requirements as may be established by HUD.

Yes No Not Applicable

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

Yes No Not Applicable

- (4)** 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 No Not Applicable

- (5)** Policies are in effect and are available for review by HUD and the public governing the management and maintenance of housing assisted with grant amounts provided under NAHASDA.

Yes No Not Applicable

SECTION 10: AUDITS

(24 CFR § 1006.375(d))

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 Abbreviated APR reporting period?

Yes No

If Yes, an audit is required to be submitted to the Federal Audit Clearinghouse and the Office of Native American Programs.

If No, an audit is not required.

SECTION 14: NHHP AMENDMENTS

(24 CFR § 1006.101(d))

Use this section for Abbreviated NHHP amendments only.

Fill out the text below to summarize your Abbreviated NHHP amendment. Copy and paste Section 14 for each amendment. This amendment is only required to be submitted to the HUD Office of Native American Programs when the recipient is adding a new activity that was not described in the current Abbreviated NHHP that has been determined to be in compliance by HUD. All other amendments will be reflected in the Abbreviated APR and do not need to be submitted to HUD.

NOTE: A Cover Page is strongly recommended but not required with an NHHP Amendment submission.

ABBREVIATED APR: REPORTING ON PROGRAM YEAR PROGRESS NAHASDA § [820(b)]

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 fiscal 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 fiscal year.

(1) Program Name and Unique Identifier:
(2) Program Description <i>(This should be the description of the planned program.):</i>
(3) Eligible Activity Number <i>(Select one activity from the Eligible Activities list in Section 3. Do not combine homeownership and rental housing in one activity, so that when units are reported in the APR they are correctly identified as homeownership or rental.):</i>

(4) Intended Outcome Number *(Select one Outcome from the Outcome list in Section 3.):*

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

(5) Actual Outcome Number *(Select one Outcome from the Outcome list in Section 3.):*

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

(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 exceed 80 percent of the median income should be included as a separate program within this Section.):*

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

(8) APR *(Describe the accomplishments for the APR in the 12-month fiscal year. In accordance with 24 CFR § 1006.410(b)(2) and (3), provide an analysis and explanation of cost overruns or high unit costs.):*

(9) Planned and Actual Outputs for 12-Month Fiscal Year:

Type of Output to be Completed in Fiscal Year Under this Program. Enter <u>one</u> of following choices in accordance with the Eligible Activity: Units; Households; Improved Lots; Acres	Planned Number of Outputs to be completed in Fiscal Year Under this Program	APR: Actual Number of Outputs Completed in Fiscal Year

(10) APR *(If the program is behind schedule, explain why (24 CFR § 1006.410(b)(2)).):*

(11) SECTION 5: Amended Sources of Funding NAHASDA § [803(c)(2)(C)(i)] (Complete the **non-shaded** portions of the chart below to describe your estimated or anticipated sources of funding for the 12-month fiscal 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 during the 12-month fiscal year.**)

SOURCE	NHHP					APR					
	(A) Estimated amount on hand at beginning of fiscal year	(B) Estimated amount to be received	(C) Estimated total sources of funds (A + B)	(D) Estimated funds to be expended	(E) Estimated unexpended funds remaining at end of fiscal year (C minus D)	(F) Actual amount on hand at beginning of fiscal year	(G) Actual amount received during 12-month fiscal year	(H) Actual total sources of funding (F + G)	(I) Actual funds expended during 12-month fiscal year	(J) Actual unexpended funds remaining at end of 12-month fiscal year (H minus I)	(K) Actual unexpended funds obligated but not expended at end of 12-month fiscal year
NHHBG-ARP Funds											
TOTAL											

Notes:

- a. For the Abbreviated NHHP, fill in columns A, B, C, D, and E (non-shaded columns). **For the Abbreviated 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 Table** on the following page.
- c. **Total of Column I should match the Total of Column Q from the Uses Table on the following page.**

(12) SECTION 5: Amended Uses of Funding NAHASDA § [803(c)(2)(C)(ii)] (Note that the budget should not exceed the total funds on hand 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 fiscal year.**)

PROGRAM NAME (tie to program names in Section 3 above)	Unique Identifier	NHHP			APR		
		(L) Prior and current year NHHBG-ARP (only) funds to be expended	(M)	(N) Total funds to be expended (L + M)	(O) Total NHHBG-ARP (only) funds expended in 12-month fiscal year	(P)	(Q) Total funds expended in 12-month fiscal year (O+P)
Planning and Administration							
TOTAL							

- Notes:**
- a. Total of Column L cannot exceed the NHHBG funds from Column C, Row 1 from the Sources Table on the previous page.
 - b. Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Sources Table on the previous page.
 - c. Total of Column O cannot exceed total NHHBG funds received in Column H, Row 1 from the Sources Table on the previous page.**
 - d. Total of Column P cannot exceed total of Column H, Rows 2-10 of the Sources Table on the previous page.
 - e. Total of Column Q should equal total of Column I of the Sources Table on the previous page.

(13) Estimated Sources or Uses of Funding NAHASDA § [803(c)(2)(C)] *(Provide any additional information about the estimated sources or uses of funding.):*

(14) APR NAHASDA § [820(b)(1)] *(Enter any additional information about the actual sources or uses of funding.):*

(15) Recipient:	
(16) Authorized Official's Name and Title:	
(17) Authorized Official's Signature:	I certify that all other sections of the Abbreviated NHHP approved on are true, accurate, and reflect the activities planned.
(18) Date (MM/DD/YYYY):	