

Automated Indian Housing Plan/Annual Performance Report Version 1.0

The automated version of the IHP/APR simplifies the completion of the form by providing drop-down menus, check boxes, auto-filling data fields, columns and rows that total automatically, text fields that expand to accommodate narratives of any size, data quality checks, and other enhancements.

This version also features comment boxes that provide additional information on almost all elements of the form. Wherever there is a small red triangle in the corner of a cell, there is a comment box. Simply place the cursor over the cell with a red triangle and the comment box will appear. There is no requirement to read the comments, they are merely provided to make it easier to understand and complete the form. The comments were extracted from Program Guidance 2013- 04 (Revised Guidance for the Indian Housing Plan/Annual Performance Report).

For full functionality it is recommended that Excel 2007 or higher be used.

Saving the Form

The automated form contains macros that must be enabled in order for the form to be fully functional. To retain the macros, save the document to another location (such as your desktop) and open the form from that location. Select "Save As" in the Office Button and select "Excel Macro-Enabled Workbook." This step only needs to be done when first saving the form, subsequent saves will automatically retain the macros.

Completing the Form

Click the tabs at the bottom starting with "Section 1" and fill out all applicable information in the yellow or green fields. Yellow fields are the IHP and green fields are the APR. IHP fields will turn white when completed and APR fields will turn gray when completed. If any of the yellow or green fields don't apply, enter "N/A".

The tab for each section of the form will turn from red to blue once all the required fields in an IHP or APR are completed. If one or more fields in a tab are not completed, the tab will remain red. If this occurs, review all the fields and identify where information or data still needs to be entered. Once all the fields are completed, the tab will turn blue. In the tables, enter a 0 (zero) if there are no units or dollar amounts for that cell; otherwise, the tab will not turn from red to blue.

Once a text field is completed it is necessary to click anywhere outside the field in order for the text to be accepted. If pasting text from a Word document into a text field, it is necessary to click in the text field before pasting. Use the scroll bar to navigate through a section, rather than the Enter key.

Section 3 (Program Descriptions) Instructions

Fill out all the information for the first program that plans to use IHBG funds. To fill out and describe additional programs, click the "Add New Program" button. This will create an additional tab for the new program, and the new tab will be identified as 3.2,.3.3, etc. To delete a program, click the "Remove This Program" button, and the program tab will be deleted. The addition of a new program in Section 3 will automatically create a new row for the program in Line 2 (Uses of Funding) of Section 5. Similarly, the deletion of a program in Section 3 will automatically delete the row in Line 2.

Section 5 (Budgets) and Section 11 (Inspections) Data Quality Assurance

Line 2 (Uses of Funding) has several instances where data must not exceed data provided in Line 1 (Sources of Funding). For example, it is not possible to expend more IHBG funds than are budgeted. If there is a data mismatch, the corresponding cell in the "TOTAL" row of Line 2 will turn red. Correct the data in the table(s) until the cell is no longer red and becomes purple.

In Section 11 (Inspections) if the number of housing units inspected exceeds the number of housing units, the cell(s) in the "Total Number of Units Inspected" column will turn red. Correct the data until the cell(s) becomes blue.

Printing the Form

In addition to retaining an electronic version of the automated form, it is possible to retain a hard copy for filing. To print all sections of the form, select "Print" in the Office Button and check "Entire Workbook" in the "Print What" portion of the Print window. To print a specific section of the form, select "Print" in the Office Button and check "All" in the "Print Range" portion of the Print window.

Submitting the Form

Once the automated IHP or APR is completed, it may be submitted to your Area Office of Native American Programs as an email attachment or sent by fax or regular mail. It is recommended that the form be submitted as an email attachment in order for the form to retain its automated capabilities.

To document official signatures, print and sign hard copies of the pages that require signatures, and send the signed pages as an email attachment or by fax or regular mail. The sections of the IHP that require the signature of the authorized official are Sections 1 and 8, and

Sections 15 and 16, if applicable. For the APR, Section 1 requires an official signature.

General Instructions

This form meets the requirements for an Indian Housing Plan (IHP) and Annual Performance Report (APR) required by the United States Department of Housing and Urban Development. In addition to these requirements, a tribe or tribally designated housing entity (TDHE) may elect to prepare a more comprehensive IHP. If a tribe or TDHE elects to prepare a more comprehensive IHP, the required elements of this IHP must still be submitted on the prescribed HUD form. The information requested does not lend itself to confidentiality.

Regulatory and statutory citations are provided throughout this form as applicable. Recipients are encouraged to review these citations when completing the IHP and APR sections of the form.

Under the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA) (25 U.S.C. 4101 et seq.), HUD will provide grants, loan guarantees, and technical assistance to Indian tribes and Alaska 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 (IHBG) program. To be eligible for the grants, recipients must submit an IHP that meets the requirements of the Act. The recipient is required to submit the IHP to HUD at least 75 days prior to the start of its 12-month program year (NAHASDA § 102(a)(1)). The APR is due no later than 90 days after the end of the recipient's program year (24 CFR § 1000.514).

The IHP and the APR (previously two separate forms) are now combined into one form. The sections pertaining to the IHP are submitted **before** the beginning of the 12-month program year, leaving the APR (shaded) sections blank. If the IHP has been updated or amended, use the most recent version when preparing the APR. After the 12-month program year, enter the results from the 12-month program year in the shaded sections of the form to complete the APR. More details on how to complete the IHP and APR sections of the form can be found in the body of this form. In addition, a separate IHP and APR report form guidance is available at http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/ih/codetalk/nahasda/guidance.

Public reporting burden for the collection of information is estimated to average 62 hours, 25 hours for the IHP and 37 hours for the APR. This includes the time for collecting, reviewing, and reporting the data. The IHP data is used to verify that planned activities are eligible, expenditures are reasonable, and recipient certifies compliance with related requirements. The APR data is used to audit the program accurately and monitor recipient progress in completing approved activities, including reported expenditures, outputs, and outcomes. 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.

Form HUD-52737 (06/17/2013)

SECTION 1: COVER PAGE

(1) Grant Number: 55IT0211300

(2) Recipient Program Year: 10/1 - 9/30

(3) Federal Fiscal Year: 2015

- (4) Initial Plan (Complete this Section then proceed to Section 2)
- (5) Amended Plan (Complete this Section, Section 8 if applicable, and Section 16)

(6) Annual Performance Report (Complete items 27-30 and proceed to Section 3)

(7) Tribe

(8) TDHE

(9) Name of Recipient: Ninilchik Village Tribe		
(10) Contact Person: Bob Crosby		
(11) Telephone Number with Area Code: 907 567-3313 ex: 2103		
(12) Mailing Address: P.O. Box 39070		
(13) City: Ninilchik	(14) State: AK	(15) Zip Code: 99639
(16) Fax Number with Area Code (if available): 907 567-3308		
(17) Email Address (if available): Bob@NinilchikTribe-nsn.gov		
(18) If TDHE, List Tribes Below:		
(19) Tax Identification Number:		920069906
(20) DUNS Number:		614159697
(21) CCR/SAM Expiration Date:		August 23, 2014

(22) IHBG Fiscal Year Formula Amount:	\$344,124
(23) Name of Authorized IHP Submitter:	Richard G. Encelewski
(24) Title of Authorized IHP Submitter:	President
(25) Signature of Authorized IHP Submitter:	.
(26) IHP Submission Date:	7/1/2014
(27) Name of Authorized APR Submitter:	Richard G. Encelewski
(28) Title of Authorized APR Submitter:	President
(29) Signature of Authorized APR Submitter:	.
(30) APR Submission Date:	.

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(2) Renters Who Wish to Become Owners	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(3) Substandard Units Needing Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(4) Homeless Households	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(5) Households Needing Affordable Rental Units	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(6) College Student Housing	<input type="checkbox"/>	<input type="checkbox"/>
(7) Disabled Households Needing Accessibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(8) Units Needing Energy Efficiency Upgrades	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(9) Infrastructure to Support Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(10) Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>

(2) Other Needs. (Describe the "Other" needs below. Note: this text is optional for all needs except "Other.):

NA

(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)):*

The Niniilchik Tribe's mission to the people of the Niniilchik Indian area is to promote self-sufficiency through the development of affordable, safe and decent housing opportunities for eligible Alaska Natives/ American Indians residing within the Niniilchik Tribal boundaries.

Housing Program services will be provided to those qualified low-income Alaskan Native / American Indians that reside within Tribal Service Boundaries, meet program policies and have met application requirements.

Homeownership Program:

By building homes we will give our low-income AN/AI families a sound boost up in life, by providing them with a safe and energy efficient home.

There will be one home built per grant year for a verified low-income AN/AI family.

Rehabilitation & Weatherization Programs:

Promote safe and decent housing through Rehabilitation

And greater Energy Efficiency through Weatherization.

Emergency Assistance :

Providing Emergency funds to families who are in danger of becoming homeless through such means as: foreclosure, repossession, rental assistance for a limited time, disconnect or loss of main utilities or lack of primary heating source during the winter months.

Snow-Removal Program:

By providing Snow Removal and Sanding of driveways, we are promoting self-independence and safety to our Elders and Disabled families, by allowing them safe access to and from their homes during the winter months.

Administration funds:

Using budgeted Administration funds, the Niniilchik Indian Housing Programs will provide Housing Programs Staff with funding for salaries, travel, consumable and non-consumable supplies and attend trainings that are offered to further educate the Housing Staff with housing related issues needed to provide services to eligible low-income Alaskan Native's and American Indian's within our Tribal service area.

(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 Niniilchik Indian area is located on the Kenai Peninsula, and is one of the eight federally recognized tribes within the Cook Inlet area.

The geographic area is to be the same as the Federally Recognized Niniilchik Tribal Boundary area, a brief description is as follows: South side of Kasilof bridge to the highest point on Mt Redoubt Volcano to the farthest land at mean tide south of the Homer spit, Southernmost point of Fox Lake and the Westernmost point of Caribou Island back to the south side of the Kasilof bridge.

The Niniilchik Indian Programs will provide services to those families that have applied, provided all necessary information and have met the programs requirements.

Advertising of Housing Programs shall be done by using local Radio's Public Service Announcements. This has shown to attract the widest audience about our different Housing Programs.

Currently on our Tribal Website, we have brief descriptions of all our Housing Program's, along with the applications available in PDF format for immediate download for interested families

SECTION 3: PROGRAM DESCRIPTIONS

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

Planning and Reporting Program Year Activities

For the IHP, the purpose of this section is to describe each program that will be operating during the 12-month program year. 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.

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

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 (NAHASDA § 404(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 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 OMB Circular A-133 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.

<p>1.1. Program Name and Unique Identifier:</p>	<p>Homeownership Program = Unique Identifier: HC-2015</p>
<p>1.2. Program Description <i>(This should be the description of the planned program.):</i></p>	
<p>The Homeownership program aims to provide safe and decent housing through either acquisition or building of new homes. Housing that we build are to be built to the 5 star plus BEE's energy efficiency rating, and built to current fire and safety and plumbing codes. We will build homes verses acquiring homes because most homes located within our service area were built without safety or fire codes in place, and are safety hazards or falling apart and would end up not lasting the life of the mortgage. Newer constructed built homes that are built to current fire and safety codes. Homes may be acquired- if they pass a current Building Engineer's Inspection, is built to 5star plus BEE's energy efficiency rating and was built using all current fire and safety codes. We will build or buy and give to that qualified family, one interest free, zero down, home per grant year. This mortgage payback will be: one half the total development building cost of the home, to the low-income AN/AI that meets the qualifications established by NAHASDA and the Ninilchik Indian Housing Programs policies.</p>	
<p>1.3. Eligible Activity Number <i>(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.):</i></p>	<p>11</p>
<p>1.4. Intended Outcome Number <i>(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.):</i></p>	<p>12</p>
<p>Describe Other Intended Outcome (Only if you selected "Other" above):</p>	
<p>By building new-constructed homes, we will provide safe, affordable and energy efficient homes, saving money for our low-income AN/AI families and helping the environment by minimizing energy usage within the home.</p>	
<p>1.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i></p>	<p>12</p>
<p>Describe Other Actual Outcome (Only if you selected "Other" in above):</p>	
<p>By building new-constructed homes, we will provide safe, affordable and energy efficient homes, saving money for our low-income AN/AI families and helping the environment by minimizing energy usage within the home.</p>	

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 should be included as a separate program within this section.):

The Tribe has established its Homeownership Program for low-income AN/AI families with median incomes at or below the 80% median established for the Kenai Peninsula Borough & residing within the Tribal Boundary Service Area. Applicants must not have not owned a home within the last five years, have no outstanding debt to warrant a home being taken away in a lawsuit and has kept their information current since being added to the list.

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

A new 3 bedroom, 2 bath energy efficient home for a qualified low income family.

Level of assistance is: Consistent with program policies- Zero down payment. No interest. 30 year mortgage, and which can be adjusted to accommodate for families financial circumstances. Half of what the total development cost is, is owed to the Tribe, as long as family does not default.

Planned. During FY-15, the Tribe plans to build 2 affordable 3 bedrooms, energy efficient homes, for 2 verified low-income Alaskan Native or American Indian families within the Ninilchik Tribe's service area

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.

Two 3 bedroom, 2 bath 5star+ homes were finished that were started in FY14, with two 3 bedroom, 2 bath 6star+ homes that were started in FY15 that will be finished in FY16.

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

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

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

On schedule.

2.1. Program Name and Unique Identifier:	Rehabilitation Program = Unique Identifier: RH- 2015
2.2. Program Description <i>(This should be the description of the planned program.):</i>	
<p>The Mod/Rehab Program is a once in a lifetime grant to help eligible low-income AN/AI families on their primary home only. It is needed for improving substandard homes in the Ninilchik Tribal service area. This program provides improvements to homes in need of structural repair, insufficient living space, electrical re-wiring/ plumbing, upgrades or installation of appliances to ensure safety, energy efficiency, lack of running water, sewer and septic, accessibility and livability construction changes to meet the needs for senior's, handicap or disabled family members.</p> <p>By providing upgrades to existing homes we will enable the homes to have a longer useful life, be more structurally sound and safer for the occupants. Additions may be provided that will provide more room for the occupants and their families to live in comfort, instead of a cramped environment.</p>	
2.3. Eligible Activity Number <i>(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.):</i>	16
2.4. Intended Outcome Number <i>(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.):</i>	4
Describe Other Intended Outcome (Only if you selected "Other" above):	
NA	
2.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>	4
Describe Other Actual Outcome (Only if you selected "Other" above):	
NA	
2.6. Who Will Be Assisted <i>(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 should be included as a <u>separate</u> program within this section.):</i>	

Rehab Program is for qualified low-income AN/AI families primary owned home, with median incomes at or below the 80% median established for the Kenai Peninsula Borough & residing within the Tribal Boundary Service Area consistent with program policy's.

Mod/Rehab Program is up to the total limit of \$30,000, a once in a lifetime program for verified low-income Alaskan Native/ American Indian that resided within the Ninilchik Tribal Service area. Work will not be started prior to passing the Environmental Review.

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

NIHP has determined that to deal with the lead based paint regulations, we will only work on homes built after 1978, unless the homeowner can provide a valid certificate of no lead based paint within the home, or if the work to be done will not disturb any painted surfaces.

Work will be put out for bid through the NTC Procurement Dept. using procedures and policies established for procuring a Contractor. No funds will be spent prior to the Environmental Review being completed. Applicants are based upon a completed application with first come first served basis, pending verification of eligibility and availability of funds. Exception to this will only be given in an immediate safety concern or due to natural disaster.

Modular / Manufactured homes built to HUD Standards, may apply for the full grant amount only if manufactured after 1990 and can provide proof of age with title or compliance certificate. Must be on sound foundation, not jacks, wood or concrete blocks. Unless grant will be used to put the home on a sound foundation.

All others Modular / Manufactured homes built before 1990 but after 1980 are eligible for a maximum \$10,000 grant amount, if they meet the following: provide proof of age as listed above, be on sound foundation.

All other Modular / Manufactured homes falling outside of these parameters are not eligible for the Rehab Program's assistance.

Guidelines are:

\$0-\$5,000.00 No right to lien on home or repayment will be expected from applicant.

\$5,001.00-\$30,000.00 2 year right to lien if triggered. No payment is required within the 2 years unless you sell or rent to other than a low-income AN/AI, within the stated time frame. NIHP Staff must conduct verification of such

2.8. APR: *Describe the accomplishments for the APR in the 12-month program year.*

No Rehab applications were received in FY15

2.9: Planned and Actual Outputs for 12-Month Program Year

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
2		

APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
0		

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

No Rehab applications were received in FY15

3.1. Program Name and Unique Identifier:	Weatherization Program = Unique Identifier: WE-2015
3.2. Program Description <i>(This should be the description of the planned program.):</i>	
<p>The Weatherization Program is a grant for low-income AN/AI. Applicants are based upon a completed application with first come first served basis, pending verification of eligibility and availability of funds. Funding will provide insulation, skirting, sealants, thermal windows, doors or anything that will help make a home more heat efficient. We feel that this is a very important issue in protecting our Tribal people and one that will help lower their electric and fuel bills providing them the opportunity to forward themselves in other financial areas.</p> <p>Limit is \$2,000.00 per home/household every 5 years unless Council approves greater cost. Applicants can do their own work if they choose allowing the full funds to go into materials and not into paying for a Contractor. Work will be verified to insure that all materials obtained were used and that the guidelines agreed to in the application were met.</p>	
3.3. Eligible Activity Number <i>(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.):</i>	16
3.4. Intended Outcome Number <i>(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.):</i>	10
Describe Other Intended Outcome (Only if you selected "Other" above):	
3.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>	
Describe Other Actual Outcome (Only if you selected "Other" above):	
3.6. Who Will Be Assisted <i>(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 should be included as a <u>separate</u> program within this section.):</i>	
Weatherization Program is for low-income AN/AI families primary owned home, with median incomes at or below the 80% median established for the Kenai Peninsula Borough & residing within the Tribal Boundary Service Area.	
3.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>	

The Weatherization Program is for verified low-income Alaskan Native/ American Indians residing within the Ninilchik Tribal Service area. Limit is \$2,000.00 per home/household every 5 years unless Council approves greater cost. According to program policy, applicants do their own work and work will be verified to insure that all materials obtained from the Ninilchik Indian Housing Programs were used and that the guidelines agreed to in the application were met.

3.8. APR: Describe the accomplishments for the APR in the 12-month program year.

The Weatherization Program received two applications during FY15.

One application went into the home and changed all lighting over to LED lighting and also provided some more blow in insulation into the attic.

The second applicant was not available during FY15, and we are hoping to have the work done early FY16. This will be to foam spray the skirting on the home.

3.9: Planned and Actual Outputs for 12-Month Program Year

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
1		
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		

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

NA

4.1. Program Name and Unique Identifier:	Emergency Assistance = Unique Identifier: EA-15
4.2. Program Description <i>(This should be the description of the planned program.):</i>	
<p>The Ninilchik Tribe's Emergency Assistance Program is targeted toward 80% or lower median low-income AN/AI living within the Tribal boundaries, in danger of becoming homeless. NOT those who are already homeless. Applicants who are in temporary living quarters qualify only if they have been homeless for 30 days or less.</p> <p>For housing related expenses such as: rent, security deposits, mortgages payments, foreclosures, heat assistance, utilities. All payments are made directly to the third-party vendors only. No direct cash payments will be made to the applicants. Processing of an approved request takes approximately ten (10) days after a completed application has been turned in. Must have income sources secured for the following month and rent cannot be higher than income.</p> <p>Priority for applicants are based upon a completed application with first come first served basis, pending verification of eligibility and availability of funds.</p>	
4.3. Eligible Activity Number <i>(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.):</i>	18
4.4. Intended Outcome Number <i>(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.):</i>	12
Describe Other Intended Outcome (Only if you selected "Other" above): (12) Other: To prevent homelessness.	
4.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>	12
Describe Other Actual Outcome (Only if you selected "Other" above): (12) Other: To prevent homelessness.	
4.6. Who Will Be Assisted <i>(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 should be included as a <u>separate</u> program within this section.):</i>	
Emergency Assistance Program is to provide emergency assistance for low-income AN/AI families, with median incomes at or below the 80% median established for the Kenai Peninsula Borough, that would be needed to prevent homelessness.	
4.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>	

Provide emergency funds to families who are in danger of becoming homeless through such means as: foreclosure, repossession, rental assistance for a limited time, disconnects or loss of main utilities or lack of primary heating source during the winter months. Funding to assist in obtaining new rental housing because of unsafe or unhealthy living conditions caused by or through the home and not caused by or through the occupant. In extreme cases assistance may be issued to help in re-obtaining primary household goods due to loss in fire, earthquake or unexpected circumstances.

\$2,000.00 Limit. No more than 3 assists per year or \$2,000 total within a 2 year time period.

4.8. APR: Describe the accomplishments for the APR in the 12-month program year.

One Elder received assistance to stop an eviction. Reason because of Social Security mix up that did get resolved.

Another application was turned in asking for assistance, but never finished supplying the required documentation needed for verification of income or of lease.

No other applications were received.

4.9: 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
	3	
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	

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

NA

5.1. Program Name and Unique Identifier:	Snow Removal Program = Unique Identifier: SR-15
5.2. Program Description <i>(This should be the description of the planned program.):</i>	
<p>The Snow Removal Program is a Housing Service to promote self-sufficiency and independence for low-income AN/AI, Elderly/Disabled by providing safer access to and from their homes in the winter. This program is limited to those residences of affordable housing that have had prior assistance through one of our NAHASDA funded programs.</p>	
5.3. Eligible Activity Number <i>(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.):</i>	18
5.4. Intended Outcome Number <i>(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.):</i>	9
Describe Other Intended Outcome (Only if you selected "Other" above):	
5.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>	
Describe Other Actual Outcome (Only if you selected "Other" above):	
5.6. Who Will Be Assisted <i>(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 should be included as a <u>separate</u> program within this section.):</i>	
<p>Requirements are for Elderly 60 years of age or older, or Disabled with current disability insurance being provided through the Social Security Administration. Applicants must be within the Tribal boundaries service area and own and be living in the home the snow-removal is being provided to.</p> <p>Applicants must fall within the 80% median income guidelines, must of had prior NAHASDA funded assistance through one of the other Niniichik Indian Housing Programs.</p>	
5.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>	
<p>To provide snow-plowing, removal and sanding as needed to allow applicants safe access to and from their homes during the winter months.</p> <p>Program limit is \$700.00 in snow removal per fiscal year. Anything over this amount must be approved by Executive Director or Deputy CEO.</p>	

5.8. APR: Describe the accomplishments for the APR in the 12-month program year.

Snow Removal for Disabled and Elderly provided assistance to four elderly or disabled families.

5.9: 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
	5	
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
	4	

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

NA

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.):*

The Niniilchik Tribe has no 1937 Act housing units

(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.

The Niniilchik Tribe has no plans on Demolition or Disposition during FY2015

SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds	\$269,302	\$340,935	\$610,237	\$576,167	\$34,070	\$432,803	\$328,130	\$760,933	\$631,622	\$129,311	\$46,107
2. IHBG Program Income	\$0	\$47,225	\$47,225	\$39,500	\$7,725	\$0	\$36,046	\$36,046	\$17,774	\$18,272	\$10,768
3. Title VI	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
4. Title VI Program Income	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
5. 1937 Act Operating Reserves	\$0		\$0	\$0	\$0			\$0		\$0	
6. Carry Over 1937 Act Funds	\$0		\$0	\$0	\$0			\$0		\$0	
LEVERAGED FUNDS											
7. ICDBG Funds	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
8. Other Federal Funds	\$0	\$0	\$0	\$0	\$0			\$0		\$0	

9. LIHTC	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
10. Non-Federal Funds	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
TOTAL	\$269,302	\$388,160	\$657,462	\$615,667	\$41,795	\$432,803	\$364,176	\$796,979	\$649,396	\$147,583	\$56,875
TOTAL Columns C & H, 2 through 10			\$47,225					\$36,046			

Notes:

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

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

PROGRAM NAME	IHP			APR		
	(L)	(M)	(N)	(O)	(P)	(Q)
	Prior and current year IHBG (only) funds to be expended in 12-month program year	Total all other funds to be expended in 12-month program year	Total funds to be expended in 12-month program year (L+M)	Total IHBG (only) 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 (O+P)
Homeownership Program = Unique Identifier: HC-2015	\$420,000	\$0	\$420,000	\$512,344	\$14,464	\$526,808
Rehabilitation Program = Unique Identifier: RH-2015	\$24,625	\$27,650	\$52,275	\$927	\$0	\$927

Weatherization Program = Unique Identifier: WE-2015	\$2,000	\$0	\$2,000	\$1,586	\$0	\$1,586
Emergency Assistance = Unique Identifier: EA-15	\$6,000	\$0	\$6,000	\$2,000	\$0	\$2,000
Snow Removal Program = Unique Identifier: SR-15	\$3,000	\$0	\$3,000	\$1,112	\$0	\$1,112
Planning and Administration	\$120,542	\$11,850	\$132,392	\$113,654	\$3,309	\$116,963
Loan repayment - describe in 3 & 4 below	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL	\$576,167	\$39,500	\$615,667	\$631,623	\$17,773	\$649,396

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):*

NA

Add Bullet

(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.):*

NA

Add Bullet

SECTION 6: OTHER SUBMISSION ITEMS

NAHASDA §§ 102(b)(2)(C)(ii), 201(b)(5), 202(6), 205(a)(2), 209

(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.):*

Homeownership Projects and Rental Properties will remain affordable for 30 years or the life of the mortgage.

All Mod/Rehab Projects which are funded between \$5,000.01 to \$30,000.00 will remain affordable for 2 years after completion date.

All other projects under \$5000.00 are granted and affordability will not apply.

(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.):*

The Niniichik Housing Programs does not have any model projects planned at this time.

(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? Yes 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? Yes 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.

Under the Reauthorization of NAHASDA, the Tribe is eligible to claim 30% of total grant.

(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?

Yes 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 § 1000.302(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 § 1000.302 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?*

Yes 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:

Total Expenditures on Affordable Housing Activities for:		
	All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income
IHBG Funds:		
Funds from Other Sources:		

(7) APR: If answered "Yes" in Line 6, for each separate formula area, list the actual amount of IHBG and other funds expended for all AIAN households and for only AIAN households with incomes 80% of median income or lower during the recipient's 12-month program year.

Total Expenditures on Affordable Housing Activities for:		
	All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income
IHBG Funds:		
Funds from Other Sources:		

SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

By signing the IHP, you certify that you have all required policies and procedures in place in order to operate any planned IHBG programs.

(1) In accordance with applicable statutes, the recipient certifies that:

It will comply with Title II of the Civil Rights Act of 1968 in carrying out this Act, to the extent that such title is applicable, and other applicable federal statutes.

Yes No

(2) In accordance with 24 CFR 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.

Yes No Not Applicable

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

a. It will maintain adequate insurance coverage for housing units that are owned and operated or assisted with grant amounts provided under NAHASDA, in compliance with such requirements as may be established by HUD;

Yes No Not Applicable

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

Yes No Not Applicable

c. Policies are in effect and are available for review by HUD and the public governing rents charged, including the methods by which such rents or homebuyer payments are determined, for housing assisted with grant amounts provided under NAHASDA; and

Yes No Not Applicable

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

Yes No Not Applicable

SECTION 8: IHP TRIBAL CERTIFICATION

NAHASDA § 102(c)

This certification is used when a Tribally Designated Housing Entity (TDHE) prepares the IHP or IHP amendment on behalf of the Tribe. This certification must be executed by the recognized tribal government covered under the IHP.

(1) The recognized tribal government of the grant beneficiary certifies that:

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

(3) It has delegated to such TDHE the authority to submit an IHP or IHP amendment on behalf of the Tribe without prior review by the Tribe.

(4) Tribe:	
(5) Authorized Official's Name and Title:	
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	

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) List the activities using tribally determined wage rates:

Under Niniilchik Tribal Council's, Resolution 2003-28- The Tribe shall establish Prevailing Wages on Contracts with the Niniilchik Indian Housing Program for all construction projects. Which at this time are: Home Construction (HC-) & Rehab (RH-)

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 No

(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 No Not Applicable

(3) Did you conduct self-monitoring, including monitoring sub-recipients?

Yes No

(4) Self-Monitoring Results. *(Describe the results of the monitoring activities, including inspections for this program year.):*

No issues were identified

SECTION 11: INSPECTIONS

NAHASDA § 403(b)

(1) Inspection of Units (Use the table below to record the results of recurring inspections of assisted housing.)

Activity		Results of Inspections				Total number of units inspected
		Total Number of Units (Inventory)	Units in standard condition	Units needing rehabilitation	Units needing to be replaced	
(a)		(b)	(c)	(d)	(e)	(f)
1	1937 Housing Act Units:					
	a. Rental					0
	b. Homeownership					0
	c. Other					0
1937 Act Subtotal		0	0	0	0	0
2	NAHASDA assisted units:					
	a. Rental	2	2	0	0	2
	b. Homeownership	15	14	1	0	15
	c. Rental Assistance					0
NAHASDA Subtotal		17	16	1	0	17
Total		17	16	1	0	17

(2) Did you comply with your inspection policy:

Yes No

(3) If no, why not:

SECTION 12: AUDITS

24 CFR § 1000.544

This section is used to indicate whether an Office of Management and Budget Circular A-133 audit is required, based on a review of your financial records.

Did you expend \$500,000 or more in total Federal awards during the APR reporting period?

Yes No

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

If No, an audit is not required.

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 No

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

Yes No Not Applicable

(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)).

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) Number of Permanent Jobs Supported	1
(2) Number of Temporary Jobs Supported	28

(3) Narrative (optional):

1 fulltime NAHASDA Staff

Temporary Jobs:

6 Office Staff needed to facilitate the Housing Programs, Exec Director, Deputy CEO, Procurement, Finance, Front Desk, IT Systems Adm.

1 Engineer

1 Building Inspector

Construction staff: 1 two New Construction projects

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.

<p>(1) List below the sections of the IHP where you are requesting a waiver and/or a waiver of the IHP due date. <i>(List the requested waiver sections by name and section number):</i></p>	
<p>NA</p>	
<p>(2) Describe the reasons that you are requesting this waiver <i>(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.):</i></p>	
<p>NA</p>	
<p>(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. <i>(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.):</i></p>	
<p>NA</p>	
(4) Recipient:	NA
(5) Authorized Official's Name and Title:	NA
(6) Authorized Official's Signature:	NA
(7) Date (MM/DD/YYYY):	NA

SECTION 16: IHP AMENDMENTS

24 CFR §1000.512

Use this section for IHP amendments only.

Planning and Reporting Program Year Activities

Fill out the text below to summarize your IHP amendment. This amendment is only required to be submitted to the HUD Area Office of Native American Programs when (1) the recipient is adding a new activity that was not described in the current One-Year Plan that has been determined to be in compliance by HUD or (2) to reduce the amount of funding that was previously budgeted for the operation and maintenance of 1937 Act housing under NAHASDA § 202(1). All other amendments will be reflected in the APR and do not need to be submitted to HUD.

NOTES:

- (1) If Line 2 in Section 8 (IHP Tribal Certification) is checked in the current IHP, a new certification must be signed and dated by the authorized tribal official and submitted with the IHP Amendment.
- (2) Section 1 (Cover Page) is recommended but not required with an IHP Amendment submission.

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

APR: REPORTING ON PROGRAM YEAR PROGRESS (NAHASDA § 404(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 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 OMB Circular A-133 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.

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 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.):</i>	
4. Intended Outcome Number <i>(Select one outcome from the Outcome list.):</i>	
Describe Other Intended Outcome (Only if you selected "Other" above):	
5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>	
Describe Other Actual Outcome (Only if you selected "Other" in above):	
6. Who Will Be Assisted <i>(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 should be included as a <u>separate</u> program within this section.):</i>	
7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>	
8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>	
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

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

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

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds			\$0		\$0			\$0		\$0	
2. IHBG Program Income			\$0		\$0			\$0		\$0	
3. Title VI			\$0		\$0			\$0		\$0	
4. Title VI Program Income			\$0		\$0			\$0		\$0	
5. 1937 Act Operating Reserves			\$0		\$0			\$0		\$0	
6. Carry Over 1937 Act Funds			\$0		\$0			\$0		\$0	
LEVERAGED FUNDS											
7. ICDBG Funds			\$0		\$0			\$0		\$0	
8. Other Federal Funds			\$0		\$0			\$0		\$0	
9. LIHTC			\$0		\$0			\$0		\$0	
10. Non-Federal Funds			\$0		\$0			\$0		\$0	
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

TOTAL Columns C & H, 2 through 10	\$0	\$0
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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.**

(12) Amended Uses of Funding (NAHASDA § 102(b)(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 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)
			\$0			\$0
Planning and Administration			\$0			\$0
Loan repayment			\$0			\$0
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0

Notes:

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

(13) 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):*

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(14) 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.):*

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