

For Recipient's Use: 2013

INDIAN HOUSING PLAN/ANNUAL PERFORMANCE REPORT

(NAHASDA §§ 102(b)(1)(A) and 404(a)(2))

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. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget (OMB) control number.

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.

NOTE: Grants awarded under the American Recovery and Reinvestment Act (Recovery Act) are excluded from this process. Grants under the Recovery Act continue to use the stand alone APR (HUD-52735-AS).

FORM COMPLETION OPTIONS: The IHP/APR form may be completed either in hard copy or electronically. Hard copy versions may be completed either by hand or typewriter. Alternatively, the form may be completed electronically as it is a Word document. It is recommended that the form be completed electronically because it is more efficient to complete, submit, and review the form. Furthermore, electronic versions of the form may be submitted to HUD as an email attachment. To document official signatures on the electronic version, you should sign a hard copy of the pages and either fax that signed page or email it as an attachment to your Area Office of Native American Programs. The sections of the IHP that require an official signature are Sections 1 and 8, and Sections 15 and 16, if applicable. For the APR, Section 1 requires an official signature.

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SECTION 1: COVER PAGE

(1) Grant Number: **55IT0211300**

(2) Recipient Program Year: **10/01/12-09/30/13**

(3) Federal Fiscal Year: **10/10/2012 - 09/30/2013**

(4) Initial Plan (Complete this Section then proceed to Section 2)

(5) Amended Plan (Complete this Section 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**

(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): **NTC@NinilchikTribe-nsn.gov**

(18) If TDHE, List Tribes Below:

(19) Tax Identification Number: 92-0069906

(20) DUNS Number: 614159697

(21) CCR Expiration Date: SAM Ex Date August 23, 2014

(22) IHBG Fiscal Year Formula Amount: 315,551

(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:

(27) Name of Authorized APR Submitter: Bob Crosby

(28) Title of Authorized APR Submitter: Housing Director

(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.):

(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 Ninilchik Tribe's mission to the people of the Ninilchik 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 Ninilchik Tribal boundaries.

Housing Program services will be provided to those qualified low-income Alaskan Native / American Indians that reside with 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 Ninilchik 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)):*
- (5) **The Ninilchik Indian area is located on the Kenai Peninsula, and is one of the eight federally recognized tribes within the Cook Inlet area.**
- (6) **The geographic area is to be the same as the Federally Recognized Ninilchik 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.**
- (7) **The Ninilchik Indian Programs will provide services to those families that have applied, provided all necessary information and have met the programs requirements.**
- (8) **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.**
- (9) **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

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 intended outcome, planned outputs, who will be assisted, and types and levels of assistance. Each of the eligible activities has a specific, measurable output, as shown below. 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 APR, the purpose of this section is to describe your accomplishments, actual outputs, and any reasons for delays.

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

Eligible Activity	Output Measure	Eligible Activity	Output Measure
(1) Modernization of 1937 Act Housing [202(1)]	Units	(13) Down Payment/Closing Cost Assistance [202(2)]	Units
(2) Operation of 1937 Act Housing [202(1)]	Units	(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units
(3) Acquisition of Rental Housing [202(2)]	Units	(15) Other Homebuyer Assistance Activities [202(2)]	Units
(4) Construction of Rental Housing [202(2)]	Units	(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units
(5) Rehabilitation of Rental Housing [202(2)]	Units	(17) Infrastructure to Support Housing [202(2)]	Dollars
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	(18) Other Housing Services [202(3)]	Households
(7) Development of Emergency Shelters [202(2)]	Households	(19) Tenant Based Rental Assistance [202(3)]	Households
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]	Units
(9) Other Rental Housing Development [202(2)]	Units	(21) Housing Management Services [202(4)]	Households
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	(22) Crime Prevention and Safety [202(5)]	Dollars
(11) New Construction of Homebuyer Units [202(2)]	Units	(23) Model Activities [202(6)]	Dollars
(12) Acquisition of Homebuyer Units [202(2)]	Units	(24) Self-Determination Program [231-235]	Units/Dollars

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, homebuyer 1, 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. The programs under the second eligible activity would be numbered as 2.1, 2.2., 2.3 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.

1.1 Program Name and Unique Identifier:

Homeownership Program = Unique Identifier: HC-2013

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

Description.

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 Niniichik Indian Housing Programs policies.

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

(11)New Construction of Homebuyer Units. 202(2)

1.4 Intended Outcome Number (Select one outcome from the Outcome list.):

(12 Other) 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.

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

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-13, 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.

One home was finished in FY13 that was started in FY12.

Two homes were started in FY13 that are both finished at this time in FY14

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
2			1		

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

Of the two homes anticipated to be done, both were under contract and in the final phases of construction at FY's end. Both homes were completed two months after the end of FY13.

NOTE: Remember to complete all the text boxes in Section 3 for each IHBG-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 Section 3 as needed to describe each of your programs.

1.1 Program Name and Unique Identifier:

Mod/Rehab. Unique Identifier: RH- 2013

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

Rehab/Mod Program is a once in a lifetime grant to help eligible low-income AN/AI families on their primary home only. Funds will be used to provide safer and more comfortable homes for the families. Funds can be used for such items as foundation repairs or upgrades, roof repairs/ upgrades, additions, electrical re-wiring/ plumbing, handicapped accessibility, health and safety, well or sewer.

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.

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

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

1.4 Intended Outcome Number *(Select one outcome from the Outcome list.):*

(4) Improve quality of existing infrastructure.

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

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.):*

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 policies.

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

The Mod/Rehab program 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, 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 seniors, handicap or disabled family members.

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's that resided within the Ninilchik Tribal Service area. Work will not be done prior to an Environmental Review being conducted.

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. Cases are based on meeting the eligibility requirements, and are put out to bid for a qualified Contractor only after first meeting the Federal Environmental Review requirements. A building engineer is retained by the NIHP programs for a period of 2 years and is to insure that the work is done properly and to fire and safety code.

Work will be put out for bid through the NTC Procurement Dept. using procedures and policies established for procuring of 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.

Guidelines are:

\$0-\$5000.00 No right to lien on home or repayment will be expected from applicant.

\$5001.00-\$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.

\$10,000.00 Is the limit on mobile homes.

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

No applications were received from low income Alaskan Natives or American Indians within our Tribal Boundary Service area for this fiscal year.

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

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

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

No interest with this program within this fiscal year.

NOTE: Remember to complete all the text boxes in Section 3 for each IHBG-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 Section 3 as needed to describe each of your programs.

1.1 Program Name and Unique Identifier:

Weatherization Program. Unique Identifier: WE- 2013

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

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.

Limit is \$2000.00 per home/household every 5 years unless Council approves greater cost. Applicant's 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.

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

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

1.4 Intended Outcome Number *(Select one outcome from the Outcome list.):*

(10) Improve Energy Efficiency

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

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.):*

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.

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

The Weatherization Program is for verified low-income Alaskan Native/ American Indians residing within the Niniilchik Tribal Service area.

Limit is \$2000.00 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 Niniilchik Indian Housing Programs were used and that the guidelines agreed to in the application were met.

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

A disabled Elder was verified income eligible, and work was conducted on a hole in the applicant's floor that was allowing heat to escape the home, thus improving energy costs and living comfort within the home.

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
2			1		

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

One applicant was approved and received assistance.

Second applicant was income verified and approved for assistance and then was not available when it was time to do the work. Applicant is asking for spray foam in skirting, which cannot be done at this time of year. Therefore applicant will need to reapply next year and verified if still interested in having work done.

NOTE: Remember to complete all the text boxes in Section 3 for each IHBG-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 Section 3 as needed to describe each of your programs.

1.1 Program Name and Unique Identifier:

Emergency Assistance. Unique Identifier: EA-13

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

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.

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.

Priority for applicants are based upon a completed application with first come first served basis, pending verification of eligibility and availability of funds.

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

(18) Other Housing Service [202(3)]

1.4 Intended Outcome Number (*Select one outcome from the Outcome list.*):

(12) Other: To prevent homelessness.

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

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.):

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.

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

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 \$2000 total within a 2 year time period.

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

Two households received emergency assistance to prevent homelessness.

One elder received assistance due to Social Security income is not enough to cover the recent increase in fuel oil and afford food and medicines.

Family of five received fuel oil due to increase cost, and not enough left over after rent.

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
	5			2	

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

Normally this program receives the most attention out of all the Housing Programs.

Being a program that is established to prevent homelessness from unforeseen situations, five assists would be a low number of assists within a year's time.

This is the lowest number of emergency assistance cases that the Ninilchik Housing Programs has ever received.

NOTE: Remember to complete all the text boxes in Section 3 for each IHBG-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 Section 3 as needed to describe each of your programs.

1.1 Program Name and Unique Identifier:

Snow Removal Program. Unique Identifier: SR-13

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

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.

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

(18) Other Housing Service

1.4 Intended Outcome Number *(Select one outcome from the Outcome list.):*

(9) Provide Accessibility for Disabled/ Elderly Persons

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

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.):*

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.

Applicants must fall within the 80% median income guidelines, must of had prior NAHASDA funded assistance through one of the other Ninilchik Indian Housing Programs.

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

To provide snow-plowing, removal and sanding as needed to allow applicants safe access to and from their homes during the winter months.

Program limit is \$700.00 in snow removal per fiscal year, to this amount must be approved by Executive Director or Deputy CEO.

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

Five verified eligible Elder and or Disabled families were helped through this program within this fiscal year.

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
	5	0		5	

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

SECTION 4: MAINTAINING 1937 ACT UNITS, DEMOLITION, AND DISPOSITION

(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 disposition of 1937 Act housing units. Be certain to include the timetable for any planned demolition or disposition and any other information required by HUD with respect to the demolition or disposition.):* **The Niniilchik Tribe has no plans on Demolition or Disposition during FY2013**

SECTION 5: BUDGETS

(1) Planned Grant-Based Budget for Eligible Programs (In the table below show how you plan to spend the total amount of the Fiscal Year's formula allocation using either the estimated allocation amount or the final formula allocation. This table should include only activities planned to be implemented with IHBG funds only. Do not include program income or funding from any other source.)

Eligible Activity	Planned IHBG Budget
(1) Indian Housing Assistance	\$0
(2) Development	\$205586
(3) Housing Services	\$15300
(4) Housing Management Services	\$0
(5) Crime Prevention and Safety Activities	\$0
(6) Model Activities	\$0
(7) Planning and Administration	\$94665
TOTAL	\$315551

(2) Estimated Sources of Funding (NAHASDA § 102(b)(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 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 minus 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 minus I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds	814449	355713	1170162	589000	581162	996365	315551	1311916	519101	792815	185589
2. IHBG Program Income											
3. Title VI											
4. Title VI Program Income											
5. 1937 Act Operating Reserves											
6. Carry Over 1937 Act Funds											
LEVERAGED FUNDS											
7. ICDBG Funds											
8. Other Federal Funds											
9. LIHTC											
10. Non-Federal Funds											
TOTAL	814449	355713	1170162	589000	581162	996365	315551	1311916	519101	792815	185589

- 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 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 IHP, describe any estimated leverage in Line 4 below (Estimated Sources or Uses of Funding). For the APR, describe actual leverage in Line 5 below (APR).

(3) 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 (tie to program names in Section 3 above)	Unique Identifier	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)
Homeownership	HC-2013	450,000		450,000	417044	0	417044
Mod / Rehab	RH-2013	60,000		60,000	0	0	0
Weatherization	WE-2013	4,000		4,000	516	0	516
Emergency Assistance	EA-2013	10,000		10,000	2636	0	2636
Snow Removal	SR-2013	3,500		3,500	2643	0	2643
Planning and Administration		61,500		61,500	96262		96262
Loan repayment – describe in 4 and 5 below.							
TOTAL		589000		589,000	519101		519101

Notes:

- a. Total of Column L cannot exceed the IHBG 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 D, Rows 2-10 from the Sources Table on the previous page.
- c. **Total of Column O cannot exceed total IHBG 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.**

(4) 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 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):*

(5) 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 Table on the previous page. The text must describe which loan was repaid and the NAHASDA-eligible activity and program associated with this loan.):*

SECTION 6: OTHER SUBMISSION ITEMS

(1) Useful Life/Affordability Period(s) (NAHASDA § 205, 24 CFR § 1000.142) *(Identify the useful life of each housing unit to be constructed, acquired, or rehabilitated with IHBG funds in the 12 month period. Exclude Mutual Help units.*

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 (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 Ninilchik 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 use more than 20% of your current grant for Planning and Administration? Yes No

If yes, describe why the additional funds are needed for Planning and Administration.

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

Did you expend more than 20% of your current grant for Planning and Administration? Yes No

If yes, did you receive HUD approval to exceed the 20% cap on Planning and Administration costs? Yes No

If you did not receive approval for spending more than 20% of your current grant on planning and administration costs, describe the reason(s) for exceeding the 20% 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:	100%	100%
Funds from other Sources:		

(7) APR: For each separate formula area expansion, 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) To be eligible for minimum funding 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) The recipient 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.

Yes No Not Applicable and

(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 on behalf of a tribe. This certification must be executed by the recognized tribal government covered under the IHP.

- (1) The recognized tribal government of the grant beneficiary certifies that:
- (2) It had an opportunity to review the IHP 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 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) and 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:

(5) **Under Ninilchik Tribal Council's, Resolution 2003-28- The Tribe shall establish Prevailing Wages on Contracts with the Ninilchik Indian Housing Program for all construction projects.**

(6) **Which are at this time are: Home Construction (HC-) & Rehab (RH-)**

SECTION 10: SELF-MONITORING

(NAHASDA § 403(b), 24 CFR § 1000.502)

(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 activities were found in noncompliance with NTC Self Monitoring Policies**

SECTION 11: INSPECTIONS

(NAHASDA § 403(b))

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

Results of Inspections					
(A)	(B)	(C)	(D)	(E)	(F)
Activity	Total number of units	Units in standard condition	Units needing rehabilitation	Units needing to be replaced	Total number of units inspected
1. 1937 Housing Act Units:					
a. Rental					
b. Homeownership					
c. Other					
1937 Act Subtotal					
2. NAHASDA-Assisted Units:					
a. Rental	2	2	0	0	2
b. Homeownership	10	10	0	0	10
c. Rental Assistance					
d. Other					
NAHASDA Subtotal	12	12			12
Total	12	12			12

Note: Total of column F should equal the sum of columns C+D+E.

(2) Did you comply with your inspection policy: Yes No:

(3) If no, why not:

SECTION 12: AUDITS

This section is used to indicate whether an audit is required, based on a review of your financial records.

Did you expend less than \$500,000 in total Federal awards during the previous fiscal year ended?

Yes No

If Yes, an audit is not required. If No, an audit is required to be submitted to the Federal Audit Clearinghouse and your Area Office of Native American Programs.

SECTION 13: PUBLIC ACCOUNTABILITY

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

Check one: Yes No

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

Check one: 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 and/or the citizens (NAHASDA § 404(d)).

No comments received

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	5

(3) Narrative (optional):

SECTION 15: IHP WAIVER REQUESTS
 (NAHASDA § 101(b)(2))

THIS SECTION IS ONLY REQUIRED IF THE RECIPIENT IS REQUESTING A WAIVER OF AN IHP SECTION OR A WAIVER OF THE IHP SUBMISSION DUE DATE. A waiver is valid for a period not to exceed 90 days. Fill out the form below if you are requesting a waiver of one or more sections of the IHP. **NOTE:** This is NOT a waiver of the IHBG program requirements but rather a request to waive some of the IHP submission items.

(1) List below the sections of the IHP where you are requesting a waiver and/or a waiver of the IHP due date.
(List the requested waiver sections by name and section number):

(2) Describe the reasons that you are requesting this waiver *(Describe completely why you are unable to complete a particular section of the IHP or could not submit the IHP by the required due date.):*

(3) Describe the actions you will take in order to ensure that you are able to submit a complete IHP in the future and/or submit the IHP by the required due date. *(This section should completely describe the procedural, staffing or technical corrections that you will make in order to submit a complete IHP in the future and/or submit the IHP by the required due date.):*

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

SECTION 16: IHP AMENDMENTS
(24 CFR § 1000.232)

Use this section for IHP amendments only.

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.

Once HUD determines the IHP amendment to be in compliance, the recipient should add the IHP amendment to Section 3 of the previously approved IHP and replace the previous Uses of Funding table (Section 5, Line 3) with the amended Uses of Funding table.

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 adequately describe the new program that is planned.):</i>
(3) Eligible Activity Number <i>(Select one activity from the Eligible Activities list in Section 3.):</i>
(4) Intended Outcome Number <i>(Select one Outcome from the Outcome list in Section 3.):</i>
(5) Actual Outcome Number <i>(Select one Outcome from the Outcome list in Section 3.):</i>
(6) Who Will Be Assisted <i>(This should adequately describe the types of households who will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median income should be included as a <u>separate</u> Program within this Section.):</i>

(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 program year.):

(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 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 (tie to program names in Section 3 above)	Unique Identifier	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)
Planning and Administration							
Loan repayment – describe in 4 and 5 below.							
TOTAL							

- Notes:**
- a. Total of Column L cannot exceed the IHBG 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 IHBG 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.

(12) Recipient:	
(13) Authorized Official's Name and Title:	
(14) Authorized Official's Signature:	
(15) Date (MM/DD/YYYY):	