SECTION 1: COVER PAGE

(1) Grant Number: 55IT0211300

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

(3) Federal Fiscal Year: 2026

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

☐ **(5)** Amended Plan (Complete this Section and Section 8 if applicable)

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

☑ **(7)** Tribe

☐ **(8)** TDHE

(9) Name of Recipient:

Ninilchik Village

(10) Contact Person:

Hunter Cooper

(11) Telephone Number with Area Code *(999) 999-9999* :

(907) 567-3313

(12) Mailing Address:

P.O. Box 39070

(13) City: Ninilchik

(14) State: Alaska

(15) Zip Code (99999 or 99999-9999): 99639

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

(907) 567-3308

(17) Email Address (if available):

hcooper@ninilchiktribe-nsn.gov

(18) If TDHE, List Tribes Below:

(19) Tax Identification Number: 92-0069906

(20) DUNS Number: 614159697

(21) CCR/SAM Expiration Date (MM/DD/YYYY)**:** 05/04/2026

(22) IHBG Fiscal Year Formula Amount: $849,658

(23) Name of Authorized IHP Submitter: Richard G. Encelewski

(24) Title of Authorized IHP Submitter:	President
(25) Signature of Authorized IHP Submitter:	Richard G. Encelewski
(26) IHP Submission Date(MM/DD/YYYY) **:**	07/18/2025
(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 (MM/DD/YYYY)**:**	

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.

	Check All That Apply	
(A) Type of Need	**(B) Low-Income Indian Families**	**(C) All Indian Families**
(1) Overcrowded Households	✓	✓
(2) Renters Who Wish to Become Owners	✓	✓
(3) Substandard Units Needing Rehabilitation	✓	✓
(4) Homeless Households	✓	✓
(5) Households Needing Affordable Rental Units	✓	✓
(6) College Student Housing		
(7) Disabled Households Needing Accessibility	✓	✓
(8) Units Needing Energy Efficiency Upgrades	✓	✓
(9) Infrastructure to Support Housing	✓	✓
(10) Other (specify below)		

(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 Ninilchik Tribe's mission to the people of the Ninilchik 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 who reside within Tribal service boundaries, meet program policies, and have met application requirements.

Homeownership Program:
By building homes we will give our low income Alaskan Native/ American Indian (AN/AI) families a sound boost up in life, by providing them with a safe and 6 star plus energy efficient home.
There will be one home built per grant year for a verified low income AN/AI family.

Rehabilitation and 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, reposition, 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 Program Staff with funding for salaries, travel, consumable and non consumable supplies, and to attend trainings that are offered to further educate the Housing Staff with housing related issues needed to provide services to eligible low income Alaskan Natives and American Indians 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 Ninilchik Village 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 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.

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

Advertising of Housing Programs shall be done by using the Tribal Newsletter. 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 Programs, along with the applications available in PDF format for immediate download for interested families.

SECTION 3: PROGRAM DESCRIPTIONS

[102(b)(2)(A)], [233(a)], [235(c)], [404(b)], 24 CFR §1000.512(b)(2) and (3)

Planning and Reporting Program Year Activities

In this section, the recipient must provide a description of its planned eligible activities, and intended outcomes and outputs for the One-Year IHP. The recipient can select any combination of activities eligible under NAHASDA and intended outcomes and outputs that are based on local needs and priorities. There is no maximum or minimum number of eligible activities or intended outcomes and outputs. Rather, the One-Year IHP should include a sufficient number of eligible activities and intended outcomes to fully describe any tasks that the recipient intends to fund in whole or in part with IHBG resources during the coming program year.

Subtitle B of NAHASDA authorizes recipients to establish a program for self-determined housing activities involving construction, acquisition, rehabilitation, or infrastructure relating to housing activities or housing that will benefit the low-income households served by the Indian tribe. A recipient may use up to 20 percent of its annual allocation, but not more than $2 Million, for this program. Section 233(a) of NAHASDA requires a recipient to include its planned self-determination program activities in the IHP, and Section 235(c) requires the recipient to report the expenditures, outputs, and outcomes for its self-determination program in the APR. For more information, see PIH Notice 2010-35 (Demonstration Program - Self-Determined Housing Activities for Tribal Governments) at http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_8814.pdf

The One-Year IHP is not required to include eligible activities or intended outcomes and outputs that will not receive IHBG resources. For example, the recipient may be planning to apply for Low Income Housing Tax Credits (LIHTC) from its state. If those tax credit projects will not receive IHBG resources, they are not required to be described in the IHP. However, the recipient may wish to include non-IHBG activities in the IHP to provide tribal members with a more complete picture of housing activities.

If an activity will receive partial funding from an IHBG resource, it must be described in the IHP.

For example, if the recipient uses IHBG-funded staff persons to manage, inspect, or maintain an LIHTC-funded rental project, that project would be considered an IHBG-assisted project and the related activities must be described in the IHP.

Planning and Administrative expenses and loan repayments should not be identified as programs in the IHP. That is why there are dedicated rows in the Uses of Funding budget for these expenses. Instead, describe anticipated planning and administrative expenses in Section 6, Line 4 of the IHP, and describe actual planning and administration expenses in Section 6, Line 5 of the APR. Report the planned and actual amount of planning and administrative expenses in the dedicated row of the Uses of Funding budget (Section 5, Line 2). Please note that Reserve Accounts to support planning and administration is an eligible activity and should be identified as a program in the IHP, and any planned or actual expenditure from the Reserve Account would be reported by its program name in the Uses of Funding table.

For the IHP, complete the **unshaded** sections to describe the planned activities, outcomes and outputs in the coming 12-month program year. The recipient must complete Lines 1.1 through 1.4, Lines 1.6 and 1.7, and Line 1.9 for each eligible activity or program planned for the One-Year IHP. For the APR, complete the shaded sections to describe actual accomplishments, outcomes, and outputs for the previous 12-month program year. In particular, complete Lines 1.5, 1.8, 1.9, and 1.10 for each program included in the IHP.

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

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 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. (NAHASDA § 404(b))

1.1. Program Name and Unique Identifier:

Homeownership Program = Unique Identifier: HC-2026

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

The Homeownership program aims to provide safe and decent housing through either acquisition or building of new homes. Housing that we currently are building are all LED lighting throughout the home, with homes being built to the 6 star BEE's energy efficiency rating. Homes meet all current fire, safety and plumbing codes. We prefer to build homes versus acquiring homes because most homes located within our Tribal 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, may be acquired if they pass a current Building Engineer's Inspection, are built to no less than 6 star BEE's energy efficiency rating and built using all current fire and safety codes. We will build or buy homes and mortgage to the 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.

1.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), 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.):

(11) New Construction of Homebuyer Units [202(2)]

1.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

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

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.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

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

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.

1.6 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 must 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 and residing within the Tribal Boundary Service Area. Applicants must not have owned a home within the last five years, and have no outstanding debt to warrant a home being taken away in a lawsuit. Applicants must keep 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, 6 Star energy efficient home for a qualified low income AN/AI 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 family's financial circumstances. Half of what the total development cost is, is owed to the Tribe, as long as the family does not default.

Planned. During FY 26the Tribe plans to build 1 affordable 3 bedroom 6 star energy efficient home and possibly start another home for a verified low income Alaskan Native or American Indian family 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.*

A 3 bedroom, 2 bathroom, 6 star energy rated energy efficient home was completed for a qualified low income Alaska Native family.

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
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		

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

2.1. Program Name and Unique Identifier:

Rehabilitation Program = Unique Identifier: RH-2026

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

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 seniors, handicap or disabled family members.

By providing upgrades to existing homes we will enable the homes to have a longer useful life and 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.

2.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), 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.):

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

2.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(4) Improve quality of existing infrastructure

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

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

(4) Improve quality of existing infrastructure

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

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

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

Mod/Rehab Program is up to the total limit of $60,000, a once in a lifetime program for verified low income Alaskan Native/ American Indians that reside 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 Department 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, and be on a 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 - $60,000.00 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. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.*

A low income Alaska Native was identified and Qualified. The project was carried out and completed.

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
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		

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

3.1. Program Name and Unique Identifier:

Weatherization Program = Unique Identifier: WE-2026

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

The Weatherization Program is a grant for low income AN/AI families. 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, LED light replacement, or anything that will help make a home more heat / energy 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 with more opportunity to forward themselves in other financial areas.

Limit is $2,000.00 per home/household every 5 years unless the Council approves a 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 ensure that all materials obtained were used and that the agreed to guidelines in the application were met.

3.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), 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.):

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

3.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(10) Improve energy efficiency

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

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

(10) Improve energy efficiency

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

3.6 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 must 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 and residing within the Tribal Boundary Service Area.

3.7. 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 Ninilchik Tribal Service area. Limit is $2,000.00 per home / household every 5 years unless the Council approves a greater cost. According to program policy, applicants do their own work and work will be verified to ensure 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. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.*

One low income Alaska Native household was identified and qualified for the program with assistance being provided.

NTC was able to assist with increasing energy efficiency in the home by purchasing Toyotomi stove parts for the applicant to increase performance of heaters in the home. Reliable heat is essential in Alaska homes.

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
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
1		

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

No project is behind schedule but we did only have one party interested in the weatherization program this year.

4.1. Program Name and Unique Identifier:

Emergency Assistance = Unique Identifier: EA-2026

4.2. 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 people living within the Tribal boundaries, in danger of becoming homeless. This does NOT include those who are already homeless. Applicants who are in temporary living quarters qualify only if they have been homeless for 30 days or less.

This is for housing related expenses such as: rent, security deposits, mortgages payments, foreclosures, heat assistance, and 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.

4.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), 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.):

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

4.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

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

(12) Other: To prevent homelessness.

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

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

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

To prevent homelessness

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

The 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 *(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, reposition, rental assistance for a limited time, disconnects or loss of main utilities or lack of primary heating source during the winter months. Funding may also 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 a fire, earthquake or other 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. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.*

2 low income Alaska Native households were identified, qualified, and assisted through the program. One household received assistance with back property taxes preventing foreclosure and homelessness. The other household received assistance with getting running water restored to the home keeping the home livable and safe for a low income Alaska Native elder who is wheelchair bound.

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
	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	

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

5.1. Program Name and Unique Identifier:

Snow Removal Program = Unique Identifier: SR-2026

5.2. 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.

5.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), 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.):

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

5.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(9) Provide accessibility for disabled/elderly persons

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

Providing Snow Plowing and Sanding for our low income AN/AI disabled/elderly families that have had assistance at one time though another Housing Program.

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

(9) Provide accessibility for disabled/elderly persons

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

5.6 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 must 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, own and be living within the home that the snow removal is being provided to.

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

5.7. 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. Anything over this amount must be approved by the Executive Director or Deputy CEO.

5.8. 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.*

9 low income Alaska Native or American Indian households were helped through the snow removal program providing safe accessibility to and from the home.

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
	9	

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
	9	

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

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

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 Ninilchik 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 Ninilchik Tribe has no plans on Demolition or Disposition during FY2026

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.)***

	IHP					APR					
SOURCE	(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	$339,666	$849,658	$1,189,324	$824,405	$364,919	$1,015,184	$917,667	$1,932,851	$854,545	$1,078,306	$0
2. IHBG Program Income	$20,821	$63,756	$84,577	$57,155	$27,422	$69,548	$79,798	$149,346	$112,597	$36,749	$0
3. Title VI	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4. Title VI Program Income	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5. 1937 Act Operating Reserves	$0		$0	$0	$0	$0		$0	$0	$0	$0
6. Carry Over 1937 Act Funds	$0		$0	$0	$0	$0		$0	$0	$0	$0
LEVERAGED FUNDS											
7. ICDBG Funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
8. Other Federal Funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	

9. LIHTC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
10. Non-Federal Funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	
TOTAL	$360,487	$913,414	$1,273,901	$881,560	$392,341	$1,084,732	$997,465	$2,082,197	$967,142	$1,115,055	$0
TOTAL Columns C & H, 2 through 10			$84,577					$149,346			

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.)***

	IHP			APR		
	(L)	(M)	(N)	(O)	(P)	(Q)
PROGRAM NAME	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-2026	$624,405	$43,145	$667,550	$565,988	$13,703	$579,691
Rehabilitation Program = Unique Identifier: RH-2026	$60,000	$0	$60,000	$95,682	$0	$95,682
Weatherization Program = Unique Identifier: WE-2026	$6,000	$0	$6,000	$1,991	$0	$1,991

Emergency Assistance = Unique Identifier: EA-2026	$6,000	$0	$6,000	$2,618	$0	$2,618
Snow Removal Program = Unique Identifier: SR-2026	$3,000	$0	$3,000	$17,895	$740	$18,635
Planning and Administration	$125,000	$14,010	$139,010	$170,371	$98,154	$268,525
Loan repayment - describe in 3 & 4 below	$0	$0	$0	$0	$0	$0
TOTAL	$824,405	$57,155	$881,560	$854,545	$112,597	$967,142

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

(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

SECTION 6: OTHER SUBMISSION ITEMS

[102(b)(2)(C)(ii)], [201(b)(5)], [202(6)], [205(a)(2)], [209], 24 CFR §§ 1000.108, 1000.120, 1000.142, 1000.238, 1000.302

(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 $60,000.00 will remain affordable for 2 years after completion date.

All other projects under $5,000.00 are granted.

(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 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 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.

(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? Yes ☐ No ☐

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 *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, the recipient certifies its compliance with Title II of the Civil Rights Act of 1968 (25 USC Part 1301 et seq.), and ensures that the recipient has all appropriate policies and procedures in place to operate its planned programs. The recipient should not assert that it has the appropriate policies and procedures in place if these documents do not exist in its files, as this will be one of the items verified during any HUD monitoring review.

(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 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 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) If you checked the box in Line 3, list the other activities that will be using tribally determined wage rates:

Under Ninilchik Tribal Council's, Resolution 2004 01. The Tribe shall establish Prevailing Wages on Contracts with the Ninilchik Indian Housing Program for all construction projects. Which at this time are: Home Construction (HC) and 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 corrective actions planned or taken.):*

Inspections are conducted by the Ninilchik Tribe's, Deputy CEO or Executive Director Designee with self-monitoring results turned over to the Tribal Council for their approval. No deficiencies were found, and no corrective actions were needed .

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		Total Number of Units (Inventory)	Results of Inspections: Units in standard condition	Units needing rehabilitation	Units needing to be replaced	Total number of units inspected
(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	26	26	0	0	26
	c. Rental Assistance					0
	d. Other					0
NAHASDA Subtotal		28	28	0	0	28
Total		28	28	0	0	28

(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 a financial audit based on the Single Audit Act and 2 CFR Part 200 Subpart F is required, based on a review of your financial records.

Did you expend $750,000 or more in total Federal awards during the 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 Full time NAHASDA Staff
Temporary Jobs:
6 Office staff as needed to facilitate the Indian Housing Programs
Executive Director, Deputy CEO, Procurement Officer, Finance Director, Front Desk, IT Systems Adm.
1 Building engineer
1 Building Inspector
Contractors and their staff, crews, and hired sub contractors: 20

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):	