

INDIAN HOUSING PLAN/ANNUAL PERFORMANCE REPORT NEW TEMPLATE Revised March 19, 2009

These forms meet the minimum 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 minimum requirements, a tribe/tribally designated housing entity (TDHE) may elect to prepare a more comprehensive IHP. If a tribe/TDHE elects to prepare a more comprehensive IHP, the required elements of this IHP must still be submitted on the prescribed HUD forms.

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, respondents must submit an IHP that meets the minimum requirements of the Act, consult with residents, prepare any Title VI application/certification (as applicable), submit performance reports, and maintain records for HUD monitoring and audit review.

The recipient is required to submit the IHP to HUD at least 75 days prior to the start of its 12-month program year. The APR is due no later than 90 days after the end of the recipient's program year.

The IHP and the APR (previously two separate forms) are now combined into one form. The sections pertaining to the IHP are completed **before** the beginning of the 12-month program year, leaving the APR (shaded) sections blank. After the 12-month program year, enter the results from the 12-month program year in the shaded sections of the form (if the IHP has been updated or amended, use the most recent version) to complete the APR. More details on how to complete the IHP and APR forms can be found in the instructions for this 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 template as applicable. Recipients are encouraged to review these citations when completing the IHP and APR.

TABLE OF CONTENTS

| SECTION | TITLE | PAGE # (for reviewing purposes only) |
|---------|---|---|
| 1 | COVER PAGE (Submit With Each IHP and APR) | |
| 2 | SUMMARY OF IHP AMENDMENTS (Submit as Applicable) | |
| 3 | HOUSING NEEDS | |
| 4 | PROGRAM DESCRIPTIONS & ACTUAL RESULTS | |
| 5 | MAINTAINING 1937 ACT UNITS, DEMOLITION, AND DISPOSITION | |
| 6 | BUDGET & ACTUAL EXPENDITURES | |
| 7 | OTHER SUBMISSIONS ITEMS | |
| 8 | ENVIRONMENTAL REVIEW EXPRESSION OF INTENT | |
| 9 | IHP CERTIFICATION OF COMPLIANCE | |
| 10 | INDIAN HOUSING PLAN TRIBAL CERTIFICATION | |
| 11 | TRIBAL WAGE RATE CERTIFICATION | |
| 12 | APR SELF-MONITORING | |
| 13 | APR INSPECTIONS | |
| 14 | APR AUDITS | |
| 15 | APR PUBLIC ACCOUNTABILITY | |
| 16 | APR JOBS SUPPORTED BY NAHASDA | |
| 17 | APR UNITS CONSTRUCTED, ACQUIRED, AND REHABILITATED | |
| 18 | APR SUMMARY OF PROGRAM YEAR ACCOMPLISHMENTS | |
| 19 | IHP WAIVER REQUESTS | |

COVER PAGE

SECTION 1:

- Initial Plan (after filling out the information below, go to page X)
- Amended Plan (If amendment, complete summary on next page after filling out the information below)
- Annual Performance Report (if yes, go to page X)
- Tribe TDHE

| |
|--|
| (1) Name of Recipient: |
| (2) Contact Person: |
| (3) Telephone Number with Area Code: |
| (4) Mailing Address: |
| (5) City: |
| (6) State: |
| (7) Zip Code: |
| (8) FAX # (if applicable) |
| (9) E-mail: |
| (10) If TDHE, List Tribes Below: |
| |
| (11) Tax Identification Number: |
| (12): DUNS Number: |
| (13) Federal Grant Year for the 1-Year Plan or APR: |
| (14) IHBG Annual Grant Amount: |
| (15) Recipient Program Year: |
| (16) Investment Approval Date, if applicable: |
| (17) Name of Authorized Submitter: |
| (18) Title of Authorized Submitter: |
| (19) Signature of Authorized Submitter: |
| |
| (20) 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.

IHP AMENDMENTS

SECTION 2: Fill out the text below to summarize your plan amendment. This amendment is only required to be submitted to the HUD Area Office of Native American Programs when 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 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 should be made locally by the recipient and placed in the recipient's files.

(21) Program Name: _____

Program Description:

This should adequately describe the new program that is planned.

(22) Eligible Activities:

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

- | | |
|---|---|
| (1) Modernization of 1937 Act Housing [202(1)] | (12) Acquisition with Rehabilitation for Homebuyer Units [202(2)] |
| (2) Operation of 1937 Act Housing [202(1)] | (13) Downpayment/Closing Cost Assistance [202(2)] |
| (3) Acquisition of Rental Housing [202(2)] | (14) Lending Subsidies for Homebuyers [202(2)] |
| (4) Construction of Rental Housing [202(2)] | (15) Other Homebuyer Assistance Activities [202(2)] |
| (5) Rehabilitation of Rental Housing [202(2)] | (16) Rehabilitation Assistance to Existing Homeowners [202(2)] |
| (6) Acquisition of Land for Rental Housing Development [202(2)] | (17) Tenant Based Rental Assistance [202(3)] |
| (7) Development of Emergency Shelters [202(2)] | (18) Other Housing Service [202(3)] |
| (8) Conversion of Other Structures to Affordable Housing [202(2)] | (19) Housing Management Services [202(4)] |
| (9) Other Rental Housing Development [202(2)] | (20) Crime Prevention and Safety [202(5)] |
| (10) Acquisition of Land for Homebuyer Unit Development [202(2)] | (21) Model Activities [202(6)] |
| (11) New Construction of Homebuyer Units [202(2)] | (22) Planning and Administration [101(h)] |

(23) Intended Outcomes:

Intended Outcomes May Include:

- | | |
|--|--|
| (1) Reduce over-crowding | (6) Assist affordable housing for students |
| (2) Assist renters to become homeowners | (7) Provide accessibility for disabled/elderly persons |
| (3) Improve quality of substandard units | (8) Improve energy efficiency |
| (4) Address homelessness | (9) Reduction in crime reports |
| (5) Create new affordable rental units | (10) Other – must provide description in 23 above |

(24) Who Will Be Assisted:

This should adequately describe the types of households who will be assisted under the program.

(25) Types and Level of Assistance:

This should adequately describe any types of assistance and the level of assistance that will be provided to each household.

Use for Amendments ONLY

If no Amendments are submitted, proceed to the One Year IHP (Section 3)

(26) Tasks Under This Program to be Completed During Recipient’s Program Year (PY):

This should list the specific tasks that will be accomplished under the new goal, activity, and program during the recipient’s next 12-month program year. These tasks will be the basis for reporting under the APR.

(27) Amended Table on Anticipated Outputs for 12-Month Program Year

| Program Name (tie to program name in 21above) | Planned Number of Units To Be Completed in Program Year | Planned Number of Households To Be Served in Program Year |
|---|--|--|
| | | |
| | | |
| | | |

(28) Budget Amendment

| Program Name (tie to program name in 21 above and include all other programs still funded during 12 month program year) | IHBG Funds budgeted to be expended in 12-month program year | Other funds budgeted to be expended in 12-month program year | Total funds budgeted to be expended in 12-month program year |
|---|--|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| Total: | \$0 | \$0 | 0 |

*Use for Amendments ONLY
 If no Amendments are submitted, proceed to the One Year IHP (Section 3)*

ONE YEAR PLAN & ANNUAL PERFORMANCE REPORT

SECTION 3: HOUSING NEEDS

(29) For recipients eligible to receive minimum needs funding only: Estimate the total number of low-income Indian households (any Indian household at or below 80% of median income).

Enter number of low-income Indian households here:

(30) Check the box(es) below to describe the estimated types and categories 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 |
| Overcrowded Households | | |
| Renters Who Wish to Become Owners | | |
| Substandard Units Needing Rehabilitation | | |
| Homeless Households | | |
| Households Needing Affordable Rental Units | | |
| Student Housing | | |
| Disabled Households Needing Accessibility | | |
| Units Needing Energy Efficiency Upgrades | | |
| Reduction in Crime | | |
| Other (specify below) | | |

(31) Other (please describe any other needs below). Note this text is optional for all needs except "Other."

(32) Describe below how the recipient's planned programs and activities will address the needs of low income families identified above. Also describe how the recipient's planned programs will meet the needs for the various types of housing assistance.

(33) Describe below how the program intends to distribute assistance throughout the geographic area and how this geographic distribution is consistent with the needs of low income families.

SECTION 4: PROGRAM DESCRIPTIONS AND ACTUAL OUPUTS

Planning Program Year Activities

The recipient must provide a statement of the programs, eligible activities, intended outcomes, and 12-month tasks planned for the One-Year IHP. The program sections must describe the specific programs that the recipient will fund during the coming 12 months. The eligible activities categorize the planned programs under the NAHASDA statutory categories. The outcomes and outputs are the intended results of the IHBG-assisted programs and are reported on by the recipient in the APR. The 12-month tasks must list the specific tasks that the recipient will undertake during the coming program year.

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

- | | |
|---|--|
| (1) Modernization of 1937 Act Housing [202(1)] | (12) Acquisition & Rehabilitation for Homebuyer Units [202(2)] |
| (2) Operation of 1937 Act Housing [202(1)] | (13) Downpayment/Closing Cost Assistance [202(2)] |
| (3) Acquisition of Rental Housing [202(2)] | (14) Lending Subsidies for Homebuyers [202(2)] |
| (4) Construction of Rental Housing [202(2)] | (15) Other Homebuyer Assistance Activities [202(2)] |
| (5) Rehabilitation of Rental Housing [202(2)] | (16) Rehabilitation Assistance to Existing Homeowners [202(2)] |
| (6) Acquisition of Land for Rental Housing Development [202(2)] | (17) Tenant Based Rental Assistance [202(3)] |
| (7) Development of Emergency Shelters [202(2)] | (18) Other Housing Service [202(3)] |
| (8) Conversion of Other Structures to Affordable Housing [202(2)] | (19) Housing Management Services [202(4)] |
| (9) Other Rental Housing Development [202(2)] | (20) Crime Prevention and Safety [202(5)] |
| (10) Acquisition of Land for Homebuyer Unit Development [202(2)] | (21) Model Activities [202(6)] |
| (11) New Construction of Homebuyer Units [202(2)] | (22) Planning and Administration [101(h)] |

Intended Outcomes May Include:

- | | |
|--|--|
| (1) Reduce over-crowding | (6) Assist affordable housing for students |
| (2) Assist renters to become homeowners | (7) Provide accessibility for disabled/elderly persons |
| (3) Improve quality of substandard units | (8) Improve energy efficiency |
| (4) Address homelessness | (9) Reduction in crime reports |
| (5) Create new affordable rental units | (10) Other – must provide description in 36 below |

REPORTING ON PROGRAM YEAR PROGRESS

Please 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.

| |
|--|
| (34) Program Name: _____ Program Description: |
|--|

This should be the description of the planned program.

| | |
|---|--|
| (35) Eligible Activity Number: _____ | |
|---|--|

Select from the eligible activities listed above.

| | |
|---|--|
| (36) Intended Outcome(s) Number: _____ | |
|---|--|

Select from the intended outcomes listed above.

(37) Who Will Be Assisted:

This should describe the types of households that will be assisted under the program.

(38) Types and Level of Assistance:

This should describe the types and the level of assistance that will be provided to each household, as applicable.

(39) 12 Month Tasks:

This should be the listing of tasks to be accomplished in the 12 month program year.

(40) 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 | APR: Actual Number of Units Completed in Program Year | APR: Actual Number of Households Served in Program Year |
|--|--|---|---|
| | | | |

(41) APR: Tasks Accomplished in 12 Month Program Year:

Describe the actual accomplishments under this program in the previous 12-month program year.

(42) APR: Explain Any Reasons for Delay (if any)

If the activity is behind schedule or planned tasks were not accomplished, explain why.

(34) Program Name: _____
Program Description:

This should be the description of the planned program.

(35) Eligible Activity Number: _____

Select from the eligible activities listed above.

(36) Intended Outcome(s) Number: _____

Select from the outcomes listed above.

(37) Who Will Be Assisted:

This should describe the types of households that will be assisted under the program.

(38) Types and Level of Assistance:

This should describe the types and the level of assistance that will be provided to each household, as applicable.

(39) 12 Month Tasks:

This should be the listing of tasks to be accomplished in the 12 month program year.

(40) 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 | APR: Actual Number of Units Completed in Program Year | APR: Actual Number of Households Served in Program Year |
|--|--|---|---|
| | | | |

(41) APR: Tasks Accomplished in 12 Month Program Year:

Describe the actual accomplishments under this program in the previous 12-month program year.

(42) APR: Explain Any Reasons for Delay (if any)

If the activity is behind schedule or planned tasks were not accomplished, explain why.

(34) Program Name: _____
Program Description:

This should be the description of the planned program.

(35) Eligible Activity Number: _____

Select from the eligible activities listed above.

(36) Intended Outcome(s) Number: _____

Select from the intended outcomes listed above.

(37) Who Will Be Assisted:

This should describe the types of households that will be assisted under the program.

(38) Types and Level of Assistance:

This should describe the types and the level of assistance that will be provided to each household, as applicable.

(39) 12 Month Tasks:

This should be the listing of tasks to be accomplished in the 12 month program year.

(40) 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 | APR: Actual Number of Units Completed in Program Year | APR: Actual Number of Households Served in Program Year |
|--|--|---|---|
| | | | |

(41) APR: Tasks Accomplished in 12 Month Program Year:

Describe the actual accomplishments under this program in the previous 12-month program year.

(42) APR: Explain Any Reasons for Delay (if any)

If the activity is behind schedule or planned tasks were not accomplished, explain why.

SECTION 5: MAINTAINING 1937 ACT UNITS, DEMOLITION, AND DISPOSITION

(43) Maintaining 1937 Act Units

Describe below specifically how the recipient will maintain and operate its 1937 Act units in order to ensure that these units will remain viable.

(44) Demolition and Disposition

Describe below any planned demolition or disposition of 1937 Act housing units. Be certain to include the timetable for any planned demolition or disposition.

SECTION 6: BUDGET

(45) Estimated Sources of Funding -- Please complete the **unshaded** 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 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 carry over 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 carry over funds remaining at end of program year (H-I) |
| 1. IHBG Funds | | | | | | | | | | |
| 2. IHBG Program Income | | | | | | | | | | |
| 3. IHBG Title VI | | | | | | | | | | |
| 4. 1937 Act Operating Reserves | | | | | | | | | | |
| 5. Carry over 1937 Act Funds | | | | | | | | | | |
| Subtotal IHBG: | | | | | | | | | | |
| Non-IHBG Funds (Leverage) | | | | | | | | | | |
| 6. ICDBG Funds | | | | | | | | | | |
| 7. Other Federal Funds | | | | | | | | | | |
| 8. LIHTC | | | | | | | | | | |
| 9. Non-Federal Funds | | | | | | | | | | |
| Subtotal Non-IHBG: | | | | | | | | | | |
| TOTAL | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

Notes:

- (1) For the IHP, fill in columns A, B, C, D, and E (non-shaded columns).
- (2) For the APR, fill in columns F, G, H, I, and J (shaded columns).
- (3) Column D must reflect the budget required to complete the planned tasks for the upcoming year, and the Total line should match the total of column M from the **Uses Table**.
- (4) Total of column I must equal 12-month program year total expenditures and should match the Total line from column P from the **Uses Table**.
- (5) Please provide additional details as needed to describe any leverage in the box provided at line 47.

(46) Uses of Funding -- Note that the budget should not exceed the total IHBG funds on hand. **Actual Expenditures in the APR are for the 12-month program year.**

| PROGRAM NAME (tie to program names in Section 4 above) | Eligible Activity Number(s) | IHP | | | APR | | |
|---|-----------------------------|--|---|--|---|--|--|
| | | (K) IHBG Funds budgeted to be expended in 12-month program year | (L) Other funds budgeted to be expended in 12-month program year | (M) Total funds budgeted to be expended in 12-month program year (K +L) | (N) Total IHBG funds expended in 12-month program year | (O) Total other funds expended in 12-month program year | (P) Total funds expended in 12-month program year (N + O) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Self-Determined Housing Activities* | | | | | | | |
| Program Administration | | | | | | | |
| Loan repayment – describe below at line 47 | | | | | | | |
| Total: | | \$0 | \$0 | 0 | \$0 | \$ 0.00 | 0 |

Notes:

* Per statute: not to exceed 20% of annual grant or \$2,000,000, whichever is less

- (1) Total of column K cannot exceed total available IHBG grant funds plus IHBG program income plus Title VI funds from the Sources Table on the previous page (column C rows 1-3) and the bottom line should equal the total of the amounts set out under column D, rows 1-3 of the Sources Table.
- (2) Total of column L cannot exceed total available non-IHBG funds amount shown in column D, rows 6-9 of the Sources Table on the previous page.
- (3) Total of column M should equal the estimated 12-month program year total expenditures from column D of the Sources Table on the previous page.
- (4) **Total of column N cannot exceed total received IHBG grant funds plus IHBG program income plus Title VI from the Sources table on the previous page (column H, rows 1-3) and the bottom line should equal the total of the amounts expended under column I, rows 1-3.**
- (5) **Total of column O cannot exceed total received non-IHBG funds from column H, rows 6-9 of the Sources Table on the previous page.**
- (6) **Total of column P should equal the actual expenditure under column I of the Sources Table on the previous page.**

(47) Uses of Funding [NAHASDA § 102(c)(3)(B)] – Current Federal Fiscal Year (FFY) funds budgeted for this program. Note that funds may be expended over several years.

| PROGRAM/ACTIVITY DESCRIPTION NUMBER (FROM SECTION 6) Citations all reference NAHASDA | (A) IHBG Federal Fiscal Year (FFY) funds budgeted for this program |
|--|---|
| | |
| | |
| | |
| | |
| Total: | \$0 |

Notes:

- (1) Total of column A should equal total IHBG grant funds received during the program year, and should be the same number as listed in column B, row 1 of the Sources Table (line 56).

(48) Enter below 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 at line 46. 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.

(49) APR: Enter below 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 at line 46. The text must describe which loan was repaid and the NAHASDA-eligible activity and program associated with this loan.

SECTION 7: OTHER SUBMISSION ITEMS

(50) Useful Life/Affordability Period(s) 24 CFR 1000.142

List below all housing unit types (excluding Mutual Help) that will be developed or rehabilitated with IHBG funds during the One-Year Plan period, and the anticipated useful life of these units. If the recipient proposes to assign some period of time other than the useful life of the units, indicate that affordability period below.

(51) Model Housing and Over-Income Activities 24 CFR 1000.108

If a recipient wishes to undertake a model housing activity or wishes to serve non-low-income households during the 12-month program year, those activities may be described here, in the goals and program description section of the 1-year plan, or as a separate submission.

(52) Tribal and Other Indian Preference 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 goals and program description section of the 1-year plan.

Does the Tribe have a preference policy? Y ___ N___

If yes, describe that policy here:

(53) Administration 24 CFR 1000.238

Does the recipient intend to use more than 20% of its current grant for Administration? ___Yes ___No

If recipient intends to use more than 20% of its annual IHBG grant amount for administration, please describe why additional funds are needed here:

(54) Expanded Formula Area – Verification of Substantial Housing Services 24 CFR 1000.302(3)

If the 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 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: | | |

(55) 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 8: ENVIRONMENTAL REVIEW - EXPRESSION OF INTENT

(56) Under the IHBG program, recipients can elect to either conduct their own environmental review or to request that HUD conduct the review. This Expression of Intent will provide HUD with information needed to plan for the environmental reviews that it will be asked to undertake.

- The tribe plans to assume the status of a Federal official under the National Environmental Policy Act of 1969 and the other provisions of law listed in 24 CFR 58.5 insofar as the provisions of the Act and such other provisions of law apply to the Indian tribe's proposed program pursuant to 24 CFR 58.
- The tribe plans to work with HUD and provide information and studies to HUD to allow HUD to fulfill environmental review responsibilities stated above pursuant to 24 CFR part 50.
- The tribe plans to assume the responsibilities stated above except for the following listed activities for which it will request HUD to fulfill the environmental review responsibilities.

List Excepted Activities here (if applicable):

| | |
|--|--|
| Recipient: | |
| Authorized Official Certification To Above Information | |
| Authorized Official's Name and Title: | |
| Authorized Official's Signature: | |
| Date (MM/DD/YYYY): | |

SECTION 9: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

(57) This certification is used to ensure that the recipient has all required policies and procedures in place in order to operate any planned IHBG programs.

In accordance with applicable statutes, the recipient certifies that:

Yes No 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.

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

Yes No Not Applicable It will maintain adequate insurance coverage for housing units that are owned and operated or assisted with grant amounts provided under the Native American Housing Assistance and Self-Determination Act of 1996 (the Act), in compliance with such requirements as may be established by the Secretary;

Yes No Not Applicable Policies are in effect and are available for review by the Secretary and the public governing the eligibility, admission, and occupancy of families for housing assisted with grant amounts provided under the Act;

Yes No Not Applicable Policies are in effect and are available for review by the Secretary 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 the Act; and

Yes No Not Applicable Policies are in effect and are available for review by the Secretary and the public governing the management and maintenance of housing assisted with grant amounts provided under the Act.

| | |
|---|--|
| Recipient: | |
| Authorized Official Certification To Above Information: | |
| Authorized Official's Name and Title: | |
| Authorized Official's Signature: | |
| Date (MM/DD/YYYY): | |

SECTION 10: INDIAN HOUSING PLAN TRIBAL CERTIFICATION

(58) This form 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.

The recognized tribal government of the grant beneficiary certifies that:

- It had an opportunity to review the IHP and has authorized the submission of the IHP by the housing entity; or
- It has delegated to such TDHE the authority to submit an IHP and amendments on behalf of the Tribe without prior review by the Tribe.

| | |
|---|--|
| Recipient: | |
| Authorized Official Certification To Above Information: | |
| Authorized Official's Name and Title: | |
| Authorized Official's Signature: | |
| Date (MM/DD/YYYY): | |

SECTION 11: TRIBAL WAGE RATE CERTIFICATION

(59) This form is used to indicate whether the recipient will use tribally determined prevailing wage rates for its construction activities or Davis-Bacon wage rates. Check the box below as applicable.

The recipient will use tribally determined wage rates when required for IHBG-assisted construction. The Tribe has appropriate laws and regulations in place in order for it to determine and distribute prevailing wages.

If yes, applicable tribal resolution/law number: _____

The recipient will use Davis-Bacon wage rates when required for IHBG-assisted construction.

The recipient will use Davis-Bacon wage rates when required for IHBG-assisted construction except for the following activities (list below):

Applicable tribal resolution/law number: _____

| | |
|--|--|
| Authorized Official Certification To Above Information | |
| Authorized Official's Name and Title: | |
| Authorized Official's Signature: | |
| Date (MM/DD/YYYY): | |
| Applicable Program Year for this Certification | |

ANNUAL PERFORMANCE REPORT TEXT

SECTION 12: SELF-MONITORING 24 CFR 1000.502

(60) Do you have a procedure and/or policy for self-monitoring, including monitoring sub-recipients?

Yes___ No___

(61) Pursuant to 24 CFR 1000.502 (b) where the recipient is a TDHE, the grant beneficiary (Indian Tribe) is responsible for monitoring programmatic compliance. Did the Tribe monitor the TDHE?

Yes___ No___ N/A ___

(62) Did you conduct on-site inspection of housing for which you are responsible?

Yes___ No___

(63) Describe the results of the monitoring activities, including inspections for this program year.

Enter monitoring results here:

SECTION 13: INSPECTIONS

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

| Results of Inspections | | | | | | |
|------------------------|--------------------------------|---|------------------------------------|-------------------------------------|-------------------------------------|--|
| (A) Activity | | (B) Total number of Units at Recipient | (C) Units in standard condition | (D) Units needing rehabilitation | (E) Units needing to be replaced | (F) Total number of units Inspected |
| 1. | 1937 Housing Act Units: | | | | | |
| | a. Rental | | | | | |
| | b. Homeownership | | | | | |
| | c. Other | | | | | |
| 2. | NAHASDA-Funded Units: | | | | | |
| | a. Rental | | | | | |
| | b. Homeownership | | | | | |
| | c. Rental Assistance | | | | | |
| | d. Other | | | | | |
| Total | | | | | | |

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

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

(66) If not, why not:

SECTION 14: AUDITS 24 CFR 1000.544

This portion of the APR relates to the recipient’s compliance with the requirements of the Single Audit Act and OMB Circular A-133.

(67) Did you expend \$500,000 or more of federal funds this fiscal year?

Check one: Yes No

(68) For the most recent audit report please provide the following:

Audit Period From: _____ to _____
(MM/DD/YY) (MM/DD/YY)

| | YES | NO |
|---|-----|----|
| Submitted to federal audit clearinghouse? | | |
| Submitted to ONAP? | | |
| Submitted to Tribe (if a TDHE)? | | |

(69) If your audits are not current, please explain what is being done to meet the reporting requirements.

SECTION 15: PUBLIC ACCOUNTABILITY 24 CFR 1000.518

(70) 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

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

Check one: Yes No

(72) If you answered “No” to question #1 and/or #2, provide an explanation as to why not and indicate when you will do so.

(73) Summarize any comments received from the Tribe and/or the citizens:

SECTION 16: JOBS SUPPORTED BY NAHASDA

(74) Use the table below to record the number of positions supported with IHBG funds.

| Indian Housing Block Grant Assistance (IHBG) | |
|--|--|
| Number of Permanent Positions Supported | |
| Number of Temporary Positions Supported | |

Narrative (optional):

SECTION 17: UNITS CONSTRUCTED, ACQUIRED, AND REHABILITATED

(75) Use the table below to record the total number of three-bedroom units completed during the 12 month program year and the funds from all years used to build those units.

| Activity | Three-Bedroom Units Completed | IHBG Expenditures From all Program Years | Other Funds Expended | Total Expenditures | Total Cost per Three-Bedroom Unit |
|--|-------------------------------|--|----------------------|--------------------|-----------------------------------|
| Column A | Column B | Column C | Column D | Column E | Column F |
| 1. Rental Units (three-bedroom) | | | | | |
| a. Constructed | | | | | |
| b. Acquired | | | | | |
| c. Rehabilitated | | | | | |
| 2. Homeownership Units (three-bedroom) | | | | | |
| a. Constructed | | | | | |
| b. Acquired | | | | | |
| c. Rehabilitated | | | | | |
| Total | | | | | |

(76) Use the box below to explain any cost over-runs or high unit costs §1000.512(b)(3):

(77) Comments (optional):

SECTION 18: SUMMARY OF PROGRAM YEAR ACCOMPLISHMENTS

(78) Use the table below to record the results achieved during the 12 month program year.

Please Enter the number of units in each column.

| Activity | Outputs | | | Outcomes | | | | | | | | |
|--|-----------------------------|---|---|---|-------------------------------|-------------------|----------|--------------------------|-------------------------|--|--------------------------------|----------------------------|
| | Units Completed or Assisted | Families Assisted (If different from B) | Elder Households Assisted (subset of C) | Situation Client was in Prior to Assistance | | | | | | | | Reduction in Crime Reports |
| | | | | Over-crowded | Renter Needing Home-ownership | Sub-standard Unit | Homeless | Needed Affordable Rental | Student Needing Housing | Disabled Household Needing Accessibility | Unit Needing Energy Efficiency | |
| Column A | Column B | Column C | Column D | Column E | Column F | Column G | Column H | Column I | Column J | Column K | Column L | Column M |
| Modernization of 1937 Act Housing | | | | | | | | | | | | |
| Operation of 1937 Act Housing | | | | | | | | | | | | |
| Acquisition of Rental Housing | | | | | | | | | | | | |
| Construction of Rental Housing | | | | | | | | | | | | |
| Rehabilitation of Rental Housing | | | | | | | | | | | | |
| Acquisition of Land for Rental Housing Development | | | | | | | | | | | | |
| Development of Emergency Shelters | | | | | | | | | | | | |
| Conversion of Other Structures to Affordable Housing | | | | | | | | | | | | |
| Other Rental Housing Development | | | | | | | | | | | | |
| Acquisition of Land for Homebuyer Unit Development | | | | | | | | | | | | |
| New Construction of Homebuyer Units | | | | | | | | | | | | |
| Acquisition with Rehabilitation for Homebuyer Units | | | | | | | | | | | | |
| Downpayment/Closing Cost Assistance | | | | | | | | | | | | |
| Lending Subsidies for Homebuyers | | | | | | | | | | | | |
| Other Homebuyer Assistance Activities | | | | | | | | | | | | |
| Rehabilitation Assistance to Existing Homeowners | | | | | | | | | | | | |
| Tenant-Based Rental Assistance | | | | | | | | | | | | |
| Other Housing Services | | | | | | | | | | | | |
| Housing Management Services | | | | | | | | | | | | |
| Crime Prevention and Safety | | | | | | | | | | | | |
| Model Activities | | | | | | | | | | | | |
| TOTAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

IHP WAIVER REQUESTS

SECTION 19: THIS SECTION IS ONLY REQUIRED IF THE RECIPIENT IS REQUESTING A WAIVER OF AN IHP OR APR SECTION. Fill out the form below if the recipient is requesting a waiver of one or more sections of the IHP or APR. **NOTE:** this is NOT a waiver of the IHBG Program requirements but rather a request to waive some of the IHP or APR submission items.

(79) List below the sections of the IHP or APR where the recipient is requesting a waiver:

Please list the requested waiver sections by name and section number.

(80) Describe the reasons that the recipient is requesting this waiver:

This section should completely describe why the recipient is unable to complete a particular section of the IHP or APR.

(81) Describe the actions that the recipient will take in order to ensure that it is able to submit a complete IHP or APR in the future:

This section should completely describe the procedural, staffing or technical corrections that the recipient will make in order to submit a complete IHP or APR in the future.