

INDIAN HOUSING PLAN/ANNUAL PERFORMANCE REPORT NEW TEMPLATE NAHASDA §§ 102(b)(1)(A) and 404(a)(2)

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. NAHASDA §102(a)(1) The APR is due no later than 90 days after the end of the recipient's program year. 24 CFR 1000.514

The IHP and the APR (previously two separate forms) are now combined into one form. The sections pertaining to the IHP are 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.

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

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COVER PAGE

SECTION 1:

- Initial Plan (Complete this Section then proceed to Section 3)
- Amended Plan (Complete this Section and Section 2)
- Annual Performance Report (Proceed to Section 4)
- 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 24 CFR 1000.232

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 Activity Number:

Select one activity from the Eligible Activities list.

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

- | | |
|--|--|
| <ul style="list-style-type: none"> (1) Modernization of 1937 Act Housing [202(1)] (2) Operation of 1937 Act Housing [202(1)] (3) Acquisition of Rental Housing [202(2)] (4) Construction of Rental Housing [202(2)] (5) Rehabilitation of Rental Housing [202(2)] (6) Acquisition of Land for Rental Housing Development [202(2)] (7) Development of Emergency Shelters [202(2)] (8) Conversion of Other Structures to Affordable Housing [202(2)] (9) Other Rental Housing Development [202(2)] (10) Acquisition of Land for Homebuyer Unit Development [202(2)] (11) New Construction of Homebuyer Units [202(2)] | <ul style="list-style-type: none"> (12) Acquisition/ Rehabilitation for Homebuyer Units [202(2)] (13) Downpayment/Closing Cost Assistance [202(2)] (14) Lending Subsidies for Homebuyers [202(2)] (15) Other Homebuyer Assistance Activities [202(2)] (16) Rehabilitation Assistance to Existing Homeowners [202(2)] (17) Tenant Based Rental Assistance [202(3)] (18) Other Housing Service [202(3)] (19) Housing Management Services [202(4)] (20) Crime Prevention and Safety [202(5)] (21) Model Activities [202(6)] (22) Self-Determination Program [231-235] (23) Infrastructure to Support Housing [202(2)] |
|--|--|

(23) Intended Outcomes:

Intended Outcomes May Include:

- | | |
|---|---|
| <ul style="list-style-type: none"> (1) Reduce over-crowding (2) Assist renters to become homeowners (3) Improve quality of substandard units (4) Improve quality of existing infrastructure (5) Address homelessness (6) Create new affordable rental units | <ul style="list-style-type: none"> (7) Assist affordable housing for students (8) Provide accessibility for disabled/elderly persons (9) Improve energy efficiency (10) Reduction in crime reports (11) 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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate Program within this Section.

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

(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.

(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 21 above)	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
Program Administration			
Loan Repayment			
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. NAHASDA § 102(b)(2)(B)

(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		
Infrastructure to Support Housing		
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. NAHASDA § 102(b)(2)(B)

(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. NAHASDA § 102(b)(2)(B)(i)

SECTION 4: PROGRAM DESCRIPTIONS AND ACTUAL OUPUTS

Planning Program Year Activities NAHASDA § 102(b)(2)(A)

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) Self-Determination Program [231-235] |
| | (23) Infrastructure to Support Housing [202(2)] |

Intended Outcomes May Include:

- | | |
|--|--|
| (1) Reduce over-crowding | (7) Assist affordable housing for students |
| (2) Assist renters to become homeowners | (8) Provide accessibility for disabled/elderly persons |
| (3) Improve quality of substandard units | (9) Improve energy efficiency |
| (4) Improve quality of existing infrastructure | (10) Reduction in crime reports |
| (5) Address homelessness | (11) Other – must provide description in 36 below |
| (6) Create new affordable rental units | |

REPORTING ON PROGRAM YEAR PROGRESS NAHASDA § 404(b)

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 one activity from the Eligible Activities list.

(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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate Program within this Section.

(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) Planned 12 Month Tasks:	APR: Tasks Accomplished - (options: Fully Accomplished, No Activity, Partially Complete - with explanation)
Task 1	

This should be the listing of tasks planned for the IHP and accomplished for the APR 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: Explain Any Reasons for Delay (if any) 24 CFR 1000.512(b)(2)

If the activity is behind schedule, explain why.

(34) Program Name: _____
Program Description:

This should be the description of the planned program.

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

Select one activity from the Eligible Activities list.

(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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate Program within this Section.

(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) Planned 12 Month Tasks:	APR: Tasks Accomplished - (options: Fully Accomplished, No Activity, Partially Complete - with explanation)
Task 1	

This should be the listing of tasks planned for the IHP and accomplished for the APR 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: Explain Any Reasons for Delay (if any) 24 CFR 1000.512(b)(2)

If the activity is behind schedule, explain why.

(34) Program Name: _____
Program Description:

This should be the description of the planned program.

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

Select one activity from the Eligible Activities list.

(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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate Program within this Section.

(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) Planned 12 Month Tasks:	APR: Tasks Accomplished - (options: Fully Accomplished, No Activity, Partially Complete - with explanation)
Task 1	

This should be the listing of tasks planned for the IHP and accomplished for the APR 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: Explain Any Reasons for Delay (if any) 24 CFR 1000.512(b)(2)

If the activity is behind schedule, explain why.

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

(42) Maintaining 1937 Act Units NAHASDA § 102(b)(2)(A)(v)

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

(43) 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 and any other information required by the Secretary with respect to the demolition or disposition. **NAHASDA § 102(b)(2)(A)(iv)(I-III)**

SECTION 6: BUDGET NAHASDA § 102(b)(2)(C)(i)

(44) 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	** Expression is faulty **	** Expression is faulty **	** Expression is faulty **	** Expression is faulty **	** Expression is faulty **	** Expression is faulty **	** Expression is faulty **	** Expression is faulty **	** Expression is faulty **

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.

(45) Uses of Funding NAHASDA § 102(b)(2)(C)(ii) -- 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	IHP				APR		
		(K) Prior year IHBG Funds to be expended in 12-month program year	(L) Current year IHBG Funds to be expended in 12-month program year	(M) Other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (K + L + M)	(O) Total IHBG funds expended in 12-month program year	(P) Total other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)
Program Administration								
Loan repayment – describe below at line 47								
Total:		\$0		\$0	0	\$0	** Expression is faulty **	0

Notes:

- (1) Total of Column K cannot exceed the subtotal IHBG for Column A from the Sources Table on the previous page.
- (2) Total of Column L cannot exceed the subtotal IHBG for Column B from the Sources Table on the previous page.
- (3) Total of Column M should equal the subtotals Non-IHBG from Columns A and B from the Sources Table on the previous page.
- (4) **Total of column O 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 P cannot exceed total received non-IHBG funds from column H, rows 4-9 of the Sources Table on the previous page.**
- (6) **Total of column Q should equal the actual expenditure under column I of the Sources Table on the previous page.**

(46) 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. NAHASDA § 102(b)(2)(C)

(47) 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. NAHASDA § 404(b)

NEW FORM

SECTION 7: OTHER SUBMISSION ITEMS

(48) Useful Life/Affordability Period(s) NAHASDA § 205, 24 CFR 1000.142

List below all unit types (excluding Mutual Help units) 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.

(49) 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.

(50) 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 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:

(51) Administrative NAHASDA § 102(b)(2)(C)(ii), 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:

NEW FORM

(52) 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:		

(53) 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:		

NEW FORM

SECTION 8: ENVIRONMENTAL REVIEW - EXPRESSION OF INTENT

(54) 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. 24 CFR 1000.20

- 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):	

NEW FORM

SECTION 9: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE NAHASDA § 102(b)(2)(D)

(55) 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):	

NEW FORM

SECTION 10: INDIAN HOUSING PLAN TRIBAL CERTIFICATION NAHASDA § 102(c)

(56) 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):	

NEW FORM

**SECTION 11: TRIBAL WAGE RATE CERTIFICATION NAHASDA § 102(b)(2)(D)
(vi), NAHASDA § 104(b)(3)**

(57) 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	

NEW FORM

ANNUAL PERFORMANCE REPORT TEXT

SECTION 12: SELF-MONITORING 24 CFR 1000.502

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

Yes___ No___

(59) 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 ___

(60) Did you complete an annual compliance assessment?

Yes___ No___

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

Enter monitoring results here:

NEW FORM

SECTION 13: INSPECTIONS NAHASDA § 403(b)

(62) 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.

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

(64) If not, why not:

NEW FORM

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.

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

Check one: Yes No

(66) For the most recent audit report issued, 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)?		

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

NEW FORM

SECTION 15: PUBLIC ACCOUNTABILITY 24 CFR 1000.518

(68) 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

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

Check one: Yes No

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

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

NEW FORM

SECTION 16: JOBS SUPPORTED BY NAHASDA

(72) 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):

NEW FORM

SECTION 17: UNITS CONSTRUCTED AND ACQUIRED NAHASDA § 404(b)

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

Activity	Units Completed	Total Square Feet for Completed Units	IHBG Expenditures From all Program Years for Completed Units	Other Funds Expended for Completed Units	Total Expenditures (Column D + Column E)	Total Cost Per Square Foot for Completed Units (Column F/Column C)
Column A	Column B	Column C	Column D	Column E	Column F	Column G
1 Rental Units						
a. Constructed						
b. Acquired						
2 Homeownership Units						
a. Constructed						
b. Acquired						
Total						

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

(75) Comments (optional):

SECTION 18: SUMMARY OF PROGRAM YEAR ACCOMPLISHMENTS NAHASDA § 404(b)

(76) 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/ Infrastructure	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 1937Act 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/ Rehabilitation for Homebuyer Units												
Downpayment/Closing Cost Assistance												
Lending Subsidies for Homebuyers												
Other Homebuyer Assistance Activities												
Rehabilitation Assistance to Existing Homeowners												
Infrastructure to Support Housing												
Tenant-Based Rental Assistance												
Other Housing Services												
Housing Management Services												
Crime Prevention and Safety												
Model Activities												
Self-Determination Activities												
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

SECTION 19: IHP WAIVER REQUESTS NAHASDA § 101(b)(2)

THIS SECTION IS ONLY REQUIRED IF THE RECIPIENT IS REQUESTING A WAIVER OF AN IHP OR APR SECTION OR A WAIVER OF THE IHP SUBMISSION DUE DATE. 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.

(77) List below the sections of the IHP or APR where the recipient is requesting a waiver and/or a waiver of the IHP due date:

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

(78) 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.

(79) 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 and/or submit the IHP by the required due date:

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 and/or submit the IHP by the required due date.