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

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

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

Under the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA) (25 U.S.C. 4101 et seq.), HUD will provide grants, loan guarantees, and technical assistance to Indian tribes and Alaska Native villages for the development and operation of low-income housing in Indian areas. Grants will be made to eligible recipients under the Indian Housing Block Grant (IHBG) program. To be eligible for the grants, respondents must submit an IHP that meets the requirements of the Act.

The recipient is required to submit the IHP to HUD at least 75 days prior to the start of its 12-month program year (NAHASDA § 102(a)(1)). The APR is due no later than 90 days after the end of the recipient's program year (24 CFR § 1000.514).

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

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

**FORM COMPLETION OPTIONS:** The IHP/APR form may be completed either in hard copy or electronically. Hard copy versions may be completed either by hand or typewriter. Alternatively, the form may be completed electronically as it is a Word Document. To check a box in the form double-click on the box and a window will open, under the default value section select the "Checked" button. It is recommended that the form be completed electronically because it is more efficient to complete, submit, and review the form. Furthermore, electronic versions of the form may be submitted to HUD as an email attachment. To document official signatures on the electronic version, you should sign a hard copy of the pages and either fax that signed page or email it as an attachment to your Area Office of Native American Programs. Pages of the IHP section that require an official signature include pages, 4, 20, 21, and 22. Pages of the APR section that require an official signature include pages 4 and 25.

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## **COVER PAGE**

### **SECTION 1:**

- (1)  Initial Plan (Complete this Section then proceed to Section 3)
- (2)  Amended Plan (Complete this Section and Section 2)
- (3)  Annual Performance Report (Complete the APR signature (items 25-28) and proceed to Section 4)
- (4)  Tribe
- (5)  TDHE

<b>(6) Name of Recipient:</b>		
<b>(7) Contact Person:</b>		
<b>(8) Telephone Number with Area Code:</b>		
<b>(9) Mailing Address:</b>		
<b>(10) City:</b>	<b>(11) State:</b>	<b>(12) Zip Code:</b>
<b>(13) Fax Number with Area Code (if available):</b>		
<b>(14) Email Address (if available):</b>		
<b>(15) If TDHE, List Tribes Below:</b>		

(16) Tax Identification Number:
(17) DUNS Number:
(18) CCR Number:
(19) IHBG Annual Grant Amount:\$
(20) Recipient Program Year:
(21) Name of Authorized IHP Submitter:
(22) Title of Authorized IHP Submitter:
(23) Signature of Authorized IHP Submitter:
(24) IHP Submission Date:
(25) Name of Authorized APR Submitter:
(26) Title of Authorized APR Submitter:
(27) Signature of Authorized APR Submitter:
(28) APR Submission Date:

**Certification:** The information contained in this document is accurate and reflects the activities actually planned or accomplished during the program year. Activities planned and accomplished are eligible under applicable statutes and regulations.

**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosure of information, including intentional disclosure, is subject to a civil money penalty not to exceed \$10,000 for each violation.

# **IHP AMENDMENTS**

(24 CFR § 1000.232)

**Use this section for IHP amendments only.  
If you are not amending an IHP, proceed to Section 3 (Housing Needs).**

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

<b>Program Name:</b>
<b>(1) Program Description</b> <i>(This should adequately describe the new program that is planned.):</i>
<b>(2) Eligible Activity Number</b> <i>(Select one activity from the Eligible Activities list below.):</i>

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

(1) Modernization of 1937 Act Housing [202(1)]	(12) Acquisition of 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 (Loan) [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)]

**(3) Intended Outcome** *(Select one from the list below.):*

**Intended Outcome May Include:**

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

**(4) 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 income should be included as a separate Program within this Section.):*

**(5) 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.):*

(6) Amended Table on Anticipated Outputs for 12-Month Program Year (insert as many rows as needed)

Program Name (Tie to program name in 1 above.)	Planned Number of Units To Be Completed in Program Year	Planned Number of Households To Be Served in Program Year

(7) Budget Amendment (insert as many rows as needed)

Program Name (Tie to program name in 1 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			
<b>Total:</b>	\$	\$	\$





# ONE YEAR PLAN & ANNUAL PERFORMANCE REPORT

## SECTION 3: HOUSING NEEDS (NAHASDA § 102(b)(2)(B))

**(1) Type of Need:** Check the appropriate box(es) below to describe the estimated types of housing needs and the need for other assistance for low-income Indian families (column B) and all Indian families (column C) inside and outside the jurisdiction.

(A) Type of Need	Check All That Apply	
	(B) Low-Income Indian Families	(C) All Indian Families
Overcrowded Households	<input type="checkbox"/>	<input type="checkbox"/>
Renters Who Wish to Become Owners	<input type="checkbox"/>	<input type="checkbox"/>
Substandard Units Needing Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
Homeless Households	<input type="checkbox"/>	<input type="checkbox"/>
Households Needing Affordable Rental Units	<input type="checkbox"/>	<input type="checkbox"/>
College Student Housing	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Households Needing Accessibility	<input type="checkbox"/>	<input type="checkbox"/>
Units Needing Energy Efficiency Upgrades	<input type="checkbox"/>	<input type="checkbox"/>
Infrastructure to Support Housing	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>

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

**(3) Planned Program Benefits** *(Describe below how your planned programs and activities will address the needs of low income families identified above. Also describe how your planned programs will meet the needs for the various types of housing assistance. NAHASDA § 102(b)(2)(B):*

**(4) Geographic Distribution** *(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

### Planning and Reporting Program Year Activities

For the IHP, the purpose of this section is to describe each program that will be operating during the 12-month program year. Each program must include the eligible activity, its intended outcome, planned outputs, who will be assisted, and types and levels of assistance. Copy and paste text boxes 1.1 through 1.10 as often as needed so that all of your planned programs are included. For the APR, the purpose of this section is to describe your accomplishments, actual outputs, and any reasons for delays.

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

(1) Modernization of 1937 Act Housing [202(1)]	(12) Acquisition of 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 (Loan) [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)]	

### Outcome May Include:

(1) Reduce over-crowding	(6) Create new affordable rental units
(2) Assist renters to become homeowners	(7) Assist affordable housing for college students
(3) Improve quality of substandard units	(8) Provide accessibility for disabled/elderly persons
(4) Improve quality of existing infrastructure	(9) Improve energy efficiency
(5) Address homelessness	(10) Reduction in crime reports
	(11) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

**IHP: PLANNED PROGRAM YEAR ACTIVITIES** (NAHASDA § 102(b)(2)(A))

For each planned activity, complete all the non-shaded sections below. It is recommended that for each program name you assign a unique identifier to help distinguish individual programs. This unique number can be any number of your choosing, but it should be simple and clear so that you and HUD can track tasks and results under the program and collect appropriate file documentation tied to this program.

- One way to number your programs is chronologically. For example, you could number your programs 2011-1, 2011-2, 2011-3 etc.
- Or, you may wish to number the programs based on type. For example rental 1, rental 2, homebuyer 1, homebuyer 2 etc. This type of numbering system might be appropriate if you have many programs that last over several years.
- Finally, you may wish to use an outline style of numbering. For example, all programs under your first eligible activity would start with the number 1 and then be consecutively numbered as 1.1, 1.2, 1.3 etc. The programs under the second eligible activity would be numbered as 2.1, 2.2., 2.3 etc.

**APR: REPORTING ON PROGRAM YEAR PROGRESS** (NAHASDA § 404(b))

Complete the shaded section of text below to describe your completed program tasks and actual results. Only report on activities completed during the 12-month program year. Financial data should be presented using the same basis of accounting as the Schedule of Expenditures of Federal Awards (SEFA) in the annual OMB Circular A-133 audit. For unit accomplishments, only count units when the unit was completed and occupied during the year. For households, only count the household if it received the assistance during the previous 12-month program year.

<b>1.1. Program Name and Unique Identifier:</b>
<b>1.2. Program Description</b> <i>(This should be the description of the planned program.):</i>
<b>1.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list.):</i>
<b>1.4. Intended Outcome Number</b> <i>(Select one outcome from the Outcome list.):</i>
<b>1.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>
<b>1.6. Who Will Be Assisted</b> <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>
<b>1.7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each</i>

household, as applicable.):

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

**1.9. Planned and Actual Outputs for 12-Month Program Year**

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

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

**NOTE:** Remember to complete all the text boxes in Section 4 for each IHBG-funded program. If you are completing an electronic version of this form, you may copy and paste text boxes 1.1 through 1.10 as needed to describe each of your programs. If you are completing this form in hard copy, you may photocopy Section 4 as needed to describe each of your programs.

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

**(1) Maintaining 1937 Act Units** (NAHASDA § 102(b)(2)(A)(v)) *(Describe specifically how you will maintain and operate your 1937 Act housing units in order to ensure that these units will remain viable.):*

**(2) Demolition and Disposition** (NAHASDA § 102(b)(2)(A)(iv)(I-III)) *(Describe any planned demolition or disposition of 1937 Act housing units. Be certain to include the timetable for any planned demolition or disposition and any other information required by HUD with respect to the demolition or disposition.):*

## SECTION 6: BUDGETS

(1) **Planned Grant-Based Budget for Eligible Programs** (In the table below show how you plan to spend the total amount of that year's IHBG funds based on the estimated formula allocation or the final formula allocation. This table should include only planned IHBG funds and not program income or funding from any other source.)

Eligible Activity	Planned IHBG Budget
Indian Housing Assistance	\$
Development	\$
Housing Services	\$
Housing Management Services	\$
Crime Prevention and Safety Activities	\$
Model Activities	\$
Administration	\$
<b>TOTAL</b>	\$



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

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

**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 O from the **Uses Table** on the following page.
- c. **Total of Column I should match the Total of Column R from the Uses Table on the following page.**
- d. For the IHP, describe any estimated leverage in box 4 on page 17. **For the APR, describe actual leverage in box 5 on page 17.**

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

PROGRAM NAME (tie to program names in Section 4 above)	Eligible Activity Number	IHP				APR		
		(L) Prior year IHBG (only) funds to be expended in 12-month program year	(M) Current year IHBG (only) funds to be expended in 12-month program year	(N) Total all other funds to be expended in 12-month program year	(O) Total funds to be expended in 12-month program year (L + M + N)	(P) Total IHBG (only) funds expended in 12-month program year	(Q) Total all other funds expended in 12-month program year	(R) Total funds expended in 12-month program year (P+Q)
Program Administration								
Loan repayment – describe in 4 below.								
<b>TOTAL</b>								

**Notes:**

- a. Total of Column L cannot exceed the IHBG funds from Column A, Row 1 from the Sources Table on the previous page.
- b. Total of Column M cannot exceed the IHBG funds from Column B, Row 1 from the Sources Table on the previous page.
- c. Total of Column N should equal the total from Columns A and B, rows 2-10 from the Sources Table on the previous page.
- d. **Total of Column P cannot exceed total received IHBG grant from Column C, Row 1 from the Sources table on the previous page.**
- e. **Total of Column Q cannot exceed total of Column H of the Sources Table on the previous page excluding the IHBG funds on row 1.**
- f. Total of Column R should equal total of Column I of the Sources Table on the previous page.

**(4) Estimated Sources or Uses of Funding (NAHASDA § 102(b)(2)(C)).** *(Provide any additional information about the estimated sources or uses of funding, including leverage (if any). You must provide the relevant information for any planned loan repayment listed in the Uses Table on the previous page. This planned loan repayment can be associated with Title VI or with private or tribal funding that is used for an eligible activity described in an IHP that has been determined to be in compliance by HUD. The text must describe which specific loan is planned to be repaid and the NAHASDA-eligible activity and program associated with this loan. This information would be used to ensure timely payment of debt obligations, including public and private financial transactions, should it be necessary to prevent default.*

**(5) APR (NAHASDA § 404(b))** *(Enter any additional information about the actual sources or uses of funding, including leverage (if any). You must provide the relevant information for any actual loan repayment listed in the Uses Table on the previous page. The text must describe which loan was repaid and under the NAHASDA-eligible activity and program associated with this loan.):*

## SECTION 7: OTHER SUBMISSION ITEMS

**(1) Useful Life/Affordability Period(s)** (NAHASDA § 205, 24 CFR § 1000.142) *(List all unit types (excluding Mutual Help units) that will be developed or rehabilitated with IHBG funds during the 12 month period, and the anticipated useful life of these units. If you propose to assign some period of time other than the useful life of the units, indicate that affordability period.):*

**(2) Model Housing and Over-Income Activities** (24 CFR § 1000.108) *( If you wish to undertake a model housing activity or wish to serve non-low-income households during the 12-month program year, those activities may be described here, in the program description section of the 1-year plan, or as a separate submission.):*

**(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) Administrative** (NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238)

Do you intend to use more than 20% of your current grant for Administration? Yes  No

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

**(5) 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 8.

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:

<b>Total Expenditures on Affordable Housing Activities for:</b>		
	<b>All AIAN Households</b>	<b>AIAN Households with Incomes 80% or less of Median Income</b>
<b>IHBG funds:</b>		
<b>Funds from other Sources:</b>		

**(6) 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.

<b>Total Expenditures on Affordable Housing Activities for:</b>		
	<b>All AIAN Households</b>	<b>AIAN Households with Incomes 80% or less of Median Income</b>
<b>IHBG funds:</b>		
<b>Funds from other Sources:</b>		

**SECTION 8: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE**  
 (NAHASDA § 102(b)(2)(D))

This certification is used to ensure that you have all required policies and procedures in place in order to operate any planned IHBG programs.

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

- a. 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.

**(2) In accordance with 24 CFR 100.328, the recipient receiving less than \$200,000 under FCAS certifies that:**

- a. Yes  No  Not Applicable  There are households within its jurisdiction at or below 80 percent of median income.

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

- a. 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 NAHASDA, in compliance with such requirements as may be established by HUD;
- b. Yes  No  Not Applicable  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;
- c. Yes  No  Not Applicable  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
- d. Yes  No  Not Applicable  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.

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

**SECTION 9: IHP TRIBAL CERTIFICATION**  
(NAHASDA § 102(c))

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

- (1) The recognized tribal government of the grant beneficiary certifies that:
- (2)  It had an opportunity to review the IHP and has authorized the submission of the IHP by the TDHE; or
- (3)  It has delegated to such TDHE the authority to submit an IHP and amendments on behalf of the Tribe without prior review by the Tribe.

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

## SECTION 10: TRIBAL WAGE RATE CERTIFICATION

(NAHASDA §§ 102(b)(2)(D)(vi) and 104(b)(3))

This certification is used to indicate whether for construction activities you will use tribally determined prevailing wage rates or Davis-Bacon wage rates. Check only the applicable boxes 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.
- (3)  You will use Davis-Bacon and/or HUD determined wage rates when required for IHBG-assisted construction except for the activities listed below.

(4) List the activities using tribally determined wage rates:

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



## SECTION 11: SELF-MONITORING

(NAHASDA § 403(b), 24 CFR § 1000.502)

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

Yes  No

(2) 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  Not Applicable

(3) Did you complete an annual compliance assessment?

Yes  No

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

**SECTION 12: INSPECTIONS**  
(NAHASDA § 403(b))

(1) **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	(C) Units in standard condition	(D) Units needing rehabilitation	(E) Units needing to be replaced	(F) Total number of units inspected
1. <b>1937 Housing Act Units:</b>					
a. Rental					
b. Homeownership					
c. Other					
<b>1937 Act Subtotal</b>					
2. <b>NAHASDA Units:</b>					
a. Rental					
b. Homeownership					
c. Rental Assistance					
d. Other					
<b>NAHASDA Subtotal</b>					
<b>Total</b>					

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

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

(3) **If no, why not:**

## SECTION 13: AUDITS

If you expended less than \$500,000 in total Federal awards during the fiscal year ended and, on that basis, claim that a financial audit is not required for that fiscal year, the authorized official should sign the following certification.

During the previous fiscal year ended, the recipient expended less than \$500,000 in Federal awards, as that term is defined in the Single Audit Act of 1984, 31 U.S.C. § 7501(a)(4) and in Office of Management and Budget Circular A-133, § \_\_\_\_.105. This certification is based on a review of the recipient's financial records.

<b>(1)</b> Recipient:	
<b>(2)</b> Authorized Official's Name and Title:	
<b>(3)</b> Authorized Official's Signature:	
<b>(4)</b> Date (MM/DD/YYYY):	

## SECTION 14: PUBLIC ACCOUNTABILITY

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

Check one: Yes  No

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

Check one: Yes  No  Not Applicable

- (3)** If you answered "No" to question #1 and/or #2, provide an explanation as to why not and indicate when you will do so.

- (4)** Summarize any comments received from the Tribe and/or the citizens (NAHASDA § 404(d)):

## SECTION 15: JOBS SUPPORTED BY NAHASDA

Use the table below to record the number of jobs supported with IHBG funds.

Indian Housing Block Grant Assistance (IHBG)	
(1) Number of <b>Permanent</b> Jobs Supported	
(2) Number of <b>Temporary</b> Jobs Supported	

(3) Narrative (optional):

## SECTION 16: 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.):*

**(3)** Describe the actions that you will take in order to ensure that you is 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.):*