

**Automated  
Indian Housing Plan/Annual Performance Report  
Version 1.0**

The automated version of the IHP/APR simplifies the completion of the form by providing drop-down menus, check boxes, auto-filling data fields, columns and rows that total automatically, text fields that expand to accommodate narratives of any size, data quality checks, and other enhancements.

This version also features comment boxes that provide additional information on almost all elements of the form. Wherever there is a small red triangle in the corner of a cell, there is a comment box. Simply place the cursor over the cell with a red triangle and the comment box will appear. There is no requirement to read the comments, they are merely provided to make it easier to understand and complete the form. The comments were extracted from Program Guidance 2011- 07 (Revised Guidance for the Indian Housing Plan/Annual Performance Report).

For full functionality it is recommended that Excel 2007 or higher be used.

**Completing the Form**

Click the tabs at the bottom starting with "Section 1" and fill out all applicable information in the yellow or green fields. Yellow fields are the IHP and green fields are the APR. IHP fields will turn white when completed and APR fields will turn gray when completed. If any of the yellow or green fields don't apply, enter "N/A".

The tab for each section of the form will turn from red to blue once all the required fields in an IHP or APR are completed. If one or more fields in a tab are not completed, the tab will remain red. If this occurs, review all the fields and identify where information or data still needs to be entered. Once all the fields are completed, the tab will turn blue. In the tables, enter a 0 (zero) if there are no units or dollar amounts for that cell; otherwise, the tab will not turn from red to blue.

Once a text field is completed it is necessary to click anywhere outside the field in order for the text to be accepted. If pasting text from a Word document into a text field, it is necessary to click in the text field before pasting. Use the scroll bar to navigate through a section, rather than the Enter key.

**Section 3 (Program Descriptions) Instructions**

Fill out all the information for the first program that plans to use IHBG funds. To fill out and describe additional programs, click the "Add New Program" button. This will create an additional tab for the new program, and the new tab will be identified as 3.2,.3.3, etc. To delete a program, click the "Remove THIS Program" button, and the program tab will be deleted. The addition of a new program in Section 3 will automatically create a new row for the program in Line 3 (Uses of Funding) of Section 5. Similarly, the deletion of a program in Section 3 will automatically delete the row in Line 3.

**Section 5 (Budgets) and Section 11 (Inspections) Data Quality Assurance**

Line 3 (Uses of Funding) has several instances where data must not exceed data provided in Line 2 ( Sources of Funding). For example, it is not possible to expend more IHBG funds than are budgeted. If there is a data mismatch, the corresponding cell in the "TOTAL" row of Line 3 will turn red. Correct the data in the table(s) until the cell is no longer red and becomes purple.

In Section 11 (Inspections) if the number of housing units inspected exceeds the number of housing units, the cell(s) in the "Total Number of Units Inspected" column will turn red. Correct the data until the cell(s) becomes blue.

**Saving the Form**

The automated form contains macros that must be enabled in order for the form to be fully functional. To retain the macros, select "Save As" in the Office Button and select "Excel Macro-Enabled Workbook." This step only needs to be done when first saving the form, subsequent saves will automatically retain the macros.

**Printing the Form**

In addition to retaining an electronic version of the automated form, it is possible to retain a hard copy for filing. To print all sections of the form, select "Print" in the Office Button and check "Entire Workbook" in the "Print What" portion of the Print window. To print a specific section of the form, select "Print" in the Office Button and check "All" in the "Print Range" portion of the Print window.

**Submitting the Form**

Once the automated IHP or APR is completed, it may be submitted to your Area Office of Native American Programs as an email attachment or sent by fax or regular mail. It is recommended that the form be submitted as an email attachment in order for the form to retain its automated capabilities.

To document official signatures, print and sign hard copies of the pages that require signatures, and send the signed pages as an email attachment or by fax or regular mail. The sections of the IHP that require the signature of the authorized official are Sections 1 and 8, and Sections 15 and 16, if applicable. For the APR, Section 1 requires an official signature.

## General Instructions

### Timing and Format of Submissions

To receive an IHBG, a recipient must submit a One-Year IHP, as required by NAHASDA Section 101(b)(1). Recipient programs that are fully or partially funded by IHBG, IHBG program income, or Title VI must be included in the IHP. The recipient is required to submit the IHP to HUD at least 75 days prior to the start of its 12-month program year, as required by NAHASDA Section 102(a)(1)(A). When filling out the IHP, the recipient should leave blank the grey sections that represent the APR.

At the end of the recipient's program year, the recipient will complete the APR by opening the IHP file (if the IHP has been updated or amended, use the most recent (i.e., last version) and enter the APR data for that applicable 12-month program year in the appropriate grey colored sections). The APR has been designed to track the programs and the 12-month tasks outlined in the One-Year IHP. The APR describes annual accomplishments and shows the progress made toward planned eligible activities, intended outcomes, and programs. At a minimum, the APR text must describe the results of IHBG, IHBG program income, and Title VI expenditures, as applicable. Recipient programs that are partially funded by IHBG, IHBG program income, or Title VI must be included in the APR. If the recipient wishes to report on programs funded by other sources, it may do so.

### Twelve-Month Approach

This IHP and APR form represents a new approach to planning and tracking annual expenditures. In the past, IHPs and APRs were exclusively tied to each federal funding award, and the recipient was required to have an IHP and an APR for each open federal grant. The new approach ties planning and reporting to the recipient's 12-month program year. Thus, each recipient submits one IHP each year that covers the activities it plans to undertake during its upcoming 12-month program year, including any uncompleted activities carried over from a prior year plan.

The IHP must be postmarked no later than 75 days before the beginning of the recipient's program year. If the deadline date falls on a Saturday or Sunday, the postmark date must be the following Monday. The IHP also can be faxed or sent electronically to the Area ONAP. Title I, Section 101(b)(2) of NAHASDA, provides authority for HUD to waive the submission requirements of Section 101(b)(1) for up to 90 days. Requests for waivers of the deadline for IHP submission should be submitted to the recipient's Area ONAP. The waiver request can be submitted at any time before or after the IHP submission deadline; however, an extension may only be granted for up to 90 days after the original deadline.

The Federal Fiscal Year (FFY) is always October 1 to September 30, and is always in advance of the calendar year. For example, FFY 2012 starts on October 1, 2011, and ends on September 30, 2012.

The recipient's program year for 2012 could start on October 1, 2011, January 1, 2012, April 1, 2012, or July 1, 2012. If the recipient follows the guidance above, the due date of the IHP will depend on the recipient's chosen program year (PY). For example:

<u>FFY 2012</u>	<u>Recipient PY</u>	<u>IHP Due Date (75 calendar days prior to start of PY)</u>
Oct. 1, 2011 – Sept. 30, 2012	October 1 – September 30	July 18, 2011
	January 1 – December 31	October 18, 2011
	April 1 – March 31	January 17, 2012
	July 1 – June 30	April 17, 2012

In some federal funding years, the U.S. Congress does not appropriate funds until well into the FFY. For example, even though the FFY starts on October 1, it is not uncommon to have the IHBG appropriation occur in January. Thus, the recipient may not know its final IHBG grant amount until January. To address these instances, HUD runs a draft of the IHBG formula using the anticipated level of funding, and sends this information to the recipient using the Formula Response Form.

If the final appropriation is unknown at the time the IHP is due, the recipient may base its IHP budget on this estimated IHBG amount or the previous year's IHBG amount. When the final appropriation is known, the recipient should update the IHP in its files to include the final amount. For any recipient whose IHP has already been found in compliance, once the final budget appropriation is available, the Area ONAP will automatically process the grant agreement and send it to the recipient.

If the recipient adds a new activity or reduces its support for 1937 Act housing, it must submit an IHP amendment using the form provided in Section 16 of the IHP. If the recipient does not add a new activity or reduce its support for 1937 Act housing, then any other changes can be reflected in the APR submission and the revised IHP should NOT be sent to the Area ONAP.

Advance funding is not available to the recipient unless and until HUD publishes an advance funding Notice for that fiscal year. So, the recipient can access advance funding after a Notice has been published by HUD, it has submitted an IHP, and HUD has determined the IHP to be in compliance. In order to take advantage of this flexibility, the recipient's authorizing official must submit a written request to HUD.

**The APR is due to the Area ONAP no later than 90 calendar days after the end of the recipient's program year.** The APR must describe the activities and expenses from the previous 12-month program year. The APR is designed to track to the IHP sections so that the recipient can easily report on progress toward IHP eligible activities.

The recipient is required to submit its IHP and APR data using the completed IHP and APR form (form HUD-52737). However, the recipient is welcome to expand beyond the IHP and APR form and submit additional data. This data may be presented in the form of text, charts,

tables, maps, etc. The recipient may choose to submit this additional data to HUD, or use it solely for its own local purposes.

Recipients with additional questions about the IHP/APR form should contact their Area Office of Native American Programs (Area ONAP).

**SECTION 1: COVER PAGE**

(1) Grant Number:

(2) Recipient Program Year:

(3) Federal Fiscal Year:

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

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

(6)  Annual Performance Report (Complete Items 27-30 and proceed to Section 3)

(7)  Tribe

(8)  TDHE

<b>(9) Name of Recipient:</b> <input type="text"/>		
<b>(10) Contact Person:</b> <input type="text"/>		
<b>(11) Telephone Number with Area Code:</b> <input type="text"/>		
<b>(12) Mailing Address:</b> <input type="text"/> <input type="text"/>		
<b>(13) City:</b> <input type="text"/>	<b>(14) State:</b> <input type="text"/>	<b>(15) Zip Code:</b> <input type="text"/>
<b>(16) Fax Number with Area Code (if available):</b> <input type="text"/>		
<b>(17) Email Address (if available):</b> <input type="text"/>		
<b>(18) If TDHE, List Tribes Below:</b> <input type="text"/>		
<b>(19) Tax Identification Number:</b> <input type="text"/>		<input type="text"/>
<b>(20) DUNS Number:</b> <input type="text"/>		<input type="text"/>
<b>(21) CCR/SAM Expiration Date:</b> <input type="text"/>		<input type="text"/>

(22) IHBG Fiscal Year Formula Amount:	
(23) Name of Authorized IHP Submitter:	
(24) Title of Authorized IHP Submitter:	
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date:	
(27) Name of Authorized APR Submitter:	
(28) Title of Authorized APR Submitter:	
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date:	

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

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

# ONE YEAR PLAN & ANNUAL PERFORMANCE REPORT

## SECTION 2: HOUSING NEEDS

NAHASDA § 102(b)(2)(B)

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

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

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

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

[Redacted area]

**(4) Geographic Distribution.** *(Describe below how the assistance will be distributed throughout the geographic area and how this geographic distribution is consistent with the needs of low income families. NAHASDA § 102(b)(2)(B)(i)):*

[Redacted area]

### SECTION 3: PROGRAM DESCRIPTIONS

NAHASDA §§ 102(b)(2)(A), 233(a), 235(c), 404(b); 24 CFR §1000.512

#### 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 planned outputs, intended outcome, who will be assisted, and types and levels of assistance. Each of the eligible activities has a specific, measurable output. The first column in table below lists all eligible activities, the second column identifies the output measure for each eligible activity, and the third column identifies when to consider an output as completed for each eligible activity. 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, actual outcomes, and any reasons for delays.

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

Eligible Activity	Output Measure	Output Completion
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit
(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed

(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding Table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding Table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection
Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding Table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding Table only)

**Outcome May Include:**

(1) Reduce over-crowding	(7) Create new affordable rental units
(2) Assist renters to become homeowners	(8) Assist affordable housing for college students
(3) Improve quality of substandard units	(9) Provide accessibility for disabled/elderly persons
(4) Improve quality of existing infrastructure	(10) Improve energy efficiency
(5) Address homelessness	(11) Reduction in crime reports
(6) Assist affordable housing for low income households	(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

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

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

- One way to number your programs is chronologically. For example, you could number your programs 2011-1, 2011-2, 2011-3 etc.
- Or, you may wish to number the programs based on type. For example rental 1, rental 2, homebuyer1, homebuyer 2 etc. This type of numbering system might be appropriate if you have many programs that last over several years.
- Finally, you may wish to use an outline style of numbering. For example, all programs under your first eligible activity would start with the number 1 and then be consecutively numbered as 1.1, 1.2, 1.3 etc.

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. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>	
<b>1.4. Intended Outcome Number</b> <i>(Select one outcome from the Outcome list.):</i>	
<b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above):</i>	
<b>1.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>	
<b>Describe Other Actual Outcome</b> <i>(Only if you selected "Other" in above):</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 household, as applicable.):</i>	
<b>1.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i>	
<b>1.9: Planned and Actual Outputs for 12-Month Program Year</b>	

Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program
APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year

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

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

NAHASDA §§ 102(b)(2)(A)(v), 102(b)(2)(A)(iv)(I-III)

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

**(2) Demolition and Disposition** (NAHASDA § 102(b)(2)(A)(iv)(I-III), 24 CFR 1000.134) *(Describe any planned demolition or disposition of 1937 Act housing units. Be certain to include the timetable for any planned demolition or disposition and any other information required by HUD with respect to the demolition or disposition.):*

**SECTION 5: BUDGETS**  
NAHASDA §§ 102(b)(2)(C), 404(b)

**(1) 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-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds			\$0		\$0			\$0		\$0	
2. IHBG Program Income			\$0		\$0			\$0		\$0	
3. Title VI			\$0		\$0			\$0		\$0	
4. Title VI Program Income			\$0		\$0			\$0		\$0	
5. 1937 Act Operating Reserves			\$0		\$0			\$0		\$0	
6. Carry Over 1937 Act Funds			\$0		\$0			\$0		\$0	
<b>LEVERAGED FUNDS</b>											
7. ICDBG Funds			\$0		\$0			\$0		\$0	
8. Other Federal Funds			\$0		\$0			\$0		\$0	
9. LIHTC			\$0		\$0			\$0		\$0	
10. Non-Federal Funds			\$0		\$0			\$0		\$0	
<b>TOTAL</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

TOTAL Columns C & H, 2 through 10	\$0	\$0
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**Notes:**

- a. For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). For the APR, fill in columns F, G, H, I, J, and K (shaded columns).
- b. Total of Column D should match the total of Column N from the Uses of Funding table below.
- c. Total of Column I should match the Total of Column Q from the Uses of Funding table below.
- d. For the IHP, describe any estimated leverage in Line 4 below (Estimated Sources or Uses of Funding table). For the APR, describe actual leverage in Line 5 below

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

PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)
Planning and Administration			\$0			\$0
Loan repayment - describe in 4 & 5 below			\$0			\$0
<b>TOTAL</b>			\$0		\$0	\$0

**Notes:**

- a. Total of Column L cannot exceed the IHBG funds from Column C, Row 1 from the Estimated Sources of Funding table in Line 2 above.
- b. Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Estimated Sources of Funding table in Line 2 above.
- c. Total of Column O cannot exceed total IHBG funds received in Column H, Row 1 from the Estimated Sources of Funding table in Line 2 above.
- d. Total of Column P cannot exceed total of Column H, Rows 2-10 of the Estimated Sources of Funding table in Line 2 above.
- e. Total of Column Q should equal total of Column I of the Estimated Sources of Funding table in Line 2 above.



**(3) Estimated Sources or Uses of Funding (NAHASDA § 102(b)(2)(C)).** *(Provide any additional information about the estimated sources or uses of funding, including leverage (if any). You must provide the relevant information for any planned loan repayment listed in the Uses 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):*

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Add Bullet

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

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Add Bullet

**SECTION 6: OTHER SUBMISSION ITEMS**

NAHASDA §§ 102(b)(2)(C)(ii), 201(b)(5), 202(6), 205(a)(2), 209

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

[Redacted]

**(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.):*

[Redacted]

**(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.

[Redacted]

**(4) Anticipated Planning and Administration Expenses** (NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238)  
Do you intend to use more than 20% of your current grant for Planning and Administration?      Yes       No

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

[Redacted]

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

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

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

If you did not receive approval for spending more than 20% of your current grant on planning and administration costs, describe the reason(s) for exceeding the 20% cap. (See Section 6, Line 5 of the Guidance for information on carry-over of unspent planning and administration expenses.)

**(6) Expanded Formula Area - Verification of Substantial Housing Services (24 CFR § 1000.302(3))** *If your tribe has an expanded formula area (i.e., an area that was justified based on housing services provided rather than the list of areas defined in 24 CFR § 1000.302 Formula Area (1)), the tribe must demonstrate that it is continuing to provide substantial housing services to that expanded formula area. Does the tribe have an expanded formula area?*

Yes  No  **If no, proceed to Section 7.**

If yes, list each separate geographic area that has been added to the Tribe's formula area and the documented number of Tribal members residing there.

For each separate formula area expansion, list the budgeted amount of IHBG and other funds to be provided to all American Indian and Alaska Native (AIAN) households and to only those AIAN households with incomes 80% of median income or lower during the recipient's 12-month program year:

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

**(7) APR:** If answered "Yes" in Line 6, for each separate formula area, 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 Househods	AIAN Households with Incomes 80% or Less of Median Income
<b>IHBG Funds:</b>		
<b>Funds from Other Sources:</b>		

## SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

By signing the IHP, you certify that you have all required policies and procedures in place in order to operate any planned IHBG programs.

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

It will comply with title II of the Civil Rights Act of 1968 in carrying out this Act, to the extent that such title is applicable, and other applicable federal statutes. Yes  No

**(2) In accordance with 24 CFR 1000.328, the recipient receiving less than \$200,000 under FCAS certifies that:**

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

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

a. It will maintain adequate insurance coverage for housing units that are owned and operated or assisted with grant amounts provided under NAHASDA, in compliance with such requirements as may be established by HUD; Yes  No  Not Applicable

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

c. Policies are in effect and are available for review by HUD and the public governing rents charged, including the methods by which such rents or homebuyer payments are determined, for housing assisted with grant amounts provided under NAHASDA; and Yes  No  Not Applicable

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

## SECTION 8: IHP TRIBAL CERTIFICATION

NAHASDA § 102(c)

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

(1) The recognized tribal government of the grant beneficiary certifies that:

(2)  It had an opportunity to review the IHP and has authorized the submission of the IHP by the TDHE; or

(3)  It has delegated to such TDHE the authority to submit an IHP on behalf of the Tribe without prior review by the Tribe.

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

## SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

By signing the IHP, you certify whether you will use tribally determined wages, Davis-Bacon wages, or HUD determined wages. Check only the applicable box below.

- (1)  You will use tribally determined wage rates when required for IHBG-assisted construction or maintenance activities. The Tribe has appropriate laws and regulations in place in order for it to determine and distribute prevailing wages.
- (2)  You will use Davis-Bacon or HUD determined wage rates when required for IHBG-assisted construction or maintenance activities.
- (3)  You will use Davis-Bacon and/or HUD determined wage rates when required for IHBG-assisted construction except for the activities described below.

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

--

## SECTION 10: SELF-MONITORING

NAHASDA § 403(b), 24 CFR §§ 1000.26, 85.37, 85.40

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

Yes  No

(2) Pursuant to 24 CFR § 1000.502 (b) where the recipient is a TDHE, did the TDHE provide periodic progress reports including the self-monitoring report, Annual Performance Report, and audit reports to the Tribe?

Yes  No  Not Applicable

(3) Did you conduct self-monitoring, including monitoring sub-recipients?

Yes  No

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

## SECTION 11: INSPECTIONS

NAHASDA § 403(b)

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

Activity		Total Number of Units	Units in standard condition	Units needing rehabilitation	Units needing to be replaced	Total number of units inspected
(a)		(b)	(c)	(d)	(e)	(f)
1	<b>1937 Housing Act Units:</b>					
	a. Rental					0
	b. Homeownership					0
	c. Other					0
<b>1937 Act Subtotal</b>		0	0	0	0	0
2	<b>NAHASDA assisted units:</b>					
	a. Rental					0
	b. Homeownership					0
	c. Rental Assistance					0
	d. Other					0
<b>NAHASDA Subtotal</b>		0	0	0	0	0
<b>Total</b>		0	0	0	0	0

(2) Did you comply with your inspection policy:

Yes  No

(3) If no, why not:

## SECTION 12: AUDITS

24 CFR § 1000.544

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

Did you expend less than \$500,000 in total Federal awards for the reporting period covered by the APR?

Yes  No

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

**SECTION 13: PUBLIC AVAILABILITY**

NAHASDA § 408, 24 CFR § 1000.518

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

Yes  No

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

Yes  No  Not Applicable

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

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

**SECTION 14: JOBS SUPPORTED BY NAHASDA**

*NAHASDA § 404(b)*

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

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

## SECTION 15: IHP WAIVER REQUESTS

NAHASDA § 101(b)(2)

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

A waiver is valid for a period not to exceed 90 days. Fill out the form below if you are requesting a waiver of one or more sections of the IHP. **NOTE:** This is NOT a waiver of the IHBG program requirements but rather a request to waive some of the IHP submission items.

<p>(1) List below the sections of the IHP where you are requesting a waiver and/or a waiver of the IHP due date. <i>(List the requested waiver sections by name and section number):</i></p> <p>[Redacted]</p>	
<p>(2) Describe the reasons that you are requesting this waiver <i>(Describe completely why you are unable to complete a particular section of the IHP or could not submit the IHP by the required due date.):</i></p> <p>[Redacted]</p>	
<p>(3) Describe the actions you will take in order to ensure that you are able to submit a complete IHP in the future and/or submit the IHP by the required due date. <i>(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.):</i></p> <p>[Redacted]</p>	
<p>(4) Recipient:</p>	[Redacted]
<p>(5) Authorized Official's Name and Title:</p>	[Redacted]
<p>(6) Authorized Official's Signature:</p>	[Redacted]
<p>(7) Date (MM/DD/YYYY):</p>	[Redacted]

## **SECTION 16: IHP AMENDMENTS**

*24 CFR §1000.512*

**Use this section for IHP amendments only.**

### **Planning and Reporting Program Year Activities**

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

### **NOTES:**

- (1) If Line 2 in Section 8 (IHP Tribal Certification) is checked in the current IHP, a new certification must be signed and dated by the authorized tribal official and submitted with the IHP Amendment.
- (2) Section 1 (Cover Page) is recommended but not required with an IHP Amendment submission.

**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. Program Name and Unique Identifier:</b>	
<b>2. Program Description</b> <i>(This should be the description of the planned program.):</i>	
<b>3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>	
<b>4. Intended Outcome Number</b> <i>(Select one outcome from the Outcome list.):</i>	
<b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above):</i>	
<b>5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>	
<b>Describe Other Actual Outcome</b> <i>(Only if you selected "Other" in above):</i>	
<b>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>7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>	
<b>8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i>	
<b>9. Planned and Actual Outputs for 12-Month Program Year</b>	

Eligible Activity	Output Measure	Output Completion
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(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit
(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed
(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding Table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding Table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection
Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding Table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding Table only)

Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program
APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year

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

(11) Amended 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-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds			\$0		\$0			\$0		\$0	
2. IHBG Program Income			\$0		\$0			\$0		\$0	
3. Title VI			\$0		\$0			\$0		\$0	
4. Title VI Program Income			\$0		\$0			\$0		\$0	
5. 1937 Act Operating Reserves			\$0		\$0			\$0		\$0	
6. Carry Over 1937 Act Funds			\$0		\$0			\$0		\$0	
LEVERAGED FUNDS											
7. ICDBG Funds			\$0		\$0			\$0		\$0	
8. Other Federal Funds			\$0		\$0			\$0		\$0	
9. LIHTC			\$0		\$0			\$0		\$0	
10. Non-Federal Funds			\$0		\$0			\$0		\$0	
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL Columns C & H, 2 through 10			\$0		\$0			\$0		\$0	\$0

**Notes:**

- a. For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). For the APR, fill in columns F, G, H, I, J, and K (shaded columns).
- b. Total of Column D should match the total of Column N from the Uses of Funding table below.
- c. **Total of Column I should match the Total of Column Q from the Uses of Funding table below.**
- d. For the IHP, describe any estimated leverage in Line 4 below (Estimated Sources or Uses of Funding table). For the APR, describe actual leverage in Line 5 below

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

PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)
Planning and Administration			\$0			\$0
Loan repayment - describe in 4 & 5 below			\$0			\$0
<b>TOTAL</b>	\$0	\$0	\$0	\$0	\$0	\$0

**Notes:**

- a. Total of Column L cannot exceed the IHBG funds from Column C, Row 1 from the Estimated Sources of Funding table in Line 2 above.
- b. Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Estimated Sources of Funding table in Line 2 above.
- c. **Total of Column O cannot exceed total IHBG funds received in Column H, Row 1 from the Estimated Sources of Funding table in Line 2 above.**
- d. **Total of Column P cannot exceed total of Column H, Rows 2-10 of the Estimated Sources of Funding table in Line 2 above.**
- e. **Total of Column Q should equal total of Column I of the Estimated Sources of Funding table in Line 2 above.**

(13) Recipient:	
(14) Authorized Official's Name	
	I certify that all other sections of the IHP approved on

(15) Authorized Official's  
Signature:

are accurate and reflect the activities planned.

(16) Date (MM/DD/YYYY):