

EPIC IHP/APR Screen Views

 **Energy and Performance Information Center (EPIC)**
RU070, Welcome back!

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RU070
Logout

Welcome to EPIC



Tab Instructions

IHP/APR

On the IHP/APR page, you can submit your Indian Housing Plan/Annual Performance Report (IHP/APR), IHP Amendment, or IHP Waiver.

The purpose of this page is to collect information on your planned and actual uses of Indian Housing Block Grant (IHBG) funds. You are required to submit the IHP to HUD at least 75 days prior to the start of your 12-month program year (NAHASDA § 102(a)(1)).

The APR is due no later than 90 days after the end of your program year (24 CFR § 1000.514).

You may submit an IHP Amendment at any time. You may submit an IHP Waiver at any time within 90 days after the due date of the IHP.

User and Group Tools

On the User and Group Tools page, you will be able to assign users to their respective awards.

SF425

On the SF-425 page, you can submit your Federal Financial Reports (SF-425). The purpose of this page is to collect information on the receipt and disbursement of IHBG funds and other resources used to carry out activities related to the Native American Housing Assistance and Self-Determination Act (NAHASDA) or the Indian Community Development Block Grant (ICDBG) program. You are required to submit the SF-425 report on a quarterly basis within 30 days of the end of each calendar quarter (January 31, April 30, July 31 and October 31). Program Guidance 2012-1 and 2012-2)

Data Export

On the Data Export page, you will be able to export raw data tables from EPIC by individual module.

Admin

On the Admin page, you will be able to perform specialized functions for the EPIC application.

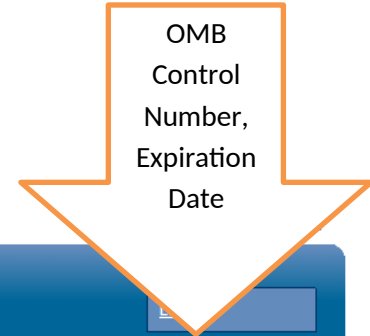
Welcome to Energy and Performance Information Center (EPIC), a HUD system that collects information on energy certified new developments and energy efficient rehabilitations made with Capital Fund Formula and RHF grants.

This system also tracks the submission, approval, and performance of Energy Performance Contracts (EPCs) utilizing HUD's utility cost savings incentives.

A recipient of Indian Housing Block Grant (IHBG) funds may use this site to complete and submit HUD-52737, the Indian Housing Plan / Annual Performance Report (IHP/APR), IHP Amendment, or IHP Waiver.

A recipient of IHBG and ICDBG funds may use this site to complete and submit the SF-425, Federal Financial Reports.

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



[Award List](#)
OMB CONTROL NUMBER: 2577-0218
EXPIRATION DATE: 09/30/2014

IHP2 » 55-IH-38-19760 » IHP Reports List

Click on an underlined document below to create an IHP, IHP Waiver, IHP Amendment and APR for the years listed.

Legend

-  Report Not Submitted
-  Report Submitted
-  No Report
-  This report cannot be edited
-  Comments
-  Paper Based Report
- PY Program Year

| IHP/APR Reports List | | |
|---|---|----------------------|
| | Reports Generated | Status |
|  | PY 2015 [Request Waiver] | |
| ┆ |  No IHP Report submitted for 10/17/2015 | No Submission |
| L |  IHP Report  [View Change Log] [Delete Report] | No Submission |
| L |  SLHC FY14 Final IHP.xlsm | |
|  | PY 2014 | |
| ┆ |  No APR Report submitted for 2014 <i>Due date 03/31/2015</i> | No Submission |
| ┆ |  IHP Report (Amended) (<i>submitted on 12/29/2014 01:46 PM MST</i>)    (1/1) [Amend IHP] [Create APR] [View Change Log] | In Compliance |
| L |  IHP Report (<i>submitted on 07/14/2014 12:44 PM MDT</i>)   | In Compliance |

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OMB CONTROL NUMBER: 2577-0218
 EXPIRATION DATE: 09/30/2014

[Award List](#)

IHP3 » 55-IH-38-19760 » IHP Report for 2015



Section Overview provides a quick look at the status of all sections. The Section Overview also allows the user to visit a section of the form for completion or review. Possible section statuses are New, Incomplete, Complete, Not Required, Information, Error, and Locked. Some sections may display Waiver and act as Not Required based on an approved Waiver with specific sections selected. Ensure that all applicable sections below are marked "Complete". Any incomplete or unresolved sections should be completed or reviewed before submission.

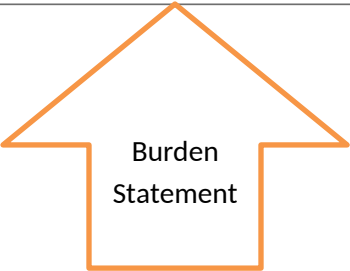
| |
|---|
| Go Back to Reports List |
| Section Overview |
| 1: Cover Page |
| 2: Housing Needs |
| 3: Program Descriptions |
| 4: Maintaining 1937 Act Units, Demolition and Disposition |
| 5(a): Sources of Funding |
| 5(b): Uses of Funding |
| 6: Other Submission Items |
| 7: Indian Housing Plan Certification Of Compliance |
| 8: IHP Tribal Certification |
| 9: Tribal Wage Rate Certification |

Created on 08/06/2015 by RU070. Last Submitted: Not Submitted .

Section Progress

| | | |
|---|----------------|-------------------------------|
| 1: Cover Page | ⚠ Incomplete | Visit Section |
| 2: Housing Needs | ⚠ Incomplete | Visit Section |
| 3: Program Descriptions | ⚠ Incomplete | Visit Section |
| 4: Maintaining 1937 Act Units, Demolition and Disposition | ⚠ Incomplete | Visit Section |
| 5(a): Sources of Funding | ✅ Complete | Visit Section |
| 5(b): Uses of Funding | ❌ Error | Visit Section |
| 6: Other Submission Items | ⚠ Incomplete | Visit Section |
| 7: Indian Housing Plan Certification Of Compliance | ⚠ Incomplete | Visit Section |
| 8: IHP Tribal Certification | 📄 Not Required | Visit Section |
| 9: Tribal Wage Rate Certification | ⚠ Incomplete | Visit Section |

Public reporting burden for the collection of information is estimated to average 62 hours, 25 hours for the IHP and 37 hours for the APR. This includes the time for collecting, reviewing, and reporting the data. The IHP data is used to verify that planned activities are eligible, expenditures are reasonable, and recipient certifies compliance with related requirements. The APR data is used to audit the program accurately and monitor recipient progress in completing approved activities, including reported expenditures, outputs, and outcomes. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.



EPIC IHP/APR Screen Views

Cover Page

Grant Information

1. Grant Number 55-IH-38-19760

2. Recipient Program Year 01/01/2015 - 12/31/2015

If your program year or fiscal year end has changed, please contact your Area Office to inform them of the change.
MM/DD/YYYY - MM/DD/YYYY

3. Federal Fiscal Year 2015

4. Initial Indian Housing Plan (IHP):

5. Entity Filing Report

6. Annual Performance Report (APR):

7. Tribe:

8. TDHE:

Recipient Information

9. Name of the Recipient TURTLE MOUNTAIN HOUSING AUTHORITY

10. Contact Person

11. Telephone Number with Area Code Ext.
XXX-XXX-XXXX

12. Mailing Address PO Box 620

13. City Belcourt

14. State ND

15. Zip 58316-0620

16. Fax Number with Area Code
XXX-XXX-XXXX

17. Email Address
user@domain.com

18. If TDHE, list tribes here:
Select the tribes for the TDHE.
[Click here](#) to change the list of tribes.

Turtle Mountain Band of Chippewa

TDHE/Tribe Information

19. Tax Identification Number 450282869

20. DUNS Number 042361290

21. CCR Expiration Date
MM/DD/YYYY

Planned Grant-Based Budget for Eligible Programs

22. IHRG Fiscal Year Formula Amount \$0.00

EPIC IHP/APR Screen Views

Housing Needs

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.

| Type of Need (A) | Low-Income Indian Families (B) | All Indian Families (C) |
|--|-----------------------------------|----------------------------|
| 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"/> |

3. [Planned Program Benefits](#)

(NAHASDA § 102(b)(2)(B))

Describe how 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.

You have characters left.

4. [Geographic Distribution](#)

(NAHASDA § 102(b)(2)(B)(i))

Describe how assistance will be distributed through out the geographic area and how this geographic distribution is consistent with the needs of low income families.

You have characters left.

[Previous Section](#)

[Save and Continue](#)

EPIC IHP/APR Screen Views

Please enter search criteria. A cumulative search is performed including all parameters provided.

Program Name:

Unique Identifier:

Eligibility Activity:

[Clear Filter Criteria](#)

Program Descriptions

| Unique Identifier | Program Name | Eligible Activity | Planned Funding | Actual Funding | Options |
|-------------------|--------------------------------|--|-----------------|----------------|---|
| asdf | | (1) Modernization of 1937 Act Housing [202(1)] | \$0.00 | 0.0 | Edit Clone Delete |
| rehab | | (1) Modernization of 1937 Act Housing [202(1)] | \$0.00 | 0.0 | Edit Clone Delete |
| | Modernization 1937 Act Housing | (1) Modernization of 1937 Act Housing [202(1)] | \$0.00 | 0.0 | Edit Clone Delete |
| | Housing Services | (18) Other Housing Service [202(3)] | \$0.00 | 0.0 | Edit Clone Delete |

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Add/Edit Program

1(a). Program Name:

1(b). Unique Identifier:

2. [Program Description \(continued\)](#)

You have characters left.

3. [Eligible Activity Number](#)

4. [Intended Outcome Number](#)

5. [APR: Actual Outcome Number](#)

This information is only completed for an APR.

6. [Who Will Be Assisted](#)

Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.

You have characters left.

7. [Types and Level of Assistance](#)

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

You have characters left.

8. [APR: Describe Accomplishments](#)

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

This information is only completed for an APR.

9. [Planned and Actual Outouts for 12-Month Program Year](#)

| | | |
|--|---------|--------------|
| | Planned | APR - Actual |
|--|---------|--------------|

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

This information is only completed for an APR.

Uses of Funding

| Prior and current year IHBG (only) funds to be expended in 12-month program year (L) | Total all other funds to be expended in 12-month program year (M) | Total funds to be expended in 12-month program year (N=L+M) |
|---|--|--|
| <input type="text"/> | <input type="text"/> | \$0.00 |

Add

Cancel

EPIC IHP/APR Screen Views

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.

You have characters left.

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.

You have characters left.

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EPIC IHP/APR Screen Views

Sources of Fundings

2. Estimated Sources of Funding:
(NAHASDA § 102(b)(2)(C)(i))

| Funding Source | Amount on hand at beginning of program year (A) | Amount to be received during 12-month program year (B) | Total sources of funds (C=A+B) | Funds to be expended during 12-month program year (D) | Unexpended funds remaining at end of program year (E=C-D) |
|---------------------------------|---|--|--------------------------------|---|---|
| 1. IHBG Funds: | \$0.00 | \$0.00 | \$0.00 | \$20.00 | (\$20.00) |
| 2. IHBG Program Income: | \$0.00 | \$8.00 | \$8.00 | \$0.00 | \$8.00 |
| 3. Title VI: | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 4. Title VI Program Income: | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 5. 1937 Act Operating Reserves: | \$0.00 | | \$0.00 | \$0.00 | \$0.00 |
| 6. Carry Over 1937 Act Funds: | \$0.00 | | \$0.00 | \$8.00 | (\$8.00) |
| LEVERAGED FUNDS | | | | | |
| 7. ICDBG Funds: | \$0.00 | \$0.00 | \$0.00 | \$19.00 | (\$19.00) |
| 8. Other Federal Funds: | \$0.00 | \$0.00 | \$0.00 | \$10.00 | (\$10.00) |
| 9. LIHTC: | \$0.00 | \$0.00 | \$0.00 | \$19.00 | (\$19.00) |
| 10. Non-Federal Funds: | \$0.00 | \$0.00 | \$0.00 | \$20.00 | (\$20.00) |
| Total: | \$0.00 | \$8.00 | \$8.00 | \$96.00 | (\$88.00) |

Calculate Totals

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Uses of Funding

3. [Funding Usability Matrix](#)
(NAHASDA § 102(b)(2)(C)(iii))

| Program Name | Unique Identifier | Prior and current year IHBG (only) funds to be expended in 12-month program year (L) | Total all other funds to be expended in 12-month program year (M) | Total funds to be expended in 12-month program year (N=L+M) |
|--|-------------------|--|---|---|
| asdf | | \$0.00 | \$0.00 | \$0.00 |
| rehab | | \$0.00 | \$0.00 | \$0.00 |
| Modernization 1937 Act Housing | | \$0.00 | \$0.00 | \$0.00 |
| Housing Services | | \$0.00 | \$0.00 | \$0.00 |
| Planning and Administration | | <input type="text" value="\$12.00"/> | <input type="text" value="\$48.00"/> | \$60.00 |
| Loan Repayment (describe in 4 & 5 below) | | <input type="text" value="\$8.00"/> | <input type="text" value="\$28.00"/> | \$36.00 |
| Total | | \$20.00 | \$76.00 | \$96.00 |

3. [Funding Usability Matrix](#)
(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 in 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.
4000 characters max

You have characters left.

4. [Estimated Sources or Uses of Funding](#)
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 in the previous page. The text must describe which loan was repaid and the NAHASDA-eligible activity and program associated with this loan.
4000 characters max

The answer to this question is only requested for an APR.

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Other Submission Items

1. Useful Life/Affordability Period(s)

(NAHASDA § 102(b)(2)(C))

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.

You have 1000 characters left.

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.

You have 1000 characters left.

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

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

5. Actual Planning and Administration Expenses

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

The answer to this question is only requested for an APR.

6(a). Does the tribe have an expanded formula area?-

(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.

Yes No

7. For each separate formula area, list the budgeted amount

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.

The answer to this question is only requested for an APR.

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Certification of Compliance

1. In accordance with applicable statutes, the recipient certifies that it will comply with the Civil Rights Act of 1968 and other federal statutes, to the extent that they apply to tribes and TDHES.

- 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.

3(a). The recipient 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

3(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

3(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:

- Yes
 No
 Not Applicable

3(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

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IHP Tribal Certification

Report will be certified by Tribe/TDHE after submission.

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Tribal Wage Rate Certification

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

- 1. [You will use tribally determined wage rates when required for IHBG-assisted construction or maintenance activities. The Tribe has appropriate laws and regulations in place in order for it to determine and distribute prevailing wages.](#)
- 2. [You will use Davis-Bacon or HUD determined wage rates when required for IHBG-assisted construction or maintenance activities.](#)
- 3. [You will use Davis-Bacon and/or HUD determined wage rates when required for IHBG-assisted construction except for the activities described below.](#)
- 4. [If the bottom box was checked, list the activities using tribally determined wage rates.](#)

You have characters left.

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Self-Monitoring

1. [Do you have a procedure and/or policy for self-monitoring?](#)
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?](#)
3. [Did you conduct self-monitoring, including monitoring sub-recipients?](#)
4. [Self-Monitoring Results: Describe the results of the monitoring activities, including inspections for this program year.](#)
Describe the results of the monitoring activities, including inspections for this program year.

Yes No

Yes No Not Applicable

Yes No

You have characters left.

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EPIC IHP/APR Screen Views

Inspection of Units

1. Use the table below to record the results of recurring inspections of assisted housing.

[Calculate Totals](#)

| Activity (A) | Total Number of Units (B) | Units in Standard Condition (C) | Units Needing Rehabilitation (D) | Units Needing to be Replaced (E) | Total Number of Units Inspected (F=C+D+E) |
|--------------------------------|--------------------------------|------------------------------------|-------------------------------------|-------------------------------------|--|
| 1937 Housing Act Units: | | | | | |
| a. Rental | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| b. Homeownership | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| c. Other | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| 1937 Act Subtotal: | 0 | 0 | 0 | 0 | 0 |
| NAHASDA Assisted Units: | | | | | |
| a. Rental | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| b. Homeownership | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| c. Rental Assistance | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| d. Other | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| NAHASDA Subtotal: | 0 | 0 | 0 | 0 | 0 |
| Total: | 0 | 0 | 0 | 0 | 0 |

2. Did you comply with your inspection policy?

Yes No

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Audits

1. Did you expend less than \$500,000 in total Federal awards during the previous fiscal year ended (24 CFR § 1000.544) ?
If Yes, an audit is not required. If No, an audit is required to be submitted to the Federal Audit Clearinghouse and your Area ONAP.

Yes No

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Public Availability

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

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

You have characters left.

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Jobs Supported by NAHASDA

1. [Number of Permanent Jobs Supported by Indian Housing Block Grant Assistance\(IHBG\):](#)

2. [Number of Temporary Jobs Supported by Indian Housing Block Grant Assistance\(IHBG\):](#)

3. [Narrative \(Optional\):](#)

You have characters left.

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Important Note:

This section allows you to review the information you have provided in the report. Once you have reviewed the information, please press the "Save Report" button at the bottom of the page to save the report to EPIC. Until the "Submit Report" button has been pressed, the report has NOT been submitted.

Created on 12/22/2015 by RU070. Last Submitted: Not Submitted .

| Section Review | | |
|---|---------------------------------------|-------------------------------|
| 1: Cover Page | <input type="checkbox"/> Not Required | Visit Section |
| 2: Housing Needs | <input type="checkbox"/> Not Required | Visit Section |
| 3: Program Descriptions | Incomplete | Visit Section |
| 4: Maintaining 1937 Act Units, Demolition and Disposition | <input type="checkbox"/> Not Required | Visit Section |
| 5(a): Sources of Funding | Incomplete | Visit Section |
| 5(b): Uses of Funding | Incomplete | Visit Section |
| 6: Other Submission Items | Incomplete | Visit Section |
| 7: Indian Housing Plan Certification Of Compliance | <input type="checkbox"/> Not Required | Visit Section |
| 8: IHP Tribal Certification | <input type="checkbox"/> Not Required | Visit Section |
| 9: Tribal Wage Rate Certification | <input type="checkbox"/> Not Required | Visit Section |
| 10: Self Monitoring | Incomplete | Visit Section |
| 11: Inspections | Incomplete | Visit Section |
| 12: Audits | Incomplete | Visit Section |
| 13: Public Availability | Incomplete | Visit Section |
| 14: Jobs Supported By NAHASDA | Incomplete | Visit Section |

The report is incomplete. In order to submit the report, please fix any errors and complete all applicable sections. Once all applicable sections are complete and error free, the Submit Report button will be available.

Save Report