

1st Qrt Reporting Template October 1, 2017 - December 31, 2017

1 Start with the spreadsheet Tab Named "Profile"

Use and Insert data in the White fields only, unless filing reports by hand!

1 Spreadsheet or Tab named "1st Qrt" complete each section for Omnibus.

2 Cell "B13" Enter the Last Name of applicant receiving assistance

3 Cell "C13" Enter the First Name of applicant receiving assistance

4 Cell "D13" Enter the suffix Name of applicant receiving assistance

5 Cell "E13" Enter the Name of the tribe providing the assistance

6 Column F13:I13 Enter the type of Category of Assistance B, C-1, C-2, by entering the digit "

7 Column J Enter "Yes" or "No"

8 Column K Enter the Administration expended amount in the First Quarter

9 Column L Enter the Construction expended amount in the First Quarter

10 Column M Enter the Sum of Column 'K' & 'L'

2nd Qrt Reporting Template January 1, 2018 - March 31, 2018

1 Cell "B13" Enter the Last Name of applicant receiving assistance

2 Cell "C13" Enter the First Name of applicant receiving assistance

3 Cell "D13" Enter the suffix Name of applicant receiving assistance

4 Cell "E13" Enter the name of the tribe providing the assistance

5 Column F13:I13 Enter the type of Category of Assistance B, C-1, C-2, by entering a digit "1"

6 Column J Enter "Yes" or "No"

7 Column K Enter the Administration expended amount in the Second Quarter

8 Column L Enter the Construction expended amount in the Second Quarter

9 Column M Enter the Sum of Column 'K' & 'L'

3rd Qrt Reporting Template April 1, 2018 - Jun 30, 2018

1 Cell "B13" Enter the Last Name of applicant receiving assistance

2 Cell "C13" Enter the First Name of applicant receiving assistance

3 Cell "D13" Enter the suffix Name of applicant receiving assistance

4 Cell "E13" Enter the name of the tribe providing the assistance

5 Column F13:I13 Enter the type of Category of Assistance B, C-1, C-2

6 Column J Enter "Yes" or "No"

7 Column K Enter the Administration expended amount in the Third Quarter

8 Column L Enter the Construction expended amount in the Third Quarter

9 Column M Enter the Sum of Column 'K' & 'L'

4th Qrt Reporting Template July 1, 2018 - September 30, 2018

1 Cell "B13" Enter the Last Name of applicant receiving assistance

2 Cell "C13" Enter the First Name of applicant receiving assistance

3 Cell "D13" Enter the suffix Name of applicant receiving assistance

4 Cell "E13" Enter the name of the tribe providing the assistance

5 Column F13:I13 Enter the type of Category of Assistance B, C-1, C-2, by entering the digit

6 Column J Enter "Yes" or "No"

7 Column K Enter the Administration expended amount in the Fourth Quarter

8 Column L Enter the Construction expended amount in the Fourth Quarter

9 Column M Enter the Sum of Column 'K' & 'L'

,

1"

,

"1"



## Tribal Profile

<b>1 Tribe</b>	<b>Tribe</b>
<b>2 Region</b>	
<b>3 Fiscal Year</b>	<b>2018</b>
<b>4 Quarter</b>	<b>1st Quarter</b>
<b>5 Name</b>	
<b>6 Title</b>	
<b>7 Alternate Name</b>	
<b>8 Phone #</b>	
<b>9 Fax #</b>	
<b>10 Email Address</b>	
<b>11 Omnibus Amount</b>	\$0
<b>12 Signature</b>	
<b>13 Date</b>	

### PRIVACY ACT STATEMENT

25

CFR 265 and 25 U.S.C. 13 authorize the collection of this information. This information is covered by the system of record notice "Indian Housing Improvement Program, Interior, BIA-10." The primary use of this information is to determine eligibility for assistance under the Housing Improvement Program. The records contained therein may only be disclosed in accordance with the routine uses and may not otherwise be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the record pertains. If the BIA uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application.

### PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select eligible families or individuals to participate in the Housing Improvement Program. Response to this request is required to obtain a benefit in accordance with 25 CFR 256. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. This information will be used to determine the eligibility and the ranking of the applicant. Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240.

This information is being collected to select eligible families or individuals to participate in the Housing Improvement

# HOUSING IMPROVEMENT PROGRAM ANNUAL PERFORMANCE REPORT

GOVERNMENT PERFORMANCE RESULTS ACT (GPRA) REPORTING FORM-TRIBAL											
<b>1</b>	<b>a. Total Number of Construction Projects:</b>							<b>TRIBE/ CONSORTIA</b>			
	<b>b. Total Number of Construction Schedules Met:</b>							<b>Tribe</b>			
<b>2</b>	<b>a. Amount of Administration Funds Expended:</b>							<b>REGION</b>			
	<b>b. Amount of Construction Funds Expended:</b>							<b>FISCAL YEAR</b>		<b>2018</b>	
	<b>c. Amount of Total HIP Funds Expended:</b>							<b>QUARTER</b>		1st Quarter	
	Type or Printed Name				Ph			<b>OMNIBUS FUNDS</b>		<input type="checkbox"/>	
	Title				Fax						
<b>3</b>	<b>Name of Applicant Provided Program Services</b>			<b>4. Applicant's Servicing Tribe</b>	<b>5. Program Category</b>				<b>6. Construction Schedules Met (Enter Yes / No) # 1874</b>	<b>7. Funding going to actual construction or repair of housing. # 1830</b>	
	Last	First	Suffix		(A)	(B)	(C-1)	(C-2)		a. Admin cost	b. Project cost
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Insert a value of (1) either in B, C-1 or C-2

# HOUSING IMPROVEMENT PROGRAM ANNUAL PERFORMANCE REPORT

GOVERNMENT PERFORMANCE RESULTS ACT (GPRA) REPORTING FORM-TRIBAL											
<b>1</b>	<b>a. Total Number of Construction Projects:</b>							<b>TRIBE/ CONSORTIA</b>			
	<b>b. Total Number of Construction Schedules Met:</b>							<b>Tribe</b>			
<b>2</b>	<b>a. Amount of Administration Funds Expended:</b>							<b>REGION</b>			
	<b>b. Amount of Construction Funds Expended:</b>							<b>FISCAL YEAR</b>		<b>2018</b>	
	<b>c. Amount of Total HIP Funds Expended:</b>							<b>QUARTER</b>		2nd Quarter	
	Type or Printed Name				Ph			<b>OMNIBUS FUNDS</b>		<input type="checkbox"/>	
	Title				Fax						
<b>3</b>	<b>Name of Applicant Provided Program Services</b>			<b>4. Applicant's Servicing Tribe</b>	<b>5. Program Category</b>				<b>6. Construction Schedules Met (Enter Yes / No) # 1874</b>	<b>7. Funding going to actual construction or repair of housing. # 1830</b>	
	Last	First	Suffix		(A)	(B)	(C-1)	(C-2)		a. Admin cost	b. Project cost
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Insert a value of (1) either in B, C-1 or C-2

# HOUSING IMPROVEMENT PROGRAM ANNUAL PERFORMANCE REPORT

GOVERNMENT PERFORMANCE RESULTS ACT (GPRA) REPORTING FORM-TRIBAL											
<b>1</b>	a. Total Number of Construction Projects:							TRIBE/ CONSORTIA			
	b. Total Number of Construction Schedules Met:							Tribe			
<b>2</b>	a. Amount of Administration Funds Expended:							REGION			
	b. Amount of Construction Funds Expended:							FISCAL YEAR		2018	
	c. Amount of Total HIP Funds Expended:							QUARTER		3rd Quarter	
	Type or Printed Name				Ph			OMNIBUS FUNDS		<input type="checkbox"/>	
	Title				Fax						
<b>3</b>	Name of Applicant Provided Program Services			<b>4. Applicant's Servicing Tribe</b>	5. Program Category				<b>6. Construction Schedules Met (Enter Yes / No) # 1874</b>	7. Funding going to actual construction or repair of housing. # 1830	
	Last	First	Suffix		(A)	(B)	(C-1)	(C-2)		a. Admin cost	b. Project cost
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Insert a value of (1) either in B, C-1 or C-2



# HOUSING IMPROVEMENT PROGRAM ANNUAL PERFORMANCE REPORT

GOVERNMENT PERFORMANCE RESULTS ACT (GPRA) REPORTING FORM-TRIBAL											
<b>1</b>	<b>a. Total Number of Construction Projects:</b>						<b>TRIBE/ CONSORTIA</b>				
	<b>b. Total Number of Construction Schedules Met:</b>						<b>Tribe</b>				
<b>2</b>	<b>a. Amount of Administration Funds Expended:</b>						<b>REGION</b>				
	<b>b. Amount of Construction Funds Expended:</b>						<b>FISCAL YEAR</b>		<b>2018</b>		
	<b>c. Amount of Total HIP Funds Expended:</b>						<b>QUARTER</b>		4th Quarter		
	Type or Printed Name				Ph		<b>OMNIBUS FUNDS</b>		<input type="checkbox"/>		
	Title				Fax						
<b>3</b>	<b>Name of Applicant Provided Program Services</b>			<b>4. Applicant's Servicing Tribe</b>	<b>5. Program Category</b>				<b>6. Construction Schedules Met (Enter Yes / No) # 1874</b>	<b>7. Funding going to actual construction or repair of housing. # 1830</b>	
	Last	First	Suffix		(A)	(B)	(C-1)	(C-2)		a. Admin cost	b. Project cost
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Insert a value of (1) either in B, C-1 or C-2

		Percent of funding going to actual construction or repair of housing.	
		1830 HIP	
	Tribe	Funds reported as expended for actual construction or repair of housing.	Total amount of funds reported as expended.
	1st Quarter	\$0	\$0
	2nd Quarter	\$0	\$0
	3rd Quarter	\$0	\$0
	4th Quarter	\$0	\$0
	Year To Date	\$0	\$0
		Percent of construction schedules met within an established project timeframe.	
		1874 HIP	
		Number of construction schedules met.	Number of projects funded.
	1st Quarter	0	0
	2nd Quarter	0	0
	3rd Quarter	0	0
	4th Quarter	0	0