Indian Housing Plan for Indian Housing Block Grant Competitive- HUD-53248

Refer to ONAP Program Guidance 2018-02a IHP Completion Instructions

SECTION 1: COVER PAGE

Instructions | Help Files

(1) Grant Number:

(2) Recipient Program Year:

(3) Federal Fiscal Year:

ONAP Office Use Only

Release Date: 02/15/2023

Export to XML

Import XML

apr_id

- ☐ **(4)** Tribe
- ☐ **(5)** TDHE

(6) Name of Recipient:

(7) Contact Person:

(8) Telephone Number with Area Code *(999) 999-9999* :

(9) Mailing Address:

(10) City: **(11) State:** **(12) Zip Code** (99999 or 99999-9999):

(13) Fax Number with Area Code (if available) *(999) 999-9999* :

(14) Email Address (if available):

(15) If TDHE, List Tribes Below:

(16) Tax Identification Number:

(17) UEI Number:

(18) CCR/SAM Expiration Date (MM/DD/YYYY):

(19) Name of Authorized APR Submitter:

(20) Title of Authorized APR Submitter:

(21) Signature of Authorized APR Submitter:

(24) APR Submission Date (MM/DD/YYYY)**:**

Certification: I/We, the above signed, certify under penalty of perjury that the information provided above is true accurate, and correct, and reflects the activities actually planned or accomplished during the program year. Activities planned and accomplished are eligible under applicable statutes and regulations.

Warning: I/We, the undersigned, certify under penalty of perjury that the information provided on this form is true, accurate and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

SECTION 2: PROGRAM DESCRIPTIONS

2.0. Short Description Project Approved in Application

2.1. Describe the progress made on completing the project in accordance with the approved Implementation Plan.

Describe why the project is not started or behind schedule and what actions will be taken to ensure the timely completion of the project:

2.2. List work remaining towards project completion (check all that apply).

Housing Construction:	☐ Architecture & Engineering	☐ Land Acquisition	☐ Housing Site Preparation	☐ Infrastructure Installation	☐ Housing Construction	☐ Housing Services	☐ Occupancy	☐ Other	Describe Other:
Housing Acquisition:	☐ Market Research	☐ Property Selection	☐ Purchase Negotiations	☐ Unit Purchase	☐ Housing Services	☐ Occupancy		☐ Other	Describe Other:
Housing Rehabilitation:	☐ Unit Inspection	☐ Work Write Up	☐ Temporary Relocation	☐ Unit Rehabilitation	☐ Housing Services	☐ Occupancy		☐ Other	Describe Other:

2.3. If applicable, has the grantee made any minor modifications to the grantee's workplan and budget in order to meet the project goals?

☐ No
☐ Yes

If yes, please describe:

If yes, did the grantee receive HUD approval for minor modifications to the workplan and budget?

☐ No
☐ Yes

2.4. If applicable, describe the barriers faced towards project implementation and explanation how the grantee will overcome those barriers to complete the project by the period of performance end date. Check all that apply:

☐ Administrative/Operational Limitation(s)	☐ Construction Delay(s)
☐ Environmental Review Delay(s)	☐ Unit Acquisition Complication(s)
☐ Procurement Delay(s)	☐ Unit Rehabilitation Complication(s)
☐ Contract Dispute(s)	☐ Relocation Limitations(s)
☐ Labor Dispute(s)	☐ Eligibility Constraint(s)
☐ Land Issue(s)	☐ Weather Delay(s)
☐ Infrastructure Complication(s)	☐ Other

Describe Other barrier(s):

Describe actions planned or taken to overcome the barrier(s):

2.5. How is the project addressing the need components identified in the IHBG Competitive grant application?

Describe why project is not meeting the need directly:

2.6. What is the progress of efforts to implement the project in coordination with community members, tribal departments,

Describe coordination delay:

2.7. What are the outputs and measurable outcomes achieved to date?

Outputs:

Housing Units Constructed	
Housing Units Acquired	
Housing Units Rehabilitated	

Check all that apply:

☐ Reduce overcrowding	☐ Create new affordable rental units
☐ Assist renters to become homeowners	☐ Assist affordable housing for college students
☐ Improve quality of substandard units	☐ Provide accessiblity for persons with disabilities
☐ Improve quality of existing infrastructure	☐ Improve energy efficiency
☐ Address homelessness	☐ Reduction in crime reports
☐ Assist affordable housing for low income households	☐ Other

Describe Other:

2.8. If applicable, provide the status of leveraging resources committed to the project.

Describe why leveraged resources are not being expended as planned:

2.9. When the project is completed, provide an evaluation of its effectiveness in meeting the grantee's affordable housing project needs.

Describe why project housing needs were not met or completed as planned:

2.10 Provide any comments regarding the project in the space below.

Add Program

SECTION 3: BUDGETS

3.1. Sources of Funding

SOURCE	(A) Amount on hand at beginning of program year	(B) Amount received during 12-month program year	(C) Total sources of funding A + B	(D) Funds expended during 12-month program year	(E) Unexpended funds remaining at end of 12-month program year C - D	(F) Unexpended funds obligated but not expended at end of 12-month program year
IHBG Competitive Grant			$0		$0	
IHBG Leveraged Funds			$0		$0	
IHBG Program Income			$0		$0	
Other Leveraged Funds			$0		$0	
TOTAL	$0	$0	$0	$0	$0	$0

3.2. Uses of Funding

	(G) Total IHBG Competitive funds expended in 12-month program year	(H) Total all other funds expended in 12-month program year	(I) Total funds expended in 12-month program year (G+H)
			$0
Planning and Administration			$0
TOTAL	$0	$0	$0

Notes:

a. Enter data in the green fields (Columns A, B, D, F, G and H) where applicable.

b. The total of Column D should match the total of Column I.

c. The amount of IHBG Competitive Grant funds in Column D should match the total of Column G.

d. The amount(s) of IHBG Leveraged Funds, IHBG Program Income, and/or Other Leveraged Funds in Column D should match the total of Column H.

SECTION 4: AUDIT

Did you expend $750,000 or more in total Federal awards during the APR reporting period?

☐ Yes — If Yes, an audit is required to be submitted to the Federal Audit Clearinghouse and your Area Office of Native American Programs.

☐ No — If No, an audit is not required.