

HUD's Energy and Performance Information Center (EPIC)

HUD-52737: Indian Housing Plan/Annual Performance Report

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INDIAN HOUSING PLAN

Admin

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OMB CONTROL NUMBER: 2577-0218
EXPIRATION DATE: 07/31/2019

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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.

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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.

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Housing Needs: Identify the types of housing needs that the recipient has identified for low-income Indian families and all Indian families in the tribe's jurisdiction. (NAHASDA 102(b)(2)(B)).

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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.

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.

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Program Descriptions : For the IHP, provide a description of planned eligible activities, and intended outcomes and outputs for the One-Year IHP. The recipient can select any combination of activities eligible under NAHASDA and intended outcomes and outputs that are based on local needs and priorities. There is no maximum or minimum number of eligible activities or intended outcomes and outputs. Rather, the One-Year IHP should include a sufficient number of eligible activities and intended outcomes to fully describe any tasks that the recipient intends to fund in whole or in part with IHBG funds, IHBG program income, and Title VI funds during the coming program year. Subtitle B of NAHASDA authorizes recipients to establish a program for self-determined housing activities involving construction, acquisition, rehabilitation, or infrastructure relating to housing activities or housing that will benefit the low-income households served by the Indian tribe. A recipient may use up to 20 percent of its annual allocation, but not more than \$2 Million, for this program. Section 233(a) of NAHASDA requires a recipient to include its planned self-determination program activities in the IHP, and Section 235(c) requires the recipient to report the expenditures, outputs, and outcomes for its self-determination program in the APR. For more information, see PIH Notice 2010-35 (Demonstration Program - Self-Determined Housing Activities for Tribal Governments) [here](#). For the APR, describe the actual accomplishments, outcomes, and outputs for each program included in the IHP by completing Lines 5, 8, 9, and 10.

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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
<input type="button" value="Add New Program"/>					

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Add /Edit Program (continued): 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. Describe the planned activities, outcomes and outputs in the coming 12-month program year. The recipient must complete questions 1 through 9 for each eligible activity or program planned for the One-Year IHP, estimate the planned number of outputs and reporting on the actual number of outputs for each activity, and estimate the number of IHBG-assisted units to be completed, households to be served, and/or acres to be purchased for IHBG-assisted housing development for each planned activity during the upcoming 12-month program year. For the purposes of the Financial Information, IHBG (only) refers to the grant amount. Any IHBG program income or Title VI funds should be included with 'All Other Funds'.

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Add/Edit Program

1(a). Program Name:

1(b). Unique Identifier:

2. Program Description (continued)

You have 5000 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 5000 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 5000 characters left.

8. APR : Describe Accomplishments

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

9. Planned and Actual Outputs 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

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Maintaining 1937 Act Units, Demolition, and Disposition: Identify how the recipient intends to maintain and operate its 1937 ACT housing units and whether it intends to demolish or sell any of those units during the upcoming 12-month period. If the recipient does not have any 1937 Act housing units in its inventory, enter N/A on Lines 1 and 2.

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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 5000.134)

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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Budget Information: Describe the sources and uses of the recipient's funds for eligible housing activities. For the IHP, the Sources of Funding table identifies the estimated sources of funding. The recipient must show the amount of IHBG, IHBG program income, and Title VI funds that are expected. The recipient is also required to report on other sources of funds if those funds will be used in combination with IHBG, IHBG program income, and Title VI for a project or program. If other sources of funds are not combined with IHBG, IHBG program income, and Title VI funds, reporting on them is optional. For the APR, the recipient must show the actual sources of funding.

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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	\$0.00	\$0.00
2. IHBG Program Income:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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	\$0.00	\$0.00
LEVERAGED FUNDS					
7. ICDBG Funds:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8. Other Federal Funds:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. LIHTC:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. Non-Federal Funds:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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Uses of Funding : For the IHP, the Uses of Funding tables identifies how the anticipated funds are planned to be used during the upcoming 12-month program year. The table is organized by the programs identified in Section 3 (Program Descriptions). This table must be used to further explain any estimated amounts in the budget, including leveraged funds. If IHBG funds, IHBG program income, or Title VI funds will be leveraged with other funds in the same projects or programs, the recipient must describe that planned leveraging in this box. The recipient also must complete the field if it has stated that it plans to use IHBG grant funds or IHBG program income to repay an existing loan. In that case, describe the loan and the associated eligible activity and the IHP program number. Any IHBG program income or Title VI funds should be included with "All Other Funds" in question 2. For the APR, the recipient reports on the actual expenditures during the program year by program. The table should include only actual funds expended, not commitments or planned draws. It would not include amounts drawn down and placed in investments.

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Uses of Funding

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

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)
Planning and Administration		\$0.00	\$0.00	\$0.00
Loan Repayment (describe in 4 & 5 below)		\$0.00	\$0.00	\$0.00
Total		\$0.00	\$0.00	\$0.00

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.
5000 characters max

You have characters left.

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 in the previous page. The text must describe which loan was repaid and the NAHASDA-eligible activity and program associated with this loan.
5000 characters max

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

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Other Submission Items: Other Submission Items cover several IHP and APR sections required by NAHASDA or its regulations. Some fields must be submitted by all recipients, and others may not be applicable to a particular recipient.

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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 IHBC funds, including housing units to be constructed, acquired, or rehabilitated with IHBC funds in the 12 month period. Exclude Mutual Help units.

You have 5000 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 5000 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)(i), 24 CFR § 1000.238)

Do you intend to exceed your allowable spending cap for Planning and Administration?
 Yes No

5. Actual Planning and Administration Expenses

(NAHASDA § 102(b)(2)(C)(i), 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 expended amount

For each separate formula area expansion, list the actual amount of IHBC 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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Indian Housing Plan Certification of Compliance: By submitting an authorized IHP, the recipient certifies its compliance with Title II of the Civil Rights Act, and ensures that the recipient has all appropriate policies and procedures in place to operate its planned programs. The recipient should not assert that it has the appropriate policies and procedures in place if these documents do not exist in its files, as this will be one of the items verified during any HUD monitoring view.

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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 100.328, 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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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.

IHP Tribal Certification: If the tribe is submitting the IHP, there is no need to complete this certification. This certification is used when a TDHE prepares the IHP on behalf of a tribe. The certification must be executed by the recognized tribal government covered under the IHP. If applicable, this form must be signed and dated by the proper tribal authority. If a TDHE is submitting the IHP and the form is not signed by an authorized official of the tribe, HUD will notify the TDHE that this must be corrected before the plan can be determined to be in compliance. A plan submitted by a TDHE cannot be processed without tribal approval. For cases in which a TDHE prepares an IHP that covers more than one tribe, a separate certification for each tribe covered by the IHP must be included.

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IHP Tribal Certification

Report will be certified by Tribe after submission.

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Tribal Wage Rate Certification: A recipient is allowed to adopt and use tribally determined wage rates instead of Davis-Bacon and HUD determined wage rates for IHBG-assisted construction or maintenance. For additional information, see Program Guidance 2003-04 (Application of Tribal Laws Pertaining to the Use of Tribally Determined Wages) at http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_8221.pdf. By submitting an authorized IHP, the recipient informs HUD of its wage rate decision, and if it has decided to use tribally determined wage rates, it must adopt the appropriate tribal laws and regulations establishing tribally determined wage rates. Note that the certification allows for three options and only one option may be selected.

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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 5000 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.

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7: Indian Housing Plan Certification Of Compliance	Incomplete	Visit Section
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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

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

HUD's Energy and Performance Information Center (EPIC)

HUD-52737: Indian Housing Plan/Annual Performance Report

Screen Views

APR4 » 55-IH-53-05000 » COWLITZ TRIBAL HOUSING AUTHORITY » APR Report for 2019



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.

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.

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Cover Page	
Grant Information	
1. <u>Grant Number</u>	55-IH-53-05000
2. <u>Recipient Program Year</u>	01/01/2019 12/31/2019
If your program year or fiscal year end has changed, please contact your Area Office to inform them of the change. <i>MM/DD/YYYY - MM/DD/YYYY</i>	
3. <u>Federal Fiscal Year</u>	2019
4. Initial Indian Housing Plan (IHP):	<input checked="" type="checkbox"/>
5. <u>Amended Plan</u>	<input type="checkbox"/>
6. Annual Performance Report (APR):	<input checked="" type="checkbox"/>
6a. Updated APR Plan:	<input type="checkbox"/>
7. Tribe:	<input type="checkbox"/>
8. TDHE:	<input checked="" type="checkbox"/>
Recipient Information	
9. <u>Name of the Recipient</u>	COWLITZ TRIBAL HOUSING AUTHORITY
10. <u>Contact Person</u>	Ms. Sheryl Bertucci
11. <u>Telephone Number with Area Code</u>	360-864-7019 Ext. <input type="text"/>
<i>XXX-XXX-XXXX</i>	
12. <u>Mailing Address</u>	107 Spencer Road
13. <u>City</u>	Toledo
14. <u>State</u>	WA
15. <u>Zip</u>	98591-0219
16. <u>Fax Number with Area Code</u>	360-864-8722
<i>XXX-XXX-XXXX</i>	
17. <u>Email Address</u>	sherylb@cith.us
<i>user@domain.com</i>	
18. If TDHE, list tribes here: Select the tribes for the TDHE.	<input checked="" type="checkbox"/> Cowlitz Indian Tribe
TDHE/Tribe Information	
19. <u>Tax Identification Number</u>	020573544
20. <u>DUNS Number</u>	808322049
21. <u>CCR/SAM Expiration Date</u>	06/05/2018
<i>MM/DD/YYYY</i>	
Planned Grant-Based Budget for Eligible Programs	
22. <u>IBMG Fiscal Year Formula Amount</u>	\$1,493,347.00

HUD's Energy and Performance Information Center (EPIC)

HUD-52737: Indian Housing Plan/Annual Performance Report

Screen Views

APR5 » 55-IH-53-05000 » COWLITZ TRIBAL HOUSING AUTHORITY » APR Report for 2019



Housing Needs: Identify the types of housing needs that the recipient has identified for low-income Indian families and all Indian families in the tribe's jurisdiction. (NAHASDA 102(b)(2)(B)).

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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 checked="" type="checkbox"/>	<input type="checkbox"/>
Renters Who Wish to Become Owners	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Substandard Units Needing Rehabilitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless Households	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Households Needing Affordable Rental Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>
College Student Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disabled Households Needing Accessibility	<input checked="" 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.

Furnishing every eligible tribal member a safe, sanitary and comfortable home continues to be Cowlitz Indian Tribal Housing's primary goal. All tribal members should be able to live in a home of which they are proud and one in which they can enjoy life to the fullest. To

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.

Service Area for all CITH programs, with the exception of Student Rental Assistance and Down Payment Assistance, is the State of Washington. Student Rental Assistance and Down Payment Assistance service area is the entire United States.

HUD's Energy and Performance Information Center (EPIC)

HUD-52737: Indian Housing Plan/Annual Performance Report

Screen Views

APR6 » 55-IH-53-05000 » COWLITZ TRIBAL HOUSING AUTHORITY » APR Report for 2019



Program Descriptions : For the IHP, provide a description of planned eligible activities, and intended outcomes and outputs for the One-Year IHP. The recipient can select any combination of activities eligible under NAHASDA and intended outcomes and outputs that are based on local needs and priorities. There is no maximum or minimum number of eligible activities or intended outcomes and outputs. Rather, the One-Year IHP should include a sufficient number of eligible activities and intended outcomes to fully describe any tasks that the recipient intends to fund in whole or in part with IHBG funds, IHBG program income, and Title VI funds during the coming program year. Subtitle B of NAHASDA authorizes recipients to establish a program for self-determined housing activities involving construction, acquisition, rehabilitation, or infrastructure relating to housing activities or housing that will benefit the low-income households served by the Indian tribe. A recipient may use up to 20 percent of its annual allocation, but not more than \$2 Million, for this program. Section 233(a) of NAHASDA requires a recipient to include its planned self-determination program activities in the IHP, and Section 235(c) requires the recipient to report the expenditures, outputs, and outcomes for its self-determination program in the APR. For more information, see PIH Notice 2010-35 (Demonstration Program - Self-Determined Housing Activities for Tribal Governments) [here](#). For the APR, describe the actual accomplishments, outcomes, and outputs for each program included in the IHP by completing Lines 5, 8, 9, and 10.

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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
19-1	Standard Rental Assistance	(17) Tenant Based Rental Assistance [202(3)]	\$90,000.00	\$0.00	Edit
19-2	Student Rental Assistance	(17) Tenant Based Rental Assistance [202(3)]	\$90,000.00	\$0.00	Edit
19-3	Senior Rental Assistance	(17) Tenant Based Rental Assistance [202(3)]	\$5,000.00	\$0.00	Edit
19-4	Rental Assistance for the Disabled	(17) Tenant Based Rental Assistance [202(3)]	\$20,000.00	\$0.00	Edit
19-5	Mortgage Assistance	(15) Other Homebuyer Assistance Activities [202(2)]	\$10,000.00	\$0.00	Edit
19-6	Hardship Housing Assistance	(18) Other Housing Service [202(3)]	\$50,000.00	\$0.00	Edit
19-7	Homeownership Acquisition	(12) Acquisition of Homebuyer Units [202(2)]	\$150,000.00	\$0.00	Edit
19-8	Homeownership Rehabilitation	(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	\$100,000.00	\$0.00	Edit
19-9	Down Payment Assistance	(13) Down Payment/Closing Cost Assistance [202(2)]	\$100,000.00	\$0.00	Edit
19-10	Down Payment Assistance 80-100% Med. Income	(13) Down Payment/Closing Cost Assistance [202(2)]	\$60,000.00	\$0.00	Edit
19-11	Operation and Maintenance of NAHASDA Units	(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]	\$450,000.00	\$0.00	Edit
19-12	Crime Prevention and Safety	(21) Crime Prevention and Safety [202(5)]	\$150,000.00	\$0.00	Edit
19-13	Elder Activities	(18) Other Housing Service [202(3)]	\$3,000.00	\$0.00	Edit
19-14	Operation and Maintenance of Water System and MBR Plants	(18) Other Housing Service [202(3)]	\$150,000.00	\$0.00	Edit
19-15	Moderate-Income Down Payment Assistance	(13) Down Payment/Closing Cost Assistance [202(2)]	\$100,000.00	\$0.00	Edit
19-16	Transformational Housing	(7) Development of Emergency Shelters [202(2)]	\$300,000.00	\$0.00	Edit
19-17	Crime Prevention and Safety-Youth	(21) Crime Prevention and Safety [202(5)]	\$25,000.00	\$0.00	Edit

HUD's Energy and Performance Information Center (EPIC)

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Screen Views

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Maintaining 1937 Act Units, Demolition, and Disposition: Identify how the recipient intends to maintain and operate its 1937 ACT housing units and whether it intends to demolish or sell any of those units during the upcoming 12-month period. If the recipient does not have any 1937 Act housing units in its inventory, enter N/A on Lines 1 and 2.

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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.

N/A-No 1937 Act Units.

2. [Demolition and Disposition](#)

(NAHASDA § 102(b)(2)(A)(v)(I-III), 24 CFR 5000.134)

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.

N/A-No 1937 Act Units.

Previous Section

Next Section

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Budget Information: Describe the sources and uses of the recipient's funds for eligible housing activities. For the IHP, the Sources of Funding table identifies the estimated sources of funding. The recipient must show the amount of IHBG, IHBG program income, and Title VI funds that are expected. The recipient is also required to report on other sources of funds if those funds will be used in combination with IHBG, IHBG program income, and Title VI for a project or program. If other sources of funds are not combined with IHBG, IHBG program income, and Title VI funds, reporting on them is optional. For the APR, the recipient must show the actual sources of funding.

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Sources of Fundings

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

Hide IHP Details

Calculate Totals

Funding Source	Estimated (IHP) / Actual (APR)	Amount on hand at beginning of program year (F)	Amount received during 12-month program year (G)	Total sources of funds (H=F+G)	Funds expended during 12-month program year (I)	Unexpended funds remaining at end of program year (J=H-I)	Unexpended funds obligated but not expended at end of 12-month program year (K)
1. IHBG Funds:	Estimated	\$5,440,000.00	\$1,493,347.00	\$6,933,347.00	\$1,603,000.00	\$5,330,347.00	
	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. IHBG Program Income:	Estimated	\$1,860,000.00	\$150,000.00	\$2,010,000.00	\$425,000.00	\$1,585,000.00	
	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Title VI:	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Title VI Program Income:	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. 1937 Act Operating Reserves:	Estimated	\$0.00		\$0.00	\$0.00	\$0.00	
	Actual	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
6. Carry Over 1937 Act Funds:	Estimated	\$0.00		\$0.00	\$0.00	\$0.00	
	Actual	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
LEVERAGED FUNDS							
7. ICDBG Funds:	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8. Other Federal Funds:	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. LIHTC:	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. Non-Federal Funds:	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals:	Estimated	\$7,300,000.00	\$1,643,347.00	\$8,943,347.00	\$2,028,000.00	\$6,915,347.00	\$0.00
	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Calculate Totals

HUD's Energy and Performance Information Center (EPIC)

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Screen Views

[Award List](#)

ONE COLUMN, 14 PAGES, 207,428
SERIALIZED LINES, 17,030,919

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Uses of Funding : For the IHP, the Uses of Funding tables identifies how the anticipated funds are planned to be used during the upcoming 12-month program year. The table is organized by the programs identified in Section 3 (Program Descriptions). This table must be used to further explain any estimated amounts in the budget, including leveraged funds. If IH-BG funds, IH-BG program income, or Title VI funds will be leveraged with other funds in the same projects or programs, the recipient must describe that planned leveraging in this box. The recipient also must complete the field if it has stated that it plans to use IH-BG grant funds or IH-BG program income to repay an existing loan. In that case, describe the loan and the associated eligible activity and the IHP program number. Any IH-BG program income or Title VI funds should be included with "All Other Funds" in question 2. For the APR, the recipient reports on the actual expenditures during the program year by program. The table should include only actual funds expended, not commitments or planned draws. It would not include amounts drawn down and placed in investments.

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Uses of Funding

2. Estimated Uses of Funding:
(NAHSDA § 102(b)(2)(C)(7))

Calculate Totals

Program Name	Unique Identifier	Prior and current year IH-BG (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)	Total IH-BG (only) funds expended in 12-month program year (O)	Total all other funds expended in 12-month program year (P)	Total funds expended in 12-month program year (Q=O+P)
Standard Rental Assistance	19-1	\$90,000.00	\$0.00	\$90,000.00	\$0.00	\$0.00	\$0.00
Student Rental Assistance	19-2	\$90,000.00	\$0.00	\$90,000.00	\$0.00	\$0.00	\$0.00
Senior Rental Assistance	19-3	\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00
Rental Assistance for the Disabled	19-4	\$20,000.00	\$0.00	\$20,000.00	\$0.00	\$0.00	\$0.00
Mortgage Assistance	19-6	\$10,000.00	\$0.00	\$10,000.00	\$0.00	\$0.00	\$0.00
Hardship Housing Assistance	19-6	\$50,000.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00
Homeownership Acquisition	19-7	\$150,000.00	\$0.00	\$150,000.00	\$0.00	\$0.00	\$0.00
Homeownership Rehabilitation	19-8	\$100,000.00	\$0.00	\$100,000.00	\$0.00	\$0.00	\$0.00
Down Payment Assistance	19-9	\$100,000.00	\$0.00	\$100,000.00	\$0.00	\$0.00	\$0.00
Down Payment Assistance 80-100% Mod. Income	19-10	\$60,000.00	\$0.00	\$60,000.00	\$0.00	\$0.00	\$0.00
Operation and Maintenance of NAHSDA Units	19-11	\$450,000.00	\$0.00	\$450,000.00	\$0.00	\$0.00	\$0.00
Crisis Prevention and Safety	19-12	\$150,000.00	\$0.00	\$150,000.00	\$0.00	\$0.00	\$0.00
Elder Activities	19-13	\$3,000.00	\$0.00	\$3,000.00	\$0.00	\$0.00	\$0.00
Operation and Maintenance of Water System and MBR Plants	19-14	\$150,000.00	\$0.00	\$150,000.00	\$0.00	\$0.00	\$0.00
Modesto-Income Down Payment Assistance	19-15	\$0.00	\$300,000.00	\$300,000.00	\$0.00	\$0.00	\$0.00
Transformational Housing	19-16	\$0.00	\$300,000.00	\$300,000.00	\$0.00	\$0.00	\$0.00
Crisis Prevention and Safety-Youth	19-17	\$0.00	\$25,000.00	\$25,000.00	\$0.00	\$0.00	\$0.00
Planning and Administration		\$175,000.00	\$0.00	\$175,000.00	\$0.00	\$0.00	\$0.00
Loan Repayment (describe in 3 & 4 below)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$1,668,000.00	\$425,000.00	\$2,093,000.00	\$0.00	\$0.00	\$0.00

3. Funding Availability Matrix

(NAHSDA § 102(b)(2)(C))
Provide any additional information about the estimated sources or use 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 NAHSDA-eligible activity and program associated with this loan.
3000 characters max

N/A

4. APR

(NAHSDA § 404(b))
Enter any additional information about the actual source 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 NAHSDA-eligible activity and program associated with this loan.
3000 characters max

You have 3000 characters left.

Calculate Totals

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Other Submission Items: Other Submission Items cover several IHP and APR sections required by NAHASDA or its regulations. Some fields must be submitted by all recipients, and others may not be applicable to a particular recipient.

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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.

CITH will require that all expenditures on housing units exceeding \$5,000 are covered by our useful life policy. All units where more than \$5,000 of NAHASDA funds are spent will remain affordable as per the NAHASDA regulations and guidance by officially recording the HUD

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.

See Program Descriptions and Who Will Be Assisted sections for the following activities: 19-15 and 19-17.

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:
Preference for housing or housing assistance shall be given to enrolled members of the Cowlitz Indian Tribe. All eligible tribal members seeking housing assistance must be served before other eligible recipients. Clients will be served in order from the CITH waiting lists of
You have 5000 characters left.

4. Anticipated Planning and Administration Expenses
(NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238)

Do you intend to exceed your allowable spending cap for Planning and Administration?
 Yes No

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

Did you exceed your spending cap for Planning and Administration?
 Yes No

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.

Do you intend to exceed your allowable spending cap for Planning and Administration?
 Yes No

7. For each separate formula area, list the expended 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.

	All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income
IHBG Funds	\$0.00	\$0.00
Funds from Other Sources	\$0.00	\$0.00

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Indian Housing Plan Certification of Compliance: By submitting an authorized IHP, the recipient certifies its compliance with Title II of the Civil Rights Act, and ensures that the recipient has all appropriate policies and procedures in place to operate its planned programs. The recipient should not assert that it has the appropriate policies and procedures in place if these documents do not exist in its files, as this will be one of the items verified during any HUD monitoring view.

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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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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.

IHP Tribal Certification: If the tribe is submitting the IHP, there is no need to complete this certification. This certification is used when a TDHE prepares the IHP on behalf of a tribe. The certification must be executed by the recognized tribal government covered under the IHP. If applicable, this form must be signed and dated by the proper tribal authority. If a TDHE is submitting the IHP and the form is not signed by an authorized official of the tribe, HUD will notify the TDHE that this must be corrected before the plan can be determined to be in compliance. A plan submitted by a TDHE cannot be processed without tribal approval. For cases in which a TDHE prepares an IHP that covers more than one tribe, a separate certification for each tribe covered by the IHP must be included.

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IHP Tribal Certification				
Tribal Name	Certification	Signature	Title	Certify Date
Cowlitz Indian Tribe	N/A	N/A	N/A	N/A

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Tribal Wage Rate Certification: A recipient is allowed to adopt and use tribally determined wage rates instead of Davis-Bacon and HUD determined wage rates for IHBG-assisted construction or maintenance. For additional information, see Program Guidance 2003-04 (Application of Tribal Laws Pertaining to the Use of Tribally Determined Wages) at http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_8221.pdf. By submitting an authorized IHP, the recipient informs HUD of its wage rate decision, and if it has decided to use tribally determined wage rates, it must adopt the appropriate tribal laws and regulations establishing tribally determined wage rates. Note that the certification allows for three options and only one option may be selected.

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Tribal Wage Rate Certification	
<p>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.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> 2. You will use Davis-Bacon or HUD determined wage rates when required for IHBG-assisted construction or maintenance activities.</p> <p><input type="checkbox"/> 3. You will use Davis-Bacon and/or HUD determined wage rates when required for IHBG-assisted construction except for the activities described below.</p> <p>4. If the bottom box was checked, list the activities using tribally determined wage rates.</p> <div style="border: 1px solid gray; height: 80px; width: 100%;"></div>	
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Self Monitoring : Self Monitoring provides additional monitoring information for HUD. The recipient must describe whether and how it conducted self monitoring or an annual compliance assessment. The recipient must then describe the monitoring or assessment results and planned corrections of the issues identified. Recipient self-monitoring or annual compliance assessment must include any sub-recipients, if applicable. If the recipient has executed a Self-Monitoring Mutual Agreement with its Area ONAP, then the recipient should submit the annual independent assessment of the recipient's program(s) with the APR to the Area ONAP. This would include any deficiencies that were identified during the assessment and the actions to be taken to correct the deficiencies. If the self-monitoring plan and/or policy have changed since the last year, the recipient should also submit a copy of the revised plan and/or policy. For additional information, see Program Guidance 2007-08 at <http://www.hud.gov/offices/pih/ih/codetalk/nahasda/2008/2007-08sm.pdf>

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Self-Monitoring

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 corrective actions planned or taken.](#)
Describe the results of the monitoring activities, including inspections for this program year.

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Inspections: The Inspection of Units table is used to record the results of the inspections of the recipient's HUD-assisted housing. The requirement to periodically inspect units applies to all units under the recipient's control. The recipient is not required to inspect every assisted unit every year; however, over time, all units should be inspected. The recipient may take a representative sample of its units and rotate which units are inspected each year. This would include any 1937 Act units, as well as IHBG-assisted units owned by the tribe or TDHE. Because the tribe or TDHE holds the title to Mutual Help units until they are conveyed to the homebuyer, these units need to be inspected as long as they are within the recipient's control. This does not include units that were assisted under the 1937 Act or NAHASDA, but which are now privately owned, such as private homeownership units. For more information on the inspection requirements, see Notice PIH 2010-36 (Recipient Inspection of Housing Units Assisted under the Native American Housing Assistance and Self Determination Act of 1996 (NAHASDA) and Those Assisted Under the United States Housing Act of 1937) at <http://www.hud.gov/offices/pih/publications/notices/10/pih2010-36.pdf>.

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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:	<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 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:	<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"/>
Total:	<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"/>

2. Did you comply with your inspection policy? Yes No

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EXPIRATION DATE: 07/31/2019

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Audits : An IHBG recipient must comply with the requirements of the Single Audit Act and Office of Management and Budget (OMB) Circular A-133. These requirements mandate that the recipient conduct an audit if it expended \$500,000 or more in federal funds during the previous 12-month program year. The Audits section is used to indicate whether an audit is required, based on a review of your financial records. (24 CFR § 1000.544)

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Audits

1. Did you expend \$750,000 or more in total Federal awards during the previous fiscal year ended (24 CFR 1000.544) ?
If Yes, an audit is required to be submitted to the Federal Audit Clearinghouse.
If No, an audit is not required.

Yes No

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Public Availability : The IHBG regulations require that the recipient make the APR available to citizens in its jurisdiction for public review and comment. In addition, if the recipient is a TDHE, it must submit the APR to the tribe for its review and comment.

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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 5000 characters left.

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Jobs Supported by NAHASDA: Provide HUD with the estimated number of temporary and full-time jobs that are paid each year in whole or in part with IHBG funds. This estimated should include the number of recipient staff positions, sub-recipient staff positions, and related construction jobs. Unlike in the past, this information is no longer optional.

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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 02/04/2019 by H21994. Last Submitted: Not Submitted .

Section Review

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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.