



SQUAXIN ISLAND TRIBE

RESOLUTION NO. 14-51 OF THE SQUAXIN ISLAND TRIBAL COUNCIL

WHEREAS, the Squaxin Island Tribal Council is the Governing Body of the Squaxin Island Tribe, its members, its lands, its enterprises and its agencies by authority of the Constitution and Bylaws of the Squaxin Island Tribe, as approved and adopted by the General Body and the Secretary of the Interior on July 8, 1965; and,

WHEREAS, under the Constitution and the Bylaws and inherent sovereignty of the Tribe, the Squaxin Island Tribal Council is charged with the duty of protecting the health, security, education and general welfare of the tribal members, and with protecting and managing the lands and treaty resources and rights of the Tribe; and,

WHEREAS, the Squaxin Island Tribal Council has been entrusted with the creation of ordinances and resolutions in order to fulfill their duty of protecting the health, security, education, and general welfare of tribal members, and of protecting and managing the lands and treaty resources of the Tribe; and,

WHEREAS, the Squaxin Island Tribal Housing Commission has developed an Indian Housing Plan for the Squaxin Island Tribal Housing Program for Fiscal Year 2014⁵, and recommends the Plan's execution, certification, and submittal to the Department of Housing and Urban Development; and,

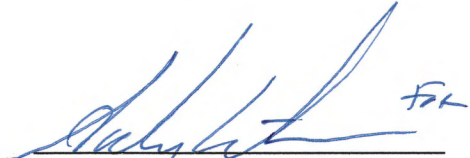
THEREFORE BE IT RESOLVED, that the Squaxin Island Tribal Council does hereby certify that it had an opportunity to review the Indian Housing Plan for the Squaxin Island Tribal Housing Program; and,

THEREFORE BE IT FURTHER RESOLVED, that the Squaxin Island Tribal Council does hereby authorize the submission of the Indian Housing Plan for the Squaxin Island Tribal Housing Program for Fiscal Year 2014⁵ to the Department of Housing and Urban Development; and

THEREFORE BE IT FULLY RESOLVED, that the Squaxin Island Tribal Council does hereby authorize the Squaxin Island Tribal Chairman, the Executive Director, or the Director of Planning and Community Development to be the Tribe's signatory and representative in all future matters requiring Tribal authorization during implementation of the FY 2014⁵ IHP, and that these authorities shall be for the duration of the FY 2014⁵ IHP.

CERTIFICATION


The Squaxin Island Tribal Council does hereby certify that the foregoing Resolution was adopted at the regular meeting of the Squaxin Island Tribal Council; held on this 11 day of July, 2014, at which a quorum was present and was passed by a vote of 4 for, and 0 against with 0 abstentions.



David Lopeman, Chairman

Attested by: 

Pete Kruger, Secretary



Arnold Cooper, Vice-Chairman

SECTION 1: COVER PAGE

(1) Grant Number: 551IT5315020

(2) Recipient Program Year: 10/1 - 9/30

(3) Federal Fiscal Year: FY 2015

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

(5) Amended Plan (Complete this Section, Section 8 if applicable, and Section 16)

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

(7) Tribe

(8) TDHE

(9) Name of Recipient: Squaxin Island Tribe		
(10) Contact Person: Liz Kuntz		
(11) Telephone Number with Area Code: 360-426-9781		
(12) Mailing Address: 10 SE Squaxin Lane		
(13) City: Shelton	(14) State: WA	(15) Zip Code: 98584
(16) Fax Number with Area Code (if available): 360-426-9769		
(17) Email Address (if available): lkuntz@squaxin.us		
(18) If TDHE, List Tribes Below:		
(19) Tax Identification Number:		91-09222-54
(20) DUNS Number:		606460475
(21) CCR/SAM Expiration Date:		January 15, 2015

(22) IHBG Fiscal Year Formula Amount:	\$851,623
(23) Name of Authorized IHP Submitter:	Liz Kuntz
(24) Title of Authorized IHP Submitter:	Housing Manager
(25) Signature of Authorized IHP Submitter:	Richard Wells
(26) IHP Submission Date:	
(27) Name of Authorized APR Submitter:	
(28) Title of Authorized APR Submitter:	
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date:	

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

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

ONE YEAR PLAN & ANNUAL PERFORMANCE REPORT

SECTION 2: HOUSING NEEDS

NAHASDA § 102(b)(2)(B)

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

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

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

In FY15 Squaxin Housing will continue homebuyer education, maintenance counseling, credit repair, and debt management classes



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

Housing will continue to focus on addressing the Tribes' maintenance and rehab needs of low-rent units by implementing policies and prepare written procedures to ensure staff and tenant compliance in order to ensure the community is a desirable place to live and raise a family, the 2015 IHP will ensure the following:

- Conduct annual inspections on all units to ensure compliance with program requirements and identify substandard units needing rehabilitation
- Provide support for homeowners who are low-income needing home repairs (Owner Operators Rehabilitation Program) to include disabled households needing accessibility
- Plan and implement activities designed to increase knowledge of the home buying process, home maintenance budget/credit and debt management so renters can become owners
- Rehabilitate units as they become vacant therefore providing units for those on the waiting list in need of an affordable rental unit and eliminating overcrowded housing by relocating families in a current rental in need of a larger unit

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

The Indian Area (formula area) served by the Squaxin Island Tribe includes the Squaxin Island Reservation in Mason County, Washington and the balance of three counties. In Mason County, the Squaxin Island Tribe and Skokomish tribe provide housing services to low and moderate income Native American families. In Thurston County, The Squaxin Island Tribe and Nisqually Tribe provide housing services to low and moderate income Native American families. In Grays Harbor County, the Squaxin Island Tribe, Quinault and Chehalis Confederated Tribe provides housing services to low and moderate income Native American families within three counties served by the Squaxin Island Tribe 7,925 Native Americans reside in 2,235 households (of these 388 households are below poverty levels). The Tribe's 2010 labor force report identified an Indian Service population of 2,629 people living on or near the Squaxin Island Reservation. Squaxin Island Tribe's total enrollment of 1,053 members, with 666 living within the formula service area.

SECTION 3: PROGRAM DESCRIPTIONS

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

Planning and Reporting Program Year Activities

For the IHP, the purpose of this section is to describe each program that will be operating during the 12-month program year. Each program must include the eligible activity, its planned outputs, intended outcome, who will be assisted, and types and levels of assistance. Each of the eligible activities has a specific, measurable output. The first column in the table below lists all eligible activities, the second column identifies the output measure for each eligible activity, and the third column identifies when to consider an output as completed for each eligible activity.

For the APR, the purpose of this section is to describe your accomplishments, actual outputs, actual outcomes, and any reasons for delays.

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

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

(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection
Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding table only)
(25) Reserve Accounts [202(9)]	N/A	N/A

Outcome May Include:

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

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

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

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

APR: REPORTING ON PROGRAM YEAR PROGRESS (NAHASDA § 404(b))

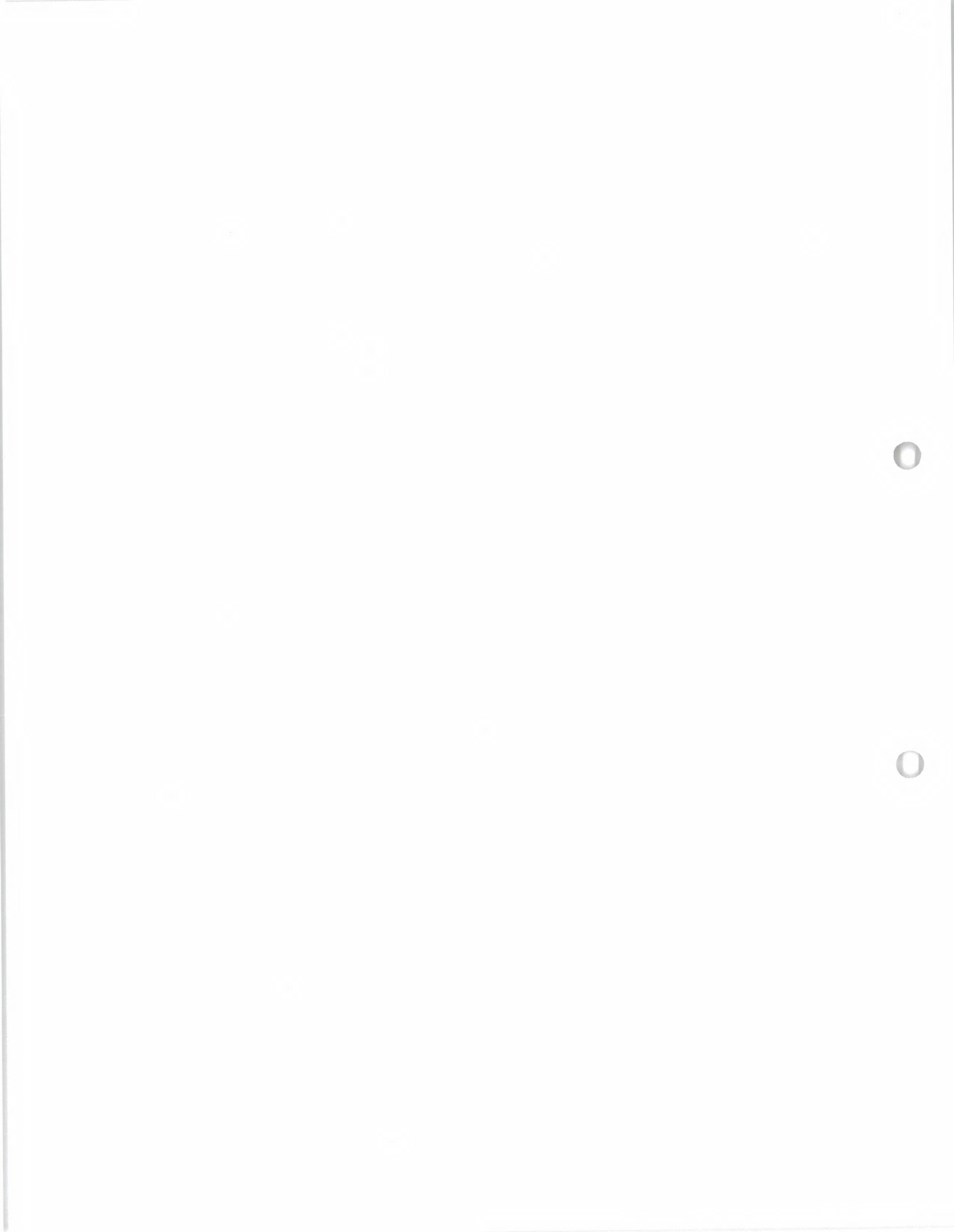
Complete the shaded section of text below to describe your completed program tasks and actual results. Only report on activities completed during the 12-month program year. Financial data should be presented using the same basis of accounting as the Schedule of Expenditures of Federal Awards (SEFA) in the annual OMB Circular A-133 audit. For unit accomplishments, only count units when the unit was completed and occupied during the year. For households, only count the household if it received the assistance during the previous 12-month program year.

1.1. Program Name and Unique Identifier:	1937 Modernization - 2015-1
1.2. Program Description <i>(This should be the description of the planned program.):</i>	
This program is designed to provide deferred maintenance for 1937 Act housing units as per the tribe's maintenance policy	
1.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>	1
1.4. Intended Outcome Number <i>(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):</i>	1
Describe Other Intended Outcome (Only if you selected "Other" above):	
1.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>	
Describe Other Actual Outcome (Only if you selected "Other" in above):	
1.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>	
Low-Income Native families	
1.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>	
Remove and replace roofs in our low rent housing at the estimated cost \$5,500 per unit and replacing floor coverings at the estimated cost \$3,400 per home.	
1.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.</i>	

1.9: Planned and Actual Outputs for 12-Month Program Year

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
3		
APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year

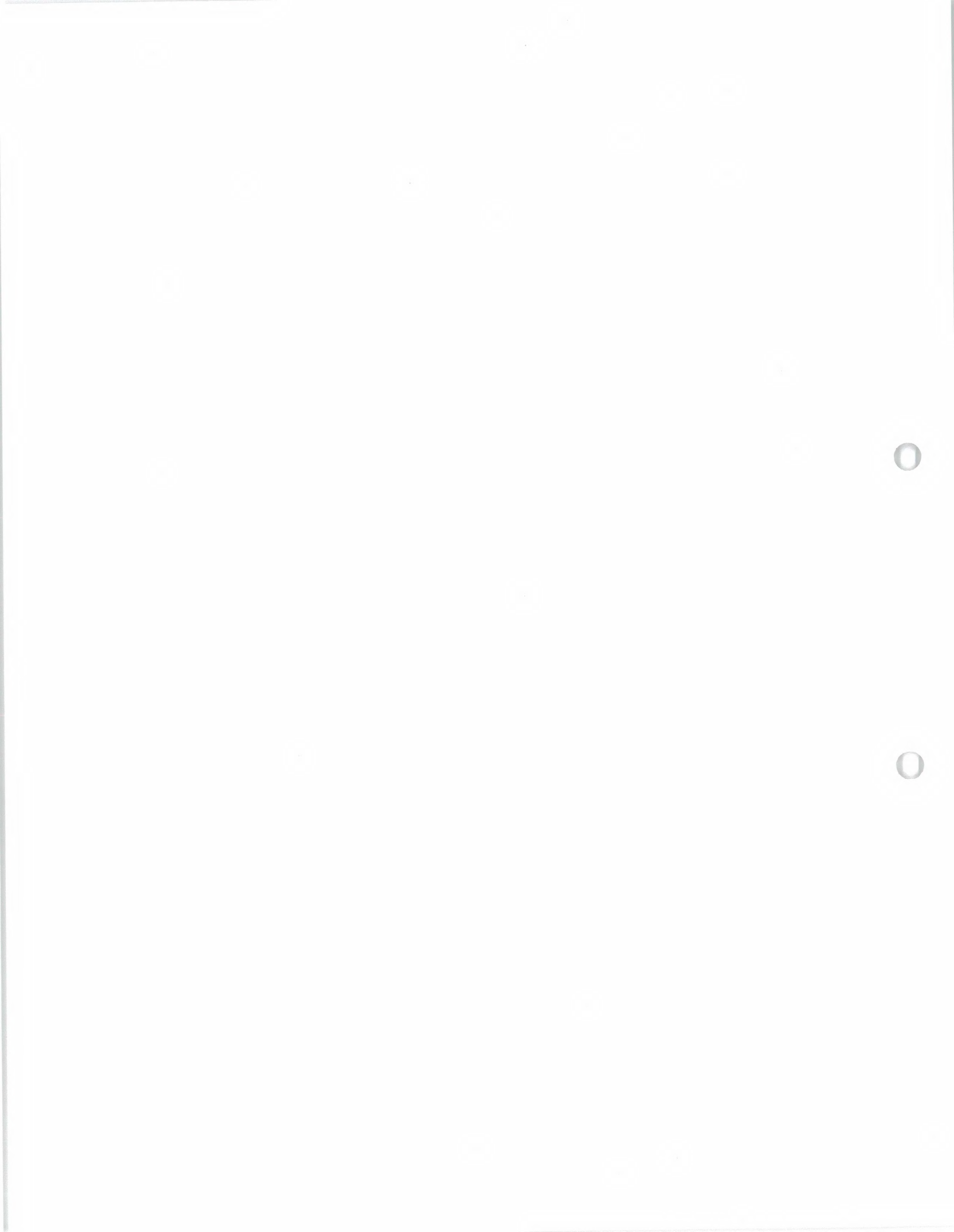
1.10: APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*



2.1. Program Name and Unique Identifier:	1937 Maintenance (Operation) 2014-2	
2.2. Program Description <i>(This should be the description of the planned program.):</i>		
This program is designed to provide maintenance activities for 1937 Act housing units per the tribes' maintenance policy.		
2.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>	2	
2.4. Intended Outcome Number <i>(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):</i>	3	
Describe Other Intended Outcome (Only if you selected "Other" above):		
2.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
2.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Low Income Native Families		
2.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Assistance provided will be cleaning activities, protective or preventative maintenance, repairs, replacement of appliances or objectst that are not fixtures or part of a building, pest control and chimney cleaning.		
2.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
2.9: Planned and Actual Outputs for 12-Month Program Year		
Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
35		

APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year

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



3.1. Program Name and Unique Identifier:	NAHASDA Modernization - 2014-3	
3.2. Program Description (This should be the description of the planned program.):		
This program is designed to provide modernization assistance for NAHASDA housing units		
3.3. Eligible Activity Number (Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):	5	
3.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):	3	
Describe Other Intended Outcome (Only if you selected "Other" above):		
3.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):		
Describe Other Actual Outcome (Only if you selected "Other" above):		
3.6. 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 <u>separate</u> program within this section.):		
Low-Income Native American Families		
3.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):		
Exterior painting estimated cost of \$1,300 per unit and replacing flooring at the estimated cost of \$3,500 per unit		
3.8. APR: Describe the accomplishments for the APR in the 12-month program year.		
3.9: Planned and Actual Outputs for 12-Month Program Year		
Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
4		

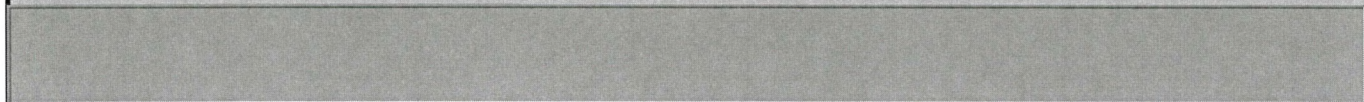
APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year

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

4.1. Program Name and Unique Identifier:	NAHASDA Operation and Maintenance 2015-4
4.2. Program Description <i>(This should be the description of the planned program.):</i>	
<p>This program is designed to provide operations and maintenance activities for NAHASDA housing units. Activities include all administrative functions associated with maintaining units, occupancy, admissions, Housing Commission, monitoring and compliance, inspections, insurance, work orders, preparation of work specifications for affordable housing; and file maintenance of all tenant and applicant information and correspondence.</p>	
4.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>	20
4.4. Intended Outcome Number <i>(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):</i>	3
Describe Other Intended Outcome (Only if you selected "Other" above):	
4.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>	
Describe Other Actual Outcome (Only if you selected "Other" above):	
4.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>	
Low-Income Native Families	
4.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>	
<p>Assistance provided will be cleaning activities protective or preventive maintenance, repairs, replacement of appliances or objects that are not fixtures or part of a building, pest control, chimney cleaning and maintenance for HVAC units. A combination of staff and contractors will be utilized. There are no charges for maintenance repairs that are routine.</p>	
4.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>	
4.9: Planned and Actual Outputs for 12-Month Program Year	

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
64		
APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year

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



5.1. Program Name and Unique Identifier:	Crime Prevention and Safety 2015-5	
5.2. Program Description <i>(This should be the description of the planned program.):</i>		
This program is designed to provide safety to residents of affordable housing		
5.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>	21	
5.4. Intended Outcome Number <i>(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):</i>	11	
Describe Other Intended Outcome (Only if you selected "Other" above):		
5.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
5.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Low-Income Native American Families within the Squaxin Island Affordable Housing		
5.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Resident safety will be provided by paying partial salary for a SIT Law Enforcement Officer who will provide above base-line services; repair of street lights, and screening of all tenants over the age of 18 (prior to move-in).		
5.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
5.9: Planned and Actual Outputs for 12-Month Program Year		
Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
0		

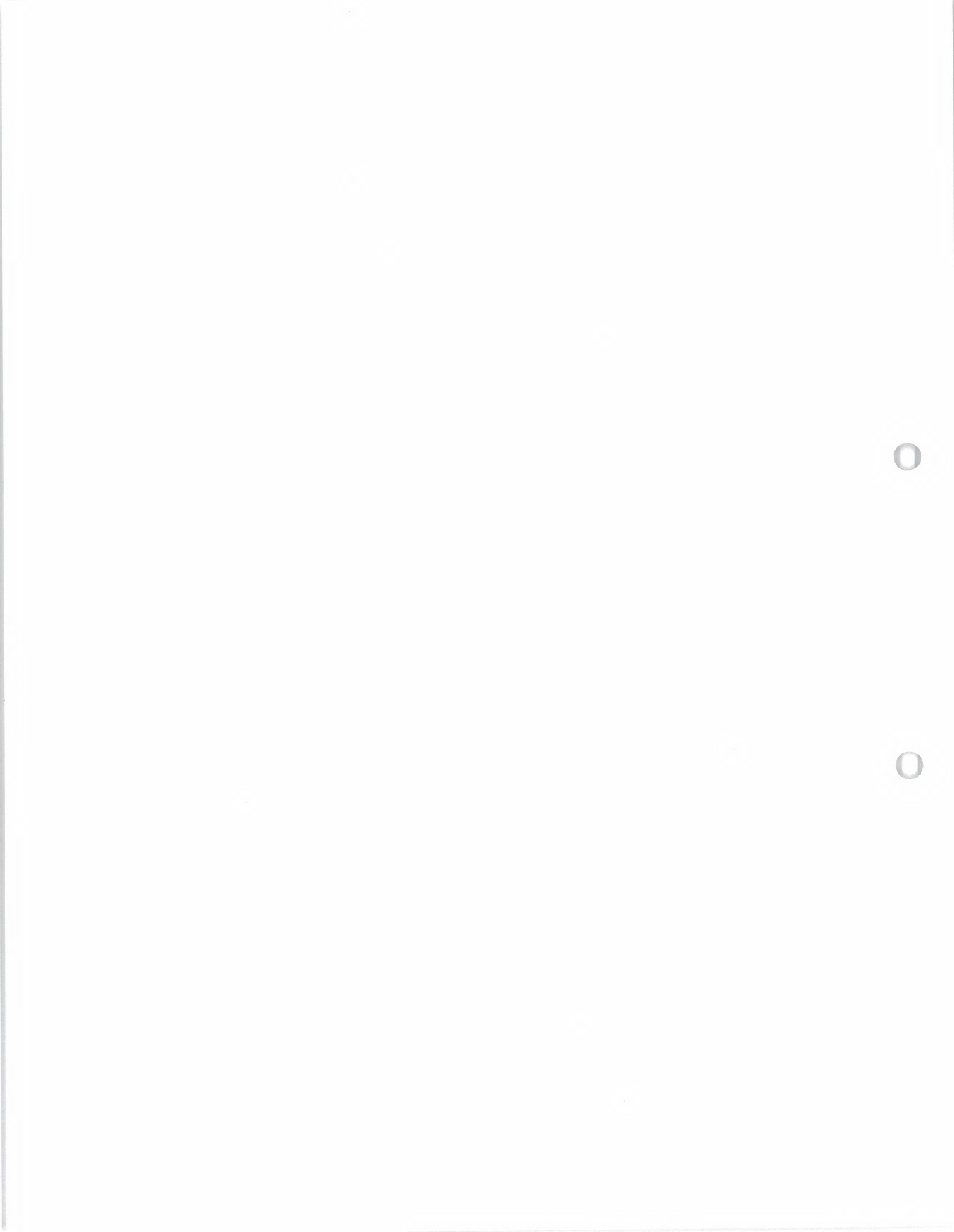
APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year

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

6.1. Program Name and Unique Identifier:	Housing Counseling Services 2015-6	
6.2. Program Description <i>(This should be the description of the planned program.):</i>		
This program is designed to provide housing counseling services in connection with rental or homeownership assistance		
6.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>	18	
6.4. Intended Outcome Number <i>(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):</i>	12	
Describe Other Intended Outcome (Only if you selected "Other" above):		
Expand homeownership opportunities through consumer education		
6.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
6.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Low-Income Native American Families		
6.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Housing Counseling Services will provide at a no cost and includes: homebuyer education, one-on-one counseling, credit repair, newsletter articles, activities related to self-sufficiency, housing discounts, garbage subsidy, educate tribal members on HUD 184 loan program and similar low/median loan programs		
6.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
6.9: Planned and Actual Outputs for 12-Month Program Year		
Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
	25	

APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year

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



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

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

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

The Office of Housing will provide necessary maintenance to existing 1937 Act units (MHO and rental). Tenants participating in the Mutual Help Program are required to have inspections on an annual basis by a representative of the Office of Housing. Upon completion of the inspections, the staff will meet with the tenant to review findings and initiate a work order for repairs and tenant signs a report detailing any deficiency. The homebuyer has 60 days to correct deficiencies. The Office of Housing performs a follow-up inspection, if deficiencies are not corrected the Office of Housing has the authority to 1) terminate MHOA or lease agreement; or 2) correct the deficiencies and bill the homebuyer for the cost of repairs.

Note: If major repairs are necessary and charged back to the tenant, the cost estimate and proposed payment plan will be discussed and settled prior to commencement of work.

(2) Demolition and Disposition (NAHASDA § 102(b)(2)(A)(iv)(I-III), 24 CFR 1000.134) Describe any planned demolition or sale of 1937 Act or NAHASDA-assisted housing units. If the recipient is planning on demolition or disposition of 1937 Act or NAHASDA-assisted housing units, be certain to include the timetable for any planned demolition or disposition and any other information that is required by HUD with respect to the demolition or disposition.

None



SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

(1) Sources of Funding (NAHASDA § 102(b)(2)(C)(i), (404(b)) *(Complete the non-shaded portions of the chart below to describe your estimated or anticipated sources of funding for the 12-month program year. **APR Actual Sources of Funding** -- Please complete the shaded portions of the chart below to describe your actual funds received. Only report on funds actually received and under a grant agreement or other binding commitment during the 12-month program year.)*

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds	\$443,422	\$851,623	\$1,295,045	\$878,767	\$416,278			\$0		\$0	
2. IHBG Program Income	\$550,000	\$252,321	\$802,321	\$144,626	\$657,695			\$0		\$0	
3. Title VI	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
4. Title VI Program Income	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
5. 1937 Act Operating Reserves	\$0		\$0	\$0	\$0			\$0		\$0	
6. Carry Over 1937 Act Funds	\$0		\$0	\$0	\$0			\$0		\$0	
LEVERAGED FUNDS											
7. ICDBG Funds			\$0		\$0			\$0		\$0	
8. Other Federal Funds			\$0		\$0			\$0		\$0	

9. LIHTC			\$0		\$0			\$0		\$0	
10. Non-Federal Funds			\$0		\$0			\$0		\$0	
TOTAL	\$993,422	\$1,103,944	\$2,097,366	\$1,023,393	\$1,073,973	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL Columns C & H, 2 through 10			\$802,321					\$0			

Notes:

- a. For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). **For the APR, fill in columns F, G, H, I, J, and K (shaded columns).**
- b. Total of Column D should match the total of Column N from the **Uses of Funding table below.**
- c. Total of Column I should match the Total of Column Q from the Uses of Funding table below.**
- d. For the IHP, describe any estimated leverage in Line 3 below (Estimated Sources or Uses of Funding). For the APR, describe actual leverage in Line 4 below.

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

PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)
1937 Modernization - 2015-1	\$22,000	\$0	\$22,000			\$0
1937 Maintenance (Operation) 2014-2	\$107,576	\$0	\$107,576			\$0

NAHASDA Modernization - 2014-3		\$22,000	\$0	\$22,000			\$0
NAHASDA Operation and Maintenance 2015-4		\$354,630	\$0	\$354,630			\$0
Crime Prevention and Safety 2015-5		\$44,829	\$0	\$44,829			\$0
Housing Counseling Services 2015-6		\$103,000	\$0	\$103,000			\$0
Planning and Administration		\$164,255	\$0	\$164,255			\$0
Loan repayment - describe in 3 & 4 below		\$205,103	\$0	\$205,103			\$0
TOTAL		\$1,023,393	\$0	\$1,023,393	\$0	\$0	\$0

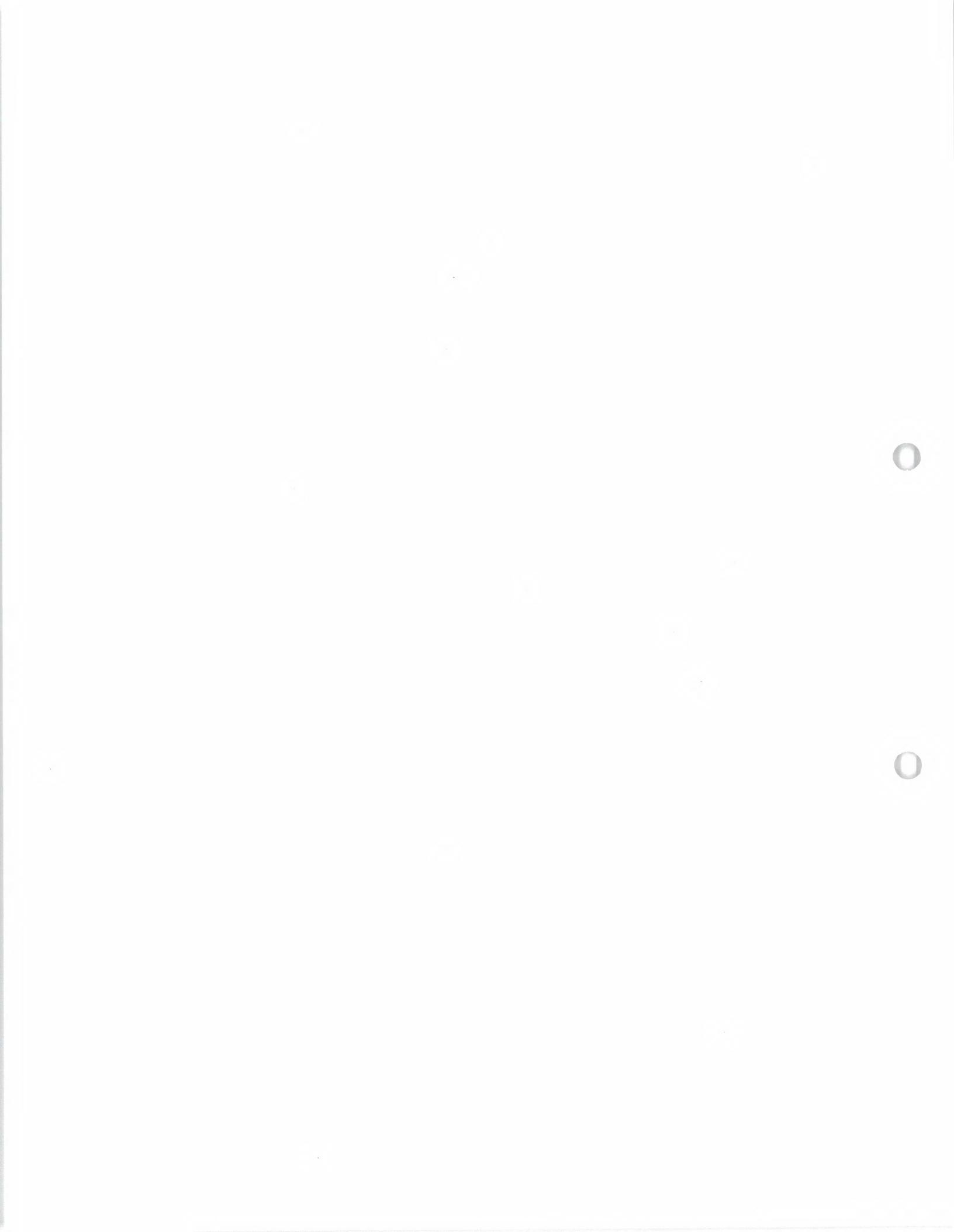
Notes:

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

(3) Estimated Sources or Uses of Funding (NAHASDA § 102(b)(2)(C)). *(Provide any additional information about the estimated sources or uses of funding, including leverage (if any). You must provide the relevant information for any planned loan repayment listed in the Uses of Funding table on the previous page. This planned loan repayment can be associated with Title VI or with private or tribal funding that is used for an eligible activity described in an IHP that has been determined to be in compliance by HUD. The text must describe which specific loan is planned to be repaid and the NAHASDA-eligible activity and program associated with this loan):*

This program is designed to provide the following activities: Payments for Title IV and Sewage Treatment Debt Service

Add Bullet



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

Add Bullet

SECTION 6: OTHER SUBMISSION ITEMS

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

(1) Useful Life/Affordability Period(s) (NAHASDA § 205, 24 CFR § 1000.142) *(Describe your plan or system for determining the useful life/affordability period of the housing it assists with IHBG and/or Title VI funds must be provided in the IHP. A record of the current, specific useful life/affordability period for housing units assisted with IHBG and/or Title VI funds (excluding Mutual Help) must be maintained in the recipient's files and available for review for the useful life/affordability period.):*

1 37 ACt LR units estimated \$5,500 per unit - 5 years
4 NAHASDA Low Rent units less than \$9,000 per units - 5 years

(2) Model Housing and Over-Income Activities (NAHASDA § 202(6), 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.):*

None

(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.

The Squaxin Island Tribe exercises "preference" in providing housing services and housing to tribal members.

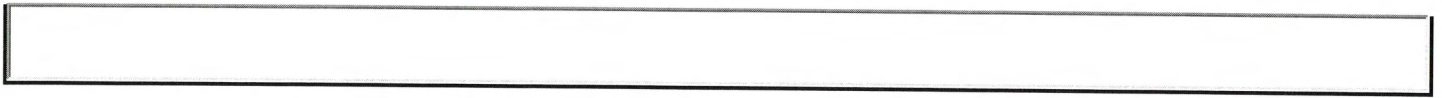
Within the Eligibility, Admission and Occupancy Policy an applicant must qualify as an Indian family, defined by the Squaxin Island Tribe as a family whose head of household or spouse is an enrolled member of the Squaxin Island Tribe.

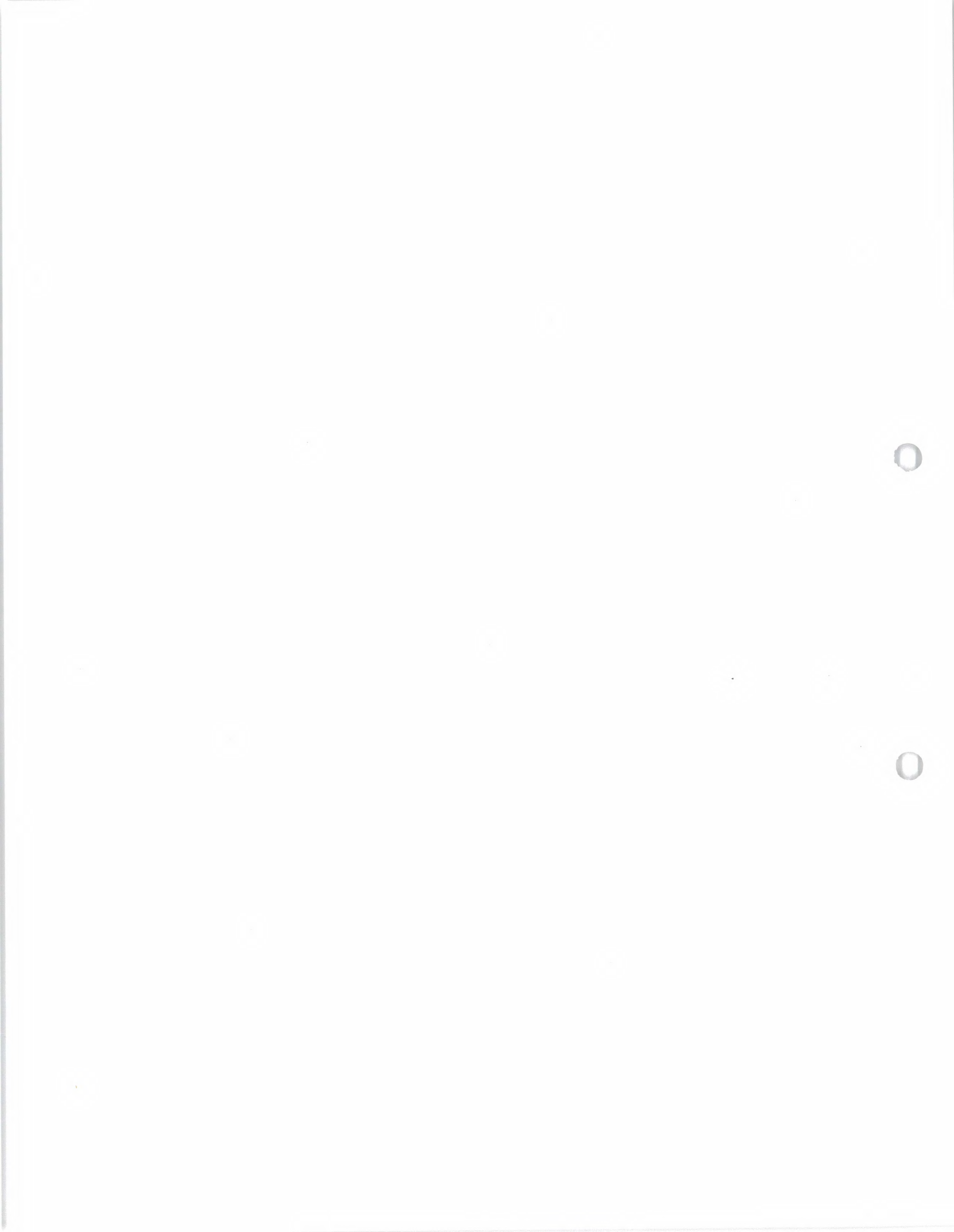
Squaxin Island Housing Code: Only Squaxin Island Tribe enrolled member shall be entitled to lease, hold a leasehold interest, or own a residence. Provisions within the Code allows spouses, decendants, other indians and/or minority and other legal incapacities to reside within the residence for the duration of his or her life if certain conditions are met.

(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

If yes, describe why the additional funds are needed for Planning and Administration. For a recipient administering funds from multiple grant beneficiaries with a mix of grant or expenditure amounts, for each beneficiary state the grant amount or expenditure amount, the cap percentage applied, and the actual dollar amount of the cap.





(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

If yes, did you receive HUD approval to exceed the cap on Planning and Administration costs?

Yes No

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

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

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

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

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

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

(7) APR: If answered "Yes" in Line 6, for each separate formula area, list the actual amount of IHBG and other funds expended for all AIAN households and for only AIAN households with incomes 80% of median income or lower during the recipient's 12-month program year.

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



SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

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

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

It will comply with Title II of the Civil Rights Act of 1968 in carrying out this Act, to the extent that such title is applicable, and other applicable federal statutes.

Yes No

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

There are households within its jurisdiction at or below 80 percent of median income.

Yes No Not Applicable

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

a. It will maintain adequate insurance coverage for housing units that are owned and operated or assisted with grant amounts provided under NAHASDA, in compliance with such requirements as may be established by HUD;

Yes No Not Applicable

b. Policies are in effect and are available for review by HUD and the public governing the eligibility, admission, and occupancy of families for housing assisted with grant amounts provided under NAHASDA;

Yes No Not Applicable

c. Policies are in effect and are available for review by HUD and the public governing rents charged, including the methods by which such rents or homebuyer payments are determined, for housing assisted with grant amounts provided under NAHASDA; and

Yes No Not Applicable

d. Policies are in effect and are available for review by HUD and the public governing the management and maintenance of housing assisted with grant amounts provided under NAHASDA.

Yes No Not Applicable

SECTION 8: IHP TRIBAL CERTIFICATION

NAHASDA § 102(c)

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

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

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

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

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

SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

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

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

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

N/A

SECTION 10: SELF-MONITORING

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

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

Yes No

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

Yes No Not Applicable

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

Yes No

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



SECTION 11: INSPECTIONS

NAHASDA § 403(b)

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

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

(2) Did you comply with your inspection policy:

Yes No

(3) If no, why not:

SECTION 12: AUDITS

24 CFR § 1000.544

This section is used to indicate whether an Office of Management and Budget Circular A-133 audit is required, based on a review of your financial records.

Did you expend \$500,000 or more in total Federal awards during the APR reporting period?

Yes No

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

If No, an audit is not required.

SECTION 13: PUBLIC AVAILABILITY

NAHASDA § 408, 24 CFR § 1000.518

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

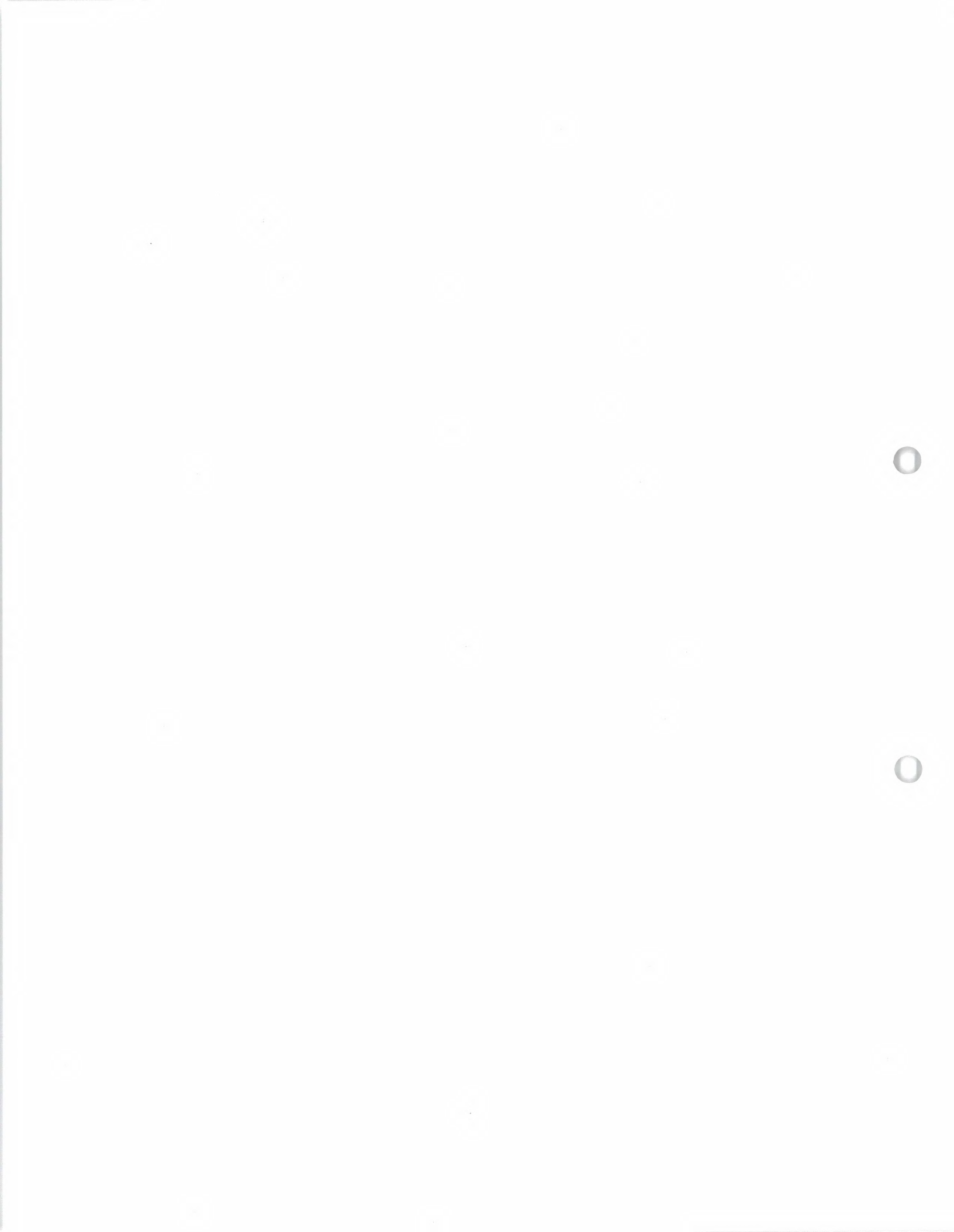
Yes No

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

Yes No Not Applicable

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

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



SECTION 14: JOBS SUPPORTED BY NAHASDA

NAHASDA § 404(b)

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

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

SECTION 15: IHP WAIVER REQUESTS

NAHASDA § 101(b)(2)

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

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

(1) List below the sections of the IHP where you are requesting a waiver and/or a waiver of the IHP due date.

(List the requested waiver sections by name and section number):

(2) Describe the reasons that you are requesting this waiver *(Describe completely why you are unable to complete a particular section of the IHP or could not submit the IHP by the required due date.):*

(3) Describe the actions you will take in order to ensure that you are able to submit a complete IHP in the future and/or submit the IHP by the required due date. *(This section should completely describe the procedural, staffing or technical corrections that you will make in order to submit a complete IHP in the future and/or submit the IHP by the required due date.):*

(4) Recipient:

(5) Authorized Official's Name and
Title:

(6) Authorized Official's Signature:

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

SECTION 16: IHP AMENDMENTS

24 CFR §1000.512

Use this section for IHP amendments only.

Planning and Reporting Program Year Activities

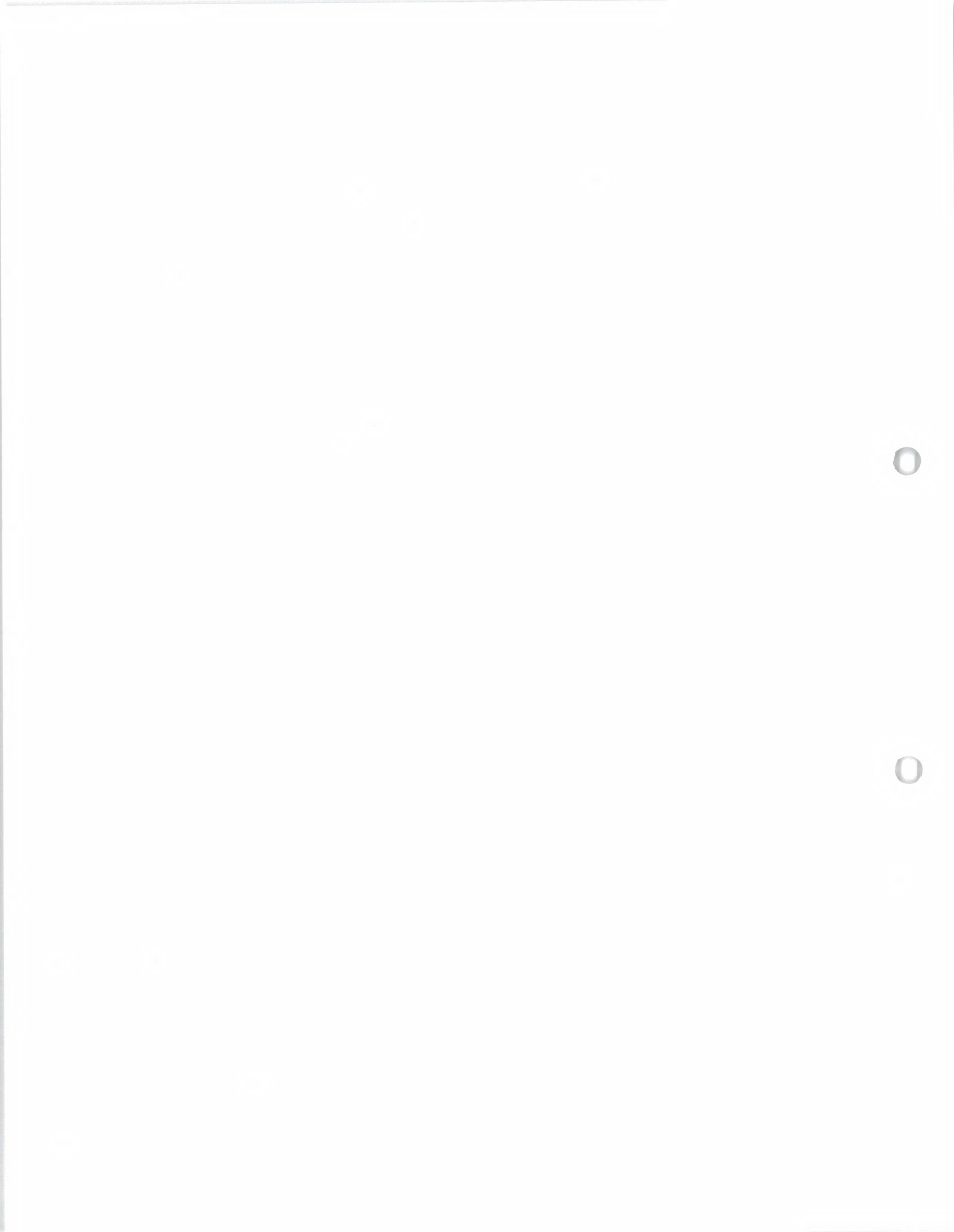
Fill out the text below to summarize your IHP amendment. This amendment is only required to be submitted to the HUD Area Office of Native American Programs when (1) the recipient is adding a new activity that was not described in the current One-Year Plan that has been determined to be in compliance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

NOTES:

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

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

(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed
(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding Table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding Table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection
Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding Table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding Table only)
(25) Reserve Accounts [202(9)]	N/A	N/A



APR: REPORTING ON PROGRAM YEAR PROGRESS (NAHASDA § 404(b))

Complete the shaded section of text below to describe your completed program tasks and actual results. Only report on activities completed during the 12-month program year. Financial data should be presented using the same basis of accounting as the Schedule of Expenditures of Federal Awards (SEFA) in the annual OMB Circular A-133 audit. For unit accomplishments, only count units when the unit was completed and occupied during the year. For households, only count the household if it received the assistance during the previous 12-month program year.

1. Program Name and Unique Identifier:	
2. Program Description <i>(This should be the description of the planned program.):</i>	
3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>	
4. Intended Outcome Number <i>(Select one outcome from the Outcome list.):</i>	
Describe Other Intended Outcome (Only if you selected "Other" above):	
5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>	
Describe Other Actual Outcome (Only if you selected "Other" in above):	
6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>	
7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>	
8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>	
9. Planned and Actual Outputs for 12-Month Program Year	

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

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

(11) Amended Sources of Funding (NAHASDA § 102(b)(2)(C)(i) and 404(b)) (Complete the **non-shaded** portions of the chart below to describe your estimated or anticipated sources of funding for the 12-month program year. **APR Actual Sources of Funding -- Please complete the shaded portions of the chart below to describe your actual funds received. Only report on funds actually received and under a grant agreement or other binding commitment during the 12-month program year.**)

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

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

- a. For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). **For the APR, fill in columns F, G, H, I, J, and K (shaded columns).**
- b. Total of Column D should match the total of Column N from the **Uses of Funding table below.**
- c. **Total of Column I should match the Total of Column Q from the Uses of Funding table below.**

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

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

Notes:

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

(13) Estimated Sources or Uses of Funding (NAHASDA § 102(b)(2)(C)). *(Provide any additional information about the estimated sources or uses of funding, including leverage (if any). You must provide the relevant information for any planned loan repayment listed in the Uses of Funding table on the previous page. This planned loan repayment can be associated with Title VI or with private or tribal funding that is used for an eligible activity described in an IHP that has been determined to be in compliance by HUD. The text must describe which specific loan is planned to be repaid and the NAHASDA-eligible activity and program associated with this loan):*

(14) 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 of Funding table on the previous page. The text must describe which loan was repaid and the NAHASDA-eligible activity and program associated with this loan.):*

(15) Recipient:		
(16) Authorized Official's Name		
(17) Authorized Official's Signature:	I certify that all other sections of the IHP approved on	
	are accurate and reflect the activities planned.	
(18) Date (MM/DD/YYYY):		

