

***EPIC User Manual***  
***For Recipients of***  
***Indian Housing Block Grant***  
***Funds***



Office of Native American Programs  
U.S. Department of Housing and Urban Development

April 13, 2018



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Portions of this manual were extracted from the original EPIC User Manual (R1\_3v1), as prepared by HUD's Office of Public and Indian Housing and published in May 2013.



The *EPIC User Manual* provides the information necessary for recipients of Indian Housing Block Grants (IHBG) to use the Energy and Performance Information Center (EPIC) application effectively. EPIC provides an efficient and effective means for IHBG recipients to submit Indian Housing Plans (IHP), IHP Amendments, IHP Waivers, Tribal Certifications, Annual Performance Reports (APR), and Federal Financial Reports (SF-425). The intended audience is the tribes and tribally designated housing entities (TDHE) that receive IHBG funds.

The manual describes how a user operates the application and includes sufficient detail and plain language so that all types of users can easily understand how to operate EPIC. It includes a description of the functions and capabilities, contingencies and alternate modes of operation, and step-by-step procedures for accessing and using EPIC.

The structure of the EPIC IHP/APR mirrors the Excel version of the form. EPIC’s automated capabilities, such as prepopulated fields, drop down menus, and automatically totaling tables, should save the user time in completing the form while enhancing data quality.

## A. Getting Started

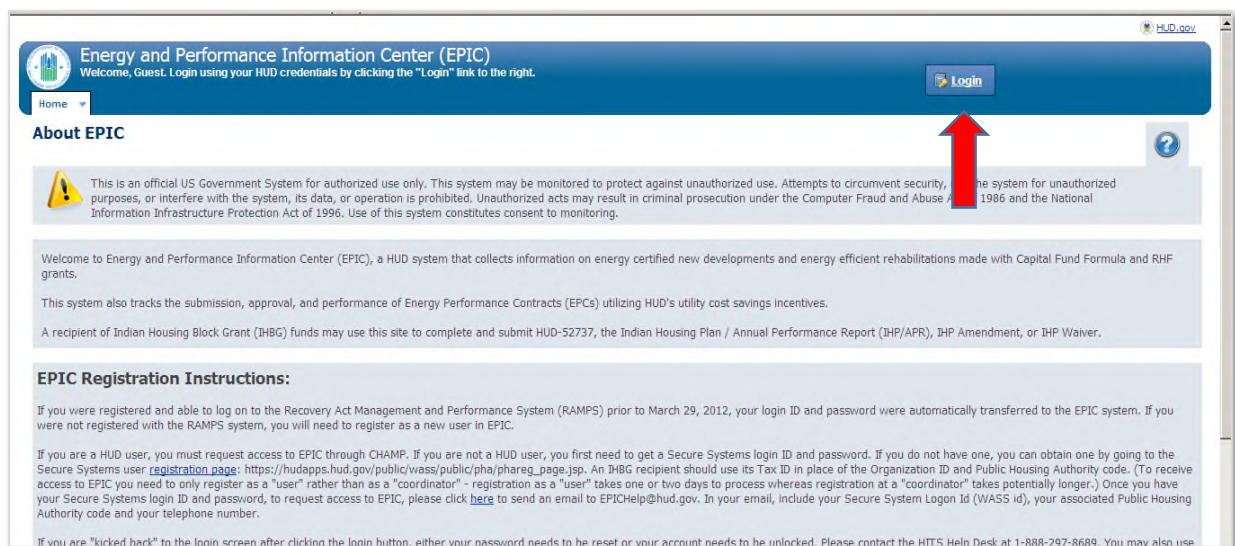
The user must be registered in HUD’s Secure Systems in order to access EPIC. If the user already has registered with Secure Systems, it is possible to access EPIC now. If the user needs to register with Secure Systems, visit this site:

[https://hudapps.hud.gov/public/wass/public/pha/phareg\\_page.jsp](https://hudapps.hud.gov/public/wass/public/pha/phareg_page.jsp). The site is geared toward public housing users, but also applies to tribes and THDEs.

### 1. Logging On

The user logs into EPIC by clicking **Login** on the EPIC homepage located at:

[https://portalapps.hud.gov/app\\_epic/](https://portalapps.hud.gov/app_epic/)





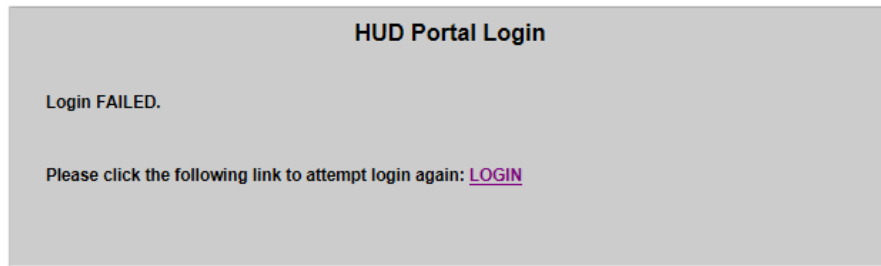
The user will be presented with a window for entering the user ID and password as provided during the Secure Systems registration process. Then, click **Login**, as shown below.

The image shows a login form titled "HUD Portal Login". It contains three input fields: "Username:", "Password:", and a "Login" button. Red arrows point to each of these elements from the right side of the form.

Upon successful login, the user will be presented again with the EPIC home page. The user will see that they are signed in by looking at the upper right-hand corner for their user ID.

The screenshot shows the EPIC home page. At the top right, there is a user ID "RU101" and a "Log" button. A red arrow points to the "Log" button. The page title is "Energy and Performance Information Center (EPIC)" and it says "RU101, Welcome back!". There is a navigation menu with tabs: Home, Core Activity/Energy Module, Development of New Housing, Activity Planning, EPC, and PNA. Below the navigation menu, there is a "Welcome to EPIC" section with "Tab Instructions" for Core Activity and Activity Planning. The Core Activity instructions describe reporting requirements for Public Housing and Capital Fund grants. The Activity Planning instructions describe creating and updating 5-Year Action Plans. There is also a welcome message and information about tracking Energy Performance Contracts (EPCs) and submitting reports for Indian Housing Block Grant (IHBG) and Indian Housing Plan / Annual Performance Report (IHP/APR).

If the user login process fails, as shown below, the user will receive a response from the login page like the message, as shown below. To attempt to login again, click **LOGIN** to go back to the user login screen. Login failures can be caused by several reasons; for example, ensuring that the user has properly registered and that the user is using the correct user ID and password as supplied during the registration process. If the user continues having difficulty logging onto EPIC, the user should contact the HITS National Helpdesk at (888) 297-8689.



## 2. System Menu

When the user logs on, the EPIC home page will contain all appropriate modules available to the user as tabs listed across the top of the page. These tabs are generated based on user role and what modules the user has access to. Tribes and TDHEs will see the IHP/APR and SF425 tabs.

## 3. Exit System

The user can follow several approaches to exit the application. The user can:

1. Close the internet browser being used to access the system.
2. Allow the browser session to time out. After approximately 30 minutes of inactivity, the user's session will expire and automatically sign the user out of the system.
3. Click the logout button, as shown below, and the user will be presented with a screen confirming system exit.





## **B. IHP and APR Submission**

All sections of an IHP or APR must be free of errors in order to submit the report in EPIC. Once all reporting sections have been completed and saved, the recipient can submit the report. EPIC allows an IHP to be submitted with errors for the first time. After that, the recipient needs to correct the errors to submit the report. Once all sections of an IHP or APR show as “Completed” or “Not Applicable” in the Section Progress screen view, EPIC will show a “Submit” button for the recipient to click.



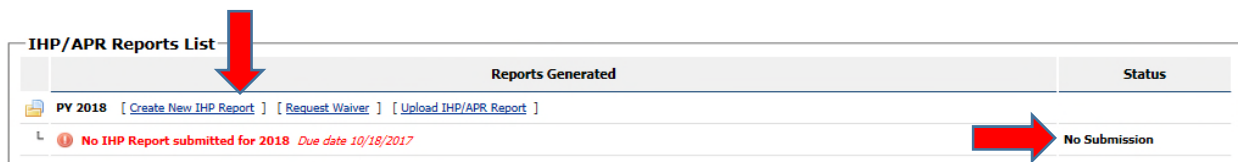
### C. Preparing an Indian Housing Plan (IHP)

- Log into EPIC
- On the Welcome to EPIC page, click the **IHP/APR** tab.

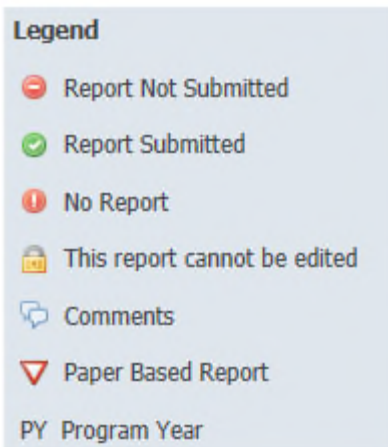


#### 1. Create the IHP

If the recipient plans to conduct programs or activities that are different than those in the current year, on the IHP/APR Reports list, click **Create New IHP Report**. The IHP should be shown as “No Submission” in the Status column, as shown below.



The status of a recipient’s IHP submission is identified by the symbols listed in the Legend on the left-hand side of the page.





**Copy Forward Function.** A recipient that plans to fund the same programs or activities as the current year can create the subsequent IHP with the same programs or activities. Click **Copy Forward IHP**, as shown below, and the new IHP will show the same programs or activities, but not the same budgeted amounts – planned expenditures must be updated annually.

IHP/APR Reports List		Reports Generated	Status
PY 2017			
+	APR Report	[ 1/1 ] [ View Change Log ] [ Upload Report ] [ Download Excel ]	Submitted
-	IHP Report	[ 1/2 ] [ Copy Forward IHP ]	In Compliance
PY 2016			
+	APR Report	[ Unsubmit Report ] [ Download Excel ]	Submitted
+	IHP Report	[ submitted on 08/18/2015 10:40 AM MST ] [ 1/1 ] [ 1/1 ] [ View Change Log ]	In Compliance
-	IHP Report	[ submitted on 08/03/2015 03:45 PM MST ] [ 1/1 ] [ 1/1 ]	Not In Compliance

## 2. Complete the IHP

The Section Progress screen shows all sections of an IHP and identifies the status of each section. When beginning, all sections should show as “Incomplete” and when done, all sections will either show as “Complete” or “Not Required.”

Review and complete Sections 1, 2, 3, 4, 5(a), 5(b), 6, 7, 8, and 9. To access these sections, click on the ***underlined section title*** or ***Visit Section***.

Section Progress		
<u>1. Cover Page</u>	Incomplete	Visit Section
<u>2. Housing Needs</u>	Incomplete	Visit Section
<u>3. Program Descriptions</u>	Incomplete	Visit Section
<u>4. Maintaining 1937 Act Units, Demolition and Disposition</u>	Incomplete	Visit Section
<u>5(a). Sources of Funding</u>	Incomplete	Visit Section
<u>5(b). Uses of Funding</u>	Incomplete	Visit Section
<u>6. Other Submission Items</u>	Incomplete	Visit Section
<u>7. Indian Housing Plan Certification Of Compliance</u>	Incomplete	Visit Section
<u>8. IHP Tribal Certification</u>	Not Required	Visit Section
<u>9. Tribal Wage Rate Certification</u>	Incomplete	Visit Section

Hovering over underlined field names brings up a text box with instructions for completing the fields.

**Cover Page.** Some information is prepopulated in the form with data and information from HUD’s Performance Tracking Database. If any information is incorrect, contact your Area ONAP Grants Management Specialist.





Provide the information requested in Lines 2, 10, 11, 16, 17, 18, 21, and 22. When completed, click *Save and Continue*.

**Cover Page**

**Grant Information**

1. Grant Number: 95-07-40-05940

2. Requested Program Year: 12/01/2018 12/31/2018

3. Federal Fiscal Year: 2018

4. Initial Indian Housing Plan (IHP):

5. Amended Plan:

6. Annual Performance Report (APR):

7. Tribe:

8. TDHE:

**Recipient Information**

9. Name of the Recipient: Cherokee-Ashepota Tribes

10. Grantee Name: Hamilton, Rollin

11. Telephone Number with Area Code: 405-422-7734 Ext:

12. Mailing Address: P.O. Box 167

13. City: Concho

14. State: OK

15. Zip: 73302

16. Fax Number with Area Code: 405-422-8224

17. Email Address: rhamilton@ca-tribes.org

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

**TDHE/Tribe Information**

19. Tax Identification Number: 730710910

20. EBUS Number: 145309993

21. CCR/ISAM Registration Date:

**Planned Grant-Based Budget for Eligible Programs**

22. USG Fiscal Year Formula Amount: \$2,970,678.00

**Section 2 (Housing Needs).** Provide the information requested in Lines 1, 2, and 3. When completed, click *Save and Continue* to move to the next section, or click *Previous Section* to return to the prior page.

**Error**  
There are errors with the form. Please review the errors below and correct them before continuing. Or use the "Save and Continue with Errors" button to save your work and correct the errors later.

**Housing Needs**

1. Type of Need

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

Type of Need (A)	Low-Income Indian Families (B)	All Indian Families (C)
Overcrowded Households	<input type="checkbox"/>	<input type="checkbox"/>
Renters Who Wish to Become Owners	<input type="checkbox"/>	<input type="checkbox"/>
Substandard Units Needing Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
Homeless Households	<input type="checkbox"/>	<input type="checkbox"/>
Households Needing Affordable Rental Units	<input type="checkbox"/>	<input type="checkbox"/>
College Student Housing	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Households Needing Accessibility	<input type="checkbox"/>	<input type="checkbox"/>
Units Needing Energy Efficiency Upgrades	<input type="checkbox"/>	<input type="checkbox"/>
Infrastructure to Support Housing	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>

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

You have 5000 characters left.

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

You have 5000 characters left.



**NOTE:** If a Line is not completed, in this Section or any other section, an error message will inform the user that the error needs to be corrected before the form can be submitted. If the user prefers to correct the error later, click *Save and Continue with Errors*.

**Section 3 (Program Descriptions).** Click *Program Descriptions* and the screen view below will appear. Click *Add New Program* to describe a program or activity to be funded with IHBG funds. Repeat this action for each planned program or activity.

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"/>					

Program Filter. To select a program within a long list of programs, use the filter function and enter the first few letters of the desired program name, the Unique Identifier, or select from the drop-down menu of eligible activities. Click *Filter* when done. To reset the list of program descriptions, click *Clear Filter Criteria*.

Program Name:

Unique Identifier:

Eligibility Activity:

[Clear Filter Criteria](#)

In the example below, the filter displayed the desired construction program.

**Program Descriptions**

Unique Identifier	Program Name	Eligible Activity	Planned Funding	Actual Funding	Options
2016-2	Development of Rental Housing	Construction of Rental Housing [202(2)]	\$3,500.00	\$0.00	<input type="button" value="View"/>



For each planned program or activity, provide the requested information in Lines 1, 2, 3, 4, 6, 7, and the planned expenditures for each program or activity in the Uses of Funding fields. Click **Add** when done with the program or activity. Repeat this process for each planned program or activity.

EPIC provides the opportunity to repeat an eligible program or activity for the coming year. In the Program Descriptions view, click **Clone**, as shown below, and that program or activity will be included in the IHP that is being prepared.

Program Descriptions						
Unique Identifier	Program Name	Eligible Activity	Planned Funding	Actual Funding	Options	
2016-1	CAS Management (Operating)	(2) Operation of 1937 Act Housing [202(1)]	\$557,417.00	\$0.00	<a href="#">Edit</a> <a href="#">Clone</a> <a href="#">Delete</a>	
2016-2	AHA Supportive Housing for Special Needs	(4) Construction of Rental Housing [202(2)]	\$1,222,034.86	\$0.00	<a href="#">Edit</a> <a href="#">Clone</a> <a href="#">Delete</a>	
2016-3	AHA Hold Remediation Program	(1) Modernization of 1937 Act Housing [202(1)]	\$250,000.00	\$0.00	<a href="#">Edit</a> <a href="#">Clone</a> <a href="#">Delete</a>	
2016-4	AHA Tenant Assistance Program	(17) Tenant Based Rental Assistance [202(3)]	\$155,000.00	\$0.00	<a href="#">Edit</a> <a href="#">Clone</a> <a href="#">Delete</a>	
2016-5	Other Housing Services - Alkivesasne Boys & Girls Club	(18) Other Housing Service [202(3)]	\$50,000.00	\$0.00	<a href="#">Edit</a> <a href="#">Clone</a> <a href="#">Delete</a>	
2016-6	Housing Management Services	(19) Housing Management Services [202(4)]	\$157,790.00	\$0.00	<a href="#">Edit</a> <a href="#">Clone</a> <a href="#">Delete</a>	
<a href="#">Add New Program</a>						



**Section 4 (Maintaining 1937 Act Units, Demolition, and Disposition).** Provide the information requested in Lines 1 and 2. When done, click *Save and Continue* or *Previous Section*.

**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.

**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.

You have 5000 characters left.

You have 5000 characters left.

**Previous Section**      **Save and Continue**

**Section 5(a) (Sources of Funding).** Enter the estimated amounts of funds to be expended in the coming 12-month period. Click *Calculate Totals* after all the dollar amounts are entered. Click *Calculate Totals* to automatically add all rows and columns. When done, click *Save and Continue* or *Previous Section*.

**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
<b>LEVERAGED FUNDS</b>					
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
<b>Total:</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Calculate Totals**      **Previous Section**      **Save and Continue**



**Section 5(b) (Uses of Funding).** The budgeted amounts entered in Section 3 (Program Descriptions) will be displayed automatically in the Uses of Funding Table. To make a change in the budgeted amount of a program, make the change(s) in the Uses of Funding portion of Section 3.

**Uses of Funding**  
 2. Estimated Uses of Funding:  
 (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)	Total IHBG (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)
Development of Rental Housing	2016-2	\$3,500.00	\$0.00	\$3,500.00	\$0.00	\$0.00	\$0.00
Rehabilitation of Rental Housing	2016-3	\$2,000.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$0.00
Housing Management Services	2016-1	\$8,000.00	\$0.00	\$8,000.00	\$0.00	\$0.00	\$0.00
Planning and Administration		\$6,650.00	\$0.00	\$6,650.00	\$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
<b>Total</b>		<b>\$20,150.00</b>	<b>\$0.00</b>	<b>\$20,150.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

The only rows where planned expenditures can be entered directly in the Uses of Funding table are Planning and Administration and Loan Repayment. Click on the calculator icons, as shown above, to enter planned expenditures by funding source.

**Uses of Funding**

Funding Source	Amount of funds to be expended
2. IHBG Program Income:	<input type="text"/>
3. Title VI:	<input type="text"/>
4. Title VI Program Income:	<input type="text"/>
5. 1937 Act Operating Reserves:	<input type="text"/>
6. Carry Over 1937 Act Funds:	<input type="text"/>
7. ICDBG Funds:	<input type="text"/>
8. Other Federal Funds:	<input type="text"/>
9. LIHTC:	<input type="text"/>
10. Non-Federal Funds:	<input type="text"/>
<b>Total:</b>	<b>\$0.00</b>

OK Cancel



Click **Calculate Totals** to automatically add all rows and columns. When done, click **Save and Continue** or **Previous Section**.

**Section 5(b) (Uses of Funding), Line 3.** Provide any additional explanations of anticipated leveraged funding and/or loan repayment(s).

**3. Funding Usability Metric**  
(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 5000 characters left.

**Section 6 (Other Submission Items).** Provide the information requested in Lines 1 through 4.

**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.

test

**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.

test

**3. Tribal and Other Indian Preference**  
(NAHASDA § 201(b)(5), 24 CFR § 1000.120)  
If preference will be given to tribal members or other Indian families, the preference policy must be described. This information may be provided here or in the program description section of the 1-year plan.

Does the tribe have a preference policy?  
 Yes  No

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

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

**Section 7 (IHP Certification of Compliance).** Click the appropriate buttons in Lines 1 through 3.

**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 PCAS 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





**Section 8 (IHP Tribal Certification).** If a TDHE submits the IHP on behalf on a tribe, this certification will be self-completing once the IHP is submitted in EPIC.

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

**Section 9 (Tribal Wage Rate Certification).** Select the appropriate certification as provided in Lines 1, 2, or 3. If option 3 is selected, list the activities to be covered by tribally determined wage rates in Line 4.

**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.

### 3. Submit the IHP

Click the button that enables the authorized official to submit the IHP. Enter the title of the person authorized to submit the IHP.

If the IHP is not ready for submission, click **Save Report** to complete it at a later time. If the IHP is complete and ready for submission, click **Submit Report**.

Yes, I am authorized to submit this report and items contained within this report are accurate.  
 No, I am not authorized.

Once the report has been submitted using the Submit Report button below, the following submitter information will be associated with the report.

23. IHP Submitter Name: RU077\_LN, RU077\_FN

24. IHP Submitter Title:

**NOTE:** If any of the IHP sections contain errors or are incomplete, only the **Save Report** button will be available.



The recipient will receive confirmation that the IHP has been submitted successfully. The confirmation screen view identifies what was submitted, by whom, and when.

**Report Submission Confirmation**

Report submitted successfully!

Award ID:	55-IH-06-37880
Recipient Name:	TULE RIVER INDIAN HOUSING AUTHORITY
Report Type:	IHP
Federal Fiscal year:	2017
Recipient Program Year range:	07/01/2017 - 06/30/2018
Submitted on:	05/16/2017 06:18 AM MST
Submitted by:	RU077_LN, RU077_FN
Submitter Title:	Executive Director
Filing Status:	Submitted

Print Confirmation      Return to Report List

#### 4. IHP Waiver Requests

If the recipient is requesting a waiver of an IHP section or the IHP submission date, the request form will be displayed in the IHP/APR Reports List. Click **IHP Waiver Request** to complete the document.

**IHP/APR Reports List**

Reports Generated	Status
<b>PY 2017</b> [ Upload IHP/APR Report ] No IHP Report submitted for 2017 Due date 10/18/2016 IHP Report (2/2) [ View Change Log ] [ Delete Report ] <b>IHP Waiver Request</b>	No Submission No Submission Submitted
<b>PY 2016</b> No APR Report submitted for 2016 Due date 03/31/2017 APR Report [ Delete Report ] IHP Report (1/2) (3/3) [ Tribal Certification ]	No Submission No Submission In Compliance

The waiver request screen view is shown below. Check the box in the yellow ribbon, if applicable; otherwise, provide the requested information in Lines 1 through 7.

**Extend IHP Report Due Date**

1. Select the sections of the IHP where you are requesting a waiver and/or a waiver of the IHP due date: (24 CFR § 1000.214)

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

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 correction 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: null

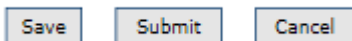
5a. Authorized Official's Name: RU062\_LN, RU062\_FN

5b. Authorized Official's Title:

6. Authorized Official's Signature:  Yes, I am authorized to submit this waiver request.  No, I am not authorized.

7. Date: 05/05/2017

If the Waiver Request is complete, click **Submit**. If additional work is needed on the Waiver prior to submission, click **Save**.



Confirmation that the Waiver has been submitted successfully is shown on the IHP/APR Reports List, as shown below.

IHP/APR Reports List		Reports Generated	Status
PY 2018 [ Upload IHP/APR Report ]			
No IHP Report submitted for 2018 Due date 10/18/2017			No Submission
IHP Report [ Delete Report ]			No Submission
IHP Waiver Request			Submitted

### 5. Tribal Certifications

This certification is used when a TDHE prepares the IHP on behalf of a tribe. The certification must be signed by an authorized tribal official covered under the IHP. If a TDHE is submitting the IHP, enter the title of the official authorized to certify the IHP submission. If the name of the authorized official has changed, please notify your Grants Management Specialist immediately.

IHP Tribal Certification

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

For TDHE:  
 The Tribe has certification on file with TDHE

2. Tribe: Cowlitz Indian Tribe

3. Authorized Official's Name: RU062\_LN, RU062\_FN

4. Authorized Official's Title:

5. Date: 05/05/2017

### 6. IHP Amendments

If a recipient wants to amend an IHP before the end of the program year, click **Amend IHP** in the IHP/APR Reports List, as shown below. An IHP must be found in compliance before it can be amended.

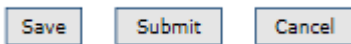
IHP/APR Reports List		Reports Generated	Status
PY 2012			
No APR Report submitted for 2012 Due date 03/31/2012			No Submission
IHP Report / Submitted on 08/17/2012 10:57 AM MST [ X 1/1 ] [ Amend IHP ] [ Copy Forward IHP ] [ Create APR ] [ Tribal Certification ]			In Compliance
IHP Report / Submitted on 08/17/2012 08:41 AM MST [ X 1/1 ] [ Tribal Certification ]			Not In Compliance



An IHP Amendment includes all sections of an IHP, as shown below. An amended IHP should include Sections 3 (Program Descriptions) and Section 5(b) Uses of Funding. To amend a section, click the *underlined Section title* or *Visit Section*, as shown below.

Section Progress		
<a href="#">1: Cover Page</a>	Incomplete	<a href="#">Visit Section</a>
<a href="#">2: Housing Needs</a>	Incomplete	<a href="#">Visit Section</a>
<a href="#">3: Program Descriptions</a>	Incomplete	<a href="#">Visit Section</a>
<a href="#">4: Maintaining 1937 Act Units, Demolition and Disposition</a>	Incomplete	<a href="#">Visit Section</a>
<a href="#">5(a): Sources of Funding</a>	Incomplete	<a href="#">Visit Section</a>
<a href="#">5(b): Uses of Funding</a>	Incomplete	<a href="#">Visit Section</a>
<a href="#">6: Other Submission Items</a>	Incomplete	<a href="#">Visit Section</a>
<a href="#">7: Indian Housing Plan Certification Of Compliance</a>	Incomplete	<a href="#">Visit Section</a>
<a href="#">8: IHP Tribal Certification</a>	Not Required	<a href="#">Visit Section</a>
<a href="#">9: Tribal Wage Rate Certification</a>	Incomplete	<a href="#">Visit Section</a>

If the Amendment is complete, click **Submit**. If additional work is needed on the Amendment prior to submission, click **Save**.



Confirmation that an IHP Amendment has been submitted successfully, is shown in the IHP/APR Reports List, as shown below.

IHP/APR Reports List	
Reports Generated	Status
<b>PY 2017</b> [ Upload IHP/APR Report ]	
<b>No APR Report submitted for 2017</b> Due date 12/29/2017	No Submission
IHP Report ( Amended ) [ Change Log ] [ Delete Report ]	No Submission
IHP Report ( submitted on 08/02/2016 01:52 PM MST ) [ Tribal Certification ]	In Compliance
Tribal Chairman's Certification.pdf [ Delete Document ]	

### 7. Comment Function

See Section E for more information on how to respond to questions and/or comments posed by Area ONAP staff when reviewing an IHP, IHP Waiver, IHP Amendment, or Tribal Certification.

### 8. Change Log

See Section F for more information on how to compare information in the current IHP with the proposed IHP.

### 9. Print Report

See Section G for more information on how to print a copy of an IHP.



### D. Preparing an Annual Performance Report (APR)

- Log into EPIC
- On the Welcome to EPIC page, click the **IHP/APR** tab.



- Enter the recipient’s Award ID (grant number) or the recipient’s name in the appropriate field. Then, click **Search**.

Award ID:

Recipient Name:

  [Clear Search Results](#)

The selected recipient should be displayed, as shown in the example below. If the recipient name does not appear, make certain the grant number or recipient name are entered correctly. If the recipient name still doesn’t display, contact your Area ONAP Grants Management Specialist.



Click **View** to bring up the list of the recipient’s IHPs and APRs arranged by Fiscal Years.

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

Award ID:

Recipient Name:

[Clear Search Results](#)

Award ID	Recipient Name	IHP/APR	
55-IT-06-11180  ( 2/2 )	Elk Valley Rancheria	 <a href="#">View</a>	<a href="#">Manage Users</a>

## 1. Create the APR

On the IHP/APR Reports list, locate the compliant IHP that corresponds with the APR to be completed. Click **Create APR**, as shown below.

IHP/APR Reports List		Reports Generated	Status
<b>PY 2017</b> [ Upload IHP/APR Report ]			
No APR Report submitted for 2017 Due date 12/29/2017			No Submission
IHP Report [ Amend IHP ] [ Copy Forward IHP ] [ <b>Create APR</b> ] [ View Change Log ]			In Compliance
<b>PY 2016</b>			
APR Report [ Download Excel ]			Submitted
IHP Report ( submitted on 08/19/2015 10:40 AM MST ) [ View Change Log ]			In Compliance
IHP Report ( submitted on 08/03/2015 03:45 PM MST )			Not In Compliance

The status of a recipient’s APR submission is identified by the symbols listed in the Legend on the left-hand side of the page.

**Legend**

- Report Not Submitted
- ✔ Report Submitted
- ! No Report
- 🔒 This report cannot be edited
- 💬 Comments
- ▽ Paper Based Report
- PY Program Year

The Section Progress screen shows all sections of an IHP/APR and identifies the status of each section. For an APR, complete Sections 3, 5(a), 5(b), 6, and 10-14. To access these sections, click on the **underlined section title** or **Visit Section**, as shown below.

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

Hovering over underlined field names brings up a text box with instructions for completing the fields.



## 2. Complete the APR

Begin the APR completion by clicking **3. Program Descriptions**.

The screen view below will appear. Click **View**, as shown below, to report on the accomplishments for each program.



Program Descriptions					
Unique Identifier	Program Name	Eligible Activity	Planned Funding	Actual Funding	Options
2016-2	Development of Rental Housing	(4) Construction of Rental Housing [202(2)]	\$3,500.00	\$0.00	 <a href="#">View</a>
2016-3	Rehabilitation of Rental Housing	(5) Rehabilitation of Rental Housing [202(2)]	\$2,000.00	\$0.00	 <a href="#">View</a>
2016-1	Housing Management Services	(19) Housing Management Services [202(4)]	\$8,000.00	\$0.00	 <a href="#">View</a>

**Program Filter.** To select a program within a long list of programs, use the filter function and enter the first few letters of the desired program name, the Unique Identifier, or select from the drop down menu of eligible activities. Click **Filter** when done. To reset the list of program descriptions, click **Clear Filter Criteria**.

Program Name:

Unique Identifier:

Eligibility Activity:

  [Clear Filter Criteria](#) 

In the example below, the filter displayed the desired construction program.

Program Descriptions					
Unique Identifier	Program Name	Eligible Activity	Planned Funding	Actual Funding	Options
2016-2	Development of Rental Housing	(4) Construction of Rental Housing [202(2)]	\$3,500.00	\$0.00	<a href="#">View</a>

**Section 3 (Program Descriptions).** For each program, provide a brief description in Line 2.

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



For each program, provide the information requested in Lines 5, 8, 9, and 10 to report on what was accomplished by the program.

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

(7) Create new affordable rental units

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
Number of Units to be Completed in Year	0	<input type="text" value="0"/>

10. [APR: If the program is behind schedule, explain why](#)

(24 CFR § 1000.512(b)(2))

In the event a recipient wants or needs to delete a program in an APR, the recipient should notify the GE Specialist at the Area ONAP who will take steps to remove the program.



**Section 5(a) (Sources of Funding).** Identify the actual funding sources and amounts in the Sources of Funding table. Click **Calculate Totals** after all the dollar amounts are entered. Click **Calculate Totals** to automatically add all rows and columns. When done, click **Save and Continue** or **Previous Section**.

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

Hide IHP Details

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)
	Estimated	\$362,000.00	\$50,399.00	\$412,399.00	\$20,150.00	\$392,249.00	
1. IHBG Funds:	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2. IHBG Program Income:	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
3. Title VI:	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
4. Title VI Program Income:	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
5. 1937 Act Operating Reserves:	Actual	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00		\$0.00	\$0.00	\$0.00	
6. Carry Over 1937 Act Funds:	Actual	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00		\$0.00	\$0.00	\$0.00	

**Section 5(b) (Uses of Funding).** Enter the actual expenditures in each row. To make a change in the budgeted amount of a program, make the change(s) in the Uses of Funding portion of Section 3.

**Uses of Funding**  
2. Estimated Uses of Fundings:  
(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)	Total IHBG (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)
Development of Rental Housing	2016-2	\$3,500.00	\$0.00	\$3,500.00	\$0.00	\$0.00	\$0.00
Rehabilitation of Rental Housing	2016-3	\$2,000.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$0.00
Housing Management Services	2016-1	\$8,000.00	\$0.00	\$8,000.00	\$0.00	\$0.00	\$0.00
Planning and Administration		\$6,650.00	\$0.00	\$6,650.00	\$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
<b>Total</b>		\$20,150.00	\$0.00	\$20,150.00	\$0.00	\$0.00	\$0.00

The only rows where expenditures can be entered directly in the Uses of Funding table are Planning and Administration and Loan Repayment. Click on the calculator icons, as shown above, to enter actual expenditures by funding source.





Click **Calculate Totals** to automatically add all rows and columns. When done, click **Save and Continue** or **Previous Section**.

**Section 5(b) (Uses of Funding), Line 4 (APR).** Provide any additional explanations of actual leveraged funding and/or loan repayment(s).

4. [Estimated Sources or Uses of Funding](#)  
APR (NAHASDA § 404(b))  
 Enter any additional information about the actual sources or uses of funding, including leverage (if any). You must provide the relevant information for any actual loan repayment listed in the Uses Table in the previous page. The text must describe which loan was repaid and the NAHASDA-eligible activity and program associated with this loan.  
5000 characters max

**Section 6 (Other Submission Items), Line 5.** Identify whether the recipient stayed within its allowable expense cap for planning and administration. If the cap was exceeded, explain why.

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.)

**Section 6 (Other Submission Items), Line 7.** Enter the amount of IHBG and other funds expended in an expanded formula area.

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





**Section 10 (Self-Monitoring).** Identify whether the recipient conducted self-monitoring, including monitoring any subrecipients, and explain the results.

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.](#)

Describe the results of the monitoring activities, including inspections for this program year.

**Section 11 (Inspection of Units).** Enter the results of housing inspection activity, and note whether the activity complied with the recipient’s inspection policy. Click *Calculate Totals* to automatically add all rows and columns. When done, click *Save and Continue* or *Previous Section*.

**Inspection of Units**

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

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)
<b>1937 Housing Act Units:</b>					
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"/>
<b>1937 Act Subtotal:</b>	<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>NAHASDA Assisted Units:</b>					
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"/>
<b>NAHASDA Subtotal:</b>	<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>Total:</b>	<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

[Previous Section](#) [Save and Continue](#) [Calculate Totals](#)

**Section 12 (Audits).** Identify whether the recipient is required to submit an audit for the period covered by the APR.

**Audits**

1. 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 ONAP.  
 If No, an audit is not required.



**Section 13 (Public Availability).** Identify whether the recipient made the APR available for public review prior to submission to HUD. Summarize any comments provided as a result of tribal and/or public review.

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

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:](#)

You have 5000 characters left.

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

You have 5000 characters left.

**Section 14 (Jobs Supported by NAHASDA).** Enter the number of permanent and temporary jobs funded by NAHASDA, and enter any comments on employment.

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 5000 characters left.

### 3. Submit the APR

Click the button that enables the authorized official to submit the APR. Enter the title of the person authorized to submit the APR.

If the APR is not ready for submission, click **Save Report** to complete it at a later time. If the APR is complete and ready for submission, click **Submit Report**.

Yes, I am authorized to submit this report and items contained within this report are accurate.  
 No, I am not authorized.

Once the report has been submitted using the Submit Report button below, the following submitter information will be associated with the report.

23. IHP Submitter Name: RU077\_LN, RU077\_FN

24. IHP Submitter Title:



**NOTE:** If any of the APR sections contain errors or are incomplete, only the *Save Report* button will be available.

The recipient will receive confirmation that the APR has been submitted successfully. The confirmation screen view identifies what was submitted, by whom, and when.

Report Submission Confirmation	
Report submitted successfully!	
Award ID:	55-IH-06-37880
Recipient Name:	TULE RIVER INDIAN HOUSING AUTHORITY
Report Type:	IHP
Federal Fiscal year:	2017
Recipient Program Year range:	07/01/2017 - 06/30/2018
Submitted on:	05/16/2017 06:18 AM MST
Submitted by:	RU077_LJN, RU077_FN
Submitter Title:	Executive Director
Filing Status:	Submitted
<input type="button" value="Print Confirmation"/> <input type="button" value="Return to Report List"/>	

#### 4. Comment Function

See Section E for more information on how to respond to questions and/or comments posed by Area ONAP staff when reviewing an APR.

#### 5. Change Log

See Section F for more information on how to compare information in the current APR with the prior APR.

#### 6. Print Report

See Section G for more information on how to print a copy of an APR



## E. Comment Function

Area ONAP staff may contact a recipient with questions or comments regarding an IHP, Amendment, Waiver Request, Tribal Certification, or APR under review. The recipient will be notified by email that there is a comment/question in EPIC. The posted question/comment will appear, as shown below.

### COMMENTS

Award ID: 55-IT-06-11180  
Report: SF425 Report for 2016

Remember that all comments may be made available to the public by request (Freedom of Information Act) so your comments (internal and public) should be professional, courteous and relevant.

	Posted Date/Time	Posted By	Status	Category	
1	05/04/2017 3:36 PM EDT	RU077_FN RU077_LN (RU077)	Open	Major Error	Reply
The SF-425 for the period ended December 31,2016 does not include IHBG expenditures. Please verify and revise the form accordingly.					

Add New Comment Save Comment Changes Close Window

The recipient clicks **Reply** and responds to the question/comment. The drop down menu gives the recipient three options for categorizing the response: Reply to Comment, Correction Made and Respond to Comment, and Correction Made with No Comment. The recipient responds to the question/comment and clicks the **Reply** button below the message to post the message.

### COMMENTS

Award ID: 55-IT-06-11180  
Report: SF425 Report for 2016

Remember that all comments may be made available to the public by request (Freedom of Information Act) so your comments (internal and public) should be professional, courteous and relevant.

	Posted Date/Time	Posted By	Status	Category	
1	05/04/2017 3:36 PM EDT	RU077_FN RU077_LN (RU077)	Open	Major Error	Reply
The SF-425 for the period ended December 31,2016 does not include IHBG expenditures. Please verify and revise the form accordingly.					
<div>Reply to comment</div> <div>Reply to the Comments (Maximum 4000 characters)</div> <div>Characters left: 3927</div> <div>No IHBG funds were requested or disbursed during the reporting quarter.</div> <div>Reply Cancel</div>					

Add New Comment Save Comment Changes Close Window



The responses will appear within the original comment field, as shown below.

**COMMENTS**

Award ID: 55-IT-06-11180  
Report: SF425 Report for 2016

Remember that all comments may be made available to the public by request (Freedom of Information Act) so your comments (internal and public) should be professional, courteous and relevant.

Posted Date/Time	Posted By	Status	Category
1 05/04/2017 3:36 PM EDT	RU077_FN RU077_LN (RU077)	Open <input type="button" value="v"/>	Major Error <input type="button" value="v"/>
<p>The SF-425 for the period ended December 31,2016 does not include IHBG expenditures. Please verify and revise the form accordingly.</p>			
<p>05/04/2017 3:39 PM EDT      RU077_FN RU077_LN (RU077)</p> <p><b>Reply to comment</b> No IHBG funds were requested or disbursed during the reporting quarter.</p>			

Area ONAP staff may make additional comments or pose additional questions to the recipient. The subsequent comment/question will be shown separately from other comments/questions, as shown below. The recipient responds in the same manner as described above.

**COMMENTS**

Award ID: 55-IT-06-11180  
Report: SF425 Report for 2016

Remember that all comments may be made available to the public by request (Freedom of Information Act) so your comments (internal and public) should be professional, courteous and relevant.

Posted Date/Time	Posted By	Status	Category
1 05/04/2017 3:41 PM EDT	RU077_FN RU077_LN (RU077)	Open <input type="button" value="v"/>	Misc. Notes <input type="button" value="v"/>
<p>ONAP expects to see IHBG expenditures in the next SF-425 as IHBG funds were disbursed to the Tribe during that reporting quarter.</p>			

Posted Date/Time	Posted By	Status	Category
2 05/04/2017 3:36 PM EDT	RU077_FN RU077_LN (RU077)	Open <input type="button" value="v"/>	Major Error <input type="button" value="v"/>
<p>The SF-425 for the period ended December 31,2016 does not include IHBG expenditures. Please verify and revise the form accordingly.</p>			
<p>05/04/2017 3:39 PM EDT      RU077_FN RU077_LN (RU077)</p> <p><b>Reply to comment</b> No IHBG funds were requested or disbursed during the reporting quarter.</p>			



## F. Change Log

This function provides Area ONAP staff and recipients with a quick comparison of select information in the previous IHP, copied forward IHP, IHP Amendment, or APR and the current APR. Click **View Change Log**, as shown below, in the IHP/APR Reports List to generate the log.

IHP/APR Reports List	
Reports Generated	Status
<b>PY 2017</b>	
APR Report (1/1) [View Change Log] [Download Excel]	Submitted
IHP Report (1/2) [Copy Forward IHP] [View Change Log]	In Compliance
<b>PY 2016</b>	
APR Report [Unsubmit Report] [Download Excel]	Submitted
IHP Report (submitted on 08/19/2015 10:40 AM MST) (1/1) (1/1) [View Change Log]	In Compliance
IHP Report (submitted on 08/03/2015 03:45 PM MST) (1/1) (1/1)	Not In Compliance

The Change Log is an efficient way to compare planned and actual activities, programs, and budgets from one year to the next. The report preparer or reviewer can easily determine whether a recipient continued to conduct its usual activities and programs or if it experienced increases or decreases in its activities and programs.

NOTE: The Change Log function is not available when a recipient is preparing a report for the first time, as there is no prior report for comparison. This function also is not available for SF-425s.

A Change Log example is provided below.





<b>IHP/APR Report Change Log</b>		
	<b>APR Report 2017</b>	<b>APR Report 2016</b>
<b>1: Cover Page</b>		
1. Grant Number:	55-IT-06-11180	55-IT-06-11180
2. Recipient Program Year:	09/30/2017	09/30/2016
21. CCR/SAM Expiration Date:	01/20/2017	04/13/2016
22. IHBG Fiscal Year Formula Amount:	\$54,352.00	\$50,399.00
<b>2: Housing Needs</b>		
<b>3: Program Descriptions</b>		
Number of Programs	3	3
<b>4: Maintaining 1937 Act Units, Demolition and Disposition</b>		
<b>5(a): Sources of Funding</b>		
IHBG Funds (F)	\$405,500.00	\$0.00
IHBG Funds (I)	\$18,459.00	\$0.00
<b>5(b): Uses of Funding</b>		
5. APR - Additional information about the actual sources or uses of funding	test	text
<b>6: Other Submission Items</b>		
If yes, did you receive HUD approval to exceed the 20% cap on planning and administration?	NO	YES
If yes, describe why additional funds are needed for Planning and Administration:	test	text
<b>7: Indian Housing Plan Certification Of Compliance</b>		
<b>8: IHP Tribal Certification</b>		
<b>9: Tribal Wage Rate Certification</b>		



**10: Self Monitoring**

3. Did you conduct self-monitoring, including monitoring sub-recipients?	YES	NO
4. Self-Monitoring Results:	test	text

**11: Inspections**

1937 Housing Act Units - Rental (B)	5	1
1937 Housing Act Units - Rental (C)	3	0
1937 Housing Act Units - Rental (E)	2	1
1937 Housing Act Units - Homeownership (B)	5	1
1937 Housing Act Units - Homeownership (C)	4	0
1937 Housing Act Units - Homeownership (D)	1	0
1937 Housing Act Units - Homeownership (E)	0	1
1937 Housing Act Units - Other (B)	0	1
1937 Housing Act Units - Other (E)	0	1
NAHASDA Assisted Units - Rental (B)	7	1
NAHASDA Assisted Units - Rental (C)	1	0
NAHASDA Assisted Units - Rental (D)	5	0
NAHASDA Assisted Units - Rental (E)	1	0
NAHASDA Assisted Units - Homeownership (B)	7	1
NAHASDA Assisted Units - Rental Assistance (B)	3	1
NAHASDA Assisted Units - Other (B)	0	1

**12: Audits**

1. Did you expend less than \$500,000 in total Federal awards during the previous fiscal year ended (24 CFR § 1000.544) ?	YES	NO
---	-----	----

**13: Public Availability**

4. Summarize any comments received from the Tribe and/or the citizens:	test	text
--	------	------

**14: Jobs Supported By NAHASDA**

1. Number of Permanent Jobs Supported by IHBG Funds	2	1
3. Narrative	.	text





**Program Detail - Development of Rental Housing**

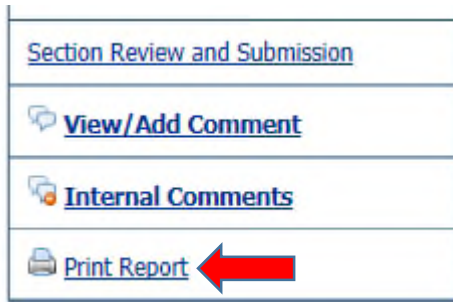
1(a). Program Name:	Housing Management Services	Development of Rental Housing
1(b). Unique Identifier:	2017-2	2016-2
2. Program Description	The Elk Valley Rancheria, California seeks to effectively provide eligible low-income individuals with affordable housing through successful and efficient management of HUD program and services.	The Tribe seeks to provide eligible low-income individuals and families with affordable housing on or near the Tribe's reservation through construction of rental housing units.
3. Eligible Activity Number	19	4
4. Intended Outcome Number:	12	7
If Other Outcome Number:	Not Applicable.	
5. APR - Actual Outcome Number:	12	7
APR - Actual Other Outcome Number:	test	
6. Who Will Be Assisted:	The Tribe plans to develop, operate, maintain and support affordable housing for eligible Tribal Members with a preference for Tribal members.	The Tribe intends to develop affordable housing for eligible individuals with a preference for Tribal members.
7. Types and Levels of Assistance:	The Tribe plans to provide management services for affordable housing including tenant selection, inspections and management of affordable housing projects.	The Tribe will be involved in planning activities that will lead to the future construction of affordable rental housing units.
8. APR - Describe accomplishments for the APR in the 12-month program year:	test	test
Planned Number of Units to be Completed in Year		0
Planned Number of Households to be Completed in Year	10	
Actual Number of Units to be Completed in Year		0
Actual Number of Households to be Completed in Year	10	
0. APR - If the program is behind schedule, explain why.	test	test
Prior and current year IHBG (only) funds to be expended in 12-month program year	\$18,459.00	\$3,500.00
Total IHBG (only) funds expended in 12-month program year	\$18,459.00	\$0.00



### G. Print Report

This function enables recipients and Area ONAP staff to view and print a summary of all data and information contained in an IHP, copied forward IHP, IHP Amendment, or APR. This function is not available for SF-425s.

Click **Print Report** in the Section Overview, as shown below, on the left-hand side of the page.



An IHP example is shown below followed by an APR example.

Grant Number: **55-IH-XX-XXXX**

Report: **IHP Report for 2018**

#### Cover Page

Grant Information:	
Grant Number	55-IH-XXXX
Recipient Program Year	01/01/2018-12/31/2018
Federal Fiscal Year	2018
Initial Indian Housing Plan (IHP):	Yes
Amended Plan	
Annual Performance Report (APR):	
Tribe:	
TDHE:	Yes
Recipient Information:	
Name of the Recipient	XXXXXXXXXXXXXXXXXX



Contact Person	XXXXXXXXXXXXXX
Telephone Number with Area Code	XXXXXXXXXXXXXX
Mailing Address	XXXXXXXXXXXXXX
City	XXXXXXXXXXXXXX
State	XX
Zip	XXXXX
Fax Number with Area Code	XXX-XXX-XXXX
Email Address	XXXXXXXXXX@XXX.XXX
Tribes:	XXXXXXXXXXXXXX

**TDHE/Tribe Information:**

Tax Identification Number	XXXXXXXXXX
DUNS Number	XXXXXXXXXX
CCR/SAM Expiration Date	XXXXXXXXXX

**Planned Grant-Based Budget for Eligible Programs:**

IHBG Fiscal Year Formula Amount	\$XX,XXX,XXX
---------------------------------	--------------

**Housing Needs**

Type of Need (A)	Low-Income Indian Families (B)	All Indian Families (C)
Overcrowded Households	<input checked="" type="checkbox"/>	<input checked="" 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"/>
Planned Program Benefits	Test	
Geographic Distribution	Test	

**Programs**

<b>1 : Test</b>		
Program Name:	Test	
Unique Identifier:	1	
Program Description (continued)	Test	
Eligible Activity Number	(1) Modernization of 1937 Act Housing [202(1)]	
Intended Outcome Number	(1) Reduce over-crowding	
APR: Actual Outcome Number	This information is only completed for an APR.	
Who Will Be Assisted	Test	
Types and Level of Assistance	TEst	
APR : Describe Accomplishments	This information is only completed for an APR.	
Planned and Actual Outputs for 12-Month Program Year	<b>Planned</b>	<b>APR - Actual</b>
	Number of <b>Units</b> to be Completed in Year	1 This information is only completed for an APR.
APR: If the program is behind schedule, explain why	This information is only completed for an APR.	



**Uses of Funding:**

The Uses of Funding table information can be entered here for each individual program or can be entered for all programs within Section 5(b): Uses of Funding. Changes to data on either page location will update in both Section 3: Program Descriptions and Section 5(b): Uses of Funding accordingly.

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)
\$1.00		\$1.00

**Maintaining 1937 Act Units, Demolition, and Disposition**

Maintaining 1937 Act Units	Test
Demolition and Disposition	Test

**Budget Information**

Sources of Funding

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)
<b>IHBG Funds:</b>	\$0.00	\$1.00	<b>\$1.00</b>		<b>\$1.00</b>
<b>IHBG Program</b>	\$0.00	\$0.00	<b>\$0.00</b>	\$0.00	<b>\$0.00</b>
<b>Income:</b>					
<b>Title VI:</b>	\$0.00	\$0.00	<b>\$0.00</b>	\$0.00	<b>\$0.00</b>



<b>Title VI Program</b>	\$0.00	\$0.00	<b>\$0.00</b>	\$0.00	<b>\$0.00</b>
<b>Income:</b>					
<b>1937 Act Operating</b>	\$0.00		<b>\$0.00</b>	\$0.00	<b>\$0.00</b>
<b>Reserves:</b>					
<b>Carry Over 1937</b>	\$0.00		<b>\$0.00</b>	\$0.00	<b>\$0.00</b>
<b>Act Funds:</b>					
<b>LEVERAGED FUNDS</b>					
<b>ICDBG Funds:</b>	\$0.00	\$0.00	<b>\$0.00</b>	\$0.00	<b>\$0.00</b>
<b>Other Federal</b>	\$0.00	\$0.00	<b>\$0.00</b>	\$0.00	<b>\$0.00</b>
<b>Funds:</b>					
<b>LIHTC:</b>	\$0.00	\$0.00	<b>\$0.00</b>	\$0.00	<b>\$0.00</b>
<b>Non-Federal Funds:</b>	\$0.00	\$0.00	<b>\$0.00</b>	\$0.00	<b>\$0.00</b>
<b>Total:</b>	<b>\$0.00</b>	<b>\$1.00</b>	<b>\$1.00</b>	<b>\$1.00</b>	<b>\$0.00</b>

**Uses of Funding**

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)
Test	1	\$1.00		\$1.00
Planning and Administration		\$0.00	\$0.00	\$0.00
Loan Repayment (describe in 4 & 5 below)		\$0.00		\$0.00
<b>Total</b>		\$1.00	\$0.00	\$1.00



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

**Other Submission Items**

Useful Life/Affordability Period(s)	Test									
Model Housing and Over-Income Activities	Test									
Tribal and Other Indian Preference Does the tribe have a preference policy?	NO									
Anticipated Planning and Administration Expenses Do you intend to exceed your allowable spending cap for Planning and Administration?	NO									
Actual Planning and Administration Expenses Did you exceed your allowable spending cap for Planning and Administration?	The answer to this question is only requested for an APR.									
Does the tribe have an expanded formula area?:	NO									
Total Expenditures on Affordable Housing Activities:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;">All AIAN Households</th> <th style="width: 35%; text-align: center;">AIAN Households with Incomes 80% or Less of Median Income</th> </tr> </thead> <tbody> <tr> <td><b>IHBG Funds</b></td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td><b>Funds from Other Sources</b></td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">\$0.00</td> </tr> </tbody> </table>		All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income	<b>IHBG Funds</b>	\$0.00	\$0.00	<b>Funds from Other Sources</b>	\$0.00	\$0.00
	All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income								
<b>IHBG Funds</b>	\$0.00	\$0.00								
<b>Funds from Other Sources</b>	\$0.00	\$0.00								



For each separate formula area, list the expended amount	The answer to this question is only requested for an APR.
--	---

**Indian Housing Plan Certification Of Compliance**

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.	NO
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.	NO
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:	NO
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:	NO
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:	NO
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:	NO

**IHP Tribal Certification**





Tribal Name	Certification	Signature	Title	Certify Date
Turtle Mountain Band of Chippewa	Tribe had an opportunity to review the IHP and has authorized the submission of the IHP by the TDHE	RU071, RU071	Director	09/15/2017

**Tribal Wage Rate Certification**

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.	YES
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:	



Grant Number: **55-IH-XX-XXXX**

Report: **APR Report for 2016**

**Cover Page**

**Grant Information:**

Grant Number	55-IH-XX-XXXX
Recipient Program Year	10/01/2015-09/30/2016
Federal Fiscal Year	2016
Initial Indian Housing Plan (IHP):	Yes
Amended Plan	
Annual Performance Report (APR):	Yes
Tribe:	
TDHE:	Yes

**Recipient Information:**

Name of the Recipient	XXXXXXXXXX
Contact Person	XXXXXXXXXX
Telephone Number with Area Code	XXXXXXXXXX
Mailing Address	XXXXXXXXXX
City	XXXXXXXXXX
State	XXXXXXXXXX
Zip	XXXXXXXXXX
Fax Number with Area Code	XXXXXXXXXX
Email Address	XXXXXXXXXX
Tribes:	XXXXXXXXXX

**TDHE/Tribe Information:**



Tax Identification Number	XXXXXXXXXX
DUNS Number	XXXXXXXXXX
CCR/SAM Expiration Date	XXXXXXXXXX

**Planned Grant-Based Budget for Eligible Programs:**

IHBG Fiscal Year Formula Amount	\$XXXXXXXXXX
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**Housing Needs**

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"/>
Planned Program Benefits		
Geographic Distribution		

**Programs**

**Rental 3 : New Development Rental**

Program Name:	New Development Rental
---------------	------------------------



Unique Identifier:	Rental 3						
Program Description (continued)	Planning, development, and construction of one rental home. QHA will build on infill sites or existing subdivision.						
Eligible Activity Number	(4) Construction of Rental Housing [202(2)]						
Intended Outcome Number	(7) Create new affordable rental units						
APR: Actual Outcome Number	(7) Create new affordable rental units						
Who Will Be Assisted	Low-income families on waiting list and only Tribal Members or families with Tribal Member children.						
Types and Level of Assistance	Provide a new rental home with energy efficient design and features for one family. Cost is approximately \$140,000.00.						
APR : Describe Accomplishments	One three bedroom house was constructed at 466 Kwatsan Way.						
Planned and Actual Outputs for 12-Month Program Year	<table border="1"> <thead> <tr> <th></th> <th>Planned</th> <th>APR - Actual</th> </tr> </thead> <tbody> <tr> <td>Number of <b>Units</b> to be Completed in Year</td> <td>0</td> <td>1</td> </tr> </tbody> </table>		Planned	APR - Actual	Number of <b>Units</b> to be Completed in Year	0	1
	Planned	APR - Actual					
Number of <b>Units</b> to be Completed in Year	0	1					
APR: If the program is behind schedule, explain why	There was a delay in installation of the solar panels and floor tile by subcontractors. The house will be ready for move in by January 2017.						

**Uses of Funding:**

The Uses of Funding table information can be entered here for each individual program or can be entered for all programs within Section 5(b): Uses of Funding. Changes to data on either page location will update in both Section 3: Program Descriptions and Section 5(b): Uses of Funding accordingly.

Prior and current year	Total all other funds	Total funds to be	Total IHBG (only) funds	Total all other funds	Total funds expended in
------------------------	-----------------------	-------------------	-------------------------	-----------------------	-------------------------



IHBG (only) funds to be expended in 12-month program year (L)	to be expended in 12-month program year (M)	expended in 12-month program year (N=L+M)	expended in 12-month program year (O)	expended in 12-month program year (P)	12-month program year (Q=O+P)
\$140,000.00	\$0.00	\$140,000.00	\$120,757.00	\$0.00	\$120,757.00

**Rental 4 : Rental Rehabilitation**

Program Name:	Rental Rehabilitation						
Unique Identifier:	Rental 4						
Program Description (continued)	Rehabilitation of Rental Housing: Indian Housing Block Grant funds used to do substantial rehabilitation for rental units by painting the exterior of the units.						
Eligible Activity Number	(5) Rehabilitation of Rental Housing [202(2)]						
Intended Outcome Number	(3) Improve quality of substandard units						
APR: Actual Outcome Number	(3) Improve quality of substandard units						
Who Will Be Assisted	Low-income Tribal Members will be assisted with priority for families with elderly and disabled individuals.						
Types and Level of Assistance	Approximately \$2,100.00 per unit.						
APR : Describe Accomplishments	The exterior of the units were painted with minor repairs to door and window trim as needed.						
Planned and Actual Outputs for 12-Month Program Year	<table border="1"> <thead> <tr> <th></th> <th>Planned</th> <th>APR - Actual</th> </tr> </thead> <tbody> <tr> <td>Number of <b>Units</b> to be Completed in Year</td> <td>0</td> <td>10</td> </tr> </tbody> </table>		Planned	APR - Actual	Number of <b>Units</b> to be Completed in Year	0	10
	Planned	APR - Actual					
Number of <b>Units</b> to be Completed in Year	0	10					



APR: If the program is behind schedule, explain why	n/a
---	-----

**Uses of Funding:**

The Uses of Funding table information can be entered here for each individual program or can be entered for all programs within Section 5(b): Uses of Funding. Changes to data on either page location will update in both Section 3: Program Descriptions and Section 5(b): Uses of Funding accordingly.

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)	Total IHBG (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)
\$21,000.00	\$0.00	\$21,000.00	\$23,700.00	\$0.00	\$23,700.00

**Homebuyer4 : Rehabilitation for Handicapped Wheelchair Accessible**

Program Name:	Rehabilitation for Handicapped Wheelchair Accessible
Unique Identifier:	Homebuyer4
Program Description (continued)	Rehabilitation of existing managed and conveyed homes. Bathroom remodel for handicap accessibility. Wheelchair ramps for homes as needed. QHA will have a 5 year useful life commitment agreement with the Home buyer.
Eligible Activity Number	(16) Rehabilitation Assistance to Existing Homeowners [202(2)]
Intended Outcome Number	(9) Provide accessibility for disabled/elderly persons
APR: Actual Outcome Number	(9) Provide accessibility for disabled/elderly persons



Who Will Be Assisted	Lo-income elders are priority. Disabled of all ages secondly from Tribal Members as their families.	
Types and Level of Assistance	QHA will fund up to \$10,000.00 from Indian Housing Block Grant funds and will leverage with other funding sources if available.	
APR : Describe Accomplishments	One elderly and disabled family was assisted with installation of a handicapped accessible bathroom	
Planned and Actual Outputs for 12-Month Program Year	<b>Planned</b>	<b>APR - Actual</b>
	Number of <b>Units</b> to be Completed in Year	0 1
APR: If the program is behind schedule, explain why	n/a	

**Uses of Funding:**

The Uses of Funding table information can be entered here for each individual program or can be entered for all programs within Section 5(b): Uses of Funding. Changes to data on either page location will update in both Section 3: Program Descriptions and Section 5(b): Uses of Funding accordingly.

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)	Total IHBG (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)
\$10,000.00	\$0.00	\$10,000.00	\$13,390.00	\$0.00	\$13,390.00

**Services 1 : Community Awareness Health & Safety**



Program Name:	Community Awareness Health & Safety	
Unique Identifier:	Services 1	
Program Description (continued)	Community gatherings with emphasis on health and safety that affect the lives of the Community Members.	
Eligible Activity Number	(18) Other Housing Service [202(3)]	
Intended Outcome Number	(12) Other-must provide description in the box below If Other: To improve health and quality of life for community members.	
APR: Actual Outcome Number	(12) Other-must provide description in the box below If Other: see detail in line 8	
Who Will Be Assisted	Residents of affordable housing units.	
Types and Level of Assistance	QHA will provide home safety demonstrations, home ownership education, home maintenance skills, educational training and financial literature.	
APR : Describe Accomplishments	QHA staff provided outreach to residents through participation in annual events in the community. Safety demonstrations, home maintenance, and education training were provided through classes and brochures to both Rental Tenants: 131 and Managed Homeowners: 26.	
Planned and Actual Outputs for 12-Month Program Year	<b>Planned</b>	<b>APR - Actual</b>
	Number of <b>Households</b> to be served in Year	151
APR: If the program is behind schedule, explain why	N/A	

**Uses of Funding:**





The Uses of Funding table information can be entered here for each individual program or can be entered for all programs within Section 5(b): Uses of Funding. Changes to data on either page location will update in both Section 3: Program Descriptions and Section 5(b): Uses of Funding accordingly.

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)	Total IHBG (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)
\$8,000.00	\$0.00	\$8,000.00	\$6,623.00	\$0.00	\$6,623.00

**Homebuyer3 : Rehabilitation Home Ownership w/Payback Agreement**

Program Name:	Rehabilitation Home Ownership w/Payback Agreement
Unique Identifier:	Homebuyer3
Program Description (continued)	Rehabilitation of Old Mutual Help Projects 54-1,2,3: Replace cast-iron plumbing, remodel bathrooms and remodel kitchens or other needed repairs. Projects 54-12,13: Remodel bathrooms, kitchens and roofs.
Eligible Activity Number	(16) Rehabilitation Assistance to Existing Homeowners [202(2)]
Intended Outcome Number	(3) Improve quality of substandard units
APR: Actual Outcome Number	(3) Improve quality of substandard units
Who Will Be Assisted	Tribal Member families at 80-100% median income will apply for assistance with application and income verification.



Types and Level of Assistance	All rehab and repair costs for these families will be paid through Payback Agreement.	
APR : Describe Accomplishments	Rehabilitation on the qualified unit was accomplished with a combination of maintenance staff and a subcontractor and paid back over time through a payback agreement.	
Planned and Actual Outputs for 12-Month Program Year	<b>Planned</b>	<b>APR - Actual</b>
	Number of <b>Units</b> to be Completed in Year	0 1
APR: If the program is behind schedule, explain why	n/a	

**Uses of Funding:**

The Uses of Funding table information can be entered here for each individual program or can be entered for all programs within Section 5(b): Uses of Funding. Changes to data on either page location will update in both Section 3: Program Descriptions and Section 5(b): Uses of Funding accordingly.

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)	Total IHBG (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)
\$15,000.00	\$0.00	\$15,000.00	\$16,169.00	\$0.00	\$16,169.00

**Rental 1 : Rental Modernization**

Program Name:	Rental Modernization
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Unique Identifier:	Rental 1						
Program Description (continued)	Modernization of 1937 Act Rental Units: Replace roofs, A/C's, water heaters, windows, interior paint, and appliances.						
Eligible Activity Number	(1) Modernization of 1937 Act Housing [202(1)]						
Intended Outcome Number	(3) Improve quality of substandard units						
APR: Actual Outcome Number	(3) Improve quality of substandard units						
Who Will Be Assisted	Low-income Tribal Members will be assisted with priority for families with elderly and disabled individuals.						
Types and Level of Assistance	Modernization will be done as needed for projects of a similar Date of Full Availability (DOFA) date with reference to annual inspection reports and tenant reporting. The maximum expenditure will be capped at Total Development Cost (TDC) limits for bedroom size of home.						
APR : Describe Accomplishments	Units were modernized with either new energy efficient HVAC units, water heaters, windows, interior paint and/or new appliances as determined by annual inspection reports.						
Planned and Actual Outputs for 12-Month Program Year	<table border="1"> <thead> <tr> <th></th> <th>Planned</th> <th>APR - Actual</th> </tr> </thead> <tbody> <tr> <td>Number of <b>Units</b> to be Completed in Year</td> <td>40</td> <td>63</td> </tr> </tbody> </table>		Planned	APR - Actual	Number of <b>Units</b> to be Completed in Year	40	63
	Planned	APR - Actual					
Number of <b>Units</b> to be Completed in Year	40	63					
APR: If the program is behind schedule, explain why	n/a						

**Uses of Funding:**



The Uses of Funding table information can be entered here for each individual program or can be entered for all programs within Section 5(b): Uses of Funding. Changes to data on either page location will update in both Section 3: Program Descriptions and Section 5(b): Uses of Funding accordingly.

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)	Total IHBG (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)
\$101,100.00	\$0.00	\$101,100.00	\$164,906.00	\$0.00	\$164,906.00

**Rental 2 : Current Assisted Stock Maintenance Rental**

Program Name:	Current Assisted Stock Maintenance Rental
Unique Identifier:	Rental 2
Program Description (continued)	Operation of 1937 Act Rental Units through maintenance and sub-contractors work: Word orders will be generated from inspections, tenant requests, and repairs completed. Maintenance and sub-contractors will be utilized for repair/rehab after move-outs, health and welfare and also quarterly inspections for first year of occupancy and annual inspections thereafter.
Eligible Activity Number	(2) Operation of 1937 Act Housing [202(1)]
Intended Outcome Number	(1) Reduce over-crowding
APR: Actual Outcome Number	(1) Reduce over-crowding



Who Will Be Assisted	All low-income families with Tribal Members in low rental projects.	
Types and Level of Assistance	Repairs for normal wear and tear are part of maintenance budgets. Damage done to units while they are occupied, are charged to tenants. Vacated tenants are to be charged for damages not caused by normal wear and tear. Move-in inspections, move-out inspections, quarterly inspections, and annual inspections will be performed to ensure viability of the homes.	
APR : Describe Accomplishments	Annual inspections, tenant requests, and move-outs generated work orders that were completed by maintenance staff.	
Planned and Actual Outputs for 12-Month Program Year	<b>Planned</b>	<b>APR - Actual</b>
	Number of <b>Units</b> to be Completed in Year	108
APR: If the program is behind schedule, explain why	n/a	

**Uses of Funding:**

The Uses of Funding table information can be entered here for each individual program or can be entered for all programs within Section 5(b): Uses of Funding. Changes to data on either page location will update in both Section 3: Program Descriptions and Section 5(b): Uses of Funding accordingly.

Prior and current year IHBG (only) funds to be expended in 12-month program	Total all other funds to be expended in 12-month program	Total funds to be expended in 12-month program year (N=L+M)	Total IHBG (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)
---	--	---	---	---	---



year (L)	year (M)				
\$978,352.00	\$0.00	\$978,352.00	\$804,936.00	\$240,000.00	\$1,044,936.00

**Homebuyer1 : Current Assisted Stock Maintenance Home Ownership**

Program Name:	Current Assisted Stock Maintenance Home Ownership
Unique Identifier:	Homebuyer1
Program Description (continued)	<p>Operation of 1937 Act Home ownership units through maintenance and sub-contractors. Work orders will be generated from inspections, and home owner requests.</p> <p>Lease Purchase Home ownership units through maintenance and sub-contractors. Work orders will be generated from inspections, and home owner requests.</p> <p>Home owners are charged for most repairs and replacements. Maintenance and sub-contractors will be utilized to repair/rehab homes for re-assignment, move-ins, move-outs, and health and welfare.</p>
Eligible Activity Number	(2) Operation of 1937 Act Housing [202(1)]
Intended Outcome Number	(3) Improve quality of substandard units
APR: Actual Outcome Number	(3) Improve quality of substandard units
Who Will Be Assisted	Low-income families living in Mutual Help and Lease Purchase projects who are Quechan Tribal Members.
Types and Level of Assistance	<p>The repairs are performed by request or as a result of inspections or lack of resources by family. Maintenance and sub-contractors perform repairs/rehab and Home buyer is charged by Payback Agreement or MEPA.</p> <p>Some repairs for elderly and/or disabled are funded by Indian Housing Block Grant. Annual inspections are included in this category.</p>



APR : Describe Accomplishments	Repairs to the units were done either by maintenance staff or subcontractors depending on the complexity of the repairs needed. This work was based on tenant requests or inspections that generated a work order, and in most cases the cost paid back through a payback agreement.	
Planned and Actual Outputs for 12-Month Program Year	<b>Planned</b>	<b>APR - Actual</b>
	Number of <b>Units</b> to be Completed in Year	48 48
APR: If the program is behind schedule, explain why	n/a	

**Uses of Funding:**

The Uses of Funding table information can be entered here for each individual program or can be entered for all programs within Section 5(b): Uses of Funding. Changes to data on either page location will update in both Section 3: Program Descriptions and Section 5(b): Uses of Funding accordingly.

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)	Total IHBG (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)
\$202,200.00	\$0.00	\$202,200.00	\$321,267.00	\$0.00	\$321,267.00

**Management : Housing Management Services**

Program Name:	Housing Management Services
Unique Identifier:	Management



Program Description (continued)	This program is designed to provide the following activities: Application intake, tenant relations, lease monitoring, collections, conveyed stock, interim re-certification, lease and home buyer agreement enforcement, data collections and analysis, report preparation, file maintenance of all tenant and applicant information and correspondence, conducting inspections, maintaining waiting lists for rental and home ownership with correspondence, data entry, background checks, and income verification.						
Eligible Activity Number	(19) Housing Management Services [202(4)]						
Intended Outcome Number	(12) Other-must provide description in the box below If Other: To ensure viability of housing stock and to facilitate safe and decent housing.						
APR: Actual Outcome Number	(12) Other-must provide description in the box below If Other: See line 8 below						
Who Will Be Assisted	Low-income rental and home buyer families and low-income applicants on the waiting list.						
Types and Level of Assistance	Services will be delivered by admissions and occupancy staff at no cost to tenants and home buyers or the rental and home ownership applicants.						
APR : Describe Accomplishments	Staff provided assistance and services to the following categories of clients: Rental Waiting List Applicants: 133 Homeowner Waiting List Applicants: 155 Rental Tenants: 131 Managed Homeowners: 26						
Planned and Actual Outputs for 12-Month Program Year	<table border="1"> <thead> <tr> <th></th> <th>Planned</th> <th>APR - Actual</th> </tr> </thead> <tbody> <tr> <td>Number of Households to be served in Year</td> <td>334</td> <td>445</td> </tr> </tbody> </table>		Planned	APR - Actual	Number of Households to be served in Year	334	445
	Planned	APR - Actual					
Number of Households to be served in Year	334	445					





APR: If the program is behind schedule, explain why	n/a
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**Uses of Funding:**

The Uses of Funding table information can be entered here for each individual program or can be entered for all programs within Section 5(b): Uses of Funding. Changes to data on either page location will update in both Section 3: Program Descriptions and Section 5(b): Uses of Funding accordingly.

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)	Total IHBG (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)
\$84,713.00	\$0.00	\$84,713.00	\$75,417.00	\$29,230.00	\$104,647.00

**Security 1 : Security Force Program**

Program Name:	Security Force Program
Unique Identifier:	Security 1
Program Description (continued)	Unarmed security services for affordable housing community designed to: Create a drug and crime-free environment through the creation/implementation of the neighborhood watch program. Provide for the safety and protection of the residents in its Indian Housing Developments. Assist by providing effective policing services at QHA locations. Reduce housing costs resulting from illegal activities in the units.
Eligible Activity Number	(21) Crime Prevention and Safety [202(5)]
Intended Outcome Number	(11) Reduction in crime reports



APR: Actual Outcome Number	(11) Reduction in crime reports
Who Will Be Assisted	Low-income rental tenants and home owners residing in QHA subdivision and scattered sites.
Types and Level of Assistance	No cost to residents- Providing vehicle patrols of QHA subdivisions/scatted sites. Provide foot patrols for welfare checks as needed. Security Officers will work with local law enforcement agencies.
APR : Describe Accomplishments	A security staff of five individuals and Supervisor provided regular patrols of area subdivisions and scattered site homes. The department cooperated with tribal and other area law enforcement agencies as needed.
Planned and Actual Outputs for 12-Month Program Year	<b>Planned      APR - Actual</b>
	The output measure being collected for this eligible activity is dollars. The dollar amount should be included as an other fund amount listed in the Uses of Funding table.
APR: If the program is behind schedule, explain why	n/a

**Uses of Funding:**

The Uses of Funding table information can be entered here for each individual program or can be entered for all programs within Section 5(b): Uses of Funding. Changes to data on either page location will update in both Section 3: Program Descriptions and Section 5(b): Uses of Funding accordingly.

Prior and current year IHBG (only) funds to be expended in 12-month	Total all other funds to be expended in 12-month program	Total funds to be expended in 12-month program	Total IHBG (only) funds expended in 12-month program	Total all other funds expended in 12-month program	Total funds expended in 12-month program year (Q=O+P)
---	--	--	--	--	---



program year (L)	year (M)	year (N=L+M)	year (O)	year (P)	
\$267,071.00	\$0.00	\$267,071.00	\$271,801.00	\$0.00	\$271,801.00

**Homebuyer2 : Rehabilitation Home Ownership**

Program Name:	Rehabilitation Home Ownership
Unique Identifier:	Homebuyer2
Program Description (continued)	Rehabilitation of Old Mutual Help Projects 54-1,2,3: Replace cast-iron plumbing, remodel bathrooms, and remodel kitchens or other needed repairs. Projects 54-12,13: Remodel bathrooms, kitchens, and roofs.
Eligible Activity Number	(16) Rehabilitation Assistance to Existing Homeowners [202(2)]
Intended Outcome Number	(3) Improve quality of substandard units
APR: Actual Outcome Number	(3) Improve quality of substandard units
Who Will Be Assisted	Low-income families living in Mutual Help and Lease Purchase Projects. All Tribal Members with application and income verification for conveyed homes. Rehab will only be for low-income families.
Types and Level of Assistance	Bathroom remodel \$9,000.00, kitchen remodel \$10,000.00, roofing \$10,000.00. For low-income elderly and disabled, IHBG funds will be used without cost to home owner.
APR : Describe Accomplishments	The qualified homeownership units were rehabilitated with no cost to the low income elderly and disabled households. No units needed to have their roofs repaired



Planned and Actual Outputs for 12-Month Program Year	<b>Planned</b>	<b>APR - Actual</b>
	Number of <b>Units</b> to be Completed in Year	0
APR: If the program is behind schedule, explain why	n/a	

**Uses of Funding:**

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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)	Total IHBG (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)
\$30,000.00	\$0.00	\$30,000.00	\$34,546.00	\$0.00	\$34,546.00

**Maintaining 1937 Act Units, Demolition, and Disposition**

Maintaining 1937 Act Units	
Demolition and Disposition	

**Budget Information**

Sources of Funding

Funding	Estimated(I HP)	Amount on hand	Amount to be	Total sources of	Funds to be	Unexpended funds	Unexpended funds
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Source	/Actual(AP R)	at beginning of program year (F)	received during 12- month program year (G)	funds (H=F+G)	expended during 12- month program year (I)	remaining at end of program year (J=H-I)	obligated but not expended at end of 12-month program year (K)
	Estimated	\$1,656,481. 00	\$2,122,655. 00	\$3,779,136. 00	\$1,857,436. 00	\$1,921,700. 00	
<b>IHBG</b>	Actual	\$1,816,368. 00	\$2,395,032. 00	<b>\$4,211,400</b> <b>.00</b>	\$1,853,512. 00	<b>\$2,357,888</b> <b>.00</b>	\$1,925,508. 00
<b>Funds:</b>							
	Estimated	\$0.00	\$307,812.00	\$307,812.00	\$0.00	\$307,812.00	
<b>IHBG</b>	Actual	\$274,285.00	\$269,230.00	<b>\$543,515.0</b> <b>0</b>	\$269,230.00	<b>\$274,285.0</b> <b>0</b>	\$0.00
<b>Program</b>							
<b>Income</b>							
:							
	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Title</b>	Actual	\$0.00	\$0.00	<b>\$0.00</b>	\$0.00	<b>\$0.00</b>	\$0.00
<b>VI:</b>							
	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Title VI</b>	Actual	\$0.00	\$0.00	<b>\$0.00</b>	\$0.00	<b>\$0.00</b>	\$0.00
<b>Program</b>							
<b>Income</b>							
:							
	Estimated	\$0.00		\$0.00	\$0.00	\$0.00	
<b>1937</b>	Actual	\$0.00		<b>\$0.00</b>	\$0.00	<b>\$0.00</b>	\$0.00
<b>Act</b>							



**Operating  
Reserves:**

Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Carry Over 1937 Act</b>	Actual	\$0.00	<b>\$0.00</b>	\$0.00	<b>\$0.00</b>	\$0.00

**Funds:**

**LEVERAGED FUNDS**

Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>ICDBG</b>	Actual	\$0.00	\$0.00	<b>\$0.00</b>	\$0.00	<b>\$0.00</b>	\$0.00

**Funds:**

Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Other</b>	Actual	\$0.00	\$0.00	<b>\$0.00</b>	\$0.00	<b>\$0.00</b>	\$0.00

**Federal**

**Funds:**

Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>LIHTC:</b>	Actual	\$0.00	\$0.00	<b>\$0.00</b>	\$0.00	<b>\$0.00</b>	\$0.00

Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Non-Federal</b>	Actual	\$0.00	\$0.00	<b>\$0.00</b>	\$0.00	<b>\$0.00</b>	\$0.00

**Funds:**

<b>Estimated</b>	<b>\$1,656,481</b>	<b>\$2,430,467</b>	<b>\$4,086,948</b>	<b>\$0.00</b>	<b>\$4,086,948</b>	<b>\$0.00</b>
	<b>.00</b>	<b>.00</b>	<b>.00</b>		<b>.00</b>	

<b>Total:</b>	<b>Actual</b>	<b>\$2,090,653</b>	<b>\$2,664,262</b>	<b>\$4,754,915</b>	<b>\$2,122,742</b>	<b>\$2,632,173</b>	<b>\$1,925,508</b>
		<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>



Uses of Funding							
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)	Total IHBG (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)
<b>New Development</b>	Rental 3	\$140,000.00	\$0.00	\$140,000.00	\$120,757.00	\$0.00	\$120,757.00
<b>Rental</b>							
<b>Rental</b>	Rental 4	\$21,000.00	\$0.00	\$21,000.00	\$23,700.00	\$0.00	\$23,700.00
<b>Rehabilitation</b>							
<b>Rehabilitation for Handicapped Wheelchair Accessible</b>	Homebuyer 4	\$10,000.00	\$0.00	\$10,000.00	\$13,390.00	\$0.00	\$13,390.00
<b>Community Awareness Health &amp; Safety</b>	Services 1	\$8,000.00	\$0.00	\$8,000.00	\$6,623.00	\$0.00	\$6,623.00
<b>Rehabilitation Home Ownership</b>	Homebuyer 3	\$15,000.00	\$0.00	\$15,000.00	\$16,169.00	\$0.00	\$16,169.00



<b>w/Payback Agreement</b>							
<b>Rental</b>	Rental 1	\$101,100.00	\$0.00	\$101,100.00	\$164,906.00	\$0.00	\$164,906.00
<b>Modernization</b>							
<b>Current Assisted Stock</b>	Rental 2	\$978,352.00	\$0.00	\$978,352.00	\$804,936.00	\$240,000.00	\$1,044,936.00
<b>Maintenance Rental</b>						0	00
<b>Current Assisted Stock</b>	Homebuyer 1	\$202,200.00	\$0.00	\$202,200.00	\$321,267.00	\$0.00	\$321,267.00
<b>Maintenance Home Ownership</b>							
<b>Housing Management Services</b>	Management	\$84,713.00	\$0.00	\$84,713.00	\$75,417.00	\$29,230.00	\$104,647.00
<b>Security Force Program</b>	Security 1	\$267,071.00	\$0.00	\$267,071.00	\$271,801.00	\$0.00	\$271,801.00
<b>Rehabilitation Home Ownership</b>	Homebuyer 2	\$30,000.00	\$0.00	\$30,000.00	\$34,546.00	\$0.00	\$34,546.00
<b>Planning and Administration</b>		\$265,219.00	\$0.00	\$265,219.00	\$0.00	\$0.00	\$0.00
<b>Loan Repayment</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00





(describe in  
4 & 5 below)

<b>Total</b>	\$2,122,655. 00	\$0.00	\$2,122,655. 00	\$1,853,512. 00	\$269,230.0 0	\$2,122,742. 00
APR	N/A					
APR	Not Applicable, there were no loans					

**Other Submission Items**

Useful Life/Affordability Period(s)			
Model Housing and Over-Income Activities			
Tribal and Other Indian Preference Does the tribe have a preference policy?			
Anticipated Planning and Administration Expenses Do you intend to exceed your allowable spending cap for Planning and Administration?			
Actual Planning and Administration Expenses Did you exceed your allowable spending cap for Planning and Administration?	NO		
Does the tribe have an expanded formula area?:			
Total Expenditures on Affordable Housing Activities:	<b>All AIAN Households</b>	<b>AIAN Households with Incomes 80% or Less of Median Income</b>	
	<b>IHBG Funds</b>	\$0.00	\$0.00



	<b>Funds from</b>	\$0.00	\$0.00
	<b>Other Sources</b>		
For each separate formula area, list the expended amount			<b>AIAN Households with Incomes 80% or Less of Median Income</b>
		<b>All AIAN Households</b>	
	<b>IHBG Funds</b>	\$0.00	\$0.00
	<b>Funds from Other Sources</b>	\$0.00	\$0.00

**Indian Housing Plan Certification Of Compliance**

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
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.	NO
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



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
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
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

**IHP Tribal Certification**

Tribal Name	Certification	Signature	Title	Certify Date
Quechan Tribe of the Fort Yuma Reservation	N/A	N/A	N/A	N/A

**Tribal Wage Rate Certification**

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.	YES
2. You will use Davis-Bacon or HUD determined wage rates when required for IHBG-assisted construction or maintenance activities.	



<p>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. List the activities using tribally determined wage rates:</p>	<p>QHA will be using tribally determined wage rates adopted on June 25, 2015 through a Tribally Determined Prevailing Wage Ordinance of the Quechan Tribe for all IHBG-assisted construction and maintenance activities.</p>

**Self Monitoring**

<p>Do you have a procedure and/or policy for self-monitoring?:</p>	<p>NO</p>
<p>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?:</p>	<p>NA</p>
<p>Did you conduct self-monitoring, including monitoring sub-recipients?:</p>	<p>NO</p>
<p>Self-Monitoring Results: Describe the results of the monitoring activities, including corrective actions planned or taken.</p>	<p>The APR and Annual Audit Report were submitted to HUD</p>

**Inspections**

<p><b>Activity (A)</b></p>	<p><b>Total number of Units (B)</b></p>	<p><b>Units in standard condition (C)</b></p>	<p><b>Units needing rehabilitation (D)</b></p>	<p><b>Units needing to be replaced (E)</b></p>	<p><b>Total number of units inspected (F=C+D+E)</b></p>
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**1937 Housing Act Units:**



a. Rental	0	0	0	0	0
b. Homeownership	46	22	24	0	46
c. Other	0	0	0	0	0
<b>1937 Act Subtotal:</b>	46	22	24	0	46
<b>NAHASDA Assisted Units:</b>					
a. Rental	131	86	45	0	131
b. Homeownership	2	1	1	0	2
c. Rental Assistance	21	11	10	0	21
d. Other	0	0	0	0	0
<b>NAHASDA Subtotal:</b>	154	98	56	0	154
<b>Total:</b>	200	120	80	0	200

2. Did you comply with your inspection policy? YES

**Audits**

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

<p>Did you make this APR available to the citizens in your jurisdiction before it was submitted to HUD (24 CFR § 1000.518)?</p>	<p>YES</p>
<p>If you are a TDHE, did you submit this APR to the Tribe</p>	<p>YES</p>



<p>If you answered No to question #1 and/or #2, provide an explanation as to why not and indicate when you will do so:</p>	
<p>Summarize any comments received from the Tribe and/or the citizens :</p>	<p>The Tribe requested we consider conducting attic inspections as part of our annual inspection program.</p>

**Jobs Supported By NAHASDA**

<p>Number of Permanent Jobs Supported by Indian Housing Block Grant Assistance(IHBG):</p>	<p>25</p>
<p>Number of Temporary Jobs Supported by Indian Housing Block Grant Assistance(IHBG):</p>	<p>1</p>
<p>Narrative (Optional):</p>	<p>We hired a temporary Security Officer while a regular Officer was out on extended medical leave.</p>