

Oneida Nation



Oneidas bringing several hundred bags of corn to Washington's starving army at Valley Forge, after the colonists had consistently refused to aid them.



UGWA DEMOLUM YATEHE
Because of the help of this Oneida Chief in cementing a friendship between the six nations and the colony of Pennsylvania, a new nation, the United States was made possible.

BC Meeting Materials July 13, 2015

Open Session

CERTIFICATION

I, the undersigned, as Secretary of the Oneida Business Committee, hereby certify that the following 46 pages are the Open Session meeting materials presented at a meeting duly called, noticed and held on the 13th day of July, 2015.

A handwritten signature in blue ink that reads "Lisa Summers".

Lisa Summers, Tribal Secretary
Oneida Business Committee



Oneida Business Committee

Special Meeting
8:30 a.m. Monday, July 13, 2015
BC Conference Room, 2nd floor, Norbert Hill Center

Agenda

To get a copy of the agenda, go to: <http://oneida-nsn.gov/>

- I. Call to Order and Roll Call**
- II. Opening**
- III. Adopt the agenda**
- IV. New Business**
 - A. Approval of Indian Housing Plan for FY2016**
Sponsor: Dale Wheelock, Director/Housing Authority
- V. Executive Session**
 - A. Approve limited waiver of sovereign immunity for Time Warner Cable contract #2015-0632**
Sponsor: Lisa Summers, Secretary
- XVI. Adjourn**

Posted on the Nation's official website, www.oneida-nsn.gov, at 8:30 a.m., Friday, July 10, 2015, pursuant to the Open Records and Open Meetings Law, section 7.17-1. For additional information, please call the Business Committee Support Office at (920) 869-4364.

The meeting packet of the open session materials for this meeting is available to Tribal members by going to the Members-Only section of the Nation's official website at: www.oneida-nsn.gov/MembersOnly
For information about this meeting, please call the Business Committee Support Office at (920) 869-4364 or (800) 236-2214

Oneida Business Committee Agenda Request

1. Meeting Date Requested: 07 / 13 / 15

2. General Information:

Session: Open Executive - See instructions for the applicable laws, then choose one:

Agenda Header:

Accept as Information only

Action - please describe:

Approve Indian Housing Plan for FY2016

3. Supporting Materials

Report Resolution Contract

Other:

1.

3.

2.

4.

Business Committee signature required

4. Budget Information

Budgeted - Tribal Contribution

Budgeted - Grant Funded

Unbudgeted

5. Submission

Authorized Sponsor / Liaison:

Primary Requestor:

Your Name, Title / Dept. or Tribal Member

Additional Requestor:

Name, Title / Dept.

Additional Requestor:

Name, Title / Dept.



Onedidas bringing several hundred bags of corn to Washington's starving army at Valley Forge, after the colonists had consistently refused to aid them.

Oneida Nation
BUSINESS COMMITTEE



P.O. Box 365 • Oneida, WI 54155
Telephone: 920-869-4364 • Fax: 920-869-4040



UGWA DEMOLUM YATEHE
Because of the help of this Oneida Chief in cementing a friendship between the six nations and the colony of Pennsylvania, a new nation, the United States was made possible.

July 17, 2015

Mark Butterfield, Administrator
US Department of Housing and Urban Development
Eastern Woodlands Office of Native American Programs
77 W. Jackson Boulevard " 24th Floor
Chicago, IL. 60604-3507

RE: Oneida Nation approves FY2015 Indian Housing Plan

Dear Mr. Butterfield:

This letter serves as official notice of the Oneida Nation's approval of the FY2016 Indian Housing Plan.

The Oneida Business Committee, as the TDHE, held a duly noticed meeting on July 13, 2015, in order to approve the Oneida Nation's FY2016 Indian Housing Plan. The following action was taken:

"Motion by Lisa Summers to approve the Indian Housing Plan for FY2016, contingent upon the submittal of the full document to the Business Committee and noting that amendments may come at a later time if deemed necessary by the Tribally Designated Housing Entity (TDHE), seconded by Jennifer Webster. Motion carried unanimously."

The full document has been submitted to the Oneida Business Committee and the signatory is Vice-Chairwoman Melinda J. Danforth. Thank you for your time and attention in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Summers".

Lisa Summers, Secretary
Oneida Business Committee

Version Release Date: 08/28/2014

SECTION 1: COVER PAGE

(1) Grant Number: 55IT5549100

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

(3) Federal Fiscal Year: _____

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

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

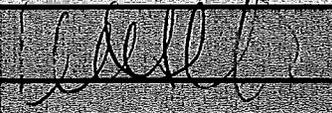
(6) Annual Performance Report (Complete items 27-30 and proceed to Section 3)

(7) Tribe

(8) TDHE

(9) Name of Recipient: Oneida Tribe of Indians of Wisconsin		
(10) Contact Person: Dale Wheelock		
(11) Telephone Number with Area Code: 920-869-6198		
(12) Mailing Address: 2913 Commissioner Street		
(13) City: Oneida	(14) State: Wisconsin	(15) Zip Code: 54155
(16) Fax Number with Area Code (if available): 920-869-2836		
(17) Email Address (if available): dwheelo1@oneidanation.org		
(18) If TDHE, List Tribes Below: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Oneida Tribe of Indians of Wisconsin</div>		
(19) Tax Identification Number:		396081138
(20) DUNS Number:		798227278
(21) CCR/SAM Expiration Date:		December 3, 2015
(22) IHBG Fiscal Year Formula Amount:		FY 2016 \$3,841,554

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(22) IHBG Fiscal Year Formula Amount:	FY 2016 \$3,841,554
(23) Name of Authorized IHP Submitter:	Melinda J. Danforth
(24) Title of Authorized IHP Submitter:	Tribal Vice Chairwoman
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date:	07-17-15 2015
(27) Name of Authorized APR Submitter:	Melinda J. Danforth
(28) Title of Authorized APR Submitter:	Tribal Vice Chairwoman
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date:	07-17-15 2015

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

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

ONE YEAR PLAN & ANNUAL PERFORMANCE REPORT

SECTION 2: HOUSING NEEDS

NAHASDA § 102(b)(2)(B)

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

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

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

Homebuyer and tenant education; budgeting, credit education, debt management, utility assistance and transportation/referral assistance.

Education: tenant rental unit routine maintenance, i.e. filters, and work order process.

Homebuyer maintenance education with focus on regular routine HVAC air filters, sump pump, dehumidifier, and bathroom exhaust maintenance.

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

The Oneida Housing Department strategy will focus on addressing maintenance and rehabilitation needs of low-income housing stock and new construction. In the FY 2016 program year the Oneida Housing Department will continue to assess and improve efficiency in management, policy development, staff training and financial leveraging of resources to meet the needs of the department. Improvements to the inventory control system will continue to be implemented to enhance tracking of housing unit stock cost and new development unit cost.

The Oneida Housing Department will continue to promote safe and healthy housing units that are affordable to meet the needs of the Oneida community.

- > The Housing Department employs 39 staff to manage, operate, maintain and administer program and project activities throughout the year. This provides employment and career opportunities for Oneida community members committed to improving housing for the Oneida community.
- > Maintenance staff will continue to meet work order requests in a timely manner and respond to emergencies such as plumbing and electrical issues during the day, evenings, and weekends. The maintenance department is responsible for 297 rental units with an additional 21 units to be completed by December, 2015, increasing our housing stock inventory to a total of 318 units.
- > Rehabilitation staff will continue to improve the quality and energy efficiency of our housing stock by replacing furnaces, appliances and increasing the insulation qualities of housing units. This will provide lower utility expense for our low-income tenants.
- > The Oneida Housing Department remains committed to improving the affordability of our housing units by building "Green", installing energy star appliances and upgrading the insulation qualities of current and new construction units. All new construction will continue to invest in low maintenance materials and reduce utility consumption as a strategy for housing sustainability.

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

Housing services will be provided within the original Oneida Tribe of Indians of Wisconsin reservation boundaries which includes portions of Brown and Outagamie Counties in Wisconsin. Geographical distribution of housing units includes various housing sites of scattered rental and homebuyer units within the City of Green Bay and Brown and Outagamie counties.

The Oneida Tribe of Indians of Wisconsin produced a Reservation Housing Analysis Report revealing the need of housing due to overcrowding and the lack of "affordable" housing within the service area. The Oneida Housing Department provides a Housing Resource Coordinator staff position as a "one-stop-shop" offering housing resource information of all Tribal housing and support programs for families, the elderly and disabled community members.

SECTION 3: PROGRAM DESCRIPTIONS

[102(b)(2)(A)], [233(a)], [235(c)], [404(b)], 24 CFR §1000.512(b)(2) and (3)

Planning and Reporting Program Year Activities

In this section, the recipient must provide a description of its planned eligible activities, and intended outcomes and outputs for the One-Year IHP. The recipient can select any combination of activities eligible under NAHASDA and intended outcomes and outputs that are based on local needs and priorities. There is no maximum or minimum number of eligible activities or intended outcomes and outputs. Rather, the One-Year IHP should include a sufficient number of eligible activities and intended outcomes to fully describe any tasks that the recipient intends to fund in whole or in part with IHBG resources during the coming program year.

Subtitle B of NAHASDA authorizes recipients to establish a program for self-determined housing activities involving construction, acquisition, rehabilitation, or infrastructure relating to housing activities or housing that will benefit the low-income households served by the Indian tribe. A recipient may use up to 20 percent of its annual allocation, but not more than \$2 Million, for this program. Section 233(a) of NAHASDA requires a recipient to include its planned self-determination program activities in the IHP, and Section 235(c) requires the recipient to report the expenditures, outputs, and outcomes for its self-determination program in the APR. For more information, see PIH Notice 2010-35 (Demonstration Program - Self-Determined Housing Activities for Tribal Governments) at http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_8814.pdf

The One-Year IHP is not required to include eligible activities or intended outcomes and outputs that will not receive IHBG resources. For example, the recipient may be planning to apply for Low Income Housing Tax Credits (LIHTC) from its state. If those tax credit projects will not receive IHBG resources, they are not required to be described in the IHP. However, the recipient may wish to include non-IHBG activities in the IHP to provide tribal members with a more complete picture of housing activities.

If an activity will receive partial funding from an IHBG resource, it must be described in the IHP.

For example, if the recipient uses IHBG-funded staff persons to manage, inspect, or maintain an LIHTC-funded rental project, that project would be considered an IHBG-assisted project and the related activities must be described in the IHP.

Planning and Administrative expenses and loan repayments should not be identified as programs in the IHP. That is why there are dedicated rows in the Uses of Funding budget for these expenses. Instead, describe anticipated planning and administrative expenses in Section 6, Line 4 of the IHP, and describe actual planning and administration expenses in Section 6, Line 5 of the APR. Report the planned and actual amount of planning and administrative expenses in the dedicated row of the Uses of Funding budget (Section 5, Line 2). Please note that Reserve Accounts to support planning and administration is an eligible activity and should be identified as a program in the IHP, and any planned or actual expenditure from the Reserve Account would be reported by its program name in the Uses of Funding table.

With regard to loan repayments made with IHBG funds, describe planned loan repayments in Section 5, Line 4 of the IHP, and describe actual loan repayments in Section 5, Line 5 of the APR. Report the planned and actual amount of loan repayments in the dedicated row of the Uses of

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Funding budget (Section 5, Line 2), except as noted in the following instructions for Column O in the Uses of Funding table. Column O should show the IHBG funds that were expended in the previous 12-month program year. If the recipient borrowed and repaid a loan or a portion of a loan in the same year using IHBG funds, show the repayment of the principal amount in the IHBG program line in the Uses of Funding table and report loan interest payments and loan expenses in the Loan Repayment line in the Uses of Funding table. The Administrative and Planning spending cap must be based on the actual expenditures incurred during the 12-month period, and not on the amount shown in the IHP. These expenditures should be reported on the Planning and Administration row. The total amount of IHBG funds expended cannot exceed the total amount in Column H, Row 1 of Line 1 (Sources of Funding table).

For the IHP, complete the **unshaded** sections to describe the planned activities, outcomes and outputs in the coming 12-month program year. The recipient must complete Lines 1.1 through 1.4, Lines 1.6 and 1.7, and Line 1.9 for each eligible activity or program planned for the One-Year IHP. For the APR, complete the shaded sections to describe actual accomplishments, outcomes, and outputs for the previous 12-month program year. In particular, complete Lines 1.5, 1.8, 1.9, and 1.10 for each program included in the IHP.

Eligible Activity may include (citations below all reference sections in IVAFASDA) :

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

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

Outcome May Include:

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

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

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

- One way to number your programs is chronologically. For example, you could number your programs 2011-1, 2011-2, 2011-3 etc.

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

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

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

1.1. Program Name and Unique Identifier:	Program Administration - 2016-001
1.2. Program Description <i>(This should be the description of the planned program.):</i>	
<p>This program is responsible for the administration of the Indian Housing Block Grant that includes; financial reports, planning, design, implementation of all housing services; maintenance, rehabilitation, resident services, crime prevention, and new construction under the grant award. Program administration includes the following activities: application intake, tenant relations, lease monitoring, collections, conveying stock, recertification, lease and homebuyer agreement enforcement, data collection and analysis, reporting, tenant files, file maintenance of all 350 units, correspondence, annual unit inspections and community relations.</p>	
1.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>	19
1.4. Intended Outcome Number <i>(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):</i>	1
Describe Other Intended Outcome (Only if you selected "Other" above):	
1.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>	
Describe Other Actual Outcome (Only if you selected "Other" in above):	
1.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>	
Low-Moderate Income Families	
1.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>	

Program Administration will provide housing services for 371 rental and homebuyer units through the proper administration of the Fy 2016 Indian Housing Block Grant. Administration services provided includes maintenance and moderanization of all existing units by the maintenance and rehabilitation programs. Services provided begins with housing applications, certification of income to determine eligibility, background checks, move-in and move-out inspections, waiting list management, referrals for support services, and annual unit inspections.

Program administration encompasses program development of the Indian Housing Plan; planning, budget development, program implementation, evaluation, financial reporting, close out of program year activities and submittal of the Annual Performance Report.

1.8. APR: Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
	371	
APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year

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

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2.1. Program Name and Unique Identifier:	Resident Services - 2016-002	
2.2. Program Description <i>(This should be the description of the planned program.):</i>		
<p>Resident services provides application intake, tenant relations, lease monitoring, collections, conveying stock, interim recertifications, lease and homebuyer agreement enforcement, data collection and analysis, report preparation, file maintenance of tenant and application correspondence, casework, and support services such as budgeting and credit education.</p> <p>Resident services conducts unit inspections and submits work order requests as needed. Staff provides daily tenant contact regarding housing concerns and complaints. Case management files are maintained for each case. Tenant files are maintained to meet HUD compliance requirements.</p>		
2.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>		19
2.4. Intended Outcome Number <i>(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):</i>		6
Describe Other Intended Outcome <i>(Only if you selected "Other" above):</i>		
2.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome <i>(Only if you selected "Other" above):</i>		
2.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Low-income LR and MH families who meet income eligibility criteria for the housing programs.		
2.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Services will be delivered by admission and occupancy staff at no cost to applicants and tenants. Service will be provided to 318 rental and 53 homebuyer households.		
2.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
2.9: Planned and Actual Outputs for 12-Month Program Year		

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Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
	371	
APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year

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

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3.1. Program Name and Unique Identifier:	CAS - 2016-003
3.2. Program Description <i>(This should be the description of the planned program.):</i>	
<p>This program is designed to provide the following activities: routine and non-routine repairs and replacement of fixtures, equipment and/or materials to ensure compliance with health quality standards. Tenant referrals are made to occupancy staff regarding maintenance or health concerns observed in the tenant units. Occupancy staff make referrals to maintenance staff via work orders. Maintenance staff and Resident Services staff work hand-in-hand to ensure when units are vacated the unit is repaired timely and ready for occupancy as soon as possible.</p> <p>Routine repair and cleaning of units is completed with 2 weeks, but severe tenant damage may take up to 60 days.</p>	
3.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>	2
3.4. Intended Outcome Number <i>(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):</i>	3
Describe Other Intended Outcome (Only if you selected "Other" above):	
3.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>	
Describe Other Actual Outcome (Only if you selected "Other" above):	
3.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>	
Low - income families who are tenants in the program.	
3.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>	
<p>The majority of the maintenance department staff have 23 years experience working with the current housing stock in making routine maintenance and repairing tenant damage to units. Units vacated by tenat's owing for unit damage are charged for time and materials. Damage charges must be satisfied before a tenant can reapply and deemed eligile for housing. Reimbursement for unit damage is also sought by filing garnishment of the former tenants per capita payment each year until the debt is satisfied in full.</p>	
3.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>	

3.9: Planned and Actual Outputs for 12-Month Program Year		
Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
571		
APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
3.10: APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))		

4.1. Program Name and Unique Identifier:	Development - 2016-100	
4.2. Program Description <i>(This should be the description of the planned program.):</i>		
<p>The development program will be composed of two methods of development; Acquisition and General Contractor. The methods will be tracked separately with program activity for each method having its separate budget and expenses. This will enhance budget monitoring by management and accounting staff for specific project activity and will allow for improved accountability of expended grant funds.</p> <p>Acquisition Development will have a budget of \$1.2 million over a 1 year period. 1. Total acquisition cost is not to exceed \$150,000 per unit. This will include purchase price, administration cost, and rehabilitation of the property to meet housing health and safety standards. A MOU with the Division of Land Management will assist with identification, inspection and appraisal of potential properties. The project will provide 8 units of housing.</p> <p>General Contractor development will have a budget of \$1.2 million over a 1 year period. 1. A sealed bid method of selection of a general contractor will be in compliance with 24 CFR Part 85 procurement. This project will provide 4 units for housing in the community.</p> <p>The TDHE will also allocate \$350,000 to leverage a \$1 million dollar loan from the USDA Rural Rental Housing Program (Section 515) to provide 12 single family one bedroom apartments. The construction site would be located at Uskah Village where infrastructure is in place. The units will be of modest design, square footage and LEED certified. A General Contractor will be used for this project.</p>		
4.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>		4
4.4. Intended Outcome Number <i>(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):</i>		7
Describe Other Intended Outcome (Only if you selected "Other" above): <hr/>		
4.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above): <hr/>		
<hr/>		

4.6. Who Will Be Assisted (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):

Low-income families in need of affordable 2 and 3 bedroom housing units.

4.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):

Low-income families will receive a unit that meets the family composition, household needs, and of moderate sized square footage. Units will be of quality construction that is affordable, energy efficient, and equipped with Energy Star appliances.

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
	12	
APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year

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

HANDOUT FOR ITEM - IX.A.

5.1. Program Name and Unique Identifier:	Crime Prevention - 2015-200
5.2. Program Description <i>(This should be the description of the planned program.):</i>	
<p>The Crime Prevention program consists of two full-time staff dedicated to the reduction of crime within housing communities. The Three Sisters and Flying Leaf Subdivision is the focal point for crime prevention and staff work closely with Oneida Police Department in reducing crime those areas. A key element in crime prevention is promoting culture, safety, and positive behaviors for community residents. The program provides hands on activities that encourage creation such as cultural beading, dance regalia costumes, crafts and volunteer activities for communit members.</p> <p>The Oneida Housing Department sponsors three community events each year to gather community involvement and resident participation with neighborhors. These activities involve food, music, children activities and adult activities to encourage getting to know your neighbors.</p>	
5.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>	21
5.4. Intended Outcome Number <i>(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):</i>	11
Describe Other Intended Outcome (Only if you selected "Other" above):	
5.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>	
Describe Other Actual Outcome (Only if you selected "Other" above):	
5.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>	
Low-moderate income families residing in Oneida Housing Department rental and homebuyer housing units.	
5.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>	

Community and Cultural events for youth and adults;

- After school cultural programs for youth.
- Neighborhood watch programs.
- Culture Camp - four day/three night event for middle and high school youth.
- Summer programs for youth that promote positive activities within the housing sites.
- Quarterly events at sites designed to focus on topics such as bullying, suicide, and gang prevention.
- Crime Prevention program works closely with the Oneid Police Department and the Oneida Gang Task Force.

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
	371	
APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year

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

HANDOUT FOR ITEM - IX.A.

6.1. Program Name and Unique Identifier:	Operating CAS - 2016-00X	
6.2. Program Description <i>(This should be the description of the planned program.):</i>		
<p>This program is designed to implement and maintain systems which ensure sound fiscal management, human resources management, planning and development of maintenance programs, and staff for services supported by Tribal accountants. Funds support the cost of maintenance of office and warehouse, associated utility costs, insurance, work order system, inventory control, tracking cost, and purchasing of supplies and materials. The program also services maintenance equipment, contracting for equipment/vehicle maintenance, staff training, pest control, and preventative maintenance activities.</p>		
6.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>		2
6.4. Intended Outcome Number <i>(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):</i>		3
Describe Other Intended Outcome (Only if you selected "Other" above):		
6.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
6.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Low-moderate income families participating in the housing programs.		
6.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
The types and level of assistance include management functions such as accounting, work orders, procurement and repair of vacant units. Elder assistance include community space maintenance, lawn care, and snow removal.		
6.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
6.9: Planned and Actual Outputs for 12-Month Program Year		

HANDOUT FOR ITEM - IX.A.

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
310		
APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
6.10: APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))		

HANDOUT FOR ITEM - IX.A.

7.1. Program Name and Unique Identifier:	CAS Rehabilitation - 2016-300
7.2. Program Description <i>(This should be the description of the planned program.):</i>	
This program is designed to provide project management, rehabilitation due to mold, replacement of obsolete materials, and rehabilitation due to inadequate ventilation in bathrooms, and energy efficiencies. This program focuses on weatherization rehabilitation by addressing inadequate insulation, window, doors, siding and roofs.	
7.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>	5
7.4. Intended Outcome Number <i>(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):</i>	3
Describe Other Intended Outcome (Only if you selected "Other" above):	
7.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>	
Describe Other Actual Outcome (Only if you selected "Other" above):	
7.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>	
Low-moderate income families.	
7.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>	
Rehabilitation crew and subcontracted professionals will perform the work activities. In no case is the rehabilitation cost per unit is to exceed the 2012 cost estimate. Under no circumstance can the assistance per unit exceed \$45,000.	
7.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>	
7.9: Planned and Actual Outputs for 12-Month Program Year	

HANDOUT FOR ITEM - IX.A.

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
40		
APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
7.10: APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))		

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

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

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

The 1937 Act inventory will receive the highest priority for all rehabilitation work activities. The maintenance program works closely with resident services staff in identifying potential maintenance and repair items on all 1937 housing stock.

All housing staff are aware to keep a watchful eye on 1937 Act units for maintenance issues that may arise due to the age of units. Preventive maintenance of the 1937 Act housing stock is the oldest in inventory and will receive the most rehabilitation attention each program year.

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

The Oneida Housing Division has no units planned for demolition or disposition in FY 2016.

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

[Empty response area for item 3]

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

[Empty response area for item 4]

SECTION 6: OTHER SUBMISSION ITEMS

[102(b)(2)(C)(ii)], [201(b)(5)], [202(6)], [205(a)(2)], [209], 24 CFR §§ 1000.108, 1000.120, 1000.142, 1000..

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

The expected useful life of a unit built with NAHASDA funds is 50+ years due to quality construction methods, "green " materials and focus on sustainable low maintenance building materials. The Oneida Housing Department continues to monitor housing units through routine maintenance, moderization, and rehabilitation of all housing stock.

(2) Model Housing and Over-Income Activities (NAHASDA § 202(6), 24 CFR § 1000.108) *(If you wish to undertake a model housing activity or wish to serve non-low-income households during the 12-month program year, those activities may be described here, in the program description section of the 1-year plan, or as a separate submission.):*

No model activities planned for FY 2016.

(3) Tribal and Other Indian Preference (NAHASDA § 201(b)(5), 24 CFR § 1000.120)

If preference will be given to tribal members or other Indian families, the preference policy must be described. This information may be provided here or in the program description section of the 1-year plan.

Does the Tribe have a preference policy? Yes No

If yes, describe the policy.

The Oneida Housing Department will give preference to Oneida Tribal members, other Tribal Indians, and non-Indians in that order. All applicants must meet the required NAHSADA guidelines before they can become eligible for the programs. The head of household will be an enrolled Oneida Tribal member for first preference.

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

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

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

HANDOUT FOR ITEM - IX.A.

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

Did you exceed your spending cap for Planning and Administration?

Yes No

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

Yes No

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

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

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

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

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

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

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

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

SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

By signing the IHP, the recipient certifies its compliance with Title II of the Civil Rights Act of 1968 (25 USC Part 1301 et seq.), and ensures that the recipient has all appropriate policies and procedures in place to operate its planned programs. The recipient should not assert that it has the appropriate policies and procedures in place if these documents do not exist in its files, as this will be one of the items verified during any HUD monitoring review.

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

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

Yes No

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

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

Yes No Not Applicable

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

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

Yes No Not Applicable

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

Yes No Not Applicable

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

Yes No Not Applicable

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

Yes No Not Applicable

SECTION 8: IHP TRIBAL CERTIFICATION

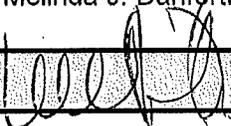
NAHASDA § 102(c)

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

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

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

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

(4) Tribe:	Oneida Tribe of Indians of Wisconsin
(5) Authorized Official's Name and Title:	Melinda J. Danforth, Tribal Vice-Chairwoman
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	7/17/2015

SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

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

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

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

Tribally determined wage rates are used for all administrative, professional, maintenance and rehabilitation, crime prevention and accounting positions.

Davis-Bacon wage rates are used for all construction projects.

SECTION 10: SELF-MONITORING

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

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

Yes No

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

Yes No Not Applicable

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

Yes No

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

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SECTION 11: INSPECTIONS

NAHASDA § 403(b)

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

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

(2) Did you comply with your inspection policy:

Yes No

(3) If no, why not:

SECTION 12: AUDITS

24 CFR § 1000.544

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

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

Yes, No

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

If No, an audit is not required.

SECTION 13: PUBLIC AVAILABILITY

NAHASDA § 408, 24 CFR § 1000.518

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

Yes No

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

Yes No Not Applicable

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

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

SECTION 14: JOBS SUPPORTED BY NAHASDA

NAHASDA § 404(b)

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

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

(3) Narrative (optional):

SECTION 15: IHP WAIVER REQUESTS

NAHASDA § 101(b)(2)

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

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

<p>(1) List below the sections of the IHP where you are requesting a waiver and/or a waiver of the IHP due date. <i>(List the requested waiver sections by name and section number):</i></p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
<p>(2) Describe the reasons that you are requesting this waiver <i>(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.):</i></p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
<p>(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. <i>(This section should completely describe the procedural, staffing or technical corrections that you will make in order to submit a complete IHP in the future and/or submit the IHP by the required due date.):</i></p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
<p>(4) Recipient:</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>(5) Authorized Official's Name and Title:</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>(6) Authorized Official's Signature:</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>(7) Date (MM/DD/YYYY):</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SECTION 16: IHP AMENDMENTS

24 CFR §1000.512

Use this section for IHP amendments only.

This section is only filled out if the recipient is making an official amendment to an IHP that was previously determined to be in compliance by HUD, and the recipient is required to send the amended IHP to HUD for review. The recipient may amend its IHP at any time during the Program Year.

There are only two instances when an IHP amendment must be submitted to HUD for review and determination of compliance:

- (1) When the recipient is adding a new activity that was not described in the current One-Year Plan that was determined to be in compliance by HUD; or
- (2) When the recipient is reducing the amount of funds budgeted to protect and maintain the viability of housing assisted under the 1937 Act.

The recipient is not required to submit an amended IHP to HUD:

If the revision simply alters the IHBG budget, including moving funds among planned tasks, or If it deletes a planned activity, *unless* the re-programmed funds from the budget amendment or task deletion will be used for a new task not currently in an IHP determined by HUD to be in compliance, *or unless* the change is to reduce the budget supporting 1937 Act units.

NOTES:

If Line 2 in Section 8 (IHP Tribal Certification) is checked in the current IHP, a new certification must be signed and dated by the authorized tribal official and submitted with the IHP Amendment.

Section 1 (Cover Page) is recommended but not required with an IHP Amendment submission.

Eligible Activity	Output Measure	Output Completion
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection

HANDOUT FOR ITEM - IX.A.

(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit
(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed
(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding Table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding Table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection
Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding Table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding Table only)
(25) Reserve Accounts [202(9)]	N/A	N/A

HANDOUT FOR ITEM - IX.A.

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

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

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

HANDOUT FOR ITEM - IX.A.

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

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

HANDOUT FOR ITEM - IX.A.

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

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

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

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

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

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

Notes:

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

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

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

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