

## **Automated Indian Housing Plan/Annual Performance Report Version 1.0**

The automated version of the IHP/APR simplifies the completion of the form by providing drop-down menus, check boxes, auto-filling data fields, columns and rows that total automatically, text fields that expand to accommodate narratives of any size, data quality checks, and other enhancements.

This version also features comment boxes that provide additional information on almost all elements of the form. Wherever there is a small red triangle in the corner of a cell, there is a comment box. Simply place the cursor over the cell with a red triangle and the comment box will appear. There is no requirement to read the comments, they are merely provided to make it easier to understand and complete the form. The comments were extracted from Program Guidance 2013- 04 (Revised Guidance for the Indian Housing Plan/Annual Performance Report).

For full functionality it is recommended that Excel 2007 or higher be used.

### **Saving the Form**

The automated form contains macros that must be enabled in order for the form to be fully functional. To retain the macros, save the document to another location (such as your desktop) and open the form from that location. Select "Save As" in the Office Button and select "Excel Macro-Enabled Workbook." This step only needs to be done when first saving the form, subsequent saves will automatically retain the macros.

### **Completing the Form**

Click the tabs at the bottom starting with "Section 1" and fill out all applicable information in the yellow or green fields. Yellow fields are the IHP and green fields are the APR. IHP fields will turn white when completed and APR fields will turn gray when completed. If any of the yellow or green fields don't apply, enter "N/A".

The tab for each section of the form will turn from red to blue once all the required fields in an IHP or APR are completed. If one or more fields in a tab are not completed, the tab will remain red. If this occurs, review all the fields and identify where information or data still needs to be entered. Once all the fields are completed, the tab will turn blue. In the tables, enter a 0 (zero) if there are no units or dollar amounts for that cell; otherwise, the tab will not turn from red to blue.

Once a text field is completed it is necessary to click anywhere outside the field in order for the text to be accepted. If pasting text from a Word document into a text field, it is necessary to click in the text field before pasting. Use the scroll bar to navigate through a section, rather than the Enter key.

### **Section 3 (Program Descriptions) Instructions**

Fill out all the information for the first program that plans to use IHBG funds. To fill out and describe additional programs, click the "Add New Program" button. This will create an additional tab for the new program, and the new tab will be identified as 3.2, 3.3, etc. To delete a program, click the "Remove This Program" button, and the program tab will be deleted. The addition of a new program in Section 3 will automatically create a new row for the program in Line 2 (Uses of Funding) of Section 5. Similarly, the deletion of a program in Section 3 will automatically delete the row in Line 2.

### **Section 5 (Budgets) and Section 11 (Inspections) Data Quality Assurance**

Line 2 (Uses of Funding) has several instances where data must not exceed data provided in Line 1 (Sources of Funding). For example, it is not possible to expend more IHBG funds than are budgeted. If there is a data mismatch, the corresponding cell in the "TOTAL" row of Line 2 will turn red. Correct the data in the table(s) until the cell is no longer red and becomes purple.

In Section 11 (Inspections) if the number of housing units inspected exceeds the number of housing units, the cell(s) in the "Total Number of Units Inspected" column will turn red. Correct the data until the cell(s) becomes blue.

### **Printing the Form**

In addition to retaining an electronic version of the automated form, it is possible to retain a hard copy for filing. To print all sections of the form, select "Print" in the Office Button and check "Entire Workbook" in the "Print What" portion of the Print window. To print a specific section of the form, select "Print" in the Office Button and check "All" in the "Print Range" portion of the Print window.

### **Submitting the Form**

Once the automated IHP or APR is completed, it may be submitted to your Area Office of Native American Programs as an email attachment or sent by fax or regular mail. It is recommended that the form be submitted as an email attachment in order for the form to retain its automated capabilities.

To document official signatures, print and sign hard copies of the pages that require signatures, and send the signed pages as an email attachment or by fax or regular mail. The sections of the IHP that require the signature of the authorized official are Sections 1 and 8, and

Sections 15 and 16, if applicable. For the APR, Section 1 requires an official signature.

### General Instructions

This form meets the requirements for an Indian Housing Plan (IHP) and Annual Performance Report (APR) required by the United States Department of Housing and Urban Development. In addition to these requirements, a tribe or tribally designated housing entity (TDHE) may elect to prepare a more comprehensive IHP. If a tribe or TDHE elects to prepare a more comprehensive IHP, the required elements of this IHP must still be submitted on the prescribed HUD form. The information requested does not lend itself to confidentiality.

Regulatory and statutory citations are provided throughout this form as applicable. Recipients are encouraged to review these citations when completing the IHP and APR sections of the form.

Under the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA) (25 U.S.C. 4101 et seq.), HUD will provide grants, loan guarantees, and technical assistance to Indian tribes and Alaska Native villages for the development and operation of low-income housing in Indian areas. Grants will be made to eligible recipients under the Indian Housing Block Grant (IHBG) program. To be eligible for the grants, recipients must submit an IHP that meets the requirements of the Act. The recipient is required to submit the IHP to HUD at least 75 days prior to the start of its 12-month program year (NAHASDA § 102(a)(1)). The APR is due no later than 90 days after the end of the recipient's program year (24 CFR § 1000.514).

The IHP and the APR (previously two separate forms) are now combined into one form. The sections pertaining to the IHP are submitted **before** the beginning of the 12-month program year, leaving the APR (shaded) sections blank. If the IHP has been updated or amended, use the most recent version when preparing the APR. After the 12-month program year, enter the results from the 12-month program year in the shaded sections of the form to complete the APR. More details on how to complete the IHP and APR sections of the form can be found in the body of this form. In addition, a separate IHP and APR report form guidance is available at [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/public\\_indian\\_housing/ih/codetalk/nahasda/guidance](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/ih/codetalk/nahasda/guidance).

Public reporting burden for the collection of information is estimated to average 62 hours, 25 hours for the IHP and 37 hours for the APR. This includes the time for collecting, reviewing, and reporting the data. The IHP data is used to verify that planned activities are eligible, expenditures are reasonable, and recipient certifies compliance with related requirements. The APR data is used to audit the program accurately and monitor recipient progress in completing approved activities, including reported expenditures, outputs, and outcomes. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Form HUD-52737 (06/17/2013)

## SECTION 1: COVER PAGE

(1) Grant Number: 55IT0211420

(2) Recipient Program Year: 1/01/2017 - 12/31/2017

(3) Federal Fiscal Year: 10/01/2016 - 09/30/2017

(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

<b>(9) Name of Recipient:</b> Nome Eskimo Community		
<b>(10) Contact Person:</b> Tiffany Martinson, Executive Director		
<b>(11) Telephone Number with Area Code:</b> 907 443-2246		
<b>(12) Mailing Address:</b> P.O. Box 1090		
<b>(13) City:</b> Nome	<b>(14) State:</b> AK	<b>(15) Zip Code:</b> 99762
<b>(16) Fax Number with Area Code (if available):</b> 907 443-3539		
<b>(17) Email Address (if available):</b> <a href="mailto:tiffany.martinson@necalaska.org">tiffany.martinson@necalaska.org</a>		
<b>(18) If TDHE, List Tribes Below:</b>		
<b>(19) Tax Identification Number:</b>		92-0059310
<b>(20) DUNS Number:</b>		053486205
<b>(21) CCR/SAM Expiration Date:</b>		September 7, 2017

(22) IHBG Fiscal Year Formula Amount:	Estimated \$857,542
(23) Name of Authorized IHP Submitter:	Emma Pate
(24) Title of Authorized IHP Submitter:	Executive Director
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date:	10/14/2016
(27) Name of Authorized APR Submitter:	Tiffany Martinson
(28) Title of Authorized APR Submitter:	Executive Director
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date:	

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

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

# ONE YEAR PLAN & ANNUAL PERFORMANCE REPORT

## SECTION 2: HOUSING NEEDS

NAHASDA § 102(b)(2)(B)

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

(A) Type of Need	Check All That Apply	
	(B) Low-Income Indian Families	(C) All Indian Families
(1) Overcrowded Households	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(2) Renters Who Wish to Become Owners	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(3) Substandard Units Needing Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(4) Homeless Households	<input 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 checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>

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

**(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)):*

Within the jurisdiction of the Nome Eskimo Community Housing Program (NEC Housing), there exists substandard and overcrowded housing conditions. Much of the existing housing stock needs structural, electrical, mechanical and thermal envelope improvements. In some cases, the living areas of existing homes need to be expanded to alleviate overcrowded conditions. In other cases, new homes need to be constructed to accommodate local population growth, overcrowded living conditions and the seriously dilapidated state of many existing homes. During 2017, NEC Housing plans to implement the following services to address the above issues.

**Energy Efficiency Services:** Many low income households experience emergencies such as broken windows, frozen plumbing or failed heating systems. These households are without the means to make emergency repairs to their homes. Some low income households are in need of minor repairs and weatherization to improve the energy efficiency of their homes, and lower utility costs. The Energy Efficiency Service is designed to address these housing issues.

**Renovation Services:** As stated above, there are many homes that are in substandard condition in NEC Housing's jurisdiction. Usually these homes are more than 40 years old, are poorly insulated, do not meet current building code requirements, have antiquated heating systems, have rot and mold conditions, have leaky roofs, doors and windows, are too small to accommodate the number of occupants, and in some cases the homes are so far beyond repair that it would be more cost efficient to replace the home rather than repair it. The Renovation Service is designed to address these housing issues.

**Rental Assistance:** There exists in NEC Housing's jurisdiction a shortage of rental units for the existing population. Low income families are forced to rent units that are substandard in size, sanitation, energy efficiency, electrical and mechanical systems, structural integrity, air quality, accessibility, and safety, because they cannot afford better housing. Additionally, these low income families are paying considerably more than 30% of their income for rent, heat and utilities. The Rental Assistance program is based on the Section 8 model, and is designed to address the above conditions by offering rental subsidies to qualified applicants.

It has been 10 years since NEC Housing has formally surveyed the needs of its tribal members. During 2017, NEC Housing intends to conduct a housing survey and market assessment of current housing conditions in our jurisdiction. NEC Housing will explore the feasibility of developing a low income rental complex in Nome, utilizing funding from Alaska Housing Finance Corporation, Low Income Housing Tax Credits, and other sources.

**(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)):*

NEC Housing recognizes that its members residing outside its jurisdiction have housing needs similar to those within its jurisdiction, but is unable to quantify this need at present. The housing needs of tribal members residing within the geographical boundaries of our jurisdiction are so great that all NAHASDA funds, less administrative and planning costs, will be directed to meet those local needs.

NEC Housing will concentrate its efforts to providing housing services to tribal members currently residing within the geographic boundaries of the City of Nome and with access to City utilities. The needs of tribal members residing outside the geographical boundaries of Nome will be addressed at such time as the needs of all tribal members residing within the City of Nome are met.

## SECTION 3: PROGRAM DESCRIPTIONS

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

### Planning and Reporting Program Year Activities

For the IHP, the purpose of this section is to describe each program that will be operating during the 12-month program year. Each program must include the eligible activity, its planned outputs, intended outcome, who will be assisted, and types and levels of assistance. Each of the eligible activities has a specific, measurable output. The first column in the table below lists all eligible activities, the second column identifies the output measure for each eligible activity, and the third column identifies when to consider an output as completed for each eligible activity. Copy the text boxes 1.1 through 1.10 as often as needed so that all of your planned programs are included.

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

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

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

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

**Outcome May Include:**

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

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

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

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



The programs under the second eligible activity would be numbered as 2.1, 2.2, 2.3 etc.

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

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

<b>1.1. Program Name and Unique Identifier:</b>	<b>2017-1 Energy Efficiency Services</b>	
<b>1.2. Program Description</b> <i>(This should be the description of the planned program.):</i>		
This service will provide funding to improve the livability and longevity of low income tribal members' homes. Qualified participants may receive weatherization to their homes and/or emergency repairs, such as broken windows or frozen pipes. This service may also be used for the construction of ramps or other needs of disabled persons. This service is capped at \$50,000 per project.		
<b>1.3. Eligible Activity Number</b> <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>	16	
<b>1.4. Intended Outcome Number</b> <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	
<b>Describe Other Intended Outcome</b> (Only if you selected "Other" above):		
(Empty row for describing other intended outcomes)		
<b>1.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>		3
<b>Describe Other Actual Outcome</b> (Only if you selected "Other" in above):		
(Empty row for describing other actual outcomes)		
<b>1.6. Who Will Be Assisted</b> <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 Alaska Native and American Indian families, with preference granted to members of the Nome Eskimo Community tribe.		
<b>1.7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		

Reduce utility costs by insulating, air sealing, and improving energy efficiency. This may include replacement of heating systems with more efficient heating and domestic hot water systems, weatherization of walls, floors, roofs, doors, windows, etc. and replacement of lighting fixtures and appliances to improve energy efficiency. Structural improvements such as leveling of the building, repairs to walls, floors, ceilings and roofs. Construction of arctic entries, wheelchair ramps, and other minor additions to the structure. All work will conform to local, state and federal building codes.

**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.

No accomplishment

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

Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program
2		
APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year
0		

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

Received no applications for this program

<b>2.1. Program Name and Unique Identifier:</b>	<b>2017-2 Renovation Assistance</b>	
<b>2.2. Program Description</b> <i>(This should be the description of the planned program.):</i>		
<p>This service will provide funding for the renovation of, and in some cases replacement of substandard homes owned by low income tribal members. The focus of this service is to improve older homes by upgrading them to meet current building codes, modification of the structure to address the number of occupants (such as adding bedrooms), and elimination of health and safety hazards (such as mold and rot, and inadequate electrical and mechanical systems). Work may include adding insulation, air sealing, replacement of roofs, walls, floors, windows and doors, new drywall, upgraded kitchens and bathrooms, repairing or replacing stairways and porches, new energy efficient appliances, and adding features to address the needs of disabled persons (such as ramps and grab bars). All work and materials will be of professional quality, however, design is to be modest and will not include anything that could be considered a luxury, such as satellite dishes, hot tubs, televisions, etc.</p>		
<b>2.3. Eligible Activity Number</b> <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>	16	
<b>2.4. Intended Outcome Number</b> <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	
<b>Describe Other Intended Outcome</b> (Only if you selected "Other" above):		
<b>2.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>		3
<b>Describe Other Actual Outcome</b> (Only if you selected "Other" above):		
<b>2.6. Who Will Be Assisted</b> <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 Alaska Native and American Indian families with preference granted to members of the Nome Eskimo Community.		
<b>2.7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
All necessary construction to alleviate the substandard conditions of tribal members' homes. Budgets are capped at 70% of HUD's annually established Total Development Costs.		
<b>2.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i>		

Completed 1 renovation

**2.9: Planned and Actual Outputs for 12-Month Program Year**

Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program
2		
APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year
1		

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

Program is not behind schedule. A second renovation project was nearing completion at the end of 2017.

<b>3.1. Program Name and Unique Identifier:</b>	<b>2017-3 Rental Assistance</b>	
<b>3.2. Program Description</b> <i>(This should be the description of the planned program.):</i>		
This service will fund rental subsidies for low income members of the Nome Eskimo Community that pay more than 30% of their income for housing expenses. The program is closely modelled on the Section 8 Tenant Based Rental Assistance. Section 8 vouchers are available in Alaska, but only in urban areas, so this program will give low income renters in our rural community access to rental subsidies.		
<b>3.3. Eligible Activity Number</b> <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>		17
<b>3.4. Intended Outcome Number</b> <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
<b>Describe Other Intended Outcome</b> (Only if you selected "Other" above):		
<b>3.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>		6
<b>Describe Other Actual Outcome</b> (Only if you selected "Other" above):		
<b>3.6. Who Will Be Assisted</b> <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 Alaska Native and American Indian families with preference granted to members of the Nome Eskimo Community.		
<b>3.7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Assistance will be provided in the form of rental subsidies paid directly to participating landlords. The maximum payment will be only the amount necessary to bring down the client's rental expense to 30% of their total income. This will be a cooperative venture between Nome Eskimo Community, eligible members of the tribe and participating landlords.		
<b>3.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
20 households participated in this program.		
<b>3.9: Planned and Actual Outputs for 12-Month Program Year</b>		

Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program
	10	
APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year
	20	

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

Program is not behind schedule.

## 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.)* :

N/A

**(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.

N/A



## **SECTION 5: BUDGETS**

*NAHASDA §§ 102(b)(2)(C), 404(b)*

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

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds	\$1,111,580	\$857,542	\$1,969,122	\$1,048,316	\$920,806	\$1,059,161	\$750,569	\$1,809,730	\$1,028,153	\$781,577	\$121,246
2. IHBG Program Income	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
3. Title VI	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
4. Title VI Program Income	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
5. 1937 Act Operating Reserves	\$0		\$0	\$0	\$0			\$0		\$0	
6. Carry Over 1937 Act Funds	\$0		\$0	\$0	\$0			\$0		\$0	
<b>LEVERAGED FUNDS</b>											
7. ICDBG Funds	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
8. Other Federal Funds	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
9. LIHTC	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
10. Non-Federal Funds	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
<b>TOTAL</b>	\$1,111,580	\$857,542	\$1,969,122	\$1,048,316	\$920,806	\$1,059,161	\$750,569	\$1,809,730	\$1,028,153	\$781,577	\$121,246

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.**
- d. For the IHP, describe any estimated leverage in Line 3 below (Estimated Sources or Uses of Funding). For the APR, describe actual leverage in Line 4 below.

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

PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)
2017-1 Energy Efficiency Services	\$100,000	\$0	\$100,000	\$0	\$0	\$0
2017-2 Renovation Assistance	\$528,653	\$0	\$528,653	\$691,439	\$0	\$691,439
2017-3 Rental Assistance	\$210,000	\$0	\$210,000	\$175,282	\$0	\$175,282
Planning and Administration	\$209,663	\$0	\$209,663	\$161,432	\$0	\$161,432

Loan repayment - describe in 3 & 4 below	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	\$1,048,316	\$0	\$1,048,316	\$1,028,153	\$0	\$1,028,153

**Notes:**

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

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

Estimated amount of 2017 IHBG is \$857542.

Add Bullet

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

[Redacted area]

Add Bullet

**Cell: C2**

**Comment:** The purpose of this section is to describe the sources and uses of the recipient’s funds for eligible housing activities. In the IHP portion of this section, the recipient identifies the anticipated or planned sources and uses of the funds. In the APR portion of this section, the recipient describes the actual sources and uses of the funds.

**Cell: A5**

**Comment:** Planned Grant-Based Budget for Eligible Programs. The table in this section lists the seven statutory areas of eligible IHBG activities, and the purpose of the table is to show how the recipient plans to spend its IHBG funding for the upcoming 12-month program year. Enter the amount of IHBG funds from the estimated formula or final formula allocation for each eligible activity in the IHP. This table should include planned IHBG funds only and none from IHBG program income, Title VI, or other sources. HUD will submit the information in this table to the U.S. Congress to document how the current NAHASDA appropriation was planned to be used.

**Cell: A16**

**Comment:** For the IHP, the tables at Line 1 (Sources of Funding) and Line 2 (Uses of Funding) show the estimated sources of funding and then the planned uses of funding. The recipient must fill out these two tables to show the amount of IHBG, IHBG program income, and Title VI funds that are expected, and how these funds are planned to be spent. The recipient is also required to report on other sources of funds if those funds will be used in combination with IHBG, IHBG program income, and Title VI for a project or program. If other sources of funds are not combined with IHBG, IHBG program income, and Title VI funds, reporting on them is optional.

**Cell: D18**

**Comment:** For the IHP, this table identifies the estimated or anticipated sources of funding for the upcoming 12-month program year. The table is intended to cover all of the funds to be expended on IHBG-assisted activities during the One-Year Plan period. As noted above, the recipient is not required to list other sources of funds (beyond IHBG, IHBG program income, and Title VI) unless those funds will be combined with IHBG in a project.

The Estimated Sources of Funding table must include the amounts of private loans or tribal loans that will be used for NAHASDA-eligible activities, which will later be reimbursed with IHBG funds. For example, assume that a tribe lends \$100,000 for the acquisition of land that will be used to develop affordable housing for low-income Native American families. At a later time, the recipient will use its IHBG grant to repay this loan. The \$100,000 of assistance must be listed as a source of funds in the chart as “non-federal funds.” The recipient is cautioned that all such transactions must follow all applicable NAHASDA and other federal rules, such as environmental review, labor standards, relocation/acquisition, etc.

For the IHP, fill Columns A, B, C, D, and E.

**Cell: I18**

**Comment:** For the APR, the recipient reports on the actual sources of funding received and expended during the program year. Fill Columns F, G, H, I, J, and K.

NOTE: Funds used for Title VI loan repayments should not be included in the Sources of Funding table; rather, Title VI loan repayments should be shown on the Loan Repayment line in the Uses of Funding table.

**Cell: D19**

**Comment:** This column should show the amount of funds already sitting in an account for the recipient (whether at U.S. Treasury or in a local investment account). This includes all “carry over” IHBG funds from previous years. The recipient is required to include all sources that will be used to leverage IHBG, IHBG program income, or Title VI projects or programs. In addition, the recipient is required to include 1937 Act program funds that remain with the TDHE or tribe and have not yet been spent, as well as remaining 1937 Act reserves, both of which must be used for eligible affordable housing activities. The types of leveraged non-IHBG funds include:

- “ICDBG,” the Indian Community Development Block Grant is a competitive grant program available to tribes and administered by HUD;
- “Other Federal Program Funds” might include funds from the U.S. Department of Agriculture, Indian Health Service, Bureau of Indian Affairs or any other federal agency;
- “LIHTC,” the Low Income Housing Tax Credit is an IRS program that works through state agencies and provides developers with tax credits in return for funding affordable housing; and
- “Non-Federal Funds” could be any other type of funds that will be used for projects or programs in combination with funds from IHBG, IHBG program income, or Title VI, including tribal contributions, tribal loans, private funds, or assistance from nonprofits.
- Note: Estimated, expected leveraged funding must be described in Line 3.

**Cell: E19**

**Comment:** This column should show the new funding to be received, including the total of the new IHBG grant for the FFY and any funds that are expected to be received at any point during the 12 months, if those funds are associated with a program or activity outlined in the plan.

For IHBG program income, the recipient may estimate the amount to be received during the upcoming 12-month program year or may opt to wait until program income is actually realized and, at that time, the recipient should update this table, as needed.

**Cell: F19**

**Comment:** This column should show the sum of the funds on hand from Column A and the new funds received from Column B.

**Cell: G19**

**Comment:** This column should show the amount of funds from Column C that the recipient anticipates expending during the upcoming 12-month program year. The amount in Column D must never exceed the amount in Column C. The amount in Column D should be directly related to the 12-month activities listed in the One-Year Plan. Note: The total for Column D should match the total of Column N in Line 2 (Uses of Funding) table.



**Cell:** H19

**Comment:** This column should show the amount of funds that the recipient anticipates will be left over at the end of the 12-month program year. The calculation is based on the amount of available funds and the amount budgeted to be spent, or the amount in Column C minus the amount in Column D.

**Cell:** I19

**Comment:** This column should show the amount of funds actually on-hand at the beginning of the program year covered by the APR. Examples of “funds on hand” would be funds undisbursed from the recipient’s LOCCS account, funds that are in the recipient’s bank account, or any funds that are available to the recipient that have not yet been expended. In addition, “funds on hand” includes any IHBG amounts invested pursuant to 24 CFR 1000.58.

**Cell:** J19

**Comment:** This column should show the funds that were actually received under a grant agreement or other firm commitment during the previous 12-month program year. The recipient must report on any funds received that were used in conjunction with IHBG resources. Describe actual leveraged funding received in Line 4.

Note that the IHBG program income was an estimate in the IHP; for the APR it should be an accurate accounting of the entire amount of program income received in the previous 12-month program year. Thus, the recipient must track the receipt and expenditure of program income throughout the year so that it can provide an accurate accounting of the total amount received in Row 2. It is not sufficient to only report on the program income “on hand” at the end of the program year. Rather, the recipient must account for all program income earned throughout the year, including that program income that has already been disbursed for an activity.

**Cell:** K19

**Comment:** This column should show the total amount of actual funding available during the previous 12-month program year or the sum of Columns F and G.

**Cell:** L19

**Comment:** This column should show the actual funds expended during the previous 12-month program year. The amount should include any funds actually drawn down from LOCCS or other accounts, but not commitments or obligations for which funds have not yet been spent. Do not include IHBG deposits to HUD-approved investment accounts. Note: The total of Column I should match the total of Column Q in Line 2 (Uses of Funding) table.

**Cell:** M19

**Comment:** This column should show the amount of unspent funds based on the amount of funds actually available less the amount spent during the program year, or the amount in Column H minus the amount in Column I.

**Cell:** N19

**Comment:** This column should show the amount of funds that have been obligated through a signed contract or other legally binding agreement but have not yet been

expended in the previous 12-month program year. For a definition of fund obligation, see Notice PIH 2000-26 (TDHEs) at <http://www.hud.gov/offices/pih/publications/notices/00/pih2000-26.pdf>. This notice provides recipients with guidance regarding what constitutes an obligation of grant funds.

NOTE: Effective January 2, 2013, the IHBG regulations no longer include the two-year, 90 percent fund obligation requirement. However, the recipient must continue to report in Column K the amount of funds that have been obligated but not expended.

**Cell: A21**

**Comment:** With HUD approval, the recipient is permitted to draw down IHBG funds and invest those funds for a maximum 5-year period in a secure, approved type of investment. (For additional information, see Notice PIH 2010-33.) The Estimated Sources of Funding table does not have a separate row for IHBG investments as a source of funds. For the purposes of the IHP, invested IHBG funds are treated exactly the same as if the IHBG funds were in the recipient's LOCCS account.

**Cell: A27**

**Comment:** For the IHP, describe any estimated leverage in Line 3 below (Estimated Sources or Uses of Funding). For the APR, describe actual leverage in Line 4 below.

**Cell: A41**

**Comment:** NOTE: For the purposes of the Uses of Funding table, IHBG (only) refers to the grant amount. Any IHBG program income or Title VI funds should be included with 'All Other Funds' in Column M.

**Cell: C43**

**Comment:** For the IHP, this table shows how the anticipated funds are planned to be used during the upcoming 12-month program year. The table is organized by the programs identified in Section 3. Each intended program name and unique identifier from Section 3, Line 1.1 should appear as a row on this table. For the IHP, enter each program name and associated unique identifier (Line 1.1.) from Section 3 (Program Descriptions) and fill Columns L, M, and N, as described below.

- It is not acceptable to show a use of funds that does not correspond to a planned one-year program.
- If the Area ONAP cannot readily tie a planned use of funds to a stated one-year program, HUD will notify the recipient that the IHP must be revised prior to a determination that the IHP is in compliance with NAHASDA.
- For the purposes of the Uses of Funding table, IHBG (only) refers to the grant amount. Any IHBG program income, Title VI funds, or Title VI program income should be included with "All Other Funds" in Column M.
- See Section 6, Line 4 for information on calculating administrative and planning expenses.

If the recipient plans to use some of its IHBG funds during the upcoming 12-month program year to repay an existing Title VI loan or a private loan, then that planned repayment must be listed on the Uses of Funding table. If the recipient lists a loan repayment, it must describe at Line 3 the associated loan and the

eligible activity the loan repayment supports. The recipient must ensure that all IHBG and other federal requirements were followed at the time that the project was initially funded. The recipient should not repay any loan with IHBG resources if the program was not previously listed in an IHP that HUD determined to be in compliance with NAHASDA.

**Cell: I43**

**Comment:** For the APR, the recipient reports on the actual expenditures during the program year by program. This section should only include actual funds expended, not commitments or planned draws. It would not include amounts drawn down and placed in investments.

For the APR, the recipient will report on the actual uses of funding received during the previous 12-month program year. Fill Columns O, P, and Q. NOTE: For the purposes of the Uses of Funding table, IHBG (only) refers to the grant amount. Any IHBG program income, Title VI funds, or Title VI program income should be included with "All Other Funds" in Column P.

**Cell: C44**

**Comment:** This column should show the cumulative, previous FFY allocations of IHBG funds plus the current year IHBG funds that are dedicated to the planned activities. The total in Column L must not exceed the IHBG funds from Columns A and B, Row 1 in Line 2 (Estimated Sources of Funding table). The recipient's administrative and planning expenses cannot exceed the administrative and planning cap without HUD approval.

**Cell: E44**

**Comment:** This column should show the planned expenditure of other, non-IHBG funds during the upcoming 12-month period. The total of Column M must not exceed the total from Column C, Rows 2-10 in Line 1 (Sources of Funding) table.

**Cell: G44**

**Comment:** This column should show the sum of the IHBG-budgeted expenditures and the non-IHBG budgeted expenditures over the upcoming 12-month program year, or Column L plus Column M. The total of Column N should equal the total of Column D in Line 1 (Sources of Funding) table.

**Cell: I44**

**Comment:** This column 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 total amount of IHBG funds expended cannot exceed the total amount in Column H, Row 1 of Line 1 (Sources of Funding) table.

**Cell: K44**

**Comment:** This column should show all other funds that were expended in the previous 12-month program year. Other funds include any program income, Title VI, and all non-IHBM funds used to leverage IHBM projects, such as any LIHTC or ICDBG funds in an IHBM-funded project. The total of Column P cannot exceed the total of Column H, Rows 2-10 in Line 1 (Sources of Funding) table.

**Cell:** M44

**Comment:** This column should show the total funds expended during the previous 12-month program year. It is the sum of Column O and Column P. The total for Column Q should equal the total of Column I in Line 1 (Sources of Funding) table.

**Cell:** A59

**Comment:** This text box must be used to further explain any estimated amounts in the budget, including leverage. If IHBM resources will be leveraged with other funds in the same projects or programs, the recipient must describe that planned leveraging in this box. The recipient also must use this box if it has stated that it plans to use IHBM grant funds or IHBM program income to repay an existing loan. In that case, describe the loan and the associated eligible activity and the IHP program number.

If desired, use the "Add Bullet" button for listing estimated sources or uses of funding.

**Cell:** A69

**Comment:** This text box can be used to further describe any actual expenditure during the previous 12-month program year. This box must be used if a loan repayment has been listed on the Uses of Funding table. The text must describe how the repayment was used, including listing the IHP program number associated with the repayment. In addition, this box should be used to describe any leveraged funds that were received during the previous 12-month program year and expended in conjunction with IHBM funds.

If desired, use the "Add Bullet" button for listing actual sources or uses of funding.

## SECTION 6: OTHER SUBMISSION ITEMS

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

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

Useful Life is determined by the total project cost. Projects costing \$5000 or less will have a useful life of 6 months. Projects costing more than \$5000 will have useful life of 5 years.

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

In 2017, NEC Housing has no plans to assist households earning more than 80% of median income, as determined by Hud's annual income limits.

**(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.

NEC Housing gives preference to Nome Eskimo Community tribal members.

Energy Efficiency Service and Renovation Service preference is given to NEC Housing applicants that are 60 years of age or older, NEC member households with children under 6 years of age, NEC member households with a disabled person.

Rental Assistance preference is given to NEC Housing applicants that are 60 years of age or older, NEC member households with children under 6 years of age, NEC member households with a disabled person, applicants that are homeless, applicants living in substandard housing, applicants whose household income is less than 30% of median income, families whose children may be placed in foster care because of inadequate housing, families with children already in foster care whose children can return only when adequate housing is found.

**(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.

NEC Housing will not expend more than 20% of IHBG funds for administration and planning. In addition to A&P of the Energy Efficiency, Renovation and Rental Assistances, NEC Housing plans to use a portion of the 20% to fund a housing survey/ market analysis of housing conditions in Nome.

NEC Housing has started the planning process for an apartment complex development to be built in Nome sometime in the next 3 to 5 years. We do not anticipate using IHBG funds for this project, but will apply for grants and Low Income Housing Tax Credits.

**(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?

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
<b>IHBG Funds:</b>		
<b>Funds from Other Sources:</b>		

**(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
<b>IHBG Funds:</b>		
<b>Funds from Other Sources:</b>		



## SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

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

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

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

Yes  No

**(2) In accordance with 24 CFR 100.328, the recipient receiving less than \$200,000 under FCAS certifies that:**

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

Yes  No  Not Applicable

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

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 on behalf of a tribe. This certification must be executed by the recognized tribal government covered under the IHP.

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

(2)  It had an opportunity to review the IHP 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 on behalf of the Tribe without prior review by the Tribe.

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

## SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

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

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

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

All construction activities involving IHBG funds.

## 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.):*

self monitoring is accomplished in late spring, early summer. 2016 self monitoring was completed in 2017. 2017 self monitoring will be completed in 2018.

## 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)
<b>1</b>	<b>1937 Housing Act Units:</b>					
	a. Rental	0				0
	b. Homeownership	0				0
	c. Other	0				0
<b>1937 Act Subtotal</b>		0	0	0	0	0
<b>2</b>	<b>NAHASDA assisted units:</b>					
	a. Rental	0	0	0	0	0
	b. Homeownership	1	0	1	0	1
	c. Rental Assistance	20	20	0	0	20
	d. Other	0	0	0	0	0
<b>NAHASDA Subtotal</b>		21	20	1	0	21
<b>Total</b>		21	20	1	0	21

(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.

Indian Housing Block Grant Assistance (IHBG)	
(1) Number of Permanent Jobs Supported	4
(2) Number of Temporary Jobs Supported	0
(3) Narrative (optional):	



## SECTION 15: IHP WAIVER REQUESTS

NAHASDA § 101(b)(2)

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

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

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

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

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

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

**(4)** Recipient:

**(5)** Authorized Official's Name and  
Title:

**(6)** Authorized Official's Signature:

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

## SECTION 16: IHP AMENDMENTS

24 CFR §1000.512

**Use this section for IHP amendments only.**

### Planning and Reporting Program Year Activities

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

#### NOTES:

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

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

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

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

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

<b>1. Program Name and Unique Identifier:</b>	
<b>2. Program Description</b> <i>(This should be the description of the planned program.):</i>	
<b>3. Eligible Activity Number</b> <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>	
<b>4. Intended Outcome Number</b> <i>(Select one outcome from the Outcome list.):</i>	
<b>Describe Other Intended Outcome</b> (Only if you selected "Other" above):	
<b>5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>	
<b>Describe Other Actual Outcome</b> (Only if you selected "Other" in above):	
<b>6. Who Will Be Assisted</b> <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>	
<b>7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>	
<b>8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i>	
<b>9. Planned and Actual Outputs for 12-Month Program Year</b>	

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

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

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

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds			\$0		\$0			\$0		\$0	
2. IHBG Program Income			\$0		\$0			\$0		\$0	
3. Title VI			\$0		\$0			\$0		\$0	
4. Title VI Program Income			\$0		\$0			\$0		\$0	
5. 1937 Act Operating Reserves			\$0		\$0			\$0		\$0	
6. Carry Over 1937 Act Funds			\$0		\$0			\$0		\$0	
<b>LEVERAGED FUNDS</b>											
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	
<b>TOTAL</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL Columns C &amp; H, 2 through 10</b>			\$0					\$0			

**Notes:**

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

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

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

**(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):*

[Redacted area]

**(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.):*

[Redacted area]

<b>(13) Recipient:</b>	[Redacted]
<b>(14) Authorized Official's Name</b>	[Redacted]
<b>(15) Authorized Official's Signature:</b>	I certify that all other sections of the IHP approved on [Redacted]
	are accurate and reflect the activities planned.
<b>(16) Date (MM/DD/YYYY):</b>	[Redacted]