

DRAFT

**ROUND VALLEY INDIAN HOUSING  
AUTHORITYS**

**2016**

**ANNUAL PERFORMANCE REPORT**

**TO MAKE A COMMENT PLEASE CONTACT;**

**MELODY JOHNS, INTERIM EXECUTIVE  
DIRECTOR**

**AT**

**707-983-6188 EXT. 22**

## SECTION 1: COVER PAGE

(1) Grant Number: 55IH0608630

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

(3) Federal Fiscal Year: 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

(9) Name of Recipient:  
ROUND VALLEY INDIAN HOUSING AUTHORITY

(10) Contact Person:  
KAREN GONZALES, EXECUTIVE DIRECTOR

(11) Telephone Number with Area Code:  
707-983-6188 X 25

(12) Mailing Address:  
PO BOX 682

(13) City:  
COVELO

(14) State:  
CA

(15) Zip Code:  
95428

(16) Fax Number with Area Code (if available):  
707-983-8435

(17) Email Address (if available):  
kgonzales@rviha.org and klgonzales2014@gmail.com

(18) If TDHE, List Tribes Below:

Round Valley Indian Tribes: Little Lake, Concow, Wailacki, Nomelacki, Pit River, Yuki, Pomo

(19) Tax Identification Number: 94-2339703

(20) DUNS Number: 627202732

(21) CCR/SAM Expiration Date: July 6, 2017

(22) IHBG Fiscal Year Formula Amount:	\$2,739,614
(23) Name of Authorized IHP Submitter:	KAREN GONZALES
(24) Title of Authorized IHP Submitter:	EXECUTIVE DIRECTOR
(25) Signature of Authorized IHP Submitter:	kg
(26) IHP Submission Date:	7/14/2016
(27) Name of Authorized APR Submitter:	Paula Lockhart
(28) Title of Authorized APR Submitter:	Chairperson, Board of Commissioners
(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 type="checkbox"/>
(2) Renters Who Wish to Become Owners	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) Substandard Units Needing Rehabilitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4) Homeless Households	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5) Households Needing Affordable Rental Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(6) College Student Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(7) Disabled Households Needing Accessibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(8) Units Needing Energy Efficiency Upgrades	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(9) Infrastructure to Support Housing	<input checked="" type="checkbox"/>	<input 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."):

N/A

**(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 Round Valley Indian Housing Authority is to create affordable housing opportunities and safe, viable communities that enhance the quality of life for low and moderate income Tribal members; and if Tribal needs are met, for other Native American families residing within its jurisdiction. In the best interest of the Round Valley Tribes and the Round Valley Indian Housing Authority, every effort will be made to see that Tribal members obtain economic benefits through Indian preference in procurement, contracting and employment.

**(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)):*

Data provided from the US Department of Housing and Urban Development from the 2010 US Census has documented the need of the Round Valley Indian Tribes. The need is based upon our Formula Area. The Tribe's current formula area includes: balance of Mendocino County, balance of Sonoma County, Round Valley Reservation and off-Reservation Trust Land.

The American Indian and Alaskan Native (AIAN) population and need within the Formula Area has been documented as follows:

- AIAN persons

7,570

- AIAN households with annual income less than 30% of median income 460
- AIAN households with annual income between 30% and 50% of median income 455
- AIAN households with annual income between 50% and 80% of median income 594
- AIAN households that are overcrowded or without plumbing or kitchen 376
- AIAN households with housing cost burden greater than 50% of annual income 512
- Housing Shortage (number of low income AIAN households less total number of NAHASDA and Formula Currnet Assisted Stock

1,398

The Round Valley Indian Housing Authority has completed a Comprehensive Needs Assesment (CNA), a door-to-door survey, on the Round Valley Reservation and Tribal Members within the proximity of the Formula Area, to ascertain the needs of Tribal Members living within this area. We have also determined the best way to gather this information from Tribal Members living off reservation. The CNA gives us the data that we need to document the actual need of members and to better plan our programs and services in response to the greatest need.

Since over 60% of Round Valley Indian Tribal Members live off the Reservation , the Formula Area of the Round Valley Indian Tribes has included areas outside the Reservation, including area within Lake, Mendocino, Sonoma and trinity Counties.

## 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](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

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 NAHASDA*):

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

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

#### Outcome May Include:

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

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

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

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



2011-2, 2011-3 etc.

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

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

Complete the shaded section of text below to describe your completed program tasks and actual results. Only report on activities completed during the 12-month program year. Financial data should be presented using the same basis of accounting as the Schedule of Expenditures of Federal Awards (SEFA) in the annual 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 OPERATIONS &amp; MAINTENANCE</b>	
<b>1.2. Program Description (This section is shaded in the original document)</b>		
OPERATE AND MAINTAIN 1937 ACT LOW RENT HOUSING STOCK		
<b>1.3 Eligible Activity Number</b> (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), 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.):	0	
<b>1.4 Intended Outcome Number</b> (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.):	0	
Describe Other Intended Outcome (Only if you selected "Other" above):		
<b>1.5 Actual Outcome Number</b> (In the APR identify the actual outcome from the Outcome list.):	3	
Describe Other Actual Outcome (Only if you selected "Other" above.):		
<b>1.6 Who Will Be Assisted</b> (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 must be included as a separate program within this section.):		
ROUND VALLEY TRIBAL MEMBERS RESIDING IN THE 1937 ACT RENTAL HOUSING UNITS		
<b>1.7. Types and Level of Assistance</b> (Describe the types and the level of assistance that will be provided to each household, as applicable.):		
ENSURE ONGOING OPERATIONS AND MAINTENANCE OF THE 1937 ACT LOW RENT HOUSING STOCK, GROUNDS		
<b>1.8. APR:</b> 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.		
<b>1.9: 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
49		
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
49		
<b>1.10: APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))</b>		

2.1. Program Name and Unique Identifier:		2017-2 DEVELOP LOW RENT UNITS	
2.2. Program Description (This should be the description of the planned program.):			
Construct or acquire low income rental housing units for income eligible Tribal Members within the service area.			
2.3. Eligible Activity Number (Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):			4
2.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):			7
Describe Other Intended Outcome (Only if you selected "Other" above.):			
2.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			7
Describe Other Actual Outcome (Only if you selected "Other" above.):			
2.6. Who Will Be Assisted (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):			
Income eligible Tribal Members			
2.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):			
Construct up to twelve (12), two (2) bedroom low rent units; three (3) Four (4) Plex units; each four plex will contain one (1) 910 handicap unit. Rents not to exceed 30% of household income			
2.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
2.9: Planned and Actual Outputs for 12-Month Program Year			
Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program	
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
0		

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



3.1. Program Name and Unique Identifier:		2017-3 HOUSING REHABILITATION	
3.2. Program Description (This should be the description of the planned program.):			
Rehabilitate and/or modernize significantly substandard housing as per application, inspections, and assessment.			
3.3. Eligible Activity Number (Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):			16
3.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):			3
Describe Other Intended Outcome (Only if you selected "Other" above.):			
3.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			3
Describe Other Actual Outcome (Only if you selected "Other" above.):			
3.6. Who Will Be Assisted (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):			
Qualified low to moderate income Tribal Member homeowners living on and off the reservation.			
3.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):			
Up to \$50,000 for each eligible applicant to assist homeowners by providing rehabilitation services; levels of assistance are determined by need and based on inspections.			
3.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
3.9: Planned and Actual Outputs for 12-Month Program Year			
Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program	
5			

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		

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

4.1. Program Name and Unique Identifier:		2017-4 INFRASTRUCTURE DEVELOPMENT	
4.2. Program Description (This should be the description of the planned program.):			
INSTALL UTILITIES AS PART OF INFRASTRUCTURE DEVELOPMENT FOR SCATTERED SITES TO ADDRESS HOMEOWNERSHIP			
4.3. Eligible Activity Number (Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):			24
4.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):			4
Describe Other Intended Outcome (Only if you selected "Other" above.):			
4.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			4
Describe Other Actual Outcome (Only if you selected "Other" above.):			
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 <u>separate</u> program within this section.):			
LOW TO MODERATE INCOME TRIBAL MEMBERS RESIDING WITHIN THE RESERVATION BOUNDARIES			
4.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):			
UP TO \$10,000 OF ASSISTANCE FOR EACH ELIGIBLE APPLICANT RESIDING ON THE RESERVATION			
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	



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

5.1. Program Name and Unique Identifier:		2017-5 HOMEBUYER ASSISTANCE BELOW 80% LMI	
5.2. Program Description (This should be the description of the planned program.):			
Provide homeownership opportunities to Tribal Members by providing down payment assistance to eligible applicants.			
5.3. Eligible Activity Number (Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):			13
5.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):			2
Describe Other Intended Outcome (Only if you selected "Other" above.):			
5.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			2
Describe Other Actual Outcome (Only if you selected "Other" above.):			
5.6. Who Will Be Assisted (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):			
Low to moderate income Tribal Members who qualify for the program			
5.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):			
Up to \$20,000 grant per eligible applicant			
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	
5			

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		

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

<b>7.1. Program Name and Unique Identifier:</b>	<b>2017-7 HOUSING SERVICES</b>	
<b>7.2. Program Description</b> <i>(This should be the description of the planned program.):</i>		
Provide flexible financial assistance programs to eligible Tribal Members that will assist with homelessness, emergency housing situations and emergency medical situations; to include but not limited to: security deposits, foreclosure prevention payments, utility assistance, urgent care shelter assistance.		
<b>7.3. 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>		18
<b>7.4. 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>		5
<b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above.):</i>		
<b>7.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>		5
<b>Describe Other Actual Outcome</b> <i>(Only if you selected "Other" above.):</i>		
<b>7.6. 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 to moderate income Tribal members.		
<b>7.7. 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>		
Up to \$2,000 grant per eligible applicant		
<b>7.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
<b>7.9: 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
	25	

APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
	31	

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



8.1. Program Name and Unique Identifier:		2017-8 CRIME PREVENTION AND SAFETY - BUILDING HORIZONS PROGRAM	
8.2. Program Description (This should be the description of the planned program.):			
Continue the Building Horizons program to provide during school and after school youth programs such as: tutoring, mentoring, leadership training, cultural activities, athletic and recreational opportunities to enrich the body, mind and spirit of Tribal youth.			
8.3. Eligible Activity Number (Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):			21
8.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):			11
Describe Other Intended Outcome (Only if you selected "Other" above.): N/A			
8.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			11
Describe Other Actual Outcome (Only if you selected "Other" above.):			
8.6. Who Will Be Assisted (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):			
RVIHA low rent Tribal Member tenants and low to moderate income Native Americans living within the service area.			
8.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):			
host neighborhood watch meetings and maintain ongoing relations with the Round Valley Tribal Police Department and the Mendocino County Sheriffs Department to enhance community safety and well being. Continue to offer crime prevention activities that include, but is not limited to, hosting structured activities that provide pertinent information regarding community awareness, household safety, drug awareness, developing leadership.....			
8.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
8.9: Planned and Actual Outputs for 12-Month Program Year			
Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program	

APR: Actual Number of <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	
			77
8.10: APR: <i>If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))</i>			

9.1. Program Name and Unique Identifier:		2017-9 CRIME PREVENTION AND SAFETY - SECURITY	
9.2. Program Description (This should be the description of the planned program.):			
Provide security services to the RVIHA low income housing community by employing security officers to observe, report and deter criminal activity and provide a safe environment to Tribal Member families in the ongoing effort to reduce crime reports.			
9.3. Eligible Activity Number (Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):			21
9.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):			11
Describe Other Intended Outcome (Only if you selected "Other" above.): N/A			
9.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			11
Describe Other Actual Outcome (Only if you selected "Other" above.):			
9.6. Who Will Be Assisted (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):			
RVIHA low rent tenants and low to moderate income Native Americans living within the boundaries of the Reservation.			
9.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):			
Security patrol officers in coordination with Tribal Police will patrol low income Tribal Member neighborhoods, continue to offer crime prevention activities which includes participation in the Neighborhood Watch meetings and maintaining positive ongoing relations with the Round Valley Tribal Police Department and the Mendocino County Sheriffs to enhance community safety and well being.			
9.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
9.9: Planned and Actual Outputs for 12-Month Program Year			
Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program	



APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year	
			77
9.10: APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))			

10.1. Program Name and Unique Identifier:		2017-10 NAHASDA MAINTENANCE	
10.2. Program Description (This should be the description of the planned program.):			
Operate and maintain NAHASDA low rent housing stock			
10.3. Eligible Activity Number (Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):			20
10.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):			3
Describe Other Intended Outcome (Only if you selected "Other" above.):			
10.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			3
Describe Other Actual Outcome (Only if you selected "Other" above.):			
10.6. Who Will Be Assisted (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):			
Round Valley Tribal Members residing in the NAHASDA low rent housing units			
10.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):			
Ensure ongoing operations and maintenance of NAHASDA low rent housing stock, grounds and facilities through the utilization of a detailed maintenance program, routine inspections and modernization to meet and/or exceed current housing standards.			
10.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
10.9: 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	
28			

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
28		

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

11.1. Program Name and Unique Identifier:		2017-11 Down Payment Assistance 80-100% LMI	
11.2. Program Description (This should be the description of the planned program.):			
This program will provide up to 15,000 in down payment assistance to eligible Tribal members.			
11.3. Eligible Activity Number (Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):			20
11.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):			3
Describe Other Intended Outcome (Only if you selected "Other" above.):			
Please note: The drop down buttons are not working. Should be: (13) Down Payment/Closing Cost Assistance [202(2)] (2) Assist renters to become homeowners			
11.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):			12
Describe Other Actual Outcome (Only if you selected "Other" above.):			
11.6. Who Will Be Assisted (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):			
Eligible Round Valley Tribal Members with incomes between 80-100% LMI			
11.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):			
Families will receive up to \$20,000 each and will be provided for two eligible families.			
11.8. APR: Describe the accomplishments for the APR in the 12-month program year.			
11.9: 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	
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		

**11.10: 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.)*: MAINTAIN A MAINTENANCE DEPARTMENT FOR OPERATIONS AND MAINTENANCE OF 1937 ACT LOW RENT HOUSING STOCK. COORDIANATE AND MONITOR HOUSING SERVICES THROUGHT THE MAINTENANCE DEPT. AND THE RESIDENT HOUSING MANAGER . OPERATE AND CONTINUIOSLY REFINE THE MAINTENANCE PROGRAM TO ENSURE ALL SITES MEET HUD REGULATION AND TDHE POLICIES .

(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	\$1,941,739	\$2,739,614	\$4,681,353	\$4,681,353	\$0	\$2,888,372	\$2,335,945	\$5,224,317	\$2,319,836	\$2,904,481	
2. IHBG Program Income	\$35,100	\$35,100	\$70,200	\$70,200	\$0		\$42,325	\$42,325	\$0	\$42,325	
3. Title VI	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
4. Title VI Program Income	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
5. 1937 Act Operating Reserves	\$0		\$0	\$0	\$0			\$0		\$0	
6. Carry Over 1937 Act Funds	\$0		\$0	\$0	\$0			\$0		\$0	
LEVERAGED FUNDS											
7. ICDBG Funds	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
8. Other Federal Funds	\$0	\$500,000	\$500,000	\$500,000	\$0	\$0	\$902,163	\$902,163	\$902,163	\$0	





2017-3 HOUSING REHABILITATION	\$508,404	\$0	\$508,404	\$193,518		\$193,518
2017-4 INFRASTRUCTURE DEVELOPMENT	\$100,000	\$0	\$100,000	\$53,125		\$53,125
2017-5 HOMEBUYER ASSISTANCE BELOW 80% LMI	\$160,000	\$0	\$160,000	\$133,390		\$133,390
2017-7 HOUSING SERVICES	\$187,093	\$0	\$187,093	\$85,791		\$85,791
2017-8 CRIME PREVENTION AND SAFETY - BUILDING HORIZON'S PROGRAM	\$451,888	\$0	\$451,888	\$108,387		\$108,387
2017-9 CRIME PREVENTION AND SAFETY - SECURITY	\$100,000	\$0	\$100,000	\$59,452		\$59,452
2017-10 NAHASDA MAINTENANCE	\$70,200	\$0	\$70,200	\$31,344		\$31,344
2017-11 Down Payment Assistance 80-100% LMI	\$45,000	\$0	\$45,000	\$0		\$0
Planning and Administration	\$547,923	\$0	\$547,923	\$492,403		\$492,403

Loan repayment - describe in 3 & 4 below	\$0	\$0	\$0	\$0			\$0
<b>TOTAL</b>	\$4,151,836	\$500,000	\$4,251,836	\$2,319,836	\$902,163		\$3,221,999

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):*

\$500,000 from USDA for rental construction

**(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.):

--	--

## 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.):*

Existing Terms

Activity Useful life

Rehabilitation/acquisition of existing housing

Under \$15,000

1 year

\$15,000 - \$40,000

5 years

Over \$40,000

10 years

New construction/acquisition of newly built housing

15 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.):*

N/A

**(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 mission of the Round Valley Indian Housing Authority is to create affordable housing opportunities and safe, viable communities that enhance the quality of life for low and moderate income Tribal members; and, if tribal member needs are met, for other Native American families residing within its jurisdiction. In the best interest of the Round Valley Tribes and the Round Valley Indian Housing Authority, every effort will be made to see that Tribal members obtain economic benefit through Indian preference in procurement, contracting and employment.

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

Do you intend to exceed your allowable spending cap for Planning and Administration?

Yes

☐

No

☒

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

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

Did you exceed your spending cap for Planning and Administration?

Yes ☐ No ☒

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

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.

N/A

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

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

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

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

(4) Tribe:	ROUND VALLEY INDIAN TRIBES
(5) Authorized Official's Name and Title:	JAMES A. RUSS
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	7/14/2016

## SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

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

(1) ☐ You will use tribally determined wage rates when required for IHBG-assisted construction or maintenance activities. The Tribe has appropriate laws and regulations in place in order for it to determine and distribute prevailing wages.

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

(3) ☐ You will use Davis-Bacon and/or HUD determined wage rates when required for IHBG-assisted construction except for the activities described below.

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

N/A

## SECTION 10: SELF-MONITORING

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

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

Yes ☒ No ☐

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

Yes ☒ No ☐ Not Applicable ☐

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

Yes ☐ No ☒

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

The Board of Commissioners reviewed all policies and procedures of the RVIHA and made

## SECTION 11: INSPECTIONS

NAHASDA § 403(b)

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

Activity		Results of Inspections			
		Total Number of Units (Inventory)	Units in standard condition	Units needing rehabilitation	Units needing to be replaced
(a)		(b)	(c)	(d)	(e)
<b>1</b>	<b>1937 Housing Act Units:</b>				
	a. Rental	49	43	6	49
	b. Homeownership				0
	c. Other				0
	<b>1937 Act Subtotal</b>	49	43	6	0
<b>2</b>	<b>NAHASDA assisted units:</b>				
	a. Rental	28	28		28
	b. Homeownership				0
	c. Rental Assistance				0
	d. Other				0
	<b>NAHASDA Subtotal</b>	28	28	0	0
	<b>Total</b>	77	71	6	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 \$750,000 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	21
(2) Number of Temporary Jobs Supported	8

(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):*

N/A

(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.):*

N/A

(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.):*

N/A

(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.**

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

(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 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> (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), 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.):		
<b>4. Intended Outcome Number</b> (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.):		
<b>Describe Other Intended Outcome</b> (Only if you selected "Other" above.):		
<b>5. Actual Outcome Number</b> (In the APR identify the actual outcome from the Outcome list.):		
<b>Describe Other Actual Outcome</b> (Only if you selected "Other" in above):		
<b>6. Who Will Be Assisted</b> (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 must be included as a separate program within this section.):		
<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: Describe the accomplishments for the APR in the 12-month program year.</b>		
<b>9. Planned and Actual Outputs for 12-Month Program Year</b>		
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 <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	
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

**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

**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):	