<u>Tribal Profile</u>

<u>Item Number Instructions</u>

1 Provide the Name of the Region

2 Provide the Name of the Tribe/Consortium for which the information is being reported.

3 Provide the four digit fiscal year (**FY**) that identifies the fiscal year in which the work plan will be implemented. (Usually the fiscal year beginning in October 1, of the current calendar year).

4 Provide the name of the preparer in the event we may need to contact you.

5 Provide the title of the position that you are currently holding.

6 Provide the phone number where you may be contacted.

7 Provide the fax number where we may contact you.

8 The preparer must provide a signature in item number 8.

9 The preparer must provide the date in item number 9.

Part I- Annual Work Plan

Item Number Instructions

1 Provide the four digit fiscal year (**FY**) that identifies the fiscal year in which the work plan will be implemented. (Usually the fiscal year beginning in October 1, of the current calendar year).

2 Provide the Name of the Tribe/Consortium for which the information is being reported.

3 Provide the **Number of Applications Received and/or Considered** for the program for this FY work plan.

4 Provide the **Number Eligible Applicants** for this FY work plan.

5 For each applicant determined eligible for the program for this FY, provide the **Name of the Eligible Applicant**, ranked in order of priority from highest to lowest.

6 For each applicant listed in *Item Number 5*, identify the name of the tribe the applicant is a member.

7 For each applicant listed in *Item Number 5*, identify by entering a digit (1) in the Program Category column, under which the Tribe plans to provide housing assistance, if program funding is available.
   (A)   Interim Improvements
   (B)   Repairs and Renovations
   (C-1) Replacement and Housing (replacement of existing substandard housing).
   (C-2) Replacement and Housing(provision of housing for families without home).

8a For each applicant listed in *Item Number 5*, identified the **Estimated Start Date** (MM/YY) of the construction project.

8b For each applicant listed in *Item Number 5*, identify the **Estimated Project Cost** ($0's) for the housing assistance to be provided.

8c For each applicant listed in *Item Number 5*, identify the total of the **Priority Ranking Points** assigned, based on evaluation of need to determine the order in which the applicant will be provided assistance.

Part II- Annual Report of Accomplishments

Item Number Instructions

1a Provide the **Number of Eligible Applicants Funded** within the accomplishing year.

1b Provide the **Number of Projects Completed** within the accomplishing year.

2a For each applicant listed in *Item Number 3*, provide the sum of the **Total Administrative Cost** for all project(s) completed within the accomplishing year.

2b For each applicant listed in *Item Number 3*, provide the sum of the **Total Project Cost** for all project(s) completed within the accomplishing year.

2c For each applicant listed in *Item Number 3*, provide the sum of **2(a) Total Administration Cost and 2(b) Total Project Costs** for all project(s) completed within the accomplishing year.

3 For each applicant provided program service within the accomplishing reporting FY, provide the last and first name of the Eligible Applicant, ranked in order of priority from highest to lowest.

4 Provide the **Name of the Tribe/Consortium** for which the information is being reported.

5 For each applicant listed in *Item Number 3*, identify the type of program assistance provided, by entering a digit (1) in one or more of the applicable **Program Category** column(s):

   (A)   Interim Improvements
   (B)   Repairs and Renovations
   (C-1) Replacement and Housing (replacement of existing substandard housing).
   (C-2) Replacement and Housing(provision of housing for families without a home).

6a For each applicant listed in *Item Number 3*, identify the **Actual Start Date** (MM/YY) of the construction project.

6b For each applicant listed in *Item Number 3*, identify the **Actual Completion Date** of the project.

7a For each applicant listed in *Item Number 3*, identify the **Actual Administrative Cost** of the project.

7b For each applicant listed in *Item Number 3*, identify the **Actual Project Cost**.

7c For each applicant listed in *Item Number 3*, identify the **Sum of Administrative Cost 7(a) and Project Cost 7(b)**.

Tribal Profile

1 Region	
2 Tribe	
3 Fiscal Year	
4 Name	
5 Title	
6 Phone #	
7 Fax #	
8 Signature	
9 Date	

HOUSING IMPROVEMENT PROGRAM
ANNUAL PERFORMANCE REPORT

PART I - TRIBAL WORK PLAN		Date:	
1 Work Plan for Fiscal Year:		**Print Name**	
2 Name of Tribe / Consortium:		**Title**	
3 Number of Eligible Applicants:		**Preparer's Telephone #**	
4 Number of Applicants Received:		**Preparer's Fax #**	

*Program Category: (A) Interim Improvements; (B) Renovations; (C-1) Replacement Housing (replacement of existing, substandard dwelling); (C-2) Replacement Housing (housing provided, no existing dwelling)

5. Name of Eligible Applicant (ranked in order of need)			6. Applicant's Servicing Tribe	7. Program Category (Enter One As Applicable)				8a. Estimated Start Date	8b. Estimated Project Costs (per 25 CFR 256.17(b))**	8c. Priority Ranking Points (ranked in order from highest to lowest)
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Tribe Annual Performance Report

HOUSING IMPROVEMENT PROGRAM
ANNUAL PERFORMANCE REPORT

PART II - REPORT OF ACCOMPLISHMENTS

1	a. Number of Eligible Applicants Funded within Fiscal Year:					Name of Tribe / Consortium	
	b. Number of Projects Completed within Fiscal Year:						

2	a. Amount of Total Administration Funds to Report:					REGION	
	b. Amount of Total Project Funds to Report:					AGENCY	
	c. Amount of Total HIP Funds to Report:					FISCAL YEAR	

	Type or Printed Name		Title			
	Telephone		Fax			

3	Name of Applicant Provided Program Services		4. Applicant's Servicing Tribe	5. Program Category (Enter one, as applicable)				6. Construction Schedules		7. Construction Funds		
	Last	First		(A)	(B)	(C-1)	(C-2)	a. Project Start Date	b. Completion Date	a. Admin cost	b. Project cost	c.Sum of 7(a) & 7(b)
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Tribe Annual Performance Report

HOUSING IMPROVEMENT PROGRAM
ANNUAL PERFORMANCE REPORT

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Tribe Annual Performance Report

FACTOR NO. 1 - HIP ELIGIBILITY/SELECTION CRITERIA @ 125%

INCOME GUIDELINE POINT SCHEDULE FOR ALL STATES EXCEPT ALASKA & HAWAII

FAMILY SIZE	0% to 25% of PG 40 POINTS			26% to 50% of PG 30 POINTS			51% to 75% of PG 20 POINTS			76% to 100% of PG 10 POINTS			101% to 125% of PG 0 POINTS			OVER 125% of FPIG INELIGIBLE	
1	0	TO	2,600	2,601	TO	5,200	5,201	TO	7,800	7,801	TO	10,400	10,401	TO	13,000	13,001	& HIGHER
2	0	TO	3,500	3,501	TO	7,000	7,001	TO	10,500	10,501	TO	14,000	14,001	TO	17,500	17,501	& HIGHER
3	0	TO	4,400	4,401	TO	8,800	8,801	TO	13,200	13,201	TO	17,600	17,601	TO	22,000	22,001	& HIGHER
4	0	TO	5,300	5,301	TO	10,600	10,601	TO	15,900	15,901	TO	21,200	21,201	TO	26,500	26,501	& HIGHER
5	0	TO	6,200	6,201	TO	12,400	12,401	TO	18,600	18,601	TO	24,800	24,801	TO	31,000	31,001	& HIGHER
6	0	TO	7,100	7,101	TO	14,200	14,201	TO	21,300	21,301	TO	28,400	28,401	TO	35,500	35,501	& HIGHER
7	0	TO	8,000	8,001	TO	16,000	16,001	TO	24,000	24,001	TO	32,000	32,001	TO	40,000	40,001	& HIGHER
8	0	TO	8,900	8,901	TO	17,800	17,801	TO	26,700	26,701	TO	35,600	35,601	TO	44,500	44,501	& HIGHER
9	0	TO	9,800	9,801	TO	19,600	19,601	TO	29,400	29,401	TO	39,200	39,201	TO	49,000	49,001	& HIGHER
10	0	TO	10,700	10,701	TO	21,400	21,401	TO	32,100	32,101	TO	42,800	42,801	TO	53,500	53,501	& HIGHER
11	0	TO	11,600	11,601	TO	23,200	23,201	TO	34,800	34,801	TO	46,400	46,401	TO	58,000	58,001	& HIGHER
12	0	TO	12,500	12,501	TO	25,000	25,001	TO	37,500	37,501	TO	50,000	50,001	TO	62,500	62,501	& HIGHER
EACH PERSON OVER 12 ADD			900			1,800			2,700			3,600			4,500	4,501	& HIGHER
2008 PG:	25%=		2,600	50%=		5,200	75%=		7,800	100%=		10,400	125% =		13,000		
	@ Add'l:		900	@ Add'l:		1,800	@ Add'l:		2,700	@ Add'l:		3,600	@ Add'l:		4,500		
PG =	HHS Poverty Guidelines																

FACTOR NO. 1 - HIP ELIGIBILITY/SELECTION CRITERIA @ 125%

INCOME GUIDELINE POINT SCHEDULE FOR ALASKA

FAMILY SIZE	0% to 25% of FPIG 40 POINTS			26% to 50% of FPIG 30 POINTS			51% to 75% of FPIG 20 POINTS			76% to 100% of FPIG 10 POINTS			101% to 125% of FPIG			OVER 125% of FPIG INELIGIBLE	
1	0	TO	3,250	3,251	TO	6,500	6,501	TO	9,750	9,751	TO	13,000	13,001	TO	16,250	16,251	& HIGHER
2	0	TO	4,375	4,376	TO	8,750	8,751	TO	13,125	13,126	TO	17,500	17,501	TO	21,875	21,876	& HIGHER
3	0	TO	5,500	5,501	TO	11,000	11,001	TO	16,500	16,501	TO	22,000	22,001	TO	27,500	27,501	& HIGHER
4	0	TO	6,625	6,626	TO	13,250	13,251	TO	19,875	19,876	TO	26,500	26,501	TO	33,125	33,126	& HIGHER
5	0	TO	7,750	7,751	TO	15,500	15,501	TO	23,250	23,251	TO	31,000	31,001	TO	38,750	38,751	& HIGHER
6	0	TO	8,875	8,876	TO	17,750	17,751	TO	26,625	26,626	TO	35,500	35,501	TO	44,375	44,376	& HIGHER
7	0	TO	10,000	10,001	TO	20,000	20,001	TO	30,000	30,001	TO	40,000	40,001	TO	50,000	50,001	& HIGHER
8	0	TO	11,125	11,126	TO	22,250	22,251	TO	33,375	33,376	TO	44,500	44,501	TO	55,625	55,626	& HIGHER
9	0	TO	12,250	12,251	TO	24,500	24,501	TO	36,750	36,751	TO	49,000	49,001	TO	61,250	61,251	& HIGHER
10	0	TO	13,375	13,376	TO	26,750	26,751	TO	40,125	40,126	TO	53,500	53,501	TO	66,875	66,876	& HIGHER
11	0	TO	14,500	14,501	TO	29,000	29,001	TO	43,500	43,501	TO	58,000	58,001	TO	72,500	72,501	& HIGHER
12	0	TO	15,625	15,626	TO	31,250	31,251	TO	46,875	46,876	TO	62,500	62,501	TO	78,125	78,126	& HIGHER
EACH PERSON OVER 12 ADD			1,125			2,250			3,375			4,500			5,625	5,626	& HIGHER
2008 PG:	@ 25% =		3,250	@ 50% =		6,500	@ 75% =		9,750	@ 100% =		13,000	@ 125% =		16,250		
	@ Add'l:		1,125	@ Add'l:		2,250	@ Add'l:		3,375	@ Add'l:		4,500	@ Add'l:		5,625		
PG =	HHS Poverty Guidelines																