

EPIC User Manual
For Recipients of
Indian Housing Block Grant
Funds



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

October 24, 2018



Table of Contents

A.	Getting Started.....	1
1.	Logging On	1
2.	System Menu	4
3.	Exit System	4
B.	IHP and APR Submission	4
C.	Preparing an Indian Housing Plan (IHP).....	5
1.	IHP Waiver Requests.....	15
2.	Tribal Certifications.....	16
3.	IHP Amendments.....	17
D.	Preparing an Annual Performance Report (APR)	19
E.	Preparing a Federal Financial Report (SF-425).....	28
F.	Comment Function.	34
G.	Change Log.....	36
H.	Print Report.....	40

Portions of this manual were extracted from the original EPIC User Manual (R1_3v1), as prepared by HUD’s Office of Public and Indian Housing and published in May 2013.



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

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

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

A. Getting Started

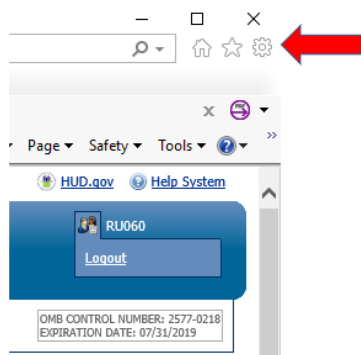
EPIC integrates with HUD's security system for user authentication and authorization. User IDs and passwords are required to access EPIC. The user must be registered in HUD's Secure Systems to have a valid ID and password for EPIC. If the user needs to register with Secure Systems, visit this site: https://hudapps.hud.gov/public/wass/public/pha/phareg_page.jsp. Once the user has registered with Secure Systems, the user must contact their Area Office to complete registration and access EPIC.

It is strongly recommended that users access EPIC via Microsoft’s Internet Explorer. The application does not work well when accessed through Chrome or Firefox.”

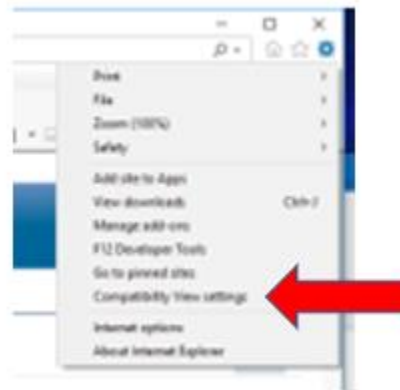
System Compatibility

To ensure compatibility with HUD’s security system and proper screen views, make certain the compatibility view on the user’s computer is set to “hud.gov.”

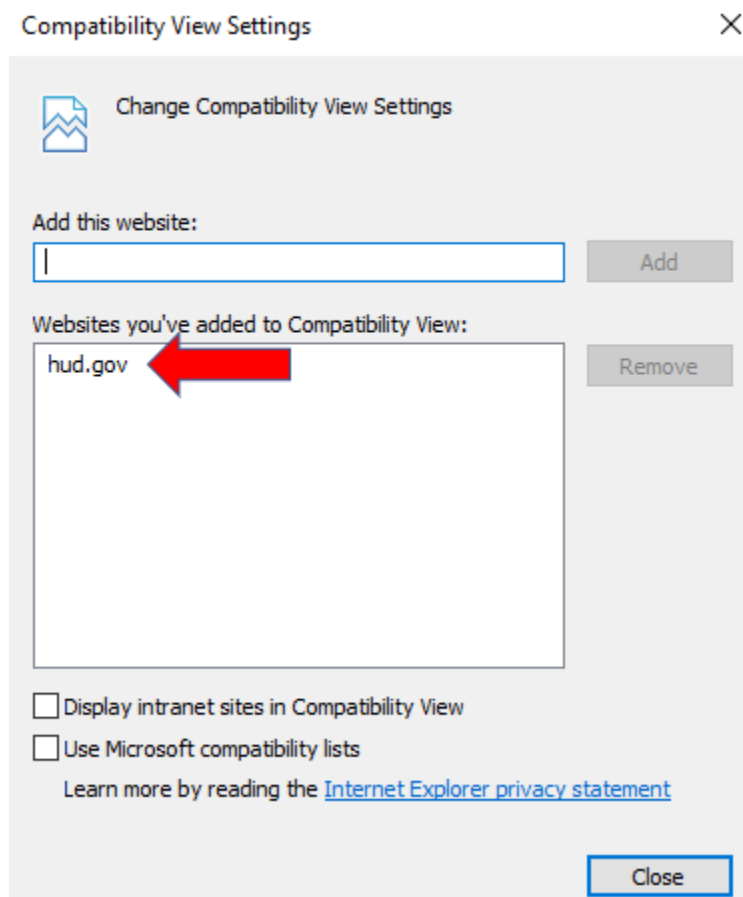
Click on the Tools icon on the upper-right hand corner of the screen.



Select Compatibility View Settings from the drop-down menu.

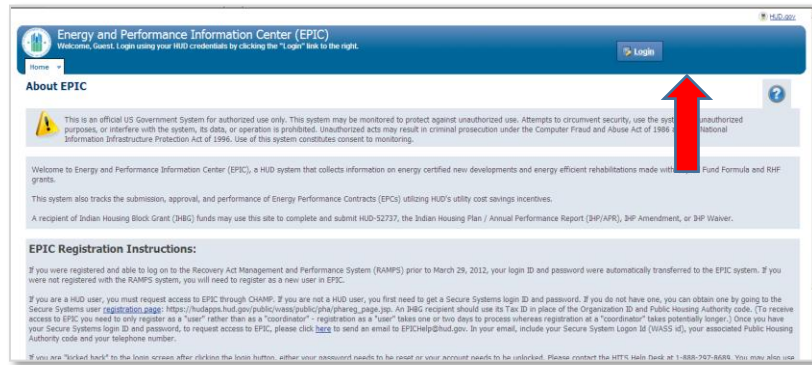


Select "hud.gov" and click Close.

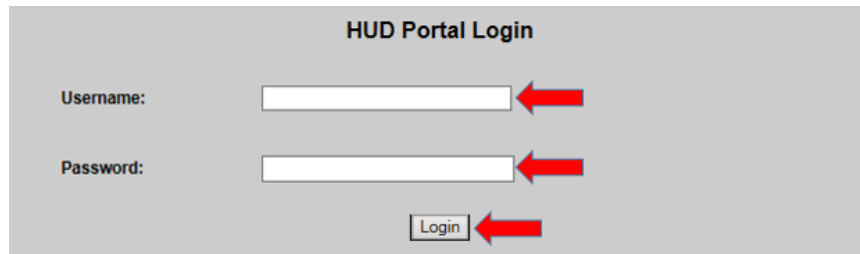


1. Logging On

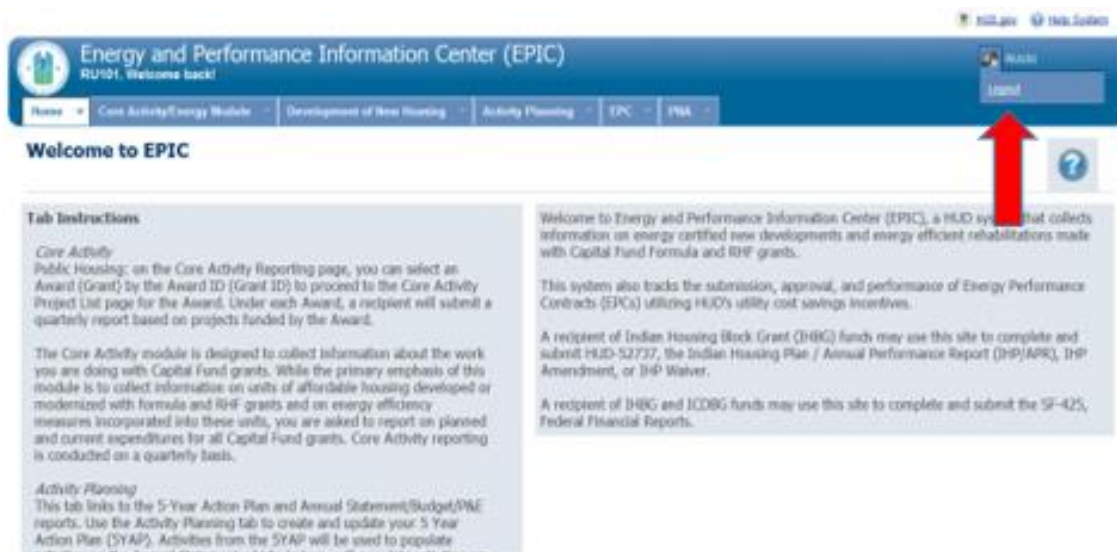
The user logs into EPIC by clicking **Login** on the EPIC homepage located at http://portal.hud.gov/app_epic.



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

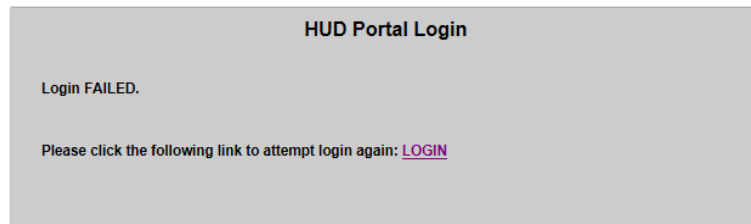


Upon successful login, the user will be presented again with the EPIC home page. The user will see that they are signed in by looking at the upper right-hand corner for their user ID.





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



2. System Menu

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

IHP/APR Module Tab

The IHP/APR Module provides an automated alternative to the current Excel version of the form for planning and reporting on grant spending on eligible activities and programs, and Energy Efficiency Measures (EEMs) installation activities for ONAP. The IHP/APR Tab enables recipients to:

- **IHP** – Provide details for the upcoming year for planned eligible activities to be performed using IHBG, Indian Community Development Block Grants (ICDBG), or other funding sources (e.g., Title VI).
- **APR** - Provide details at the end of the program year on the actual accomplishments using IHBG and other funds.

SF425 Tab

The SF425 Module provides an automated alternative to the current SF-425 paper-based process. The Federal Financial Report form is used by recipients to account for Federal funds received and disbursed.

3. Exit System

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

1. Close the internet browser being used to access the system.
2. Allow the browser session to time out. After approximately 30 minutes of inactivity, the user's session will expire and automatically sign the user out of the system.



3. Click the logout button, as shown below, and the user will be presented with a screen confirming system exit.





B. IHP and APR Submission

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



C. Preparing an Indian Housing Plan (IHP)

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



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



Award ID:

Recipient Name:

 [Clear Search Results](#)

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

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

Award ID	Recipient Name	IHP/APR	
55-IT-06-11180  (2/2)	Elk Valley Rancheria	 View	Manage Users



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

IHP/APR Reports List		Reports Generated	Status
PY 2017			
	[APR Report] [1/1]	[View Change Log] [Unsubmit Report] [Download Excel]	Submitted
	[IHP Report] [1/2]	[Copy Forward IHP]	In Compliance
PY 2016			
	[APR Report]	[Unsubmit Report] [Download Excel]	Submitted
	[IHP Report (submitted on 08/18/2015 10:50 AM MST)] [1/1]	[View Change Log]	In Compliance
	[IHP Report (submitted on 08/03/2015 03:45 PM MST)] [1/1]		Not In Compliance

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

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

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

Legend

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



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

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

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

- Hovering over underlined field names brings up a text box with instructions for completing the fields.
- **Cover Page.** Some information is prepopulated in the form with data and information from HUD’s Performance Tracking Database. If any information is incorrect, contact your Area ONAP Grants Management Specialist.

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

Cover Page

Grant Information

1. Grant Number: 55-IT-40-05940
2. Recipient Program Year: 01/01/2018 - 12/31/2018
If your program year or fiscal year end has changed, please contact your Area Office to inform them of the change.
MM/DD/YYYY - MM/DD/YYYY
3. Federal Fiscal Year: 2018
4. Initial Indian Housing Plan (IHP):
5. Amended Plan:
6. Annual Performance Report (APR):
7. Tribe:
8. TDHE:

Recipient Information

9. Name of the Recipient: Cheyenne-Arapaho Tribes
10. Contact Person: Hamilton, Rollin
11. Telephone Number with Area Code: 405-422-7734 Ext.
2000-0000-0000
12. Mailing Address: PO Box 167
13. City: Cancho
14. State: OK
15. Zip: 73022
16. Fax Number with Area Code: 405-422-8224
2000-0000-0000
17. Email Address: rhamilton@c-a-tribes.org
user@domain.com
18. If TDHE, list tribes here:
Select the tribes for the TDHE.
[Click here](#) to change the list of tribes.

TDHE/Tribe Information

19. Tax Identification Number: 730710910
20. DUNS Number: 14530993
21. CCR/SAM Expiration Date:
MM/DD/YYYY

Planned Grant-Based Budget for Eligible Programs

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



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

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

Housing Needs

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

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

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

4. Geographic Distribution
(NAHASDA § 102(b)(3)(B)(i))
Describe how assistance will be distributed through out geographic area and how this geographic distribution is consistent with the needs of low income families.

Buttons: Previous Section, Save and Continue with Errors, Save and Continue

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

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

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

Program Name:
Unique Identifier:
Eligibility Activity:

Filter Clear Filter Criteria

Program Descriptions

Unique Identifier	Program Name	Eligible Activity	Planned Funding	Actual Funding	Options
Add New Program					

Buttons: Previous Section, Save and Continue

Program Filter. To select a program within a long list of programs, use the filter function and enter the first few letters of the desired program name, the Unique Identifier, or select



from the drop down menu of eligible activities. Click **Filter** when done. To reset the list of program descriptions, click **Clear Filter Criteria**.

Program Name:
Unique Identifier:
Eligibility Activity:
 [Clear Filter Criteria](#)

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

Program Descriptions					
Unique Identifier	Program Name	Eligible Activity	Planned Funding	Actual Funding	Options
2016-2	Development of Rental Housing	Construction of Rental Housing [202(2)]	\$3,500.00	\$0.00	View

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

Add/Edit Program

1(a). Program Name:
1(b). Unique Identifier:
2. Program Description (continued):
You have 5000 characters left.
3. Eligible Activity Number:
4. Intended Outcome Number:
5. APR - Actual Outcome Number:
This information is only completed for an APR.
6. Who Will Be Assisted:
Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.
You have 5000 characters left.
7. Types and Level of Assistance:
Describe the types and the level of assistance that will be provided to each household, as applicable.
You have 5000 characters left.
8. APR - Describe Accomplishments:
Describe accomplishments for the APR in the 12-month program year.
This information is only completed for an APR.
9. Planned and Actual Outlays for 12-Month Program Year: Planned APR - Actual
10. APR: If the program is behind schedule, explain why (24 CFR § 1000.512(b)(2))
This information is only completed for an APR.

Uses of Funding

Prior and current year IHBG (only) funds to be expended in 12-month program year (L)	Total all other funds to be expended in 12-month program year (M)	Total funds to be expended in 12-month program year (N=L+M)
<input type="text"/>	<input type="text"/>	\$0.00



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

Program Descriptions					
Unique Identifier	Program Name	Eligible Activity	Planned Funding	Actual Funding	Options
2016-1	CAS Management (Operating)	(2) Operation of 1937 Act Housing [202(1)]	\$557,417.00	\$0.00	Edit Clone Delete
2016-2	AHA Supportive Housing for Special Needs	(4) Construction of Rental Housing [202(2)]	\$1,232,034.86	\$0.00	Edit Clone Delete
2016-3	AHA Mold Remediation Program	(1) Modernization of 1937 Act Housing [202(1)]	\$250,000.00	\$0.00	Edit Clone Delete
2016-4	AHA Tenant Assistance Program	(17) Tenant Based Rental Assistance [202(3)]	\$155,000.00	\$0.00	Edit Clone Delete
2016-5	Other Housing Services - Akwesasne Boys & Girls Club	(18) Other Housing Service [202(3)]	\$50,000.00	\$0.00	Edit Clone Delete
2016-6	Housing Management Services	(19) Housing Management Services [202(4)]	\$157,790.00	\$0.00	Edit Clone Delete

[Add New Program](#)

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

Maintaining 1937 Act Units, Demolition, and Disposition

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

2. [Demolition and Disposition](#)
(NAHASDA § 102(b)(2)(A)(v)(I-III), 24 CFR 5000.134)
 Describe any planned demolition or disposition of 1937 Act housing units. Be certain to include the timetable for any planned demolition or disposition and any other information required by HUD with respect to the demolition or disposition.

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



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

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

Funding Source	Amount on hand at beginning of program year (A)	Amount to be received during 12-month program year (B)	Total sources of funds (C=A+B)	Funds to be expended during 12-month program year (D)	Unexpended funds remaining at end of program year (E=C-D)
1. IHBG Funds:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. IHBG Program Income:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Title VI:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Title VI Program Income:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. 1937 Act Operating Reserves:	\$0.00		\$0.00	\$0.00	\$0.00
6. Carry Over 1937 Act Funds:	\$0.00		\$0.00	\$0.00	\$0.00
LEVERAGED FUNDS					
7. ICDBG Funds:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8. Other Federal Funds:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. LIHTC:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. Non-Federal Funds:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Calculate Totals

Previous Section

Save and Continue





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

Uses of Funding
 2. Estimated Uses of Funding:
 (NAHASDA § 102(b)(2)(C)(ii))

Program Name	Unique Identifier	Prior and current year IHBG (only) funds to be expended in 12-month program year (L)	Total all other funds to be expended in 12-month program year (M)	Total funds to be expended in 12-month program year (N=L+M)	Total IHBG (only) funds expended in 12-month program year (O)	Total all other funds expended in 12-month program year (P)	Total funds expended in 12-month program year (Q=O+P)
Development of Rental Housing	2016-2	\$3,500.00	\$0.00	\$3,500.00	\$0.00	\$0.00	\$0.00
Rehabilitation of Rental Housing	2016-3	\$2,000.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$0.00
Housing Management Services	2016-1	\$8,000.00	\$0.00	\$8,000.00	\$0.00	\$0.00	\$0.00
Planning and Administration		\$6,650.00	\$0.00	\$6,650.00	\$0.00	\$0.00	\$0.00
Loan Repayment (describe in 3 & 4 below)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$20,150.00	\$0.00	\$20,150.00	\$0.00	\$0.00	\$0.00

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

Uses of Funding

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

OK Cancel

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



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

3. [Funding Usability Metrics](#)
(NAHASDA § 102(b)(2)(C))

Provide any additional information about the estimated sources or uses of funding, including leverage (if any). You must provide the relevant information for any planned loan repayment listed in the Uses Table in the previous page. This planned loan repayment can be associated with Title VI or with private or tribal funding that is used for an eligible activity described in an IHP that has been determined to be in compliance by HUD. The text must describe which specific loan is planned to be repaid and the NAHASDA-eligible activity and program associated with this loan.
5000 characters max

You have 5000 characters left.

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

Other Submission Items

1. [Useful Life/Affordability Period\(s\)](#)
(NAHASDA § 102(b)(2)(C))
Identify the useful life of each housing unit constructed, acquired, or rehabilitated with IHBG funds, including housing units to be constructed, acquired, or rehabilitated with IHBG funds in the 12 month period. Exclude Mutual Help units.

test

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

test

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

Does the tribe have a preference policy?
 Yes No

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

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

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

Certification of Compliance

1. [In accordance with applicable statutes, the recipient certifies that it will comply with the Civil Rights Act of 1968 and other federal statutes, to the extent that they apply to tribes and TDHEs.](#) Yes No

2. [In accordance with 24 CFR 1000.328, the recipient receiving less than \\$200,000 under 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.**

3(a). The recipient will maintain adequate insurance coverage for housing units that are owned and operated or assisted with grant amounts provided under NAHASDA, in compliance with such requirements as may be established by HUD: Yes No Not Applicable

3(b). Policies are in effect and are available for review by HUD and the public governing the eligibility, admission, and occupancy of families for housing assisted with grant amounts provided under NAHASDA: Yes No Not Applicable

3(c). Policies are in effect and are available for review by HUD and the public governing rents charged, including the methods by which such rents or homebuyer payments are determined, for housing assisted with grant amounts provided under NAHASDA: Yes No Not Applicable

3(d). Policies are in effect and are available for review by HUD and the public governing the management and maintenance of housing assisted with grant amounts provided under NAHASDA: Yes No Not Applicable



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

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

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

Tribal Wage Rate Certification

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

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

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

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

4. If the bottom box was checked, list the activities using tribally determined wage rates.

- Click the button that enables the authorized official to submit the IHP. Enter the title of the person authorized to submit the IHP.
- If the IHP is not ready for submission, click **Save Report** to complete it at a later time. If the IHP is complete and ready for submission, click **Submit Report**.

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

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

23. IHP Submitter Name:

RU077_LN, RU077_FN

24. IHP Submitter Title:

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



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

Report Submission Confirmation

Report submitted successfully!

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

Print Confirmation Return to Report List

1. IHP Waiver Requests.

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

IHP/APR Reports List

Reports Generated	Status
PY 2017 [Upload IHP/APR Report]	
No IHP Report submitted for 2017 Due date 10/18/2016	No Submission
IHP Report (2/2) [View Change Log] [Delete Report]	No Submission
IHP Waiver Request (with green checkmark and red arrow pointing to it)	Submitted
PY 2016	
No APR Report submitted for 2016 Due date 03/31/2017	No Submission
APR Report [Delete Report]	No Submission
IHP Report (1/2) (3/3) [Tribal Certification]	In Compliance

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

Extend IHP Report Due Date

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

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

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



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

4. Recipient: null

5a. Authorized Official's Name: RU062_LN, RU062_FN

5b. Authorized Official's Title:

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

7. Date: 05/05/2017

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

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

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

2. Tribal Certifications.

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

IHP Tribal Certification

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

For TDHE:
 The Tribe has certification on file with TDHE

2. Tribes: Cowlitz Indian Tribe

3. Authorized Official's Name: RU062_LN, RU062_FN

4. Authorized Official's Title:

5. Date: 05/05/2017



3. IHP Amendments.

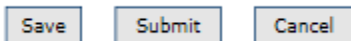
If a recipient wants to amend an IHP before the end of the program year, click **Amend IHP** in the IHP/APR Reports List, as shown below. An IHP must be found in compliance before it can be amended.

IHP/APR Reports List	
Reports Generated	Status
FY 2012	
No APR Report submitted for 2012. Due date 03/31/2012	No Submission
IHP Report / Submitted on 08/17/2012 10:57 AM MST Amend IHP Cancel Forward IHP Create APR Tribal Certification	In Compliance
IHP Report / Submitted on 08/17/2012 08:41 AM MST (1/1) Tribal Certification	Not In Compliance

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

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

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



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

IHP/APR Reports List	
Reports Generated	Status
FY 2017 [Upload IHP/APR Report]	
No APR Report submitted for 2017. Due date 12/29/2017	No Submission
IHP Report (Amended) Page Log Delete Report Amend IHP	No Submission
IHP Report / Submitted on 08/02/2016 01:52 PM MST (2/2) (1/2) Tribal Certification	In Compliance
Tribal Chairman's Certification.pdf Delete Document	

Comment Function.

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



Change Log.

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

Print Report.

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



D. Preparing an Annual Performance Report (APR)

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



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

Award ID:

Recipient Name:

 [Clear Search Results](#)

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



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

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

Award ID:

Recipient Name:

[Clear Search Results](#)

Award ID	Recipient Name	IHP/APR	
55-IT-06-11180  (2/2)	Elk Valley Rancheria	 View	Manage Users



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

IHP/APR Reports List	
Reports Generated	Status
PY 2017 [Upload IHP/APR Report]	
No APR Report submitted for 2017 Due date 12/29/2017	
[IHP Report] [Lock] (1/2) [Amend IHP] [Copy Forward IHP] [Create APR] [View Change Log]	In Compliance
PY 2016	
[APR Report] [Download Excel]	
[IHP Report (submitted on 08/19/2015 10:40 AM MST)] [Lock] (1/1) [Comments] (1/1) [View Change Log]	In Compliance
[IHP Report (submitted on 08/03/2015 03:45 PM MST)] [Lock] (1/1) [Comments] (1/1)	Not In Compliance

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

Legend

- Report Not Submitted
- Report Submitted
- No Report
- This report cannot be edited
- Comments
- Paper Based Report

PY Program Year



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

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

- Hovering over underlined field names brings up a text box with instructions for completing the fields.
- Begin the APR completion by clicking **3. Program Descriptions**.
- The screen view below will appear. Click **View**, as shown below, to report on the accomplishments for each program.

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

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

Program Name:

Unique Identifier:

Eligibility Activity:

[Clear Filter Criteria](#)



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

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

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

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

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

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

(7) Create new affordable rental units

8. [APR : Describe Accomplishments](#)

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

9. [Planned and Actual Outputs for 12-Month Program Year](#)

	Planned	APR - Actual
Number of Units to be Completed in Year	0	0

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

(24 CFR § 1000.512(b)(2))

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



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

Sources of Fundings

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

Hide IHP Details

Funding Source	Estimated (IHP) / Actual (APR)	Amount on hand at beginning of program year (F)	Amount received during 12-month program year (G)	Total sources of funds (H=F+G)	Funds expended during 12-month program year (I)	Unexpended funds remaining at end of program year (J=H-I)	Unexpended funds obligated but not expended at end of 12-month program year (K)
	Estimated	\$362,000.00	\$50,399.00	\$412,399.00	\$20,150.00	\$392,249.00	
1. IHBG Funds:	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2. IHBG Program Income:	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
3. Title VI:	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
4. Title VI Program Income:	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
5. 1937 Act Operating Reserves:	Actual	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00		\$0.00	\$0.00	\$0.00	
6. Carry Over 1937 Act Funds:	Actual	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00		\$0.00	\$0.00	\$0.00	

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

Uses of Funding

2. Estimated Uses of Funding:
(NAHASDA § 102(b)(2)(C)(ii))

Program Name	Unique Identifier	Prior and current year IHBG (only) funds to be expended in 12-month program year (L)	Total all other funds to be expended in 12-month program year (M)	Total funds to be expended in 12-month program year (N=L+M)	Total IHBG (only) funds expended in 12-month program year (O)	Total all other funds expended in 12-month program year (P)	Total funds expended in 12-month program year (Q=O+P)
Development of Rental Housing	2016-2	\$3,500.00	\$0.00	\$3,500.00	\$0.00	\$0.00	\$0.00
Rehabilitation of Rental Housing	2016-3	\$2,000.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$0.00
Housing Management Services	2016-1	\$8,000.00	\$0.00	\$8,000.00	\$0.00	\$0.00	\$0.00
Planning and Administration		\$6,650.00	\$0.00	\$6,650.00	\$0.00	\$0.00	\$0.00
Loan Repayment (describe in 3 & 4 below)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$20,150.00	\$0.00	\$20,150.00	\$0.00	\$0.00	\$0.00



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

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

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

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

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

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

Did you exceed your spending cap for Planning and Administration?
 Yes No

If yes, did you receive HUD approval to exceed the cap on Planning and Administration costs?
 Yes No

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

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

7. For each separate formula area, list the expended amount
 For each separate formula area expansion, list the actual amount of IHBG and other funds expended for all AIAN households and for only AIAN households with incomes 80% of median income or lower during the recipient's 12-month program year.

	All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income
IHBG Funds	\$0.00	\$0.00
Funds from Other Sources	\$0.00	\$0.00



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

1. Do you have a procedure and/or policy for self-monitoring?: Yes No

2. Pursuant to 24 CFR § 1000.502 (b) where the recipient is a TDHE, did the TDHE provide periodic progress reports including the self-monitoring report, Annual Performance Report, and audit reports to the Tribe?: Yes No Not Applicable

3. Did you conduct self-monitoring, including monitoring sub-recipients?: Yes No

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

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

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

Inspection of Units

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

Activity (A)	Total Number of Units (B)	Units in Standard Condition (C)	Units Needing Rehabilitation (D)	Units Needing to be Replaced (E)	Total Number of Units Inspected (F=C+D+E)
1937 Housing Act Units:					
a. Rental	0	0	0	0	0
b. Homeownership	0	0	0	0	0
c. Other	0	0	0	0	0
1937 Act Subtotal:	0	0	0	0	0
NAHASDA Assisted Units:					
a. Rental	0	0	0	0	0
b. Homeownership	0	0	0	0	0
c. Rental Assistance	0	0	0	0	0
d. Other	0	0	0	0	0
NAHASDA Subtotal:	0	0	0	0	0
Total:	0	0	0	0	0

2. Did you comply with your inspection policy? Yes No

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

Audits

1. Did you expend \$500,000 or more in total Federal awards during the APR reporting period? Yes No

If Yes, an audit is required to be submitted to the Federal Audit Clearinghouse and your Area ONAP. If No, an audit is not required.



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

1. [Did you make this APR available to the citizens in your jurisdiction before it was submitted to HUD \(24 CFR § 1000.518\)?](#)
(24 CFR § 1000.518) Yes No

2. [If you are a TDHE, did you submit this APR to the Tribe](#)
(24 CFR § 1000.512) Yes No Not Applicable

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

You have 5000 characters left.

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

You have 5000 characters left.

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

1. [Number of Permanent Jobs Supported by Indian Housing Block Grant Assistance\(IHBG\):](#)

2. [Number of Temporary Jobs Supported by Indian Housing Block Grant Assistance\(IHBG\):](#)

3. [Narrative \(Optional\):](#)

You have 5000 characters left.

- Click the button that enables the authorized official to submit the APR. Enter the title of the person authorized to submit the APR.
- If the APR is not ready for submission, click **Save Report** to complete it at a later time. If the APR is complete and ready for submission, click **Submit Report**.

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

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

23. IHP Submitter Name:

RU077_LN, RU077_FN

24. IHP Submitter Title:

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



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

Report Submission Confirmation	
✔ Report submitted successfully!	
Award ID:	55-1H-06-37880
Recipient Name:	TULE RIVER INDIAN HOUSING AUTHORITY
Report Type:	IHP
Federal Fiscal year:	2017
Recipient Program Year range:	07/01/2017 - 06/30/2018
Submitted on:	05/16/2017 06:18 AM MST
Submitted by:	RU077_LN, RU077_FN
Submitter Title:	Executive Director
Filing Status:	Submitted
<input type="button" value="Print Confirmation"/> <input type="button" value="Return to Report List"/>	

Comment Function.

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

Change Log.

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

Print Report.

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



E. Preparing a Federal Financial Report (SF-425)

- Log into EPIC
- On the Welcome to EPIC page, click the *SF-425* tab.



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

Award ID:

Recipient Name:

 [Clear Search Results](#)

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

Click *View*, as shown below, for a list of the recipient’s SF-425s organized by Program Year.

Award ID:

Recipient Name:

Search only for Closed Grants

[Clear Search Results](#)

Award ID	Recipient Name	Action
55-IT-06-11180	Elk Valley Rancheria	 View



- On the SF-425 Reports List Page, click *Create New SF425 Report*.

SF425 Reports List Page

Reports Generated	Initial Submission Date	Last Modified Date	Status
[Create New SF425 Report]			
PY 2016			
SF425 Report Q3(10/01/2016 - 12/31/2016)	05/11/2017	05/11/2017	Submitted
PY 2015			No Submission
No SF425 Report submitted for 2015			
PY 2014			No Submission
No SF425 Report submitted for 2014			
View/Hide Archived Reports			

- Enter the requested information in Lines 2 and 3. The grayed-out fields will auto-populate. Click *Select* when done.

1. Report Type:

2. Enter Year for which you will be preparing the Report:

3. Select the Quarter for which you will be preparing the Report:

4. Reporting Period End Date:

- The Section Overview screen collects Grantee Information and Financial Information contained for the SF-425. Begin by clicking on *Grantee Information* or *Visit Section*.

Section Overview

1. Grantee Information	Visit Section
2. Financial Information	Visit Section

- The Grantee Information portion of the SF-425 Report screen view displays basic information about the recipient as populated by data from the Performance Tracking Database. Click any underlined Line labels and a comment box will describe the data intended for that field.

Enter the requested information in Lines 1, 5, 7, and 8. If the recipient is preparing a final Sf-425 for the Program Year, click the box, in Line 6. Verify the information provided in the grayed-out fields that are prepopulated with data and information from HUD’s Performance Tracking Database. If any information is incorrect, contact your Area ONAP Grants Management Specialist.





- Click **Save and Continue** to navigate to the next section of the SF-425, or click **Previous Section** to visit the previous section.

SF425 Report

Grantee Information

1. Federal Agency and Organizational Element to which Report is Submitted	HUD/ Eastern Woodlands ONAP
2. Federal Grant or Other Identifying Number Assigned by Federal Agency	55-IH-01-16100
3(a). Recipient Organization	MOWA BAND OF CHOCTAW HOUSING AU
3(b). Address	1080 Red Fox Rd.
3(c). City	Mt. Vernon
3(d). State	AL
3(e). Zip Code	36560
4(a). DUNS Number	809094683
4(b). EIN	631056780
5. Recipient Account Number or Identifying Number (Optional)	
6. Report Type	<input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Final Report
7. Basis of Accounting	Accrual
8. Project/Grant Period(MM/DD/YYYY)	
9. Reporting Period End Date	06/30/2016

- The Financial Information screen collects quarterly and cumulative data on transactions, indirect expenses, and draw downs.



Line 10 (Transactions). This is the expenditure data for the reporting quarter and cumulative data for the Program Year. The data is reported in the following categories: Federal Cash, Federal Expenditures and Unobligated Balance, Recipient Share, and Program Income. Enter the requested information in Lines 10a through 10o.

SF425 Report		
Financial Information		
10. Transactions	Cumulative	Last Quarter Values
Federal Cash		
a. Cash Receipts Cumulative	<input type="text"/>	<input type="text" value="\$0.00"/>
b. Cash Disbursements Cumulative	<input type="text"/>	<input type="text" value="\$0.00"/>
c. Cash on Hand (line a minus b)	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Federal Expenditures and Unobligated Balance		
d. Total Federal Funds Authorized	<input type="text"/>	<input type="text" value="\$0.00"/>
e. Federal Share of Expenditures	<input type="text"/>	<input type="text" value="\$0.00"/>
f. Federal Share of Unliquidated Obligations	<input type="text"/>	<input type="text" value="\$0.00"/>
g. Total Federal Share (Sum of lines e and f)	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
h. Unobligated Balance of Federal Funds (line d minus g)	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Recipient Share		
i. Total Recipient Share Required	<input type="text"/>	<input type="text" value="\$0.00"/>
j. Recipient Share of Expenditures	<input type="text"/>	<input type="text" value="\$0.00"/>
k. Remaining Recipient Share to be Provided (line i minus j)	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Program Income		
l. Total Federal Program Income Earned	<input type="text"/>	<input type="text" value="\$0.00"/>
m. Program Income Expended in Accordance with the Deduction Alternatives	<input type="text"/>	<input type="text"/>
n. Program Income Expended in Accordance with the Addition Alternatives	<input type="text"/>	<input type="text" value="\$0.00"/>
o. Unexpended Program Income (line l minus line m or line n)	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>

- **Line 11 (Indirect Expense).** Enter the requested information.

11. Indirect Expense	a.Type	b.Rate	c.Period From (MM/DD/YYYY)	Period To (MM/DD/YYYY)	d.Base	e.Amount Charged	f.Federal Share
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	g.Totals				<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>

- **Line 12 (Remarks).** Enter any explanations that will assist Area ONAP staff when reviewing the form.

12. Remarks: Make explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.



- **Line 12(a) (Draw Downs).** Enter the requested information.

12(a). [Draw Downs](#)

Drawn Down Type	Amount Drawn Down	Date of Draw Down	Date Funds Drawn Down were Invested
Investment	\$5,000.00	05/05/2017	05/05/2017
Planning and Admin Reserve	\$2,500.00	05/05/2017	

Comment Function.

See Section F for more information on how to respond to questions and/or comments posed by Area ONAP staff when reviewing an SF-425.

Section Review and Submission.

Enter the name of the person authorized to submit the SF-425 in Line 13(a) and click Yes in Line 13(b). Enter the telephone number and email address of the authorized person in Line 13(c) and 13(d) respectively. Click **Submit Report** when the report is completed, or click **Save Report** to complete the report at a later time.

Section Review

[Grantee Information](#) [Visit Section](#)

[Financial Information](#) [Visit Section](#)

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true complete, and accurate and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false fictitious, or fraudulent information may subject me to criminal, CMI or administrative penalties.

13(a). [Name of the Authorized Certifying Official](#)

13(b). [Signature of Authorized Certifying Official](#)
 Yes, I am authorized to submit this report and items contained within this report are accurate.
 No, I am not authorized.

13(c). [Telephone \(xxx-xxx-xxxx\)](#)

13(d). [Email Address \(user@domain.com\)](#)

13(e). [Date Report Submitted](#)



- When an SF-425 is submitted successfully, the message below will appear.

Report submitted successfully!

Created on 05/17/2017 by RU075. Last Submitted: 05/17/2017 10:36 AM MST by RU075

Section Review

[Grantee Information](#) [Visit Section](#)

[Financial Information](#) [Visit Section](#)

13. Certification:

By signing this report, I certify to the best of my knowledge and belief that the report is true complete, and accurate and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false fictitious, or fraudulent information may subject me to criminal, CMI or administrative penalties.

13(a). [Name of the Authorized Certifying Official](#)

13(b). [Signature of Authorized Certifying Official](#)

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

13(c). [Telephone \(xxx-xxx-xxxx\)](#)

13(d). [Email Address \(user@domain.com\)](#)

13(e). [Date Report Submitted](#)

- Previously submitted SF-425s are available by clicking *View/Hide Archived Reports*.

SF425 Reports List Page

Reports Generated	Initial Submission Date	Last Modified Date	Status
[Create New SF425 Report]			
PY 2016 SF425 Report Q3(10/01/2016 - 12/31/2016)	05/11/2017	05/11/2017	Submitted
PY 2015 No SF425 Report submitted for 2015			No Submission
PY 2014 No SF425 Report submitted for 2014			No Submission
View/Hide Archived Reports			



F. Comment Function.

Area ONAP staff may contact a recipient with questions or comments regarding an IHP, Amendment, Waiver Request, Tribal Certification, APR, or SF-425 under review. The recipient will be notified by email that there is a comment/question in EPIC. The posted question/comment will appear, as shown below.

COMMENTS

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

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

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

Add New Comment Save Comment Changes Close Window

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

COMMENTS

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

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

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

Reply to comment

Reply to the Comments (Maximum 4000 characters)

Characters left: 3927

No IHBG funds were requested or disbursed during the reporting quarter.

Reply Cancel

Add New Comment Save Comment Changes Close Window



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

COMMENTS

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

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

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

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

COMMENTS

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

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

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

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



G. Change Log

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

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

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

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

A Change Log example is provided below.



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



10: Self Monitoring

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

11: Inspections

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

12: Audits

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

13: Public Availability

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

14: Jobs Supported By NAHASDA

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



Program Detail - Development of Rental Housing

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



H. Print Report

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

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



An APR Report is shown below.



Grant Number: **55-IT-06-11180**
 Report: **APR Report for 2016**

OMB CONTROL NUMBER: 2577-0218
 EXPIRATION DATE: 09/30/2014

Cover Page	
Grant Information:	
Grant Number	55-IT-06-11180
Recipient Program Year	10/01/2015-09/30/2016
Federal Fiscal Year	2016
Initial Indian Housing Plan (IHP):	Yes
Amended Plan	
Annual Performance Report (APR):	Yes
Tribe:	Yes
TDHE:	
Recipient Information:	
Name of the Recipient	Elk Valley Rancheria
Contact Person	Miller, Dale
Telephone Number with Area Code	707-464-4680
Mailing Address	2332 Howland Hill Road
City	Crescent City
State	CA
Zip	95531
Fax Number with Area Code	707-464-4519
Email Address	dmiller@elk-valley.com
Tribes:	
TDHE/Tribe Information:	
Tax Identification Number	680074968
DUNS Number	183725290
CCR/SAM Expiration Date	04/13/2016
Planned Grant-Based Budget for Eligible Programs:	
IHBG Fiscal Year Formula Amount	\$50,399.00

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



Programs

2016-2 : Development of Rental Housing

Program Name:	Development of Rental Housing						
Unique Identifier:	2016-2						
Program Description (continued)	The Tribe seeks to provide eligible low-income individuals and families with affordable housing on or near the Tribe's reservation through construction of rental housing units.						
Eligible Activity Number	(4) Construction of Rental Housing [202(2)]						
Intended Outcome Number	(7) Create new affordable rental units						
APR: Actual Outcome Number	(7) Create new affordable rental units						
Who Will Be Assisted	The Tribe intends to develop affordable housing for eligible individuals with a preference for Tribal members.						
Types and Level of Assistance	The Tribe will be involved in planning activities that will lead to the future construction of affordable rental housing units.						
APR : Describe Accomplishments	text						
Planned and Actual Outputs for 12-Month Program Year	<table border="1"> <thead> <tr> <th></th> <th>Planned</th> <th>APR - Actual</th> </tr> </thead> <tbody> <tr> <td>Number of Units to be Completed in Year</td> <td>0</td> <td>0</td> </tr> </tbody> </table>		Planned	APR - Actual	Number of Units to be Completed in Year	0	0
	Planned	APR - Actual					
Number of Units to be Completed in Year	0	0					
APR: If the program is behind schedule, explain why	text						

Uses of Funding:

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

Prior and current year IHBG (only) funds to be expended in 12-month program year (L)	Total all other funds to be expended in 12-month program year (M)	Total funds to be expended in 12-month program year (N=L+M)	Total IHBG (only) funds expended in 12-month program year (O)	Total all other funds expended in 12-month program year (P)	Total funds expended in 12-month program year (Q=O+P)
\$3,500.00	\$0.00	\$3,500.00	\$0.00	\$0.00	\$0.00

Maintaining 1937 Act Units, Demolition, and Disposition

Maintaining 1937 Act Units	
Demolition and Disposition	



Budget Information

Sources of Funding

Funding Source	Estimated (IHP) /Actual (APR)	Amount on hand at beginning of program year (F)	Amount to be received during 12-month program year (G)	Total sources of funds (H=F+G)	Funds to be expended during 12-month program year (I)	Unexpended funds remaining at end of program year (J=H-I)	Unexpended funds obligated but not expended at end of 12-month program year (K)
	Estimated	\$362,000.00	\$50,399.00	\$412,399.00	\$20,150.00	\$392,249.00	
IHBG Funds:	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
IHBG Program Income:	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Title VI:	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Title VI Program Income:	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
1937 Act Operating Reserves:	Actual	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00		\$0.00	\$0.00	\$0.00	
Carry Over 1937 Act Funds:	Actual	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00		\$0.00	\$0.00	\$0.00	
LEVERAGED FUNDS							
	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
ICDBG Funds:	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other Federal Funds:	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
LIHTC:	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Non-Federal Funds:	Actual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Estimated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total:	Actual	\$362,000.00	\$50,399.00	\$412,399.00	\$0.00	\$412,399.00	\$0.00
	Estimated	\$362,000.00	\$50,399.00	\$412,399.00	\$20,150.00	\$392,249.00	

Uses of Funding

Program Name	Unique Identifier	Prior and current year IHBG (only) funds to be expended in 12-month program year (L)	Total all other funds to be expended in 12-month program year (M)	Total funds to be expended in 12-month program year (N=L+M)	Total IHBG (only) funds expended in 12-month program year (O)	Total all other funds expended in 12-month program year (P)	Total funds expended in 12-month program year (Q=O+P)
Development of Rental Housing	2016-2	\$3,500.00	\$0.00	\$3,500.00	\$0.00	\$0.00	\$0.00
Rehabilitation of Rental Housing	2016-3	\$2,000.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$0.00
Housing Management Services	2016-1	\$8,000.00	\$0.00	\$8,000.00	\$0.00	\$0.00	\$0.00
Planning and Administration		\$6,650.00	\$0.00	\$6,650.00	\$0.00	\$0.00	\$0.00
Loan Repayment (describe in 4 & 5 below)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total		\$20,150.00	\$0.00	\$20,150.00	\$0.00	\$0.00	\$0.00

Estimated Sources or Uses of Funding

Not applicable.

APR

text



Other Submission Items											
Useful Life/Affordability Period(s)											
Model Housing and Over-Income Activities											
Tribal and Other Indian Preference Does the tribe have a preference policy?											
Anticipated Planning and Administration Expenses Do you intend to exceed your allowable spending cap for Planning and Administration?											
Actual Planning and Administration Expenses Did you exceed your allowable spending cap for Planning and Administration?	<p>YES</p> <p>If yes, did you receive HUD approval to exceed the cap on Planning and Administration costs?</p> <p>YES</p> <p>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.)</p> <p>text</p>										
Does the tribe have an expanded formula area?:											
Total Expenditures on Affordable Housing Activities:	<table border="1"> <thead> <tr> <th></th> <th>All AIAN Households</th> <th>AIAN Households with Incomes 80% or Less of Median Income</th> </tr> </thead> <tbody> <tr> <td>IHBG Funds</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>Funds from Other Sources</td> <td>\$0.00</td> <td>\$0.00</td> </tr> </tbody> </table>			All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income	IHBG Funds	\$0.00	\$0.00	Funds from Other Sources	\$0.00	\$0.00
	All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income									
IHBG Funds	\$0.00	\$0.00									
Funds from Other Sources	\$0.00	\$0.00									
For each separate formula area, list the expended amount	<table border="1"> <thead> <tr> <th></th> <th>All AIAN Households</th> <th>AIAN Households with Incomes 80% or Less of Median Income</th> </tr> </thead> <tbody> <tr> <td>IHBG Funds</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>Funds from Other Sources</td> <td>\$0.00</td> <td>\$0.00</td> </tr> </tbody> </table>			All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income	IHBG Funds	\$0.00	\$0.00	Funds from Other Sources	\$0.00	\$0.00
	All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income									
IHBG Funds	\$0.00	\$0.00									
Funds from Other Sources	\$0.00	\$0.00									



Indian Housing Plan Certification Of Compliance

In accordance with applicable statutes, the recipient certifies that it will comply with the Civil Rights Act of 1968 and other federal statutes, to the extent that they apply to tribes and TDHEs.	YES
In accordance with 24 CFR 1000.328, the recipient receiving less than \$200,000 under FCAS certifies that there are households within its jurisdiction at or below 80 percent of median income.	YES
The recipient will maintain adequate insurance coverage for housing units that are owned and operated or assisted with grant amounts provided under NAHASDA, in compliance with such requirements as may be established by HUD:	YES
Policies are in effect and are available for review by HUD and the public governing the eligibility, admission, and occupancy of families for housing assisted with grant amounts provided under NAHASDA:	YES
Policies are in effect and are available for review by HUD and the public governing rents charged, including the methods by which such rents or homebuyer payments are determined, for housing assisted with grant amounts provided under NAHASDA:	YES
Policies are in effect and are available for review by HUD and the public governing the management and maintenance of housing assisted with grant amounts provided under NAHASDA:	YES

Tribal Wage Rate Certification

1. You will use tribally determined wage rates when required for IHBG-assisted construction or maintenance activities. The Tribe has appropriate laws and regulations in place in order for it to determine and distribute prevailing wages.	
2. You will use Davis-Bacon or HUD determined wage rates when required for IHBG-assisted construction or maintenance activities.	YES
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:	

Self Monitoring

Do you have a procedure and/or policy for self-monitoring?:	YES
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
Did you conduct self-monitoring, including monitoring sub-recipients?:	NO
Self-Monitoring Results: Describe the results of the monitoring activities, including inspections for this program year.	text



Inspections

Activity (A)	Total number of Units (B)	Units in standard condition (C)	Units needing rehabilitation (D)	Units needing to be replaced (E)	Total number of units inspected (F=C+D+E)
1937 Housing Act Units:					
a. Rental	1	0	0	1	1
b. Homeownership	1	0	0	1	1
c. Other	1	0	0	1	1
1937 Act Subtotal:	3	0	0	3	3
NAHASDA Assisted Units:					
a. Rental	1	0	0	0	0
b. Homeownership	1	0	0	0	0
c. Rental Assistance	1	0	0	0	0
d. Other	1	0	0	0	0
NAHASDA Subtotal:	4	0	0	0	0
Total:	7	0	0	3	3

2. Did you comply with your inspection policy? YES

Audits

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

NO

Public Availability

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

YES

If you are a TDHE, did you submit this APR to the Tribe

YES

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

Summarize any comments received from the Tribe and/or the citizens :

text

Jobs Supported By NAHASDA

Number of Permanent Jobs Supported by Indian Housing Block Grant Assistance (IHBG):

1

Number of Temporary Jobs Supported by Indian Housing Block Grant Assistance (IHBG):

1

Narrative (Optional):

text

