

SECTION 1: COVER PAGE

(1) Grant Number: 20BV2653420

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

(3) Federal Fiscal Year: 2021

IHBG-CARES

(4) Initial Plan (Complete this Section then proceed to Section 2) or an Amended IHP

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

(7) Tribe

(8) TDHE

(9) Name of Recipient:

The Saginaw Chippewa Indian Tribe of MI

(10) Contact Person:

Rosalie Maloney, Housing Manager

(11) Telephone Number with Area Code (999) 999-9999 :

(989) 775-4581

(12) Mailing Address:

7500 Soaring Eagle Boulevard

(13) City:

Mt. Pleasant

(14) State:

Michigan

(15) Zip Code (99999 or 99999-9999):

48858

(16) Fax Number with Area Code (if available) (999) 999-9999 :

(989) 775-4580

(17) Email Address (if available):

romaloney@sagchip.org

(18) If TDHE, List Tribes Below:

(19) Tax Identification Number:

38-6178758

(20) DUNS Number:

082318841

(21) CCR/SAM Expiration Date (MM/DD/YYYY):

05/29/2021

(22) IHBG-CARES Amount:

\$484,754

Date Started Preparing for COVID-19

03/05/2020

(23) Name of Authorized IHP Submitter:

Theresa Jackson

(24) Title of Authorized IHP Submitter:	Tribal Chief
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	01/30/2022
(27) Name of Authorized APR Submitter:	Rosalie Maloney
(28) Title of Authorized APR Submitter:	Housing Manager
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	

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

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

APR: REPORTING ON PROGRAM YEAR PROGRESS

Complete the shaded section of text below to describe your completed program tasks and actual results. Only report on activities completed during the 12-month program year. Financial data should be presented using the same basis of accounting as the Schedule of Expenditures of Federal Awards (SEFA) in the annual audit. For unit accomplishments, only count units when the unit was completed and occupied during the year. For households, only count the household if it received the assistance during the previous 12-month program year. (NAHASDA § 404(b))

Program Descriptions

1.1. Program Name and Unique Identifier:

Unique Identifier	COVID-19 Respond
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COVID-19 Respond - 2020-1 Acquisition and Distribution of PPE and Cleaning Supplies to Tenants

1.2. Program Description (This should be the description of the planned program.):

SCIT Housing is acquiring and distributing "HUD CARES" packages consisting of personal protective equipment (face masks & gloves), health supplies (thermometers, hand sanitizer) and cleaning supplies to current tenants. Supplies can be replenished up to two times by making a direct request to the Housing Office.

1.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(18) Other Housing Services [202(3)]

1.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Intended Outcome (Only if you selected "Other" above):

Continue to assist tenants of affordable housing who are impacted by COVID-19.

1.5 Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Actual Outcome (Only if you selected "Other" above.):

All tenant households (51 units) received a delivery of PPE and supplies on two separate occasions: June 18, 2020 and August 28, 2020. Approximate value for 1st kit \$170.00 each (included no-touch thermometer). Value of the 2nd kit was approximately \$100.00.

1.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.):

- Low-income Indian Households Non-low income Indian Households Non-Indian Households

Current tenants of the SCIT affordable housing program.

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

All households will receive an initial allocation of PPE and cleaning supplies to help them prepare for and protect themselves and their families from COVID-19. Afterwards one refill will be made available to each household.

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

A total of 102 Care kits were distributed to the residents of SCIT's affordable housing program. Items included thermometers, battlers for the thermometers, hand sanitizer, disinfecting aerosol, Clorox disinfecting wipes, disposable latex gloves, paper and cloth face masks, tissues, and CDC guidance pamphlets.

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
	51	
APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
	51	

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

N/A

2.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Reimbursement

COVID-19 Reimbursement -2020-2 Incurred COVID Related Costs

2.2. Program Description (This should be the description of the planned program.):

Incurred cost for a variety of COVID-19 related expenses through the months March-May. These costs are separately tracked in our accounting records using Non-Program Income and include: procurement of PPE and cleaning supplies for current tenants; and for disinfecting and sanitation equipment.

2.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

2.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Intended Outcome (Only if you selected "Other" above):

Recover COVID related costs incurred from March to May 31, 2020.

2.5 Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Actual Outcome (Only if you selected "Other" above.):

PPE supplies were procured using tribal funds prior to the IHBG Cares funds becoming available.

2.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.):

Low-income Indian Households Non-low income Indian Households Non-Indian Households

Current tenants participating in SCIT Housing Program

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

No specific type or level determined for this activity.

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

The tribe ordered PPE and sanitation supplies in the month of April but many items were on back order due to high demand. The staff offices were cleaned and disinfected before employees returned to the workplace in May.

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

Planned Number of **Units** to be Completed in Year Under this Program

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

51

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

51

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

N/A

3.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Preparation

COVID-19 Preparation - 2020-3 Prepare Office For Returning Work Force

3.2. Program Description (This should be the description of the planned program.):

There is a need to install safety features to enable physical distancing amongst personnel in order to inhibit the spread of COVID-19 in the work place. The Housing staff and the Planning department share a building. Sanitation equipment will be needed to properly disinfect office space if employees have been exposed to COVID-19.

3.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(18) Other Housing Services [202(3)]

3.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Intended Outcome (Only if you selected "Other" above):

Physical barriers need to be installed to properly distance staff. Separate break room areas are needed, HVAC system needs enhancement to improve air quality, sanitation and disinfecting equipment will be purchased for deep cleaning offices.

3.5 Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Actual Outcome (Only if you selected "Other" above.):

Plexi glass dividers were installed in the lobby office area to protect workers. A temporary physical barrier was erected to separate the Planning Offices from the Housing Offices. Separate break rooms were set up. Specialized AV furnace filters were installed to enhance air purification ability.

3.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.):

Low-income Indian Households Non-low income Indian Households Non-Indian Households

Housing staff and the Planning department staff. The Planning department rents office space within Housing's building. Some staff are low-income households and some staff are non-low income households.

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

There are 19 total employees in the Housing & Planning departments. These safety enhancements will prepare the work place for their return and enable us to protect their health and safety.

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

Staff were able to return to work safely in May and services to the community were not diminished.

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

Planned Number of **Units** to be Completed in Year Under this Program

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

51

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

51

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

Sanitation & disinfecting equipment has been purchased. Offices and vehicles are sanitized on a weekly basis and when ever a positive case has been reported. This has been an ongoing issue during the 12 month period.

4.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 2020-4 Acquisition of Additional Housing Units for Quarantine

4.2. Program Description (This should be the description of the planned program.):

The SCIT Housing Program currently has no vacant units in our CAS in which to quarantine COVID positive individuals. The SCIT community has requested vacant units prepared for the inevitable need to quarantine individuals and families. SCIT will purchase three modestly priced homes currently available on reservation lease lands and convert and furnish those for dedicated quarantine purposes during the pandemic.

4.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

4.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Intended Outcome (Only if you selected "Other" above):

SCIT has a need to acquire additional housing units for use as isolation and convalescent homes on a temporary basis during the pandemic. After the pandemic the units will be used as "affordable housing" by eligible Native American families participating in the Housing Program.

4.5 Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Actual Outcome (Only if you selected "Other" above.):

Three (3) additional houses have been purchased this 12 month period and quarantine units provided to the community.

4.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.):

Low-income Indian Households Non-low income Indian Households Non-Indian Households

SCIT Tribal members and their families regardless of income and only during the course of the pandemic.

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

No set level of assistance per household but the facilities will assist SCIT tribal members who require a location where they can be isolated/quarantined and receive assistance as required, on a temporary basis.

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

The program has purchased 3 houses in accordance with the Tribe's a real property acquisition policy. Two of the three units are in use as intended and one is in the process of refurbishment. Both tribal members and non-members have utilized the quarantine units.

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

Planned Number of **Units** to be Completed in Year Under this Program

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

3

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

3

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

The program is planning to use remaining funds to refurbish some items in two of the houses acquired: interior electrical upgrade to one kitchen, replace kitchen cabinets in same unit and interior painting of the other unit are currently planned.

5.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2020 - 6 Provide Supportive Services for Those Impacted by COVID-19.

5.2. Program Description (This should be the description of the planned program.):

SCIT Housing Program will pay for supportive services to those individuals and families under quarantine residing in the units specifically purchased and designated for that purpose during the pandemic. Services will include: medication delivery, shopping for groceries & supplies, laundry, home health care, light housekeeping cleaning and decontamination services.

5.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

5.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Intended Outcome (Only if you selected "Other" above):

Those in quarantine are not able to venture out into the community and must shelter in place. Providing supportive services enables us to safeguard the health of the community and inhibit the spread of COVID-19.

5.5 Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

Describe Other Actual Outcome (Only if you selected "Other" above.):

The Program did provide quarantine units free of charge and supportive services to the persons utilizing the units such as utilities and Internet access.

5.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.):

Low-income Indian Households Non-low income Indian Households Non-Indian Households

This service is for SCIT tribal member households under quarantine.

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

Specific amounts and level of assistance will vary by family situation for this activity.

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

The program has been able to provide quarantine units to families in need in accordance with the approved Quarantine/Isolation policy. The program has been able to purchase necessary but modest household furnishings and cleaning/sanitation supplies for the units. In addition to paying the utilities and INTERNET access.

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

Planned Number of **Units** to be Completed in Year Under this Program

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

3

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

3

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

N/A

SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
IHBG-CARES Funds		\$0	\$0		\$0	\$466,439	\$0	\$466,439	\$406,145	\$60,294	

TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$466,439	\$0	\$466,439	\$406,145	\$60,294	\$0
TOTAL Columns C & H, 2 through 10	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Notes:

- a. For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). For the APR, fill in columns F, G, H, I, J, and K (shaded columns).
- b. Total of Column D should match the total of Column N from the Uses of Funding table below.
- c. Total of Column I should match the Total of Column Q from the Uses of Funding table below.
- d. For the IHP, describe any estimated leverage in Line 3 below (Estimated Sources or Uses of Funding). For the APR, describe actual leverage in Line 4 below.

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

PROGRAM NAME	IHP			APR			Total all other funds expended in 12-month program year	Total all other funds expended in 12-month program year (O+P)	Total funds expended in 12-month program year (O+P)
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year (L+M)	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year			
COVID-19 Respond - 2020-1 Acquisition and Distribution of PPE and Cleaning Supplies to Tenants		\$0	\$0	\$514	\$0	\$514	\$514	\$0	\$514
COVID-19 Reimbursement -2020-2 Incurred COVID Related Costs		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
COVID-19 Preparation - 2020-3 Prepare Office For Returning Work Force		\$0	\$0	\$0	\$23,090	\$23,090	\$23,090	\$0	\$23,090

COVID-19 Prevention - 2020-4 Acquisition of Additional Housing Units for Quarantine		\$0	\$378,401	\$378,401
COVID-19 Respond - 2020 - 6 Provide Supportive Services for Those Impacted by COVID-19.		\$0	\$0	\$0
Planning and Administration		\$0	\$4,140	\$4,140
TOTAL	\$0	\$0	\$406,145	\$406,145

Notes:

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

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

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

N/A

SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

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

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

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

Yes No

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

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

Yes No Not Applicable

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

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

Yes No Not Applicable

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

Yes No Not Applicable

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

Yes No Not Applicable

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

Yes No Not Applicable

SECTION 8: IHP TRIBAL CERTIFICATION

NAHASDA § 102(c)

This certification is used when a Tribally Designated Housing Entity (TDHE) prepares the IHP or IHP amendment on behalf of a tribe.

This certification must be executed by the recognized tribal government covered under the IHP.

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

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

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

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

SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

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

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

(4) If you checked the box in Line 3, list the other activities that will be using tribally determined wage rates:

We will use tribally determined wage rates when conducting routine maintenance work and HUD determined wages for construction type work.

SECTION 12: AUDITS

24 CFR § 1000.544

This section is used to indicate whether a financial audit based on the Single Audit Act and 2 CFR Part 200 Subpart F is required, based on a review of your financial records.

Did you expend \$750,000 or more in total Federal awards during the APR reporting period?

Yes

No

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

If No, an audit is not required.