

## SECTION 1: COVER PAGE

(1) Grant Number: 20ICMI53420

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

(3) Federal Fiscal Year: 2022

(4) Tribe

(5) TDHE

(6) Name of Recipient:

Saginaw Chippewa Indian Tribe of MI

(7) Contact Person:

Theresa Jackson, Tribal Chief

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

(989) 775-4200

(9) Mailing Address:

7500 Soaring Eagle Boulevard

(10) City:

Mount Pleasant

(11) State:

Michigan

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

48858

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

(989) 775-4131

(14) Email Address (if available):

thjackson@sagchip.org

(15) If TDHE, List Tribes Below:

(16) Tax Identification Number:

38-6178758

(17) UEI Number:

HLS6LZL359C1

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

06/22/2023

(19) Name of Authorized APR Submitter:

Theresa Jackson

(20) Title of Authorized APR Submitter:

Tribal Chief

(21) Signature of Authorized APR Submitter:

(24) 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.

## SECTION 2: PROGRAM DESCRIPTIONS

### 2.0. Short Description Project Approved in Application

New construction of a 16 unit apartment complex with support services on site.

### 2.1. Describe the progress made on completing the project in accordance with the approved Implementation Plan.

Project is Behind Schedule

Describe why the project is not started or behind schedule and what actions will be taken to ensure the timely completion of the project:

Staff availability has been negatively impacted by the COVID-19 pandemic. Scheduling contractors has been challenging due to work back logs and staff shortages. The environmental review took longer than expected.

2.2. List work remaining towards project completion (check all that apply).

<b>Housing Construction:</b>	<input checked="" type="checkbox"/> Architecture & Engineering	<input type="checkbox"/> Land Acquisition	<input checked="" type="checkbox"/> Housing Site Preparation	<input checked="" type="checkbox"/> Infrastructure Installation	<input checked="" type="checkbox"/> Housing Construction	<input checked="" type="checkbox"/> Housing Services	<input checked="" type="checkbox"/> Occupancy	<input type="checkbox"/> Other	Describe Other:	
<b>Housing Acquisition:</b>	<input type="checkbox"/> Market Research	<input type="checkbox"/> Property Selection	<input type="checkbox"/> Purchase Negotiations	<input type="checkbox"/> Unit Purchase	<input type="checkbox"/> Housing Services	<input type="checkbox"/> Occupancy		<input type="checkbox"/> Other	Describe Other:	
<b>Housing Rehabilitation:</b>	<input type="checkbox"/> Unit Inspection	<input type="checkbox"/> Work Write Up	<input type="checkbox"/> Temporary Relocation	<input type="checkbox"/> Unit Rehabilitation	<input type="checkbox"/> Housing Services	<input type="checkbox"/> Occupancy		<input type="checkbox"/> Other	Describe Other:	

**2.3. If applicable, has the grantee made any minor modifications to the grantee’s workplan and budget in order to meet the project goals?**

No  
 Yes

If yes, please describe:

Over the past year cost escalations in building materials and labor have increased the original budget estimate substantially. The tribe intends to keep the original scope of the project. The Tribe identified additional funds to put toward this project utilizing the IHBG-ARP formula allocation. The tribe received HUD notification from EWONAP on January 5, 2022 the IHP was accepted. An additional \$1,102, 844 has been obligated to this project.

If yes, did the grantee receive HUD approval for minor modifications to the workplan and budget?

No  
 Yes

**2.4. If applicable, describe the barriers faced towards project implementation and explanation how the grantee will overcome those barriers to complete the project by the period of performance end date.**

Check all that apply:

<input type="checkbox"/> Administrative/Operational Limitation(s)	<input type="checkbox"/> Construction Delay(s)
<input type="checkbox"/> Environmental Review Delay(s)	<input type="checkbox"/> Unit Acquisition Complication(s)
<input checked="" type="checkbox"/> Procurement Delay(s)	<input type="checkbox"/> Unit Rehabilitation Complication(s)
<input type="checkbox"/> Contract Dispute(s)	<input type="checkbox"/> Relocation Limitations(s)
<input type="checkbox"/> Labor Dispute(s)	<input type="checkbox"/> Eligibility Constraint(s)
<input type="checkbox"/> Land Issue(s)	<input checked="" type="checkbox"/> Weather Delay(s)
<input type="checkbox"/> Infrastructure Complication(s)	<input type="checkbox"/> Other

Describe Other barrier(s):

Describe actions planned or taken to overcome the barrier(s):

With current market conditions some delays are anticipated with procurement of materials and services. Many contracting firms have a back log of projects and resulting in delayed scheduling. Long lead times on delivery of materials is also anticipated.

**2.5. How is the project addressing the need components identified in the IHBG Competitive grant application?**

Not Meeting the Need

Describe why project is not meeting the need directly:

Construction hasn't begun. The construction diagrams and specification sheet package has been reviewed and approved by the Tribe's Code Compliance Officer. The process of legal review for the bid package is underway, and next Tribal Council must review it and approve the package. We anticipate going out to bid for a general contractor in early 2023.

**2.6. What is the progress of efforts to implement the project in coordination with community members, tribal departments,**

Coordination Formalized

Describe coordination delay:

**2.7. What are the outputs and measurable outcomes achieved to date?**

Outputs:

Housing Units Constructed	0
Housing Units Acquired	
Housing Units Rehabilitated	

Check all that apply:

<input checked="" type="checkbox"/> Reduce overcrowding	<input checked="" type="checkbox"/> Create new affordable rental units
<input type="checkbox"/> Assist renters to become homeowners	<input type="checkbox"/> Assist affordable housing for college students
<input type="checkbox"/> Improve quality of substandard units	<input type="checkbox"/> Provide accessibility for persons with disabilities
<input type="checkbox"/> Improve quality of existing infrastructure	<input type="checkbox"/> Improve energy efficiency
<input checked="" type="checkbox"/> Address homelessness	<input type="checkbox"/> Reduction in crime reports
<input checked="" type="checkbox"/> Assist affordable housing for low income households	<input type="checkbox"/> Other

Describe Other:

**2.8. If applicable, provide the status of leveraging resources committed to the project.**

Leveraged Resource Expenditures are Behind Schedule

Describe why leveraged resources are not being expended as planned:

Leveraged resources are being utilized at this point mainly on architect, engineering services and researching/writing the operations manual for the program.

**2.9. When the project is completed, provide an evaluation of its effectiveness in meeting the grantee's affordable housing project needs.**

Describe why project housing needs were not met or completed as planned:

**2.10 Provide any comments regarding the project in the space below.**

## SECTION 3: BUDGETS

### 3.1. Sources of Funding

SOURCE	(A)	(B)	(C)	(D)	(E)	(F)
	Amount on hand at beginning of program year	Amount received during 12-month program year	Total sources of funding A + B	Funds expended during 12-month program year	Unexpended funds remaining at end of 12-month program year C - D	Unexpended funds obligated but not expended at end of 12-month program year
IHBG Competitive Grant	\$3,967,260		\$3,967,260	\$122,698	\$3,844,562	
IHBG Leveraged Funds	\$1,322,420		\$1,322,420		\$1,322,420	
IHBG Program Income		\$500,000	\$500,000	\$7,527	\$492,473	
Other Leveraged Funds		\$600,000	\$600,000	\$8,991	\$591,009	
<b>TOTAL</b>	<b>\$5,289,680</b>	<b>\$1,100,000</b>	<b>\$6,389,680</b>	<b>\$139,216</b>	<b>\$6,250,464</b>	<b>\$0</b>

### 3.2. Uses of Funding

	(G)	(H)	(I)
	Total IHBG Competitive funds expended in 12-month program year	Total all other funds expended in 12-month program year	Total funds expended in 12-month program year (G+H)
New construction of a 16 unit apartment complex with	\$122,698	\$16,518	\$139,216
Planning and Administration	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$122,698</b>	<b>\$16,518</b>	<b>\$139,216</b>

#### Notes:

- Enter data in the green fields (Columns A, B, D, F, G and H) where applicable.
- The total of Column D should match the total of Column I.
- The amount of IHBG Competitive Grant funds in Column D should match the total of Column G.
- The amount(s) of IHBG Leveraged Funds, IHBG Program Income, and/or Other Leveraged Funds in Column D should match the total of Column H.

## SECTION 4: AUDIT

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

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

No If No, an audit is not required.