

**PUBLIC NOTICE:**  
This is the Annual Report on the IHBG  
Please send comments or questions to:  
romaloney@sagchip.org

## Section 1: Cover Page

- (1) Grant Number: 55IT2653420
- (2) Recipient Program Year: 10/1/2024 - 9/30/2025
- (3) Federal Fiscal Year: 2025
- (4) ☐ Initial Plan (Complete this Section then proceed to Section 2)
- (5) ☐ Amended Plan (Complete this Section and Section 8 if applicable)
- (6) ☒ Annual Performance Report (Complete items 27-30 and proceed to Section 3)
- (7) ☒ Tribe
- (8) ☐ TDHE
- (9) **Name of Recipient:** Saginaw Chippewa Indian Tribe of Michigan
- (10) **Contact Person:** Davis, Tim J.
- (11) **Telephone Number with Area Code** (999) 999-9999: 989-775-4000
- (12) **Mailing Address:** Tribal Office 7070 E. Broadway
- (13) **City:** Mt. Pleasant
- (14) **State:** MI
- (15) **Zip Code** (99999 or 99999-9999): 48858
- (16) **Fax Number with Area Code** (999) 999-9999: 989-775-4131
- (17) **Email Address** TiDavis@sagchip.org
- (18) **If TDHE, List Tribes Below:**
- (19) **Tax Identification Number:** 386178758
- (20) **UEI Number:** HLS6LZL359C1
- (21) **CCR/SAM Expiration Date** (MM/DD/YYYY): 02/06/2026
- (22) **IHBG Fiscal Year Formula Amount:** \$1,759,826
- (23) **Name of Authorized IHP Submitter:** Tim J. Davis or Lucas Sprague
- (24) **Title of Authorized IHP Submitter:** Tribal Chief or Sub Chief
- (25) **Signature of Authorized IHP Submitter:** Rosalie Maloney
- (26) **IHP Submission Date** (MM/DD/YYYY): 08/06/2024
- (27) **Name of Authorized APR Submitter:**
- (28) **Title of Authorized APR Submitter:**
- (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.

## ONE YEAR PLAN ANNUAL PERFORMANCE REPORT

### Section 2: Housing Needs

NAHASDA § 102(b)(2)(B)

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

(A) Type of Need	Check All That Apply	
	(B) Low-Income Indian Families	(C) All Indian Families
(1) Overcrowded Households	X	X
(2) Renters Who Wish to Become Owners		
(3) Substandard Units Needing Rehabilitation		
(4) Homeless Households	X	X
(5) Households Needing Affordable Rental Units	X	X
(6) College Student Housing		
(7) Disabled Households Needing Accessibility		
(8) Units Needing Energy Efficiency Upgrades	X	X
(9) Infrastructure to Support Housing	X	X
(10) Other (specify below)		

**(2) Other Needs.** (Describe the “Other” needs below. Note: this text is optional for all needs except “Other.”):

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

The SCIT Housing Department will maintain all 1937 ACT assisted stock as well as IHBG assisted housing units by maintaining, timely repairing and replacing any failing aspects of the rentals and office properties.

**(4) Geographic Distribution.** Describe below how the assistance will be distributed throughout the geographic area and how this geographic distribution is consistent with the needs of low income families. NAHASDA § 102(b)(2)(B)(i)):

Assistance will be provided to all Native American households in Isabella and Arenac Counties, MI who are duly enrolled members of tribes that are recognized by the U.S. Federal Government.



## Section 3: Program Descriptions

[102(b)(2)(A)], [233(a)], [235(c)], [404(b)], 24 CFR §1000.512(b)(2)

### Planning and Reporting Program Year Activities

In this section, the recipient must provide a description of its planned eligible activities, and intended outcomes and outputs for the One-Year IHP. The recipient can select any combination of activities eligible under NAHASDA and intended outcomes and outputs that are based on local needs and priorities. There is no maximum or minimum number of eligible activities or intended outcomes and outputs. Rather, the One-Year IHP should include a sufficient number of eligible activities and intended outcomes to fully describe any tasks that the recipient intends to fund in whole or in part with IHBG resources during the coming program year.

Subtitle B of NAHASDA authorizes recipients to establish a program for self-determined housing activities involving construction, acquisition, rehabilitation, or infrastructure relating to housing activities or housing that will benefit the low-income households served by the Indian tribe. A recipient may use up to 20 percent of its annual allocation, but not more than \$2 Million, for this program. Section 233(a) of NAHASDA requires a recipient to include its planned self-determination program activities in the IHP, and Section 235(c) requires the recipient to report the expenditures, outputs, and outcomes for its self-determination program in the APR. For more information, see PIH Notice 2010-35 (Demonstration Program - Self-Determined Housing Activities for Tribal Governments) at [https://www.hud.gov/sites/documents/DOC\\_8814.PDF](https://www.hud.gov/sites/documents/DOC_8814.PDF).

The One-Year IHP is not required to include eligible activities or intended outcomes and outputs that will not receive IHBG resources. For example, the recipient may be planning to apply for Low Income Housing Tax Credits (LIHTC) from its state. If those tax credit projects will not receive IHBG resources, they are not required to be described in the IHP. However, the recipient may wish to include nonIHBG activities in the IHP to provide tribal members with a more complete picture of housing activities.

If an activity will receive partial funding from an IHBG resource, it must be described in the IHP.

For example, if the recipient uses IHBG-funded staff persons to manage, inspect, or maintain an LIHTC-funded rental project, that project would be considered an IHBG-assisted project and the related activities must be described in the IHP.

Planning and Administrative expenses and loan repayments should not be identified as programs in the IHP. That is why there are dedicated rows in the Uses of Funding budget for these expenses. Instead, describe anticipated planning and administrative expenses in Section 6, Line 4 of the IHP, and describe actual planning and administration expenses in Section 6, Line 5 of the APR. Report the planned and actual amount of planning and administrative expenses in the dedicated row of the Uses of Funding budget (Section 5, Line 2). Please note that Reserve Accounts to support planning and administration is an eligible activity and should be identified as a program in the IHP, and any planned or actual expenditure from the Reserve Account would be reported by its program name in the Uses of Funding table.

For the IHP, complete the **unshaded** sections to describe the planned activities, outcomes and outputs in the coming 12-month program year. The recipient must complete Lines 1.1 through 1.4, Lines 1.6 and 1.7, and Line 1.9 for each eligible activity or program planned for the One-Year IHP. For the APR, complete the shaded sections to describe actual accomplishments, outcomes, and outputs for the previous 12-month program year. In particular, complete Lines 1.5, 1.8, 1.9, and 1.10 for each program included in the IHP.

**Eligible Activity May Include** (citations below all reference sections in NAHASDA)

<b>Eligible Activity</b>	<b>Output Measure</b>	<b>Output Completion</b>
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit
(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed
(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA- Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection



Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding table only)
(25) Reserve Accounts [202(9)]	N/A	N/A

**Outcome May Include**

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

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

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

- One way to number your programs is chronologically. For example, you could number your programs 2011-1, 2011-2, 2011-3 etc.
- Or, you may wish to number the programs based on type. For example rental 1, rental 2, homebuyer1, homebuyer 2 etc. This type of numbering system might be appropriate if you have many programs that last over several years.
- Finally, you may wish to use an outline style of numbering. For example, all programs under your first eligible activity would start with the number 1 and then be consecutively numbered as 1.1, 1.2, 1.3 etc.

## APR: REPORTING ON PROGRAM YEAR PROGRESS

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))

### 1.1. Program Name and Unique Identifier: 2025-01:Operating and Maintaining CAS

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

The SCIT maintains a regular, recurring maintenance schedule for inspections and upkeep of all 1937 Act rental units and office buildings. Current inventory is 51 CAS and 17 IHBG assisted units.

**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.):

(2) Operation of 1937 Act Housing [202(1)]

**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.):

(6) Assist affordable housing for low income households

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

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

(6) Assist affordable housing for low income households

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

**1.6. 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 must be included as a separate program within this section.):

Native American households who are enrolled members of federally recognized tribes in accordance with SCIT Admissions and Occupancy Rental Housing Policy.

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

Rental assistance and this is based on the difference between 20% of the household's adjusted monthly income and the fair market rents for our area.

**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.):

The current assisted housing stock and the recently acquired IHBG assisted units is regularly inspected and maintained in good condition.

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

Planned Number of Units to be Completed in Year Under this Program: 68	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 68	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

We are on target with our maintenance schedule.

**1.1. Program Name and Unique Identifier: 2025-02:Housing Program Management**

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

The program will provide adequate staff levels to administer affordable housing activities that will sustain our current assisted housing stock and research new affordable housing opportunities to meet the needs of our community. This includes adding a new job position: Records Management Specialist to perform records management and self monitoring activities.

**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.):*

(19) Housing Management Services [202(4)]

**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):*

The program will track all updates and upgrades to the current assisted stock to effectively monitor and manage resources expended in accordance with HUD guidelines. This includes fiscal management and oversight of all transactions including procurement activities, equipment maintenance, collections of TARs, staff training and development, insurance, and audit activities.

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

(6) Assist affordable housing for low income households

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

**1.6. 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 must be included as a separate program within this section.):*

Households that are members of federally recognized Native American Tribes and Essential Families as defined in SCIT's Eligibility, Admissions, and Occupancy Rental Housing Policy.

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

The program will provide adequate, equipment, supplies, vehicles, technology, and staff to plan for and to respond to the daily needs of our tenants including staff training that will enhance the capacity of the program staff.

**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.):*

We purchased one utility truck this year to enable routine and non-routine maintenance of our housing inventory. Additional staff were hired this year to operate and maintain the new Permanent Supportive Housing program and building.

**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: 68	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 68	APR: Actual Number of Acres Purchased in Program Year: 0

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

We are on target with this activity.



**1.1. Program Name and Unique Identifier: 2025-03:Construction 4 Elder Townhouses**

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

This project is a carry-over from previous years IHP. New construction of 4 elder townhouse units with zero step design for ease of access.

**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.):*

(4) Construction of Rental Housing [202(2)]

**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.):*

(6) Assist affordable housing for low income households

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

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

(7) Create new affordable rental units

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

**1.6. 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 must be included as a separate program within this section.):*

Eligible Native American households who have reached elder age, are experiencing mobility challenges and need housing that is handicapped accessible.

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

These are rental units for income eligible Native American households. Tenants will receive the standard rent calculation based on income allowed under NAHASDA.

**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.):*

We were not able to launch this new construction project this past year.

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

Planned Number of Units to be Completed in Year Under this Program: 4	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

The AE firm hired to design the project and provide construction drawings completed most of the work. We did not go out to bid because the Tribe was not able to sign off on the final set of drawings. This past year the Tribe lost 2 critical staff: Utilities Director and Code Compliance Officer. Both need to review the plans for compliance before the project can proceed. A new Director of Utilities is now on board but the Tribe still does not have a person to review the plans for building code compliance.

**1.1. Program Name and Unique Identifier: 2025-04:Install Natural Gas Line**

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

This project is a carry-over from FY20 IHP. Install natural gas lines in order to provide natural gas to households burdened by the high costs of heating homes with propane gas.

**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.):*

(24) Infrastructure to Support Housing [202(2)]

**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.):*

(10) Improve energy efficiency

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

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

(10) Improve energy efficiency

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

**1.6. 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 must be included as a separate program within this section.):*

Native American households who are members of federally recognized tribes in accordance with SCIT's Eligibility and Admissions Policy.

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

Switching from propane to natural gas will lower the cost of home heating for the existing 9 rental units at the Saganing Reservation in Arenac County, MI.

**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.):*

This activity has been completed. Nine (9) low-income units now have access to a less expensive home heating source.

**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: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

This activity have been accomplished.

**1.1. Program Name and Unique Identifier: 2025-05:Repave road and drive ways**

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

The SCIT will replace the deteriorating asphalt road way and driveways to the 9 housing units located on Cedar Trail in Standish, MI

**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.):

(24) Infrastructure to Support Housing [202(2)]

**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.):

(4) Improve quality of existing infrastructure

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

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

(4) Improve quality of existing infrastructure

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

**1.6. 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 must be included as a separate program within this section.):

All 9 Native American households residing in the Standish housing development at Cedar Trail, Arenac County, MI..

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

The aged and cracked asphalt installed in 1996 needs to be replaced. The asphalt driveways to the 9 housing units also needs to be replaced.

**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.):

This activity was not accomplished this year. We wanted to replace the road once the natural gas line install was done.

**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: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

We advertised this procurement twice but did not receive any bids. Eventually we ran out of good weather for this type of work.



**1.1. Program Name and Unique Identifier: 2025-06:Otto Park**

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

This project is a carry-over from the 2024 IHP. The SCIT intends to install a playground in the Ogemaw neighborhood contiguous to the Ojibway and Otto neighborhoods, located on the Tribe's trust lands on Isabella Reservation.

**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.):*

(24) Infrastructure to Support Housing [202(2)]

**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):*

This centrally located recreation area will provide safe and maintained space for physical activities, and mental health benefits.

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

(4) Improve quality of existing infrastructure

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

**1.6. 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 must be included as a separate program within this section.):*

This playground will be open and accessible to all household in the area and to visitors from the larger community. This area is contiguous to the CAS on Ojibway Drive (14 units) occupied by low-income native households.

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

Installation of this playground will require equipment and features appropriate to a variety of ages including elders. The site will require infrastructure for electrical lightening, plumbing for a toilet, pavilion for picnic area, and a small parking lot.

**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.):*

This activity did not launch this year. We have the RFP ready and the ER completed.

**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:
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:

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

Getting the Permanent Supportive Housing Program was more demanding on staff than anticipated. Additional staff was hired to assist with this project in the next 12 month period. The RFP will be published in 2026.

**1.1. Program Name and Unique Identifier: 2025-07:Assisting Over-Income Families**

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

The SCIT would like to provide assistance to over-income families that are enrolled members of Native American Tribes not to exceed the 10% rule; in accordance with 24 CFR 1000.110(c).

**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):*

The SCIT would like to provide housing to over-income Native American households that are homeless, living in over-crowded households, or living in substandard conditions.

**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):*

The Saginaw Chippewa Housing Department did assist over income household to obtain HUD-assisted rental units.

**1.6. 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 must be included as a separate program within this section.):*

A limited amount of over-income families will be assisted by the program due to various barriers preventing them from obtaining housing on their own and maintaining it .

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

Assistance will be provided to families that are at or above the 80 -100% median income range. The 24 CFR 1000.110 rent calculation for non-low income families will be used to determine rent. No utility allowance will be used for these households and they will not receive the same amount of assistance as low-income families in accordance with 24CFR1000.130

**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.):*

The program was able to assist a limited amount of over-income families whose criminal history was preventing them from obtaining housing on their own.

**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: 16	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 7	APR: Actual Number of Acres Purchased in Program Year: 0

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

We are not behind on this activity.

**1.1. Program Name and Unique Identifier: 2025-08: Tenant Water Payments**

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

Paying the city water and sewer bills for tenant units at the Cedar Trail housing development in Standish, MI. Also paying the tenant water/sewer bills at Mt. Pleasant.

**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.):*

(6) Assist affordable housing for low income households

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

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

(6) Assist affordable housing for low income households

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

**1.6. 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 must be included as a separate program within this section.):*

Tenants occupying the 9 units at the Tribe's Saganing affordable housing program in Standish, MI.

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

The Housing Program will pay the full amount of the water/sewer bills for each unit. The Program will send each tenant an annual statement listing the total amounts paid on their behalf each month for water.

**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.):*

This activity has been accomplished.

**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: 9	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 9	APR: Actual Number of Acres Purchased in Program Year: 0

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

We are on schedule with this activity.



**1.1. Program Name and Unique Identifier: 2025-09:Bus Stop Shelters**

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

The program plans to install 2 bus stop shelters in the low-income areas to help keep school children out of the elements during inclement weather.

**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.):*

(22) Model Activities [202(6)]

**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):*

The bus stop shelters are needed in order to decrease the amount of exposure school children are experiencing standing in the wind, rain and snow while waiting for the bus to arrive.

**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):*

The low-income households have requested shelters in their neighborhoods to help children stay warm and dry while waiting for the school bus.

**1.6. 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 must be included as a separate program within this section.):*

The shelter on Broadway will be utilized by the 5 low-income households along that street. The shelter to be installed on Ojibway will be utilized by the 9 low-income families residing on that street.

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

Each unit is estimated to cost approximately 12,000-15,000 each. Shipping fees and installation costs may vary by the time the funds are available.

**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.):*

This activity was not accomplished this past 12 month period.

**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:
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:

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

We were not able to get the procurement process completed before the end of the fiscal year. An additional staff were hired to assist with procurements, the units have been ordered but did not arrive before September 30, 2025.

**1.1. Program Name and Unique Identifier: 2025-10: Tenant Advisory Committee****1.2. Program Description***(This should be the description of the planned program.):*

The program will facilitate a monthly Tenant Advisory Committee (TAC) meeting. The program will provide educational information about NAHASDA, the IHP/APR and compliance measures. If appropriate training is available the committee may travel in order to participate. The program will work with the tenants to establish a tenant grievance hearing board.

**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):*

The TAC is advisory in nature and will meet monthly to learn how the program functions and to give tenants an opportunity to have input regarding housing activities, policies, and programming. The committee will learn about functioning as a tenant grievance board. A consultant will be hired to advise and train on the process and procedures. Committee members may travel to participate in the training.

**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):*

The program will hold monthly meetings with an advisory committee comprised of tenants and community members to advise the Housing Department on what types of housing needs there are and what types of activity they would like to see in the NAHSADA program.

**1.6. 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 must be included as a separate program within this section.):*

Native American families, who are members of a federally recognized Native American Tribe as defined in SCIT's Eligibility, Admissions, and Occupancy Rental Housing Policy.

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

The program will provide a meeting stipend of \$25 per each of the 5 members on the TAC. They will receive light refreshments at each meeting. No child care service during the meetings is planned at this time. Training will be sought and provided to enable the TAC to act as a tenant grievance board.

**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.):*

This activity did not launch this year.

**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: 51	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

We did not have enough staff to support this activity. The plan is to hire an Assistant Manager to help with this and to help research and plan the housing activities.

**1.1. Program Name and Unique Identifier: 2025-11:Purchase New Fire Truck**

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

The SCIT Housing Program would like to assist the Tribal Fire Department in the procurement of a new fire truck for responding to fire emergencies. The existing fire engines are 26 and 16 years old, and both are beyond the recommended life span. The repairs have become a financial burden, and the vehicles are no longer economically feasible.

**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.):*

(22) Model Activities [202(6)]

**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):*

The Tribe would like to purchase 1 new fire engine (\$800,000) to respond to fire and other emergencies. All community members would be served by this resource. It is estimated the HUD-assisted units receive protection and coverage at least 50% of the time. Therefore we are requesting 50% of the cost be covered by the grant.

**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):*

The Housing Department was asked to assist with the purchase of a new fire truck for use throughout the community.

**1.6. 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 must be included as a separate program within this section.):*

The public safety of the entire community would be served.

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

A cash donation from the SCIT Housing Department for the procurement of 1 fire truck.

**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.):*

This was not accomplished.

**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:
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:

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

The Tribal Fire Department was not able to find additional funding for this purchase.



**1.1. Program Name and Unique Identifier: 2025-12:Housing Acquisition**

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

This project is a carry-over from FY24 IHP.

**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.):

(3) Acquisition of Rental Housing [202(2)]

**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.):

(1) Reduce over-crowding

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

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

(1) Reduce over-crowding

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

**1.6. 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 must be included as a separate program within this section.):

Eligible Native American households.

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

One to two houses will be purchased and made available to low to moderate income families in accordance with policy.

**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.):

Only one house was purchased in this 12 month period.

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

Planned Number of Units to be Completed in Year Under this Program: 1	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 1	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

The Tribal Council decided against the purchase of a second house. They have a preference for homes that are located on trust lands become homeownership units rather than rentals.

**1.1. Program Name and Unique Identifier: 2025-13:Utility Vehicles**

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

The SCIT needs to purchase 2 new utility vehicles equipped with a lift gate for transporting appliances to and from the rental units.

**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.):*

(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]

**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):*

The operation and maintenance of the CAS and IHBG assisted units require replacement of large appliances and other oversized materials. The tribe would like to purchase 2 vehicles to help us keep up with the demands. One of the low-income developments (9 units) is located 70 miles from the main office.

**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):*

Utility vehicles are needed in order to service the 68 units in the housing inventory and to maintain the grounds and office buildings.

**1.6. 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 must be included as a separate program within this section.):*

Tenants in all of the 51 CAS and the 1 IHBG assisted units.

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

No more than 2 vehicles will be purchased in accordance with the procurement policy.

**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.):*

We were able to purchase one (1) utility truck this past 12 month period.

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

Planned Number of Units to be Completed in Year Under this Program: 2	Planned Number of Households To Be Served in Year Under this Program:	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year: 1	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

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

We did not have enough staff to support the procurement process this past 12 month period. An additional staff person has been hired.

**1.1. Program Name and Unique Identifier: 2025-14:Surveillance Security System**

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

The Tribe would like to purchase and install a surveillance system for the program office building, equipment storage pole barn, community concession pavilion, and dumpsters.

**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.):

(21) Crime Prevention and Safety [202(5)]

**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.):

(11) Reduction in crime reports

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

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

(11) Reduction in crime reports

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

**1.6. 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 must be included as a separate program within this section.):

All of the tenants in low-income HUD assisted units will benefit from this activity. There have been acts of vandalism to our community facilities and renders them unavailable to the community. There has also been unauthorized dumping of garbage into the program dumpsters filling them before tenants can use them.

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

The Tribe would like to purchase the cameras, computer system/software and license plate readers so these areas can be monitored and the vandals identified so law enforcement can follow up with the prosecutor. This includes procurement, installation and training.

**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.):

This was not accomplished in FY2025.

**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:
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:

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

The research and planning for this procurement process is extensive and we were not able to complete it before September 30, 2025.

**1.1. Program Name and Unique Identifier: 2025-16:Increase Number of 4 bedroom units**

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

There is a high demand for 4 bedroom units. The tribe would like to rehab some of the existing units by adding square footage and increasing the number of bedrooms.

**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.):

(1) Reduce over-crowding

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

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

(1) Reduce over-crowding

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

**1.6. 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 must be included as a separate program within this section.):

The tenants participating in the Tribe's low-income HUD assisted rental 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.):

The Tribe would like to hire a licensed contractor builder to review the rental inventory and provide a written assessment and recommendation for which units would lend themselves to this type of rehab, including cost estimates.

**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.):

This was not accomplished in FY2025.

**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: 2	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year:

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

It has been difficult to find a contractor willing to do this work. Many are too busy and have staffing shortages.



**1.1. Program Name and Unique Identifier: 2025-17:Manufactured Homes**

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

The Tribe would like to purchase 2 new 3-4 bedroom units.

**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.):

(3) Acquisition of Rental Housing [202(2)]

**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.):

(7) Create new affordable rental units

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

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

(7) Create new affordable rental units

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

**1.6. 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 must be included as a separate program within this section.):

Low-income native households.

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

There are currently 2 vacant lease hold lots on the Isabella reservation. The Tribe would like to purchase 2 new manufactured homes and place them on these lots thereby increasing the inventory by 2. This includes permit and installation fees in addition to the purchase price.

**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.):

This was not accomplished in FY2025.

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

Planned Number of Units to be Completed in Year Under this Program: 2	Planned Number of Households To Be Served in Year Under this Program:	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

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

The 2 available lots were claimed by Tribal members before the RFP published. One of Ogemaw Drive, the other on the corner of Ojibway Ogemaw.

## Section 4: Maintaining 1937 Act Units, Demolition, and Disposition

NAHASDA §§ 102(b)(2)(A)(v), 102(b)(2)(A)(iv)(I-III)

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

Routine and non-routine maintenance work is performed by 4 fulltime maintenance staff and 1 part time. During the summer months 2 temp employees are hired to help with lawns and landscaping. Licensed trades (electrical, plumbing) are hired as needed. A preventative/inspection program is in place to prevent and correct deterioration of the inventory and program facilities. Annual inspections are performed. Move-in orientation sessions are conducted with tenant families to instill housekeeping, maintenance and safety standards. On-call 24/7 procedures are in place to respond to any emergencies with HUD-assisted inventory.

**(2) Demolition and Disposition**(NAHASDA § 102(b)(2)(A)(iv)(I-III), 24 CFR 1000.134)Describe any planned demolition or sale of 1937 Act or NAHASDA-assisted housing units. If the recipient is planning on demolition or disposition of 1937 Act or NAHASDA-assisted housing units, be certain to include the timetable for any planned demolition or disposition and any other information that is required by HUD with respect to the demolition or disposition:

There are no demolition or disposition of units planned for FY25.

## 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				
	(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)
1. IHBG Funds	\$5,601,916.02	\$2,534,404.00	\$8,136,320.02	\$5,046,978.77	\$3,089,341.25
2. IHBG Program Income	\$1,146,948.33	\$237,383.67	\$1,384,332.00	\$90,746.00	\$1,293,586.00
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
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	\$6,748,864.35	\$2,771,787.67	\$9,520,652.02	\$5,137,724.77	\$4,382,927.25
TOTAL Columns C and H( 2 through 10 )			\$1,384,332.00		

SOURCE	APR					
	(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 to be expended during 12-month program year	(J) Actual unexpended funds remaining at end of program year (H-I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds			\$0.00		\$0.00	
2. IHBG Program Income			\$0.00		\$0.00	
3. Title VI			\$0.00		\$0.00	
4. Title VI Program Income			\$0.00		\$0.00	
5. 1937 Act Operating Reserves			\$0.00		\$0.00	
6. Carry Over 1937 Act Funds			\$0.00		\$0.00	
7. ICDBG Funds			\$0.00		\$0.00	
8. Other Federal Funds			\$0.00		\$0.00	
9. LIHTC			\$0.00		\$0.00	
10. Non-Federal Funds			\$0.00		\$0.00	
Total			\$0.00		\$0.00	
TOTAL Columns C and H( 2 through 10 )			\$0.00			

### Notes:

- 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).
- Total of Column D should match the total of Column N from the Uses of Funding table below.
- 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 **Uses of Funding table 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		
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)
2025-01: Operating and Maintaining CAS	\$300,000.00	\$0.00	\$300,000.00	\$495,320.17	\$0.00	\$495,320.17
2025-02: Housing Program Management	\$800,000.00	\$0.00	\$800,000.00	\$0.00	\$732,277.31	\$732,277.31
2025-03: Construction 4 Elder Townhouses	\$1,475,067.57	\$50,746.00	\$1,525,813.57	\$0.00	\$0.00	\$0.00
2025-04: Install Natural Gas Line	\$280,000.00	\$0.00	\$280,000.00	\$0.00	\$221,426.65	\$221,426.65
2025-05: Repave road and drive ways	\$150,000.00	\$0.00	\$150,000.00	\$0.00	\$0.00	\$0.00
2025-06: Otto Park	\$450,000.00	\$40,000.00	\$490,000.00	\$0.00	\$0.00	\$0.00
2025-07: Assisting Over-Income Families	\$100,000.00	\$0.00	\$100,000.00	\$0.00	\$39,639.00	\$39,639.00
2025-08: Tenant Water Payments	\$15,000.00	\$0.00	\$15,000.00	\$0.00	\$17,192.01	\$17,192.01
2025-09: Bus Stop Shelters	\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$0.00
2025-10: Tenant Advisory Committee	\$20,000.00	\$0.00	\$20,000.00	\$0.00	\$0.00	\$0.00
2025-11: Purchase New Fire Truck	\$400,000.00	\$0.00	\$400,000.00	\$0.00	\$0.00	\$0.00
2025-12: Housing Acquisition	\$300,000.00	\$0.00	\$300,000.00	\$0.00	\$86,710.00	\$86,710.00
2025-13: Utility Vehicles	\$80,000.00	\$0.00	\$80,000.00	\$0.00	\$67,320.00	\$67,320.00
2025-14: Surveillance Security System	\$60,000.00	\$0.00	\$60,000.00	\$0.00	\$0.00	\$0.00
2025-16: Increase Number of 4 bedroom units	\$15,000.00	\$0.00	\$15,000.00	\$0.00	\$0.00	\$0.00
2025-17: Manufactured Homes	\$350,000.00	\$0.00	\$350,000.00	\$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
Planning and Administration	\$221,911.20	\$0.00	\$221,911.20	\$381,817.58	\$0.00	\$381,817.58
TOTAL	\$5,046,978.77	\$90,746.00	\$5,137,724.77	\$877,137.75	\$1,164,564.97	\$2,041,702.72

**Notes:**

- Total of Column L cannot exceed the IHBG funds from Column C, Row 1 from the Sources of Funding table in Line 1 above.
- Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Sources of Funding table in Line 1 above.
- 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.
- Total of Column P cannot exceed total of Column H, Rows 2-10 of the Sources of Funding table in Line 1 above.
- 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):  
**There are no loan repayments required at this time.**



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

## Section 6: Other Submission Items

[102(b)(2)(C)(iii)], [201(b)(5)], [202(6)], [205(a)(2)], [209], 24 CFR §§ 1000.108, 1000.120, 1000.142, 1000.238, 1000.302

**(1) Useful Life/Affordability Period(s)** (NAHASDA § 205, 24 CFR § 1000.142) (Describe your plan or system for determining the useful life/affordability period of the housing it assists with IHBG and/or Title VI funds must be provided in the IHP. A record of the current, specific useful life/affordability period for housing units assisted with IHBG and/or Title VI funds (excluding Mutual Help) must be maintained in the recipient's files and available for review for the useful life/affordability period.):

**Useful Life affordability period is as follows: New construction = 20 years; over \$40,001 = 15 years; \$15,001 to \$40,000 = 10 years; \$5,000 to \$15,000 = 5 years; \$4,999 or less = 6 months.**

**(2) Model Housing and Over-Income Activities** (NAHASDA § 202(6), 24 CFR § 1000.108) (If you wish to undertake a model housing activity or wish to serve non-low-income households during the 12-month program year, those activities may be described here, in the program description section of the 1-year plan, or as a separate submission.):

**In the 2025 program year the Tribe intends to assist a limited amount of over-income households that fall between the 80 to 100% median income but not to exceed the 10% authority. These households will be charged a higher rent than the low-income household at or below the 80% median.**

**(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**

If yes, describe the policy. **The Saginaw Chippewa Indian Tribe Housing Program offers preference in housing to enrolled members of Native American tribes that are recognized by and eligible to receive services from the United States Bureau of Indian Affairs [Federal Register, Vol. 68, No. 18, January 29, 2021] and Alaska Native Groups as defined by Public Law 92-203, Dec. 18, 1971. The SCIT policy provides preference to it's own eligible members over members of other tribes.**

**(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? **No**

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

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

Did you exceed your spending cap for Planning and Administration? **Yes**

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

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

**(6) Expanded Formula Area - Verification of Substantial Housing Services** (24 CFR § 1200.302(3)) If your tribe has an expanded formula area (i.e., an area that was justified based on housing services provided rather than the list of areas defined in 24 CFR § 1200.302 Formula Area (1)), the tribe must demonstrate that it is continuing to provide substantial housing services to that expanded formula area. Does the tribe have an expanded formula area? **No**

**If no, proceed to Section 7.**

If yes, list each separate geographic area that has been added to the Tribe's formula area and the documented number of Tribal members residing there.

For each separate formula area expansion, list the budgeted amount of IHBG and other funds to be provided to all American Indian and Alaska Native (AIAN) households and to only those AIAN households with incomes 80% of median income or lower during the recipient's 12-month program year:

## 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**

**(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: **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**
- 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**
- 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**
- 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**

## 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

(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:

**For ongoing routine maintenance activities performed by tribal employees on the rental housing inventory, program buildings and equipment tribally determined wages will be used. For all other construction and rehabilitation projects Davis-Bacon wages rates will be used.**

## Section 10: Self-Monitoring

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

- (1) Do you have a procedure and/or policy for self-monitoring? **Yes**
- (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**
- (3) Did you conduct self-monitoring, including monitoring sub-recipients? **No**
- (4) Self-Monitoring Results. *(Describe the results of the monitoring activities, including corrective actions planned or taken.):*  
**The Tribe has no sub-recipients under this grant.**  
**A new position was created this year in the Housing Department "Regulatory Compliance Specialist" to assist with self-monitoring. The current Self-Monitoring policy is being updated and will be reviewed by Tribal Administration and Legal Review.**  
**This department does participate in the Tribe's annual audit and quarterly budget reviews with the Comptroller, Budget Analyst and Tribal Administration.**

## Section 11: Inspections

NAHASDA § 403(b)

(1) **Inspection of Units** Self-Monitoring Results. (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)
<b>1937 Housing Act Units:</b>					
a. Rental	51	0	0	0	0
b. Homeownership	0	0	0	0	0
c. Other	0	0	0	0	0
<b>1937 Act Subtotal:</b>	51	0	0	0	0
<b>NAHASDA Associated Units:</b>					
a. Rental	18	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
<b>NAHASDA Act Subtotal:</b>	18	0	0	0	0
<b>Total:</b>	69	0	0	0	0

(2) Did you comply with your inspection policy: **Yes**

(3) If no, why not:

## 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**

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.

Audit Due Date : **06/30/2026**



## Section 13: Public Availability

*NAHASDA § 408, 24 CFR § 1000.518*

- (1) Did you make this APR available to the citizens in your jurisdiction before it was submitted to HUD (24 CFR § 1000.518): **Yes**
- (2) If you are a TDHE, did you submit this APR to the Tribe(s) (24 CFR § 1000.512): **Not Applicable**
- (3) If you answered “No” to question #1 and/or #2, provide an explanation as to why not and indicate when you will do so.
- (4) Summarize any comments received from the Tribe(s) and/or the citizens (NAHASDA § 404(d)).

**On November 26, 2025 a notice is mailed to all tenants in our program that the APR is available and a copy will be provided to them if they want one. It will be posted on public bulletin boards throughout the tribal campus. A copy is provided to the Tribal Council members, Tribal Administrator, and posted on the Tribe's website under the Housing tab for 30 days.**

## Section 14: Jobs Supported by NAHASDA

NAHASDA § 404(b)

Use the table below to record the number of jobs supported with IHBG funds each year.

Indian Housing Block Grant Assistance (IHBG)	
(1) Indian Housing Block Grant Assistance (IHBG)	19
(2) Number of Temporary Jobs Supported	2

(3) Narrative (optional):

**The permanent staff is comprised of 13 full-time positions, and 6 part-time positions.**

## Section 15: IHP Waiver Requests

NAHASDA § 101(b)(2)

THIS SECTION IS ONLY REQUIRED IF THE RECIPIENT IS REQUESTING A WAIVER OF AN IHP SECTION OR A WAIVER OF THE IHP SUBMISSION DUE DATE.

A waiver is valid for a period not to exceed 90 days Fill out the form below if you are requesting a waiver of one or more sections of the IHP. **NOTE** :This is NOT a waiver of the IHBG program requirements but rather a request to waive some of the IHP submission items.

- (1) List below the sections of the IHP where you are requesting a waiver and/or a waiver of the IHP due date. ( *List the requested waiver sections by name and section number* ) :
- (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 corrections that you will make in order to submit a complete IHP in the future and/or submit the IHP by the required due date.* ):
- (4) Recipient: **Saginaw Chippewa Indian Tribe of Michigan**
- (5) Authorized Official's Name and Title:
- (6) Authorized Official's Signature:
- (7) Date (MM/DD/YYYY):