

For Recipient's Use: 2013 Utu Utu Gwaiti Paiute Tribe Indian Housing Plan

## **INDIAN HOUSING PLAN/ANNUAL PERFORMANCE REPORT**

(NAHASDA §§ 102(b)(1)(A) and 404(a)(2))

This form meets the requirements for an Indian Housing Plan (IHP) and Annual Performance Report (APR) required by the United States Department of Housing and Urban Development. In addition to these requirements, a tribe or tribally designated housing entity (TDHE) may elect to prepare a more comprehensive IHP. If a tribe or TDHE elects to prepare a more comprehensive IHP, the required elements of this IHP must still be submitted on the prescribed HUD form. The information requested does not lend itself to confidentiality. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget (OMB) control number.

Regulatory and statutory citations are provided throughout this form as applicable. Recipients are encouraged to review these citations when completing the IHP and APR sections of the form.

Under the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA) (25 U.S.C. 4101 et seq.), HUD will provide grants, loan guarantees, and technical assistance to Indian tribes and Alaska Native villages for the development and operation of low-income housing in Indian areas. Grants will be made to eligible recipients under the Indian Housing Block Grant (IHBG) program. To be eligible for the grants, recipients must submit an IHP that meets the requirements of the Act.

The recipient is required to submit the IHP to HUD at least 75 days prior to the start of its 12-month program year (NAHASDA § 102(a)(1)). The APR is due no later than 90 days after the end of the recipient's program year (24 CFR § 1000.514).

The IHP and the APR (previously two separate forms) are now combined into one form. The sections pertaining to the IHP are submitted **before** the beginning of the 12-month program year, leaving the APR (shaded) sections blank. If the IHP has been updated or amended, use the most recent version when preparing the APR. After the 12-month program year, enter the results from the 12-month program year in the shaded sections of the form to complete the APR. More details on how to complete the IHP and APR sections of the form can be found in the body of this form. In addition, a separate IHP and APR report form guidance is available.

**NOTE:** Grants awarded under the American Recovery and Reinvestment Act (Recovery Act) are excluded from this process. Grants under the Recovery Act continue to use the stand alone APR (HUD-52735-AS).

**FORM COMPLETION OPTIONS:** The IHP/APR form may be completed either in hard copy or electronically. Hard copy versions may be completed either by hand or typewriter. Alternatively, the form may be completed electronically as it is a Word document. It is recommended that the form be completed electronically because it is more efficient to complete, submit, and review the form. Furthermore, electronic versions of the form may be submitted to HUD as an email attachment. To document official signatures on the electronic version, you should sign a hard copy of the pages and either fax that signed page or email it as an attachment to your Area Office of Native American Programs. The sections of the IHP that require an official signature are Sections 1 and 8, and Sections 15 and 16, if applicable. For the APR, Section 1 requires an official signature.

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**Note:** The page numbers in the Table of Contents can update automatically as the IHP or APR is completed. To update the page numbers, right-click anywhere in the table, select "Update Field" and select "update page numbers only."

**SECTION 1: COVER PAGE**

(1) Grant Number: 55IT0632000

(2) Recipient Program Year: 1/1/2013-12/31/2013

(3) Federal Fiscal Year: 2013

(4)  Initial Plan (Complete this Section then proceed to Section 2)

(5)  Amended Plan (Complete this Section and Section 16)

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

(7)  Tribe

(8)  TDHE

(9) Name of Recipient: Utu Utu Gwaiti Paiute Tribe

(10) Contact Person: Daryll Bahe

(11) Telephone Number with Area Code: (760) 933-2321

(12) Mailing Address: 567 Yellow Jack Road

(13) City: Benton

(14) State: CA

(15) Zip Code: 93512

(16) Fax Number with Area Code (if available): (760) 933-2412

(17) Email Address (if available):

(18) If TDHE, List Tribes Below:

(19) Tax Identification Number:


(20) DUNS Number:

(21) CCR Expiration Date:

(22) IHBG Fiscal Year Formula Amount: \$50,712

(23) Name of Authorized IHP Submitter: Billie Saulque

(24) Title of Authorized IHP Submitter: Chairman

(25) Signature of Authorized IHP Submitter: 

(26) IHP Submission Date: 5-9-2013

(27) Name of Authorized APR Submitter:

(28) Title of Authorized APR Submitter:

(29) Signature of Authorized APR Submitter:

(30) APR Submission Date:

**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 16: IHP AMENDMENTS**  
(24 CFR § 1000.232)

**Use this section for IHP amendments only.**

Fill out the text below to summarize your IHP amendment. This amendment is only required to be submitted to the HUD Area Office of Native American Programs when (1) the recipient is adding a new activity that was not described in the current One-Year Plan that has been determined to be in compliance by HUD or (2) to reduce the amount of funding that was previously budgeted for the operation and maintenance of 1937 Act housing under NAHASDA § 202(1). All other amendments will be reflected in the APR and do not need to be submitted to HUD.

Once HUD determines the IHP amendment to be in compliance, the recipient should add the IHP amendment to Section 3 of the previously approved IHP and replace the previous Uses of Funding table (Section 5, Line 3) with the amended Uses of Funding table.

**APR: REPORTING ON PROGRAM YEAR PROGRESS (NAHASDA § 404(b))**

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 OMB Circular A-133 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.

<b>(1) Program Name and Unique Identifier:</b> 2013-1 Rehabilitation assistance to existing homeowners.
<b>(2) Program Description</b> ( <i>This should adequately describe the new program that is planned.</i> ): The Tribe will provide rehabilitation assistance to eligible elderly families to assist the families to improve the quality of their homes along with making the homes more energy efficient.
<b>(3) Eligible Activity Number</b> ( <i>Select one activity from the Eligible Activities list in Section 3.</i> ): (16) Rehabilitation assistance to existing homeowners
<b>(4) Intended Outcome Number</b> ( <i>Select one Outcome from the Outcome list in Section 3.</i> ): (3) Improve quality of substandard units.
<b>(5) Actual Outcome Number</b> ( <i>Select one Outcome from the Outcome list in Section 3.</i> ):
<b>(6) Who Will Be Assisted</b> ( <i>This should adequately describe the types of households who will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median income should be included as a <u>separate</u> Program within this Section.</i> ): Eligible Indian families.

**(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 will provide rehabilitation assistance to eligible families who own their own homes. The level of assistance will be up to \$25,000 per unit to improve the quality of the homes including making the homes more energy efficient. Rehabilitation activities will include replacing siding, fascia, and trim as needed, painting the exterior and interiors as needed, replacing windows with energy efficient windows, replacing roofs with metal roofing, repairing or replacing sheetrock as needed, installing new energy efficient woodburners, replacing floor coverings as needed, install small propane heaters as a back up heating source, replace range and refrigerators with Energy Star appliances, and add insulation as needed.

**(8). APR:** (Describe the accomplishments for the APR in the 12-month program year.):

**(9). Planned and Actual Outputs for 12-Month Program Year**

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

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

**1.1 Program Name and Unique Identifier: 2013-2 Develop the capacity to administer and deliver affordable housing programs.**

**1.2 Program Description** (*This should be the description of the planned program.*): The Tribe will provide housing management services to eligible tribal families by developing the capacity and capability to administer and deliver affordable housing programs.

**1.3 Eligible Activity Number** (*Select one activity from the Eligible Activity list.*): (19) Housing management services.

**1.4 Intended Outcome Number** (*Select one outcome from the Outcome list.*): (6) Assist affordable housing for low-income households.

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

**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 should be included as a separate program within this section.*): Eligible Indian families.

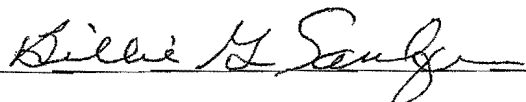
**1.7 Types and Level of Assistance** (*Describe the types and the level of assistance that will be provided to each household, as applicable.*): The Tribe will provide housing management services to eligible tribal families by developing the capacity and capability to administer and deliver affordable housing programs. Developing capacity will include providing training opportunities to the appropriate staff in the areas of financial management, maintenance and inspections, occupancy management, along with basic training on the Native American Housing and Self Determination Act and the implementing regulations (24CFR 1000).

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

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

Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program	APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year
	42				

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

(12) Recipient:	Utu Utu Gwaiti Pauite Tribe
(13) Authorized Official's Name and Title:	Billie G. Salque 
(14) Authorized Official's Signature:	
(15) Date (MM/DD/YYYY):	5/9/13



**(11) Amended Uses of Funding** (NAHASDA § 102(b)(2)(C)(ii)) (Note that the budget should not exceed the total funds on hand 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 (tie to program names in Section 3 above)	Unique Identifier	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)
Rehabilitation Assistance	2013-1	50,000	0	50,000			
Developing Capacity	2013-2	21,500	0	21,500			
Planning and Administration		27,040		27,040			
Loan repayment – describe in 4 and 5 below.							
<b>TOTAL</b>		<b>98,540</b>		<b>98,540</b>			

- Notes:**
- a. Total of Column L cannot exceed the IHBG funds from Column C, Row 1 from the Sources Table on the previous page.
  - b. Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Sources Table on the previous page.
  - c. Total of Column O cannot exceed total IHBG funds received in Column H, Row 1 from the Sources Table on the previous page.
  - d. Total of Column P cannot exceed total of Column H, Rows 2-10 of the Sources Table on the previous page.
  - e. Total of Column Q should equal total of Column I of the Sources Table on the previous page.

(12) Recipient:	
(13) Authorized Official's Name and Title:	Tribal Chairman
(14) Authorized Official's Signature:	Billie H. Sanger
(15) Date (MM/DD/YYYY):	04/18/2013