

Section 1: Cover Page

- (1) Grant Number: [REDACTED]
- (2) Recipient Program Year: 1/1/2024 - 12/31/2024
- (3) Federal Fiscal Year: 2024
- (4) Initial Plan (Complete this Section then proceed to Section 2)
- (5) Amended Plan (Complete this Section and Section 8 if applicable)
- (6) [REDACTED] Annual Performance Report (Complete items 27-30 and proceed to Section 3)
- (7) [REDACTED] Tribe
- (8) TDHE
- (9) **Name of Recipient:** Little Shell Tribe of Chippewa Indians of Montana
- (10) **Contact Person:** [REDACTED]
- (11) **Telephone Number with Area Code** (999) 999-9999: [REDACTED]
- (12) **Mailing Address:** 615 Central Ave W
- (13) **City:** Great Falls
- (14) **State:** MT
- (15) **Zip Code** (99999 or 99999-9999): 59404-2888
- (16) **Fax Number with Area Code** (999) 999-9999: 406-315-2401
- (17) **Email Address** [REDACTED]
- (18) **If TDHE, List Tribes Below:**
- (19) **Tax Identification Number:** [REDACTED]
- (20) **UEI Number:** [REDACTED]
- (21) **CCR/SAM Expiration Date** (MM/DD/YYYY): [REDACTED]
- (22) **IHBG Fiscal Year Formula Amount:** \$3,286,468
- (23) **Name of Authorized IHP Submitter:** [REDACTED]
- (24) **Title of Authorized IHP Submitter:** [REDACTED]
- (25) **Signature of Authorized IHP Submitter:** [REDACTED]
- (26) **IHP Submission Date** (MM/DD/YYYY): 01/12/2024
- (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.

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

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

The additional needs of both low-income Indian Families and all Indian families living inside and outside the jurisdiction of the Little Shell Tribe (LST) include households needing affordable units to own, elderly housing needs, veteran housing needs, and workforce housing needs. The LST must conduct feasibility studies, infrastructure analysis, and needs assessment to ensure housing program development meets the needs of its members.

(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)):

The Elder Housing Assistance Rehabilitation Program will ensure Tribal elder housing meets health and safety standards. The LST Housing Department will also provide management and oversight over its programs to ensure that Tribal members receive meaningful services.

(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)):

The LST Housing Department will provide housing programming and services to eligible LST tribal members and their families within the Tribe's service area which is comprised of a four-county service area of Blaine, Cascade, Glacier, and Hill Counties in the State of Montana. The LST Housing Department will process applicants to determine income levels, tribal membership, need, and preference priorities.

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.

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)

Eligible Activity	Output Measure	Output Completion
(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: 2024-1:Elder Housing Assistance Program

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

The Elder Housing Assistance Program will provide eligible elder LST tribal members with financial assistance for qualified home repair of privately owned homes. The program will ensure elder LST tribal members have home conditions that meet their health, safety, and energy efficiency needs. LST will develop policies and procedures pertaining to this program prior to dispensing program funds.

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.):

(16) Rehabilitation Assistance to Existing Homeowners [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.):

(3) Improve quality of substandard 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.):

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 elder LST tribal members that meet the low- income guidelines, own their homes, and reside in the four-county service area.

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 limited to qualified home repairs for eligible elder LST tribal members. Qualified home maintenance, repairs and rehabilitation work will include improving substandard conditions, energy efficiency, or unsafe/unsanitary conditions. This assistance may include replacement of energy efficient appliances, home repairs for roofing, windows, sewer, electrical, heating, and plumbing. Financial assistance will be in the form of a home repair grant. The amount of a home repair grant will be made on a case-by- case determination but will not exceed twenty-five thousand dollars (\$25,000.00).

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 assist 28 households to improve their standard of living in 2024 by providing updated energy efficient appliances.

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

Planned Number of Units to be Completed in Year Under this Program: 25	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: 28	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))):

N/A

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.)

The Little Shell Tribe does not maintain or operate 1937 Act housing units.

(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:

The Little Shell Tribe does not maintain or operate 1937 Act housing units nor does it plan on demolition of NAHASDA-assisted housing units.

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	\$10,138,362.00	\$3,286,468.00	\$13,424,830.00	\$550,000.00	\$12,874,830.00
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
LEVERAGED FUNDS					
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	\$10,138,362.00	\$3,286,468.00	\$13,424,830.00	\$550,000.00	\$12,874,830.00
TOTAL Columns C and H(2 through 10)			\$0.00		

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	\$10,138,362.00	\$5,077,311.00	\$15,215,673.00	\$37,343.11	\$15,178,329.89	\$88,572.76
2. IHBG Program Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Title VI	\$0.00	\$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	\$0.00
5. 1937 Act Operating Reserves	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
6. Carry Over 1937 Act Funds	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
LEVERAGED FUNDS						
7. ICDBG Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8. Other Federal Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. LIHTC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. Non-Federal Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$10,138,362.00	\$5,077,311.00	\$15,215,673.00	\$37,343.11	\$15,178,329.89	\$88,572.76
TOTAL Columns C and H(2 through 10)			\$0.00			

Notes:

- a. For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). For the APR, fill in columns F, G, H, I, J, and K (shaded columns).
- b. Total of Column D should match the total of Column N from the **Uses of Funding** table below.

c.Total of Column I should match the Total of Column Q from the Uses of Funding table below.

d. For the IHP, describe any estimated leverage in Line 3 below (Estimated Sources or Uses of Funding). For the APR, describe actual leverage in Line 4 below **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)
2024-1: Elder Housing Assistance Program	\$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	\$200,000.00	\$0.00	\$200,000.00	\$37,343.11	\$0.00	\$37,343.11
TOTAL	\$550,000.00	\$0.00	\$550,000.00	\$37,343.11	\$0.00	\$37,343.11

Notes:

a. Total of Column L cannot exceed the IHBG funds from Column C, Row 1 from the Sources of Funding table in Line 1 above.

b. Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Sources of Funding table in Line 1 above.

c. Total of Column O cannot exceed total IHBG funds received in Column H, Row 1 from the Sources of Funding table in Line 1 above.

d. Total of Column P cannot exceed total of Column H, Rows 2-10 of the Sources of Funding table in Line 1 above.

e. Total of Column Q should equal total of Column I of the Sources of Funding table in Line 1 above.

(3) Estimated Sources or Uses of Funding *NAHASDA § 102(b)(2)(C)*) (Provide any additional information about the estimated sources or uses of funding, including leverage (if any). You must provide the relevant information for any planned loan repayment listed in the Uses of Funding table on the previous page. This planned loan repayment can be associated with Title VI or with private or tribal funding that is used for an eligible activity described in an IHP that has been determined to be in compliance by HUD. The text must describe which specific loan is planned to be repaid and the NAHASDA-eligible activity and program associated with this loan):
Not Applicable.

(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.):
Not Applicable

Section 6: Other Submission Items

[102(b)(2)(C)(ii)], [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.):

In determining a property’s affordability period or useful life, the LST uses a tiered schedule. This schedule specifies a number of years during which the home must remain affordable, dependent upon the amount of IHBG funds being invested in the property per occurrence. Affordability period means the period of time the home is being purchased and occupied by an eligible low-income LST member.

IHBG Funds Invested Affordability Period:

- Under \$5,000 6 months**
- \$5,000 to \$10,000 1 year**
- \$10,001 to \$15,000 5 years**
- \$15,001 to \$40,000 10 years**
- Over \$40,000 15 years**

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.):

The LST Housing Department will not undertake a model housing activity or serve over-income activities.

(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 LST Housing Department has a policy that it will have preference to provide housing services to currently enrolled LST Tribal members.**

(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? **No**
If yes, did you receive HUD approval to exceed the cap on Planning and Administration costs?
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: **Not Applicable**

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

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:

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? **Not Applicable**

(3) Did you conduct self-monitoring, including monitoring sub-recipients? **Yes**

(4) Self-Monitoring Results. *(Describe the results of the monitoring activities, including corrective actions planned or taken.):*

The Little Shell Housing Department completed a self-monitoring assessment and concluded that all areas of operations and programming is in compliance.

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)
1937 Housing Act Units:					
a. Rental	0	0	0	0	0
b. Homeownership	0	0	0	0	0
c. Other	0	0	0	0	0
1937 Act Subtotal:	0	0	0	0	0
NAHASDA Associated Units:					
a. Rental	0	0	0	0	0
b. Homeownership	28	20	7	1	28
c. Rental Assistance	0	0	0	0	0
d. Other	0	0	0	0	0
NAHASDA Act Subtotal:	28	20	7	1	28
Total:	28	20	7	1	28

(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 : **09/30/2025**

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)).

The Tribal Council is pleased with the forward progress of the Housing Department and its programming.

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)	3
(2) Number of Temporary Jobs Supported	0

(3) Narrative (optional):

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: **Little Shell Tribe of Chippewa Indians of Montana**

(5) Authorized Official's Name and Title:

(6) Authorized Official's Signature:

(7) Date (MM/DD/YYYY):

SECTION 1: COVER PAGE

(1) Grant Number:

(2) Recipient Program Year:

1/1 - 12/31

(3) Federal Fiscal Year:

2020

☒ IHBG-CARES

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

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

☐ (7) Tribe

☐ (8) TDHE

(9) Name of Recipient:

Little Shell Tribe of Chippewa Indians of Montana

(10) Contact Person:

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

(406) 315-2400

(12) Mailing Address:

615 Central Ave W

(13) City:

Great Falls

(14) State:

Montana

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

59404

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

(406) 315-2401

(17) Email Address (if available):

(18) If TDHE, List Tribes Below:

Not Applicable

(19) Tax Identification Number:

(20) DUNS Number:

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

(22) IHBG-CARES Amount:

\$625,437

Date Started Preparing for COVID-19

03/21/2020

(23) Name of Authorized IHP Submitter:

Gerald Gray, JR

(24) Title of Authorized IHP Submitter:	Tribal Chairman
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	03/27/2024
(27) Name of Authorized APR Submitter:	Gerald Gray, Jr.
(28) Title of Authorized APR Submitter:	Tribal Chairman
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	

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

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

APR: REPORTING ON PROGRAM YEAR PROGRESS

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

Program Descriptions

0.1. Program Name and Unique Identifier:

Unique Identifier	COVID-19 Respond
-------------------	------------------

COVID-19 Respond - 2021-1 Elder Housing Assistance Program
--

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

<p>The Elder Assistance Program will provide eligible low-income elder LST tribal members with financial assistance for qualified home repair of privately owned homes. This temporary program will provide immediate financial assistance to elderly homeowners who have been directly or indirectly impacted by the COVID-19 pandemic. The program will ensure home conditions meet health, safety, energy efficiency needs, and overcrowding issues. LST Tribal Council will approve all policies and procedures pertaining to this program prior to dispensing program funds.</p>

0.3. 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.):

(16) Rehabilitation Assistance to Existing Homeowners [202(2)]

0.4. 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.):

(3) Improve quality of substandard units

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

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

(3) Improve quality of substandard units

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

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

Eligible elder LST tribal members that meet the low-income guidelines and reside in the Tribe's four county service area have been impacted directly or indirectly from the COVID-19 pandemic such as healthcare expenses, travel expenses to receive healthcare and/or vaccine, funeral expenses, loss of employment, salary or hours decreased, and other incurred expenses related to responding or preparing for the COVID-19 pandemic.

0.7. 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 limited to qualified home maintenance, repairs, and rehabilitation for eligible elder LST tribal members. Qualified home repairs and renovations will include repairs that improve substandard conditions, energy efficiency, or unsafe/unsanitary conditions, and overcrowding. This assistance may include home repairs for roofing, windows, sewer, electrical, heating, and plumbing. Financial assistance will be in the form of a home repair grant. The amount of a home repair grant will be made on a case-by-case determination. The LST Housing Authority will ensure proper management services that will include application intake, processing for eligibility, maintaining wait lists, and monitoring of program rules and regulations. The LST Housing Authority will plan for and review all assessments and surveys.

0.8. 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.

LST Housing assisted 28 households with procuring upgraded energy efficient appliances with our EHAP program.

0.9: 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

20

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

28

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

N/A

Program Descriptions

2.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2 - Acquisition and Distribution of Cleaning Supplies and Hygiene Necessities

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

Assist Little Shell tribal members in responding to the COVID-19 pandemic by acquiring and distributing "CARES" packages consisting of hygiene and health supplies (first aid items, feminine hygiene products, diapers, soap, etc.) and cleaning supplies (disinfectants, detergent, paper towels, etc.). The CARES packages will be distributed to LST tribal member households. Supplies can be replenished, as necessary, via a direct request to LST Housing staff.

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

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

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

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

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

This program will help respond to the affects of the COVID-19 pandemic by getting supplies to members who are shut in or do not have the ability to access these supplies. This will continue to help prevent the spread of COVID 19.

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

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

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

Assisted Little Shell tribal members in responding to the COVID-19 pandemic by acquiring and distributing "CARES" packages consisting of hygiene and health supplies (first aid items, feminine hygiene products, diapers, soap, etc.) and cleaning supplies (disinfectants, detergent, paper towels, etc.). The CARES packages were distributed to LST tribal member households. Supplies are replenished, as necessary, via a direct request to LST Housing staff.

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

Eligible Little Shell tribal members in the State of Montana will be assisted under the program. This program will focus on assisting Little Shell tribal members that live in rural areas that do not have the availability to these resources. This will help slow the spread of COVID among these smaller communities.

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

All households will receive an initial CARES package to help them prepare for and protect their families

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

The Housing Department distributed over 100 CARES Boxes consisting of hygiene and health supplies (first aid items, feminine hygiene products, diapers, soap, etc.) and cleaning supplies (disinfectants, detergent, paper towels, etc.) to enrolled tribal members in our four county service areas. Continued distribution is ongoing and the Housing Department keeps a supply on hand and available at the tribal offices and provides to members at tribal meetings and at the Elder lunch program. The Housing Department has distributed a total of over 1200 boxes to date.

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

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

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

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

50

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

100+

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

N/A

Program Descriptions

3.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 3 - COVID-19 Housing Needs Assessment

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

The Needs Assessment will evaluate current COVID-19 impacts on housing for Little Shell Tribal members. In partnership with a consultant, LST housing will design, plan and implement a model survey instrument to collect aggregate data, to conduct focus groups, and to engage local regional partners.

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

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

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

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

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

Evaluate current housing status of current LST members, impacts of COVID-19 on Housing, and to identify future mitigation efforts.

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

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

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

The Housing Department worked with consultant to develop the survey and plan for distribution. The survey focused on current housing status of LST members, impacts of COVID-19 housing, and mitigation efforts.

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

The survey tool and focus groups will include all LST households in Montana. Outcomes of the survey may assist low-income and non-low income households.

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

The survey will be sent through multiple communication tools. The contractor will incentivize responses on a random basis.

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

The Housing Department worked with consultant to develop the survey and plan for distribution.

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

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

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

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

200

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

0

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

Planning with survey consultants started up again in November 2024 with the hiring of a new Housing Director.

4.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Preparation

COVID-19 Preparation - 1 - Emergency Housing Development Project

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

The Housing Department currently does not own, operate, or manage any physical housing units to provide to Little Shell tribal members. This was a major issue during the COVID-19 pandemic. Housing studies have shown the high rates of over-crowding in housing amongst Native Americans. In 2020-2021, the Little Shell Tribe conducted a Community Needs Assessment that showed that a majority of households are multigenerational and have young children. In addition, the assessment showed that a majority of Little Shell households are frequently faced with low-income and the inability to pay utility bills, housing payments, internet access, and food. The Tribe also implemented the U.S. Treasury's Emergency Rental Assistance Program and the Housing Assistance Fund. The Housing Department gathered data from both programs and data showed the severe impacts of COVID-19 on housing stability for Little Shell tribal members.

The Little Shell Tribe plans to establish an Emergency Housing Development Community project that will provide rental homes to address the over-crowding, unstable housing, homelessness, and substandard housing needs among Little Shell tribal members. The project will focus on first meeting the housing needs of those that are low-income, elderly, and disabled that have been impacted by the COVID-19 pandemic. The first stages of this project will be to conduct necessary environmental reviews and creating a master site plan for the project.

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

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

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

(1) Reduce over-crowding

Describe Other Intended Outcome *(Only if you selected "Other" above):***4.5 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.):***4.6 Who Will Be Assisted** *(Describe the types of households that will be assisted under the program.):*
☒ Low-income Indian Households
 ☐ Non-low income Indian Households
 ☐ Non-Indian Households

Eligible low-income Little Shell tribal members will be assisted.

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

The Emergency Housing Development Community will provide rental housing units to low-income Little Shell tribal members. The Housing Department will create a rental cost structure based on the tenant's income.

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

The Housing Department succeeded in nearly completing a master plan for the construction of this greatly beneficial and needed housing project. The Tribal Council presented the master plan at a number of public events and received great feedback.

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

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

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

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

20

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

0

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

The development of the master plan was in its final stages in 2024. The Housing Department will continue the next steps of development of this large project.

SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
IHBG-CARES Funds	\$0	\$625,437	\$625,437	\$625,437	\$0	\$510,328	\$0	\$510,328	\$74,480	\$435,848	\$157,868

TOTAL		\$0	\$625,437	\$625,437	\$625,437	\$625,437	\$0	\$510,328	\$0	\$510,328	\$74,480	\$435,848	\$157,868
TOTAL Columns C & H, 2 through 10				\$0						\$0			

Notes:

a. For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). For the APR, fill in columns F, G, H, I, J, and K (shaded columns).

b. Total of Column D should match the total of Column N from the Uses of Funding table below.

c. Total of Column I should match the Total of Column Q from the Uses of Funding table below.

d. For the IHP, describe any estimated leverage in Line 3 below (Estimated Sources or Uses of Funding). For the APR, describe actual leverage in Line 4 below.

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

PROGRAM NAME	IHP			APR		
	(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)
COVID-19 Respond - 2021-1 Elder Housing Assistance Program	\$161,745		\$161,745	\$65,872		\$65,872
COVID-19 Respond - 2 - Acquisition and Distribution of Cleaning Supplies and Hygiene Necessities	\$53,255		\$53,255	\$0		\$0
COVID-19 Respond - 3 - COVID-19 Housing Needs Assessment	\$35,000		\$35,000	\$1,370		\$1,370

COVID-19 Preparation - 1 - Emergency Housing Development Project	\$250,000	\$250,000	\$25,000	\$25,000
Planning and Administration	\$125,437	\$125,437	\$65,625	\$65,625
TOTAL	\$625,437	\$625,437	\$157,868	\$157,868

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):

0

(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.):

0

SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

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

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

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

Yes ☒ No ☐

(2) In accordance with 24 CFR 1000.328, the recipient receiving less than \$200,000 under FCAS certifies that:

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

Yes ☐ No ☐ Not Applicable ☒

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

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

Yes ☒ No ☐ Not Applicable ☐

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

Yes ☒ No ☐ Not Applicable ☐

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

Yes ☒ No ☐ Not Applicable ☐

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

Yes ☒ No ☐ Not Applicable ☐

SECTION 8: IHP TRIBAL CERTIFICATION
NAHASDA § 102(c)

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

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

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

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

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

(4) Tribe:	This Section is Not Applicable to the Little Shell Tribe
(5) Authorized Official's Name and Title:	Not Applicable
(6) Authorized Official's Signature:	Not Applicable
(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:

--

SECTION 12: AUDITS

24 CFR § 1000.544

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

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

Yes ☒

No ☐

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

If No, an audit is not required.

SECTION 1: COVER PAGE

(1) Grant Number:

(2) Recipient Program Year:

(3) Federal Fiscal Year:

- ☒ (4) IHBG-CARES/IHBG-ARP
- ☒ (5) Initial Plan (Complete this Section then proceed to Section 2) or an Amended IHP
- ☐ (6) Annual Performance Report (Complete items 27-30 and proceed to Section 3)
- ☒ (7) Tribe
- ☐ (8) TDHE

(9) Name of Recipient:

(10) Contact Person:

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

(12) Mailing Address:

(13) City:

(14) State:

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

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

(17) Email Address (if available):

(18) If TDHE, List Tribes Below:

(19) Tax Identification Number:

(20) DUNS Number:

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

(22) IHBG-CARES/ARP Amount:

Date Started Preparing for COVID-19

(23) Name of Authorized IHP Submitter:

(24) Title of Authorized IHP Submitter:	Tribal Chairman
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	03/28/2024
(27) Name of Authorized APR Submitter:	Gerald Gray Jr.
(28) Title of Authorized APR Submitter:	Tribal Chairman
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	

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

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

APR: REPORTING ON PROGRAM YEAR PROGRESS

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

Program Descriptions

1.1. Program Name and Unique Identifier:

Unique Identifier	COVID-19 Respond
-------------------	------------------

COVID-19 Respond - 1 - Elder Housing Assistance Program

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

<p>The Elder Assistance Program will provide eligible low-income elder LST tribal members with financial assistance for qualified home repair of privately owned homes. This temporary program will provide immediate financial assistance to elderly homeowners who have been directly or indirectly impacted by the COVID-19 pandemic. The program will ensure home conditions meet health, safety, energy efficiency needs, and overcrowding issues. LST Tribal Council will approve all policies and procedures pertaining to this program prior to dispensing program funds.</p>

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.):

(16) Rehabilitation Assistance to Existing Homeowners [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.):

(3) Improve quality of substandard 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.):

(3) Improve quality of substandard 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.):

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

Eligible elder LST tribal members that meet the low-income guidelines and reside in the Tribe's four county service area have been impacted directly or indirectly from the COVID-19 pandemic such as healthcare expenses, travel expenses to receive healthcare and/or vaccine, funeral expenses, loss of employment, salary or hours decreased, and other incurred expenses related to responding or preparing for the COVID-19 pandemic.

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 limited to qualified home maintenance, repairs, and rehabilitation for eligible elder LST tribal members. Qualified home repairs and renovations will include repairs that improve substandard conditions, energy efficiency, or unsafe/unsanitary conditions, and overcrowding. This assistance may include home repairs for roofing, windows, sewer, electrical, heating, and plumbing. Financial assistance will be in the form of a home repair grant. The amount of a home repair grant will be made on a case-by-case determination. The LST Housing Authority will ensure proper management services that will include application intake, processing for eligibility, maintaining wait lists, and monitoring of program rules and regulations. The LST Housing Authority will plan for and review all assessments and surveys.

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.

LST Housing assisted 28 households with procuring upgraded energy efficient appliances with our EHAP program.

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

30

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

28

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

N/A

2.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Preparation

COVID-19 Preparation - 1 - Emergency Housing Development Project

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

The Housing Department currently does not own, operate, or manage any physical housing units to provide to Little Shell tribal members. This was a major issue during the COVID-19 pandemic. Housing studies have shown the high rates of over-crowding in housing amongst Native Americans. In 2020-2021, the Little Shell Tribe conducted a Community Needs Assessment that showed that a majority of households are multigenerational and have young children. In addition, the assessment showed that a majority of Little Shell households are frequently faced with low-income and the inability to pay utility bills, housing payments, internet access, and food. The Tribe also implemented the U.S. Treasury's Emergency Rental Assistance Program and the Housing Assistance Fund. The Housing Department gathered data from both programs and data showed the severe impacts of COVID-19 on housing stability for Little Shell tribal members.

The Little Shell Tribe plans to establish an Emergency Housing Development Community project that will provide rental homes to address the over-crowding, unstable housing, homelessness, and substandard housing needs among Little Shell tribal members. The project will focus on first meeting the housing needs of those that are low-income, elderly, and disabled that have been impacted by the COVID-19 pandemic. The first stages of this project will be to conduct necessary environmental reviews and creating a master site plan for the project.

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

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

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

(1) Reduce over-crowding

Describe Other Intended Outcome (Only if you selected "Other" above):**2.5 Actual Outcome Number** (In the APR identify the actual outcome from the Outcome list.):**Describe Other Actual Outcome** (Only if you selected "Other" above):**2.6 Who Will Be Assisted** (Describe the types of households that will be assisted under the program.):
☒ Low-income Indian Households
 ☐ Non-low income Indian Households
 ☐ Non-Indian Households

Eligible low-income Little Shell tribal members will be assisted.

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

The Emergency Housing Development Community will provide rental housing units to low-income Little Shell tribal members. The Housing Department will create a rental cost structure based on the tenant's income.

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

The Housing Department succeeded in nearly completing a master plan for the construction of this greatly beneficial and needed housing project. The Tribal Council presented the master plan at a number of public events and received great feedback.

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

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

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

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

20

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

0

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

The development of the master plan was in its final stages in 2024. The Housing Department will continue the next steps of development of this large project.

SECTION 5: BUDGETS
NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
IHBG-CARES/ARP Funds	\$1,349,563	\$0	\$1,349,563	\$1,349,563	\$0	\$1,349,563	\$0	\$1,349,563	\$46,878	\$1,302,685	\$63,053

TOTAL	\$1,349,563	\$0	\$1,349,563	\$1,349,563	\$0	\$1,349,563	\$46,878	\$1,302,685	\$63,053
TOTAL Columns C & H, 2 through 10			\$0			\$0			

Notes:

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

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

PROGRAM NAME	IHP				APR				
	(L) Prior and current year IHBG CARES/ARP (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)	(L) Total IHBG CARES/ARP (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)			
COVID-19 Respond - 1 - Elder Housing Assistance Program	\$200,000		\$200,000	\$0					\$0
COVID-19 Preparation - 1 - Emergency Housing Development Project	\$879,650		\$879,650	\$0					\$0
Planning and Administration	\$269,913		\$269,913	\$63,053					\$63,053
TOTAL	\$1,349,563	\$0	\$1,349,563	\$63,053	\$0				\$63,053

Notes:

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

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

0

(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.):

0

SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

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

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

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

Yes ☒ No ☐

(2) In accordance with 24 CFR 1000.328, the recipient receiving less than \$200,000 under FCAS certifies that:

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

Yes ☐ No ☐ Not Applicable ☒

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

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

Yes ☒ No ☐ Not Applicable ☐

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

Yes ☒ No ☐ Not Applicable ☐

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

Yes ☒ No ☐ Not Applicable ☐

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

Yes ☒ No ☐ Not Applicable ☐

SECTION 8: IHP TRIBAL CERTIFICATION
NAHASDA § 102(c)

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

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

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

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

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

(4) Tribe:	This Section is Not Applicable to the Little Shell Tribe
(5) Authorized Official's Name and Title:	Not Applicable
(6) Authorized Official's Signature:	Not Applicable
(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:

--

SECTION 12: AUDITS

24 CFR § 1000.544

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

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

Yes ☒ No ☐

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

If No, an audit is not required.