



# Coquille Indian Housing Authority

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2678 Mexeye Loop • Coos Bay, OR 97420



# Annual Performance Report

for the fiscal year ended

**SEPTEMBER 30, 2020**

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*A Coquille tribal member owned business*

*Alison Wasson*

PHOTOGRAPHY

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## 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.

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.

Public reporting burden for the collection of information is estimated to average 62 hours, 25 hours for the IHP and 37 hours for the APR. This includes the time for collecting, reviewing, and reporting the data. The IHP data is used to verify that planned activities are eligible, expenditures are reasonable, and recipient certifies compliance with related requirements. The APR data is used to audit the program accurately and monitor recipient progress in completing approved activities, including reported expenditures, outputs, and outcomes. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

## **TABLE OF CONTENTS**

<u>SECTION</u>	<u>PAGE NUMBER</u>
SECTION 1: COVER PAGE .....	1
SECTION 2: HOUSING NEEDS .....	3
SECTION 3: PROGRAM DESCRIPTIONS .....	5
SECTION 4: MAINTAINING 1937 ACT UNITS, DEMOLITION, AND DISPOSITION.....	30
SECTION 5: BUDGETS .....	31
SECTION 6: OTHER SUBMISSION ITEMS.....	36
SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE .....	39
SECTION 8: IHP TRIBAL CERTIFICATION.....	40
SECTION 9: TRIBAL WAGE RATE CERTIFICATION .....	43
SECTION 10: SELF-MONITORING .....	43
SECTION 11: INSPECTIONS .....	49
SECTION 12: AUDITS .....	50
SECTION 13: PUBLIC AVAILABILITY .....	51
SECTION 14: JOBS SUPPORTED BY NAHASDA.....	52

**SECTION 1: COVER PAGE**

- (1) **Grant Number:** 55IH4102770
- (2) **Recipient Program Year:** 10/01/2019 – 09/30/2020
- (3) **Federal Fiscal Year:** 10/01/2019 – 09/30/2020
- (4)  **Initial Plan** (Complete this Section then proceed to Section 2)
- (5)  **Amended Plan** (Complete this Section, Section 8 if applicable, and Section 16)
- (6)  **Annual Performance Report** (Complete items 27-30 and proceed to Section 3)
- (7)  **Tribe**
- (8)  **TDHE**

(9) <b>Name of Recipient:</b> Coquille Indian Housing Authority		
(10) <b>Contact Person:</b> Anne F. Cook, Executive Director		
(11) <b>Telephone Number with Area Code:</b> (541) 888-6501		
(12) <b>Mailing Address:</b> 2678 Mexeye Loop		
(13) <b>City:</b> Coos Bay	(14) <b>State:</b> OR	(15) <b>Zip Code:</b> 97420
(16) <b>Fax Number with Area Code (if available):</b> (541) 888-8266		
(17) <b>Email Address (if available):</b> annecook@coquilleiha.org		
(18) <b>If TDHE, List Tribes Below:</b> Coquille Indian Tribe 3050 Tremont Street North Bend, OR 97459  Telephone number: (541) 756-0904 Fax number: (541) 756-0847		

(19) Tax Identification Number: 93-1133051
(20) DUNS Number: 944212935
(21) CCR/SAM Expiration Date: 04/17/2021
(22) IHBG Fiscal Year Formula Amount: \$1,109,670
(23) Name of Authorized IHP Submitter: Anne F. Cook
(24) Title of Authorized IHP Submitter: Executive Director
(25) Signature of Authorized IHP Submitter: <i>Anne F. Cook</i>
(26) IHP Submission Date: 06/24/2019
(27) Name of Authorized APR Submitter: Anne F. Cook
(28) Title of Authorized APR Submitter: Executive Director
(29) Signature of Authorized APR Submitter: <i>Anne F. Cook</i>
(30) APR Submission Date: 12/21/2020

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

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

## ONE YEAR PLAN & ANNUAL PERFORMANCE REPORT

### SECTION 2: HOUSING NEEDS (NAHASDA § 102(b)(2)(B))

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

(A) Type of Need	Check All That Apply	
	(B) Low income Indian Families	(C) All Indian Families
(1) Overcrowded Households	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(2) Renters Who Wish to Become Owners	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(3) Substandard Units Needing Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(4) Homeless Households	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(5) Households Needing Affordable Rental Units	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(6) Student Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(7) Disabled Households Needing Accessibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(8) Units Needing Energy Efficiency Upgrades	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(9) Infrastructure to Support Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(10) Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>

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

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

CIHA owns and operates 64 affordable housing units on Coquille Tribal Lands including 48 rentals, 1 emergency housing unit, and 15 homebuyer units. Low Rent program participants are transitioned to the Home Grant and Occupancy (HomeGO) homebuyer program as they become qualified. In addition, the Monthly Housing Assistance Program (MHAP) offers 60 tenant-based rental assistance slots to low income Native American and Alaska Native households within the Tribe's five-county service area and Coquille households nationwide.

New this year will be construction of an accessible single-family home and duplex, providing 3 new NAHASDA low income rentals, and development of a First-Time Homebuyer Assistance Program designed to help 2 low income Native American and Alaska Native families per year to purchase a home within the Tribe's 5-county service area.

Awareness and utilization of the Section 184 Indian Housing Loan Guarantee Program is promoted regularly at Tribal events. Application to the program is facilitated for qualified low income Coquille and other Native American and Alaska Native families within the Tribe's five-county service area, as well as access to Individual Development Accounts, homebuyer education, credit counseling, and other 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):*

CIHA provides IHBG-funded services within the Coquille Indian Tribe's five-county service area, which includes Coos, Curry, Douglas, Jackson, and Lane Counties. The distribution of assistance fluctuates but generally mirrors the distribution of the Tribal population within the service area. The majority of CIHA's services are concentrated on Coquille Tribal Lands in Coos County.

A limited number of Tribally-funded tenant-based rental assistance slots are available to low income Tribal families nationwide.



**SECTION 3: PROGRAM DESCRIPTIONS**

**Planning and Reporting Program Year Activities**

For the IHP, the purpose of this section is to describe each program that will be operating during the 12-month program year. Each program must include the eligible activity, its planned outputs, intended outcome, who will be assisted, and types and levels of assistance. Each of the eligible activities has a specific, measurable output. The first column in the table below lists all eligible activities, the second column identifies the output measure for each eligible activity, and the third column identifies when to consider an output as completed for each eligible activity. Copy and paste text boxes 1.1 through 1.10 as often as needed so that all of your planned programs are included. For the APR, the purpose of this section is to describe your accomplishments, actual outputs, actual outcomes, and any reasons for delays.

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

<b>Eligible Activity</b>	<b>Output Measure</b>	<b>Output Completion</b>
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit
(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed

(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Services [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)

**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, homebuyer 1, 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. The programs under the second eligible activity would be numbered as 2.1, 2.2, 2.3, etc.

**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.

<p><b>1.1. Program Name and Unique Identifier:</b> <b>Modernization of 1937 Act Housing: Accessibility Modifications to Rental Units – 2001.1</b></p>
<p><b>1.2. Program Description</b> <i>(This should be the description of the planned program.):</i> Modification of rental units to comply with Section 504 accessibility standards.</p>
<p><b>1.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. 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.):</i> (1) Modernization of 1937 Act Housing [202(1)]</p>
<p><b>1.4. Intended Outcome Number</b> <i>(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.):</i> (9) Provide accessibility for elderly/disabled persons</p>
<p><b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above.):</i></p>
<p><b>1.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i> (9) Provide accessibility for elderly/disabled persons</p>

**Describe Other Intended 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 should be included as a separate program within this section.):

Low income Native Americans and Alaska Natives.

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

Vacated rental units in substandard condition will be modernized and rehabilitated to Section 504 accessibility standards. Work will be performed by Housing Authority staff or contractors at no cost to residents. Level of assistance is estimated to be \$85,000 or less per unit.

**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.):

Awarded 2018/2019 IHBG Competitive Grant in support of this activity in December 2019. Finalized selection of 3 single-family units. Completed preliminary drawings and began design development.

**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
3	N/A	N/A	0		

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

Implementation delayed by COVID-19.

**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, homebuyer 1, 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. The programs under the second eligible activity would be numbered as 2.1, 2.2, 2.3, etc.

**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.

<p><b>2.1. Program Name and Unique Identifier:</b> <b>Modernization of 1937 Act Housing: Conversion of Rental Units to Homebuyer Units – 2001.2</b></p>
<p><b>2.2. Program Description</b> <i>(This should be the description of the planned program.):</i> Transition from the rental program to the lease-purchase program for qualified families upon successful completion of homebuyer education and financial readiness requirements.</p>
<p><b>2.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. 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.):</i> (1) Modernization of 1937 Act Housing [202(1)]</p>
<p><b>2.4. Intended Outcome Number</b> <i>(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.):</i> (2) Assist renters to become homeowners</p>
<p><b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above.):</i></p>
<p><b>2.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i> (2) Assist renters to become homeowners</p>

**Describe Other Intended 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. 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.):

Low income Coquille Tribal members residing in rental program units.

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

Qualified families will be transitioned from the rental program to the lease-purchase program upon successful completion of homebuyer education and financial readiness requirements. Families may choose to make modest improvements to the unit to be financed as part of the home purchase. Work may be performed by contractors or, if qualified, by the participant. The improvement allowance will be calculated to ensure that the participant's monthly payment does not exceed 30% of the family's adjusted income and is capped at \$15,000 per unit.

**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.):

One family that began transition to the HomeGO homebuyer program in the prior period completed transition during the current period.

**2.9. 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	N/A	N/A	1	N/A	N/A

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

Program is on schedule.

**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, homebuyer 1, 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. The programs under the second eligible activity would be numbered as 2.1, 2.2, 2.3, etc.

**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.

<p><b>3.1. Program Name and Unique Identifier:</b> <b>Operation and Maintenance of 1937 Housing Act Units – 2002</b></p>
<p><b>3.2. Program Description</b> <i>(This should be the description of the planned program.):</i> Operation and maintenance of 1937 Housing Act units, community facilities, and common areas.</p>
<p><b>3.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. 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.):</i>  (2) Operation of 1937 Act Housing [202(1)]</p>
<p><b>3.4. Intended Outcome Number</b> <i>(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.):</i>  (6) Assist affordable housing for low income households</p>
<p><b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above.):</i></p>
<p><b>3.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>  (6) Assist affordable housing for low income households</p>

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

3.6. 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.):

Low income Native Americans and Alaska Natives residing in 1937 Housing Act units.

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

Activities include:

- a. Maintaining a 95% occupancy rate in rental units.
b. Performing routine and periodic maintenance as scheduled.
c. Performing emergency and non-routine maintenance as needed.
d. Preparing units for re-occupancy in a timely manner.
e. Reducing water and maintenance requirements, incorporating indigenous plants and materials, and improving the overall appearance of the front yard of one rental unit.
f. Maintaining and making minor improvements to community facilities and common areas.

Work will be performed by Housing Authority staff or contractors, generally at no cost to residents. Yard improvements are capped at \$2.00 per square foot. Costs to remedy damage or failure to perform required maintenance tasks will be assessed to residents in accordance with policy.

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.):

- a. Low rent units, including one emergency housing unit, were maintained at an occupancy rate of 93% throughout the year.
b. Routine maintenance was performed on rental units in conjunction with annual inspection and upon request. Periodic maintenance was performed on 8 units simultaneous with turnover.
c. Emergency maintenance was not required. Non-routine maintenance on residential units included appliance and flooring replacement and termite damage repair.
d. Preparation for re-occupancy averaged 130 calendar days.
e. Made landscaping improvements to the front lawn of one rental unit.
f. Performed routine maintenance on common areas and facilities.



**3.9. 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
58	N/A	N/A	58	N/A	N/A

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

Program is on schedule.

**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, homebuyer 1, 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. The programs under the second eligible activity would be numbered as 2.1, 2.2, 2.3, etc.

**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.

<p><b>4.1. Program Name and Unique Identifier:</b> <b>Construction of Rental Housing: Development of Accessible Rental Units – 2003</b></p>
<p><b>4.2. Program Description</b> <i>(This should be the description of the planned program.):</i> Construction of rental units compliant with Section 504 accessibility standards.</p>
<p><b>4.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. 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.):</i> (4) Construction of Rental Housing [202(2)]</p>
<p><b>4.4. Intended Outcome Number</b> <i>(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.):</i> (7) Create new affordable rental units</p>
<p><b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above.):</i></p>
<p><b>4.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i> (7) Create new affordable rental units</p>

<p><b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above.):</i></p>
<p><b>4.6. Who Will Be Assisted</b> <i>(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 <u>separate</u> program within this section.):</i></p> <p>Low income Native Americans and Alaska Natives.</p>
<p><b>4.7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i></p> <p>Development of single-family and duplex rental units compliant with Section 504 accessibility standards on vacant lots within the housing community. Work will be performed by Housing Authority staff or contractors at no cost to residents. Level of assistance will not exceed HUD-established total development cost limits.</p>
<p><b>4.8. APR:</b> <i>(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.):</i></p> <p>Awarded 2018/2019 IHBG Competitive Grant in support of this activity in December 2019. Completed preliminary drawings and began design development.</p>

**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	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
3	N/A	N/A	0		

<p><b>4.10. APR:</b> If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))</p> <p>Implementation delayed by COVID-19.</p>
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**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, homebuyer 1, 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. The programs under the second eligible activity would be numbered as 2.1, 2.2, 2.3, etc.

**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.

<p><b>5.1. Program Name and Unique Identifier:</b> <b>Down Payment/Closing Cost Assistance: First-Time Homebuyer Assistance Program – 2006</b></p>
<p><b>5.2. Program Description</b> <i>(This should be the description of the planned program.):</i> Assistance with down payment, closing costs, appraisal fees, attorney fees, and/or other associated costs for qualified low income renters to become homeowners.</p>
<p><b>5.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. 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.):</i> (13) Down Payment/Closing Cost Assistance [202(2)]</p>
<p><b>5.4. Intended Outcome Number</b> <i>(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.):</i> (2) Assist renters to become homeowners</p>
<p><b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above.):</i></p>
<p><b>5.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i> (2) Assist renters to become homeowners</p>

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

**5.6. 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.):

Low income Native Americans and Alaska Natives. Tribally-funded assistance is available to Coquille Tribal members only.

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

Activities include:

- a. Program development.
- b. Providing financial assistance to qualified low income Native Americans and Alaska Natives who are renters to purchase an affordable home.

Qualified families will be assisted with transition from renting to homeownership upon successful completion of homebuyer education and financial readiness requirements. An affordability analysis will be prepared to ensure that the participant's monthly principal, interest, taxes, and insurance payment does not exceed 30% of the family's adjusted income. Funds will be provided to lender at closing to assist with down payment, closing costs, appraisal fees, attorney fees, and/or other associated costs. Assistance is once per lifetime, capped at \$15,000.

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

Activities postponed pending funding and staff availability.

**5.9. 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	N/A	N/A		0	

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

Program development postponed due to COVID-19 impact on Tribal funds and work priorities.

**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, homebuyer 1, 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. The programs under the second eligible activity would be numbered as 2.1, 2.2, 2.3, etc.

**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.

<p><b>6.1. Program Name and Unique Identifier:</b> <b>Tenant Based Rental Assistance – 2009.1</b></p>
<p><b>6.2. Program Description</b> <i>(This should be the description of the planned program.):</i> Assistance to eligible low income Native Americans and Alaska Natives to pay rent in private market rental units.</p>
<p><b>6.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. 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.):</i> (17) Tenant Based Rental Assistance [202(3)]</p>
<p><b>6.4. Intended Outcome Number</b> <i>(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.):</i> (6) Assist affordable housing for low income households</p>
<p><b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above.):</i></p>
<p><b>6.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i> (6) Assist affordable housing for low income households</p>

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

**6.6. 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.):

Low income Native Americans and Alaska Natives.

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

Activities include:

- a. Providing financial assistance to eligible low income Native Americans and Alaska Natives to pay rent in private market rental units.
- b. Maintaining a 100% utilization rate.

Subsidy will be paid to participant upon receipt of documentation that the full month's rent has been paid to the landlord. The standard subsidy rate will be supplemented if necessary to ensure participant pays no more than 30% of family adjusted income for rent, capped at fair market.

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

- a. Provided subsidy to eligible low income Native Americans and Alaska Natives to assist with payment of rent in private market rental units.
- b. Maintained a 100% utilization rate.

Units of assistance include 19 Section 8 FCAS units, 26 NAHASDA-funded units, and 24 Tribally-funded units. Tribally-funded units serve Coquille Tribal members only and may be used anywhere within the nation.

**6.9. 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
N/A	60	N/A	N/A	69	N/A

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

Program is on schedule. Additional Tribal donation enabled expansion of the program to 64 slots. Five additional slots were created to assist households affected by COVID-19.

**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, homebuyer 1, 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. The programs under the second eligible activity would be numbered as 2.1, 2.2, 2.3, etc.

**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.

<p><b>7.1. Program Name and Unique Identifier:</b> <b>Housing Services – 2009.2</b></p>
<p><b>7.2. Program Description</b> <i>(This should be the description of the planned program.):</i> Provision of housing-related services to program participants, applicants, contractors, and others participating or seeking to participate in affordable housing activities.</p>
<p><b>7.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. 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.):</i> (18) Other Housing Services [202(3)]</p>
<p><b>7.4. Intended Outcome Number</b> <i>(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.):</i> (6) Assist affordable housing for low income households</p>
<p><b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above.):</i></p>
<p><b>7.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i> (6) Assist affordable housing for low income households</p>



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

**7.6. 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.):

Low income Native American and Alaska Native applicants and housing program participants.

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

Activities include:

- a. Providing materials and instruction in housekeeping practices and living habits that reduce maintenance costs, improve housekeeping, and promote resident safety.
- b. Providing compliance and performance incentives to program participants.
- c. Counseling current and prospective homebuyers on maintenance and financial responsibilities.
- d. Providing support for meetings and activities of the Residents Association.
- e. Maintaining partnerships with Tribal and other community social and support services providers and referring applicants and participants as necessary.
- f. Promoting and facilitating employment opportunities, financial literacy, emergency preparedness, homebuyer education, participation in Individual Development Account savings programs and other financial assistance programs for first-time homebuyers, access to the Section 184 program, and other programs and services that enhance participant self-sufficiency.
- g. Providing rental space at a reduced rate to Tribal programs and community partners that directly promote the self-sufficiency of program participants

Services will be provided by Housing Authority staff or other service providers at minimal or no cost to applicants or participants.

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

- a. Materials and instruction in housekeeping practices and living habits that reduce maintenance costs were provided during orientation and as needed during inspections or maintenance calls. Resident safety was encouraged through orientation materials and monthly newsletter articles.
- b. Incentives ranging in value from \$25 to \$150 per household were awarded to program participants based on performance during the prior one-year period.
- c. Three families in the low rent program participated in homebuyer counseling during the period. Facilitated access to the Section 184 program for seven Tribal families.
- d. Promoted and assisted with Residents Association meetings, fundraisers, and other activities.
- e. Maintained partnerships with Tribal and community providers for social services, mental health counseling, elder support services, education, employment, financial literacy and counseling, energy assistance, move-in assistance, and other support services.
- f. Opportunities for employment, financial literacy, emergency preparedness, homebuyer education, participation in Individual Development Account savings programs and other financial assistance,

programs for first-time homebuyers, access to the Section 184 program, and other programs and services that enhance participant self-sufficiency were publicized at Tribal events; in the Housing Authority’s monthly newsletter, the Tribe’s monthly newspaper, and other publications; on the Tribe’s website; and, by door to door delivery of notices to housing community residents. Participants and applicants were also individually referred to service providers as the opportunity or need arose.

- g. Space in the Housing Authority office was provided for the Tribe’s tsunami alert system and emergency communications equipment serving the housing community and surrounding area. One unit was leased to the Tribal Police Department at a reduced rate for use as office space and as a substation for the Coos County Sheriff’s Department to promote community safety; one unit was leased to the South Coast Interagency Narcotics Team at a reduced rate for use as office space to support illegal drug interdiction within the housing community and to protect the housing community from widespread illegal drug activity in the area immediately surrounding Tribal lands; and one unit was leased to the Tribe at a reduced rate for elders’ activities.

Households served include 58 1937 Housing Act units, 6 NAHASDA units, and 69 tenant-based rental units.

**7.9. 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
N/A	129	N/A	N/A	133	N/A

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

Program is on schedule.

**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, homebuyer 1, 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. The programs under the second eligible activity would be numbered as 2.1, 2.2, 2.3, etc.

**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.

<p><b>8.1. Program Name and Unique Identifier:</b> <b>Housing Management Services – 2010.1</b></p>
<p><b>8.2. Program Description</b> <i>(This should be the description of the planned program.):</i> Management of affordable housing programs.</p>
<p><b>8.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. 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.):</i> (19) Housing Management Services [202(4)]</p>
<p><b>8.4. Intended Outcome Number</b> <i>(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.):</i> (6) Assist affordable housing for low income households</p>
<p><b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above.):</i></p>
<p><b>8.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i> (6) Assist affordable housing for low income households</p>

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

**8.6. 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.):

Low income Native American and Alaska Native applicants and housing program participants.

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

Activities include:

- a. Managing rental and homebuyer programs.
- b. Screening applications to determine program eligibility.
- c. Maintaining a waiting list of qualified low income Native American and Alaska Native families and making placement when assistance becomes available.
- d. Conducting annual and interim recertifications of family income and composition.
- e. Inspecting rental units at least once per year and homebuyer units at least every three years, and documenting and monitoring the correction of deficiencies.

Work will be performed by Housing Authority staff at no cost to resident.

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

- a. Managed Low Rent, MHAP (tenant-based rental assistance), HomeGO (homebuyer lease-purchase), and Section 184 programs.
- b. Screened 33 applications for assistance to determine program eligibility.
- c. Maintained a waiting list of qualified low income Indian families and made placements when assistance became available.
- d. Conducted annual and interim recertifications of family income and composition.
- e. Most rental and homebuyer units were inspected at least once during the period, deficiencies were documented, and correction of deficiencies was monitored. Onsite inspections were suspended in March 2020 due to COVID-19.

Households served include 58 1937 Housing Act units, 6 NAHASDA units, and 69 tenant-based rental units.

**8.9. 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
N/A	129	N/A	N/A	133	N/A

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

Program is on schedule.

**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, homebuyer 1, 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. The programs under the second eligible activity would be numbered as 2.1, 2.2, 2.3, etc.

**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.

<p><b>9.1. Program Name and Unique Identifier:</b> <b>Operation and Maintenance of NAHASDA Units – 2010.2</b></p>
<p><b>9.2. Program Description</b> <i>(This should be the description of the planned program.):</i> Operation and maintenance of NAHASDA units and community facilities.</p>
<p><b>9.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. 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.):</i> (20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]</p>
<p><b>9.4. Intended Outcome Number</b> <i>(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.):</i> (6) Assist affordable housing for low income households</p>
<p><b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above.):</i></p>
<p><b>9.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i> (6) Assist affordable housing for low income households</p>
<p><b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above.):</i></p>

**9.6. 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.):*

Low income Native Americans and Alaska Natives residing in NAHASDA units.

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

Activities include:

- a. Maintaining a 95% occupancy rate in rental units.
- b. Performing routine and periodic maintenance as scheduled.
- c. Performing emergency and non-routine maintenance as needed.
- d. Preparing units for re-occupancy in a timely manner.
- e. Reducing water and maintenance requirements, incorporating indigenous plants and materials, and improving the overall appearance of the front yard of one rental unit.
- f. Maintaining and making minor improvements to community facilities and common areas.

Work will be performed by Housing Authority staff or contractors, generally at no cost to residents. Yard improvements are capped at \$2.00 per square foot. Costs to remedy damage or failure to perform required maintenance tasks will be assessed to residents in accordance with policy.

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

- a. Low rent units were maintained at an occupancy rate of 100% throughout the year.
- b. Routine maintenance was performed on rental units in conjunction with annual inspection and upon request. Periodic maintenance was not required.
- c. Emergency and non-routine maintenance were not required.
- d. Preparation for re-occupancy was not required.
- e. The rental selected for improvement this year was not a NAHASDA unit.
- f. Performed routine maintenance on common areas and facilities.

**9.9. 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
6	N/A	N/A	6	N/A	N/A

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

Program is on schedule.

**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, homebuyer 1, 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. The programs under the second eligible activity would be numbered as 2.1, 2.2, 2.3, etc.

**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.

<p><b>10.1. Program Name and Unique Identifier:</b> <b>Crime Prevention and Safety – 2011</b></p>
<p><b>10.2. Program Description</b> <i>(This should be the description of the planned program.):</i> Provision of safety, security, and law enforcement measures and activities appropriate to protect residents of affordable housing from crime.</p>
<p><b>10.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. 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.):</i> (21) Crime Prevention and Safety [202(5)]</p>
<p><b>10.4. Intended Outcome Number</b> <i>(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.):</i> (11) Reduction in crime reports</p>
<p><b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above.):</i></p>
<p><b>10.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i> (11) Reduction in crime reports</p>



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

**10.6. 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.):

Low income Native American and Alaska Native rental and homebuyer program participants.

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

Activities include:

- a. Maintaining an agreement with Tribal Police to provide services to the low income housing community.
- b. Providing security monitoring and electronic surveillance of housing facilities.
- c. Installing informational, directional, and traffic control signage and devices in the housing community as needed.

Services will be provided by Tribal Police, Housing Authority staff, contractors, or other service providers at no cost to residents.

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

- a. Continued agreement with Tribal Police to provide services to the low income housing community.
- b. Contracted for security services and electronic surveillance of housing facilities.
- c. No signs or traffic devices were installed or replaced during the period.

**10.9. 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
N/A	N/A	N/A	N/A	N/A	N/A

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

Program is on schedule.

## SECTION 4: MAINTAINING 1937 ACT UNITS, DEMOLITION, AND DISPOSITION

- (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.):*

Maintenance, modernization and rehabilitation, and special projects work is performed by two full-time employees and one part-time employee, supplemented as needed by temporary staffing or service contractors.

CIHA has a comprehensive ongoing preventative maintenance program to prevent and correct deterioration of its housing units and other facilities. An inspection of each unit is performed at least once per year and more often as warranted. Counseling sessions are conducted to instruct tenants on maintenance, housekeeping, and safety issues at move-in and thereafter as needed.

CIHA staff continues to improve policies and procedures for recruitment, selection, orientation, training, and counseling of residents.

Tribal Police have been involved in serving eviction papers to residents who have damaged their homes. The Tribal Court has issued orders of eviction, where warranted, and has required some tenants who have damaged their homes to make restitution.

- (2) Demolition and Disposition** (NAHASDA § 102(b)(2)(A)(iv)(I-III)) *(Describe any planned demolition or disposition of 1937 Act housing units. Be certain to include the timetable for any planned demolition or disposition and any other information required by HUD with respect to the demolition or disposition.):*

There is no demolition or disposition planned.

**SECTION 5: BUDGETS**

**(1) Sources of Funding** (NAHASDA § 102(b)(2)(C)(i) and 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)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
	Estimated amount on hand at beginning of program year	Estimated amount to be received during 12-month program year	Estimated total sources of funds (A + B)	Estimated funds to be expended during 12-month program year	Estimated unexpended funds remaining at end of program year (C minus D)	Actual amount on hand at beginning of program year	Actual amount received during 12-month program year	Actual total sources of funding (F + G)	Actual funds expended during 12-month program year	Actual unexpended funds remaining at end of 12-month program year (H minus I)	Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds	25,000	1,090,040	1,115,040	1,115,040	0	29,990	1,109,670	1,139,660	984,230	155,430	0
2. IHBG Program Income	0	310,000	310,000	310,000	0	0	348,810	348,810	348,810	0	0
3. Title VI											
4. Title VI Program Income											
5. 1937 Act Operating Reserves											
6. Carry Over 1937 Act Funds											
<b>LEVERAGED FUNDS</b>											
7. ICDBG Funds											
8. Other Federal Funds		1,275,000	1,275,000	1,275,000	0	0	1,274,985	1,274,985	0	1,274,985	0
9. LIHTC											
10. Non-Federal Funds	34,403	588,953	623,356	596,453	26,903	78,674	196,221	274,895	222,692	52,203	52,203
<b>TOTAL</b>	59,403	3,263,993	3,323,396	3,296,493	26,903	108,664	2,929,686	3,038,350	1,555,732	1,482,618	52,203

**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 Table** on the following page.
- c. **Total of Column I should match the Total of Column Q from the Uses Table on the following page.**
- d. For the IHP, describe any estimated leverage in Line 4 below (Estimated Sources or Uses of Funding). **For the APR, describe actual leverage in Line 5 below (APR).**

**(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 (tie to program names in Section 3 above)	Unique Identifier	IHP			APR		
		(L)	(M)	(N)	(O)	(P)	(Q)
		Prior and current year IHBG (only) funds to be expended in 12-month program year	Total all other funds to be expended in 12-month program year	Total funds to be expended in 12-month program year (L + M)	Total IHBG (only) funds expended in 12-month program year	Total all other funds expended in 12-month program year	Total funds expended in 12-month program year (O + P)
Accessibility Modifications to Rental Units	2001.1	10,000	245,000	255,000	0	0	0
Conversion of Rental Units to Homebuyer Units	2001.2	30,000	0	30,000	4,237	0	4,237
Operation and Maintenance of 1937 Housing Act Units	2002	320,624	192,437	513,061	309,159	276,247	585,406
Development of Accessible Rental Units	2003	15,000	1,430,000	1,445,000	0	0	0
Down Payment/Closing Cost Assistance	2006	4,000	30,000	34,000	0	0	0
Tenant Based Rental Assistance	2009.1	215,000	137,500	352,500	209,883	193,739	403,622
Housing Services	2009.2	20,000	0	20,000	11,509	0	11,509
Housing Management Services	2010.1	240,416	45,000	285,416	211,046	0	211,046
Operation and Maintenance of NAHASDA Units	2010.2	30,000	0	30,000	17,088	0	17,088
Crime Prevention and Safety	2011	30,000	0	30,000	30,000	0	30,000
Planning and Administration		200,000	0	200,000	191,308	0	191,308
Loan repayment – describe in 4 below		0	101,516	101,516	0	101,516	101,516
<b>TOTAL</b>		1,115,040	2,181,453	3,296,493	984,230	571,502	1,555,732

**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 IHBG funds from Column D, 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.**

- (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 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.):*

**2001.1 – Accessibility Modifications to Rental Units**

Application will be made for IHBG Competitive funds. If awarded, leverage may include IHBG, program, non-program, and other grant funds.

**2002 – Operation and Maintenance of 1937 Housing Act Units**

Program funds are used to support this activity.

**2003 – Development of Accessible Rental Units**

Application will be made for IHBG Competitive funds. If awarded, leverage may include IHBG, program, non-program, and other grant funds.

**2006 – Down Payment/Closing Cost Assistance**

Tribal funds will be sought in support of this program.

**2009.1 – Tenant Based Rental Assistance**

Estimated Tribal contributions during the period total \$137,500.

**2010.1 – Housing Management Services**

Program funds are used to support this activity.

**Loan Repayment**

Replacement of the Authority's Projects and Maintenance Operations and Storage Facility was approved as a Model Activity in the Authority's FY 2015 Indian Housing Plan. The project was completed in FY 2018. Program and non-program income are used to repay bond and loan proceeds borrowed for construction.

- (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 Table on the previous page. The text must describe which loan was repaid and the NAHASDA-eligible activity and program associated with this loan.):*

**2001.1 Accessibility Modifications to Rental Units**

IHBG Competitive funds were awarded, but project implementation was delayed due to COVID-19.

**2001.2 Conversion of Rental Units to Homebuyer Units**

One conversion begun in the prior period was completed during the current period. Others began counseling but did not begin the transition process during the period.

**2002 Operation and Maintenance of 1937 Housing Act Units**

Turnover in units with long-term tenants, material cost increases, termite damage, and similar unexpected circumstances contributed to higher maintenance costs than budgeted.

**2003 Development of Accessible Units**

IHBG Competitive funds were awarded, but project implementation was delayed due to COVID-19.

**2006 Down Payment/Closing Cost Assistance**

Program development postponed due to COVID-19 impact on Tribal funds and work priorities.

**2009.1 Tenant Based Rental Assistance**

Nine slots were added during the period – four were funded by additional Tribal contribution and five were created to assist households affected by COVID-19. Additional subsidy was required for some participants to ensure they paid no more than 30% of income for rent.

**Loan Repayment**

Replacement of the Authority's Projects and Maintenance Operations and Storage Facility was approved as a Model Activity in the Authority's FY 2015 Indian Housing Plan and completed in FY 2018. Program and non-program income were used to repay bond and loan proceeds used for construction.

SECTION 6: OTHER SUBMISSION ITEMS

(1) Useful Life/Affordability Period(s) (NAHASDA § 205, 24 CFR § 1000.142) (Identify the useful life of each housing unit to be constructed, acquired, or rehabilitated with IHBG funds in the 12-month period. Exclude Mutual Help units.)

The useful life of the properties is dependent upon the amount of IHBG funds invested in the property per occurrence as shown in the following schedule:

Table with 2 columns: IHBG Funds Invested and Affordability Period. Rows range from up to \$5,000 (6 months) to over \$52,500 (20 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.):



(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 [X] No [ ]

If yes, describe the policy. CIHA's order of preference is to first serve members of the Coquille Indian Tribe, then members of the Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians, then other Native Americans and Alaska Natives. Homebuyer programs on Coquille Tribal Lands are available to Coquille Tribal members only.

(4) Anticipated Planning and Administration Expenses (NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238)

Do you intend to use more than 20% of your current grant for Planning and Administration?

Yes [ ] No [X]

If yes, describe why the additional funds are needed for 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 expend more than 20% of your current grant for Planning and Administration?

Yes [ ] No [X]

If yes, did you receive HUD approval to exceed the 20% cap on Planning and Administration costs?

Yes [ ] No [ ]

If you did not receive approval for spending more than 20% of your current grant on planning and administration costs, describe the reason(s) for exceeding the 20% 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 § 1000.302(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 § 1000.302 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?

Yes [ ] No [X] 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:

<b>Total Expenditures on Affordable Housing Activities for:</b>		
	<b>All AIAN Households</b>	<b>AIAN Households with Incomes 80% or less of Median Income</b>
<b>IHBG funds:</b>		
<b>Funds from other Sources:</b>		

**(7) APR:** For each separate formula area expansion, list the actual amount of IHBG and other funds expended for all AIAN households and for only AIAN households with incomes 80% of median income or lower during the recipient's 12-month program year.

<b>Total Expenditures on Affordable Housing Activities for:</b>		
	<b>All AIAN Households</b>	<b>AIAN Households with Incomes 80% or less of Median Income</b>
<b>IHBG funds:</b>		
<b>Funds from other Sources:</b>		

SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE (NAHASDA § 102(b)(2)(D))

By signing the IHP, you certify that you have all required policies and procedures in place in order to operate any planned IHBG programs.

- (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 [checked] No [ ]

- (2) To be eligible for minimum funding 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 [checked]

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

- (a) The recipient 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 [checked] 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 [checked] 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.

Yes [checked] No [ ] Not Applicable [ ] and

- (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 [checked] 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 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) [X] It had an opportunity to review the IHP 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 and amendments on behalf of the Tribe without prior review by the Tribe.

Table with 2 columns: Question number and Answer. Row 4: Recipient: Coquille Indian Tribe. Row 5: Authorized Official's Name and Title: Brenda Meade, Chairperson. Row 6: Authorized Official's Signature: [Handwritten Signature]. Row 7: Date (MM/DD/YYYY): 06/14/2019.



## COQUILLE INDIAN TRIBE

3050 Tremont Street North Bend, OR 97459  
Phone: (541) 756-0904 Fax: (541) 756-0847  
www.coquilletribe.org

### RESOLUTION CY19063

#### APPROVING SUBMISSION OF THE FY2020 INDIAN HOUSING PLAN TO THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

**WHEREAS,** the Coquille Indian Tribe ("Tribe") is a federally recognized Indian tribe pursuant to the Coquille Indian Restoration Act of June 28, 1989, 25 U.S.C. § 715, et seq. ("the Act"); AND

**WHEREAS,** the Coquille Indian Tribe is governed by the Coquille Tribal Council pursuant to the Tribal Constitution adopted by eligible voters of the Tribe on August 27, 1991, and approved by the Secretary of the Interior on September 9, 1991; and that the Tribal Council is empowered to act for the Coquille Indian Tribe; AND

**WHEREAS,** the Coquille Indian Tribe is eligible for federal services and benefits including housing and related programs under the Native American Housing Assistance and Self-Determination Act ("NAHASDA"); AND

**WHEREAS,** the Coquille Indian Tribe has established the Coquille Indian Housing Authority as its Tribally-Designated Housing Entity ("TDHE"); AND

**WHEREAS,** the Housing Authority Board of Commissioners and staff have developed an Indian Housing Plan for the Fiscal Year 2020 as required by NAHASDA; AND

**WHEREAS,** the Housing Authority Board of Commissioners has presented the Fiscal Year 2020 Indian Housing Plan attached hereto as Exhibit A to the Coquille Tribal Council for review and approval; NOW

**THEREFORE, BE IT RESOLVED,** that the Tribal Council of the Coquille Indian Tribe hereby approves the Fiscal Year 2020 Indian Housing Plan for submission to the U.S. Department of Housing and Urban Development and requests that it be approved; AND

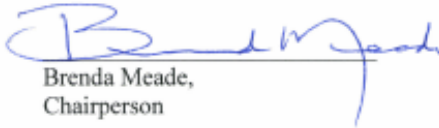
**THEREFORE, BE IT FINALLY RESOLVED,** that the Tribal Council Chairperson, or in her absence or unavailability, the Tribal Council Vice Chairperson, is authorized to sign any documents necessary to give this resolution full force and effect.

Resolution CY19063  
Approving Submission of the FY2020 Indian Housing Plan to the U.S. Department of Housing and Urban  
Development  
Page 2

**CERTIFICATION**

The foregoing Resolution was duly adopted at the Tribal Council Meeting held on the Coquille  
Indian Tribe Reservation in North Bend, Oregon, on June 14, 2019 with the required quorum  
present by a vote of

6 For; 0 Against; 0 Absent; 0 Abstaining.

  
Brenda Meade,  
Chairperson

  
Linda Mecum,  
Secretary-Treasurer

Cc: Anne Cook, CIHA

SECTION 9: TRIBAL WAGE RATE CERTIFICATION

(NAHASDA §§ 102(b)(2)(D)(vi) and 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) [X] You will use Davis-Bacon or HUD determined wage rates when required for IHBG-assisted construction or maintenance.
(3) [ ] You will use Davis-Bacon and/or HUD determined wage rates when required for IHBG-assisted construction except for the activities listed below.

(4) List the activities using tribally determined wage rates:

SECTION 10: SELF-MONITORING

(NAHASDA § 403(b), 24 CFR § 1000.502)

(1) Do you have a procedure and/or policy for self-monitoring, including monitoring sub-recipients? Yes [X] No [ ]
(2) Pursuant to 24 CFR § 1000.502 (b) where the recipient is a TDHE, the grant beneficiary (Indian Tribe) is responsible for monitoring programmatic compliance. Did the Tribe monitor the TDHE? Yes [X] No [ ] Not Applicable [ ]
(3) Did you complete an annual compliance assessment? Yes [X] No [ ]

(4) Self-Monitoring Results (Describe the results of the monitoring activities, including inspections for this program year.):

Following is the full text of the Housing Authority's FY 2020 Self-Monitoring Assessment

October 29, 2020

Coquille Tribal Council North Bend, OR 97459

Coquille Indian Housing Authority Board of Commissioners Coos Bay, OR 97420

SELF-MONITORING REPORT

INTRODUCTION

An Annual Compliance Assessment of the Coquille Indian Housing Authority's (CIHA) Indian Housing Block Grant (IHBG) program was completed October 5-16, 2020 covering the program year 2020. The assessment was conducted as required by the Coquille Indian Tribe's Self-Monitoring Policy adopted by Tribal Council Resolution CY0254 and in accordance with the requirements of the implementing regulations of the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA) found at 24 Code of Federal Regulations (CFR) Part 1000.502. The CIHA Board of Commissioners, Executive Director, and staff utilized the HUD Office of Native American Programs Monitoring Plan checklists to complete the assessment.

Monitoring Committee:

- Paul Doyle, Chairperson; Robert More, Secretary/Treasurer; Don Garrett, Commissioner; Judy Rocha, Commissioner; Anne Cook, Executive Director; Lyman Meade, Deputy Director; Debbie Dennis, Administrative Services Coordinator; Marcy Chytka, Controller; Dale Herring, Housing Programs Coordinator; Tracey Mueller, Housing Programs Specialist

Areas Reviewed:

- 1. APR and IHP; 2. Organization and Structure; 3. Environmental Review; 4. Financial and Fiscal Management; 5. Procurement and Contract Administration; 6. Labor Standards; 7. Lead-Based Paint; 8. Section 504 Accessibility; 9. Maintenance and Inspection; 10. IHBG Self-Monitoring; 11. Admissions and Occupancy; 12. Tax-Exempt Bond Compliance

The Monitoring Committee and reviewer chose to classify review results in three ways:

- 1. Recommendations - Suggested improvements to existing procedures which are not deficiencies, but which could assist management and staff in improving the performance of the organization.
2. Concerns - Deficiencies in performance but not violations of statutory or regulatory requirements. Recommendations are provided for correcting any areas of concern.
3. Findings - Clear violations of statutory or regulatory requirements. Findings require corrective action.



**ASSESSMENT RESULTS**

**1. APR and IHP**

Chairperson Paul Doyle and Commissioner Judy Rocha interviewed Anne Cook, Executive Director, to review the Authority’s IHP and APR compliance. Chairperson Doyle and Commissioner Rocha also examined files and documents which addressed this area.

No recommendations, concerns, or findings were noted in this area.

**2. Organization and Structure**

Chairperson Paul Doyle and Commissioner Judy Rocha interviewed Anne Cook, Executive Director, to review the organization and administration of the programs. Chairperson Doyle and Commissioner Rocha also reviewed the Authority’s files and documents which addressed this area.

No concerns or findings were noted, but the following observations were made:

**Recommendations**

**Authority’s Policies Could Be Improved**

The Authority’s policies are re-examined each year against any new statutory and procedural requirements to ensure they are compliant with current HUD rules and regulations. In all areas addressed by this self-monitoring assessment it was noted that its policies and procedures address the Authority’s obligation to comply with NAHASDA rules and regulations. However, although its existing policies and procedures comply with statutory requirements, the Authority is encouraged to update and clarify some areas of its Admissions and Occupancy, Financial Management, and Personnel policies.

**Reconsider County PILOT LCA**

The Authority may wish to transition its current local cooperative agreement arrangements to the County.

**3. Environmental Review**

Chairperson Paul Doyle and Commissioner Judy Rocha interviewed Anne Cook, Executive Director, regarding the Authority’s environmental review compliance and examined the Authority’s environmental review records. All activities were addressed as required and reviews completed prior to the expenditure of funds.

No recommendations, concerns, or findings were noted in this area.

**4. Financial and Fiscal Management**

Chairperson Paul Doyle and Secretary/Treasurer Robert More interviewed Marcy Chytka, Controller, to determine present procedures.

Reviewers selected random computer-generated samples, conducted tests, and reviewed documents to determine compliance with applicable standards for financial reporting, maintaining accounting records, cash management, allowable costs, insurance, internal controls, separation of duties, and tax-exempt bond compliance. The Reviewers noted that the most recent annual financial audit reported no findings. No exceptions were found in the reviewers’ tests of the financial management systems.

No concerns or findings were noted in this area, but the following recommendation was made:

### **Recommendations**

#### **Requirement to Calculate Program Income on the Cash Basis**

The FY 2012 Self-Monitoring Report noted that HUD requires the cash basis method be used in calculating program income for 1937 Housing Act rental units. The Authority calculates its program income allocation on the accrual basis rather than the cash basis. Because of the excellent record the Authority has with collection of its tenant rents each month, the difference between these two amounts for purposes of computing program income is not material. The Controller is aware of this requirement and continues to monitor this area for significant changes. Accounting for this area will be converted to the cash basis if tenant receivable balances warrant such a change.

#### **5. Procurement and Contract Administration**

Chairperson Paul Doyle and Commissioner Don Garrett interviewed Debbie Dennis, Administrative Services Coordinator, to determine present procedures. It was noted that the outside auditors also review this area during their annual audit engagement. Chairperson Doyle and Commissioner Garrett tested all procurements over \$10,000 to determine if proper procedures were used for expenditures in excess of the Authority's micro-purchase policy.

Tests revealed that all procurements over this threshold were properly documented and followed the solicitation method required by the Authority policy in all instances. In addition, based on the Reviewers' tests of those purchases made within the micro-purchase policy, it was evident that the Authority attempted to purchase from multiple sources to achieve competitive pricing of products. The Authority should be commended on this practice as it reflects the realization that the \$10,000 requirement is mandated, but the conscientious practice of getting the best price for the Authority's funds is the real goal.

No concerns, findings, or recommendations were noted in this area.

#### **6. Labor Standards and Construction Management**

Chairperson Paul Doyle and Commissioner Don Garrett interviewed Debbie Dennis, Administrative Services Coordinator, to determine present procedures. The Authority uses HUD-determined or Davis-Bacon wage rates as dictated by the type of work. Chairperson Doyle and Commissioner Garrett reviewed all certified payrolls, where required by the type of work, to substantiate that the Authority was following proper procedures and to ensure compliance with Davis-Bacon standards. No exceptions were observed.

No recommendations, concerns, or findings were noted in this area.

#### **7. Lead-Based Paint**

Chairperson Paul Doyle and Secretary/Treasurer Robert More interviewed Tracey Mueller, Housing Programs Specialist, to determine and verify present procedures. The units of all participants in the Monthly Housing Assistance Payments (MHAP) tenant-based rental assistance program with children under the age of six in the household living in homes built before 1978 require testing for lead-based paint issues by a qualified inspector. Four units required lead-based paint testing during the period, three of which passed inspection the first time. The fourth unit failed and the landlord chose not to perform abatement.

No recommendations, concerns, or findings were noted in this area.

**8. Section 504 Accessibility**

In prior self-monitoring engagements, it was noted that the Authority has compliance issues with respect to its conformity with Section 504 accessibility rules. A legal review revealed that in the initial construction of the reservation units in the 1990s, the Authority did not build the number of Section 504 compliant units to meet the requirements of this statute.

During the current self-monitoring review, it was determined that the Authority is in technical compliance with the rules. The Authority has three compliant units (the number required by regulation), two of which are rented and one of which is leased under a lease-purchase contract. Although the Authority is in technical compliance with 504 rules, it is the Authority's intent to continue to work toward providing additional 504 compliant rental units. On December 4, 2019, the Authority was awarded an IHBG Competitive grant for the purpose of rehabilitating three existing rental units to Section 504 standards and constructing three new Section 504 rental units. The project was postponed to FY 2021 due to the COVID-19 pandemic. In the interim, in accordance with 24 CFR 8.4 (b) (1), other actions will be taken to ensure residents with needs under the Act receive specific modifications to their units as necessary.

**9. Maintenance and Inspection**

Commissioner Don Garrett interviewed Lyman Meade, Deputy Director.

Commissioner Garrett noted that non-essential inspections, annual preventive maintenance, and work orders were suspended due to the COVID-19 pandemic. Emergency maintenance, repairs, and appliance replacements occurred, as needed. Non-essential work will resume when safe for residents and staff.

The computerized tracking of work orders, inspections, and preventive maintenance continues to help ensure the timely maintenance of units occurs. The system has promoted efficient use of resources, quick response to resident requests for service and repairs, and overall improved maintenance of the physical units.

No concerns or findings were noted in this area, but the following recommendation was noted:

**Recommendation****Increase Staffing**

The Reviewer suggested the Authority hire staff to perform cleaning, groundskeeping, and other services currently performed by contractors.

**10. IHBG Self-Monitoring**

Chairperson Paul Doyle and Commissioner Judy Rocha interviewed Anne Cook, Executive Director, and reviewed documents related to the Authority's self-monitoring program. In the last HUD monitoring report, it was noted that the Authority's self-monitoring program was exemplary. The comprehensive approach taken by the Authority continues to address all areas of compliance mandated by HUD and as necessitated by other program activities.

No recommendations, concerns, or findings were noted in this area.

**11. Admissions and Occupancy**

Chairperson Paul Doyle and Secretary/Treasurer Robert More interviewed Dale Herring, Housing Programs Coordinator, to determine present procedures. The Authority's outside auditors examined

multiple files from each category and their testing found no exceptions, therefore the Reviewers felt that additional testing could be limited in this area. Seven files were tested from a random computer-generated sample and found to be in compliance with no exceptions.

No concerns, or findings were noted in this area.

**Recommendation**

**Self-Monitoring Assessment Information Gathering Could be More Efficient**

Progress has been made in this area during the period. However, information gathering for future self-monitoring assessments could be streamlined further by filing national and area income limits current at the time of application in the section of the client’s file with the original application.

**12. Tax-Exempt Bond Compliance**

Chairperson Paul Doyle and Secretary/Treasurer Robert More interviewed Marcy Chytka, Controller, and reviewed records to determine compliance with bond documents and IRS requirements.

No recommendations, concerns or findings were noted.

**CONCLUSION**

The Monitoring Committee concur that the IHBG program is well-managed and substantially in compliance with the requirements of NAHASDA. One special item that should be noted is the Authority’s excellent control over resident receivables. The Authority’s Tenant Accounts Receivable (TARs) rate of .06% during this economically challenging time is an exemplary accomplishment.

It is suggested that CIHA consider any recommended improvements provided by the Committee for possible implementation. The Committee thanks all those that participated for their cooperation and assistance in completing the annual compliance assessment.

Respectfully submitted,

*Monitoring Committee*

**SECTION 11: INSPECTIONS**  
(NAHASDA § 403(b))

**(1) Inspection of Units** *(Use the table below to record the results of the inspections of assisted housing.)*

Results of Inspections						
(A) Activity		(B) Total number of units (Inventory)	(C) Units in standard condition	(D) Units needing rehabilitation	(E) Units needing to be replaced	(F) Total number of units inspected
1.	<b>1937 Housing Act Units:</b>					
	a. Rental	51	28	0	0	28
	b. Homeownership	7	3	0	0	3
	c. Other – Section 8	19	19	0	0	19
<b>1937 Act Subtotal</b>		<b>77</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>50</b>
2.	<b>NAHASDA Units:</b>					
	a. Rental	2	2	0	0	2
	b. Homeownership	4	2	0	0	2
	c. Rental Assistance	50	50	0	0	50
	d. Other	0	0	0	0	0
<b>NAHASDA Subtotal</b>		<b>56</b>	<b>54</b>	<b>0</b>	<b>0</b>	<b>54</b>
<b>Total</b>		<b>133</b>	<b>104</b>	<b>0</b>	<b>0</b>	<b>104</b>

**Note:** Total of column F should equal the sum of columns C+D+E.

**(2)** Did you comply with your inspection policy: Yes  No

**(3)** If no, why not:

Onsite inspections were suspended in March 2020 due to COVID-19.

**SECTION 12: AUDITS**

(24 CFR §§ 1000.544 and 548)

This section is used to indicate whether an Office of Management and Budget (OMB) Circular A-133 audit is required, based on a review of your financial records.

Did you expend \$500,000 or more in total Federal awards during the previous fiscal year ended?

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 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 [X] No [ ]

(2) If you are a TDHE, did you submit this APR to the Tribe (24 CFR § 1000.512)?

Yes [X] No [ ] 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 and/or the citizens (NAHASDA § 404(d)):

Notice was published in the local newspaper The World and at www.theworldlink.com, and on the Tribe's public and private websites on December 8, 2020 inviting public comment through December 18, 2020. The reports were presented to the Tribal Council at a workshop held December 9, 2020 and to the CIHA Board of Commissioners at its regular meeting held December 10, 2020. Report copies were provided to local public libraries for access during the comment period in addition to their availability online. No comment was received.

**SECTION 14: JOBS SUPPORTED BY NAHASDA**  
(NAHASDA § 403(b))

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

Indian Housing Block Grant Assistance (IHBG)	
(1) Number of Permanent Jobs Supported	8
(2) Number of Temporary Jobs Supported	0
(3) Narrative ( <i>optional</i> ):	





**Coquille Indian Housing Authority**  
2678 Mexeye Loop Coos Bay, OR 97420  
(541) 888-6501 [www.coquilleiha.org](http://www.coquilleiha.org)

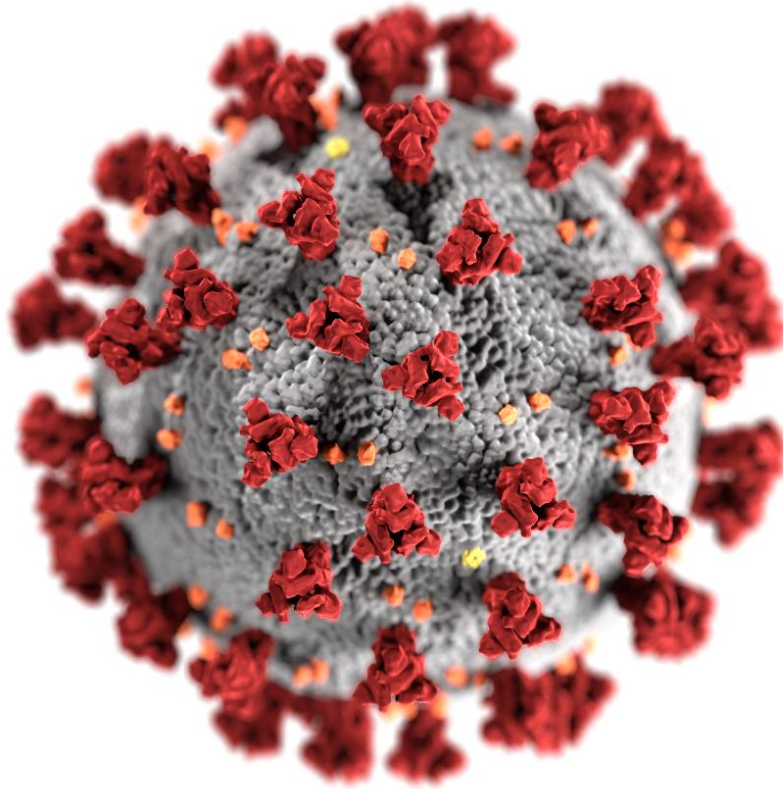




# Coquille Indian Housing Authority

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2678 Mexeye Loop • Coos Bay, OR 97420



# **FY 2020 IHBG-CARES** **Annual Performance Report**

for the fiscal year ended

# **SEPTEMBER 30, 2020**

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## 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.

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.

**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.

Public reporting burden for the collection of information is estimated to average 62 hours, 25 hours for the IHP and 37 hours for the APR. This includes the time for collecting, reviewing, and reporting the data. The IHP data is used to verify that planned activities are eligible, expenditures are reasonable, and recipient certifies compliance with related requirements. The APR data is used to audit the program accurately and monitor recipient progress in completing approved activities, including reported expenditures, outputs, and outcomes. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

## **TABLE OF CONTENTS**

<u>SECTION</u>	<u>PAGE NUMBER</u>
SECTION 1: COVER PAGE .....	1
SECTION 2: PROGRAM DESCRIPTIONS .....	3
SECTION 3: BUDGETS .....	10
SECTION 4: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE .....	14
SECTION 5: IHP TRIBAL CERTIFICATION.....	15
SECTION 6: TRIBAL WAGE RATE CERTIFICATION .....	18
SECTION 7: AUDITS .....	19

**SECTION 1: COVER PAGE**

- (1) **IHBG-CARES Grant:** 20BV4102770
- (2) **Recipient Program Year:** 10/01 – 09/30
- (3) **Federal Fiscal Year:** 2020
- (4) **Date Recipient Started Preparing for COVID-19:** 03/04/20
- (5)  **Initial Plan** (Complete this Section then proceed to Section 2)
- (6)  **Amended Plan** (Complete this Section, Section 8 if applicable, and Section 16)
- (7)  **Annual Performance Report** (Complete items 27-30 and proceed to Section 3)
- (8)  **Tribe**
- (9)  **TDHE**

(9) <b>Name of Recipient:</b> Coquille Indian Housing Authority		
(10) <b>Contact Person:</b> Anne F. Cook, Executive Director		
(11) <b>Telephone Number with Area Code:</b> (541) 888-6501		
(12) <b>Mailing Address:</b> 2678 Mexeye Loop		
(13) <b>City:</b> Coos Bay	(14) <b>State:</b> Oregon	(15) <b>Zip Code:</b> 97420
(16) <b>Fax Number with Area Code (if available):</b> (541) 888-8266		
(17) <b>Email Address (if available):</b> annecook@coquilleiha.org		
(18) <b>If TDHE, List Tribes Below:</b> Coquille Indian Tribe 3050 Tremont Street North Bend, OR 97459  Telephone number: (541) 756-0904 Fax number: (541) 756-0847		

<b>(19) Tax Identification Number:</b> 93-1133051
<b>(20) DUNS Number:</b> 944212935
<b>(21) CCR/SAM Expiration Date:</b> 04/17/2021
<b>(22) IHBG-CARES Amount:</b> \$339,235
<b>(23) Name of Authorized IHP Submitter:</b> Anne F. Cook
<b>(24) Title of Authorized IHP Submitter:</b> Executive Director
<b>(25) Signature of Authorized IHP Submitter:</b> <i>Anne F. Cook</i>
<b>(26) IHP Submission Date:</b> 09/02/2020
<b>(27) Name of Authorized APR Submitter:</b> Anne F. Cook
<b>(28) Title of Authorized APR Submitter:</b> Executive Director
<b>(29) Signature of Authorized APR Submitter:</b> <i>Anne F. Cook</i>
<b>(30) APR Submission Date:</b> 12/21/2020

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

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

**SECTION 2: PROGRAM DESCRIPTIONS**

**Planning and Reporting Program Year Activities**

For the IHP, the purpose of this section is to describe each program that will be operating during the 12-month program year. Each program must include the eligible activity, its planned outputs, intended outcome, who will be assisted, and types and levels of assistance. Each of the eligible activities has a specific, measurable output. The first column in the table below lists all eligible activities, the second column identifies the output measure for each eligible activity, and the third column identifies when to consider an output as completed for each eligible activity. Copy and paste text boxes 1.1 through 1.10 as often as needed so that all of your planned programs are included. For the APR, the purpose of this section is to describe your accomplishments, actual outputs, actual outcomes, and any reasons for delays.

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

<b>Eligible Activity</b>	<b>Output Measure</b>	<b>Output Completion</b>
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit
(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed

**Indian Housing Block Grant (IHBG)**

**U.S. Department of Housing  
and Urban Development**

OMB Approval Number 2577-0218  
(03/31/2016)

**IHP/APR**

Office of Public and Indian Housing  
Office of Native American Programs

(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 Services [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
(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements	Households	When household receives services

**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)



**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, homebuyer 1, 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. The programs under the second eligible activity would be numbered as 2.1, 2.2, 2.3, etc.

**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.

**1.1. Program Name and Unique Identifier:**

**COVID-19 Reimbursement: CA20-1 – Incurred COVID-19 Related Costs**

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

Costs incurred and paid for with non-program income for a variety of COVID-19 related expenses for the period beginning March 4, 2020 and extending until August 31, 2020. These costs are tracked separately in our accounting records and include the following:

IHBG-CARES Packages – \$33,000

- Purchase and distribute health and cleaning supplies and equipment to residents to prevent the spread of COVID-19.
- Low income AIAN – 70 @ \$300 = \$21,000
- Non-low income AIAN – 40 @ \$300 = \$12,000

Operating Supplies and Equipment – \$7,000

- Purchase and distribute personal protective equipment to staff and guests to prevent the spread of COVID-19.
- Purchase and use health and cleaning supplies and equipment in offices and facilities to protect staff and guests from the spread of COVID-19.

Modifications to Facilities – \$15,000

- Purchase and install touchless fixtures and equipment in offices to improve sanitation.
- Purchase and install materials and equipment in offices to facilitate social distancing.
- Purchase and install air filtration units in offices to prevent the spread of COVID-19.
- Purchase and install touchless fixtures in playground restroom to improve sanitation.

Planning & Administration – \$90,000

- Purchase and use equipment, services, and supplies necessary to enable telework to facilitate social distancing.
- Purchase and use equipment, services, and supplies to enable virtual meetings to facilitate social distancing.
- Provide staffing necessary to plan and implement COVID-19 measures.
- Provide administrative leave necessary to accommodate office closures and staggered scheduling to prevent the spread of COVID-19.

**1.3. Eligible Activity Number** *(Select one activity from the Eligible Activity list. 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

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

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

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

Recover COVID-19 related costs incurred from March 4, 2020 to August 31, 2020.

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

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

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

Recover COVID-19 related costs incurred from March 4, 2020 to August 31, 2020.

**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.):*

Current residents and participants in the Authority’s housing programs.

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

No specific types or levels of assistance are determinable for this activity. Program represents an accumulation of incurred costs related to COVID-19.

**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.):*

Performed all activities as described.

**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
N/A	154	N/A	N/A	154	N/A

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

Program is complete.

**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.
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- 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. The programs under the second eligible activity would be numbered as 2.1, 2.2, 2.3, etc.

**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.

<p><b>2.1. Program Name and Unique Identifier:</b> <b>COVID-19 Prevention: CA20-2 – Modifications to Facilities</b></p>
<p><b>2.2. Program Description</b> <i>(This should be the description of the planned program.):</i> Costs to modify CIHA office and facilities to prevent the spread of COVID-19.</p> <ul style="list-style-type: none"> <li>• Replace recirculating and radiant electric HVAC equipment in offices with energy-efficient systems that draw in fresh air to improve ventilation and prevent the spread of COVID-19. – \$20,000</li> <li>• Replace loose surfacing material with solid surfacing material at playground to improve sanitation and prevent the spread of COVID-19. – \$174,235</li> </ul>
<p><b>2.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. 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.):</i>  (26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements</p>
<p><b>2.4. Intended Outcome Number</b> <i>(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.):</i>  (6) Assist affordable housing for low income households</p>
<p><b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above.):</i></p>

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

(6) Assist affordable housing for low income households

**Describe Other Intended 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. 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.):*

Low income Native American and Alaska Native rental and homebuyer program participants.

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

Work will be performed by Housing Authority staff or contractors at no cost to residents.

**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.):*

No activity occurred during the period.

**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	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
N/A	64	N/A	N/A	0	N/A

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

Program is scheduled for completion in FY 2021 and FY 2022.

**SECTION 3: BUDGETS**

**(1) Sources of Funding** (NAHASDA § 102(b)(2)(C)(i) and 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 minus 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 minus I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG-CARES Funds	0	339,235	339,235	339,235	0	0	0	0	145,801	(145,801)0	0
<b>TOTAL</b>	0	339,235	339,235	339,235	0	0	0	0	145,801	(145,801)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 Table** on the following page.
- c. Total of Column I should match the Total of Column Q from the Uses Table on the following page.**
- d. For the IHP, describe any estimated leverage in Line4 below (Estimated Sources or Uses of Funding). **For the APR, describe actual leverage in Line 5 below (APR).**

**(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 (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)
COVID-19 Reimbursement: CA20-1 – Incurred COVID-19 Related Costs	CA20-1	55,000	0	55,000	54,964	0	54,964
COVID-19 Prevention: CA20-2 – Modifications to Facilities	CA20-2	194,235	0	194,235	0	0	0
Planning and Administration		90,000	0	90,000	90,837	0	90,837
<b>TOTAL</b>		339,235	0	339,235	145,801	0	145,801

**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 IHBG funds from Column D, 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.



**(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 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.):*

N/A

**(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 Table on the previous page. The text must describe which loan was repaid and the NAHASDA-eligible activity and program associated with this loan.):*

N/A

SECTION 4: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE (NAHASDA § 102(b)(2)(D))

By signing the IHP, you certify that you have all required policies and procedures in place in order to operate any planned IHBG programs.

(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 [checked] No [ ]

(2) To be eligible for minimum funding 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 [checked]

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

(a) The recipient 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 [checked] 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 [checked] 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.

Yes [checked] No [ ] Not Applicable [ ] and

(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 [checked] No [ ] Not Applicable [ ]

SECTION 5: IHP TRIBAL CERTIFICATION (NAHASDA § 102(c))

This certification is used when a Tribally Designated Housing Entity (TDHE) prepares the IHP 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) [X] It had an opportunity to review the IHP 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 and amendments on behalf of the Tribe without prior review by the Tribe.

Table with 2 columns: Question number and Answer. Row 4: Recipient: Coquille Indian Tribe. Row 5: Authorized Official's Name and Title: Brenda Meade, Chairperson. Row 6: Authorized Official's Signature: [Handwritten Signature]. Row 7: Date (MM/DD/YYYY): 08/27/2020.



## COQUILLE INDIAN TRIBE

3050 Tremont Street North Bend, OR 97459  
Phone: (541) 756-0904 Fax: (541) 756-0847  
www.coquilletribe.org

### RESOLUTION CY20080

#### APPROVING SUBMISSION OF THE FY2020 IHBG-CARES ABBREVIATED INDIAN HOUSING PLAN

**WHEREAS,** the Coquille Indian Tribe ("Tribe") is a federally recognized Indian tribe pursuant to the Coquille Indian Restoration Act of June 28, 1989, 25 U.S.C. § 715, et seq. ("the Act"); AND

**WHEREAS,** the Coquille Indian Tribe is governed by the Coquille Tribal Council pursuant to the Tribal Constitution adopted by eligible voters of the Tribe on August 27, 1991, and approved by the Secretary of the Interior on September 9, 1991; and that the Tribal Council is empowered to act for the Coquille Indian Tribe; AND

**WHEREAS,** the Tribe is eligible for federal services and benefits including housing and related programs under the Native American Housing Assistance and Self-Determination Act ("NAHASDA"); AND

**WHEREAS,** the Tribe has established the Coquille Indian Housing Authority as its Tribally Designated Housing Entity ("TDHE"); AND

**WHEREAS,** the Tribe has received an Indian Housing Block Grant ("IHBG") formula allocation under the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") of 2020; AND

**WHEREAS,** the Housing Authority Board of Commissioners and staff have developed a Fiscal Year 2020 IHBG-CARES Abbreviated Indian Housing Plan that is required to access the IHBG funding; AND

**WHEREAS,** the Housing Authority Board of Commissioners has presented the Fiscal Year 2020 IHBG-CARES Abbreviated Indian Housing Plan attached hereto as Exhibit A to the Coquille Tribal Council for review and approval; NOW

**THEREFORE, BE IT RESOLVED,** that the Tribal Council of the Coquille Indian Tribe hereby approves the Fiscal Year 2020 IHBG-CARES Abbreviated Indian Housing Plan for submission to the U.S. Department of Housing and Urban Development and requests that it be approved; AND

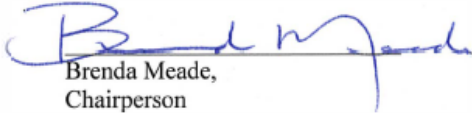
Resolution CY20080  
Approving Submission of the FY2020 IHBG-CARES Indian Housing Plan  
Page 2


**THEREFORE, BE IT FINALLY RESOLVED**, that the Tribal Council Chairperson, or in her absence or unavailability, the Tribal Council Vice Chairperson, is authorized to sign any documents necessary to give this resolution full force and effect.

**CERTIFICATION**

The foregoing Resolution was duly adopted at the Tribal Council Meeting held on the Coquille Indian Tribe Reservation in North Bend, Oregon, on August 27, 2020 with the required quorum present by a vote of

5 For; 0 Against; 0 Absent; 0 Abstaining.

  
Brenda Meade,  
Chairperson

  
Linda Mecum,  
Secretary-Treasurer

Cc: Anne Cook, CIHA

**SECTION 6: TRIBAL WAGE RATE CERTIFICATION**  
(NAHASDA §§ 102(b)(2)(D)(vi) and 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.
- (3)  You will use Davis-Bacon and/or HUD determined wage rates when required for IHBG-assisted construction except for the activities listed below.

(4) List the activities using tribally determined wage rates:
---

**SECTION 7: AUDITS**

24 CFR §§ 1000.544 and 548

This section is used to indicate whether an Office of Management and Budget (OMB) Circular A-133 audit is required, based on a review of your financial records.

Did you expend \$500,000 or more in total Federal awards during the previous fiscal year ended?

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.



**Coquille Indian Housing Authority**  
2678 Mexeye Loop Coos Bay, OR 97420  
(541) 888-6501 [www.coquilleiha.org](http://www.coquilleiha.org)





**SECTION 1: COVER PAGE**

(1) Grant Number: 20ICOR02770

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

(3) Federal Fiscal Year: 2020

- (4) Tribe
- (5) TDHE

(6) Name of Recipient:

Coquille Indian Housing Authority

(7) Contact Person:

Anne F. Cook, Executive Director

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

(541) 888-6501

(9) Mailing Address:

2678 Mexeye Loop

(10) City: (11) State: (12) Zip Code (99999 or 99999-9999):

Coos Bay Oregon 97420

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

(541) 888-8266

(14) Email Address (if available):

annecook@coquilleiha.org

(15) If TDHE, List Tribes Below:

Coquille Indian Tribe

(16) Tax Identification Number: 93-1133051

(17) DUNS Number: 944212935

(18) CCR/SAM Expiration Date (MM/DD/YYYY): 04/17/2021

(19) Name of Authorized APR Submitter:

Anne F. Cook

(20) Title of Authorized APR Submitter:

Executive Director

(21) Signature of Authorized APR Submitter:

Anne F. Cook

(24) APR Submission Date (MM/DD/YYYY):

12/21/2020

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

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

## SECTION 2: PROGRAM DESCRIPTIONS

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

Project is Behind Schedule

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

2019 activities were completed as planned, as were some preparatory activities in 2020. However, the housing rehabilitation work scheduled for 2020 was delayed due to reduced staffing, consultant, contractor, and material availability caused by the COVID-19 pandemic; work necessary to prevent, prepare for, and respond to COVID-19; and, an organizational focus on maintaining essential services and normal operations during the COVID-19 pandemic.

Rehabilitation activities planned for 2020 will be combined with the construction activities planned for 2021 to streamline the procurement process, attract larger contractors with multiple crews, and facilitate timely completion.

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

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

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

- No  
 Yes

If yes, please describe:

Implementation delayed by COVID-19.

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

- No  
 Yes

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

Check all that apply:

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

Describe Other barrier(s):

COVID-19 Delay(s)

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

Actions have been taken to mitigate the effects of COVID-19 on operations to the extent possible. Activities not completed in 2020 will be integrated with activities planned for 2021 to align with performance obligations.

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

Directly Meeting the Need

Describe why project is not meeting the need directly:

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

Coordination Formalized

Describe coordination delay:

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

Outputs:

Housing Units Constructed	0
Housing Units Acquired	0
Housing Units Rehabilitated	0

Check all that apply:

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

Describe Other:

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

Leveraged Resources Being Expended as Planned

Describe why leveraged resources are not being expended as planned:

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

Describe why leveraged resources are not being expended as planned:

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

## SECTION 3: BUDGETS

### 3.1. Sources of Funding

SOURCE	(A)	(B)	(C)	(D)	(E)	(F)
	Amount on hand at beginning of program year	Amount received during 12-month program year	Total sources of funding A + B	Funds expended during 12-month program year	Unexpended funds remaining at end of 12-month program year C - D	Unexpended funds obligated but not expended at end of 12-month program year
IHBG Competitive Grant	\$0	\$1,274,985	\$1,274,985	\$0	\$1,274,985	\$0
IHBG Leveraged Funds	\$0	\$25,000	\$25,000	\$0	\$25,000	\$0
IHBG Program Income	\$0	\$0	\$0	\$0	\$0	\$0
Other Leveraged Funds	\$0	\$400,000	\$400,000	\$0	\$400,000	\$0
<b>TOTAL</b>	\$0	\$1,699,985	\$1,699,985	\$0	\$1,699,985	\$0

### 3.2. Uses of Funding

	(G)	(H)	(I)
	Total IHBG Competitive funds expended in 12-month program year	Total all other funds expended in 12-month program year	Total funds expended in 12-month program year (G+H)
	\$0	\$0	\$0
Planning and Administration	\$0	\$0	\$0
<b>TOTAL</b>	\$0	\$0	\$0

## SECTION 4: AUDIT

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

Yes

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

No

If No, an audit is not required.