

SECTION 1: COVER PAGE

(1) Grant Number: 20ICWA02900

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

(3) Federal Fiscal Year: 2022

- (4) Tribe
- (5) TDHE

(6) Name of Recipient:

Colville Indian Housing Authority

(7) Contact Person:

Douglas R. Marconi Sr.

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

(509) 634-2284

(9) Mailing Address:

P.O.Box 528

(10) City:

Nespelem

(11) State:

Washington

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

99155

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

(509) 634-2335

(14) Email Address (if available):

douglas.marconisr.hsg@colvilletribes.com

(15) If TDHE, List Tribes Below:

The Confederated Tribes of the Colville Reservation

(16) Tax Identification Number:

27-5137188

(17) DUNS Number:

078769803

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

10/13/2023

(19) Name of Authorized APR Submitter:

Douglas R. Marconi Sr.

(20) Title of Authorized APR Submitter:

Executive Director

(21) Signature of Authorized APR Submitter:

Douglas R. Marconi Sr.

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

11/29/2022

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

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

SECTION 2: PROGRAM DESCRIPTIONS

2.0. Short Description Project Approved in Application

Third phase of White Buffalo Meadows Project, 17 units of new construction including infrastructure improvements.

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

Project is on 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:

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

Housing Construction:		Housing Acquisition:		Housing Rehabilitation:	
<input 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 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 type="checkbox"/>	Unit Rehabilitation
<input checked="" type="checkbox"/>	Housing Construction	<input type="checkbox"/>	Housing Services	<input type="checkbox"/>	Housing Services
<input checked="" type="checkbox"/>	Housing Services	<input type="checkbox"/>	Occupancy	<input type="checkbox"/>	Occupancy
<input checked="" type="checkbox"/>	Occupancy	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other
<input type="checkbox"/>	Other				
Describe Other:		Describe Other:		Describe Other:	

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

- No
 Yes

If yes, please describe:

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

- No
 Yes

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

Check all that apply:

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

Describe Other barrier(s):

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

Typical weather delays due to winter conditions. Infrastructure is 95% complete and is on hold and scheduled be completed in Spring 2023. This planned weather delay will not impact the planned completion of this project overall.

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	17
Housing Units Acquired	
Housing Units Rehabilitated	

Check all that apply:

<input checked="" type="checkbox"/> Reduce overcrowding	<input checked="" type="checkbox"/> Create new affordable rental units
<input checked="" type="checkbox"/> Assist renters to become homeowners	<input type="checkbox"/> Assist affordable housing for college students
<input type="checkbox"/> Improve quality of substandard units	<input checked="" type="checkbox"/> Provide accessibility for persons with disabilities
<input checked="" type="checkbox"/> Improve quality of existing infrastructure	<input checked="" type="checkbox"/> Improve energy efficiency
<input checked="" type="checkbox"/> Address homelessness	<input checked="" 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 project housing needs were not met or completed as planned:

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

This project is well underway. There were some minor delays due to the challenges presented during the COVID-19 outbreak. Engineering plans and specifications were slightly delayed as working from home became the new standard for our project engineering firm but are substantially completed at this time. Finding local labor force has been challenging and the contractor has allowed job training for Tribal Members and completion of project.

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	\$5,000,000		\$5,000,000	\$3,223,020	\$1,776,980	
IHBG Leveraged Funds	\$104,541		\$104,541	\$104,541	\$0	
IHBG Program Income			\$0		\$0	
Other Leveraged Funds			\$0		\$0	
TOTAL	\$5,104,541	\$0	\$5,104,541	\$3,327,561	\$1,776,980	\$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)
Third phase of White Buffalo Meadows Project, 17 units of	\$3,223,020	\$104,541	\$3,327,561
Planning and Administration	\$0	\$0	\$0
TOTAL	\$3,223,020	\$104,541	\$3,327,561

Notes:

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

SECTION 4: AUDIT

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

Yes

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

No

If No, an audit is not required.