

SECTION 1: COVER PAGE

(1) Grant Number: 55IT2513810

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

(3) Federal Fiscal Year: 2016

- (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) Name of Recipient: Mashpee Wampanoag Tribe		
(10) Contact Person: Deirdre Lopes		
(11) Telephone Number with Area Code: 508-477-0208, 107		
(12) Mailing Address: 483 Great Neck Road S.		
(13) City: Mashpee	(14) State: MA	(15) Zip Code: 2649
(16) Fax Number with Area Code (if available): 774-521-3547		
(17) Email Address (if available): dlopes@mwtribe.com		
(18) If TDHE, List Tribes Below:		
(19) Tax Identification Number: 237376761		
(20) DUNS Number: 800431913		
(21) CCR/SAM Expiration Date: May 12, 2016		

(22) IHBG Fiscal Year Formula Amount:	\$618,715
(23) Name of Authorized IHP Submitter:	Deirdre Lopes
(24) Title of Authorized IHP Submitter:	Mashpee Housing Director
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date:	10/16/2015
(27) Name of Authorized APR Submitter:	
(28) Title of Authorized APR Submitter:	
(29) Signature of Authorized APR Submitter:	Deirdre Lopes
(30) APR Submission Date:	

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

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

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) College 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

1. Financial Literacy Workshops
2. Debt Management Training Education Workshops
3. Transitional Housing Support
4. Housekeeping and Care Support/Information

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

1. The Tribe will seek and provide education and training to the housing staff, the MW Housing Commission and the MW Tribal Council.
2. The MW Housing Department will seek alternate sources of funding to assist with affordable housing to the tribal members, Native Americans.
3. The MW Housing Department will begin the process of establishing our "Mashpee Wampanoag Tribal Housing Development".
4. The MW Housing Department will provide educational training on NAHASDA programs to the staff and to the commission.
5. The MW Housing Department and the MW Housing Commission will develop effective policies and procedures as they relate to the housing department and housing programs.

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

The Mashpee Wampanoag Tribe's Housing Department plans to help meet the needs of low income families by providing housing assistance to tribal members and Native Americans with affordable housing in the Tribe's service areas: Massachusetts Counties of Barnstable, Bristol, Suffolk, Norfolk and Plymouth.

SECTION 3: PROGRAM DESCRIPTIONS

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

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.

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) :

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

(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection
Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding table only)
(25) Reserve Accounts [202(9)]	N/A	N/A

Outcome May Include:

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

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

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

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

APR: REPORTING ON PROGRAM YEAR PROGRESS (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>1.1. Program Name and Unique Identifier:</p>	<p>2016-1 Construction of Low Income Housing Development</p>
<p>1.2. Program Description <i>(This should be the description of the planned program.):</i> MW Housing will build a housing development for qualified low income tribal members and Native Americans in the Tribe's service area.</p>	
<p>1.3. Eligible Activity Number <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></p>	<p>4</p>
<p>1.4. Intended Outcome Number <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></p>	<p>6</p>
<p>Describe Other Intended Outcome <i>(Only if you selected "Other" above):</i></p>	
<p>1.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i></p>	<p style="background-color: yellow;"> </p>
<p>Describe Other Actual Outcome <i>(Only if you selected "Other" in above):</i></p>	
<p>1.6. Who Will Be Assisted <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> Qualified low income households consisting of tribal members and Native Americans living in the tribe's service area.</p>	
<p>1.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i></p>	

The low income housing development will provide a secure, safe and affordable environment for tribal members and Native Americans. The housing department will provide workshops/trainings, services and supports for the benefit of tribal members and Native Americans towards the goal of self-determination.

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.



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

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

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



2.1. Program Name and Unique Identifier:	2016-2 Down Payment & Closing Costs Assistance
2.2. Program Description <i>(This should be the description of the planned program.):</i> MW Housing will provide down payment and closing costs to qualified low income tribal member households and Native Americans living in our service area(s).	
2.3. Eligible Activity Number <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
2.4. Intended Outcome Number <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
Describe Other Intended Outcome <i>(Only if you selected "Other" above):</i>	
2.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>	
Describe Other Actual Outcome <i>(Only if you selected "Other" above):</i>	
2.6. Who Will Be Assisted <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> Low income tribal members and Native American household's living in the tribe's service area(s).	
2.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i> Down payment and closing costs will be provided to low income households at 2% of the approved mortgage up to a maximum of \$5,000.00 per household.	
2.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i> <div style="background-color: yellow; height: 40px; width: 100%;"></div>	
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
5		
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

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



3.1. Program Name and Unique Identifier:	2016-3 Rental Subsidy	
3.2. Program Description (This should be the description of the planned program.): MW Housing will provide rental assistance by offering a monthly subsidy to low income tribal members and Native Americans in our service area who are experiencing financial difficulty in meeting their monthly rental obligations. The initial rental subsidy will be approved for a two-year term. An income eligibility recertification will be required for continuation for the second year of rental assistance.		
3.3. 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.):	17	
3.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):	5	
Describe Other Intended Outcome (Only if you selected "Other" above):		
3.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):		
Describe Other Actual Outcome (Only if you selected "Other" above):		
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 <u>separate</u> program within this section.): Low income households including tribal members and Native Americans needing financial assistance to meet their monthly rental obligations.		
3.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.): Assistance will be provided for 24 months at \$300.00/mo. contingent on HUD income eligibility requirements being met. Annual recertification is required for the second year. A grand total of \$7,200 for a two-year period of rental assistance.		
3.8. APR: Describe the accomplishments for the APR in the 12-month program year.		



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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
	15	
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

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



4.1. Program Name and Unique Identifier:	2016-4 Rental Assistance	
<p>4.2. Program Description (This should be the description of the planned program.):</p> <p>MW Housing will provide funds to qualified tribal members and Native Americans by offering funds to assist in moving in into a rental. Funds can be used for first month, last month and/or security deposit.</p>		
4.3. 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.):		17
4.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):		5
Describe Other Intended Outcome (Only if you selected "Other" above):		
4.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):		
Describe Other Actual Outcome (Only if you selected "Other" above):		
<p>4.6. 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 <u>separate</u> program within this section.):</p> <p>Low income households for tribal members and Native Americans living in the service area(s) of the Tribe.</p> <p>4.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):</p> <p>Financial assistance will be provided to qualified tribal members or Native Americans for first, last and/or security deposit up to \$1,500.00 per household.</p>		
4.8. APR: Describe the accomplishments for the APR in the 12-month program year.		
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
	25	
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

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



5.1. Program Name and Unique Identifier:	2016-5 Foreclosure and Legal Assistance
5.2. Program Description <i>(This should be the description of the planned program.):</i> MW Housing will provide funds to qualified tribal members and Native Americans living in the tribal area(s) who are facing foreclosure.	
5.3. Eligible Activity Number <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
5.4. Intended Outcome Number <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>	5
Describe Other Intended Outcome <i>(Only if you selected "Other" above):</i>	
5.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>	
Describe Other Actual Outcome <i>(Only if you selected "Other" above):</i>	
5.6. Who Will Be Assisted <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> Low income households tribal members and Native Americans facing foreclosure.	
5.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i> Financial assistance will be provided to qualified households needing funds for the mortgage payment in the arrears or for legal assistance in the amount up to \$4,000.00 per household.	
5.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i> 	
5.9: 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
	5	
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

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



6.1. Program Name and Unique Identifier:	2015-6 Eviction Assistance	
<p>6.2. Program Description <i>(This should be the description of the planned program.):</i></p> <p>MW Housing will provide funds to qualified low income tribal members and Native Americans living in the tribe's service area(s) experiencing eviction.</p>		
6.3. Eligible Activity Number <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	
6.4. Intended Outcome Number <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>	5	
Describe Other Intended Outcome <i>(Only if you selected "Other" above):</i>		
6.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome <i>(Only if you selected "Other" above):</i>		
<p>6.6. Who Will Be Assisted <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>Assistance will be provided to qualified low income households of tribal members, and Native Americans who are experiencing eviction.</p> <p>6.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i></p> <p>Financial assistance will be provided to qualified households in the amount of \$2,000.00 for the purpose of eviction prevention.</p>		
6.8. APR: Describe the accomplishments for the APR in the 12-month program year.		

6.9: 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
	10	
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

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



7.1. Program Name and Unique Identifier:	2016-7 Home Rehabilitation	
<p>7.2. Program Description (This should be the description of the planned program.):</p> <p>MW Housing will provide funds to qualified low income tribal members and Native American homeowners whose homes are found with code violations, safety or the threat of loss.</p>		
7.3. 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.):	16	
7.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):	6	
Describe Other Intended Outcome (Only if you selected "Other" above):		
7.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):		
Describe Other Actual Outcome (Only if you selected "Other" above):		
<p>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 <u>separate</u> program within this section.):</p> <p>Low income tribal members and Native American homeowners living in the tribe's service area(s).</p>		
<p>7.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):</p> <p>Financial assistance will be provided to qualified tribal members or Native American homeowners who are found have code violations and safety violations. Funds in the amount of \$15,000.00 will be provided to address identifi issues.</p>		
<p>7.8. APR: Describe the accomplishments for the APR in the 12-month program year.</p> <p>[Redacted]</p>		
7.9: 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
	3	

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

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

[Redacted area]

SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP						APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year	
1. IHBG Funds	\$976,882	\$618,715	\$1,595,597	\$618,715	\$976,882			\$0		\$0		
2. IHBG Program Income			\$0		\$0			\$0		\$0		
3. Title VI			\$0		\$0			\$0		\$0		
4. Title VI Program Income			\$0		\$0			\$0		\$0		
5. 1937 Act Operating Reserves			\$0		\$0			\$0		\$0		
6. Carry Over 1937 Act Funds			\$0		\$0			\$0		\$0		
LEVERAGED FUNDS												
7. ICDBG Funds			\$0		\$0			\$0		\$0		
8. Other Federal Funds			\$0		\$0			\$0		\$0		

9. LIHTC			\$0		\$0			\$0			\$0		\$0
10. Non-Federal Funds			\$0		\$0			\$0			\$0		\$0
TOTAL	\$976,882	\$818,715	\$1,695,597	\$618,715	\$978,882	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL Columns C & H, 2 through 10			\$0					\$0			\$0		\$0

Notes:

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

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

PROGRAM NAME	IHP			APR			
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)	
2016-1 Construction of Low Income Housing Development		\$288,046	\$288,046			\$0	\$0
2016-2 Down Payment & Closing Costs Assistance		\$25,000	\$25,000			\$0	\$0

2016-3 Rental Subsidy		\$54,000	\$54,000			\$0
2016-4 Rental Assistance		\$37,500	\$37,500			\$0
2016-5 Foreclosure and Legal Assistance		\$20,000	\$20,000			\$0
2015-6 Eviction Assistance		\$20,000	\$20,000			\$0
2016-7 Home Rehabilitation		\$45,000	\$45,000			\$0
Planning and Administration		\$129,169	\$129,169			\$0
Loan repayment - describe in 3 & 4 below			\$0			\$0
TOTAL	\$0	\$618,715	\$618,715	\$0	\$0	\$0

Notes:

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

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

N/A

Add Bullet

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

[Redacted area]

Add Bullet

SECTION 6: OTHER SUBMISSION ITEMS

NAHASDA §§ 102(b)(2)(C)(ii), 201(b)(5), 202(6), 205(a)(2), 209

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

•N/A

(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.):*

•Construct combined Administrative Offices and Community Center

(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 No

If yes, describe the policy.

•Tribal members, Native Americans and others

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

Do you intend to exceed your allowable spending cap for Planning and Administration? Yes No

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

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

Did you exceed your spending cap for Planning and Administration? Yes No

If yes, did you receive HUD approval to exceed the cap on Planning and Administration costs? Yes No

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

[Redacted area]

(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 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:

Total Expenditures on Affordable Housing Activities for:		
	All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income
IHBG Funds:		
Funds from Other Sources:		

(7) APR: If answered "Yes" in Line 6, for each separate formula area, 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.

Total Expenditures on Affordable Housing Activities for:		
	All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income
IHBG Funds:		
Funds from Other Sources:		

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 No

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

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

Yes No Not Applicable

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

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

Yes No Not Applicable

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

Yes No Not Applicable

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

Yes No Not Applicable

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

Yes No Not Applicable

SECTION 8: IHP TRIBAL CERTIFICATION

NAHASDA § 102(c)

This certification is used when a Tribally Designated Housing Entity (TDHE) prepares the IHP or IHP amendment on behalf of the Tribe. This certification must be executed by the recognized tribal government covered under the IHP.

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

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

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

(4) Tribe:	Mashpee Wampanoag Tribe
(5) Authorized Official's Name and Title:	Cedric Cromwell, Chairman
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	13-Oct-15

SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

By signing the IHP, you certify whether you will use tribally determined wages, Davis-Bacon wages, or HUD determined wages. Check only the applicable box below.

- (1) You will use tribally determined wage rates when required for IHBG-assisted construction or maintenance activities. The Tribe has appropriate laws and regulations in place in order for it to determine and distribute prevailing wages.
- (2) You will use Davis-Bacon or HUD determined wage rates when required for IHBG-assisted construction or maintenance activities.
- (3) You will use Davis-Bacon and/or HUD determined wage rates when required for IHBG-assisted construction except for the activities described below.

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

•N/A