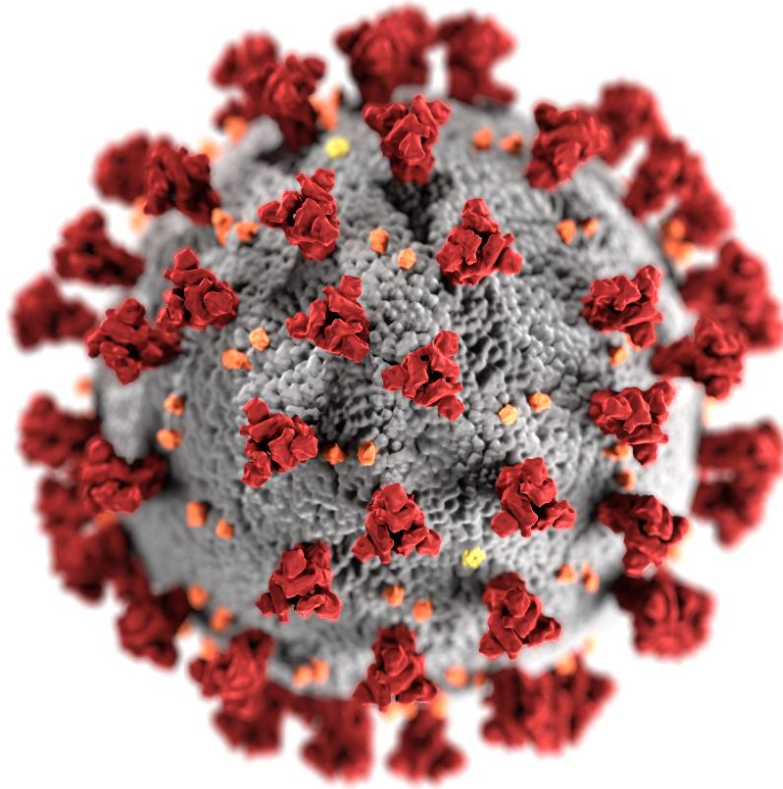




Coquille Indian Housing Authority

2678 Mexeye Loop • Coos Bay, OR 97420



Indian Housing Plan

FY 2020 IHBG-CARES

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.

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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) [X] 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) [X] TDHE

(9) Name of Recipient: Coquille Indian Housing Authority
(10) Contact Person: Anne F. Cook, Executive Director
(11) Telephone Number with Area Code: (541) 888-6501
(12) Mailing Address: 2678 Mexeye Loop
(13) City: Coos Bay (14) State: Oregon (15) Zip Code: 97420
(16) Fax Number with Area Code (if available): (541) 888-8266
(17) Email Address (if available): annecook@coquilleiha.org
(18) If TDHE, List Tribes Below: 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-CARES Amount: \$339,235
(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: 09/02/2020
(27) Name of Authorized APR Submitter:
(28) Title of Authorized APR Submitter:
(29) Signature of Authorized APR Submitter:
(30) APR Submission Date:

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

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

SECTION 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):*

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

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.):

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.):

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.):*

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	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	154	N/A			

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

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>2.1. Program Name and Unique Identifier: COVID-19 Prevention: CA20-2 – Modifications to Facilities</p>
<p>2.2. Program Description <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"> • 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 • Replace loose surfacing material with solid surfacing material at playground to improve sanitation and prevent the spread of COVID-19. – \$174,235
<p>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> (26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements</p>
<p>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) Assist affordable housing for low income households</p>
<p>Describe Other Intended Outcome <i>(Only if you selected "Other" above.):</i></p>

<p>2.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i></p>
<p>Describe Other Intended Outcome <i>(Only if you selected "Other" above.):</i></p>
<p>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></p> <p>Low income Native American and Alaska Native rental and homebuyer program participants.</p>
<p>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></p> <p>Work will be performed by Housing Authority staff or contractors at no cost to residents.</p>
<p>2.8. APR: <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>

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			

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

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						
TOTAL	0	339,235	339,235	339,235	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)	(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)
COVID-19 Reimbursement: CA20-1 – Incurred COVID-19 Related Costs	CA20-1	145,000	0	145,000			
COVID-19 Preventions: CA20-1 – Modifications to Facilities	CA20-2	194,235	0	194,235			
TOTAL		339,235	0	339,235			

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.):*

None.

(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.):*

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/Field and Answer. Rows include Recipient (Coquille Indian Tribe), Authorized Official's Name and Title (Brenda Meade, Chairperson), Authorized Official's Signature (Handwritten signature), and Date (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

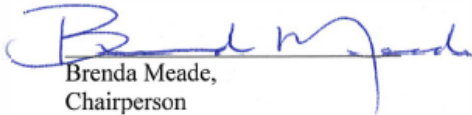
Resolution CY20080
Approving Submission of the FY2020 IHBG-CARES Indian Housing Plan
Page 2

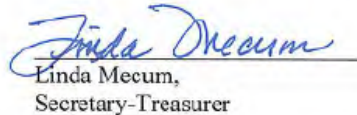
THEREFORE, BE IT FINALLY RESOLVED, that the Tribal Council Chairperson, or in her absence or unavailability, the Tribal Council Vice Chairperson, is authorized to sign any documents necessary to give this resolution full force and effect.

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.

*Striving for excellence
and to honor Coquille Tribal values
in all that we do.*

“As a sovereign nation, we dedicate ourselves to:

- Promoting the health and wellbeing of Tribal members and our community.
- Providing equitable opportunities, experiences, and services to all Tribal members.
- Taking care of the old people and educating the children.
- Honoring the culture and traditions of potlatch.
- Considering the impacts to our people, land, water, air, and all living things.
- Practicing responsible stewardship of our Tribal resources.”



Coquille Indian Housing Authority
2678 Mexeye Loop Coos Bay, OR 97420
(541) 888-6501 www.coquilleiha.org

