



Coquille Indian Housing Authority

2678 Mexeye Loop • Coos Bay, OR 97420

BOARD OF COMMISSIONERS
JANUARY 28, 2021

RATIFICATION OF ACTION BY CONSENT

AUTHORIZATION TO SUBMIT FY 2020 IHBG-COMPETITIVE GRANT ANNUAL PERFORMANCE REPORT TO HUD

An assessment of CIHA's performance in meeting the goals defined in its application for the FY 2018/2019 Indian Housing Block Grant Competitive Grant (IHBG-CG) has been prepared for the fiscal year ended September 30, 2020. The grant was awarded in support of the Kilkich Accessible Housing Project to rehabilitate three housing units and construct three new housing units in compliance with Section 504 accessibility standards. The report is in a format designed by HUD to provide generalized information regarding project status and does not require public review prior to submission.

Because the report is due to HUD no later than December 29, 2020, which is before the Board's next scheduled meeting date, approval for submission is sought by poll vote.

Do you authorize submission of CIHA's FY 2020 IHBG-Competitive Grant APR to HUD?

<u>Name</u>	<u>Response</u>	<u>Date</u>	<u>Time</u>	<u>Initials</u>
Shawn Chase	Yes	12/16/20	5:41 p.m.	_____
Paul Doyle	Yes	12/16/20	4:25 p.m.	_____
Don Garrett	Yes	12/16/20	2:50 p.m.	_____
Denise Hunter	Yes	12/16/20	3:13 p.m.	_____
Robert More	Yes	12/18/20	1:20 p.m.	_____
Judy Rocha	Yes	12/16/20	6:57 p.m.	_____
Jeff Severson	Yes	12/16/20	12:00 p.m.	_____

ATTEST:

Paul Doyle
Chair

Date

Robert More
Secretary/Treasurer

Date

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:		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:

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
TOTAL	\$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
TOTAL	\$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.