

B13 SEP 20028

HR

Rehabilitate up to 8 homes

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

03/18/2013

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Native Village of False Pass

* b. Employer/Taxpayer Identification Number (EIN/TIN):

* c. Organizational DUNS:

d. Address:

* Street1:

180 Unimak Drive

Street2:

PO Box 29

* City:

False Pass

County/Parish:

* State:

AK: Alaska

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

99583/0000

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

* First Name:

Viola

Middle Name:

* Last Name:

Yatchmeenff

Suffix:

Title:

AHA Homeownership Coordinator

Organizational Affiliation:

* Telephone Number:

907-644-6604

Fax Number:

907-644-6686

* Email:

viola.yatchmeneff@aleutian-housing.com

ENTERED IN AFD 3/19/12 em

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

I: Indian/Native American Tribal Government (Federally Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.862

CFDA Title:

Indian Community Development Block Grant Program

*** 12. Funding Opportunity Number:**

FR-5700-N-16

* Title:

Indian Community Development Block Grant (ICDBG) Program

13. Competition Identification Number:

ICDBG-16

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

False Pass Housing Rehabilitation Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="242,156.00"/>
* b. Applicant	<input type="text" value="40,413.00"/>
* c. State	<input type="text" value="41,380.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="323,949.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
 Middle Name:
 * Last Name:
 Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	Project Summary.doc	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	RatingFactor1_Capacity.docx	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	MOA.pdf	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	AHA Income Certification.docx	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	RatingFactor2_Need.docx	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	Map.pdf	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	RatingFactor3_Soundness.docx	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	FalsePassTribeNeedsResolution	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	PMP.pdf	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	AHA-AHFCCCommitmentLetters.pdf	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	HomeownerMaintenanceCertifica	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	RatingFactor4_Leverage.docx	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	RatingFactor5_Comprehensive.d	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14	HUD 4125 Implementation Sched	Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15	HUD 4123 Cost Summary_FP.pdf	Add Attachment	Delete Attachment	View Attachment

Facsimile Transmittal

U. S. Department of Housing and Urban Development
Office of Department Grants Management and Oversight

OMB Number: 2525-0118
Expiration Date: 06/30/2011

1362000019-2308

Name of Document Transmitting: Not Applicable

1. Applicant Information:

Legal Name: Native Village of False Pass
Address:
Street1: 180 Unimak Drive
Street2: PO Box 29
City: False Pass
County:
State: AK: Alaska
Zip Code: 99583/0000 Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

Organizational DUNS: [REDACTED] CFDA No.: 14.862
Title: Indian Community Development Block Grant Program
Program Component:

3. Facsimile Contact Information:

Department:
Division:

4. Name and telephone number of person to be contacted on matters involving this facsimile.

Prefix: First Name: Viola
Middle Name:
Last Name: Yatchmeneff
Suffix:
Phone Number: 907-644-6604
Fax Number: 907-644-6686

5. Email: viola.yatchmeneff@aleutian-housing.com

6. What is your Transmittal? (Check one box per fax)

a. Certification b. Document c. Match/Leverage Letter d. Other

7. How many pages (including cover) are being faxed? 1

**Applicant/Recipient
Disclosure/Update Report**

U.S. Department of Housing
and Urban Development

OMB Number: 2510-0011
Expiration Date: 10/31/2012

Applicant/Recipient Information

* Duns Number:

* Report Type:

INITIAL

1. Applicant/Recipient Name, Address, and Phone (include area code):

* Applicant Name:

Native Village of False Pass

* Street1:

180 Unimak Drive

Street2:

PO Box 29

* City:

False Pass

County:

* State:

AK: Alaska

* Zip Code:

99583/0000

* Country:

USA: UNITED STATES

* Phone:

907-644-6604

2. Social Security Number or Employer ID Number:

* 3. HUD Program Name:

Indian Community Development Block Grant Program

* 4. Amount of HUD Assistance Requested/Received: \$

242,156.00

5. State the name and location (street address, City and State) of the project or activity:

* Project Name:

False Pass Housing Rehabilitation Project

* Street1:

NHN False Pass

Street2:

* City:

False Pass

County:

* State:

AK: Alaska

* Zip Code:

99583

* Country:

USA: UNITED STATES

Part I Threshold Determinations

* 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

Yes

No

* 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1-Sep. 30)? For further information, see 24 CFR Sec. 4.9

Yes

No

If you answered " No " to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.

However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

(Note: Use Additional pages if necessary.)

Add Attachment

Delete Attachment

View Attachment

Part III Interested Parties. You must decide.

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

* Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	* Social Security No. or Employee ID No.	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %

(Note: Use Additional pages if necessary.)

Certification

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 disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.
 I certify that this information is true and complete.

* Signature:

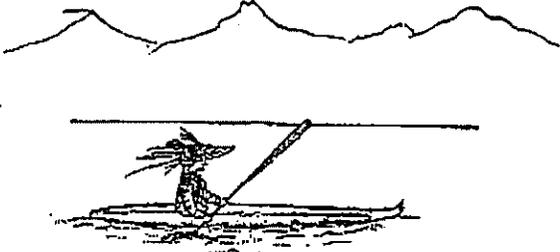
* Date: (mm/dd/yyyy)

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: Native Village of False Pass * Street 1: P.O. Box 29 Street 2: _____ * City: False Pass State: AK: Alaska Zip: 99583 Congressional District, if known: _____		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: _____		
6. * Federal Department/Agency: HUD	7. * Federal Program Name/Description: Indian Community Development Block Grant Program CFDA Number, if applicable: 14.862	
8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant: Prefix _____ * First Name Not _____ Middle Name _____ * Last Name Applicable _____ Suffix _____ * Street 1 _____ Street 2 _____ * City _____ State _____ Zip _____		
b. Individual Performing Services (including address if different from No. 10a) Prefix _____ * First Name Not _____ Middle Name _____ * Last Name Applicable _____ Suffix _____ * Street 1 _____ Street 2 _____ * City _____ State _____ Zip _____		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: Dan Duame * Name: Prefix Mr. _____ * First Name Dan _____ Middle Name _____ * Last Name Duame _____ Suffix _____ Title: AHA Executive Director Telephone No.: 907-563-2146 Date: 03/18/2013		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)



False Pass Tribal Council

P.O. Box 29
False Pass, Alaska 99583
(907) 548-2227
FAX (907) 548-2256

RESOLUTION # 13-02

A RESOLUTION AUTHORIZING THE ALEUTIAN HOUSING AUTHORITY TO COMPLETE AN APPLICATION FOR THE INDIAN COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM ON BEHALF OF THE NATIVE VILLAGE OF FALSE PASS AND FOR SUCH RELATED PURPOSES AS SPECIFIED BELOW

WHEREAS, the Native Village of False Pass is a federally recognized tribal government eligible to receive funding under the Native American Housing Assistance and Self-Determination Act (NAHASDA) and the HUD Indian Community Development Block Grant (ICDBG) Program; and

WHEREAS, Aleutian Housing Authority (AHA) has been designated by the Native Village of False Pass as the "Trially Designated Housing Entity" to administer a certain portion of NAHASDA funds received on behalf of False Pass; and

WHEREAS, based on information received from the community, there is an immediate need to provide up to 8 low-income, Alaska Native homes with housing rehabilitation assistance, with rehabilitation to include bathroom accessibility, roof repair, window replacement and siding replacement in False Pass; and

WHEREAS, the parties have entered into a Memorandum of Agreement (MOA) which sets forth the parties intention to cooperate in a joint effort to seek available funding to address the identified need and to allow AHA to be the sub recipient of such funds for purposes of project management and administration; and

WHEREAS, the parties have agreed to cooperate to apply specifically for funds under the HUD Indian Community Development Block Grant (ICDBG) Program; and

WHEREAS, the Native Village of False Pass has discussed the proposed rehabilitation project with its Tribal Members and the community in 2013, have posted a Development Statement specifying the goals and objectives of the grant application, and considered any comments received; and

WHEREAS, the ICDBG grant requirements provide that the Tribe must make certain formal designations and authorizations for AHA to apply for and administer such funds on its behalf

NOW THEREFORE BE IT RESOLVED, that the Native Village of False Pass hereby

authorizes the Aleutian Housing Authority (AHA) to complete an application on behalf of the Native Village of False Pass for funding under the HUD ICDBG and if awarded, to be the sub recipient administrator of such funds; and .

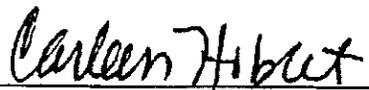
BE IT FURTHER RESOLVED, that the Native Village of False Pass designates the AHA Executive Director as its Authorized Representative to act on its behalf in terms of any required signatures, certifications, authorizations or other actions that may be required in the application process and if awarded, in the implementation process during grant administration; and

BE IT FURTHER RESOLVED, that during the administration of any funds awarded under the ICDBG program, the Native Village of False Pass certifies and adopts the following standards, policies and conditions in accordance with 24 CFR Part 85, 24 CFR Part 1003, and OMB Circular A-87:

- 1) AHA Housing Quality Standards, as described in Section 982.401, in accordance with 24 CFR 1003.302; and
- 2) AHA financial management and administrative policies and procedures; and
3. AHA procurement policies and procedures; and
4. Maintenance responsibility for these homes rehabilitated under the ICDBG project will remain with the homeowners.

BE IT FURTHER RESOLVED, the Native Village of False Pass hereby certifies that all the requirements of 24 CFR 1003.604, Citizen Participation has been fulfilled in regards to the community input on the proposed project; the posting of the Community Development Statement specifying the goals and objectives of the grant application; and consideration was made on any comments to the application.

ADOPTED and APPROVED this 2nd day of March, 2013, by a vote of 8 in favor, 0 opposed, and 1 abstaining.



President Carleen Hoblet

ATTEST:



Siri Goulette
Secretary / Treasurer



False Pass Tribal Council

P.O. Box 29
False Pass, Alaska 99583
(907) 548-2227
FAX (907) 548-2256

RESOLUTION # 13-01

**RESOLUTION APPROVING THE NATIVE VILLAGE OF FALSE PASS
CODE OF CONDUCT POLICIES**

WHEREAS, the Native Village of False Pass is a federally recognized tribal government and to ensure that the Tribe operates its programs and services in compliance with applicable federal and state funding requirements; and

WHEREAS, an important part of ensuring proper compliance is having a clear set of Code of Conduct Policies by which the Tribe can be guided in carrying out the business of the Tribe;

NOW THEREFORE BE IT RESOLVED: that the Native Village of False Pass hereby approves the 'Native Village of False Pass Code of Conduct Policy'.

ADOPTED and APPROVED this 2nd day of March, 2013, by a vote of 8 in favor, 0 opposed, and 0 abstaining.

Carleen Hoblet

President Carleen Hoblet

ATTEST:
Siri Goulette

Siri Goulette
Secretary / Treasurer



False Pass Tribal Council

P.O. Box 29
False Pass, Alaska 99583
(907) 548-2227
FAX (907) 548-2256

RESOLUTION # 13-03

**A RESOLUTION AUTHORIZING THE ALEUTIAN HOUSING AUTHORITY
TO PROCEED UTILIZING NATIVE VILLAGE OF FALSE PASS TRIBAL NEEDS FUNDS
TO ADDRESS HOUSING REHABILITATION IN FALSE PASS**

WHEREAS, the Native Village of False Pass is an eligible recipient of federal NAHASDA funding and has designated the Aleutian Housing Authority (AHA) as its Tribally Designated Housing Entity; and

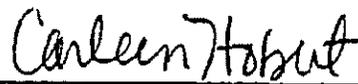
WHEREAS, one of the primary purposes of NAHASDA is to provide funding for the rehabilitation of homes for low - income families in False Pass; and

WHEREAS, the community of False Pass has an immediate need to address housing rehabilitation for up to 8 homes for low-income residents;

NOW THEREFORE BE IT RESOLVED, that the Native Village of False Pass hereby authorizes AHA to proceed with the housing rehabilitation project; and

BE IT FURTHER RESOLVED, that to cover the expense of this project, AHA is authorized to take any and all appropriate and necessary action, and to obligate Native Village of False Pass NAHASDA Tribal Needs funds, for use as match funds for any potential grant funds that may be available to complete the project.

ADOPTED AND APPROVED this 2nd day of March 2013, by a vote of 8 in favor, 0 opposed, and 0 abstaining.



President Carleen Hoblet

ATTEST:



Secretary / Treasurer Siri Goulette

False Pass Housing Rehabilitation Project

Project Summary

The False Pass Tribe (Native Village of False Pass) is applying for funding through the Indian Community Development Block Grant for a proposed Housing Rehabilitation Project in False Pass for the benefit of low-income, Alaska Native or American Indian families. The population in the small community is 26 persons that consist of over 77% Alaska Native persons. False Pass is located on Unimak Island, the first in the Aleutian archipelago, about 626 miles from Anchorage, and only accessible by plane or sea. Fishing, fish processing, and subsistence activities continue to be prevalent in the local lifestyle.

The proposed Housing Rehabilitation Project will provide for much needed rehabilitation made to homes built over 25 years old, maintaining their continued viability within the community, to include: 1) replacement/repair of roofs, windows, and siding that over the years, has been exposed to blowing salt air in this maritime environment with excessive rain fall and extreme high winds much of the year; 2) rehabilitation for bathroom accessibility and/or ramps for very low-income elders; and 3) repair/installation of heat system venting.

The Project will enhance the economic viability for the community by creating safe, decent, and healthy environments for up to 8 families in the community, helping them to remain in their homes; and creating temporary jobs in the community for 2-3 persons, representing potential income earned that can be spent or retained in the community.

Implementation Schedule
Indian Community Development Block Grant (ICDBG)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0191
(exp. 1/30/2015)

See Instructions and Public Reporting Statement on back.
Submit a separate implementation schedule for each project category.

1. Name of Applicant (as shown in Item 5, Standard Form 424)
Native Village of False Pass

2. Application/Grant Number (to be assigned by HUD) 3. Original (First submission to HUD)
 Pre-Award Submission
 Amendment (submitted after grant approval)

4. Name of Project (as shown on form HUD-4123, Item 4)
False Pass Housing Rehabilitation Project

5. Effective Date (mm/dd/yyyy) **08/01/2013** Expected Completion Date (mm/dd/yyyy) **09/01/2014** Expected Closeout Date (mm/dd/yyyy) **11/30/2014**

6. Environmental Review Status
 Exempt (As described in 24 CFR 58.34) Under Review (Review underway; findings not yet made)
 EIS Required (Finding that project may significantly affect environment or EIS automatically required by 24 CFR 58.37) Not Started (Review not yet begun)

7. Tribal Fiscal Year (mm/dd/yyyy)
12/31/2013

8. Task List
(List tasks such as environmental assessment, acquisition, etc.)

9. Schedule.
Use Calendar Year (CY) quarters. Fill-in the CY below. See detailed instructions on back.

	CY 13			CY 14			Date (mm/dd/yyyy) (if exceeds 8th Q tr		
	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	5th Qtr.	6th Qtr.		7th Qtr.	8th Qtr.
Project Mgmt & Planning (ERR, Assessments, etc)			X						
Application Process starts				X					
Housing Material procurement and shipment								X	
Housing Rehabilitation Begins								X	
ASER									
Project Inspections and Close Out									
10. Planned Drawdowns by Quarter (Enter amounts non-cumulatively)	\$	\$	\$	\$ 48,431.00	\$	\$ 93,725.00	\$ 100,000.00	\$	\$ Total 242,156.00
11. Cumulative Drawdown (If more than one page, enter total on last page only)	\$	\$	\$	\$ 48,431.00	\$ 48,431.00	\$ 142,156.00	\$ 242,156.00	\$ 242,156.00	\$ Total 242,156.00

Public reporting burden for this collection of information is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0191), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington D.C. 20410-3600. 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.

This collection of information requires that each eligible applicant submit information to enable HUD to select the best projects for funding during annual competitions for the ICDBG Program. The information will be used by HUD to determine whether applications meet minimum screening eligibility requirements and application submission requirements. Applicants provide general information about the project which is preliminary to the review of the applicant's response to the criteria for rating the application. The information is essential for HUD in monitoring grants to ensure that grantees are making proper use of Federal dollars. Responses to the collection are required by Section 105 of the Department of Housing and Urban Development Reform Act (P.L. 101-235) as amended by the Cranston-Gonzales National Affordable Housing Act of 1990. The information requested does not lend itself to confidentiality.

Instructions for Item 9 Schedule: Use Calendar Year (CY) quarters. Fill-in the CY below. If the project begins in May, for example, enter under "1st Qtr." A(April), M(May), J(June). Indicate time period required to complete each activity, e.g., acquisition, by entering "X" under the months it will begin and end. Draw a horizontal line from the first to the second "X". If the completion date will extend beyond the 8th quarter, enter date in the far right column and attach an explanation.

Cost Summary

Indian Community Development Block Grant (ICDBG)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0191
(exp. 1/30/2015)

See Instructions and Public Reporting Statement on back.

1. Name of Applicant (as shown in Item 5, Standard Form 424) Native Village of False Pass		2. Application/Grant Number (to be assigned by HUD upon submission)	
3. <input checked="" type="checkbox"/> Original (check here if this is the first submission to HUD)		<input type="checkbox"/> Revision (check here if submitted with implementation schedule as part of pre-award requirements)	
<input type="checkbox"/> Amendment (check here if submitted after HUD approval of grant)		Date (mm/dd/yyyy) 03/18/2013	
4. Project Name & Project Category (see instructions on back) a	ICDBG Amount Requested for each activity b	Program Funds (in thousands of \$)	
		Other Source Amount for each activity c	Other Source of Other Funds for each activity d
Project Mgmnt and Planning (ERR, Procurement, etc)	\$ 0.00	\$ 2,803.00	Tribal Needs
Application Process	0.00	500.00	"
Home Rehabilitation, based on specific activity			
- Roof Repair/Replacement (6 homes)	60,750.00	20,250.00	AHFC & Tribal Needs Funds
- Window & Siding Replacement (7 homes)	92,925.00	30,975.00	"
- Vent Installation (2 homes)	2,250.00	750.00	Tribal Needs Funds
- Bathroom Accessibility (3 homes)	24,750.00	8,250.00	"
- Ramp Installation (3 homes)	13,050.00	4,350.00	"
Project Inspections and Closeout	0.00	1,000.00	"
5. Administration			
a. General Management and Oversight	48,431.00	12,915.00	
b. Indirect Costs: Enter indirect costs to be charged to the program pursuant to a cost allocation plan.			
c. Audit: Enter estimated cost of Program share of A-133 audits.			
Administration Total *	48,431.00	12,915.00	
6. Planning The Project description must address the proposed use of these funds.			
7. Technical Assistance Enter total amount of ICDBG funds requested for technical assistance. **			
8. Sub Total Enter totals of columns b. and c.	\$ 242,156.00	\$ 81,793.00	
9. Grand Total Enter sum of column b. plus column c.			\$ 323,949.00

* The total of items 5 and 6 cannot exceed 20% of the total ICDBG funds requested.

** No more than 10% of ICDBG funds requested may be used for technical assistance. If funds are requested under this line item, a separate project description must accompany the application to describe the technical assistance the application intends to obtain. Only technical assistance costs associated with the development of a capacity to undertake a specific funded program activity are eligible (24 CFR 1003.206).

Public reporting burden for this collection of information is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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.

This collection of information requires that each eligible applicant submit information to enable HUD to select the best projects for funding during annual competitions for the ICDBG Program. The information will be used by HUD to determine whether applications meet minimum screening eligibility requirements and application submission requirements. Applicants provide general information about the project which is preliminary to the review of the applicant's response to the criteria for rating the application. The information is essential for HUD in monitoring grants to ensure that grantees are making proper use of Federal dollars. Responses to the collection are required by Section 105 of the Department of Housing and Urban Development Reform Act (P.L. 101-235) as amended by the Cranston-Gonzales National Affordable Housing Act of 1990. The information requested does not lend itself to confidentiality.

Instructions for Item 4.

Project Name and Project Type

Participants enter the project name and the name of one of the following three categories of activities:

- Housing
- Community Facilities
- Economic Development

Also enter the component name if applicable. Use a separate Cost Summary sheet (form HUD-4123) for each project included in the application.

Examples of categories and/or components including examples of eligible activities are listed below.

Housing

Rehabilitation Component

- Rehabilitation
- Demolition

Land to Support New Housing Component

New Housing Construction Component

Community Facilities

Infrastructure Component

- Water
- Sewer
- Roads and Streets
- Storm Sewers

Buildings Component

- Health Clinic
- Daycare Center
- Community Center
- Multi-purpose Center

Economic Development

- Commercial (wholesale, retail)
- Industrial
- Motel/Hotel
- Restaurant
- Agricultural Development

False Pass Housing Rehabilitation Project

Rating Factor 1: Capacity of the Applicant

Sub Factor 1: Managerial, Technical, and Administrative Capability

(a): Managerial and Technical Staff (8 points)

Working in partnership with the False Pass Tribe under a Memorandum of Agreement (MOA), Aleutian Housing Authority (AHA), the Tribally Designated Housing Entity, will assume primary responsibility for implementation and administration of the False Pass Housing Rehabilitation Project. Upon a successful grant award, AHA will be the sub recipient under the Agreement that will provide housing rehabilitation for single-family homes for specific areas of need to include: 1) Roofing, windows, and siding; 2) bathroom and/or ramp accessibility; and 3) venting for Quiet Side heating systems. This work will be done in varied stages and on up to 8 homes, however each activity is not needed for every home (Please see MOA attachment).

As the entity responsible for the implementation and administration of this grant and since 1979, AHA has successfully constructed 308 affordable single-family homes, 29 senior rental units, 36 low-income rental units, 17 professional rental units, and a Tribal Office throughout ten communities of the Aleutian and Pribilof Islands Region. AHA is currently working on *recent* and *successful* completion within budget and timeline of *relevant* rehabilitation projects throughout the region which consists of 8 single-family homes, 29 rental units, and 60 units receiving weatherization for 2012. AHA is also about complete with the new development of 6 more professional rentals in 2013. AHA continues to manage 139 single-family housing units and 74 rentals throughout the Region.

Working in coordination with the False Pass Tribe, AHA project staff involved in the False Pass Housing Rehabilitation Project will include the Executive Director, Development Director, and Finance Director. Force account crews and sub-contractors will be utilized where needed and overseen by the Development Director.

The AHA Executive Director, Dan Duame, will provide general administrative oversight to all aspects of the project. Mr. Duame is also an attorney with extensive experience in Alaska Native tribal affairs, Federal Indian law, non-profit and administrative law and government contracting. In addition to his legal background and experience, Mr. Duame holds an MBA degree and has considerable work experience in the construction industry. He has worked almost exclusively with regional Alaska Native non-profits and housing authorities since the late 1980's, serving in the capacity of in-house general counsel for two different Alaska Native regional Non-profits, and for over 9 years as Executive Director of the Aleutian Housing Authority. He also serves on the Boards for the Alaska Association of Housing Authorities and Alaska Cold Climate. *Relevant* to this type project, *recently* in 2012, under Mr. Duame's administration utilizing force account AHA has *successfully* completed within acceptable budget levels meeting necessary timelines 37 rehabilitation projects to current assisted stock units, 60 weatherization rehabilitations, and 4 Home Repair Loan projects.

The AHA Development Director, Ed Paulus, will provide Project Management to all construction aspects of the Project, with General Contractor State Residential Endorsement

Certification, he has 24 years of construction experience and has been with AHA for 13 years working with and managing force account crews, conducting housing rehabilitation/construction in the capacity of a carpenter, field foreman, and resident manager, before his current position. He has extensive regional knowledge having lived and worked in the region most of his life. Additionally, Mr. Paulus has worked with private contractors in a carpenter and cabinet making capacity gaining invaluable knowledge of private sector processes. He has taken many construction and construction related certified training classes to include OSHA Construction Safety and Health; Hazardous Paint Handler; Building Performance Institute, and Hilti Powdered Actuated Tools. His most *recent* accomplishments *relevant* to this type activity, where he has provided Project Management for *successful* completion of rehabilitation projects in the region including 13 roofing rehabilitations which came in under budget and ahead of schedule. He also provides oversight to all construction and rehabilitation projects including weatherization on-going in the region as the Director of Construction. Mr. Paulus will provide management and direction as the project manager to any contractors and the field crew within False Pass to schedule and track timelines for adherence and administer final inspections for assurance of quality workmanship.

The AHA Finance Director, Mrs. Donna Stout will ensure compliance with all applicable HUD and OMB regulations of the Project, and has 40 years of hands on accounting and financial management monitoring and oversight skills. Mrs. Stout has been with AHA for 14 years and is responsible for maintaining and managing the financial system and the administration involved with the grant and project activities. Mrs. Stout has immense financial experience and knowledge of what is required by HUD and information resources AHA needs to have available. She is responsible for financial monitoring and compliance of all funding sources AHA has received since 1999 and is compliant with reporting processes each year. She has 14 years of *recent* and *relevant* experience related to the *successful* and accurate accounting for force account construction and contractors. Additionally, the AHA financial audits have not had any findings or concerns for over 8 years, and none related to accounting during her tenure. Mrs. Stout will provide financial oversight to ensure the Project is within budget and costs are appropriately allocated through payroll and accounts payable. She will also provide financial reports for the Project whenever requested to track and report progress.

The False Pass Tribe will assist AHA, the designated sub recipient, in the administration and implementation of this grant, if successful, and as described in the Memorandum of Agreement (Please see MOA attachment). The Agreement specifies what activities AHA and the False Pass Tribe are responsible for. Since the implementation of NAHASDA, the False Pass Tribe has worked with AHA annually as their Tribally Designated Housing Entity in the administration and implementation of their tribal needs funds received under NAHASDA in the Indian Housing Block Grant for *relevant* and *successful* housing rehabilitation of 6 single-family homes in 2007 installing energy saving Quiet Side heating units. Additionally, *recently* in 2010 the Tribe worked with AHA to *successfully* develop a duplex rental in False Pass, which is occupied with essential to the community health providers and village safety officer personal, which has *successfully* closed with the primary funder meeting criteria, for audit, inspections, and occupancy. The Tribe also provides for local general maintenance for this duplex. The Tribe continues to support housing activities through its office with job posting, home applications, answering questions, selection processing, and any other activities that may be needed. The Tribe also works closely with other funding sources such as the Bureau of Indian Affairs, Environmental Protection Agency and Indian Health Services.

Together this Project Team through coordination and team work has achieved *recent, relevant* and *successful* completion of rehabilitation work within applicable budgets for the funds available, and timelines needed to ensure low-income families gained assistance in making their homes energy efficient, or to remain in safe, decent and habitable occupancy.

(b): Project Implementation Plan (8 points)

The False Pass Tribe and AHA have readily identified 3 low-income families where Housing Rehabilitation Project can be provided for bathroom accessibility or ramps for those elder occupants, once they are income eligible. As the entity responsible for implementation of the Project, AHA has also performed home inspections on managed home stock within the community, and will income certify each family as required. Additionally, where the homeowner is in a managed unit, they will be current with housing payments, or in a current pay-back agreement (please see AHA Income Certification attachment).

Please see the Implementation Schedule HUD 4125 attachment for a detailed description of the Project tasks.

The AHA Development Director, Mr. Paulus will be responsible to ensure all tasks and timelines are met and will monitor progress with regular field communication through the phone and weekly progress reports. He will consult the False Pass Tribe and the AHA Executive Director on any variance issues with regards to projected timelines or costs. In the event of unforeseen delays, such as shipping delays for materials or inclement weather, adjustments will be implemented as necessary and appropriate to ensure the success of the project and the Implementation Schedule will immediately be revised if required.

(c): Financial Management (7 points)

The grant will be implemented and administered by AHA which has demonstrated successful management of over \$33 million in funds (IHBG, AHFC, FHLB, Title VI, ROSS, ICDBG) in the last five years. The False Pass Tribe, by resolution has adopted the AHA Financial Management System and Administration Policy for the implementation of this project which meet 24 CFR Part 85 and 24 CFR Part 1003. AHA utilizes Intuit American FundWare® software for proper recordation of all transactions that provides cost detail on all projects down to the individual unit and product category level providing general management, oversight and coordination (as described in 1003.206(a)). This system will enable AHA to keep a detailed accounting of all expenditures for this rehabilitation project including Salaries/benefit costs, Travel costs, and Other allowable costs for goods and services such as: materials, freight, labor, insurance, supplies, and utilities in compliance with OMB Circular A-87 to ensure budget performance, and effective reporting to granting agencies. All requests for funds, including payroll are documented by payroll timecards or purchase requisitions and signed off by the Project Manager and the Finance Director. The AHA Finance Director will also utilize this system to give complete, accurate and timely reports for use in budget comparison, control, and documentation (as described in 85.20(b)) and in the quarterly reporting on form SF-425 (as described in 85.41(b)) or whenever a performance update is needed by the Project Team. Additionally, AHA will maintain and retain financial documentation for the ICDBG Project for at least 3 years past the date of close-out as required and submit an audit for these funds as the sub recipient.

The False Pass Tribe does not meet the State or Federal threshold for a federal Single Act audit. The current AHA 2011 Single Audit Act financial statements had no findings and have been delivered to the Federal Audit Clearinghouse.

(d): Procurement and Contract Management (7 points)

As the entity responsible for implementation and administration of the Project, AHA has a Procurement Policy in place, which will be applied to the procurement of all contract labor and materials secured for this Project. The False Pass Tribe, by resolution has adopted this Policy for the implementation of this Project. This Policy meets the requirements of 24 CFR parts 85, 1003, and 1000, as required by HUD and outlines the process for both procurement of identified goods and services required by established thresholds of the purchases, small purchase \$0 - \$100,000; Sealed Bids/Invitation for Bids (IFB), when applicable over \$100,000; Competitive Proposals/Request for Proposals (RFP), when applicable over \$100,000; and Non Competitive (Sole Source Proposals), as well as the methods used for purchase (request for price quotes, request for proposals, and invitation for bids) that controls the method of procurement as designated in 24 CFR part 85.36(d).

AHA Procurement Policy is controlled by the provisions of 24 CFR 85.36, Procurement and are in compliance with applicable federal standards and regulations along with any applicable state or local laws. In the event of any conflict in interpretation, HUD regulations prevail and apply to all contracts for the procurement of supplies, services, and construction. The False Pass Tribe has adopted a Code of Conduct policy (please see Code of Conduct Resolution and Policies attachments). Specific procurement standards covered in the AHA policies are (as designated by 24 CFR 85.36(b)):

- Ethics in Contracting covering Code of Conduct and Conflicts of Interest governing the performance of employees engaged in the award and administration of contracts.
- Steps Prior to Procurement review process to avoid purchase of unnecessary or duplicative items with consideration for consolidating or breaking out procurements for a more economical purchase.
- Intergovernmental Agreements for procurement or for the use of common goods and services that is feasible and reduces project costs.
- Before the awarding of any contract, ensure that the bidder has the sufficient technical, administrative, and financial capability to perform work of the size and type involved, as well as evidence of contractor integrity and compliance with public policy, record of past performance and will reject any bid or offer not satisfying this responsibility.
- Detailed records are maintained including rationale for the method of procurement, selection of contract types, contractor selection or rejection, and the basis for price.
- AHA is solely responsible for the settlement of contractual and administrative issues arising from procurements.
- Use of time and material type contracts only after determination that no other contract is suitable, and if the contract includes a ceiling price, that the contractor exceeds this at its own risk.
- Procedures are included to handle and resolve disputes relating to procurements and shall disclose information regarding the protest to the awarding agency.

All procurement transactions, as outlined in the AHA policies are conducted in a manner providing full and open competition consistent with 24 CFR part 85.36(c) and that affirmative steps are taken to ensure that minority firms, women's businesses, and small businesses are used when possible consistent with the standards of 24 CFR part 85.36(e). Policies also ensure that a cost analysis is performed consistent with 24 CFR 85.36(f) and that technical specification on proposed procurements and pre-award review procurement documents available to awarding agencies when requested. While there are not Bonding requirements in this Project, if applicable would be consistent with 24CFR 85.36(h). Contract Clauses within the policy includes any clauses that are required by federal statutes, executive orders, and implementing regulation, as provided in 24 CFR 85.36(i), although work performed by AHA and provided for in the Project scope will be force account, or administrative staff.

Sub Factor 2: Past Performance (0 points)

The False Pass Tribe is a new applicant for purposes of this funding NOFA, therefore this sub factor is non-applicable.

False Pass Housing Rehabilitation Project

Rating Factor 2: Need/Extent of the Problem

Sub Factor 1: Need and Viability (4 points)

The community of False Pass was incorporated in 1990 and is located in the Aleutians East Census area with a population of 26 residents (77.14% Alaska Natives), and is situated on the eastern shore of Unimak Island on a strait which connects the Pacific Gulf of Alaska to the Bering Sea in the Aleutian Chain about 646 air miles from Anchorage. The community name is derived from this strait as it is extremely shallow and cannot easily accommodate large vessels. Commercial fishing, fish processing, and subsistence activities are mainstays of the local lifestyle. False Pass is also an important refueling stop for Bristol Bay and Bering Sea fishing fleets traversing through the strait from the South to the North side of the Aleutian peninsula and islands. Southeast winds are constant and often very strong during winter months in excess of 100 miles an hour at times (please see Map).

Recently, based on home inspections performed by Aleutian Housing Authority (AHA) as part of the Current Assisted Stock monitoring, it has been noted that some of the elders have the need to move easily within and out of their homes to remain independent, thereby continue to remain in their home in the community. So many of the elder population throughout the region, are moving to more urban areas due to respective medical needs, and this Project will enable them to stay at home for as long as they may wish. Additionally, for several years due to the extreme weather conditions, the roofs, windows and siding for most all the homes constructed in 1985 have a dire need for repair. During a severe winter storm in 2011, one home had their roof blow off, requiring total replacement to include damage to the interior ceiling and roof supports. In 2007, AHA installed Quiet Side heating systems to 6 homes, and due to the blowing rain, it was quickly determined that a specific type of venting would be needed to ensure this rain did not blow into the home through this system during wind storms. Over the years AHA has replaced the majority of them with great success, however there are still up to 2 more that need replacement, or additional repair because of directional weather exposure. Project repairs will be done in accordance with AHA guidelines and have been adopted by the Tribe as required.

Sub Factor 2: Project Benefit

(c). Housing Rehabilitation (12 points)

The dollar amount for the False Pass Tribe is \$1,348.17 from the FY 2013 ICDBG Needs Table. However the total FY 2012 IHBG amount for the False Pass Tribe is \$50,399, which is below the \$100,000 threshold and the Needs Table indicates that the community has households experiencing income or housing problems therefore the False Pass Tribe is eligible to receive the full 12 points in this sub factor.

False Pass Housing Rehabilitation Project

Rating Factor 3: Soundness of Approach

Sub Factor 1: Description of and Rationale for Proposed Project (12 points)

The False Pass Housing Rehabilitation Project will consist of housing rehabilitation for: 1) Roofing, siding, and windows; 2) Bathroom accessibility and/or ramps to provide for mobility and accessibility for the most vulnerable persons, our elders; and 3) Quiet Side venting. The home rehabilitation will also meet tribally adopted rehabilitation codes applicable in the HUD housing quality standards at 24 CFR §982.401, and used by Aleutian Housing Authority (AHA) as the entity implementing this Project on the Tribes behalf (please see Tribal Resolution adopting these standards).

Since 2007, and mostly with funds from a State of Alaska Modification grant, AHA has performed accessibility and mobility type work on 31 homes throughout the region for bathrooms, porches, rails, appliances, and specialty devices. Unfortunately there isn't any more funding available as the State offered minimal funding in 2012 where only 4 ½ applicants were funded, and the NOFA is not expected to even be offered in 2013.

Housing Rehabilitation will consist of: 1) replacement/repair to 6 homes for roofs and 7 homes roof, windows and siding; 2) removal and replacement of existing bathtubs with walk-in (or roll-in) shower stalls and retrofit the porch to install ramps in up to 3 identified elder homes; and 3) install/repair venting for 2 Quiet Side heating systems. In addition, AHA is planning Weatherization activity in this community for at least 5 applicants and will do the rehabilitation for this Project in conjunction with that activity to *save* on overall costs. Each Project participant will be low-income, and if in a managed unit, be current on their home payments or in a pay-back agreement before assistance is given. AHA will follow income determination criteria to ensure only low-income families benefit from this Project (please see AHA Income Certification attachment). The proposed False Pass Housing Rehabilitation Project will not displace or relocate applicants as they will not be required to move from their homes while this project is underway.

The False Pass Housing Rehabilitation Project will be able to utilize local hire, as much as possible for this Project, but will also be able to have a portion of the travel, per diem, or mobilization costs paid by Weatherization activity which can be about \$13,424 for the community, thereby potentially **saving** at least \$6,712 in overall project development. Additionally, AHA does not access a 15% markup, as a private owned company often does.

Upon a successful proposal, a Conflict of Interest Disclosure will be posted as needed for the low-income families receiving assistance per guidelines ICDBG §1003.606 and NAHASDA §1000.30. The False Pass Tribe will post this notice within the community for any families that may have a Potential Conflict of Interest, allowing for public comment and review prior to work being started.

The proposed False Pass Housing Rehabilitation Project will enhance the community viability through:

1. Creating safe, decent, and healthy environments for up to 8 families in the community, helping them to remain in their homes.
2. Creating temporary jobs in the community for 2-3 persons, representing income earned.

20% Administration will be provided for management and oversight of the False Pass Housing Rehabilitation Project as needed and allowed under 1003.205 and 1003.206 and supports those activities not directly expensed to the Project activity such as accounts payable; personnel responsible for reporting, monitoring, and planning; financial audits; and Tribe and customer service/relations and in accordance with OMB Circular A-87.

Sub Factor 2: Budget and Cost Estimates (9 points)

The AHA Development Director, Ed Paulus (experience outlined in Rating Factor 1) has provided cost estimates for this project based on his in depth experience with creating Project Management Plans (PMP, AHA planning tool) for rehabilitation projects where estimates are given for the line items for labor, material costs, and freight involved for each AHA rehab project (please see sample PMP attachment). The PMP includes rehabilitation, as if it was for all phase, however each home will not need every item. Please see the Cost Summary HUD 4123 for a breakdown of costs based on the work needed.

Proposed rehabilitation funding sources for the \$323,949.00 False Pass Housing Rehabilitation Project are: Tribal Needs \$40,413.00 (12%); and Alaska Housing Finance Corporation (AHFC) Supplemental \$41,380.00 (13%), and ICDBG \$242,156.00 (75%). Please see the False Pass Tribe Needs Resolution; and AHA-AHFC Commitment Letters attachments. In total, the False Pass Tribe and AHA have committed \$81,793.00, representing 25% of the Project costs to supplement the ICDBG funds.

Sub Factor 3: HUD Policy Priorities (3 points)

(a), Job Creation/Employment:

The False Pass Housing Rehabilitation Project addresses the HUD Policy Priorities by providing support services to enable 2-3 persons to create or retain their positions with AHA, based on having ongoing work in the community. AHA always advertises available job positions with the local Tribe to ensure those low-income members have the first opportunity to gain employment.

(b), Sustainability:

The proposed Project will create an accessible and visitable living environment for some of the low-income families, preserving their abilities to remain in their homes independently. The Project will allow for Universal Design/Visitability in this housing rehabilitation project scope by making the home accessible through addition of a ramp retrofit or a walk-in shower so family members can meet their basic needs without requiring assistance, or easily visit the home.

Sub Factor 4: Commitment to Sustain Activities (12 points)

(b), Housing Rehabilitation:

Routine maintenance responsibilities for the homes will remain with the homebuyers, as privately owned homes, or if housing stock based on their Mutual Help Agreements. Please see the Homeowner Maintenance Certification attachment that will be required and signed by each homeowner receiving assistance under the False Pass Housing Rehabilitation Project.

False Pass Housing Rehabilitation Project

Rating Factor 4: Leveraging Resources (8 points)

The False Pass Tribe and Aleutian Housing Authority (AHA), by a Memorandum of Agreement (MOA) agree to a partnership that ensures cooperation and commitment through completion of this project. The MOA also describes each entity's responsibilities and authorities. Also please see the False Pass Tribe Needs Resolution attachment that commits needed Tribal Needs funding to this project.

The AHA Commitment Letter provides for utilization of administered Tribal Needs and Alaska Housing Finance Corporation Commitment Letter for the applicable portions of this project. (Please see AHA and AHFC Commitment Letters attachment). Additionally, this Project will be included in the 2014 Indian Housing Plan, upon receipt of successful ICDBG assistance, which is in coordination with 12 other Tribes who would not be contributing funding resource.

The Indian Community Development Block Grant Program funding requested is 75% of the total project costs. This leaves a non-ICDBG match of AHA and Tribal needs funds at 25% of the total project costs and results in maximum 8 points under this rating factor.

False Pass Housing Rehabilitation Project

Rating Factor 5: Comprehensiveness and Coordination

Sub Factor 1, Coordination (3 points)

The Aleutian Housing Authority (AHA) will incorporate this Project in its 2014 Indian Housing Plan in coordination with those additional projects supported by 13 federally recognized member tribes in the Aleutian and Pribilof Islands Region, for which the other 12 Tribes are not contributing funds for this Project. The False Pass Tribe has committed a portion of the NAHASDA Tribal Needs funding, and AHA has also committed use of these funds for the Project.

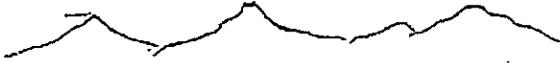
Sub Factor 2, Outputs, Outcomes, and/or Goals (7 points)

Outputs:

- 3 homes will receive accessibility focused housing rehabilitation
- 8 low-income, Alaska Native families will receive housing rehabilitation.
- 2-3 temporary construction jobs created/retained.

Outcomes:

- Reduction of 8 families living in substandard housing.
- Accessibility/visitability for 3 families through home rehabilitation.
- Increased income resulting from jobs created or retained as a result of the Project.



False Pass Tribal Council

P.O. Box 29
False Pass, Alaska 99583
(907) 548-2227
FAX (907) 548-2256

*Memorandum of Agreement
Between
Native Village of False Pass
&
Aleutian Housing Authority*

WHEREAS, The Native Village of False Pass is a federally recognized tribal government eligible to receive funding under the Native American Housing Assistance and Self-Determination Act (NAHASDA), and

WHEREAS, the Aleutian Housing Authority (AHA) has been designated by the Native Village of False Pass as the "Trially Designated Housing Entity" to administer a certain portion of NAHASDA funds received on behalf of False Pass; and

WHEREAS, certain False Pass properties have an immediate need to address the housing rehabilitation for up to 8 homes in False Pass; and to address these problems the parties wish to enter into this Memorandum of Agreement (MOA) to specifically set forth each parties role, responsibilities and authorities:

NOW THEREFORE, the Parties agree as follows:

1. *Native Village of False Pass (the "Tribe") agrees to:*
 - a. Cooperate with AHA in design and implementation of a rehabilitation project for the False Pass homes to address the rehabilitation needs under the False Pass Housing Rehabilitation Project;
 - b. Authorize AHA to pursue HUD grant funds to pay for a portion of the project costs, designate AHA as the sub recipient of such funds, and to use NAHASDA funds to leverage such additional grant funds as may be required to complete the project;
 - c. Authorize AHA to perform all project management functions as AHA may determine to be necessary and appropriate, and to administer such project funds as may be secured to complete the project; and
 - d. Cooperate with AHA in terms of helping to assemble a labor pool, post notices and any other similar type administrative support functions required to successfully completing the project.

2) *AHA agrees to:*

- a. Make all reasonable efforts to secure funding to complete the rehabilitation of the specified homes, including an application to HUD under the Indian Community Development Block Grant (ICDBG) program; and
- b. Provide all necessary project management and administrative services as required to rehabilitate the False Pass homes experiencing the housing needs; and
- c. Secure all necessary funding, provide project management and administrative services as may be required to complete the project, including acting as the sub recipient of any ICDBG grant funds which may be awarded; and
- d. Cooperate with the Tribe in regards to information sharing, design and all aspects of actual project implementation; and
- e. Carry out the activity independent of the Tribe, is free to contract for goods and services from vendors of its own choosing, is not subject to requirements under which its assets revert to the Tribe or to any other organization upon dissolution.

Native Village of False Pass:

Carleen Hoblet
President

3/13/13
Date

Aleutian Housing Authority:

Duane
Dan Duane, Executive Director

3/18/13
Date

March 18, 2013

U.S. Department of HUD
Alaska Office of Native American Programs
3000 C. Street, Suite 401
Anchorage, Alaska 99503

Re: Certification of Low-Income Eligibility Determination

Dear Grants Management,

Please accept this letter as certification that the family selected to received assistance from the 2013 Indian Community Development Block Grant, will reside in the community of False Pass, and will be determined as an eligible low-income participant, according to effective HUD income limits based on family size. Aleutian Housing Authority also certifies that the participant will be current on their housing payments, or be in a current pay back agreement before assistance is provided.

Aleutian Housing Authority will administer and implement the False Pass Housing Rehabilitation Project on behalf of the False Pass Tribe, and will be responsible for the family eligibiltiy process, as is done with the management of current assisted stock and other low-income programs in False Pass and the region. The eligible participant will also continue to be responsible for maintenance and up keep for their respective home.

Sincerely,

Dan Duame
Executive Director

PO #

Project Management Plan

Project Name **Pass SFH**
 Community
 Unit
 Project Manager
 Foreman

Wage Determination
 ERR/Section 106
 Funding Source #N/A
 Account Coding

PHASE I

PROJECT DESCRIPTION/SCOPE Phase I

repair or replace roof; replace windows; install vinyl siding; remodel bathroom to lower tub; install access ramp; repair exhaust vents on heating systems

CONSTRUCTION CREW (CREW)

QTY	CLASSIFICATION	REG HRS	Rate	OT HRS	RATE/HR	TOTAL
1	Lead	120.00	\$ 32.00	60.00	\$ 48.00	6,720.00
1	Carpenter	120.00	\$ 32.00	60.00	\$ 48.00	6,720.00
2	Laborer	240.00	\$ 27.00	120.00	\$ 40.50	11,340.00
			\$ -		\$ -	-
			\$ -		\$ -	-
TOTAL HOURS		720.00				
Sub total Wages						24,780.00
Labor Burden \$						3,237.06

TRAVEL CALCULATION

	Rate	Number	TOTAL
21 Per diem	\$ 35.00	40	2,940.00
2 Air fare	\$ 1,200.00		3,600.00

Sub-total - Crew \$ 34,557.06

PROJECT MANAGEMENT (PM)

QTY	CLASSIFICATION	HRS/Day	# Days	RATE/HR	REG HRS	TOTAL
1	Project Manager	4.00	4	65.33	16	1,045.33
1	Project Assistant	4.00	4	46.53	16	744.50
1	Project Expeditor	4.00	6	42.22	24	1,013.22
Sub total Wages						2,803.05

Total Hours 56.00

Sub-total - PM \$ 2,803.05

MATERIALS & SHIPPING

QTY	DESCRIPTION	PRICE/UNIT	TOTAL
1	see material lists for each task	\$ 16,500.00	16,500.00
1	disposal	\$ 350.00	350.00
1	rent	\$ 400.00	400.00
1	vehicle	\$ 200.00	200.00
1	utilities	\$ 300.00	300.00
1	consumables	\$ 400.00	400.00

Total - Materials \$ 18,150.00

Freight 6,800.00

Contingency Rate 10% 6,231.01

Overhead -

Total Phase I \$ 68,541.12

PHASE II

PROJECT DESCRIPTION/SCOPE Phase II

[REDACTED]

Roofing

ALEUTIAN HOUSING AUTHORITY 520 EAST 32ND AVENUE ANCHORAGE, ALASKA 99503 Tel: 907.563.2146 Fax: 907.563.3105	MATERIAL TAKE-OFF ESTIMATE SHEET TRANSFER DOCUMENT
--	--

Date _____ PROJECT NAME False Pass SFH
 PREPARED BY _____

PO#

Line #	Product Code	TRAKER Description	Quantity	Price Per Unit/Cost	Total	Shipped With	# RECEIVED
1		metal roofing 36" x 13'-6"	30	\$ 56.00	\$ 1,680.00		
2		metal roofing 36" x 18'-10"	4	\$ 76.00	\$ 304.00		
3		eve flashing	11	\$ 8.00	\$ 88.00		
4		gable end flashing	8	\$ 15.00	\$ 120.00		
5		ridge cap	6	\$ 17.00	\$ 102.00		
6		eve closure strip	30	\$ 1.30	\$ 39.00		
7		ridge closure strip	30	\$ 1.30	\$ 39.00		
8		1/4"-5" vent pipe flashing	2	\$ 12.00	\$ 24.00		
9		seam tape 500'	1	\$ 21.00	\$ 21.00		
10		roofing screws	1500	\$ 0.04	\$ 60.00		
11		roofing stitich screws	750	\$ 0.03	\$ 22.50		
12		OSI Quad sealant	8	\$ 5.00	\$ 40.00		
13		ice and water shield 225 roll	7	\$ 150.00	\$ 1,050.00		
14					\$ -		
180					\$ -		

GRAND TOTAL ALL MATERIALS \$ 3,589.50

Windows

ALEUTIAN HOUSING AUTHORITY
 520 EAST 32ND AVENUE
 ANCHORAGE, ALASKA 99503
 Tel: 907.563.2146 Fax: 907.563.3105

MATERIAL TAKE-OFF
 ESTIMATE SHEET
 TRANSFER DOCUMENT

Date _____ PROJECT NAME False Pass SFH
 PREPARED BY _____

Line #	Product Code	TRAKER Description	Quantity	Price Per Unit/Cost	Total	Shipped With	# RECEIVED
3	BAR-BIT-6	6" x 50' Window Wrap	4	\$ 25.00	\$ 100.00		
5	BAR-REDTAPE	Red Sheathing Tape 2-1/2"x72yds	2	\$ 24.00	\$ 48.00		
12	DOR-MIS-SHIMS	Cedar Shims	1	\$ 4.50	\$ 4.50		
31	GWB-TEX-CAN	Spray Texture Contractor Size	2	\$ 14.75	\$ 29.50		
56	NAL-HND-F-2	2" Finish Nails	1	\$ 10.00	\$ 10.00		
60	NAL-STP-T50	3/8" T-50 Staples	5	\$ 2.65	\$ 13.25		
78	SLT-EXT-OSI-W	White OSI QUAD Caulk 10 oz tube	12	\$ 6.50	\$ 78.00		
80	SLT-INT-LTX-Q	Clear Acrylic Latex Caulk 10 oz tube	12	\$ 2.85	\$ 34.20		
114	z DIRECT DROP	Sash, Double Pane, Low-E, argon filled, U-factor of .30 or less	2	\$ 400.00	\$ 800.00		
115	z DIRECT DROP	Window, Double Pane, Low-E, Argon filled, U-factor of .30 or less.	5	\$ 325.00	\$ 1,625.00		
117	z DOR-0-QTR then DIRECT DROP	3'-0"x6'-8", FLUSH Fiberglass w/Quarter Top Lite Window Exterior Door, 6-5/8" Composit Jamb,	1	475	\$ 475.00		
128		3/4"x6"x14' photo finish golden oak	11	24	\$ 264.00		
129		2-1/4" x 14' photo finish golden oak	12	9	\$ 108.00		
130		3'-0"x3'-0" casement	1	275	\$ 275.00		
131		5/4" x 4" x 10' cedar trim	17	11	\$ 187.00		
132					\$ -		
133					\$ -		
134					\$ -		
135					\$ -		
136					\$ -		
137					\$ -		
138					\$ -		
139					\$ -		
140					\$ -		
141					\$ -		
142					\$ -		
143					\$ -		
144					\$ -		
145					\$ -		
146					\$ -		
147					\$ -		
148					\$ -		
149					\$ -		
150					\$ -		
151					\$ -		
152					\$ -		
153					\$ -		
154					\$ -		
155					\$ -		
156					\$ -		
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160					\$ -		
161					\$ -		
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163					\$ -		
164					\$ -		
165					\$ -		
166					\$ -		
167					\$ -		
168					\$ -		
169					\$ -		
170					\$ -		

171				\$	-		
172				\$	-		
173				\$	-		
174				\$	-		
175				\$	-		
176				\$	-		
177				\$	-		
178				\$	-		
179				\$	-		
180				\$	-		

GRAND TOTAL ALL MATERIALS \$ 4,051.45

Bathroom/Ramp

ALEUTIAN HOUSING AUTHORITY
 520 EAST 32ND AVENUE
 ANCHORAGE, ALASKA 99503
 Tel: 907.563.2146 Fax: 907.563.3105

MATERIAL TAKE-OFF
 ESTIMATE SHEET
 TRANSFER DOCUMENT

Date _____

PROJECT NAME False Pass SFH

PREPARED BY _____

PO#

Line #	Product Code	TRAKER Description	Quantity	Price Per Unit/Cost	Total	Shipped With	# RECEIVED
1	ADH-FLR-VNL	Vinyl Flooring Adhesive 1 gal	1	\$ 20.00	\$ 20.00		
7	BAR-VIS-5MIL	10' x 100' Vapor Barrier 6 mil	1	\$ 45.00	\$ 45.00		
27	FLR-MIS-TRN-C	Vinyl Transition Strip Chrome	1	\$ 15.00	\$ 15.00		
28	FLR-VNL-6x10	Vinyl Flooring 6"x10'	1	\$ 65.00	\$ 65.00		
29	GWB-MUD	All Purpose Mud box	1	\$ 13.50	\$ 13.50		
30	GWB-TAPE	Paper Joint Tape - 250' roll	1	\$ 2.75	\$ 2.75		
31	GWB-TEX-CAN	Spray Texture Contractor Size	3	\$ 14.75	\$ 44.25		
32	GWB-XXX-4x8x1/2	1/2"x4"x8' Sheetrock X	4	\$ 15.00	\$ 60.00		
71	SCR-INT-G-1-5/8	1-5/8" Sheetrock Screw 1lb	2	\$ 10.00	\$ 20.00		
112	z CONSUMABLE	2" Blue Tape	2	\$ 6.50	\$ 13.00		
128		Walk in shower	1	\$ 300.00	\$ 300.00		
129		shower Surround	1	\$ 300.00	\$ 300.00		
130		2" Shower Drain	1	\$ 15.00	\$ 15.00		
131		2" to 1-1/2" ABS Reducer	1	\$ 4.00	\$ 4.00		
132		shower Faucet	1	\$ 140.00	\$ 140.00		
133		36" Grab Bar	1	\$ 75.00	\$ 75.00		
134		24" Grab Bar	1	\$ 60.00	\$ 60.00		
135		Primer	1	\$ 25.00	\$ 25.00		
136		Paint	1	\$ 45.00	\$ 45.00		
137		25 # mortar mix	1	\$ 11.00	\$ 11.00		
138		kitchen and bath caulk	2	\$ 2.00	\$ 4.00		
139		Surround adhesive	4	\$ 6.00	\$ 24.00		
140		Misc.	1	\$ 250.00	\$ 250.00		
141		1x4x8 cedar trim	3	\$ 8.00	\$ 24.00		
142		2x8x16 treated for ground contact	12	\$ 19.00	\$ 228.00		
143		2x6x8 treated for ground contact	50	\$ 8.00	\$ 400.00		
144		2x4x16 treated for ground contact	12	\$ 12.00	\$ 144.00		
145		2x2x8 treated for ground contact	120	\$ 4.00	\$ 480.00		
146		4x4x8 treated for ground contact	8	\$ 16.00	\$ 128.00		
147		Lag bolts or SDS screws	30	\$ 1.25	\$ 37.50		
148		12d HDG 3-1/4" nails pneumatic 62# box	1	\$ 145.00	\$ 145.00		
149		LUS28Z	32	\$ 1.50	\$ 48.00		
150		Teco nails Galvanized #	10	\$ 3.60	\$ 36.00		
151		1-1/2" Flashing @ 10'	3	11	\$ 33.00		
152		Misc.	1	200	\$ 200.00		
153							
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167							
168							
169							
170					\$ -		
171					\$ -		
172					\$ -		
173					\$ -		
174					\$ -		

175				\$	-		
176				\$	-		
177				\$	-		
178				\$	-		
179				\$	-		
180				\$	-		

GRAND TOTAL ALL MATERIALS \$ 3,455.00

Siding

ALEUTIAN HOUSING AUTHORITY
520 EAST 32ND AVENUE
ANCHORAGE, ALASKA 99503
Tel: 907.563.2146 Fax: 907.563.3105

MATERIAL TAKE-OFF
ESTIMATE SHEET
TRANSFER DOCUMENT

Date _____

PROJECT NAME False Pass SFH

PREPARED BY _____

PO#

Line #	Product Code	TRAKER Description	Quantity	Price Per Unit/Cost	Total	Shipped With	# RECEIVED
1		vinyl siding sq. ft.	1600	\$ 1.25	\$ 2,000.00		
2		outside corner post	8	\$ 33.00	\$ 264.00		
3		inside corner post	4	\$ 12.00	\$ 48.00		
4		starter strip	18	\$ 5.50	\$ 99.00		
5		soffit T-white solid sq. ft.	320	\$ 0.90	\$ 288.00		
6		EZ corners for windows	40	\$ 5.00	\$ 200.00		
7		F-channel	30	\$ 7.50	\$ 225.00		
8		J-channel	40	\$ 4.75	\$ 190.00		
9		finish trim for vinyl siding	25	\$ 5.50	\$ 137.50		
10		dual under sill trim	12	\$ 12.00	\$ 144.00		
11		tyvek 9'x150'	1	\$ 220.00	\$ 220.00		
12		home slicker sq. ft.	1600	\$ 0.75	\$ 1,200.00		
13		T-50 1/2" staples 1250 ct	4	\$ 6.00	\$ 24.00		
14		1"x10"x10' composite trim white	2	\$ 37.00	\$ 74.00		
15		Fasteners roofing nails	1	\$ 120.00	\$ 120.00		
16					\$ -		
180					\$ -		

GRAND TOTAL ALL MATERIALS \$ 5,233.50

Viola Yatchmeneff

From: Ed Paulus
Sent: Wednesday, February 27, 2013 10:47 AM
To: Viola Yatchmeneff
Subject: False Pass

List with estimates are per item per house.

Roof-	\$ 13,500
Windows-	9,500
Siding-	8,200
Vents-	1,500
Bath-	11,000
Ramp-	5,800

These are just quick estimates based on other projects completed in the past with a little mark up for todays costs.

Edward Paulus
Director of PM&C
Aleutian Housing Authority
520 E 32nd Avenue
Anchorage, Alaska 99503
Tel: 907.563.2146 Fax: 907.563.3105
ed.paulus@aleutian-housing.com

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LETTER OF COMMITMENT

To Whom It May Concern:

Aleutian Housing Authority (AHA) commits to provide a minimum of \$81,793.00 in non-ICDBG AHA funding towards the False Pass Housing Rehabilitation Project for housing rehabilitation of up to 8 single-family homes. This consists of \$40,413.00 tribal needs from False Pass Tribal Needs; and \$41,380.00 Alaska Housing Finance Corporation Supplemental funding, which represents 25% match funding.

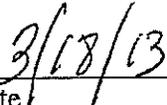
AHA is committed to completing the project as outlined in the ICDBG grant application. This project will be included in the next Indian Housing Plan that is approved by 13 member tribes in the Aleutian Pribilof Islands Region with successful receipt of ICDBG assistance, as without this assistance the Project cannot be complete.

As the management entity responsible for the project, AHA is an Entity Other Than the Tribe and has met the following characteristics:

- a) Is legally distinct from the False Pass Tribe tribal government;
- b) Assets and liabilities of AHA and the False Pass Tribe are separate;
- c) Claims against AHA, cannot be made against the False Pass Tribe; and
- d) AHA and the False Pass Tribe have separate governing bodies.

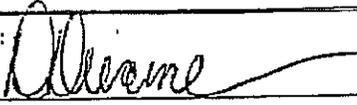


Dan Duame, AHA Executive Director



Date

Research and Rural Development Division
Supplemental Housing Grant Agreement

Grant Agreement Number: SUP-13-AHA-1	Funding Sources (s): SFY-2012
Total Grant Amount: \$370,280.00	Location of Project: Aleutian-Pribilof Island Region
GRANTEE CONTACT INFORMATION	AHFC CONTACT INFORMATION
ALEUTIAN HOUSING AUTHORITY 520 EAST 2 nd AVENUE ANCHORAGE, AK 99503	Robert L. Brean Director, Research & Development Division PO Box 101020 Anchorage, AK 99510-1020
Signature: 	Signature: _____
Contact: Dan Duame, Executive Director	Robert L. Brean, Director, Research & Development
Telephone: 907/563-2146	Contacts: Esther Combs, Program Manager Email: ecombs@ahfc.us , 907/330-8129 Mona Jones, Grants Administrator Email: mjones@ahfc.us , 907/330-8302
AGREEMENT	
The Alaska Housing Finance Corporation (AHFC) and Aleutian Housing Authority (Grantee) agree as set forth herein:	
Section I. AHFC shall pay the Grantee for the acceptable performance of the project work authorized under this Agreement.	
Section II. The Period of Performance for this Agreement is January 01, 2013 to December 31, 2014.	
Section III. The Agreement consists of this page and the following attachments.	
ATTACHMENTS: ATTACHMENT A - Standard Provisions ATTACHMENT B - Scope of Services ATTACHMENT C - Project Budget ATTACHMENT D - Financial Provisions ATTACHMENT E & F, Grants Admin Forms & AHFC State Requirements & Grant Regulations	AMENDMENTS: Any fully executed amendments to this Agreement.

**False Pass Housing Rehabilitation Project
Homeowner Maintenance Certification**

I do hereby certify that I will continue to assume the sole responsibility for the maintenance of my home and any improvements made to my home, on my behalf under the False Pass Housing Rehabilitation Project. I will maintain my residence and make repairs needed to ensure the continued viability of my home in the community.

Property Owner:

Signature

Printed Name

Date

False Pass Housing Rehabilitation Project

Community Development Statement

The Native Village of False Pass is applying for Indian Community Development Block Grant funding for housing rehabilitation in False Pass, Alaska. The Native Village of False Pass and Aleutian Housing Authority (AHA) have entered into a Memorandum of Agreement for a Housing Rehabilitation Project that will address the need for additional funds to provide housing rehabilitation on up to eight housing units. Due to the need for accessibility for some very low-income elders and based on the age and condition of these homes, it is imperative that roof repair, window and siding replacement be undertaken, as the homes were built in 1985 and are 28 years old and the blowing salt air and high winds have taken a toll. The Tribe and families have no other resources to do this imperative rehabilitation.

The Native Village of False Pass, by resolution, agrees that standards, policies and conditions will apply for AHA inspection standards and Housing Quality Standards, Section 982.401 for this project.

AHA, the Tribally Designated Housing Authority who will be responsible to perform the rehabilitation work certifies that all project funding will be used to rehabilitate units only when the homeowner is low-income and certifies that they are responsible for ongoing maintenance of their home.

Please see the Implementation Schedule and Cost Summary for specific information regarding the amount of funds available, timeline and range of activities to be undertaken.

This Community Development Statement is being made in accordance with 24 CFR 1003.604, Citizen Participation, to give Alaska Native Villages an opportunity to appraise and examine an application for Community Development Block Grant funds. Further review of the Indian Community Development Block Grant proposal can be requested at the Native Village of False Pass offices located in False Pass, or with AHA in Anchorage.

NATIVE VILLAGE OF FALSE PASS CODE OF CONDUCT POLICIES

GENERAL

- A. Native Village of False Pass, hereafter "Tribe" business shall be conducted:
 - 1. With professional standards of conduct, ethics and values;
 - 2. In a manner which fosters public trust;
 - 3. With business practices that are intended to avoid a real or apparent conflict of interest or the appearance of a conflict of interest; and
 - 4. In compliance with Federal, State, Local and Tribal laws, statutes, rules, regulations and codes.

CONFLICT OF INTEREST

- A. A conflict of interest occurs when a Tribe employee, officer or agent, any member of their immediate family, their partner, or an organization, which employs or is about to employ any of the parties indicated herein has a financial or other interest in the business entity selected for an award.
- B. The Tribe may authorize an exception to the conflict of interest clause above if there is a compelling reason to do so, such as when the Tribe's needs:
 - I. Cannot be reasonably met otherwise; or
 - 2. Cannot be reasonably met through another source.
- C. The Tribe or their designee shall require each contractor, its employees, agents, subcontractors or other representatives to disclose all activities, interests, ownership(s) or participation in any business(es) or business-related activities that:
 - 1 Could potentially cause a conflict of interest for the Contractor or Tribe; or
 - 2 Could potentially be construed as not in the best interest of the Tribe.
- D. To avoid real or apparent conflicts of interest and to promote "Open and Free Competition" as well as fair business practices, contractors, subcontractors, bidders, offerors, vendors and/or their representatives shall not, either directly or indirectly:
 - 1 Make an offer or promise of future employment or business opportunity to an official or representative of the Tribe;
 - 2 Offer, accept, give or promise to give money, gratuities or any other thing of value to an

official or representative of the Tribe; or

- 3 Obtain or attempt to obtain confidential or proprietary information from an official or representative of the Tribe.

E. To avoid real or apparent conflicts of interest and to promote "Open and Free Competition" as well as fair business practices, an official or representative of the Tribe shall not, either directly or indirectly:

- 1 Make an offer or promise of future employment or business opportunity to a current or potential contractor, subcontractor, bidder, offeror, vendor or any of their representatives or parties to sub-agreements without following, or in a manner that conflicts with, the guidelines outlined in the Tribe approved policies and procedures;
- 2 Solicit, offer, accept, give or promise to give money, gratuities, favors, or any other thing of monetary value to a current or potential contractor, subcontractor, bidder, offeror, vendor or any of their representatives or parties to sub-agreements without following, or in a manner that conflicts with, the guidelines outlined in the Tribe approved policies and procedures; or
- 3 Discuss or otherwise provide confidential or proprietary information or information that the Tribe or its representatives consider to be confidential or proprietary information to a current or potential contractor, subcontractor, bidder, offeror, vendor or any of their representatives or parties to sub-agreements without following, or in a manner that conflicts with, the guidelines outlined in the Tribe approved policies and procedures.

INFLUENCING GOVERNMENT OFFICIALS

A. The Tribe or its representatives shall not use Federally appropriated funds, including grant or contract funds, whether received directly or indirectly, to pay any person or organization to influence or attempt to influence:

- 1 An officer or employee of any agency;
- 2 A member of Congress;
- 3 An officer or employee of Congress; or
- 4 An employee of a member of Congress.

B. The Tribe or its representatives shall not, for the purpose of obtaining or attempting to obtain direct or indirect Federally appropriated funds, solicit, offer, accept, give or promise to give money, gratuities, favors, or any other thing of monetary value to:

- 1 An officer or employee of any Federal or awarding agency;
- 2 A member of Congress;

- 3 An officer or employee of Congress; or
- 4 An employee of a member of Congress.

UNAUTHORIZED COMMITMENTS

- A. The Tribe or its representatives shall not make unauthorized commitments to any person, organization, agency, offeror, vendor, bidder or business entity.
- B. In the event that a real or apparent unauthorized commitment occurs or appears to have occurred, the following procedures shall be followed:
 - 1 The Tribe Tribal Administrator or designee shall be notified.
 - 2 The individual who made the real or apparent unauthorized commitment may be notified.
 - 3 The individual who made the real or apparent unauthorized commitment may be asked to provide a written statement that explains the type of commitment made and the reasons for the commitment.
 - 4 The Tribe Tribal Administrator or designee may bring the matter before the Tribe.
 - 5 An investigation may occur.
 - 6 A written recommendation to approve or disapprove the unauthorized commitment may be requested.
 - 7 Additional actions by the Tribe may be taken in order to remedy the situation and protect the best interest of the Tribe.

DISCIPLINARY ACTIONS FOR A VIOLATION OF THE CODE OF CONDUCT

- A. Disputes or alleged violations of the Tribe approved policies and procedures by officers, employees, agents or representatives of the Tribe shall be given to the Tribe Tribal Administrator or designee in writing with appropriate documentation attached.
- B. Documentation of the dispute or alleged violation may be presented to the Tribe by Tribe Tribal Administrator or designee for investigation, remediation, resolution, dismissal or appropriate disciplinary action, as determined necessary by the Tribe.
- C. When the Tribe is unable to resolve the dispute or alleged violation in a satisfactory manner, the awarding agency may be notified, if appropriate.

