



# IHBG-CARES

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IMPLEMENTATION TRAINING

# TRAINING COMPONENTS

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# Training Purpose

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## Indian Housing Block Grant (IHBG) [Formula] Funding

Provided Under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act)

### *IHBG-CARES Grants*

#### **Training Purpose**

Develop a practical understanding of the:

- IHBG-CARES program: Eligible Purpose and Activities
- PIH Notice 2020-05
- Abbreviated IHP/APR
- FY 2020 IHP Amendment
- Documentation
- Reporting

# CARES Act Background

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- CARES Act (Public Law 116-136)
  - Additional \$200,000,000 in IHBG formula funding for eligible Indian tribes and TDHEs
  - Prevent, prepare for, and/or respond to COVID-19
  - Including maintain normal operations and fund eligible NAHASDA activities during recipient's impact period
  - Waive or specify alternative statutory/regulatory requirements
    - facilitate or expedite the use of IHBG-CARES grant
    - also applies to FY 2020 IHBG funds

# Eligible Purposes

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- **Prevent, Prepare for, and/or Respond** to COVID-19
- Including maintaining normal operations and funding eligible NAHASDA activities during recipient's impact period
- Grant funds may be used to cover or reimburse allowable costs incurred by the recipient **with non-Federal funds**
  - Provided the funds were used to prevent, prepare for, and/or respond to COVID-19
  - Including reimbursing allowable costs incurred from January 21, 2020 and later
    - date of first confirmed COVID-19 case in the US confirmed by the U.S. Centers for Disease Control and Prevention

# Eligible Purposes (Continued)

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- All proposed activities be tied to one of the following three eligible purposes:
  - Activities, Projects, or Programs to Prevent COVID-19
  - Activities, Projects, or Programs to Prepare for COVID-19
  - Activities, Projects, or Programs to Respond to COVID-19
- Activities, projects, or programs to maintain normal operations and fund eligible IHBG activities during the period that a recipient's IHBG program is impacted by COVID-19
  - also satisfy the purposes of the CARES Act
  - COVID-19 impacts may have impacts on a recipient's IHBG program that are immediate, short-term, and long-term in nature
    - IHBG-CARES funds may be used to maintain normal operations now, during the COVID-19 national emergency, and after the COVID-19 national emergency
      - Provided the recipient demonstrates that COVID-19 continues to impact its IHBG program

# Eligible Activities

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Examples, provided they meet one or more of the eligible CARES Act purposes. These descriptions are designed to provide general guidance to recipients and are not intended to limit the range of eligible IHBG-CARES grant activities that can be carried out.

- Activities eligible under IHBG provided those activities will prevent, prepare for, and respond to COVID-19;
- Activities that would prevent individuals from becoming homeless and rapidly rehousing homeless individuals;
- Constructing structures that can serve as temporary emergency shelters, or converting existing facilities for this purpose, to ensure homeless persons are provided safe shelter and to minimize the risk of community spread;
- Providing short-term rental assistance to homeless persons in hotel/motels to minimize infection;
- Preparing staff and Board of Commissioners to conduct business in a remote working environment, and providing them with necessary supplies to carry out the IHBG program;
- Setting up web-based communication options for program participants and staff;

# Eligible Activities (Continued)

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Examples, provided they meet one or more of the eligible CARES Act purposes. These descriptions are designed to provide general guidance to recipients and are not intended to limit the range of eligible IHBG-CARES grant activities that can be carried out.

- Purchasing and distributing personal protective equipment (PPE) such as gloves, surgical masks and goggles, hand hygiene products, soap, paper towels, hand sanitizer, hand wipes, tissues, and thermometers;
- Purchasing and distributing cleaning products such as disinfectants, sanitizers, waste disposal supplies, and other supplies to disinfect homes of residents, common areas, and housing related public facilities and other public spaces like playgrounds;
- Working with resident groups to help educate residents on social distancing and other practices designed to minimize the risk of community spread;
- Providing units or other space for temporary quarantine purposes;



# Eligible Activities (Continued)

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Examples, provided they meet one or more of the eligible CARES Act purposes. These descriptions are designed to provide general guidance to recipients and are not intended to limit the range of eligible IHBG-CARES grant activities that can be carried out.

- Implementing policies, procedures and other measures to protect vulnerable populations;
- Revising the approval process for policies and procedures in order to limit person-to-person contact;
- Staff salaries including the salaries of employees who must shelter in place or are otherwise prohibited from interacting with community members;
- Temporary payment of tenant and homebuyer utilities;
- Installation of a lockbox or other method for collecting rent payments without the need for personal contact;
- Purchase of sanitation equipment;
- Emergency housing for health care workers;
- Purchase telehealth equipment to allow assisted residents access to health care providers from home;

# Eligible Activities (Continued)

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Examples, provided they meet one or more of the eligible CARES Act purposes. These descriptions are designed to provide general guidance to recipients and are not intended to limit the range of eligible IHBG-CARES grant activities that can be carried out.

- Construction of temporary or permanent isolation centers;
- Acquisition, construction, conversion, or rehabilitation of a community facility for use as a temporary isolation center;
- Hazard pay for essential workers that are managing or maintaining units, or staffing emergency or isolation centers;
- Transportation costs of staff to perform IHBG program functions or assist tenants in accessing food, medical care, or prescriptions;
- Purchasing and distribution of water, groceries, prescriptions, and other items for quarantined families, Elders, Veterans, at-risk populations or disabled households;
- Purchase of beds or cots for isolation/quarantine centers;
- Supporting laundry facilities to assist residents with eliminating the spread of COVID-19;

# Eligible Activities (Continued)

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Examples, provided they meet one or more of the eligible CARES Act purposes. These descriptions are designed to provide general guidance to recipients and are not intended to limit the range of eligible IHBG-CARES grant activities that can be carried out.

- Provide essential housing services to shelter residents, including:
  - childcare, education services, employment assistance, outpatient health services, legal services, mental health services, and transportation, provided such services are not duplicative of other Federally funded services.
- Using grant funding to pay for eligible IHBG operating costs
  - Including those previously paid for using program income or non-program income but can no longer be paid due to a significant reduction in rent receipts

# Abbreviated IHP/APR Form

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- To receive the IHBG-CARES grant, must submit an Abbreviated IHP to the ONAP Area Office **electronically (via email)**
- **You must click IHBG CARES checkbox in Section 1 in order to access the Abbreviated IHP**
- Abbreviated IHP/APR
  - Modified version of the regular IHP/APR
  - Requesting less information
  - Amended certain data fields
  - Fillable PDF – open with free version of Adobe Acrobat reader
- Abbreviated Indian Housing Plan (IHP):
  - how the IHBG recipient will carry out activities or projects that meet the requirements of the CARES Act
- If no FY 2020 IHP submitted: submit Abbreviated IHP
  - may be required to submit additional information

# Abbreviated IHP/APR Form (Continued)

**SECTION 1: COVER PAGE**    [Instructions](#)    [Help Files](#)    ONAP Office Use Only

(1) Grant Number:

(2) Recipient Program Year:

(3) Federal Fiscal Year:

**IHBG-CARES**     (4) Initial Plan (Complete this Section then proceed to Section 2) or an Amended IHP

(6) Annual Performance Report (Complete items 27-30 and proceed to Section 3)

(7) Tribe

(8) TDHE

(9) Name of Recipient:

(10) Contact Person:

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

(12) Mailing Address:

(13) City:     (14) State:     (15) Zip Code (99999 or 99999-9999):

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

(17) Email Address (if available):

(18) If TDHE, List Tribes Below:

(19) Tax Identification Number:

(20) DUNS Number:

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

**IHBG-CARES Account**

Date Started Preparing for COVID-19

(23) Name of Authorized IHP Submitter:

Release Date: 4/15/2020

Export to XML

Import XML

**NOTE: You must check the IHBG-CARES box to populate the Abbreviated IHP**

Cover Page

(24) Title of Authorized IHP Submitter:

(25) Signature of Authorized IHP Submitter:

(26) IHP Submission Date(MM/DD/YYYY) :

(27) Name of Authorized APR Submitter:

(28) Title of Authorized APR Submitter:

(29) Signature of Authorized APR Submitter:

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

# Abbreviated IHP/APR Form (Continued)

**Program Descriptions**

1.1. Program Name and Unique Identifier: Unique Identifier: COVID-19 Prevention  
COVID-19 Preparation  
COVID-19 Respond  
COVID-19 Reimbursement

1.2. Program Description (This should be the description of the program.):

1.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

1.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

Describe Other Intended Outcome (Only if you selected "Other" above):

1.5 Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):

Describe Other Actual Outcome (Only if you selected "Other" above.):

1.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.):  
 Low-income Indian Households  Non-low income Indian Households  Non-Indian Households

1.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):

1.8. APR: Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

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

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

APR: Actual Number of Units Completed in Program Year

APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year

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

**Program Descriptions**

1.1. Program Name and Unique Identifier: Unique Identifier: COVID-19 Prevention  
COVID-19 Preparation  
COVID-19 Respond  
COVID-19 Reimbursement

1.2. Program Description (This should be the description of the program.):

1.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(17) Tenant Based Rental Assistance [202(3)]  
 (18) Other Housing Services [202(3)]  
 (19) Housing Management Services [202(4)]  
 (20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]  
 (21) Crime Prevention and Safety [202(5)]  
 (22) Model Activities [202(6)]  
 (23) Self-Determination Program [231-235]  
 (24) Infrastructure to Support Housing [202(2)]  
 (25) Reserve Accounts [202(9)]  
 (26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

Each program must be a separate program for each activity selected from the Outcome list.):

1.6 Who Will Be Assisted (Describe the types of households that will be assisted under the program.):

Low-income Indian Households  Non-low income Indian Households  Non-Indian Households

Program Description

# Abbreviated IHP/APR Form (Continued)

## SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

Sources of Funding

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

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
IHBG-CARES Funds			\$0		\$0			\$0		\$0	
<b>TOTAL</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL Columns C &amp; H, 2 through 10</b>			\$0					\$0			

**Notes:**

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

# Abbreviated IHP/APR Form (Continued)

Uses of Funding

PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)
Program Name			\$0			\$0
Planning and Administration			\$0			\$0
<b>TOTAL</b>	\$0	\$0	\$0	\$0	\$0	\$0

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



# Abbreviated IHP/APR Form (Continued)

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## Uses of Funding

**Notes:**

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

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

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

# Abbreviated IHP/APR Form (Continued)

## IHP Certification

### SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

By signing the IHP, the recipient certifies its compliance with Title II of the Civil Rights Act of 1968 (25 USC Part 1301 et seq.), and ensures that the recipient has all appropriate policies and procedures in place to operate its planned programs. The recipient should not assert that it has the appropriate policies and procedures in place if these documents do not exist in its files, as this will be one of the items verified during any HUD monitoring review.

**(1) In accordance with applicable statutes, the recipient certifies that:**

It will comply with Title II of the Civil Rights Act of 1968 in carrying out this Act, to the extent that such title is applicable, and other applicable federal statutes.

Yes  No

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

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

Yes  No  Not Applicable

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

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

Yes  No  Not Applicable

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

Yes  No  Not Applicable

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

Yes  No  Not Applicable

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

Yes  No  Not Applicable

# Abbreviated IHP/APR Form (Continued)

## Tribal Certification

### SECTION 8: IHP TRIBAL CERTIFICATION

NAHASDA § 102(c)

This certification is used when a Tribally Designated Housing Entity (TDHE) prepares the IHP or IHP amendment on behalf of a tribe.

This certification must be executed by the recognized tribal government covered under the IHP.

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

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

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

(4) Tribe:	
(5) Authorized Official's Name and Title:	
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	

# Abbreviated IHP/APR Form (Continued)

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## Wage Rate Certification

### SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

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

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

(4) If you checked the box in Line 3, list the other activities that will be using tribally determined wage rates:

# Abbreviated IHP/APR Form (Continued)

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## Audits

### SECTION 12: AUDITS

24 CFR § 1000.544

This section is used to indicate whether a financial audit based on the Single Audit Act and 2 CFR Part 200 Subpart F is required, based on a review of your financial records.

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

Yes  No

If Yes, an audit is required to be submitted to the Federal Audit Clearinghouse and your Area Office of Native American Programs.  
If No, an audit is not required.

# Duplication of Benefits

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- Before expending IHBG-CARES grant funds on any eligible activity, recipient must conduct a duplication of benefits analysis
- Ensure that no insurance proceeds or other financial assistance has been received or is available to pay costs INTENDED TO BE charged to the IHBG-CARES grant
- Recipient retains a copy of the duplication of benefits analysis for monitoring purposes

# Reimbursement of Costs

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- IHBG-CARES grant funds may cover or reimburse any
  - eligible and allowable costs
  - to **Prevent, Prepare** for, and/or **Respond** to COVID-19
  - paid by the IHBG recipient with other non-Federal funds, **and**
  - dating from January 21, 2020 and later (date of first confirmed case of COVID-19)
- **Section 1** of the Abbreviated IHP/APR identifies the date recipient began preparing for COVID-19
- There should be a program in the Abbreviated IHP/APR specific to reimbursement costs
- **Unique Identifier (Line 1 of Section 3)** must be titled COVID-19 reimbursement costs
- Recipients should maintain:
  - start date documentation
  - documentation to support any costs the recipient plans to reimburse with grant funding
    - must show what is being reimbursed (must be non-federal funds, cannot be program income)

# Use of FY 2020 IHBG for COVID-19

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- **The alternative requirements (approved waivers) in Notice PIH 2020-05 only apply to FY2020 IHBG formula funds**
- **Before** expending FY2020 IHBG formula funds, **notify** your Area ONAP if you plan to reprogram FY2020 IHBG formula funds for activities that invoke the 2020-05 waivers. Identify the budgeted amount for those activities.
- Area ONAP will move the identified amount of FY 2020 funds to the new COVID-19 Budget Line Item (BLI) in LOCCS
  - Recipient can then select the COVID-19 BLI in LOCCS to pay for alternative COVID-19 activities
- FY20 IHBG formula funds that will be used for COVID-19 activities that do not invoke the 2020-05 waivers are not part of the separate COVID-19 BLI
  - These funds are drawn down from the regular IHBG formula budget
- PIH Notice 2020-06 describes FY2020 IHBG amendment requirements and how to reprogram FY 2020 IHBG funds
  - Amendments don't have to be submitted before using FY2020 formula funds, but you **must** notify Area ONAP **before** using FY2020 funds for activities that invoke the 2020-05 waivers so that they can move the funds to the COVID-19 BLI
- **Investment Funds**
  - If recipient has invested FY 2020 funds, invested funds can be used for COVID-19 purposes with the alternative requirements
  - ONAP to provide more guidance on tracking and reporting of invested FY 2020 funds



# Use of FY 2020 IHBG for COVID-19

(Continued)

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**The following steps must be completed prior to the grantee making an eLOCCS draw:**

- **Step 1.** Grantee must email its Area ONAP Grants Management (GM) or Grants Evaluation (GE) Specialist by email and advise:
  - CARES Act eligible activity(ies) it intends to carry out with FY 2020 funding
  - amount of FY 2020 IHBG formula funding it needs to carry out the activity

**Step 2.** GM or GE Specialist will manually indicate the amount requested by the grantee in the grantee's LOCCS account under BLI 1620 "COVID-19."

# Use of FY 2020 IHBG for COVID-19

(Continued)

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- **Step 3.** GM or GE Specialist will respond to the grantee's email and confirm that the amount of 2020 funding requested by the grantee has been made available under BLI 1620 "COVID-19" and is ready to be drawn
- **Step 4.** Only after receipt of the conformation email from the grantee's GM or GE Specialist may the grantee draw the amount requested from BLI 1620 "COVID-19"
- **Step 5.** After all these steps are taken, eLOCCS will generate a payment invoice (HUD 50080-IHBG)
  - <https://www.hud.gov/sites/documents/50080IHB.PDF>
- **Step 6.** If the grantee has not already done so, the grantee will also need to amend its FY 2020 IHP as soon as possible to provide the appropriate information


# Use of FY 2020 IHBG for COVID-19

(Continued)

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- If the grantee has already used FY 2020 IHBG funding for activities that require a waiver or alternative requirement, HUD needs to capture that information in LOCCS
- If the grantee has already used FY 2020 IHBG funding for COVID-19-related activities that are only permissible under the waivers in PIH Notice 2020-05, grantee must inform its Area ONAP by email of:
  - 1) The activity for which FY 2020 IHBG funding was used
  - 2) The dates the FY 2020 IHBG funding was used
  - 3) The amount of FY 2020 IHBG funding already used
- If the grantee has not already done so, amend its FY 2020 IHP as soon as possible with updated information

# COVID-19 BLI

BLI Redistribution							Program Code: NHB	
Status	Line Item	Name	Pgm Cd	Authorized Amt	Disbursed Amt	Balance	Revised Authorization	
	1600	Current Assist StockOpSub	NHB	0.00	0.00	0.00	0.00	
	1601	Investments	NHB	0.00	0.00	0.00	0.00	
	1602	IHBG Balance	NHB	18,628,851.11	16,637,794.11	1,991,057.00	18,628,851.11	
	1603	Administrative Fee	NHB	0.00	0.00	0.00	0.00	
	1620	COVID 19	NHB	0.00	0.00	0.00	0.00	
	1640	Rental Assistance	NHB	0.00	0.00	0.00	0.00	
	9900	Close Out Adjustment	NHB	0.00	0.00	0.00	0.00	
<b>Totals (for NHB):</b>				<b>18,628,851.11</b>	<b>16,637,794.11</b>	<b>1,991,057.00</b>	<b>18,628,851.11</b>	

# FY 2020 IHP Amendment

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IHP Amendment in EPIC or the PDF includes one or more programs that include:

- **Unique Identifier (Line 1a (EPIC) or Line 1 (PDF) of Section 3)**: The Unique Identifier must be
  - COVID-19 Prevention
  - COVID-19 Preparation and/or
  - COVID-19 Response
- **Families to Be Served (Line 6 of Section 3)**: A separate program must be included for each type of family being served
  - Low-Income Native American Families
  - Non Low-Income Native American Families or Non-Native Families.

# Abbreviated IHP Review

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- Determine if Abbreviated IHP complies with the CARES Act and NAHASDA
- **Will be done as quickly as possible.** Notice anticipates the review will take no more than 15 days after receipt of a complete Abbreviated IHP
- If IHP is noncompliant
  - Recipient will be asked to revised and resubmit ASAP
  - Area ONAP will provide technical assistance to modify Abbreviated IHP, as appropriate
    - Ensure compliance with the CARES Act
- Abbreviated IHP may be amended to adjust any planned eligible activities or programs
  - activities or programs must be eligible

# Grant Agreement and Award Letter

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- After Abbreviated IHP is found in compliance
- Area ONAP emails the recipient an award letter and grant agreement package to sign and return via email
  - Grant agreement package
    - Grant Agreement
    - Grant Addendum
- Grant agreement is signed, scanned, and sent back to Area ONAP electronically
- Recipient maintains all documents with wet signatures in their records
- Funds available in LOCCS once the fully executed grant agreement is returned and processed by HUD

# Reporting Requirements

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- **Quarterly Federal Financial Reports (SF-425)**
  - account for the receipt and disbursement of grant funding
  - IHBG CARES will be reported cumulatively for the life of the grant
- **Abbreviated Annual Performance Report (APR) (Form: HUD-52735)**
  - information regarding recipient expenditure of grant funding
  - separate from IHBG Formula APR
  - covers the recipient's typical reporting period
  - due to Area ONAP within 90 days of the end of the recipient's program year unless otherwise specified
- **Additional CARES Act Reporting:** Recipients of \$150,000 or more in IHBG-CARES funding must submit a soon to be developed OMB form
  - amount of funds received
  - amount of funds obligated or expended for each project or activity
  - detailed list of all such projects or activities, including a description of the project or activity
  - detailed information on any subcontracts or subgrants awarded by the recipient.
- Data to be reported is identified on the following slides and are subject to change as COVID-19 evolves



# Reporting Requirements

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Abbreviated APR (continued)

**(1)** Total amount of IHBG-CARES grant funding received from HUD.

**(2)** Total amount of IHBG-CARES grant funding that was expended or obligated during the tribal program year to:

- **(a)** prevent COVID-19
- **(b)** prepare for COVID-19; or
- **(c)** respond to COVID-19

**(3)** List of all activities for which IHBG-CARES grant funds were expended or obligated under each of the above eligible purpose categories, including:

- **(a)** the type of the activity;
- **(b)** a description of the activity, including whether the activity is:
  - **(i)** eligible under the IHBG program; or
  - **(ii)** an eligible activity pursuant to a waivers and alternative requirement set forth in PIH Notice XXXXX related to prevention, preparation for, and response to COVID-19.

# Reporting Requirements

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Abbreviated APR (continued)

- (c)** an explanation of how the activity addresses one or more of the eligible purposes identified in (2), above;
- (d)** an evaluation of the completion status of the activity;
- (e)** an estimate of the number of eligible families that were assisted by this activity, including the number of low-income Indian families, non-low-income Indian families, and non-Indian families that were assisted by the activity; and
- (f)** the name of the person to contact at the Tribe or TDHE if there are concerns with or questions about the activity.

# IHBG Waivers

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The following statutory and regulatory waivers are authorized in PIH Notice 2020-05

## **Indian Housing Plan (IHP) Submission Deadline for Annual IHBG Formula Grants**

Section 101(b) and 102(a) of NAHASDA; 24 CFR §§ 1000.214, 1000.216, 1000.225

- Alternative requirement established for recipients with due dates in mid-January 2020 and mid-April 2020
- New due date of October 16, 2020

# IHBG Waivers (Continued)

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## **Income Verification**

24 CFR § 1000.128

- Alternative requirement established that allows recipients to deviate from written admission and occupancy policies to verify income less frequently
- Can carry out intake and other tasks remotely

# IHBG Waivers (Continued)

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## **Annual Performance Report (APR) Submission Deadline**

Sections 403 and 404 of NAHASDA; 24 CFR § 1000.514

- Alternative requirement for recipients whose APRs were originally due at the end of March 2020 and June 2020
- New due dates of June 28, 2020, and September 27, 2020 respectively

# IHBG Waivers (Continued)

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## **Public Health Services**

Section 202(3) of NAHASDA

- Alternative requirement established to allow for funds to be used to carry out a wide range of public health services under this category of eligible activities
- Eligible uses include:
  - providing testing, diagnosis or other related services to residents;
  - establishing a fixed or mobile location to conduct testing and treatment;
  - paying for necessary equipment, supplies, and materials, including personal protective equipment
  - meals/food delivery to those sheltering in place

# IHBG Waivers (Continued)

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## **COVID-19-related Assistance to Non-Low Income and Non-Native Families**

Section 201(b) of NAHASDA; 24 CFR §§ 1000.104, 1000.106, 1000.108, 1000.110; 1000.312, 1000.314, 1000.318

- Alternative requirements are established under the understanding that otherwise ineligible families are being assisted in order prevent the spread of COVID-19
- Recipients can temporarily house any individuals, regardless of Indian status or income level in tribally owned units or privately owned units
- Other eligible activities include providing masks, medical testing kits, food preparation, and cleaning/decontamination

# IHBG Waivers (Continued)

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## Useful Life

Section 205 of NAHASDA; 24 CFR §§ 1000.141, 1000.142, 1000.143, 1000.144, 1000.146, 1000.147

- Affordability and useful determination not required at this time for specific items
- Applies to clean up units or use as temporary housing during COVID-19 outbreak



# IHBG Waivers (Continued)

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## **Total Development Cost (TDC) Limits**

24 CFR §§ 1000.156, 1000.158, 1000.160, 1000.162

- HUD is waiving the requirements relating to limitations on cost or design standards and TDC with respect to dwelling and non-dwelling units
- Recipient may exceed the current TDC maximum by 20 percent without HUD review or approval, and exceed 20 percent with HUD approval
- Must be for purpose of to prevent, prepare for, and respond to COVID-19

# IHBG Waivers (Continued)

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## **Prohibition Against Investment of CARES Act Grant Funds**

Section 204(b) of NAHASDA; 24 CFR § 1000.58

- HUD is prohibiting the investment of any IHBG funding provided under the CARES Act

# Technical Assistance

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**Please contact your ONAP Area Office for technical assistance.**

# General COVID-19 Resources

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ONAP COVID-19 Recovery Programs website:

[https://www.hud.gov/program\\_offices/public\\_indian\\_housing/ih/Covid Recovery](https://www.hud.gov/program_offices/public_indian_housing/ih/Covid_Recovery)

IHBG-CARES Waivers and Alternative Requirements, PIH Notice 2020-

5: [https://www.hud.gov/sites/dfiles/PIH/documents/PIH2020-05.pdf?utm\\_medium=email&utm\\_source=govdelivery](https://www.hud.gov/sites/dfiles/PIH/documents/PIH2020-05.pdf?utm_medium=email&utm_source=govdelivery)

ONAP website, including updated COVID-19 related Frequently Asked Questions:

<https://www.hud.gov/codetalk>

HUD COVID Resources and Fact Sheets: <https://www.hud.gov/coronavirus>

# IHBG-CARES Implementation Training

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Conclusion and Wrap Up

Questions?

Comments?