

Indian Housing Plan Proposal Cover Page

Tribe & Project Contact Information—Please enter your information	
Tribe Name:	
EIN Number:	
Council President:	
Proposal Contact Name:	
Contact Title:	
Tribe Address:	
Contact Phone Number:	
Contact E-mail Address:	
Website Address:	

Has your Tribe applied for an ICDBG grant within the past 5 years? Yes _____ No _____

Does your Tribe or City have a Comprehensive Plan? Yes _____ No _____

Project Information Overview—Please provide the following information	
Date:	
Project Title:	
Duration of Project or Tentative Start and End Dates:	
List Committed and Potential/Anticipated Partners/Collaborators on Project, if any:	
What match / leverage do you anticipate to support this project (check boxes that apply)?	<input type="checkbox"/> Land / Site Control <input type="checkbox"/> IRR <input type="checkbox"/> Alaska Native Health Consortium <input type="checkbox"/> ICDBG <input type="checkbox"/> USDA <input type="checkbox"/> Other Tribal Funds / Resources
Approximate Amount to be Requested per the IHP:	
Estimated Amount Committed, Requested or to be Requested from Other Sources:	
List Sources of Committed Funding or Land:	
Estimated Total Project Amount:	

Completed Project Ownership / Management — Please provide the following information

Project ownership:	<input type="checkbox"/> Tribe <input type="checkbox"/> THRHA <input type="checkbox"/> Other
Land ownership:	<input type="checkbox"/> Tribe <input type="checkbox"/> THRHA <input type="checkbox"/> Other
Operations Management:	<input type="checkbox"/> Tribe <input type="checkbox"/> THRHA <input type="checkbox"/> Other
Other Information as needed:	

Project Overview: Please provide a 3-4 sentence description of your proposed project.

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Project Detail: Please provide the following information about your project:

(1) Targeted Populations and Problems Being Addressed

(2) Intended/Expected Outcomes

(3) How Project Will Achieve Intended Outcomes

Authorization / Administrative: Please complete the following, retain on file.

I am authorized to submit this IHP proposal on behalf of my Tribe. I understand and agree THRHA does not guarantee that a project proposed will be included in the following year IHP. If a project is included in the IHP, no funds will be expended on the project until such time that a Memorandum of Understanding or Sub-Recipient Agreement is fully executed for the project between the Tribe and THRHA.

I understand that if there is missing information, as required by THRHA for an IHP project proposal, that the project proposal will not be considered until such time that all required information is provided to THRHA in accordance with the IHP proposal guidance.

Authorized by - Signature

Email Address

Print Name / Title

Date

DO NOT COMPLETE THE FOLLOWING – THRHA INFORMATION ONLY

The following is for administrative purpose only, to be completed by THRHA:

- Date IHP proposal received by THRHA _____ Date proposal reviewed by THRHA _____
- Proposal information is complete Yes, If No, missing: _____
- Incomplete notice provided to Tribe _____ By: _____ To: _____
- Date complete proposal provided to THRHA _____ Complete notice provided to Tribe _____
- Date complete proposal provided to THRHA Review Committee for decision _____

Received by THRHA Management

Date

AUTHORIZATION:

THRHA Management

Date

- Approved for Inclusion in IHP
- Not accepted for IHP, reason: