



Subrecipient Housing Block Grant Report

Name of Tribal Entity	Total Pass-Through Funds \$	IHBG Fiscal Year FY
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Instructions:

1. **THIS FORM IS USED TO SUBMIT THE BUDGETS (ORIGINAL AND REVISIONS) AND TO SUBMIT THE REQUIRED QUARTERLY REPORT.** If requesting funds, use "Short" draw request form. Check below the reason for submitting this form.
2. Complete Section I, Section II and Section III.
3. If including Home Repair activities, attach a Supplemental Home Repair Forms when submitting budget.
4. Have an authorized representative sign the report and mail or fax to BBHA. Quarterly Reports are due fifteen (15) days after the end of the quarter.
5. When reporting carry forward funds, use line six of Section I.

<input type="checkbox"/> Budget: <input type="checkbox"/> Original <input type="checkbox"/> Revision	___ Status Report: Quarter ending _____ (mm/dd/yy) <input type="checkbox"/> Final report
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Section I: Budget & Project Status. Provide amounts budgeted & expended for each type of activity.

Activities	(a)	(b)	(c)	(d)
	Budget	Expended to Date Prior Report	Expended This Qtr	Budget Balance
1. Home Repairs	\$	\$	\$	\$
2. Development	\$	\$	\$	\$
3. Utility Vouchers	\$	\$	\$	\$
4. Crime Prevention (Cultural)	\$	\$	\$	\$
5. Planning and Administration	\$	\$	\$	\$
6. Carry Forward	\$	\$	\$	\$
7. Total	\$	\$	\$	\$

Section II: Scope of Work. For each activity budgeted in Section I, describe how the funds are being used.

1. Home Repairs. Describe below the home repair activities included in Line 1 of the Budget. If none, leave blank and go to next budget activity. List each family for whom work will be done and the total amount budgeted for each family. Total Budget cost column must equal Section I, Line 1(a). Total Actual cost column must equal Section I, Line 1(b). Complete a Home Repair Cost Estimate form for each family and attach to this report.

Homeowner	(a)	(b)	(c)	(d)
	Budget	Expended and Obligated to Date	Less Previous Report (previous col. (b))	Expended (b) minus (c)
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total	\$	\$	\$	\$

2. Development. Describe the development activities included in Line 2 of the Budget. If none, leave blank. List each project (for example “acquire land” or “construct duplex”), and the number of families to be served. Total Budget cost column must equal Section I, Line 2(a). Total Actual cost column must equal Section I, Line 2(b).

Project Description	Budget		Actual Cost to Date	
	Families	Cost	Families	Cost
		\$		\$
		\$		\$
		\$		\$
Total		\$		\$

3. Subsidy Vouchers. Describe below the activities (for example “utility payments” or “rental assistance”) included in Line 3 of the Budget. If none, leave blank. List the number of families that will receive assistance for each activity. Total Budget subsidy column must equal Section I, Line 3(a). Total Actual subsidy column must equal Section I, Line 3(b).

Activity Description	Budget			Actual Cost to Date		
	Subsidy per Family	Families	Total Subsidy	Subsidy per Family	Families	Total Subsidy
	\$		\$	\$		\$
	\$		\$	\$		\$
				\$		\$
Total			\$			\$

4. Crime Prevention and Cultural Activities. Describe the activities (for example “drug education program” or “youth sports program”) included in Line 4 of the Budget. If none, leave blank. List the number of families that will participate in each program. Total Budget cost column must equal Section I, Line 4(a). Total Actual cost column must equal Section I, Line 4(b).

Project Description	Budget		Actual Cost to Date	
	Families	Cost	Families	Cost
		\$		\$
		\$		\$
Total		\$		\$

5. Planning and Administration. Describe the planning/administration costs included in Line 5 of the Budget. List each type of cost (for example “rent office space”, “salaries and benefits” or “training”) separately. Total Budget column must equal Section I, Line 5(a). Total Actual column must equal Section I, Line 5(b).

Activity Description	Budget	Actual Cost to Date
	\$	\$
	\$	\$
	\$	\$
Total	\$	\$

6. Other. Describe below the specific other activities included in Line 6 of the Budget. These are activities that don’t belong in any of the other categories, and may require special approval. Total Budget cost column must equal Section I, Line 6(a). Total Actual cost column must equal Section I, Line 6(b).

Project Description	Budget		Actual Cost to Date	
	Families	Cost	Families	Cost
Carry Forward		\$		\$
		\$		\$
Total		\$		\$

Additional Information: Use this space to provide any additional explanations. *Attach additional pages if necessary.*

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Section III: Authorization. Authorized representative complete the following:

Name of Authorized Tribal/Village Council Representative	Title
Signature	Date

BBHA Use Only

Budget Authority	Date
Environmental Review Clearance	Date
Conflict of Interest Clearance	Date
Finance Coding Clearance	Date
Executive Director	Date