

## Section 1: Cover Page

- (1) Grant Number: 55IH4614480
- (2) Recipient Program Year: 01/01/2025 - 12/31/2025
- (3) Federal Fiscal Year: 2025
- (4) ☒ Initial Plan (Complete this Section then proceed to Section 2)
- (5) ☐ Amended Plan (Complete this Section and Section 8 if applicable)
- (6) ☐ Annual Performance Report (Complete items 27-30 and proceed to Section 3)
- (7) ☐ Tribe
- (8) ☒ TDHE
- (9) **Name of Recipient:** Sicangu Wicoti Awayankapi Corporation (SWA)
- (10) **Contact Person:** Gary LaPointe, CEO
- (11) **Telephone Number with Area Code** (999) 999-9999: 605-747-2203
- (12) **Mailing Address:** PO Box 69
- (13) **City:** Rosebud
- (14) **State:** SD
- (15) **Zip Code** (99999 or 99999-9999): 57570-0069
- (16) **Fax Number with Area Code** (999) 999-9999: 605-747-2966
- (17) **Email Address** rstha@swacorporation.com
- (18) **If TDHE, List Tribes Below:**
  - ☒ Rosebud Sioux Tribe
- (19) **Tax Identification Number:** 460278706
- (20) **UEI Number:** L4CZP2M2PWM6
- (21) **CCR/SAM Expiration Date** (MM/DD/YYYY): 10/29/2024
- (22) **IHBG Fiscal Year Formula Amount:** \$8,941,372
- (23) **Name of Authorized IHP Submitter:** Gary LaPointe
- (24) **Title of Authorized IHP Submitter:** CEO
- (25) **Signature of Authorized IHP Submitter:** Gary LaPointe
- (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):

**Certification:** The information contained in this document is accurate and reflects the activities actually planned or accomplished during the program year. Activities planned and accomplished are eligible under applicable statutes and regulations.

**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosure of information, including intentional disclosure, is subject to a civil money penalty not to exceed \$10,000 for each violation.

## ONE YEAR PLAN ANNUAL PERFORMANCE REPORT

### Section 2: Housing Needs

NAHASDA § 102(b)(2)(B)

**(1) Type of Need:** Check the appropriate box(es) below to describe the estimated types of housing needs and the need for other assistance for low-income Indian families (column B) and all Indian families (column C) inside and outside the jurisdiction.

(A) Type of Need	Check All That Apply	
	(B) Low-Income Indian Families	(C) All Indian Families
(1) Overcrowded Households	X	X
(2) Renters Who Wish to Become Owners	X	X
(3) Substandard Units Needing Rehabilitation	X	X
(4) Homeless Households	X	X
(5) Households Needing Affordable Rental Units	X	X
(6) College Student Housing	X	X
(7) Disabled Households Needing Accessibility	X	X
(8) Units Needing Energy Efficiency Upgrades	X	X
(9) Infrastructure to Support Housing	X	X
(10) Other (specify below)	X	X

**(2) Other Needs.** (Describe the “Other” needs below. Note: this text is optional for all needs except “Other.”):

Utility Assistance, meth awareness remediation support, buildings equipment/infrastructure, roads landscaping/dirt work, and education for tenants

**(3) Planned Program Benefits.** (Describe below how your planned programs and activities will address the needs of low income families identified above. Also describe how your planned programs will address the various types of housing assistance needs NAHASDA § 102(b)(2)(B)):

SWA will maintain housing for low income and homeless families by preserving its existing housing stock and developing new housing with existing resources and other resources that become available through grants and tax credit opportunities. SWA will also emphasize on implementing policies and procedures to ensure that tenants remaining in good standing thru the programs outlined in this IHP.

**(4) Geographic Distribution.** Describe below how the assistance will be distributed throughout the geographic area and how this geographic distribution is consistent with the needs of low income families. NAHASDA § 102(b)(2)(B)(i)):

The service area of the SWA encompasses 7600 square miles consisting of the following counties in south central South Dakota (Todd, Mellette, Tripp, Gregory, and part of Lyman). The Rosebud Sioux Tribe recognizes twenty community districts with this area.



## Section 3: Program Descriptions

[102(b)(2)(A)], [233(a)], [235(c)], [404(b)], 24 CFR §1000.512(b)(2)

### Planning and Reporting Program Year Activities

In this section, the recipient must provide a description of its planned eligible activities, and intended outcomes and outputs for the One-Year IHP. The recipient can select any combination of activities eligible under NAHASDA and intended outcomes and outputs that are based on local needs and priorities. There is no maximum or minimum number of eligible activities or intended outcomes and outputs. Rather, the One-Year IHP should include a sufficient number of eligible activities and intended outcomes to fully describe any tasks that the recipient intends to fund in whole or in part with IHBG resources during the coming program year.

Subtitle B of NAHASDA authorizes recipients to establish a program for self-determined housing activities involving construction, acquisition, rehabilitation, or infrastructure relating to housing activities or housing that will benefit the low-income households served by the Indian tribe. A recipient may use up to 20 percent of its annual allocation, but not more than \$2 Million, for this program. Section 233(a) of NAHASDA requires a recipient to include its planned self-determination program activities in the IHP, and Section 235(c) requires the recipient to report the expenditures, outputs, and outcomes for its self-determination program in the APR. For more information, see PIH Notice 2010-35 (Demonstration Program - Self-Determined Housing Activities for Tribal Governments) at [https://www.hud.gov/sites/documents/DOC\\_8814.PDF](https://www.hud.gov/sites/documents/DOC_8814.PDF).

The One-Year IHP is not required to include eligible activities or intended outcomes and outputs that will not receive IHBG resources. For example, the recipient may be planning to apply for Low Income Housing Tax Credits (LIHTC) from its state. If those tax credit projects will not receive IHBG resources, they are not required to be described in the IHP. However, the recipient may wish to include nonIHBG activities in the IHP to provide tribal members with a more complete picture of housing activities.

If an activity will receive partial funding from an IHBG resource, it must be described in the IHP.

For example, if the recipient uses IHBG-funded staff persons to manage, inspect, or maintain an LIHTC-funded rental project, that project would be considered an IHBG-assisted project and the related activities must be described in the IHP.

Planning and Administrative expenses and loan repayments should not be identified as programs in the IHP. That is why there are dedicated rows in the Uses of Funding budget for these expenses. Instead, describe anticipated planning and administrative expenses in Section 6, Line 4 of the IHP, and describe actual planning and administration expenses in Section 6, Line 5 of the APR. Report the planned and actual amount of planning and administrative expenses in the dedicated row of the Uses of Funding budget (Section 5, Line 2). Please note that Reserve Accounts to support planning and administration is an eligible activity and should be identified as a program in the IHP, and any planned or actual expenditure from the Reserve Account would be reported by its program name in the Uses of Funding table.

For the IHP, complete the **unshaded** sections to describe the planned activities, outcomes and outputs in the coming 12-month program year. The recipient must complete Lines 1.1 through 1.4, Lines 1.6 and 1.7, and Line 1.9 for each eligible activity or program planned for the One-Year IHP. For the APR, complete the shaded sections to describe actual accomplishments, outcomes, and outputs for the previous 12-month program year. In particular, complete Lines 1.5, 1.8, 1.9, and 1.10 for each program included in the IHP.

**Eligible Activity May Include** (citations below all reference sections in NAHASDA)

<b>Eligible Activity</b>	<b>Output Measure</b>	<b>Output Completion</b>
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit
(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed
(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA- Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection



Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding table only)
(25) Reserve Accounts [202(9)]	N/A	N/A

**Outcome May Include**

(1) Reduce over-crowding	(7) Create new affordable rental units
(2) Assist renters to become homeowners	(8) Assist affordable housing for college students
(3) Improve quality of substandard units	(9) Provide accessibility for disabled/elderly persons
(4) Improve quality of existing infrastructure	(10) Improve energy efficiency
(5) Address homelessness	(11) Reduction in crime reports
(6) Assist affordable housing for low income households	(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

**IHP: PLANNED PROGRAM YEAR ACTIVITIES**(NAHASDA § 102(b)(2)(A))

For each planned activity, complete all the non-shaded sections below. It is recommended that for each program name you assign a unique identifier to help distinguish individual programs. This unique number can be any number of your choosing, but it should be simple and clear so that you and HUD can track tasks and results under the program and collect appropriate file documentation tied to this program.

- One way to number your programs is chronologically. For example, you could number your programs 2011-1, 2011-2, 2011-3 etc.
- Or, you may wish to number the programs based on type. For example rental 1, rental 2, homebuyer1, homebuyer 2 etc. This type of numbering system might be appropriate if you have many programs that last over several years.
- Finally, you may wish to use an outline style of numbering. For example, all programs under your first eligible activity would start with the number 1 and then be consecutively numbered as 1.1, 1.2, 1.3 etc.

## APR: REPORTING ON PROGRAM YEAR PROGRESS

Complete the shaded section of text below to describe your completed program tasks and actual results. Only report on activities completed during the 12-month program year. Financial data should be presented using the same basis of accounting as the Schedule of Expenditures of Federal Awards (SEFA) in the annual audit. For unit accomplishments, only count units when the unit was completed and occupied during the year. For households, only count the household if it received the assistance during the previous 12-month program year. (NAHASDA § 404(b))

### 1.1. Program Name and Unique Identifier: **2025-01 Modernization:Modernization of 1937 Act Housing**

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

FY 2025 Construction and Maintenance will restore forty (40) 1937 Act rental units to useable condition. SWA will utilize our Cabinet Shop to make kitchen and bathroom cabinetry for the 1937 Act and NAHASDA units.

#### 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) Modernization of 1937 Act Housing [202(1)]

#### 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.):*

(3) Improve quality of substandard units

**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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low-income families Below 80 percent of median income.

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

Vacant Current Assisted Stock Restoration forty(40) vacant 1937 Act rental units will be fully inspected and supported with an inspection report consisting of:(a) Identified items to be repaired/replaced(b) Itemized material and labor cost(c) A total cost to repair after completion based on work order costs to include contractual obligation to renovate 10 contaminated vacant 1937 Act rental units.

#### 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: 40	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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



**1.1. Program Name and Unique Identifier: 2025-02 Operations: Operation of 1937 Act Housing {202(1)}**

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

The SWA Corporation's general operational costs to include property management, professional services, and overhead costs. Up to twenty (20) Maintenance workers, completing approximately 4,200 work orders for the 1937 act Low Rental units. These work orders include vehicle repairs on all SWA Corporation vehicles.

**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.):*

(2) Operation of 1937 Act Housing [202(1)]

**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.):*

(3) Improve quality of substandard units

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

1937 act low rental and new mutual homeownerships to include overhead of all SWA properties, equipment, and warehousing needs. Vacant unit restored for occupancy on NAHASDA program units and Private Home repairs.

**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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Assistance made available to families whose incomes fall below 80 percent of the median income for SWA tenants.

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

The assistance provided will depend on individual applicant/resident's needs. Interior and exterior maintenance will be performed by qualified staff and contractors. Force account construction crews and the maintenance department. SWA Corporation will operate and maintain 1937 Act Housing and will adhere to CFR 24 Regulations and adopted policies/procedures. SWA Corporation will maintain and monitor lease contracts for rental and homebuyers and conduct inspections of 1937 Act Units.

**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: 4200	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

---

**1.1. Program Name and Unique Identifier: 2025-03 HIP/Private homes repairs:SWA HIP Program/Private Home Assistance**

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

1)The SWA Corporation provides oversight management over the Rosebud Sioux Tribe Housing Improvement Program (HIP) 638 Contract. 2)SWA Housing Private Homes Assistance Program is designed to assist private homeowners whose homes are in disrepair and who have no means to be able to make the repairs as needed. The repairs must be emergency in nature and will address the health and safety issues. \$2,500.00 is provided to eligible private homeowners. FY-2025 in the amount of \$50,000

**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.):*

(16) Rehabilitation Assistance to Existing Homeowners [202(2)]

**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.):*

(3) Improve quality of substandard units

**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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Private homeowners whose income falls below 80 percent median income.

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

Rehab and/or replacement of private homes with reimbursement from a pass thru grant from BIA/RST.

**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: 14	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

---



**1.1. Program Name and Unique Identifier: 2025-04 Housing services:SWA Housing Services**

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

(1) SWA collaborates with the Rosebud Sioux Tribe to manage and assist with the operation costs of the Tribally owned Homeless shelter. The RST manages the shelter with service provided to homeless with individuals and families with children. SWA funds are contributed to assist with operation costs of the facility in the amount of \$25,000.00.(2) SWA collaborates with the Rosebud Sioux Tribe Low Energy Assistance Program (LIEAP) to assist with funding SWA managed homes only. RST LIHEAP Program will administer the utility assistance. Planned 150 for FY-2025 in the amount of \$200,000.00. (3) SWA, in collaboration with other tribal programs will contribute \$100,000 for Solid Waste clean up across the reservation and and estimated \$40000 to twenty (20) communities for the community beautification project.

**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.):*

(18) Other Housing Services [202(3)]

**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.):*

(6) Assist affordable housing for low income households

**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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Services persons and prospective tenants below 80 percent.

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

SWA collaborates with other tribal programs to monitor SWA managed units. The sub-grant agreement provides direct energy assistance to low income families.

**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: 806	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

---

**1.1. Program Name and Unique Identifier: 2025-05 LIHTC subsidy:LIHTC Subsidy**

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

SWA currently manages 45 LIHTC rentals. Rental rates under the tax credit program ranges from \$385.00 to \$425.00 per month. SWA provides subsidy per partnership agreements towards eligible tenants in the Tax Credit programs. The rental assistance is being provided to make the rental units more affordable for the participants living in the units. In the amount of \$108,000.00.

**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.):*

(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]

**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.):*

(1) Reduce over-crowding

**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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low income families eligible to participate in the Tax Credit programs.

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

SWA provides incentive subsidy for timely payments for Tax Credit participants; A rental assistance amount up \$200.00 per month provided the tenant pays their portion of the rent by the 6th of each month to be entitled to the SWA subsidy for a 12 month period.

**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: 45	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

---



**1.1. Program Name and Unique Identifier: 2025-06 VASH subsidy:VASH Supportive Housing**

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

SWA's HUD VASH grant provides rental subsidy based on fair market rents for our area to help service homeless Veterans in providing a home and Supportive Services to assist Vets and Families at risk. The veteran must be eligible and qualified by the Veteran Administration to provide rental assistance from the HUD VASH grant for FY 2025. VASH will provide five (5) tenant based subsidy vouchers and fifteen (15) project based vouchers for the units.

**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)]

**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.):*

(6) Assist affordable housing for low income households

**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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Native American Veterans who are at risk or being homeless that have been referred to the program by the VA or its designee. Family incomes not to exceed 80 percent of the median income.

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

Rental subsidy based upon calculation for the HUD-VASH program.

**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: 20	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

---

**1.1. Program Name and Unique Identifier: 2025-07 Emergency rental assistance: Tenant Rental Assistance**

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

SWA provides services to low income eligible applicants who are without shelter and who are scheduled for move-in into SWA managed property (USDA or Tax Credit) or who have a rental prospect from private landlords up to \$1000.00 maximum for security deposit and first months rent. Planned amount of \$50,000.00.

**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)]

**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.):

(6) Assist affordable housing for low income households

**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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):

Services persons and perspective tenants below 80 percent

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

SWA provides up to \$1000.00 to be used to pay costs associated with obtaining a place to live.

**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: 45	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

---



**1.1. Program Name and Unique Identifier: 2025-08 Rehabilitation NAHASDA units:Rehab of NAHASDA Units**

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

The rehabilitation of 5 NAHASDA Units to improve the quality of substandard units. The 5 NAHASDA units will receive restoration to bring the units to useable condition and to address health and safety items.

**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.):*

(5) Rehabilitation of Rental Housing [202(2)]

**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.):*

(3) Improve quality of substandard units

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

Vacant units restored for occupancy of NAHASDA program units

**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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low income families will be eligible and have income that fall within the 80% median.

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

Services provided will consist of rehabilitation of 5 vacant NAHASDA units developed units to be restored and reoccupied by eligible low income families.

**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: 5	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

---

## Section 4: Maintaining 1937 Act Units, Demolition, and Disposition

NAHASDA §§ 102(b)(2)(A)(v), 102(b)(2)(A)(iv)(I-III)

**(1) Maintaining 1937 Act Units**(NAHASDA § 102(b)(2)(A)(v))(Describe specifically how you will maintain and operate your 1937 Act housing units in order to ensure that these units will remain viable.)

The SWA corporation owns and manages 806 Low Rental and 17 Homeownership 1937 Housing units which will be maintained and managed by the following departments:

- Administration
- Finance
- Construction/Maintenance
- Chemical Cleanup/Demo
- Development
- Housing Information
- Inspections
- Occupancy/10/20 SGU Plexes
- Warehouse
- Human Resources

**(2) Demolition and Disposition**(NAHASDA § 102(b)(2)(A)(iv)(I-III), 24 CFR 1000.134)Describe any planned demolition or sale of 1937 Act or NAHASDA-assisted housing units. If the recipient is planning on demolition or disposition of 1937 Act or NAHASDA-assisted housing units, be certain to include the timetable for any planned demolition or disposition and any other information that is required by HUD with respect to the demolition or disposition:

No Demolition planned for FY2025



## Section 5: Budgets

NAHASDA §§ 102(b)(2)(C), 404(b)

**(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				
	(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)
1. IHBG Funds	\$0.00	\$8,941,372.00	\$8,941,372.00	\$8,941,372.00	\$0.00
2. IHBG Program Income	\$1,318,667.84	\$935,000.00	\$2,253,667.84	\$2,253,667.84	\$0.00
3. Title VI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Title VI Program Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. 1937 Act Operating Reserves	\$0.00		\$0.00	\$0.00	\$0.00
6. Carry Over 1937 Act Funds	\$0.00		\$0.00	\$0.00	\$0.00
7. ICDBG Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8. Other Federal Funds	\$1,187,098.00	\$280,776.00	\$1,467,874.00	\$1,467,874.00	\$0.00
9. LIHTC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. Non-Federal Funds	\$0.00	\$30,000.00	\$30,000.00	\$30,000.00	\$0.00
Total	\$2,505,765.84	\$10,187,148.00	\$12,692,913.84	\$12,692,913.84	\$0.00
TOTAL Columns C and H( 2 through 10 )			\$3,751,541.84		

SOURCE	APR					
	(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 to be expended during 12-month program year	(J) Actual unexpended funds remaining at end of program year (H-I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds			\$0.00		\$0.00	
2. IHBG Program Income			\$0.00		\$0.00	
3. Title VI			\$0.00		\$0.00	
4. Title VI Program Income			\$0.00		\$0.00	
5. 1937 Act Operating Reserves			\$0.00		\$0.00	
6. Carry Over 1937 Act Funds			\$0.00		\$0.00	
7. ICDBG Funds			\$0.00		\$0.00	
8. Other Federal Funds			\$0.00		\$0.00	
9. LIHTC			\$0.00		\$0.00	
10. Non-Federal Funds			\$0.00		\$0.00	
Total			\$0.00		\$0.00	
TOTAL Columns C and H( 2 through 10 )			\$0.00			

### Notes:

- 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).
- Total of Column D should match the total of Column N from the Uses of Funding table below.
- 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 **Uses of Funding table below.**

**(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.)**

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)
2025-01 Modernization: Modernization of 1937 Act Housing	\$1,722,347.69	\$25,000.00	\$1,747,347.69	\$0.00	\$0.00	\$0.00
2025-02 Operations: Operation of 1937 Act Housing (202(1))	\$5,782,577.64	\$1,776,000.00	\$7,558,577.64	\$0.00	\$0.00	\$0.00
2025-03 HIP/Private homes repairs: SWA HIP Program/Private Home Assistance	\$35,000.00	\$1,187,098.00	\$1,222,098.00	\$0.00	\$0.00	\$0.00
2025-04 Housing services: SWA Housing Services	\$225,000.00	\$150,000.00	\$375,000.00	\$0.00	\$0.00	\$0.00
2025-05 LIHTC subsidy: LIHTC Subsidy		\$108,000.00	\$108,000.00	\$0.00	\$0.00	\$0.00
2025-06 VASH subsidy: VASH Supportive Housing		\$280,776.00	\$280,776.00	\$0.00	\$0.00	\$0.00
2025-07 Emergency rental assistance: Tenant Rental Assistance	\$50,000.00		\$50,000.00	\$0.00	\$0.00	\$0.00
2025-08 Rehabilitation NAHASDA units: Rehab of NAHASDA Units		\$30,000.00	\$30,000.00	\$0.00	\$0.00	\$0.00
Loan repayment - describe in 3 & 4 below	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Planning and Administration	\$1,126,446.67	\$194,667.84	\$1,321,114.51	\$0.00	\$0.00	\$0.00
<b>TOTAL</b>	<b>\$8,941,372.00</b>	<b>\$3,751,541.84</b>	<b>\$12,692,913.84</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Notes:**

- Total of Column L cannot exceed the IHBG funds from Column C, Row 1 from the Sources of Funding table in Line 1 above.
- Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Sources of Funding table in Line 1 above.
- 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.
- Total of Column P cannot exceed total of Column H, Rows 2-10 of the Sources of Funding table in Line 1 above.
- 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):  
N/A

**(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.):  
**Approval Completed**



## Section 6: Other Submission Items

[102(b)(2)(C)(ii)], [201(b)(5)], [202(6)], [205(a)(2)], [209], 24 CFR §§ 1000.108, 1000.120, 1000.142, 1000.238, 1000.302

**(1) Useful Life/Affordability Period(s)** (NAHASDA § 205, 24 CFR § 1000.142) (Describe your plan or system for determining the useful life/affordability period of the housing it assists with IHBG and/or Title VI funds must be provided in the IHP. A record of the current, specific useful life/affordability period for housing units assisted with IHBG and/or Title VI funds (excluding Mutual Help) must be maintained in the recipient's files and available for review for the useful life/affordability period.):

**SWA Corporation Board of Commissioners Resolution No. 2011-22, Established NAHASDA useful Life/Affordability, adopted on the 18th of March, 2011.**

**2) Model Housing and Over-Income Activities**(NAHASDA § 202(6), 24 CFR § 1000.108) (If you wish to undertake a model housing activity or wish to serve non-low-income households during the 12-month program year, those activities may be described here, in the program description section of the 1-year plan, or as a separate submission.):

None

**(3) Tribal and Other Indian Preference**(NAHASDA § 201(b)(5), 24 CFR § 1000.120) If preference will be given to tribal members or other Indian families, the preference policy must be described. This information may be provided here or in the program description section of the 1-year plan.

Does the Tribe have a preference policy?: Yes

If yes, describe the policy. **The Tribal Preference as it relates to housing assistance, housing assistance to Indian families is as follows: (a) Enrolled Tribal Members are given first priority in all services (b) Enrolled Native Americans of other Federally Recognized Tribes.**

**(4) Anticipated Planning and Administration Expenses** (NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238)

Do you intend to exceed your allowable spending cap for Planning and Administration? No

If yes, describe why the additional funds are needed for Planning and Administration. For a recipient administering funds from multiple grant beneficiaries with a mix of grant or expenditure amounts, for each beneficiary state the grant amount or expenditure amount, the cap percentage applied, and the actual dollar amount of the cap.

**(5) Actual Planning and Administration Expenses**(NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238)

Did you exceed your spending cap for Planning and Administration?

If yes, did you receive HUD approval to exceed the cap on Planning and Administration costs?

If you did not receive approval for exceeding your spending cap on planning and administration costs, describe the reason(s) for exceeding the cap. (See Section 6, Line 5 of the Guidance for information on carry-over of unspent planning and administration expenses.)

**(6) Expanded Formula Area - Verification of Substantial Housing Services** (24 CFR § 1200.302(3)) If your tribe has an expanded formula area (i.e., an area that was justified based on housing services provided rather than the list of areas defined in 24 CFR § 1200.302 Formula Area (1)), the tribe must demonstrate that it is continuing to provide substantial housing services to that expanded formula area. Does the tribe have an expanded formula area? No

**If no, proceed to Section 7.**

If yes, list each separate geographic area that has been added to the Tribe's formula area and the documented number of Tribal members residing there.

For each separate formula area expansion, list the budgeted amount of IHBG and other funds to be provided to all American Indian and Alaska Native (AIAN) households and to only those AIAN households with incomes 80% of median income or lower during the recipient's 12-month program year:

## 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**

**(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: **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**
- 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**
- 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: **Yes**
- 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**



## 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: **Kim Thompson**
- (2) ☒ It had an opportunity to review the IHP or IHP amendment and has authorized the submission of the IHP by the TDHE
- (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: **Rosebud Sioux Tribe**
- (5) Authorized Official's Name and Title: **Kathleen Wooden Knife, President Rosebud Sioux Tribe**
- (6) Authorized Official's Signature:
- (7) Date (MM/DD/YYYY): **2024-08-29**

## 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:

**Construction contract which required compliance with the Rosebud Sioux Tribe 'Tribal Employment and Contracting Compliance Ordinance.' Tribally determined wage rates.**



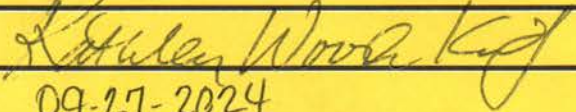
## SECTION 8: IHP TRIBAL CERTIFICATION

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:	Rosebud Sioux Tribe
(5) Authorized Official's Name and Title:	Kathleen Wooden Knife
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	09-27-2024

**The U.S. Department of Housing and Urban Development (HUD)**  
*Grants Evaluation Management System (GEMS) Authorization for Use Agreement*

I agree to the terms and conditions for the use of the HUD Grants Evaluation Management System (GEMS). By my signature below, I attest that all information submitted using my username is accurate and in compliance with the laws and regulations of the programs covered and the instructions for the forms and documents submitted. When I enter my name in any signature section in the Grants Evaluation Management System (GEMS), it will be considered my electronic signature (E-Signature) for submission, bound and supported by this attestation and wet signature in accordance with the Federal E-Sign Act of 2000.

**Certification:** I am responsible for my user name and password for the use of the HUD GEMS system. The information contained in the documents submitted is accurate and reflects the activities actually planned or accomplished during the periods stated, and are eligible under applicable statutes and regulations.

**Warning:** If you knowingly make a false statement on documents using this system, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosure of information, including intentional disclosure, is subject to a civil money penalty not to exceed \$10,000 for each violation.

*Attest:*

Organization: SWA Corp.

Name (Print or type): Gary LaPointe

Title or Position: CEO

Signature: Gary LaPointe

Email Address: rstha@swacorporation.com

Date: 9-27-24



**ROSEBUD SIOUX TRIBE  
RESOLUTION NO. 2024-257**

**WHEREAS,** the Rosebud Sioux Tribe is a federally recognized Indian Tribe organized pursuant to the Indian Reorganization Act of 1934 and all pertinent amendments thereof; and

**WHEREAS,** the Rosebud Sioux Tribe is governed by a Tribal Council made up of elected representatives who act in accordance with the powers granted to it by its Constitution and By-Laws; and

**WHEREAS,** the Sicangu Wicoti Awayankapi Corporation (hereinafter referred as the "SWA Corporation") is established as a public body under the Rosebud Sioux Tribe Ordinance No. 76-02 (Rosebud Housing Authority) and thereafter Ordinance No. 97-276 establish the SWA Corporation as a chartered organization; and

**WHEREAS,** the SWA Corporation Board of Commissioners (herein referred as the "Board") is empowered with the responsibilities of the management of the affairs of the SWA Corporation; and

**WHEREAS,** on April 12, 2000 the Rosebud Sioux Tribal Council did adopt Rosebud Sioux Tribe Resolution No. 98-276 establishing the Sicangu Wicoti Awayankapi (SWA) Corporation under a corporate charter to manage funds provided to the Tribe through the Native American Housing Assistance and Self-Determination Act (NAHASDA) of 1996; and

**WHEREAS,** in order to continue receiving funds under the NAHASDA of 1996, and Indian Housing Plan must be submitted to the U.S. Department of Housing and Urban Development by October 18<sup>TH</sup> of each year; and

**WHEREAS,** the SWA Corporation Board of Commissioners did approve the FY-2025 Indian Housing Plan on September 11, 2024; and

**WHEREAS,** the Rosebud Sioux Tribe has designated the Sicangu Wicoti Awayankapi Corporation as the Tribal Designated Housing Entity and the grant recipient of Indian Housing Block Grant and with the condition that the Tribe shall annually review the Indian Housing Plan and authorize its submission: and

**THEREFORE BE IT RESOLVED,** that the Rosebud Sioux Tribal Council approves the Sicangu Wicoti Awayankapi Corporation FY-2025 Indian Housing Plan.

**THEREFORE BE IT FURTHER RESOLVED,** that the Rosebud Sioux Tribe certifies to the following:

- I. The Tribe shall assume the status of a Federal official under the National Environmental Policy Act of 1969 and the other provisions of the law listed in 24 CFR 58.5 insofar as the provisions of the Act and such other provisions of the law apply to the Indian tribe's proposed program pursuant to 24 CFR part 58.

**ROSEBUD SIOUX TRIBE  
RESOLUTION NO. 2024-257**

- II, The Tribe did review the Indian Housing Plan and is authorizing the submission of the Indian Housing Plan by the Sicangu Wicoti Awayankapi (SWA) Corporation.
- III. The Sicangu Wicoti Awayankapi (SWA) Corporation is the Tribally Designated Housing Entity on behalf of the tribe and shall certify to the following:
- (A) 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;
  - (B) it will maintain adequate insurance coverage for housing units that are owned and operated or assisted with grant amounts provided under the Native American Housing and Self-Determination Act of 1996 (the Act), in compliance with such requirements as may be established by the Secretary;
  - (C) policies are in effect and are available for review by the Secretary and the public governing the eligibility, admission, and occupancy of families for housing assisted with grant amounts provided under the Act;
  - (D) policies are in effect and are available for review by the Secretary 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 the Act; and
  - (E) policies are in effect and are available for review by the Secretary and the public governing the management and maintenance of housing assisted with grant amounts provided under the Act.

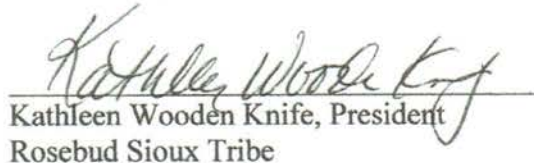
**CERTIFICATION**

This is to certify that the above Resolution No. 2024-257 was duly passed by the Rosebud Sioux Tribal Council in session September 26, 2024 by a vote of eleven (11) in favor, zero (0) opposed and one (1) not voting. The said resolution was adopted pursuant to authority vested in the Council. A quorum was present.

ATTEST:



Nicole Marshall, Secretary  
Rosebud Sioux Tribe



Kathleen Wooden Knife, President  
Rosebud Sioux Tribe