

Final Report

Evaluation of the Indian Community Development Block Grant Program

Volume II—Appendixes

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Introduction to Case Study Reports

This volume presents individual reports on the 10 site visits that comprised the case study component of Econometrica's evaluation of the Indian Community Development Block Grant (ICDBG) program. At the beginning of each report, we provide an assessment of the overall impacts of ICDBG projects in the community. The following impact measures were applied to assess the outcomes of ICDBG projects:

- Leveraging
- Partnering
- Collateral Investments
- Community Involvement
- Improvement in Economic Conditions.

Econometrica estimated the level of impact using the same scale of measurement described in Volume I, which is defined as follows:

- “Major Impact” was assigned to measures for projects where the observations and data indicated that the projects clearly and substantially contributed to strengthening the economic and social viability across individual projects, almost without exception.
- “Significant Impact” was assigned to measures for projects where there was clearly a contribution to strengthening the economic and social viability of a community, although with less consistency across projects than in those cases where a “Major Impact” was assigned.
- “Measurable Impact” was assigned for projects where some impact was identified in strengthening economic and social viability, but at a consistently lower level than “Significant Impact.”
- An “Indeterminate” rating was assigned in those instances where the available data or observations did not allow for an informed assessment of a specific project.
- A “Not Applicable” rating was assigned in those cases where a particular measure was obviously not applicable to a given project category.

All 10 reports include basic demographic data on a grantee derived from 2000 census data. Slightly different demographics are included in the Lake County Rancherias report, because that study focuses on an ICDBG grant awarded to a consortium of tribes rather than to a single tribe. When available from local data sources, the reports also include information on jobs created by ICDBG projects (both in facility construction and operation) and other measurable data on immediate project outcomes.

A.1 Port Graham, Alaska



Figure A.1. Port Graham: Aerial View

This report presents the findings of a site visit conducted at the Village of Port Graham, Alaska, in August 2005. Table A.1.1 summarizes Econometrica's estimates of the outcomes achieved by the Village of Port Graham's ICDBG projects for each of the evaluation measures applied to the case studies.

Table A.1.1. Port Graham: Overall ICDBG Project Outcomes

Measure	Impact Values				
	Major	Significant	Measurable	Indeterminate	Not Applicable
Leveraging		◆			
Partnering	◆				
Collateral Investment	◆				
Community Involvement		◆			
Improvement in Economic Conditions					◆

A.1.1 Community Context

Alaska has the highest concentration of indigenous residents of all states in the country. The 2000 census documented that 19 percent of the state's residents are either Alaska Natives or American Indians. Unlike residents of Indian Country in the lower 48 states, Alaska Natives reside in 12 regions that are governed by Native-owned, regional corporations. The Native Corporations were formed under the Alaska Native Claims Settlement Act of 1971 (ANCSA) to resolve the aboriginal land claims of Alaska

Natives. ANCSA provided for conveyance of land and seed capital to Native for-profit corporations representing various geographic regions of the state. Most of these 12 corporations share a similar dual purpose of optimizing financial gain and preserving native cultures.

The vast majority of Alaska Natives reside in small, remote villages where native traditions such as subsistence living thrive. Most villages lack decent housing, suitable public facilities, adequate infrastructure, and meaningful economic development. The villages rely heavily on the technical and financial resources of the regional corporations when planning, financing, and developing new projects. These unique, long-term regional partnerships play a fundamental role in the success and accomplishments of the Indian Community Development Block Grant (ICDBG) program in Alaska.

The Native village of Port Graham offers a good example of the benefits of long-term, regional partnerships in planning, financing, and developing ICDBG projects. It is geographically remote, small in population size, and in need of housing, community, and economic development projects for the primary benefit of the low- and moderate-income residents.

Port Graham and its neighboring village, Nanwalek, are located on the southern tip of the Kenai Peninsula on lower Cook Inlet. The villages are located approximately 4 miles apart and are surrounded by the Chugach mountain range on three sides and the ocean on the fourth. They are approximately 200 air miles from Anchorage and not accessible by road. There are no roads connecting the villages. Port Graham is accessible only by water and air—there is no access road. Most residents travel by boat. For air travel, there is a state-owned gravel airstrip 1,975 feet long and 45 feet wide. The village has multiple large and small docking facilities. Weather is unpredictable and can be severe in the winter. Figure A.1 on the preceding page provides an aerial view of the village.



Figure A.2. Port Graham Salmon Hatchery and Cannery

The village of Port Graham is located at the southern end of the Kenai Peninsula, 28 air miles from Homer. Port Graham has a total ANCSA entitlement of 111,642 acres with an interim conveyance (1994) of 80,943 acres. It is an unincorporated village governed by a chief and traditional village council. In 2002, the Tribal Council counted 176 residents in the village, of whom 147 (88 percent) are Alaska Natives.

The Alutiiq name for Port Graham is *Paluwik*, meaning “where the people are sad.” Settled in its early years by Natives from other villages, many became homesick, and the village was named accordingly. As in Nanwalek, Native heritage is strongly based on subsistence lifestyles, Alutiiq cultural traditions, and self-governance.

The earliest known settlers of Port Graham were Russians from the nearby trading post at Nanwalek. In 1850, the Russian-American Company established a coal mine at Port Graham, but it was not successful and lasted only a few years. Port Graham became the site of a cannery and wharf, according to the U.S. Geological Survey (USGS) in 1909. In 1911, the Fidalgo Island Packing Company established a cannery, and Aleuts from Nanwalek moved to the community. The cannery burned in 1960. Whitney/Fidalgo rebuilt it in 1968 and sold it to the village corporation in 1983. A pink salmon hatchery began operations in 1991. In January 1998, the hatchery and salmon processing plant were destroyed by fire. They were rebuilt and reopened in June 1999. The cannery and hatchery continue to be the main economic engine in the village. The new \$4.5 million fish cannery and hatchery provides seasonal employment for 70 Port Graham and Nanwalek residents.¹

Table A.1.2. Port Graham Demographic Profile

Variable	2000 Census Data
Total population	171
Percent family households	67.1%
Owner occupied housing units	64.3%
High school graduation rate	55.3%
Percent in labor force	45.7%
Percent unemployed	22.4%
Median household income	\$40,250
Percentage families in poverty	18.8%
Housing units lacking complete kitchen facilities	11.9%
Housing units lacking telephone service	17.9%
Housing units with more than 1.5 persons per room	6.0%

The Denali Commission and the Alaska Department of Community and Economic Development classify Port Graham as a “distressed” community. As a distressed community, Port Graham is characterized by high unemployment, poverty, and low per capita incomes. Port Graham is largely Alutiiq in its traditions and subsistence lifestyle. The village’s population is aging and remains fairly constant. In 2002, the Village Council conducted its own demographic census and concluded that there were 176 residents. The 2000 census showed an unemployment rate of 22 percent, although 54 percent of all adults were not in the labor force. The median household income was \$40,250; per capita income was \$13,666; and 18.8 percent of the residents lived below the poverty level. The census also counted 82 housing units, of which 12 were vacant. Half the vacant units were seasonally vacant.

¹Excerpts are from Alaska Community Database Community Information Summaries (CIS) and V. Tiller’s *Indian County*.

Constructed in 1999, the new fish cannery and hatchery provide seasonal employment for approximately 70 residents of Port Graham and its neighbor, Nanwalek. The hatchery raises red salmon for release into the wild, and the cannery raises pink salmon for canning. Twelve residents hold commercial fishing permits. There is a lumber store and a general store in the village along with other small businesses.

While Port Graham shares with Nanwalek a long history and culture based on Alutiiq and Russian Orthodox values and subsistence lifestyles, the two villages have two distinct differences. First, Port Graham is relatively constant in population, while Nanwalek is a fast-growing village.

Second, Port Graham has a modern salmon cannery and hatchery while Nanwalek lacks a major economic engine. Both villages lack a diversified economic base and are vulnerable to fluctuations in salmon prices and harvests. A long-term lack of significant private investment has stymied economic development and diversification—resulting in a preponderance of low incomes and high unemployment.

A.1.2 ICDBG Planning and Projects

Planning

Since 1994, the ICDBG program has had a substantial and measurable impact on the economic and social viability of the village, as explained in the following case study. Both Port Graham and Nanwalek planned their ICDBG projects in collaboration with several regional entities that provided technical and financial support during the planning and implementation phases. Each of these regional entities is described below, followed by a summary of the ICDBG planning process.

North Pacific Rim Housing Authority (NPRHA)

Established in 1977, NPRHA's mission is to provide safe, sanitary, and affordable housing for tribal members and members of the Native community. It seeks to promote responsible homeownership and develop and manage housing based upon the needs of local communities, including rental units, transient housing, elder housing, and other special needs housing and community programs. As a subrecipient, NPRHA manages ICDBG and Indian Housing Block Grant projects for Port Graham.



*Figure A.3. Port Graham Community Center
(Under ICDBG-funded renovation)*

Chugachmiut

Chugachmiut is the tribal consortium created to promote self-determination for the seven Native communities of the Chugach Region, including Port Graham. The organization provides health and social services, education and training, and technical assistance to the Chugach Native people in a manner congruent with Native cultural values and tradition. It seeks to enhance the well-being of the people by continuing to strengthen the tribes and increase self-determination opportunities for community-operated tribal programs. Figure A.3 shows the new community center currently being renovated.

Chugach Regional Resources Commission

The Chugach Regional Resources Commission (CRRC) is a nonprofit Alaska Native organization established in 1984 by seven tribes in the Chugach Region, including Port Graham and Nanwalek. CRRC was formed to allow the tribes to collectively address issues of mutual concern regarding stewardship of the natural resources, subsistence, and the environment, and to develop culturally appropriate economic projects that promote the sustainable development of the natural resources. Projects relevant to Port Graham include construction for the Port Graham Deep Water Dock and Public Safety Building; and funding, technical, and administrative support for the Port Graham Salmon Hatchery and Sockeye Salmon Enhancement Program.

Alaska Native Tribal Health Consortium

The Alaska Native Tribal Health Consortium (ANTHC) is a statewide nonprofit health services organization owned by Alaska Natives. Formed in 1997, ANTHC has entered into a self-governance agreement (Alaska Tribal Health Compact) with the Indian Health Service (IHS) to manage all statewide health services formerly performed by that agency for Alaska Natives. ANTHC's purpose is to "provide the highest quality healthcare services for all Alaska Natives." The core businesses of the organization are the following:

- Alaska Native training and development
- Native health and sanitation facility development
- Tertiary and specialty medical services
- Health system statewide network support
- Community and environmental health services.

Port Graham Tribal Priorities

The *2001 Port Graham Tribal Priorities* document identifies its history, goals, objectives, and planned projects. It also includes the following community vision statement:

We are a traditional, sovereign Native community that continues to be self-sufficient and independent. By practicing our traditional lifestyle, we continue to celebrate our rich cultural heritage, including the prudent use of our human and natural resources. We have mutual respect for each other as well as others, for their values, beliefs, and spiritual needs, regardless of the lifestyles they may choose. We will continue to identify and promote job opportunities and training

that will allow us to maintain our traditional values, while keeping the standards high in health and safety.

Villages Planning Process

The ICDBG planning process was guided by the plans and priorities of Port Graham. The first stage of the planning process was coordinated meetings between the village leadership and representatives of the regional entities to discuss village community development needs, eligible ICDBG activities, and possible sources of leveraged funding. Once the preliminary ICDBG plan was developed, the leadership of each village convened a well-publicized community meeting to discuss village priorities and the draft ICDBG plan. Leaders considered community comments, concerns, and suggestions and incorporated them into the final ICDBG plan, as appropriate. Once approved by the community, the leadership finalized all leveraged funding commitments, and finalized and submitted the plan to the U.S. Department of Housing and Urban Development (HUD) for review.

Projects

In Port Graham, the ICDBG activity types have been in public facilities and infrastructure. The total amount for ICDBG Awards is \$2,773,137. Total leveraged funds are \$589,716, bringing the total cost of projects to \$3,362,853. Table A.1.3 shows the breakdown of project funding.

Table A.1.3. ICDBG Project Funding

Activity	Fiscal Year	ICDBG Award	Leveraged Funds	Leveraged Funds Sources	Total	Project Status
Community Building Renovation	2003	\$500,000	\$67,000	Village Council (\$27,000), NPRHA (\$40,000)	\$567,000	Under Construction
New Infrastructure Residential Water/Sewer for 15 Lots	2000	\$479,236	\$120,000	NPRHA (\$35,000), Alaska Native Tribal Health Consortium (\$85,000)	\$599,236	Completed
New Community Health and Wellness Center	1996	\$500,000	\$62,480	Chugachmiut	\$562,480	Completed
New Infrastructure: Sludge Disposal Lagoon	1994	\$300,891	\$67,360	Village Council (\$50,480), Chugachmiut (\$11,880), Chugach Regional Resources Commission (\$5,000)	\$368,251	Completed
Total		\$1,780,127	\$316,840		\$2,096,967	

A.1.3 Project Impacts

Because of their geographic isolation and small population base, both Port Graham and Nanwalek have forged long-term, durable relationships with multiple governmental entities to plan and implement ICDBG activities. These entities include Chugachmiut, a regional provider of technical assistance and financing for Native capacity building and self-determination; Chugach Regional Resources Commission, a statewide Native-owned entity dedicated to sustainable economic development; and Alaska Native Tribal Health Consortium, a statewide Native-owned entity that has compacted with IHS to deliver healthcare services to Alaska Natives. The villages' linkages with these entities enable the villages to plan, finance, implement, coordinate, and monitor ICDBG activities. The governmental entities have the technical expertise and community development experience to provide meaningful program guidance and project management in small, remote villages like Port Graham and Nanwalek.

Economic Impacts

Among the most reliable and measurable indicators of the outcomes of ICDBG projects are the employment opportunities generated during the construction and operational phases. When combined with Native employment data, job creation data indicate the extent to which the ICDBG projects stimulate Native Village economies, increase employee incomes, and generate positive economic spillover in the form of collateral investments.

Port Graham and Nanwalek both have created construction and permanent jobs in ICDBG-funded facilities, particularly with respect to the development of community facilities, infrastructure, housing rehabilitation and construction, and economic development projects. Further, both villages have implemented Indian Preference in their contracting, and the number of Natives employed during project construction and operation has been substantial. The construction and permanent jobs created in Port Graham as a direct result of the ICDBG program illustrate this point well, as shown in Table A.1.4.

Table A.1.4. ICDBG Job Creation

ICDBG Activity	Construction Jobs		Operations Jobs		Total Jobs Created	
	Natives Employed	Non-natives Employed	Natives Employed	Non-natives Employed	Natives Employed	Non-natives Employed
Community Building Renovation	14	0	N/A	N/A	14	0
New Infrastructure: Residential Water/Sewer for 15 Lots	12	2	1	0	13	2
New Community Health and Wellness Center	8	2	6	10	14	12
New Infrastructure: Sludge Disposal Lagoon	4	2	3	1	7	3
Subtotal	38	6	10	11	48	17
Subtotal Percentage	86%	14%	48%	52%	74%	26%
Total ICDBG Jobs Created					65	

Since Fiscal Year (FY) 1994, Port Graham has implemented four ICDBG projects with a combined total cost of over \$2 million in ICDBG and leveraged funds. In total, these projects generated 65 construction and permanent jobs. Further, these projects created 48 construction and permanent jobs for Natives, or 74 percent of all jobs created by ICDBG projects. The data clearly document that ICDBG investments have a measurable and positive impact on village economies and that Natives have benefited substantially through additional job opportunities.

Social Impacts

The best instance of effective governmental coordination is the long-term partnership between each village and North Pacific Rim Housing Authority (NPRHA). NPRHA has served as a subrecipient of ICDBG funds for both Port Graham and Nanwalek in its role as project manager of ICDBG initiatives. More generally, NPRHA has played a critical role in assisting each village to develop feasible ICDBG plans, prepare competitive ICDBG applications, secure firm leveraged funding commitments, and successfully complete the ICDBG projects.

Table A.1.5 details the breakdown of the projects and shows the positive outcomes associated with each one.

This funding has been a blessing for our community.
 — Former Chief McMullen

Table A.1.5. ICDBG Project Outputs and Outcomes

Outputs	Outcomes
Community Building Renovation	<ul style="list-style-type: none"> • Additional space for service delivery and village gatherings • Improved government operations and efficiency • Expanded services and programs • Improved public facility for public meetings and cultural gatherings • Increased/retained employment • Accessibility for disabled residents • Improved energy efficiency • Compliance with fire and safety codes
New Infrastructure: Residential Water/Sewer for 15 Lots	<ul style="list-style-type: none"> • Increased housing development and homeownership opportunities • Development of the Mush Assisted Living Facility • Increased employment
New Community Health and Wellness Center	<ul style="list-style-type: none"> • Improved access to health and wellness services • Improved patient privacy and confidentiality • Improved physical and mental health • Increased/retained employment • Cost savings in energy and patient transport
New Infrastructure: Sludge Disposal Lagoon	<ul style="list-style-type: none"> • Improved village infrastructure • Enhanced health and safety • No flooding of the school • Disposal support for Nanwalek

Francis Norman, Tribal Administrator of Port Graham, summarizes the benefits of long-term collaboration with regional partnerships in the following way:

Our experience with North Pacific Rim Housing Authority and other regional partners is very cohesive and a collaborative relationship. The Port Graham Village Council has benefited greatly from their expertise and assistance in enhancing our strategic plan that will have long-term influence. We continue to look forward to working with North Pacific Rim Housing Authority, Chugachmiut, Chugach Regional Resources Commission, and Alaska Native Tribal Health Consortium/ PHS, which will benefit Port Graham and our entire Chugach Region.

Unlike applying economic viability measures, evaluating the social outcomes of some ICDBG projects is problematic, because quantifiable outcome measures and reliable data are lacking. ICDBG projects that do not provide direct services, programs, or benefits such as land acquisition for housing and infrastructure development are not intended to generate measurable social outcomes. Rather, these projects often set the stage for implementation of subsequent ICDBG activities that are designed to promote and sustain social viability. A perfect example is the role played by ICDBG-funded health clinics.

Both Port Graham and Nanwalek have developed ICDBG-funded health clinics that have provided measurable and sustained social benefits to Natives and non-Natives. To fully appreciate the impacts that these new health clinics have had on the villages, it is necessary to examine briefly the healthcare facilities that existed prior to the new ICDBG-funded clinics.

Ms. Augusta Kvasnikoff, an elder now in her late 80s, served as the first healthcare provider in the village, using her home to diagnose and treat patients. She often walked to see people in their homes in the village. Her clinic is shown in Figure A.4. She lacked formal training, equipment, and medicines to treat the patients; however, she used creativity and common sense to help with the basic health needs of village residents.



Figure A.4. First Health Clinic and Residence of First Nurse, Ms. Augusta Kvasnikoff

Eleanor McMullen, a retired nurse practitioner, explains that the village's long struggle to provide decent health care was extremely difficult, due to insufficient funds, limited staff, and poor facilities. While Ms. McMullen served as Village Chief, she helped plan the new clinic.

Completed in 1998, the Anesia Anahonak Moonin Clinic is a 3,328-square-foot facility that provides health and wellness services to both Natives and non-Natives. It has space for health service delivery, physical fitness programs, and health education and training. The facility can accommodate overnight patients and visiting medical personnel. The clinic is open 24 hours every day, with regular office hours for medical staff. The clinic is centrally located in the village, convenient to residents, and close to the air strip for medical evacuations to Anchorage and Homer.

The Clinic's facilities and services are designed to address the high incidence of both Type I and Type II diabetes that are so prevalent in Alaska Villages. The Clinic addresses diabetes prevention through the provision of physical fitness programs and exercise equipment combined with health education and nutrition programs. The Clinic's diabetes treatment services provide a complete array of medications coupled with routine examinations and treatments. Figure A.5 shows the new clinic.



Figure A.5. New Port Graham Health Clinic

Table A.1.6 documents the growing number of patient visits each year.

Table A.1.6. Patient Visit Statistics

Year	1999	2000	2001	2002	2003	2004
Patient Visits	2,911	3,158	3,609	3,869	3,569	3,276

For the period 1999 through 2004, 14,392 patients visited the clinic. This group of nearly 15,000 people received treatment for a wide variety of ills. Table A.1.7 lists the largest groups of problems treated.

Table A.1.7. Most Frequent Diagnoses (1999–2004)

Diagnosis	Percentage
Musculoskeletal Injury/Sprain	10
Laceration	7
Respiratory Distress	7
Cardiac/Chest Pain	7
Allergic Reaction	7
Abdominal Pain	6
Eye	4
Insect Bite	4
Total	51

Former Chief McMullen calls the ICDBG grant a blessing, maintaining that without it obtaining other funding sources would not have been possible. She also describes with great feeling the story of the Russian fishing boat that overturned and ended up on the shores of Port Graham, and how proud she was that nearly everyone in the village came to help save these men. This story follows here.

Collaboration between the Port Graham Clinic and the U. S. Coast Guard

In 1999, the United States Coast Guard awarded the Anesia Anahonak Moonin Clinic a Certificate of Merit *in recognition of notable services which have assisted greatly in furthering the aims and functions of the Coast Guard*. The Certificate of Merit acknowledges the clinic's critical and life-sustaining response in the rescue of a survivor of a capsized Russian fishing vessel. As summarized below by the Coast Guard, the story exemplifies the benefits and dedication of the clinic and its staff.

The Commanding Officer of Coast Guard Cutter, Roanoke Island, takes great pleasure in presenting the Coast Guard Public Service Certificate of Merit, in recognition of support provided during rescue operations involving the fishing vessel Kavkaz on January 31, 1999. On the evening of January 30, 1999, the fishing vessel Kavkaz capsized in Kachemak Bay in heavy weather and icing conditions. The Coast Guard responded with a helicopter and cutter, Roanoke Island. No survivors were located, and the search was suspended until first light due to icing conditions on the cutter.

Hearing the activity on the radio, residents (of Port Graham) responded the next morning by performing their own shoreline search. After locating the overturned Kavkaz, they contacted Roanoke Island and directed them to the boat. This saved hours of search time that might have been spent to relocate the Kavkaz. Not having their small boat on board, Roanoke Island requested the assistance of the volunteers in securing a skiff to use for the operation, to which they responded by providing not only a skiff but additional volunteers and a larger fishing boat. After the Kavkaz was towed a short distance to a sandy beach, volunteers helped crewmen from the Roanoke Island secure the overturned boat to pilings onshore and, as the tide came up, helped muscle the Kavkaz as high up the beach as possible.

These same volunteers stood by as the tide receded, waiting for the Kavkaz to become grounded, which would allow a thorough search of the boat. Air Force divers arrived on the scene to attempt to locate any survivors. The divers found one body but could go no further. Suffering from hypothermia, they departed the scene. As the tide exposed the Kavkaz, volunteers and Coast Guardsmen returned to shore to inspect the boat. Hearing sounds from within the Kavkaz, this team of rescuers worked frantically to free the trapped survivor. Using a chainsaw, circular saw, and other tools provided by volunteers, they freed the survivor from the Kavkaz. He was immediately taken onboard the fishing vessel Aries and transported to the Port Graham Clinic. The clinic staff worked diligently to revive this semi-conscious survivor whose core temperature was only 87.9 degrees.

Through intense treatment and care given by clinic staff, the survivor was stabilized and safely transferred to the hospital in Homer the following day. The people of Port Graham symbolize not just a group of volunteers, but rather a community of volunteers who unselfishly support those who find themselves in dangerous situations. The community participation of Port Graham in support of the rescue of the Kavkaz is in keeping with the highest traditions of public service.

As a result of this lifesaving experience and successful collaboration, the Coast Guard now relies on the Port Graham Health Clinic when they have emergencies and responses needed in the area. Some clinic staff serve as first responders, helping with patient evacuation and support to the Coast Guard.

Indirect Outcomes of ICDBG Projects

Given the geographic isolation of Port Graham, the indirect outcomes of ICDBG investments are confined to the villages and their residents. It is important to note that each ICDBG activity was part of a larger village strategic plan or list of development priorities. As such, the ICDBG projects are part of a systemic and phased development of the village's economic and social viability.

Village Stabilization

As an indirect result of the ICDBG investments and leveraged funding, Port Graham and its neighbor have experienced population gains during the past 30 years. The ICDBG program was introduced in the villages in the mid-1990s; it focused generally on improving the basic community infrastructure of the villages, including access to clean water and basic health care. Therefore, the combined impacts of the seven ICDBG projects are only recently having an impact on the desires of residents to leave or return to the villages. Given the current population trends, it is highly likely that both villages will show substantial population gains in the near future.

While the village leadership strongly contends that the U.S. Census Bureau consistently undercounts the actual number of residents, the census data do provide a rough indication of likely population counts and trends. Persistent undercount is attributable to the subsistence lifestyle that requires many residents to relocate temporarily in pursuit of hunting and gathering opportunities. Table A.1.8 shows the population trends from 1970 to 2000.

Table A.1.8. Population Trends

	1970	1980	1990	2000	1970–2000 Population Change	1970–2000 Percent Change
Port Graham	107	161	166	171	+64	60%

From 1970 to 2000, Port Graham's population increased by 60 percent, a likely reflection of the aging of the population. The birth rate in this village is considerably lower than that for Nanwalek. Last year, only one baby was born in Port Graham. The most probable explanation for the population increase is that residents are either no longer leaving the village to seek quality employment and health care or they are returning to reside in the village for the same reasons.

Overall Assessment of the Contribution of ICDBG Projects to Community Viability

Francis Norman, Tribal Administrator, summarizes in the following way the overall impact of the ICDBG program on Port Graham:

All of these projects were very important to the village. Without the Duncan Heights subdivision water and sewer project, we would not have been able to build the Mush Facility for our elders or homes for tribal members. The sludge lagoon addressed the sewage problems with the school where it was overflowing into the school bathrooms and living quarters and in certain parts of the village. We are now able to keep those lines pumped, and we no longer have an overflow. When our neighboring village (Nanwalek) needed to pump out their septic tanks, we used our pumper truck and sludge lagoon to help them out. With our new clinic, we were able to expand our health services with the diabetes program, and patients have more privacy, while receiving services. Your visit brought back memories and made me realize all that we have accomplished for our village.

Attaining Village Strategic Goals

Port Graham has effectively used the ICDBG program to implement fundamental components of tribal strategic plans. Each ICDBG project is part of a larger and sustained effort to strengthen the economic and social viability of the villages. This proven approach enables the villages to develop ICDBG projects that complement and reinforce each other. In Port Graham, the ICDBG-funded sludge lagoon serves the village's main community and governmental building, which is being rehabilitated with ICDBG funds. The new lagoon also serves the ICDBG-funded health clinic and the ICDBG-funded infrastructure project at the Duncan Heights subdivision. The Duncan Heights project provided water and sewer services to private residential lots and to the village's new Mush Assisted Living Facility, which was constructed with Indian Housing Block Grants and other funds.

Summary Assessment of ICDBG Contributions to Village Viability

The ICDBG program has enabled Port Graham to address basic community needs, including community facilities that provide health care, social services and governmental programs, consistent and clean water, proper sludge disposal, and new infrastructure to support current and future housing development, including homeownership opportunities. Each of these projects contributes individually and collectively to the economic and social viability of the villages. It is informative to assess ICDBG contributions to village viability by examining the following outcome measures: collateral investment, fund leveraging, partnerships, community involvement, and the overall improvement of economic conditions.

Collateral Investment

This outcome measure is defined as those projects or developments that occur as a result of public investments such as ICDBG funds. In Port Graham, collateral investments include the development of the new Mush Assisted Living Facility in the Duncan Heights subdivision. The subdivision was made possible by the installation of ICDBG-funded water and sewer infrastructure. New housing has already been constructed at Duncan Heights, and more units are planned.

Fund Leveraging

While not required to do so by the ICDBG program, applicants who secure leveraged funding commitments receive additional points during review. As a result, most ICDBG projects involve leveraged funds. Leveraged funding sources can include the applicant and any other entity willing to pledge financial support for the project. Table A.1.9 shows the amount of leveraged funds associated with ICDBG projects. Port Graham has received \$1,780,127 in ICDBG funding, with \$316,840 in leveraged funding, or 15 percent of the total development cost. The amount of leveraged funding varies year to year and project to project. It is important, however, to note that the village's leveraged contributions to ICDBG projects have increased substantially over time. For example, in FY 1994 the Port Graham Village Council contributed \$6,000 to support the new sludge disposal lagoon, and in FY 2003 the Council provided \$27,000 to help fund the renovation of the community building.

Table A.1.9. ICDBG Leveraged Funding

Leveraged Funding Source	Total Leveraged Funding
Chugachmiut	\$164,186
Alaska Native Tribal Health Consortium	\$85,000
North Pacific Rim Housing Authority	\$75,000
Chugach Regional Resources Commission	\$5,000
Total	\$329,186

The village's success in securing leveraged funding is directly related to its ability to cultivate long-term relationships with regional entities capable of providing leveraged financing, training, and technical assistance. Both Port Graham and its neighbor have formed durable relationships with regional entities, including Chugachmiut, the Alaska Native Tribal Health Consortium, the North Pacific Rim Housing Authority, and the Chugach Regional Resources Commission. Since FY 1994, these entities have provided a total of \$319,856 in leveraged funding. Not every project involves every entity, because of the nature of the project and the entities' funding guidelines. Significantly, however, both villages have created and maintained long-term regional relationships to intensify the impacts of ICDBG projects. Table A.1.9 shows the funding for projects by entity and gives the total amount funded.

Community Involvement

The strategic planning process and the ICDBG planning process involve significant community involvement in setting village community development priorities. In both villages, the public planning meetings are convened in ICDBG-funded community buildings. At these meetings, residents are encouraged to comment on previous ICDBG projects and discuss their wants, preferences, and needs for future ICDBG projects. As is the case in so many Native villages and Indian communities, residents have a long history of volunteerism, including building and operating facilities. This generosity comes in many forms, including volunteering for preparing project plans, site preparation, demolition, construction, program operations, cooking and serving food for workers, babysitting for workers, and the like.

Improved Economic Conditions

It is important to realize that the primary purpose of the Port Graham ICDBG projects is to provide basic community services, like clean water, healthcare, and other services supported by a variety of social and governmental programs. The secondary purpose is to create and retain jobs. This is a familiar development scenario throughout Alaskan Villages and Indian County: address the immediate and fundamental needs of the people before focusing on job creation or retention. In such a small village, the ICDBG-generated jobs are among the very few new, non-seasonal jobs created.

Since FY 1994, Port Graham has been able to create 65 jobs through construction and operation of ICDBG-funded projects. The combined or aggregate outcomes of all seven ICDBG projects in both villages are (1) improvement in the health and general welfare of the residents, and (2) strengthening of each village's economic platform as a necessary prelude to more advanced forms of economic development and job creation. Port Graham and Nanwalek intend to continue on this growth path by leveraging additional ICDBG funds to augment the ICDBG projects already developed, and to create meaningful platforms of economic opportunity.

A.2 Nanwalek, Alaska



Figure A.6. Nanwalek, Alaska: Aerial View

This report presents the findings of a site visit conducted at the Village of Nanwalek, Alaska, in August 2005. Table A.2.1 summarizes Econometrica’s estimates of the outcomes achieved by the Village of Nanwalek’s ICDBG projects for each of the evaluation measures applied to the case studies.

Table A.2.1. Nanwalek: Overall ICDBG Project Outcomes

Measure	Impact Values				
	Major	Significant	Measurable	Indeterminate	Not Applicable
Leveraging		◆			
Partnering	◆				
Collateral Investment		◆			
Community Involvement	◆				
Improvement in Economic Conditions					◆

Nanwalek’s experience with ICDBG funding shows the benefits of long-term, regional partnerships in planning, financing, and developing ICDBG projects. Like its neighbor, Port Graham, Nanwalek is geographically remote, small in size, and in need of housing, community, and economic development projects to improve conditions for its low- and moderate-income residents.

A.2.1 Community Context

Nanwalek lies at the southern tip of the Kenai Peninsula on lower Cook Inlet. It is approximately 4 miles east of Port Graham, and like it, is surrounded by the Chugach mountain range on three sides and the ocean on the fourth. It is approximately 200 air miles from Anchorage and is not accessible by road, but only by water and air. Most residents travel by boat. For air travel, the village has a state-owned gravel airstrip 1,850' long and 50' wide that is located between the lagoon and the bay. There are no docking facilities for boats of any size. Rather, landing craft and barges use the beach for loading and off-loading people and supplies. There is a 4-mile unpaved trail between Nanwalek and Port Graham. Weather can be severe in the winter, restricting travel.

The area encompasses 8.5 square miles. According to Veronica Tiller's *Indian Country*, Nanwalek has a population of about 300, of which 91 percent are Native. Nanwalek has a total land entitlement of about 69,120 acres, with an interim conveyance of 44,530 acres, as stipulated by the Alaska Native Claims Settlement Act (ANCSA). According to the Alaska Department of Commerce, the per capita income is approximately \$10,577.

Originally, Nanwalek was the site of a Russian trading post called *Alexandrovsk*. It was later called English Bay until 1999, when the name was changed by local consensus. In the Alutiiq language, *Nanwalek* means "place by the lagoon." Nanwalek is a traditional Alutiiq village, and subsistence activities are a large part of the culture. Nanwalek is unincorporated under Alaska law and has a traditional government headed by a chief and tribal council. Native heritage is strongly based on subsistence lifestyles, Alutiiq and Russian Orthodox cultural traditions, and self-governance. Like Port Graham, Nanwalek is classified as a "distressed" community by the Denali Commission and the Alaska Department of Community and Economic Development. As a distressed community, Nanwalek's people have a high unemployment rate and are poor, with low per capita incomes.

Table A.2.2 Nanwalek Demographic Profile

Variable	2000 Census Data
Total population	177
Percent family households	73.3%
Owner occupied housing units	62.2%
High school graduation rate	40.7%
Percent in labor force	66.9%
Percent unemployed	5.1%
Median household income	\$42,500
Percentage families in poverty	17.5%
Housing units lacking complete kitchen facilities	10.6%
Housing units lacking telephone service	21.3%
Housing units with more than 1.5 persons per room	29.8%

Nanwalek is the fastest growing jurisdiction in the Chugach Region and is similar to Port Graham in its Alutiiq traditions and subsistence lifestyle. Specifically, the village has the

highest natural increase of births over deaths in the region, and half the population is under the age of 18. The 2000 census counted 300 village residents and showed an unemployment rate of 5 percent, although 33 percent of the adults were not in the work force. The median household income was \$42,500; per capita income was \$10,577; and 17.5 percent of the residents lived below the poverty level. The 2000 census showed 54 housing units and 9 vacant units, 7 of which are used only seasonally. The largest employer in the village is the Village Council. Additional income is derived from subsistence activities and summer employment at the Port Graham cannery. Seven residents hold commercial fishing permits.

Economic and Community Summary

While Port Graham and Nanwalek share a long history and culture based on Alutiiq and Russian Orthodox values and subsistence lifestyles, the two villages are different in two distinct ways. First, Nanwalek is a fast growing village, while Port Graham is relatively constant in population. Second, Nanwalek lacks a major economic engine, while Port Graham has a modern salmon cannery and hatchery. Both villages lack a diversified economic base and are vulnerable to fluctuations in salmon prices and harvests. A long-term lack of significant private investment has stymied economic development and diversification—resulting in the preponderance of low incomes and high unemployment.

Planning Process

Port Graham and Nanwalek planned their ICDBG projects in collaboration with several regional entities that provided technical and financial support during the planning and implementation phases. Each of these regional entities is described below, followed by a summary of the ICDBG planning process.

North Pacific Rim Housing Authority

Established in 1977, NPRHA's mission is to provide safe, sanitary, and affordable housing for tribal members and members of the Native community. It develops and manages housing based upon the needs of local communities, working to promote responsible homeownership, create rental units, transient housing, elder housing, and other special needs housing and community programs. NPRHA is a subrecipient for Nanwalek's ICDBG program and it serves as the village's tribally designated housing entity for the Indian Housing Block Grant program.

Chugachmiut

Chugachmiut is the tribal consortium created to promote self-determination to the seven Native communities of the Chugach Region, including Nanwalek. The organization provides health and social services, education and training, and technical assistance to the Chugach Native people in a manner congruent with Native cultural values and tradition. It seeks to enhance the well-being of the people by strengthening the tribes and increasing self-determination opportunities for community-operated tribal programs.

Chugach Regional Resources Commission

The Chugach Regional Resources Commission (CRRC) is a nonprofit Alaska Native organization established in 1984 by seven tribes in the Chugach Region, including Port

Graham and Nanwalek. CRRC was formed to address collectively issues of mutual concern regarding stewardship of the natural resources, subsistence, the environment, and the development of culturally appropriate economic projects that promote the sustainable development of the natural resources. Relevant projects in Nanwalek include the following:

- Public Safety Building construction and equipment
- Community Services Center for tribal government and services
- Sockeye Salmon Enhancement Program technical and administrative support.

We discuss the village’s ICDBG projects in the following section.

A.2.2 ICDBG Planning and Projects

Planning

Alaska Native Tribal Health Consortium

The Alaska Native Tribal Health Consortium (ANTHC) is a statewide nonprofit health services organization owned by Alaska Natives. Formed in 1997, ANTHC has entered into a self-governance agreement (Alaska Tribal Health Compact) with the IHS for management of all statewide health services formerly performed by that agency for Alaska Natives. ANTHC’s purpose is to “provide the highest quality healthcare services for all Alaska Natives.” The core businesses of the organization are

- Alaska Native training and development
- Native health and sanitation facility development
- Tertiary and specialty medical services
- Health system statewide network support
- Community and environmental health services.

Nanwalek Strategic Plan

The “2006 Strategic Plan” for Nanwalek defines the Tribal Council’s vision and mission for the village as follows:

The Nanwalek IRA Council is the governing body of the Native Village of Nanwalek. By accepting self-determination, we promote and encourage our Sugpiaq way of life. We seek educational opportunities and economic growth for the tribe. We are a Sugpiaq Tribe, a unified body of kindred spirits that advocates for the needs of the Tribe. We exist to maintain and protect our cultural and traditional values to guarantee our future. We promote our physical well-being and safety, while striving to be socially and economically self-sufficient. While developing the Village, we protect our resources and continue to advance in our way of life.

Villages Planning Process

As for Port Graham, the ICDBG planning process for Nanwalek was guided by village plans and priorities. The first stage of the planning process comprised coordinated meetings between the village leadership and representatives of the regional entities to discuss village community development needs, eligible ICDBG activities, and possible sources of leveraged funding. Once the preliminary ICDBG plan was developed, the leadership of each village convened a well-publicized community meeting to discuss village priorities and the draft ICDBG plan. The leaders considered community comments, concerns, and suggestions. As appropriate, they incorporated them into the final ICDBG plan. Once approved by the community, the leadership finalized all leveraged funding commitments, and the plan was finalized and submitted to HUD for review.

Projects

Table A.2.3 gives a breakdown of the project funding for the Nanwalek ICDBG projects.

Table A.2.3. ICDBG Project Funding

Activity	Fiscal Year	ICDBG Award	Leveraged Funds	Leveraged Funds Sources	Total	Project Status
New Community Services Center	2001	\$500,000	\$175,000	Village Council	\$675,000	Complete
New Infrastructure: Well, Water Tank, Connections	1996	\$340,985	\$38,000	Chugachmiut	\$378,985	Complete
New Health Clinic	1994	\$152,025	\$59,876	Village Council (\$8,000) and Chugachmiut (\$51,876)	\$211,901	Complete
Total		\$993,010	\$272,876		\$1,265,886	

A.2.3 Project Impacts

Economic Impacts

One of the most reliable and measurable indicators of the outcomes of ICDBG projects is the employment opportunities generated during the construction and operational phases. When combined with Native employment data, job creation data indicate the extent to which the ICDBG projects stimulate Native Village economies,

With a team effort, Nanwalek and North Pacific Rim Housing Authority have made consistent strides in meeting our goals. Collaboration is essential to our success. These successes include modern and larger facilities and jobs so that services are better able to satisfy the community's needs.

—Emilie Swenning, Chief of Nanwalek

increase employee incomes, and generate positive economic spill-over in the form of collateral investments.

Nanwalek, like Port Graham, has created construction and permanent jobs in ICDBG-funded facilities, particularly by developing community facilities, infrastructure, housing rehabilitation and construction, and economic development projects. Further, both villages have implemented Indian Preference in their contracting, and the number of Natives employed during project construction and operation has been substantial.

Emilie Swenning, Chief of Nanwalek was very satisfied in the successes that regional partnerships brought about. See text box for her comments.

Social Impacts

The community saw tangible benefits from the projects made possible by the ICDBG funding. Table A.2.4 below details the project outputs and the benefits they produced.

Table A.2.4. ICDBG Project Outputs and Outcomes

Outputs	Outcomes
New Community Services Center	<ul style="list-style-type: none"> • Additional space for service delivery and village gatherings • Improved government operations and efficiency • Expanded services and programs • Increased/retained employment • Accessibility for disabled residents • Improved energy efficiency • Compliance with fire and safety codes
New Water Tower Infrastructure	<ul style="list-style-type: none"> • Improved village infrastructure • Improved access to clean water • Improved health and safety • Fewer water-related diagnostics • Increased development opportunities
New Health Clinic	<ul style="list-style-type: none"> • Improved access to health and wellness services • Improved physical and mental health • Increased/retained employment • Cost savings in energy and patient transport

The last project noted in the table, the new Health Clinic, is an excellent example of the positive effects of ICDBG funding to synergize community development. The previous health clinic was originally a building located in another village that was barged in to Nanwalek, and converted into a clinic. The clinic met minimal IHS standards and no longer met the needs of the fastest growing village in the Chugach Region. The clinic was too small (368 square feet), violated fire and safety codes, and offered little or no privacy to patients. It is pictured in Figure A.7.



Figure A.7. Former Nanwalek Health Clinic

The clinic shared space with the diabetes center, mental health and other programs. The small size of the clinic and its cramped quarters created a lack of privacy for patients—a serious issue when sensitive diagnoses and treatment are involved. Serious problems with electrical wiring caused power surges and outages that interfere with the operation of medical and office equipment. The clinic could not be expanded due to the size of the site and the lack of adjacent, vacant land.

In FY 1994, the Village Council decided that the previous clinic was a detriment to the village, and that the only viable option was to apply for ICDBG funding to develop a new and considerably larger health clinic. Completed in FY 1995, the new 1,000-square-foot health clinic is located near the ICDBG-funded community center, convenient to village residents. Pictured in Figure A.8, the new, fully accessible building has three exam rooms, one emergency room, a dental/eye/mental health exam room, restrooms with baby change stations, lab, medicine room with locked storage, and reception area.



Figure A.8. New Nanwalek Health Clinic

Table A.2.5 supplements this visual comparison with figures that compare the old and new clinics, showing the increases in services it makes possible.

Table A.2.5. Comparison of Previous and New Health Clinics

Previous Health Clinic	New Health Clinic
Facility did not meet IHS requirements	Fully compliant with all IHS requirements
Lack of exam rooms and clinic space to meet current demand	Two additional exam rooms and space needed for clinic services and programs
No space for many current, new, and future programs	Existing clinic will be converted to office space for these programs
Lack of land for expansion space	Clinic designed and located on a site that accommodates future expansion
Lack of storage	Additional storage space in loft above the training area
Economically distressed community	Increased job opportunities and incomes and space for expansion of health services

From 1970 to 2000, Nanwalek doubled its population, leading to its designation as the fastest growing village population in the Chugach Region. Today, half the village residents are under the age of 18. The addition of 119 residents during a 30-year period is a strong indicator of resident satisfaction with the quality of life in the village. Parents seem to feel they have wider choices in employment, and can thus afford to remain in the village.



Figure A.9. New and Old Water Tanks

Attaining Village Strategic Goals

Port Graham and Nanwalek have effectively used the ICDBG program to implement fundamental components of their strategic plans. Each ICDBG project is part of a larger sustained effort to strengthen the economic and social viability of the villages. This proven approach enables the villages to develop ICDBG projects that complement and reinforce each other. In Nanwalek, the ICDBG-funded water tower now provides a consistent supply of clean, safe water to the ICDBG-funded health clinic and community services center, as well as serving other community buildings and homes. Figure A.9 shows the old and new towers side-by-side: the old water tower is seen on the lower right, and the new tower on the upper left.

Summary Assessment of ICDBG Contributions to Village Viability

The ICDBG program has enabled Nanwalek to address basic community needs with facilities for healthcare, social services, and governmental programs. These basic services include consistent and clean water, proper sludge disposal, and new infrastructure to support current and future housing development, specifically promoting homeownership opportunities. Each of these projects contributes individually and collectively to the economic and social viability of the villages.

It is useful to assess ICDBG contributions to village viability by examining the following outcome measures: collateral investment, fund leveraging, partnerships, community involvement, and the overall improvement of economic conditions.

Collateral Investment

This outcome measure is defined as those projects or developments undertaken as a result of public investments such as ICDBG funds. In Nanwalek, collateral investments include a new bed and breakfast inn and Barbara’s Café, small businesses that have been developed in the village and in close walking distance to the ICDBG-funded community services building and the ICDBG-funded health clinic. Figure A.10 shows the meeting room of the Nanwalek Community Center. Privately owned, the bed and breakfast inn and café were developed after the completion of the ICDBG-funded facilities.

Fund Leveraging

While not required to do so in the ICDBG program, applicants who secure leveraged funding commitments receive additional points during review. As a result, most ICDBG projects involve leveraged funds. Leveraged funding sources can include the applicant and any other entity willing to pledge financial support for the project. Nanwalek has received a total of \$993,010 in ICDBG funding, and has leveraged that amount with \$272,876, or 22 percent, of the total development cost. The amount of leveraged funding varies year to year and project to project with all seven ICDBG projects in both Nanwalek and Port Graham.

Table A.2.6. ICDBG Leveraged Funding

Village	Total Leveraged Funding*	Total Leveraged Funding Percentage
Port Graham	\$316,840	15%
Nanwalek	\$272,876	22%
Total	\$589,716	18%

*Includes villages’ contributions.

Table A.2.6 shows the numbers for the villages’ leveraged funding. Note that the villages’ leveraged contributions to ICDBG projects have increased substantially over time. In FY 1994, the Nanwalek Village Council contributed \$8,000 to support the new health clinic; and in FY 2001, the Council contributed \$175,000 to help fund the construction of the new community services center.



Figure A.10. Nanwalek Community Center Meeting Room

The villages’ success in securing leveraged funding is directly related to their ability to cultivate long-term relationships with regional entities capable of providing leveraged financing, training, and technical assistance. Both have formed durable relationships with such regional entities as Chugachmiut, Alaska Native Tribal Health Consortium, North Pacific Rim Housing Authority, and Chugach Regional Resources Commission. Since FY 1994,

these regional entities have provided \$319,856 in leveraged funding. Not every project involves every entity, given the nature of projects and the entities' guidelines. Significantly, both villages have created and maintained long-term, regional relationships to intensify the impacts of ICDBG projects.

Table A.2.7. Leveraged Funding Sources

ICDBG Partner	Total Leveraged Funding: All Projects
Chugachmiut	\$164,186
Alaska Native Tribal Health Consortium	\$85,000
North Pacific Rim Housing Authority	\$75,000
Chugach Regional Resources Commission	5,000
Total	\$329,186

Community Involvement

The strategic and ICDBG planning processes include significant community involvement in setting village community development priorities. In both villages, the public planning meetings are convened in ICDBG-funded community buildings. At these meetings, residents are encouraged to comment on previous ICDBG projects and discuss their wants, preferences, and needs for future ICDBG projects.

As is the case in so many Native villages and Indian communities, residents have a long history of volunteerism, including facility construction and operation. This generosity comes in many forms, including volunteering for preparing project plans, site preparation, demolition, construction, program operations, cooking and serving food for workers, babysitting for workers, and the like.

Improved Economic Conditions

It is important to realize that the primary purpose of the ICDBG projects developed by both Port Graham and Nanwalek is to provide basic community services like clean water, health care, and services offered by a variety of social and governmental programs. The secondary purpose is to create and retain jobs. This is a familiar development scenario throughout Alaskan Villages and Indian County: one must address the immediate and fundamental needs of the people before focusing on job creation and retention. In these small villages, the ICDBG-generated jobs are among the very few new, non-seasonal jobs created.

The intended combined or aggregate outcomes of all seven ICDBG projects are first to improve the health and general welfare of the residents, and second to strengthen each village's economic platform as a necessary prelude to more advanced forms of economic development and job creation. Nanwalek intends to continue on this growth path by leveraging additional ICDBG funds to augment the ICDBG projects already developed, and to fully create meaningful platforms of economic opportunity.

A.3 Lake County Rancherias, California



Figure A.11. Approaching Lake County Tribal Health Clinic

This report presents the findings of a site visit conducted at Lake County Rancherias, California, in July 2005. Table A.3.1 summarizes Econometrica’s estimates of the outcomes achieved by the Lake County Tribal Health Clinic for each of the evaluation measures applied to the case studies.

Table A.3.1. Lake County Tribal Health Clinic: Overall ICDBG Project Outcomes

Measure	Impact Values				
	Major	Significant	Measurable	Indeterminate	Not Applicable
Leveraging	◆				
Partnering	◆				
Collateral Investment					◆
Community Involvement	◆				
Improvement in Economic Conditions					◆

A.3.1 Community Context

California is home to more American Indians and Alaska Natives than any other state in the country. The 2000 census counted more than 627,562 individuals who declared themselves as Indians/Natives. At the same time, California Indians are the most land-poor in the country, averaging 8.7 acres per Indian, compared with 59 acres nationally. In effect, many California Indian tribes and rancherias are considered “landless.” Having lost most of their lands through un-ratified treaties, termination, and other methods, California Indians face unique challenges in financing and developing housing,

community, and economic enterprises. To address these challenges, some rancherias have formed long-term intertribal collaborations to secure public leveraged funding for development. An example is the collaboration among six rancherias in Northern California that agreed to pool their ICDBG funds to create a regional health clinic for low-and-moderate income Indians and non-Indians.

Lake County is a large but thinly populated county in the Pacific Coast mountain range, 125 miles northwest of Sacramento. Clear Lake is the largest natural lake entirely within California, and six federally recognized tribes reside along its shores. Located almost a mile above sea level with 68 square miles of surface area, Clear Lake is physically beautiful and has been a magnet for Indians and non-Indians for thousands of years. The county and its seat, Lakeport, are geographically isolated—it takes more than an hour of driving on two-lane, winding roads to reach the nearest major freeway.

Pomo Indians have inhabited the Clear Lake region for more than 11,800 years. During the past 200 years, the Pomo have experienced slavery, torture, disease, relocation, termination, and re-recognition. As a result, the Pomo bands resident near Clear Lake are small, and some bands have a few hundred acres in their land base, while others are landless. In the past 20 years, many bands have devoted their efforts to purchasing land and placing it in federal trust, re-establishing governmental systems and operations, and addressing such basic human needs as health care, housing, employment, and environmental stewardship. Today, there are six Pomo bands collaborating on several governmental and human needs issues:

- Habematolel Pomo of Upper Lake (landless)
- Scotts Valley Band of Pomo Indians (landless)
- Middletown Rancheria of Pomo Indians
- Big Valley Band of Pomo Indians
- Elem Indian Colony of Pomo Indians
- Robinson Rancheria Tribe of Pomo Indians.

Lake County lacks the resources to address the complex basic needs of its residents, who generally have low or very low incomes. Most of the county's 58,309 residents live in Clearlake (13,550), and Lakeport (5,000). The latter is one of the smallest towns on the lake's shores.

Table A.3.2 Lake County Rancherias Demographic Profile

Variable	Upper Lake	Scotts Valley Band	Middle-town Rancheria	Big Valley Band	Elem Colony	Robinson Rancheria
Total population	82	N/A	73	225	N/A	153
Percent family households	83.3%		84.2%	83.3%		81.0%
Owner occupied housing units	66.7%		95%	68.5%		69.0%
High school graduation rate	29.2%		44.4%	26.1%		46.6%
Percent in labor force	47.8%		59.5%	51.9%		38.5%
Percent unemployed	0%		18.9%	5.7%		4.6%
Median household income	\$23,906		\$6,875	\$14,583		\$24,250
Percent families in poverty	26.9%		38.5%	61.3%		17.5%
Housing units lacking complete kitchen facilities	0%		27.8%	9.1%		4.9%
Housing units lacking telephone service	0%		16.7%	18.2%		7.3%
Housing units with more than 1.5 persons per room	0%		11.1%	10.9%		0%

The 2000 census documented a median household income of only \$29,627, compared to a statewide median household income of \$47,493. As a result, Lake County ranks 55 out of the 58 counties in the state. The 2000 census also showed that 17.6 percent of the county's residents live below the federal poverty level and 22 percent of youth under 18 live in poverty. In 2002, the County's Department of Health Services calculated that wages in Lake County were 35 percent lower than the state average and that 33 percent of the residents were retired and living on fixed incomes. The Department also reported that the American Indian population was among the poorest of the poor in the county.

In July and August 2003, the Lake County Tribal Health Consortium, Inc. (LCTHC) conducted a patient survey to measure the number and percentage of patients who have low or moderate incomes. The survey documented that more than 90 percent of these patients have low or moderate incomes, as detailed in Table A.3.3.

Table A.3.3. Patient Income Levels by Percentage

	Number of Families	Number of Persons
Below Low and Moderate Income	92	367
Survey Total	103	395
Percentage Below Low/Moderate Income	89%	93%

According to the 2000 census, there are 1,772 Indian residents of Lake County, many of whom are members of the six tribes and reside in the rancherias. It should be noted that both the Scotts Valley Band and the Upper Lake Band are landless tribes that have only recently be re-recognized by the federal government. Because of the lack of land and the impacts of government relocation programs in the 1950s, many members of these tribes are disbursed widely and are not included in the following population data. Table A.3.4 provides a breakdown of population by geographic areas and groups.

Table A.3.4. Population by Geographic Area

Geographic Area	2000 Population	2000 Indian Population	Percentage of Population
California	33,871,648	333,346	1%
Lake County	58,309	1,772	3%
Middletown Rancheria	73	51	70%
Robinson Rancheria	153	128	84%
Scotts Valley Band	96	48	50%
Upper Lake Band	177	98	55%
Elem Indian Colony	150	112	75%
Big Valley Band	225	188	84%

In its FY 2002 report, the Lake County Health Department’s health needs assessment concluded that 10 percent of the residents went without basic needs in any given month. Two basic and unmet needs were access to food (46.9 percent) and health care (43.6 percent). In its conclusion, the report noted that “access to health care in Lake County is hampered by limited specialty care, poor transportation, and a lack of insurance and limited financial resources.” More than 20 percent of the non-elderly adults lack any health insurance coverage, a figure higher than the statewide rate of 17.7 percent. In FY 2001, participation in the MediCal program was higher in Lake County (20.7 percent) than for the state (14.7 percent). More than 1,200 county residents are currently enrolled in the Healthy Families program.

Lake County lacks enough healthcare providers and facilities to accommodate the needs of its large low-income and uninsured population. There are only two acute care hospitals; they have a combined total of 103 beds and 180 medical staff. There are three nursing facilities, three home healthcare agencies, two hospices, and the Lake County Tribal Health Clinic. The Lake County Health Department confirms that all county health providers are under-funded and the Department itself is in an “under-equity” situation.

A.3.2 ICDBG Planning and Projects

The development of the Lake County Tribal Health Clinic gives valuable insight on how small and landless rancherias can pool limited resources to create a state-of-the-art health clinic that improves the people’s quality of life of in a substantial and measurable way.

Planning

Confronting Healthcare Needs—A Phased, Inter-tribal Initiative. The six bands listed above formed the LCTHC in 1983 to address prolonged healthcare shortages by providing primary healthcare services to American Indians residing in Lake County, California. LCTHC represents these six federally recognized tribes. In its early years, the health clinic occupied leased office space owned by the Sutter-Lakeside Community Hospital. From its inception, the clinic served both the local American Indian population and the general public. The original facility was small—only 5,665 square feet—and had

three separate suites. By 1991, the facility reached maximum capacity due to a dramatic and sustained increase in patient visits. To illustrate this point, in 1990 the clinic served 788 patient visits, and in 1991 the number of patient visits increased to 1,278, a 62-percent increase in a single year.

The LCTHC Board of Directors developed a Master Plan that guides the planning and development of the clinic and its campus. The Board comprises two delegates and two alternate representatives from each of the six tribes. The development of the clinic was a top priority for all six tribes, as evidenced by tribal resolutions and planning documents. It represents an inter-tribal vision for improved, culturally sensitive health care and an enhanced quality of life for tribal members.

Each tribe has its own strategic plan, and the need for affordable and accessible health care is a consistent priority in them. The leadership of the six tribes share—and are committed to—a unified vision for pooling ICDBG funding to address regional healthcare needs for Indians and non-Indians alike. This vision has remained intact throughout all ICDBG planning, development, and operation phases.

Planning for each development phase of the clinic involved the active participation of the ICTHC Board of Directors, IHS representatives, tribal representatives, community residents, and other stakeholders. Typically, LCTHC convened a community meeting in the Board Room of the clinic to discuss funding opportunities, the range of eligible activities, and the benefits of the ICDBG program. Participants were encouraged to comment on LCTHC's past performance and to express their desires and preferences for clinic development and expansion. In addition, each of the six tribes convened its own meetings to discuss the ICDBG opportunity and healthcare priorities. Figure A.12 shows a view of the new clinic taken near the administrative offices.



Figure A.12. Lakeport Tribal Health Clinic Administrative Offices

Throughout the planning of each phase of the clinic's development, LCTHC served as convener and project coordinator. During this process, LCTHC included the participation of all six tribes in Lake County, whether or not they were providing leveraged funding for a particular phase of the clinic's development. LCTHC believes strongly in long-term collaboration among all six tribes in the county for two primary reasons. First, LCTHC is the primary care provider to tribal members in the county, and second, the clinic could not have been built or expanded if the tribes had not pooled their ICDBG awards.

Projects

LCTHC has coordinated the clinic project with other stakeholders, including the U.S. Department of Veterans Affairs, Sutter Lakeside Community Services, Sutter Lakeside Hospital Wellness Foundation, and Sonoma State University. While these stakeholders are not contributing financially to the clinic's development, they do share common goals and objectives with LCTHC, specifically, effective and coordinated delivery of healthcare services. These healthcare organizations refer patients to LCTHC and vice versa. Sonoma State University conducts routine evaluation of LCTHC services.

Historically, the clinic was a much smaller facility, with limited services operating out of old temporary modular units. Tribal members lacked basic medical, dental, and human services. As it existed for each individual tribe, the ICDBG program did not provide enough funds to carry out a project without additional partnerships. The partnering tribes' early discussions identified health care as their top priority, since they had completed other community facilities to some degree. Tribes also had discussions about coming together and helping one another. At this time, the prior clinic's lease with Sutter Hospital expired, leaving the local tribes without a permanent health clinic site.

ICDBG was the key component to meeting the need of the original three-party tribal partnership. Other tribes supported the vision of the clinic but had other projects that were of higher priority to them at the time. The Consortium reviewed other options, like occupying existing buildings owned by the County, but these alternatives were not viable because of their location in flood plains. Location was also a consideration in terms of accessibility for all tribal members and the community.

The six tribes' experiences with the ICDBG program clearly showed that the program is unique in its flexibility and in its ability to reduce risk for program partners. In fact, the tribes complimented HUD on its cooperation with them in implementing the projects. Finally, there was full agreement that ICDBG funds serve as critical seed money for leveraging significant tribal, public, and private funding. The six tribes' experience with ICDBG enabled each to increase its sophistication in community development planning and management. Their capacities have increased, as has overall project effectiveness.

LCTHC has more than 10 years of experience in managing previous ICDBG awards successfully. It is thus familiar with the unique attributes of the program. Further, the prior experiences of the six tribes with the ICDBG program clearly showed that the program is unique in its flexibility and adaptability to local opportunities and constraints. At a June 2005 Board of Directors meeting, there was full agreement that ICDBG provides critical seed money for leveraging significant tribal, public, and private funding. Table A.3.5 details the implemented project funding.

Table A.3.5. ICDBG Project Funding

Development Phase	Fiscal Year	ICDBG Award	Leveraged Funds	Leveraged Funds Sources	Total
Phase 2 Expansion					
Upper Lake Band	2004	\$605,000	\$571,108	LCTHC/IHS	\$1,176,108
Scotts Valley Band	2004	605,000	571,108	LCTHC/IHS	1,176,108
Subtotal		1,210,000	1,142,216		2,352,216
Phase 1 Expansion					
Upper Lake Band	2003	605,000	350,000	LCTHC	955,000
Subtotal		605,000	350,000		955,000
Clinic Construction					
Middletown Rancheria	1998	550,000	288,410	LCTHC	838,410
Robinson Rancheria	1998	550,000	288,410	LCTHC	838,410
Scotts Valley Band	1998	550,000	288,410	LCTHC	838,410
Subtotal		1,650,000	865,230		2,515,230
Total		3,465,000	2,357,446		5,822,446

In FY 1998, the IHS recommended that LCTHC expand the facility to accommodate the unanticipated growth in patient visits. Using its Supportable Space Guideline, IHS estimated that the clinic should operate a minimum-sized facility consisting of 12,657 square feet, based on the American Indian population served by the clinic under its contract with IHS. Note that since the clinic also was under contract with IHS to serve the general public, IHS recommended that the facility be expanded to 17,493 square feet.

To address the seriously overcrowded conditions at the facility, LCTHC formed a joint venture with IHS and three federally recognized tribes, Middletown Rancheria, Robinson Rancheria, and Scotts Valley Band of Pomo Indians, to secure public funding and develop a new and considerably larger clinic. In FY 1998, the joint venture applied for and received \$1,650,000 in ICDBG funds to develop a new 11,000-square-foot state-of-the-art health clinic located on a 6-acre campus in downtown Lakeport, CA. LCTHC was able to leverage the ICDBG funds with \$865,230 in other funding for a total project budget of \$2,515,230.

The new Lake County Tribal Health Clinic was completed in 2001, 3 months ahead of schedule and within the construction budget. Figure A.13 shows a picture of the exterior. The clinic is an 11,000-square-foot facility with limited dental, medical, and administrative offices. Since its opening, the number of patient visits has increased substantially. LCTHC estimates that the number of patient visits will exceed 14,000 by the end of



Figure A.13. ICDBG-funded Health Facility Expansion

FY 2005. Last year, IHS recommended that the facility be expanded further to 18,925 square feet to meet the needs of American Indians and the general public.

In 2003, the Habematolel Pomo of Upper Lake, a member of the joint venture, submitted a successful \$605,000 ICDBG application to construct a new support service and maintenance building adjacent to the new clinic on the campus. The building is under construction, which is taking place on schedule.

In 2004, the Habematolel Pomo of Upper Lake and Scotts Valley Band of Pomo Indians, another joint venture member, submitted two ICDBG applications totaling \$1,210,000 to expand the clinic with a new 5,455-square-foot dental department. At this funding level, LCTHC is able to develop a total of 3,225 square feet in expanded dental facilities that include 10 dental operatories, a nitrous oxide and oxygen canister storage room, lab, reception area, and administrative space. LCTHC intends to complete the remaining 2,230 square feet in needed dental space during the next and final phase of the project.

Description of ICDBG Projects as Implemented

Today, the campus and clinic represent a valuable and attractive asset to Lake County and its residents. The medical and dental buildings are beautifully designed, with walls 10 feet high, a mansard roof with integrated geometric design, earth-tone stucco, green-tinted windows, and split-face masonry wainscoting. The facility contains several design elements on its exterior that complement and acknowledge Pomo Indian motifs. For example, the mansard roof consists of two-toned roofing that makes reference to the world-famous Pomo basket designs. A bas-relief detail showing a circle of Pomo faces and motifs is pictured in Figure A.14.

The main entrance surrounds an open fire pit that is used for special and ceremonial occasions, and above the fire pit there is a bronze bas-relief with numerous symbols and people representing Pomo traditions.

Both buildings are accessible from the administration and maintenance buildings with their own walkways, entrances, and reception areas. The clinic is richly landscaped and well-maintained, and there is ample parking directly in front of the facility.

Accessibility to Health and Human Services

The clinic provides an array of health and human services, including:

- Medical services
- Dental services
- Community health outreach
- Alcohol and drug counseling and education



Figure A.14. Lakeport Health Clinic Detail

- Mental health counseling
- Assistance in accessing social services.

Figure A.15 shows an image of the pleasant clinic reception area. Figure A.16 provides a photograph of one of the well-equipped examining rooms.



Figure A.15. Lakeport Health Clinic Reception Desk



Figure A.16. Clinic Examination Room

The clinic serves Indians and non-Indians in Lake County, including residents of the following communities:

Big Valley	Glenhaven	Nice
Clear Lake	Kelseyville	Robinson Rancheria
Clearlake Oaks	Lakeport	Sugar Bowl
Cobb Mountain	Lower Lake	Sulphur Bank
El-Em	Lucerne	Upper Lake
Elem Indian Colony	Middletown	Upper Lake Rancheria.
Finley	Middletown Rancheria	

A.3.3 Project Impacts

The development and expansion of the Lake County Tribal Health Clinic have had a strong and measurable impact on the economic and social viability of Lake County and the six resident tribes. Since the clinic's opening in 2001, its sustained and growing use is evidence of the existence of a large underserved population and the pent-up demand for accessible, culturally sensitive healthcare services. The clinic and its cluster of emergency, routine, and preventive healthcare services result directly from the local

tribes pooling and leveraging their ICDBG funds. In so doing, they have developed a state-of-the-art health clinic that none of the tribes could have developed on its own. The positive outcomes of the clinic are substantial, as shown by the coordination and linkages among all levels of government and enhanced economic and social viability of Indian and non-Indian residents of Lake County. Table A.3.6 presents the project outputs and outcomes.

Table A.3.6. ICDBG Project Outputs and Outcomes

Outputs	Outcomes
New 14,225-Square-Foot Health Clinic on a 6-Acre Campus	Clinic construction employed 70 people
	Clinic operation employs 42 professionals
	Over 69,000 patient visits since its opening
	Improved delivery of enhanced health services
	Delivery of culturally sensitive services
	Improved access by underserved populations

As the table shows, the construction of the clinic created 70 jobs, and its operation has resulted in 42 regular positions. It offers its services in a culturally appropriate way. Almost 70,000 people have used the clinic. The entire community benefits from improved access to health services for groups often left out of the health safety net.

Governmental Coordination and Linkages

The planning and development of the clinic would not have been possible without the sustained coordination among all levels of government, particularly among the six participating tribes. Over 22 years ago, the six tribes came together and created the Lake County Tribal Health Consortium, Inc. to address directly the unmet health needs of their members, people from other tribes, and the general public. This inter-tribal collaboration is the foundation of the clinic and the source of its success. The sustained vision of the LCTHC Board of Directors and the pooling of leveraged ICDBG funds represent the most important element of government coordination and linkages.

On the federal level, IHS is a critical stakeholder because of its planning, financial, technical, and material support of the clinic. The clinic is in discussions with IHS to implement a long-term plan to hire 39 new, full-time medical and support personnel in the coming year.

ICDBG funds are the main engine...without [them] the campus and its clinic could not be built.
 — Mike Icaey, Clinic Executive Director

On the county level, it is significant that the clinic and its campus are located adjacent to the County’s Sutter Lakeside Community Services/Lakeside Health Center. This physical concentration of healthcare facilities improves community access to health care and human services, strengthens the coordination of services and sharing of resources, and simplifies patient referrals. County health staff stated that the presence of the new clinic

has improved the ability of lower income patients to access an array of healthcare services in a timely and culturally sensitive manner.

Economic Impacts

Typically, health clinics are not considered economic development engines that generate many employment and economic opportunities. The construction and operation of the clinic have, however, produced short- and long-term employment opportunities for Indians and non-Indians alike. The general contractor for the new clinic was Hilbers Construction, Inc.; it used subcontractors for all phases of the project. A total of 19 subcontractors worked on the project, including site work; concrete; exterior framing; interior framing/drywall; plumbing; electrical; heating, ventilation, and air conditioning (HVAC); flooring; painting; window and roof installation; and landscaping. Each subcontractor deployed from two to six workers at a time, depending on the work load required. The clinic also contracted directly with a few subcontractors for security system and special testing.

The general contractor hired Indian workers throughout the project. First, LCTHC created a list of known Indian construction workers possibly interested in working on the project. LCTHC received a total of 25 job applications and forwarded them to Hilbers for review for interviews and hiring. The general contractor ended up hiring five Indian workers, mostly as laborers. Table A.3.7 shows the labor breakdown for the project.

Table A.3.7. Clinic Employment

Phase	Indians Employed	Non-Indians Employed	Total Employment
Construction	5	65	70
Operation	17	35	52
Total	22	100	122

Today, the clinic operates with a staff of 52 healthcare professionals. The staff includes one physician, two dentists, and three nurses.

Social Impacts

The clinic makes health services available “to all of Lake County.” Community residents find that clinic services and staff are culturally sensitive and responsive. Clinic staff members are well known and trusted in the community. This is a plus, given these patients’ experiences at non-Indian health facilities. The clinic’s open door policy has also attracted many non-Indians. Public perceptions have changed to recognize the sophistication of the tribal clinic and the quality of its services. Today, about half of the patients are non-Indian, many of whom have private insurance and choices in healthcare providers. Because of its open door policy and high-quality health care, many non-Indian patients prefer to go to the tribal facility rather than the County health facility located next door.



Figure A.17. Lakeport Health Clinic Staff

Steve Rugg, the Project Manager for the construction of the Clinic has strongly attested to his personal experience of the tangible benefits brought by the ICDBG program to the community. We quote his statements in full in the text box.

Patient Visits and Services

The clinic is the only healthcare facility in the county that accepts uninsured patients and patients unable to pay. According to the clinic’s Executive Director: *We take everybody from the county, [it]...doesn’t matter if they’re*

Native American or not. We’re the only place in town accepting indigents. That’s how we give back to the county.

According to one of the clinic’s resident physicians, the clinic has experienced a 50-percent increase in its caseload of active patients (those using clinic services each year). The physician also noted that the number of patient visits has increased by 100 percent in the past 6 years.

I know, after 25 years of working in Indian Country, that the ICDBG Program is about the best thing going that we have to work with for capital improvements on the Reservations and Rancherias in Northern California. There is no equal or comparative program for building community structures, infrastructure, commercial enterprises or purchasing land. Without the ICDBG program, I am absolutely certain that Tribes and Tribal Members in our area would be much, much worse off than they are today. And the need is still HUGE!

— Steve Rugg: Project Manager, Clinic Construction

Table A.3.8. Increase in Visits and Types of Clinic Services: 1999–2004

Patient Visits		Patient Services	
Year	Patient Visits Recorded	Service Type	2004 Frequency
2004	14,487	Urgent Care	4,528
2003	13,004	Family Practice	1,436
2002	14,160	Chiropractic	1,161
2001	10,276	Acupuncture	332
2000	10,749	Podiatry	271
1999	6,707	Women’s Health	118
Total	69,383		

According to this physician, tribal members and patients are more aware of their health and taking better care of themselves now. The most notable impacts have been substantially improved dental care among the elders and youth. According to the clinic’s

Executive Director, the clinic gets the toughest dental cases, which are especially children. The physician listed the new medical services available at the clinic that have had an impact on patient health: a chiropractor, podiatrist, woman’s wellness services, and IHS Contract Health. Additional services to be added over the long-term include radiology, orthopedics, cardiology, gastrointestinal, hepatitis C, and an in-house pharmacy.

The clinic currently is conducting sustained outreach to county residents who lack accessible healthcare services. These outreach activities are focused on African-American and Hispanic families and individuals. Table A.3.9 shows outreach statistics.

Table A.3.9. Patient Outreach

	2004	2005	Total
African-American	46	63	109
Hispanic	246	468	714
Total	292	531	823

As the table shows, the numbers increased by a large amount from FY 2004 to FY 2005. The clinic has produced other benefits as well: The Board room serves as one of the few spaces where people in the community can come together for meetings and socialization. The clinic allows the general public, nonprofit organizations, and others to use the large room for a variety of purposes.

Indirect Outcomes of ICDBG Projects

The clinic and its campus are located across the street from the county’s Sutter Lakeside Community Services/Lakeside Health Center. The Center’s Fiscal Officer indicated that the clinic has been an asset to the health care of the community, providing services that the county cannot provide on a timely basis. The proximity of the clinic and the county’s Health Center has facilitated sharing of resources for patients.

The clinic’s outreach to underserved segments of the county’s population has an indirect and positive outcome on migrant farm workers. Lake County has a substantial population of migrant farm workers who lack the resources and ability to access healthcare services.

One of the strongest outcomes of the clinic is that it demonstrates to smaller and landless tribes the benefits of inter-tribal collaboration on a single project by using a phased development approach. By pooling and leveraging ICDBG funds, smaller tribes can develop community facilities of a scale and quality that would be unattainable by a single grantee alone. Considering the extensive and complex housing, community, and economic development needs faced by most small tribes, it may not always be feasible to pool or share scarce ICDBG funds for a collaborative, inter-tribal initiative. In those instances, however, where small tribes can identify a common and compelling need and where tribal leadership maintains a sustained vision, LCTHC has demonstrated that inter-tribal collaboration can achieve substantial and sustainable outcomes.

The planning, development, and subsequent expansion of the clinic are a direct result of the focused and sustained vision of LCTHC and its stakeholders. LCTHC's vision statement is as follows: *To improve the physical, mental, spiritual, emotional, and social health status of the American Indians of Lake County through the provision of culturally-sensitive healthcare services.* All available quantitative and qualitative data document that LCTHC is fulfilling this vision and generating meaningful benefits for both Indians and non-Indians in the county. These benefits include employment opportunities, access to quality healthcare and human services, and intergovernmental coordination of programs and services.

A.4 Squaxin Island, Washington



Figure A.18. Squaxin Island Intertribal Professional Center



Figure A.19. Previous Intertribal Professional Center

This report presents the findings of a site visit conducted at Squaxin Island, Washington, in August 2005. Table A.4.1 summarizes Econometrica’s estimates of the outcomes achieved by the Squaxin Island Tribe’s ICDBG projects for each of the evaluation measures applied to the case studies.

Table A.4.1. Squaxin Island: Overall ICDBG Project Outcomes

Measure	Impact Values				
	Major	Significant	Measurable	Indeterminate	Not Applicable
Leveraging	◆				
Partnering	◆				
Collateral Investment	◆				
Community Involvement		◆			
Improvement in Economic Conditions	◆				

A.4.1 Community Context

The Squaxin Island Tribe is a federally recognized Indian tribe. The “People of the Water” were signatory to the Medicine Creek Treaty of 1854. Article 2 of the Treaty reserved only a small portion of their lands for their exclusive use. Tribal members were removed to *Squawskin*, an island that had previously served merely as a small village for the Tribe. The island is located 10 miles north of the township of Olympia, Washington, and 9 miles east of the township of Shelton, Washington, at the southernmost tip of Puget

Sound. Squaxin is small, with only 1,978 acres of forested, gently rolling terrain. Its maximum elevation is 180 feet, and it is about 4 miles long, varying in width from 0.3 to 0.9 miles. Nearly one-quarter of the island (492 acres) is made up of tidelands owned exclusively by the Tribe. The allotted uplands that are still held in trust by the Bureau of Indian Affairs are deeply fractionated, some having hundreds of undivided interests. Some allotments have been alienated and are owned by non-Indians.

The inability of the island to support a growing population led to a migration to the mainland. There are no roads on the island, and access is only by boat. Within several years of the 1854 Treaty, people began to leave Squaxin Island and return to their original homes. By 1862, there were only 50 residents on the island. By 1959, this number was reduced to only four year-round residents. Today, no year-round residents live on the island. As a result, land acquisition on the mainland became an important step in the process of rebuilding and developing a socially and economically viable Squaxin community. Land acquisition on the island was also important. In order to reverse the checkerboard pattern of land ownership and to stop the continuing fractionation of undivided interests, the Tribe sought to consolidate lands. Currently, the island is managed as an economic, environmental, cultural, and recreational resource that protects the tidelands, shellfish beds, forest ecosystem, and historical and recreational sites.

Table A.4.2. Squaxin Island Demographic Profile

Variable	2000 Census Data
Total population	584
Percent family households	82.7%
Owner occupied housing units	76.5%
High school graduation rate	77.3%
Percent in labor force	66.5%
Percent unemployed	6.5%
Median household income	\$37,500
Percentage families in poverty	19.2%
Housing units lacking complete kitchen facilities	0.0%
Housing units lacking telephone service	7.3%
Housing units with more than 1.5 persons per room	1.4%

The Squaxin Island Tribal headquarters and Squaxin community are located in the Kamilche area on the mainland above the town of Shelton, Washington. Kamilche is approximately 20 miles north of Olympia, Washington. Here, the Tribe owns a number of parcels that have been acquired in fee and later placed into federal trust. Other parcels are still held in fee. Some of the parcels are contiguous, while others are not. As a consequence, tribal land ownership in the Kamilche area, where most of its population resides, is also in a checkerboard pattern. Acquiring and consolidating lands has enabled the Tribe to knit together a community where one had not existed since 1854. Land acquisition was and is a necessary step in the process of building a viable tribal economy. Initially, people in the surrounding county resisted tribal land acquisitions, but they have increasingly come to respect and cooperate with the Tribe as they see the benefits that its economic engine has produced.

Squaxin is an Indian Self-Governance Program (SGP) tribe that can now set its own priorities and budgets for programs previously administered by the Bureau of Indian Affairs. The Tribe also contracts from and through regional organizations, such as South Puget Intertribal Planning Agency (SPIPA), to manage and deliver social, educational, health, welfare, and many other programs. Since the United States holds tribal lands in trust, the Tribe lacks a property tax base to support its governmental programs and operations. Therefore, developing a viable economy is important to its ability to provide employment and generate the revenues needed to address many unmet and unfunded needs.

The Squaxin Island Tribal Council exercises its authority to create committees, commissions, and separate program or enterprise boards to enable social and economic activity. Committees, commissions, and boards have organizing authorities, charters, and by-laws. There are tribal committees for law enforcement, heritage, hunting, fish, shellfish, aquatics, personnel, elections, and elders. There are commissions established for potlatch, gaming, housing, utilities, education, and budget. There are also boards for the Museum Library and Research Center, Child Development Center, and Island Enterprises Inc., which engages in fuel manufacturing and sales, and other activities. Each economic enterprise has a corporate charter enumerating its powers and authorizing it to do business. The tribal government also has departments headed by directors with supervisory responsibilities over program staff. These include community development, cultural resources, health and human services, human resources, information systems, the Tu Ha' Buts Learning Center, legal services, natural resources, planning, public safety, and the Northwest Indian Treatment Center. Figure A.20 shows the island's old fire station.

The Squaxin Island Tribe has a number of economic activities. These activities cluster primarily in three types:

- Squaxin Island—based on natural resources.
- Kamilche—based on mainland service, gaming, tourism, commercial, industry, and construction.
- Government-funded programs that operate on the mainland and island.



Figure A.20. Previous Squaxin Island Fire Station

We describe these activities in more detail in the paragraphs that follow.

Timber Sales

Squaxin Island has a total merchantable volume of 27 million board feet of timber. Although this volume is small and limited in scope, with the largest forested trust

allotment being only 96 acres, forest management is still important. The Tribe can enhance marine and multiple uses of the island resource by assessing fees or tolls for tidelands access permits; conducting timber sale appraisals, layout, and sales compliance; and performing logging and sales.

Fisheries

The 1854 Treaty recognized the Tribe's right to take fish at all its usual and accustomed grounds and stations. In 1974, *U.S. v. Washington* interpreted the Treaty to guarantee an equal share or half of the sustainable harvest of anadromous fish. The Tribe participates in the Northwest Indian Fisheries Commission and with state water quality, fish, and wildlife agencies. In cooperation with the state, the Tribe operates one of the largest salmon net-pen programs in the Northwest to enhance commercial and sport fishing. This facility is located between Squaxin and Harstine Islands. It releases about 2 million Coho salmon into Puget Sound each year. The Tribe provides commercial fishing licenses to tribal members and collects a 4-percent tax for enhancement and protection projects.

Harstine Oyster Company (HOC)

Squaxin Island's rocky shores, mid-tidal, and deep-tidal zones support numerous marine animals and commercially valuable hard-shell clam and oyster beds. Pacific and Olympia oysters and geoducks, as well as Manila clams, are commercially important species to the Tribe. In the early 1970s, the Tribe purchased the Harstine Oyster Company, consisting of 6 acres of waterfront property on the western side of Harstine Island. HOC also grows oysters on 41 acres of Squaxin Island tidelands. With a 4,000-square-foot processing facility, each year HOC harvests and sells 12,000 gallons of oyster meat and 6 million singles. HOC is a member of the Pacific Coast Shellfish Growers Association, the largest shellfish association in North America. Squaxin Island issues permits to individual enrolled members, who then harvest shellfish and sell them to the oyster company. HOC has a premium brand of oysters that it sells domestically and internationally: *Palala Bay*, named after a small bay at the southern end of Squaxin Island.

Little Creek Casino and Resort

The Squaxin Island Tribe signed a Gaming Compact with the State of Washington on January 26, 1995. The original Compact has since been modified to permit new video lottery terminals. In 1995, the Tribe opened Little Creek Casino, a 47,400-square-foot facility that offers gaming and entertainment. Little Creek is located on a 300-acre parcel of land in Kamilche, near the intersection of highways 101 and 108 between Olympia and Shelton.

Kamilche Trading Post

The Kamilche Trading Post (KTP) is located adjacent to the Little Creek Casino and Resort and across the street from the old fire station (pictured in Figure A.20). Behind KTP, the Kamilche Transit Center provides transportation service and connections to Mason transit and Grays Harbor transit. KTP is near the intersection of highways 101 and 108. KTP is a tribal enterprise that functions as a convenience store, selling sundry items, groceries, liquor, tobacco and fuel (gasoline) products. Under Chapter 6.15, Fuel Sales and Tax Code of the Tribal Code, the Trading Post is permitted to sell gasoline to tribal

members at discounted rates. KTP is an economic enterprise that contributes a portion of its profits to the Tribe, some of which is used for per capita distributions to tribal members.

Skookum Creek Tobacco Company

On December 10, 2001, the state of Washington and the Squaxin Island Tribe entered into a Cigarette Tax Compact that applied to on-reservation sales of cigarettes by Tribal retailers. The Compact did not apply to manufacture of cigarettes by the Tribe or its enterprises on the reservation. As defined in the Tribal Code, tribal retailers are exclusively tribally owned enterprises. Kamilche Trading Post, Little Creek Casino/Hotel, and the store at 6233 Steamboat Island Road are tribal retailers. Under this compact, the state of Washington retroceded from its tax, RCW 43.06.455. In lieu of state-imposed taxes, the Squaxin Island Tribe imposed a tax equal in amount to 100 percent of the state taxes. Under the Compact, the Tribe cannot use its tax revenues to subsidize its tribal businesses. It may use the revenues for essential government services only. Tribally chartered on August 26, 1999, Skookum Creek Tobacco Board (SCTB) Company is a tribally owned enterprise manufacturing and distributing premium cigarette products. The Company occupies a new building located adjacent to the hotel.

Island Enterprises Inc.

The Squaxin Island Tribe chartered Island Enterprises Inc. on March 17, 2003. The Tribe wholly owns the corporation. The Squaxin Island Tribe is authorized to manufacture and sell motor vehicle fuel on the reservation through Island Enterprises Inc. Chapter 6.15 Fuel Sales and Tax Code states that tax revenues are needed to fill substantial unmet needs. Meeting them is the purpose of Island Enterprises. For sales to non-Indians, the Tribe's tax depends upon any credit or exemption that the state of Washington may provide. A 23-cent tax per gallon is imposed on fuel manufactured on the reservation and sold there to tribal members. It is 5 cents per gallon less than the state tax.

Tribal Programs

The government of Squaxin Island provides numerous programs and services through its tribal departments. The Department of Community Development focuses on the construction of new homes in the Slocum Ridge housing development funded through the Indian Housing Block Grant (IHBG) program. Under its purview also are related infrastructures, such as roads, sewers, and water. In FY 2002, the Department completed construction of the new Museum Library and Research Center. It also developed the reservation-wide garbage collection service and the Housing Improvement Program (HIP).

The Department of Cultural Resources focuses on preserving and protecting cultural resources, including archaeological sites. It exercises regulatory authority. The Department of Human Resources provides comprehensive personnel services, including policy, staffing, recruiting, mediation, and employee assistance. It develops manuals and procedures, drafts position descriptions, processes personnel actions, and liaises with state agencies. It is also responsible for the Tribe's Indian preference in employment policy and the Summer Youth Employment Program.

The Department of Information Services is responsible for information resources management. It manages the wide area network and broadband telecommunication services, links, and the servers. Information Services also upgrades software, trains employees, provides security, manages telephone services, and maintains the Tribe's website. The Tu'Ha Buts Learning Center is a department that provides youth activities, summer recreation, tutoring/mentoring, school counseling, and higher education awards to tribal members. The Center manages the financial aid application and review processes. It also provides *Lushootseed* (Salish) language instruction via computer.

The Legal Department provides comprehensive legal services to the Squaxin Island Tribal government. It also contracts for litigation support. The Department of Natural Resources has primary responsibility for aquatics, environmental protection, salmon, shellfish, wildlife, and estuaries. The Department of Public Safety has a number of responsibilities, including law enforcement and administration of the court system. It also manages marine and wildlife resource monitoring programs, compliance, and safety. The Planning Department provides strategic planning, grant writing, and land management services to the tribal government. The Housing and Utilities Commission also performs some planning services.

Finally, the Northwest Indian Treatment Center (NWITC) is also a department. This center opened in FY 1994 to provide residential alcohol and drug treatment services to tribal members. It has one of the lowest recidivism rates in the nation. NWITC also provides outpatient program services to both adults and youth. Although it is not a Department, the Tribe has chartered the Museum Library and Research Center (MLRC). The MLRC is located in a 13,000-square-foot building housing cultural and historical exhibits and programs. The MLRC serves the community and visitors by providing educational programs.

SPIPA Programs

The South Puget Intertribal Planning Agency (SPIPA) is a regional intertribal organization made up of the Squaxin Island, Chehalis, Nisqually, Shoalwater, and Skokomish tribes. SPIPA's goal is to support each tribe's vision of success and wellness by delivering social, human, and health services, and by providing training, technical assistance, resource development, and planning services to tribal communities. SPIPA operates numerous community services programs in cancer control, food distribution, low-income energy assistance, senior meals' services, Native women's wellness screening, HIV-risk assessment and training, HIV prevention, and others. SPIPA also offers education and job training programs through Temporary Assistance for Needy Families (TANF) and its Pathways programs. It provides vocational rehabilitation, Native employment assistance, general assistance, and child care centers. SPIPA provides social services programs in child abuse, sexual assault, foster care, Indian child welfare, juvenile justice delinquency prevention, public health and safety, violence prevention, and women's and youth programs.

In FY 2004, SPIPA wrote 22 new grants and received an additional \$1.5 million in awards. It also conducts fundraising activities. Of the 27 major programs it provides, 9

have been contracted to Squaxin Island. Another six of these programs are located at Squaxin Island, but SPIPA staff members perform the work. Currently, SPIPA staff members are housed in two singlewide trailers at Squaxin Island. In the future, all SPIPA programs will operate out of the Squaxin Island Intertribal Professional Center, which was built using an ICDBG grant. SPIPA's Statement of Activities for the fiscal year ending September 30, 2004, discloses revenues of \$6,220,569. Of this amount, \$5,042,666 is made up of contract and grants income. SPIPA reports \$6,206,785 in expenditures, with most of the funds allocated to social services, health, and education.

The majority of the population lives in Kamilche, Shelton, or the surrounding area. The enrolled tribal population in 2005 is 872. It is a young population, and in the last 8 years, the population has increased by 38 percent. Additional housing is thus needed to support the Tribe's growth rate. Tribal unemployment is about 18 to 20 percent. Since many tribal members are employed seasonally in fishing or harvesting of shellfish, and most employment opportunities are low-skill, minimum-wage jobs, chronic underemployment is a problem.

The Kamilche area has 18 IHBG rental units located at Slocum Ridge. An additional 18 rental and homeownership units will be completed there in 2005–2006. There are 51 Mutual Help Homeownership Opportunities Program units. Of these, 17 former Mutual Help Program units have been paid off. There are also 9 elders' rental units located next to the IHS clinic and 25 Traditional Indian Housing Development (TIHD) rental units. In addition to housing and the infrastructure supporting them, there are also a number of other facilities. These include the tribal administration building, Museum Library and Research Center, IHS health clinic and pharmacy, tribal departmental buildings, casino and resort hotel, new fire station, Kamilche Trading Post, Kamilche Transit Center, Skookum Creek Tobacco, parking facilities, Child Development Center Inc., Community Center, and the new Intertribal Professional Center. Through its natural resource programs, economic development enterprises, tribal, and regional service programs, the Squaxin Island Tribe is the major employer in Mason County.

A.4.2 ICDBG Planning and Projects

Planning

The Tribal Council uses quarterly talking circles to air the concerns, needs, and wants of its tribal members. Tribal commissions, committees, boards, and programs also consult with tribal members regularly to obtain input on how operations can be improved and to learn about unmet needs. The Planning Department works with all of these entities to develop new programs and search for funding partners. The Planning Department provides staff support to the Tribal Council for strategic planning, grant writing, conversions of land from fee to trust status, and certain property recording functions. One aspect of staff support is detailed planning and analysis, including capital budgeting, for various alternatives to address a specific problem. The Tribal Council takes the lead in providing direction based on its priorities. The Council deliberates on various planning

alternatives and costs, assesses tribal fund matching requirements and the availability of other sources of leverage, and then makes decisions. The Council values proposed projects that have synergy with existing public or economic investments more highly than unrelated projects, because related projects help the Tribe reach its goals more quickly.

The Planning Department focuses on the long term when it works on meeting tribal needs. It designs and estimates the costs of tribal projects based on where the Tribe is going, not on where it currently is. Frequently, a project is of sufficient size and scope that its costs cannot be funded by the Tribe or by any single funding agency. When this happens, the Planning Department assesses ways in which partners or sources of leverage can be used to build the project. The Tribe's planning strategy is to use ICDBG to leverage funds from other granting or lending sources for public investments. First, the Tribe commits to providing matching funds for a planned project when it applies to HUD for an ICDBG grant. Next, it approaches other funding agencies to obtain additional funding leverage to reach the scale the project needs.

Projects

ICDBG grants are the centerpiece of the Tribe's development strategy. When the Tribe committed funds to an ICDBG grant for land acquisition to support the Slocum Ridge project, it also applied for grants from other agencies, using ICDBG funds as an incentive. The Tribe obtained funds from the Bureau of Indian Affairs (BIA) to build the roads, from IHS to construct the water and sewer system, from the U.S. Department of Agriculture (USDA) to expand the wastewater system, and under the Native American Housing Assistance and Self Determination Act of 1996 (NAHASDA) for housing. It even received funds from the state. Typically, there are 10–12 potential funding partners the Tribe can use to leverage its projects. For example, the ICDBG application for the Museum Library and Research Center was originally for \$600,000, including tribal matching funds. The Tribe then used this amount to leverage an additional \$1.6 million from USDA, the Murdock Foundation, and additional Tribal funds, bringing the total project cost to \$2.2 million. For the new fire station, the Tribe contributed its matching funds toward an ICDBG grant and then used the combined amount to leverage funds from Mason County. In cases where the planning strategy does not work, such as the Child Development Center, the Tribe bears the cost of additional needed project scale.

In FY 2002, the Squaxin Island Tribe applied for an ICDBG grant to construct an Intertribal Professional Center on the reservation. This project is a good example of how the Tribe uses ICDBG funds to leverage funds from other sources, and how it develops projects that contribute more than just short-term jobs. The Tribe contributed \$120,000 as matching funds for an ICDBG grant of \$500,000. The Tribe used the combined amount to leverage \$65,000 from future tenants and \$1,710,000 from USDA in the form of a loan. The total project amount of \$2,395,000 was used to construct a 14,895-square-foot facility capable of providing space for all of South Puget Intertribal Planning Agency's (SPIPA) centrally administered programs.

Table A.4.3 shows the funding breakdown by projects.

Table A.4.3. ICDBG Project Funding

Activity	Fiscal Year	ICDBG Award	Leveraged Funds	Leveraged Funds Sources	Total	Project Status
Tu Ha'Buts Cultural Center Intergenerational Center (Elders Building)	1992	\$750,000	\$0	Tribe, WA-CTED	\$750,000	Completed
TCC – Infrastructure (water, sewer)	1994	\$270,000	\$189,100	Tribe, IHS, WA-CTED, other	\$459,100	Completed
TCC – Museum	1995	\$320,000	\$195,177	Tribe	\$515,177	Completed
Slocum Ridge Housing - Land and Infrastructure	1996	\$655,000	\$7,349,142	Tribe, BIA, IHS, IHBG, other	\$8,004,142	Completed
Slocum Ridge Housing - Imminent Threat, wastewater treatment repair	1999	\$36,300	\$30,000	Tribe, IHS, IHS Contingency	\$66,300	Completed
Economic Development/ Child Development Center	1999	\$335,000	\$200,000	Tribe	\$535,000	Completed
Intertribal Professional Center	2002	\$500,000	\$1,895,000	Tribe \$120,000 Tenant \$65,000 USDA \$1,710,000 (loan amount)	\$2,395,000	Completed
Fire Station	2003	\$500,000	\$410,000	Tribe	\$910,000	Under construction
Youth & Community Wellness Center	2004	\$500,000	\$459,004	Tribe	\$959,004	Under construction
Total		\$3,866,300	\$10,727,423		\$14,593,723	

In the short term, only six jobs were created. The long-term impact, however, is much greater, because 60 jobs will result from consolidating and providing services to the whole County area from the new Center. Before the project, SPIPA operated from two singlewide trailers. After the project, SPIPA will be able to pay Squaxin Island to rent 90 percent of the space in the Professional Center. Not only will this arrangement result in greater efficiencies and better services to tribal members, it will also generate more long-term jobs.

A.4.3 Project Impacts

Thirty years ago, the protection of reserved rights in the 1854 Treaty was of paramount concern. Tribal investments in aquaculture, marine fisheries, and natural resources were very important, because they served to protect tribal sovereignty and create jobs. But even though there was more seasonal and low wage work, this was not enough: There still was the glaring absence of any kind of self-sustaining community. Over time, the acquisition of land on the mainland and the need to build housing, infrastructure, and community buildings gained increasing importance.

It is evident from the 11 ICDBG projects conducted over the past 21 years that the Tribe has emphasized public investments in housing and related infrastructure such as water, sewer, roads, and community buildings. People simply did not have anywhere to go. These projects aimed at meeting the most basic of needs. Later ICDBG projects focused on public investments in projects that supported programs to provide multiple services, as well as jobs.



Figure A.21. Squaxin Island Slocum Ridge Housing Development

Economic Impacts

ICDBG has been at the heart of the Squaxin Island Tribe's strategic planning effort to achieve a self-sustaining community. The ability to flexibly use ICDBG funds as leverage for obtaining other sources of funding has made development of Kamilche possible. In the absence of a property tax base, the Tribe could not possibly have developed as successfully and as rapidly as it has, even if it had used all of its economic enterprise earnings for the same projects. The Tribe has balanced its approach between investing in social and economic projects. If you invest in creating jobs, where do the people live? If you invest in a place for people to live, where is the money to create jobs? The tradeoff between social and economic investments raised challenges that the Tribe could meet only because of the flexibility allowed by the ICDBG program.

Social Impacts

While the Tribe has been able to create even more jobs for its growing population by investing in economic enterprises, such growth has created its own demand for more housing, infrastructure, and buildings to provide more social, health, and educational

services for all age groups. As a result, tribal public investments have begun to emphasize other needs such as childcare, wellness services, fire protection for the whole community, and youth facilities.

The ICDBG program permitted variety in the types of projects that could be funded, and it provided regulatory flexibility in how tribes could use grants to leverage additional sources of funding. There is no other source of funding that permits flexibility in the funding of both social and economic investments needed to create viable Indian communities.

A.5 Bois Forte Band of Chippewa, Minnesota



Figure A.22. Nett Lake Community Center

This report presents the findings of a site visit conducted at the Bois Forte Band Reservation in July 2005. Table A.5.1 summarizes Econometrica’s estimates of the outcomes achieved by the Band’s ICDBG projects for each of the evaluation measures applied to the case studies.

Table A.5.1. Bois Forte: Overall ICDBG Project Outcomes

Measure	Impact Values				Not Applicable
	Major	Significant	Measurable	Indeterminate	
Leveraging	◆				
Partnering		◆			
Collateral Investment		◆			
Community Involvement	◆				
Improvement in Economic Conditions		◆			

A.5.1 Community Context

The reservation of the Bois Forte Band of the Minnesota Chippewa Tribe comprises three separate pieces of land in the extreme northeast corner of the state. The reservation land lies about 50 miles south of the Canadian border and 40 miles north of the main population centers on the Mesabi Iron Range. The reservation totals 105,284 acres, of which 11,504 are allotted. The total membership of the Band is approximately 2,700, with about 900 of the tribal members living on the reservation.

The three areas of the reservation are Nett Lake, Lake Vermillion, and Deer Creek. Most of the reservation population is concentrated in the Nett Lake and Lake Vermillion areas. The Nett Lake reservation parcel of 103,000 acres is located beside this shallow lake, which forms the spiritual center of the Band's life. It holds large beds of wild rice collected by tribal members by the traditional two-person canoe method. The Town of Nett Lake (population approximately 400) and the offices of the Band's government are located on this parcel. The nearest "border" community is the community of Orr (population approximately 350). Farming and commercial resort activities in this area of the reservation are limited. Residents of Nett Lake must drive more than 30 minutes to reach a fully equipped medical facility and more than 45 minutes to reach major retail outlets. In the community of Nett Lake, there is a K-6 elementary school operated as a standard State of Minnesota school district. After the sixth grade, children from Nett Lake attend school in Orr.

The Lake Vermillion parcel of 1,000 acres lies on one peninsula jutting out into the lake of the same name. Lake Vermillion is extremely large (40,000 acres), with considerable "summer home" development on its shores and numerous islands. The population of this area of the reservation is approximately 200. On this parcel, the Band operates its Fortune Bay Casino (its single gaming operation), and has recently opened an 18-hole golf course and an adjacent hotel. In this area, the Band also operates a number of resort-related commercial enterprises, including a small marina. Children living on the Lake Vermillion parcel attend off-reservation public schools.

The Deer Creek parcel of 23,000 acres located in Itasca County is virtually unpopulated. This parcel was formally allotted land, which the Band has been able to maintain.

Although there has been considerable improvement in economic conditions on the reservation in the last 10 years, the most recent statistics still indicate high poverty and unemployment rates for Band members. The most recent statistics show that slightly less than two-thirds of Band members have a high school diploma. The estimated unemployment rate for all members was 26.1 percent. The average per capita income for all Band members was approximately \$5,000 per year.

Table A.5.2 Bois Forte Demographic Profile

Variable	2000 Census Data
Total population	1,542
Percent family households	61.4%
Owner occupied housing units	73.6%
High school graduation rate	82.3%
Percent in labor force	63.1%
Percent unemployed	9.8%
Median household income	\$21,331
Percentage families in poverty	35%
Housing units lacking complete kitchen facilities	0.8%
Housing units lacking telephone service	10%
Housing units with more than 1.5 persons per room	7.4%

Apart from public-sector program and grant funds, the Band receives an annual special payment from the state of Minnesota of nearly \$2.2 million. This payment comes from an annual state appropriation of \$5 million, which is distributed to four northeastern Minnesota tribal communities. In return for this annual payment, the tribal communities have agreed not to develop large tracts of hunting and fishing areas that are tribal trust lands.

A.5.2 ICDBG Planning and Projects

Planning

For the period 1994–2003, the Band received a total of 10 ICDBG grants totaling over \$3.7 million. With the exception of one economic development grant (for a saw mill), facilities constructed with ICDBG funds were located either in the town of Nett Lake or in the Lake Vermillion community.

The facilities constructed in Nett Lake town include community and wellness centers, a public safety building that houses emergency rescue and fire-fighting vehicles, and a residential home for tribal elders that provides a limited number of services under an assisted living model.

Facilities constructed at the Lake Vermillion community include a community center with space for the community’s health clinic, a facility for the community’s Head Start program, and a combined gymnasium/wellness center (under construction). See Figure A.23. In addition to building these facilities, the Band has also used ICDBG grants to perform substantial rehabilitation on about two-thirds of the residential homes administered by the Band’s housing department.

All the projects undertaken have been completed, with the exception of the Lake Vermillion Wellness Center, which is under construction. Summary statistics for these projects follow in Table A.5.3.

Table A.5.3. ICDBG Project Funding

Activity	Year	ICDBG Award	Leveraged Funds	Leveraged Funds Sources	Total	Project Status
Lake Vermillion Wellness Center	2004	\$500,000	\$3,056,224	\$1,056,224 (Tribe), \$2,000,000 (Mdewekanton Sioux Community)	\$3,556,224	Under Construction
Nett Lake Fitness Center	2002	\$500,000	\$518,524	\$490,110 (Tribe), \$23,514 (IHS), \$4,900 (State)	\$1,018,524	Completed
Nett Lake Public Safety Building	2001	\$500,000	\$375,000	USDA	\$875,000	Completed
Bois Forte Housing Rehabilitation	2000	\$500,000	\$170,000	\$100,000 (NAHASDA), \$70,000 (Tribe)	\$670,000	Completed
Bois Forte Museum and Heritage Center	1999	\$400,000	\$1,060,000	\$927,000 (Tribe), \$100,000 (State), \$50,000 (Bush Foundation)	\$1,460,000	Completed
Bois Forte Housing Rehabilitation	1998	\$400,000	\$235,000	\$160,000 (NAHASDA), \$75,000 (Tribe)	\$535,000	Completed
Lake Vermillion Health and Social Center	1997	\$300,000	\$422,000	\$190,000 (Tribe), \$200,000 (NAHASDA), \$32,000 (IHS)	\$722,000	Completed
Nett Lake Assisted Living Center	1996	\$300,000	\$500,000	USDA	\$800,000	Completed
Total		\$3,400,000	\$6,336,748		\$9,636,748	

Below we describe each facility constructed with ICDBG funds on the reservation.

Projects

Nett Lake Community Center

This structure is located in the center of Nett Lake town. The design follows the traditional “roundhouse” architecture used in Chippewa villages. The Band built the 3,800-square-foot structure using \$300,000 in FY 1992 ICDBG grant funds with a funding leverage of \$134,000 from the tribal council. Prior to the construction of this facility, there was no structure in the town large enough for community-wide meetings. The Center is currently used daily to operate the seniors’ meals program. (The facility has a fully-equipped kitchen for preparing and serving congregate meals.)

The building is also used for a wide variety of community activities. These include town meetings, religious services, funerals, and meetings of social service organizations. At several times during the year, the Center has special uses. During powwows and other traditional tribal festivals, it is used to house visiting tribal members who may not want to camp out for the powwow or festival.



Figure A.23. Nett Lake Community Center Meeting Room

The Community Center is without doubt a unique resource in the small Nett Lake community. It is the only facility large enough to accommodate meetings of 50 or more people. In most communities, this type of space is normally available in religious or educational facilities. There are, however, no structures of this type in Nett Lake. The nearest comparable facilities are located in Orr (25 miles away), which is under the administration of non-tribal organizations. The Nett Lake Community Center is a resource that provides a necessary focal point for community activities in this isolated reservation community.

Nett Lake Assisted Living Center

The Nett Lake Senior Assisted Living Center was built with \$300,000 from a FY 1996 ICDBG grant, plus \$500,000 from a U.S. Department of Agriculture (USDA) Rural Development Community Facility Loan. The 7,500-square-foot facility contains eight one-bedroom apartments that include complete kitchen facilities. Appliances come with the units, but residents furnish the rest of the apartments themselves. The facility also has a large common area and a nurse's office.

Residents receive a limited number of support services. Upon request, the Tribe's elder nutrition program will deliver one meal daily to residents. In addition, the county's home nurse program provides a nurse who makes bi-weekly visits to the facility.



Figure A.24. Nett Lake Assisted Living Center

The social objective set for this facility was to “draw back” elder tribal members who had been living off the reservation (often in Duluth or the Minneapolis metro area) and who wanted to return to their traditional home for their final years. There was considerable anecdotal evidence that significant numbers of elderly tribal members were living in poverty and isolation in the large metropolitan areas.

In its first years of operation (1998–2000), the Band had considerable difficulty in maintaining occupancy at the Center. Some members attributed this to the death of some of initial residents shortly after they moved into the facility. In the last several years, however, the Band has not had any difficulty in maintaining close to 100 percent occupancy at the facility.

Although the facility is designated as an “assisted living center,” it does not offer the level of support services normally associated with that designation. The residents observed during the site visit appeared capable of living independently. Thus, although the facility has proved successful in drawing back members to the reservation, the level of services offered is probably not sufficient to draw back those tribal members who have an ongoing need for more support services. At present, the Tribe has no plans to increase the service level at the facility.

The Nett Lake Wellness Center

The Nett Lake Wellness Center is a 5,200-square-foot facility constructed in FY 2002 with ICDBG funds leveraged with funds of \$518,524 from the Band, IHS, and the state. Filled with a large selection of the latest body-building and aerobic exercise equipment, this facility looks like a typical “physical fitness center,” but it was designed and built with broader aims in mind. This equipment was purchased with IHS funds, most of it from the IHS’ diabetes treatment and prevention program. The Center has two full-time employees: a physical trainer paid from the Band’s council funds and a therapist paid from IHS funds. The therapist coordinates health programs such as a diabetes weight loss program in the facility. To better coordinate such activities, the Wellness Center was located almost immediately adjacent to the IHS clinic in Nett Lake.

As with the Community Center, the Nett Lake Wellness Center provides a resource previously unavailable to the community. The nearest comparable facility is approximately 30 miles away, a considerable distance to travel for a “fitness center”—particularly during the severe northern Minnesota winter. The facility charges no fees to Band members. An indoor, easily accessible facility of this type is a major health resource in an isolated rural community such as Nett Lake. Without such a local facility, Band members would have few options for exercise for much of the year. This benefit is particularly significant for tribal members at risk for major diabetic complications.

Utilization rates have been comparatively high. Logs at the Center indicate average daily use in the range of 30–35 individuals, out of an immediate community of 400. The facility is open to non-Band members, with a number of non-members now paying fees to use it.

Nett Lake Public Safety Building

The Nett Lake Public Safety Building is a 5,000-square-foot facility located in the center of Nett Lake Town. The Band built it using a FY 2001 ICDBG grant of \$500,000 combined with leveraged funds of \$375,000 from USDA. The facility houses the equipment and material for the Nett Lake volunteer fire department and medical emergency response unit. It also has space for fire and emergency squad training

activities and a small lounge area for on-call emergency response team members. The facility is staffed by 15 volunteer firefighters and 14 emergency medical technicians.

Because of the relative isolation and often inclement weather at Nett Lake, the community had long felt a need for its own fully equipped, rapid-response units. The nearest off-reservation response units are in Orr, 25 miles away, with inevitably long response times caused by the distance from the community.



Figure A.25. Nett Lake Public Safety Building

Prior to the construction of the new facility, the community's fire-fighting and emergency response equipment were housed in two old, and in some ways, inadequate structures. The older structures did not provide adequate protection for equipment from cold and inclement weather. More importantly, these structures did not have sufficient space to store and give immediate access to clothing and equipment. They also lacked adequate space for training and other administrative requirements of the units. The current facility has sufficient space to house two fully-equipped fire fighting trucks, a water tanker, and an emergency response ambulance unit. It is also large enough to house and store a full complement of up-to-date, easily accessible fire-fighting and emergency response clothing and equipment.

The current facility has sufficient space to house two fully-equipped fire-fighting trucks, a water tanker, and an emergency response ambulance unit. It is also large enough to house and store a full complement up-to-date, easily accessible fire-fighting and emergency response clothing and equipment.



Figure A.26. Nett Lake Emergency Services Equipment

The Nett Lake Public Safety Building represents a major qualitative improvement in the community's ability to respond effectively to fire and medical emergencies. The building has allowed the community to upgrade the equipment used by the units, and also to improve the ongoing readiness training of the unit's personnel.



Figure A.27. Lake Vermillion Community Center

The Lake Vermillion Health and Social Center

A FY 1997 \$300,000 ICDBG grant enabled construction of this facility. Leveraged funding included \$200,000 in NAHASDA funding, \$100,000 from the Bois Forte Health Division, \$90,000 from the tribal council, and \$32,000 in IHS funds. The structure is 5,500 square feet and is the only structure on the Lake Vermillion parcel of sufficient size to provide community services and host large tribal gatherings.

As with the Nett Lake facility, this structure has a full-service kitchen for congregate meals; the Band operates the elders' nutrition program in this structure. It also provides space for tribal administrative offices for the Lake Vermillion parcel. As with the Nett Lake facility, this structure hosts large community gatherings, including general community meetings, funerals, and ceremonies tied to major tribal festivals. The building also has space for the IHS medical and dental services provided for the Lake Vermillion community.

This facility replaced previous structures in Lake Vermillion that were inadequate to serve the functions provided at the new center. As with Nett Lake, no other structure in this community is large enough to adequately support the elder nutrition program. Nor is there another community structure of sufficient size to house large funeral and community gatherings. The space provided for the medical and dental clinic represented a 400 percent increase in clinic size over that of the previous facility.



Figure A.28. Lake Vermillion Community Center Dining Room

The Lake Vermillion Health and Social Center is clearly a community resource that significantly improves the quality of services and provides a forum for community activities previously unavailable to the Lake Vermillion members.

The Lake Vermillion Family Resource Center

The Band built the Lake Vermillion Family Resource Center using a FY 1994 ICDBG grant. Total funding for the facility included \$300,000 from the ICDBG grant, \$122,000 from the tribal council, and \$75,000 from the state's Iron Range Resources & Rehabilitation Board (IRRRB).



Figure A.29. Lake Vermillion Head Start

The primary purpose of the structure has been to house the community's Head Start facility. The previous facility severely limited the size of the Lake Vermillion program. To meet Head Start per capita space requirements, the previous facility restricted the program to fewer than 20 children. The space offered by the new facility has allowed the program to double in size, substantially improving the quality of the services offered. This structure has clearly enabled the Tribe to significantly expand the level of pre-school services offered to the Lake Vermillion community.

The Lake Vermillion Heritage Center

The Heritage Center is a 12,000-square-foot structure funded with a FY 1999 ICDBG grant. The ICDBG grant totaled \$400,000, and was leveraged by \$927,000 in tribal council funds, \$100,000 in state LCMR funds, and \$50,000 from the Bush Foundation. The Heritage Center is located at some distance from the Lake Vermillion residential areas and government center. The structure is adjacent to the Fortune Bay Casino and the recently opened golf resort.

The Center has two functions. First, it serves as a museum and interpretive center that provides an overview of the history of the Chippewa Nation and the Band. Permanent staff members offer interpretive guides to the collection and displays.

Second, it provides programs designed to strengthen the cultural heritage of the Band. A "story center" where tribal elders provide traditional story telling sessions is located in the center of the facility. The facility also houses a museum shop that offers a wide range of Native American goods, arts, and crafts. These include goods produced by Band members, including wild rice, jewelry, and traditional clothing.



Figure A.30. Lake Vermillion Heritage Center

The programs operated at the Heritage Center represent a significant increase in the Band's ability to document and maintain its traditional culture. The Center staff includes a curator and a senior educator who provides the interpretive tours of the facility. Prior to the construction of the Center, the Band had no comparable professional resources dedicated to interpreting and preserving their traditional culture.

The Lake Vermillion Health and Wellness Center

Currently under construction, the Lake Vermillion Health and Wellness Center is partially funded by a 2004 ICDBG grant of \$500,000. This project is highly leveraged with \$5,356,224 from the Band and the Mdevekanon Sioux Community.

This will be a multi-purpose recreation and wellness center. The Center will house exercise equipment and exercise space for community members, and serve as a resource for community health and disease prevention programs (based on the Nett Lake model). The structure will also house a complete gymnasium facility to replace the current clearly inadequate Lake Vermillion gymnasium. The Band will place a baseball field next to the Health and Wellness Center, although it is not part of the ICDBG- funded project.

As with the Nett Lake Wellness Center, many of the activities at this facility will be focused toward avoiding severe complications of diabetes. This will include physical activities targeted to the capability of "high-risk" individuals. In addition, information will be provided on lifestyle changes that can lower the chances of severe diabetic complications.



Figure A.31. Lake Vermillion Health and Wellness Center (under construction)

The "wellness" portion of the facility represents the provision of a totally new service to the Lake Vermillion community. No comparable facility exists on this reservation parcel, and off-reservation facilities are more than 20 miles away, often difficult to reach in bad winter weather. The gymnasium portion of the new center represents a significant qualitative improvement in recreational facilities available to the community.

Housing Rehabilitation

The Band has used three ICDBG grants to substantially rehabilitate the housing stock administered by the Tribe's Housing Department. The three ICDBG grants were a FY 1998 ICDBG grant of \$400,000, a FY 2000 ICDBG grant of \$500,000, and a 2000 ICDBG Imminent Threat grant of \$350,000. The Band used the 1998 and 2000 grants to bring 54 homes up to acceptable health and safety standards. Among the activities conducted under a 2000 Imminent Threat grant was the elimination of toxigenic mold in

10 reservation homes. The total number of homes serviced under these grants represented more than 70 percent of the total housing stock administered by the Tribe.

The use of ICDBG funds for housing rehabilitation for reservation residents represented a major benefit for reservation residents. This level of rehabilitation would have taken 10–15 years if the Band had relied solely on its NAHASDA funding, by which time some of the homes would have become uninhabitable.

A.5.3 Project Impacts

As the discussion above clearly shows, the Band has made extensive use of the ICDBG program. This use has accompanied a general improvement in the social and economic conditions on the reservation, although these may not be immediately reflected in statistical indicators. For example, improved economic conditions on the reservation may lead to an increase in the number of members returning to the reservation. In the short term, this may result in an increase in the unemployment rate.

Economic Impacts

Among the increased indicators of improved economic and social conditions on the reservation are vastly improved on-reservation employment opportunities. The Band's government has been able to expand employment, including a natural resources department and the employment for its various health and social service operations. Table A.5.4 indicates increases in job creation after the ICDBG projects.

Table A.5.4. ICDBG Job Creation

ICDBG Activity	Construction Jobs	Operations Jobs	Total Jobs Created
Lake Vermillion Wellness Center	55	3	58
Nett Lake Fitness Center	35	2	37
Nett Lake Public Safety Building	30	1	31
Bois Forte Housing Rehabilitation.	20	N/A	20
Bois Forte Museum and Heritage Center	30	3	33
Bois Forte Housing Rehabilitation.	20	N/A	20
Lake Vermillion Health and Social Center	25	15	40
Nett Lake Assisted Living Center	25	0.5	25.5
Total	240	24.5	264.5

In addition, the Band has expanded its ability to leverage funds made available through its ICDBG grants. Leveraged amounts for the initial grants were relatively modest. For example, in 1997 the Band contributed \$190,000 of its own funds as leverage for a \$300,000 ICDBG grant to build the Lake Vermillion Health and Social Center. By 2004, the Band contributed over \$1,000,000 in leveraged funds for a \$500,000 ICDBG grant to construct the Lake Vermillion Wellness Center.

Social Impacts

It is clear that the Bois Forte community chose to make the ICDBG a key element in its development strategy and that they have used that tool effectively as shown by the fact that ICDBG-funded facilities now provide services previously unavailable in the community, or provide significant qualitative improvement on previously available resources. Just as important, the Tribe has used the ICDBG funds to build structures that are within its operational capacity. All of the facilities visited were well maintained, and had utilization rates at or above the rates predicted in the grant applications.

One significant indicator of positive impacts is the increased enrollments in the Tribe's Head Start programs and the Nett Lake public school. Achievement scores for Nett Lake students have improved in the last several years, during which the school district has been able to leverage an impressive amount of resources. It now provides laptop computers for all students and operates a computer "lab" with professional support services.

The ability of the community to manage ongoing social problems also seems enhanced. The community is addressing its high levels of alcoholism and domestic violence. For example, programs such as Alcoholics Anonymous (AA) were not present on the reservation 10 years ago, but AA is now functioning in both reservation communities.

There is also a significant incidence of "back migration" to the reservation. Many Band informants believe welfare reform is a major cause of this "back migration," but it is also apparent that the reservation community has many more resources to offer Band members than it did 10 years ago. (For example, there was not a single retail outlet in Nett Lake town until 5 years ago.)

To a limited extent, the use of the grants has promoted productive linkages with the neighboring communities. Development of such linkages will necessarily be limited, because of the relative low population density and isolation of the entire region. There is, however, evidence that programs operating out of ICDBG facilities promote such linkages. Examples include increased cooperation between the Nett Lake and Orr fire/emergency squads and the willingness of non-members to consider enrolling their children in the school at Nett Lake.

These general benefits derived from the Band's use of the ICDBG program are supplemented by the direct benefits of grant operations. Primarily, these are the leveraged funds "drawn in" by the ICDBG process and employment deriving both from ICDBG construction activities and subsequent programmatic operations in the ICDBG facilities.

A.6 Ute Mountain Ute, Colorado



Figure A.32. White Mesa Community Center

This report presents the findings of a site visit conducted at the Ute Mountain Ute Reservation in July 2005. Table A.6.1 summarizes Econometrica’s estimates of the outcomes achieved by the Tribe’s ICDBG projects for each of the evaluation measures applied to the case studies.

Table A.6.1. Ute Mountain Ute: Overall ICDBG Project Outcomes

Measure	Impact Values				
	Major	Significant	Measurable	Indeterminate	Not Applicable
Leveraging	◆				
Partnering	◆				
Collateral Investment		◆			
Community Involvement		◆			
Improvement in Economic Conditions	◆				

A.6.1 Community Context

The Ute Mountain Ute are a federally recognized Indian tribe. The Tribe operates under a constitutional form of government, organized under the Indian Reorganization Act of 1934. The Tribe is made up of the Weeminuche Band of Ute, who moved to the western end of the Southern Ute reservation in 1897. The Ute Mountain Ute Reservation comprises 597,000 acres, of which 493,000 acres are in Colorado and Utah, and 104,000 acres are in New Mexico. Most of these lands are on the southwestern Colorado plateau, a high desert area with deep canyons, mesas, and harsh climate. Tribal lands located in Colorado, Utah, and New Mexico are not contiguous.

The Tribe’s headquarters is in Towaoc, Colorado. White Mesa, a small community located approximately 100 miles west of Towaoc, operates as a sub-agency of the Tribe. White Mesa has an elected seven-member Board, one of whom is also on the Ute Mountain Ute Council. Allotment of tribal lands in 1905 had the effect of reducing tribal land holdings and creating a checkerboard pattern of land tenure among tribal members and non-Indians. As a result, most housing is located on tribal lands. Towaoc is about 16 miles south of Cortez, Colorado and White Mesa is about 12 miles south of Blanding, Utah. Tribal lands are held in trust by the United States and cannot be taxed to support governmental services. The Tribe does not have a property tax base.

Table A.6.2 Ute Mountain Ute Demographic Profile

Variable	2000 Census Data
Total population	1676
Percent family households	79.7%
Owner occupied housing units	61.5%
High school graduation rate	58.5%
Percent in labor force	62.5%
Percent unemployed	10.0%
Median household income	\$18,242
Percentage families in poverty	34.8%
Housing units lacking complete kitchen facilities	2.5%
Housing units lacking telephone service	18.9%
Housing units with more than 1.5 persons per room	7.6%

The Ute Mountain Ute Tribe establishes separate boards and commissions to oversee each of its economic enterprises and tribal programs. Each entity is under the elected Tribal Council. Economic enterprises operate under the Gaming Commission, Housing Authority, Ute Mountain Casino, Weeminuche Construction Authority (WCA), Pottery, and Farm & Ranch boards. These cover gaming, housing, tourism, construction and infrastructure, pottery, farming, and ranching. Tribal programs operated under tribal divisions include Economic Development, Education and Training, Public Works, Health and Human Services, Public Service, Natural Resources, and Finance.

Farm and Ranch Enterprise

In 1988, the Colorado Ute Water Settlement Act ended a 100-year period in which the Ute Mountain Ute had been deprived of access to and use of their reserved water rights. As a result of this water settlement agreement, water stored by the Bureau of Reclamation’s Dolores Irrigation Project in the McPhee Reservoir, 10 miles north of Cortez, Colorado, would be transported 41 miles to the reservation via the Towaoc Canal. The canal delivers 22,900 acre-feet of water annually to the reservation. This



Figure A.33. White Mesa Water Tower

was the first piped drinking water brought to the reservation. The appropriation of water will also support the Ute Mountain Ute Tribe's Farm and Ranch Enterprise, an irrigated agricultural project designed to serve 7,634 acres. At present, 6,500 acres are arable. Ongoing construction of infrastructure and development of the Enterprise have contributed to employment and training opportunities that were hitherto unavailable. The Enterprise is a high-tech operation, using computerized links, geographic information systems, radio-controlled irrigation systems, weather station equipment, and testing (crop varieties) to operate 109 center-pivot sprinkler plots. The Tribe's cattle herd is also managed under this Enterprise.

Weeminuche Construction Authority

The WCA is a tribally owned commercial construction enterprise that provides comprehensive construction services to federal and state governments, local municipalities, agricultural developments, as well as building and heavy construction for the Ute Mountain Ute Tribe. WCA has extensive experience in building infrastructure, including roads, canals, and laterals; water and septic system improvements; wastewater treatment; lines; lift stations; bridges; and tanks. It has experience in conventional housing, commercial and industrial buildings, travel and visitors centers, land reclamation, and oil field construction. WCA supports the Tribe's development of its water, land, oil, gas, and human resources. Several hundred people are employed, with maximum use of Indian labor and craftsmen. Projects are performed throughout the Four Corners area.

Ute Mountain Casino

The Ute Mountain Ute Tribe is a Gaming Compact tribe. In 1991, it passed a tribal ordinance that established the Ute Mountain Gaming Commission. In 1992, the Commission opened the casino, creating 271 new jobs of which tribal members filled more than 50 percent. The Casino Resort also includes a hotel, restaurant, and a gift shop that sells art, jewelry, pottery, tobacco, and convenience items. Currently, 78 percent of the 380 employees are tribal members. The Casino maintains a shuttle that transports employees between Towaoc and Cortez.

Ute Mountain Tribal Park

The Ute Mountain Ute Tribe and the Colorado Commission of Indian Affairs established a nonprofit foundation to oversee the Tribal Park. The Visitor Center provides education to tourists and student groups and conducts low-impact tours. The Foundation is responsible for preserving and stabilizing ruins and their environment. The Tribal Park has a director and maintains a small staff.

Sleeping Ute RV Park

The RV Park is located adjacent to the Casino, Hotel, and Travel Center in Towaoc. The Park has 84 full-service RV sites, as well as a tenting and teepee area. Amenities include playground, game room, sauna, indoor pool, wading pool, cable TV, restrooms and shower, convenience store, and RV supplies and laundry.

Travel Centers

One of the Tribe's first ICDBG grants was used to construct a "truck stop" and convenience store in Towaoc. This facility provides gasoline, groceries, and a limited hot meals service, and includes restrooms and showers for commercial truckers. The success of this facility led the Tribe to construct a similar but smaller facility in White Mesa (without ICDBG funding). Both of these facilities are the sole commercial retail outlets in their respective communities.



Sleeping Ute Pottery Factory Outlet

In 1970, The Ute Mountain Ute Tribe began this enterprise. The pottery outlet employs 24 people, 90 percent of whom are tribal members. White Mesa has a wholesale pottery plant that provides eight to nine jobs. The Outlet has a showroom where it displays various painted and red carved pottery that are of museum quality. About 50,000 pieces of pottery are produced each year. The factory outlet is located 8 miles south of Cortez, Colorado.

Figure A.34. White Mesa Travel Center

Tribal Characteristics

The enrolled tribal population in 2000 was 1,968 members, with members residing in or near Towaoc (1,588) and White Mesa (380). The tribal population is a young population. Of the current waiting list of 100 families for housing units, most are young families. The Tribe employs more than 900 people in its enterprises and departmental programs. Unemployment declined from approximately 70 percent in 1990 to about 20 percent in 2000. From 2000 to 2005, unemployment declined from 20 percent to 10 percent. The majority of Ute Mountain Ute tribal members live in HUD housing located in Towaoc and White Mesa. Children are bussed to attend schools in Cortez, Colorado and Blanding, Utah. The Tribe operates Head Start and early childhood programs, as well as elder care programs. There is a small IHS health center in Towaoc. Other facilities located in Towaoc are Bureau of Indian Affairs, Tribal Administration, Law and Order, Recreation Center, Natural Resources, Gaming, Water and Sewer, and maintenance buildings.

At White Mesa, there are approximately 100 HUD homes, most of which are located on tribal lands. The population in White Mesa has grown from 194 in 1990 to 340 in 2000. Employment is mainly in schools, motels, farming projects, and at the casino in Towaoc. Programs operated in Towaoc have their counterparts in White Mesa, where the Tribe maintains a sub-agency.

A.6.2 ICDBG Planning and Projects

The Tribal Council addresses a wide range of membership needs to serve children, provide effective education services, and reduce the number of school drop-outs. It seeks to meet the housing and assisted living needs of the elderly, and supply housing and employment for young families, and for all unemployed members. The Council provides treatment to those suffering from alcohol and drug abuse; provides adequate health care and sanitation; and create infrastructure that is not funded by federal or state agencies. Building community pride and self-esteem is important to the Tribe. The Tribal Council obtains input from the various tribal communities and factors this into its planning process. The Council tries to exercise cultural sensitivity in how it plans projects. It also looks at employment effects and economic synergy between possible projects and existing economic activities.

Planning

The Tribal Planning Office supports the Tribal Council by providing social and economic development planning services. It works with the Tribal Council, communities, enterprise and program staff, and possible funding agencies. It collects data and information, conducts analyses and evaluations, and tries to “scope out” project possibilities. This return is measured in social, financial, and economic terms. Planners analyze projects in detail to determine their capital budget requirements and to estimate tribal matching and leverage needs. The Tribe tries to “right-size” its projects before it explores sources of leverage or funding. The planning process also looks at project phasing to determine whether the size of a project is too large or too involved to be done in a given year with the resources available. The planning process also evaluates partnership opportunities.

The use of tribal funds for leveraging purposes is a major consideration in the planning process. If the right size of the project is of such scope that the Tribe’s matching share requirement cannot be met, this affects its grant application strategy. Planning also considers the ongoing operations and maintenance costs of projects. If the Tribe lacks the funds to maintain the project, or it cannot obtain related program grants to use the facility, then high operating costs can affect the project’s priority. The tribal planning process is distilled and recorded in its Comprehensive Economic Development Plan. The Tribal Planning Office updates this plan each year.

Projects

Over the period 1997–2003, there were five ICDBG projects funded. For each fiscal year, the funding was \$800,000, with the exception of FY 2003, when the White Mesa Recreation and Senior Center received \$900,000. Table A.6.3 segments the funding by project and year.

Table A.6.3. ICDBG Project Funding

Year	Description	ICDBG Award
2003	White Mesa Recreation/Senior Ctr.	\$900,000
2001	Towaoc Elder Center	\$800,000
2000	Towaoc Recreation Facility White Mesa Education Center White Mesa Water System	\$800,000
1998	Towaoc Head Start Facility	\$800,000
1997	Towaoc Travel Center	\$800,000
Total		\$4,100,000

We describe each project in detail in the following paragraphs.

Towaoc Travel Center

This retail activity has been in continuous operation since its opening in 1995. The facility is located outside the main reservation community, immediately adjacent to Highway 666. The planning for the outlet was based on a study that showed Highway 666 was one of the most popular “alternate” trucking routes between the northwest and Texas. The same study showed that there was no comparable facility within 100 miles of Towaoc in either direction.

Although it is a full-service Travel Center, the facility is heavily oriented toward commercial trucking traffic. The outlet offers gasoline and diesel fuel, plus a wide range of automotive supplies. In addition, it sells a variety of “convenience store” merchandise, and a limited offering of hot foods and beverages. The second story of the facility serves as a rest stop for truckers. This facility includes showers, sleeping rooms, and a lounge area. In the most recent year, the facility was responsible for 15 FTE positions.

Towaoc Head Start Facility

This facility is located in the middle of Towaoc and has accommodations for over 40 enrollees in both early childcare and Head Start programs. Building specifications meet all requirements for federally funded programs.

The building includes space for instructional programs, and there is also an outdoor playground that faces the White Mesa and other large mountain formations surrounding Towaoc. The instructional programs at the facility put a heavy emphasis on Ute cultural traditions. This facility has operated at virtual capacity since its opening.

White Education Center and White Mesa Water System

These two major improvements for the White Mesa Utah community on the reservation were funded through a FY 2000 grant. One was a water storage and pumping system that provided direct water connections to the homes of the White Mesa community for the first time.

On the same grant, the Ute Tribe was able to fund the construction of a childcare/Head Start facility in White Mesa. As with the Towaoc facility, the building specifications meet all requirements for federally funded programs. The instructional aspects of the

programs at the center focus heavily on the Tribe's cultural traditions. This facility has been operating at capacity since its opening.

Towaoc Recreation facility

A portion of the FY 2000 grant that funded the White Mesa Education Center and the White Mesa Water system also funded a remodeling of the Towaoc Recreation Facility. This facility, originally built in the 1960s, includes a regulation-size basketball gymnasium, swimming pool, exercise room, and game rooms. The facility serves as the focus of recreational activities for the entire community of Towaoc. (Some Tribal government staff members come to the gymnasium during lunch breaks to jog.)

The ICDBG funding was used to make necessary "rehab" of floors and fixtures, and to bring the facility into compliance with current fire and safety codes.

Towaoc Elder Center

Initially, the primary purpose for this structure was to support programs for tribal elders. These programs included the seniors' meals program and a variety of craft and social programs for the community's senior citizens.

The center is, however, now one of the Tribe's major resources for maintaining its cultural traditions. The large picture window of the main room of the center opens onto a vista of the White Mesa, the holy mountain of the Ute mountain people. The facility is decorated by local artists with murals that depict the traditions and religious beliefs of the people. Many of the seniors are producing paintings, drawings, and artifacts using traditional Ute themes and designs. The tribal government maintains permanent full-time staff at the center to coordinate the variety of programs that use the facility.

White Mesa Recreation/Senior Center

Currently under development, this project will replace two inadequate and out-of-date structures at White Mesa. Senior programs at White Mesa are currently housed in what is essentially a modified trailer structure. Similarly, the current recreation center is located in a modified barn-like structure. The completion of this project will represent a significant improvement in the quality of services available to the White Mesa community.

A.6.3 Project Impacts

Economic Impacts

Since the 1988 Colorado Ute Water Settlement Act, the Tribe has invested \$22.8 million and leveraged an additional \$23.2 million to develop \$46 million in reservation projects. For each dollar invested, the Tribe has been able to leverage another dollar of funding. The majority of tribal and federal funds, however, have been directed at fulfilling the requirements of the Colorado Ute Water Settlement Act. As a result, significant construction and development of the Farm and Ranch Enterprise has taken place to use

water stored in the Dolores Irrigation Project. While construction and development of the Farm and Ranch Enterprise—made possible by the increased amount of water now available to the Tribe—created several hundred jobs, no special appropriation of funds was made to deal with its social impacts. For example, these initiatives have led to an acute housing shortage on the reservation, which the Tribe has not been able to address adequately through its IHBG grants and other housing programs.

ICDBG projects have had a major impact on the social viability of the Ute Mountain Ute Tribe. None of the funded ICDBG projects could have been built with tribal funds alone. The entire development of the tribal economy might have failed without ICDBG support of economic and social development projects. No other source of funding offered the flexibility that the Ute Mountain Ute Tribe needed to develop infrastructure needed to support ongoing economic enterprise development and the expansion of tribal services.



Figure A.35. Previous Elder Center

Social Impacts

The Tribe lacked infrastructure and community facilities to support social, health, education, and housing needs. The reservation was characterized by inadequate or nonexistent housing, community facilities, water, sewer, utilities, and roads. Economic progress cannot be made if investments in basic, necessary infrastructure are missing.

The ICDBG activities promoted the expansion of tribal program services. Social and public investments were needed in the facilities for education, Head Start and child care, elder assisted living, community services, and health and recreation for youth. There is a new Travel Center, water system, and planned improvements to the recreation center and elder care facility. The contrast between the two images here tells the story.

Figure A.35 shows the previous Elder Center at Ute Mountain. Its dilapidated condition bears witness to the poverty of the community, which could not provide better facilities for their Elders. While we do not have a picture of the new Towaoc Elder Center, Figure A.14 shows the new Community Center the Tribe was able to construct using leveraged ICDBG grant funds. In the White Mesa Recreation/Senior Center, the Tribe will be able to offer a place for the people to meet and hold community activities and can provide recreational facilities for young and old. With the construction of the Towaoc Education Center, there will be enriched educational offerings to the children. A better water supply means improved health and less stressful living conditions for families, while the income

generated by the Travel Center and the local jobs it provides will directly support the community.

The development associated with the Tribe's heavy reliance on ICDBG grants has been particularly effective in enabling the Tribe to become the largest employer in Montezuma County in Colorado. Tribal representatives are now "major players" in county planning projects. Children from both the Towaoc and White Mesa communities attend "off reservation" public schools, and discussions with tribal representatives indicate that the Tribe is working more closely with local school officials to ensure that Ute students are not automatically tracked into remedial or special education classes.

The Tribe is also engaged in a joint effort with the Utah Chapter of the Navajo Nation and a non-profit to construct a hospital clinic in Blanding, Utah. Construction of this facility will significantly increase the quality of care available to both in the White Mesa Ute community and the Navajo community of southeastern Utah.

A.7 Cherokee, Oklahoma



Figure A.36 Cherokee Community Center in Use

This report presents the findings of a site visit conducted at the Cherokee Nation in March 2005. Table A.7.1 summarizes Econometrica’s estimates of the outcomes achieved by the Cherokee Nation’s ICDBG projects for each of the evaluation measures applied to the case studies.

Table A.7.1. Cherokee: Overall ICDBG Project Outcomes

Measure	Impact Values				Not Applicable
	Major	Significant	Measurable	Indeterminate	
Leveraging	◆				
Partnering	◆				
Collateral Investment		◆			
Community Involvement	◆				
Improvement in Economic Conditions		◆			

A.7.1 Community Context

Oklahoma has the second highest number of American Indians in the country. In 2003, the State estimated the number of resident Indians at 395,219 individuals. Only California had a higher Indian population at 627,562. Oklahoma also has the second highest

concentration of Native Americans in the nation—11.4 percent of the state's population—topped only by Alaska at 19 percent of that state's population.

According to the 2000 census, the Cherokee Nation has the largest population (104,482) of all tribes in the United States. The Cherokee Nation has used the ICDBG program extensively for total awards exceeding \$3 million. The Cherokee Nation is worthy of in-depth examination, because of its heavy participation in the program and sizeable populations.

The Cherokee Nation is located in northeastern Oklahoma in the foothills of the Ozark Mountains. Ever since the tragic Trail of Tears in the 1830s, this area has been Cherokee homeland and Tahlequah has been its capital. The Cherokee Nation owns land, including land held in trust by the federal government. Businesses located on trust land are exempt from ad-valorem taxes and inventory taxes on goods held for resale and otherwise in stock. In Adair County, the Cherokee Nation has created an industrial park, a certified Federal HUBZone, and a state Enterprise Zone. The industrial park is located on trust land, minutes from I-40. Today, there are two businesses located in the park: Facet International and Cherokee Nation Food Distribution. The Nation also owns 700 acres of undeveloped land in Sequoyah County that has direct access to I-40 and the McClellan-Kerr Navigational System, the country's most inland, all-weather waterway. The Cherokee Nation intends to develop the site into a port and industrial park.

Oklahoma counties with large numbers of Cherokee residents experience slightly higher unemployment, when compared to the state. Further, poverty rates for these same counties average 5 percent higher than the state average. Despite recent and dramatic decreases in Temporary Assistance to Needy Families in Cherokee areas, food assistance and distribution programs increased from 72 percent in FY 2000 to 132 percent, when compared to the state participation rate.

The relatively low incidence of unemployment and high incidence of poverty is a reflection of the predominance of low wages and seasonal work in agriculture and construction in rural Oklahoma. This duality also reflects the strong work ethic among most Cherokees, despite the hardships caused by low wages and incomes.

According to the Oklahoma Department of Health, residents of counties within the Cherokee Nation suffer from higher rates of teen pregnancy, low birth weights, fewer children with immunizations by the age of 2, lack of fluoridated water, poverty, lower median and per capita incomes, and higher rates of poverty and child abuse.

Table A.7.2 Cherokee Demographic Profile

Variable	2000 Census Data
Total population	277,862
Percent family households	70.2%
Owner occupied housing units	73.2%
High school graduation rate	34.8%
Percent in labor force	64.5%
Percent unemployed	5.1%
Median household income	\$32,221
Percentage families in poverty	15.2%
Housing units lacking complete kitchen facilities	1.1%
Housing units lacking telephone service	7.5%
Housing units with more than 1.5 persons per room	1.6%

A.7.2 Planning and Projects

Planning

Cherokee Nation: Community-based, Self-Help Planning and Development

In July 2002, the Cherokee Nation released its *Economic Development Plan* identifying the strengths, weaknesses, opportunities, and threats associated with tribal growth, prosperity, and progress. The plan details an economic and community development strategy designed to generate prosperity and strengthen the Cherokee identity and culture. The plan presents a *Declaration of Designed Purpose* as a vision statement complete with guiding principles that are intended to benefit the Cherokee Nation and its members for the next 100 years. The Plan defines three primary areas for business formation and expansion: leveraged business opportunities, tourism, and environmental conservation. The plan provides a “business filtering” process to ensure that business development and expansion adhere to the Tribe’s long-term priorities.

The plan is rooted in Cherokee traditions and beliefs. The central theme can be summarized by a phrase in the Cherokee language: *Ga Du Gi*. This phrase translates broadly as follows: *Working together as individuals, families, and communities for a quality of life for this and future generations by promoting confidence, the tribal culture, and an effective sovereign government*. The Plan’s description of the tribal workforce reflects this long-held belief as follows.

Historically, Cherokee people hold a deep fondness for, and commitment to, their fellow Cherokees, and prefer to work in a Cherokee-centered environment. There is a deep pool of untapped abilities and energy among the Cherokee people, many of whom are currently under-employed. The tribal government has the ability to access rural communities and reach the un- and under-employed labor force.

Projects

The Cherokee Nation used ICDBG funds for public facilities and infrastructure. The ICDBG award total was \$3,000,000, with \$1,232,965 in leveraged funds. The total cost for the projects was \$4,232,965. Table A.7.3 shows the breakdown by activity.

Table A.7.3. ICDBG Project Funding

Activity	Fiscal Year	ICDBG Award	Leveraged Funds	Leveraged Funds Sources	Total	Project Status
Micro-enterprise Program	2004	\$750,000	\$267,000	Tribe	\$1,067,000	In Progress
Public Facilities: 8 Community Centers	2001	\$750,000	\$527,503	Tribe, Donated Labor	\$1,227,503	Completed
Infrastructure: Waterline Extension	2000	\$750,000	\$188,462	Tribe	\$938,462	Completed
Public Facility: Food Distribution Building	1998	\$750,000	\$250,000	Tribe	\$1,000,000	Completed
Total		\$3,000,000	\$1,232,965		\$4,232,965	

At this time, all the construction projects have been completed; the Micro-enterprise Program is ongoing.

A.7.3 Project Impacts

Economic Impacts

While not required to do so in the ICDBG program, applicants who secure leveraged funding commitments receive additional points during review. As a result, most ICDBG projects involve leveraged funds. Leveraged funding sources can include the applicant and any other entity willing to pledge financial support for the project. Table A.7.4 illustrates the amount and percentage of leveraged funds associated with all Cherokee ICDBG projects.

Table A.7.4. ICDBG Leveraged Funding

ICDBG Project	Total Leveraged Funding*	Total Leveraged Funding Percentage
Micro-enterprise Program	\$267,000	25%
Public Facilities: 8 Community Centers	\$527,503	43%
Infrastructure: Waterline Extension	\$188,462	20%
Public Facility: Food Distribution Building	\$250,000	25%
Total	\$1,232,965	29%

*Includes Cherokee contributions

Economic Viability Measures

One of the most reliable and measurable indicators of the outcomes of ICDBG projects is the employment opportunities generated during the construction and operational phases. When combined with Indian employment data, job creation data indicate the extent to which the ICDBG projects stimulate the local economy, increase employee incomes, and generate positive economic spillover in the form of collateral investments. Table A.7.5 provides the numbers for job creation among Cherokee tribal members.

Table A.7.5. ICDBG Job Creation

ICDBG Activity	Construction Jobs		Operations Jobs		Total Jobs Created	
	Indians Employed	Non-Indians Employed	Indians Employed	Non-Indians Employed	Indians Employed	Non-Indians Employed
Micro-enterprise Program	N/A	N/A	Goal: 50	N/A	Goal: 50	N/A
Public Facilities: 8 Community Centers	16	5	16	0	32	5
Infrastructure: Waterline Extension	12	3	N/A	N/A	12	3
Public Facility: Food Distribution Building	38	19	14	0	52	19
Subtotal	66	27	30	0	96	27
Total ICDBG Jobs Created					123	

Since FY 1998, the Cherokee Nation has implemented 4 ICDBG projects, with a combined total cost of \$4,232,965 in ICDBG and leveraged funds. In total, these projects generated 123 construction and permanent jobs. Not included in this total are the planned 50 jobs to be created through the Micro-enterprise Program that began operations in July 2005.

Further, these projects created 96 construction and permanent jobs for Indians representing 78 percent of all new jobs. The data clearly document that ICDBG investments have a measurable and positive impact on the Cherokee economy and that Indians have benefited directly through additional job opportunities.

Social Impacts

Volunteer Labor in Project Planning, Construction, and Operation

Ga Du Gi: working together. This phrase embodies the Cherokee spirit of community involvement and volunteerism for the betterment of all people. In the early 1980s, the Cherokee Nation launched its first self-help project to demonstrate the benefits of *Ga Du Gi*. With funding from HUD, community volunteers planned and developed a 16-mile waterline, rehabilitated 25 dilapidated houses, and built 20 new energy-efficient houses.

In FY 2001, the Nation's Community Services Division sought to apply this same successful self-help concept to planning, developing, and operating ICDBG-funded multipurpose community centers. The Division identified eight rural and isolated

communities where existing facilities were in substandard condition, and those communities that lacked any community facility. The Division worked with established community organizations and their leadership in each of these eight communities to explain the purpose of the ICDBG program, its requirements, and the amount of potential funding available. Each community organization was charged with developing a plan for the new community center, identifying needed services and providers, and drafting a construction and operating budget.

In FY 2001, the Tribe submitted its application and received a \$750,000 ICDBG award to construct eight community centers to deliver essential services and house community meetings, dinners, funerals, ceremonies, and other public events. The Tribe leveraged the award with \$250,000 of its own funding to create a total budget of \$1,000,000.

People of all ages, abilities, and backgrounds contributed to the community facility planning process, including youth. For example, to encourage meaningful youth involvement, the Community Services Division asked each community organization to form a committee composed only of youth, who would decide what types of recreation programs and equipment were most desired. At each site a youth committee was given a modest budget, \$5,000, to purchase the desired recreation equipment. The youth met frequently and quickly realized how little the budgeted amount would actually buy. Eventually, it became clear that the youth would not be able to purchase all the recreation equipment they desired. In the spirit of working together—Ga Du Gi—the youth realized that their parents could make and donate items such as swing sets and other playground equipment. Soon, televisions, sports equipment, games, and otherwise expensive items were being donated by the parents at the urging of their children. Figure A.37 shows a young volunteer at work during the building of the Community Center.

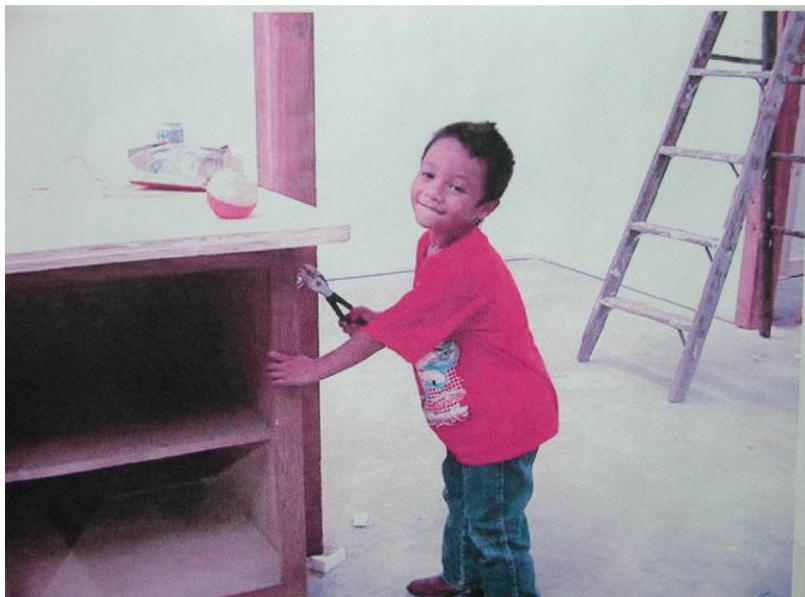


Figure A.37. Cherokee Community Center under Construction

Table A.7.6 lists the projects and details the outcomes from each project.

Table A.7.6. ICDBG Project Outputs and Outcomes

Outputs	Outcomes
Micro-enterprise Program	Planned outcomes: <ul style="list-style-type: none"> • Increased business formation • Increased employment • Increased household income and self-sufficiency
Public Facilities: 8 Community Centers	<ul style="list-style-type: none"> • Improved access to tribal and community services • Increased employment • Increased tribal knowledge • Increased community involvement, cohesiveness and volunteerism
Infrastructure: Waterline Extension	<ul style="list-style-type: none"> • Increased access to clean water • Increased health and welfare • Improved housing conditions • Increased community involvement, cohesiveness and volunteerism
Public Facility: Food Distribution Building	<ul style="list-style-type: none"> • Improved efficiency of food distribution • Improved access to USDA commodities • Improved nutritional education • Improved health • Increased employment

Members of the community, Cherokee and non-Cherokee alike, volunteered their time and labor to build the eight community centers. Table A.7.7 illustrates the number of volunteer hours donated to each project and the value of this donated labor. It is through this self-help, community-volunteer approach that the Community Services Division was able to stretch its ICDBG award and spread the benefits to eight isolated communities, as a direct result of the 21,000 donated hours.

Table A.7.7. Volunteer Labor in Community Center Projects: Volume and Value

Community	Total Number of Volunteer Hours	Total Number of Volunteers	Total Value of Volunteer Labor (@\$15 per hour)
Drycreek	3,742	33	\$56,130
Greasy	4,169	38	\$62,542
Bell	3,452	33	\$53,130
Four Corners	2,642	28	\$39,630
Marble City	3,146	22	\$47,190
Cherokee Outlet	2,412	26	\$36,180
Chewey	901	12	\$13,515
Rockyford	824	14	\$12,360
Total	21,288	206	\$320,677

Each community center is constructed with steel frame and siding on a cement pad. It was up to each community to determine the interior space layout. Generally, each center provides space for a large, modern kitchen; offices for service delivery; computer labs, large common areas for multiple uses; restrooms; and storage space. The buildings are

strictly utilitarian in their design and lack windows, saving considerable money in materials and energy use.

The completed buildings are being used today for tribal meetings; Cherokee language and culture classes; community gatherings; hot lunch programs for elders; and a variety of programs for families, youth, and children. Each established community organization is responsible for the ongoing maintenance and operation of the facility. The Cherokee Nation maintains insurance on all eight structures.

The construction of the eight community centers has enabled Cherokees and non-Cherokees to learn a great deal about land and title issues, federal and tribal laws, environmental protection laws, construction, fundraising, and budgeting. They also learned about the benefits of Ga Du Gi—working together.

Indirect Outcomes of ICDBG Projects

One of the most significant indirect outcomes of the ICDBG projects is the ability of the Community Services Department to serve more communities using the self-help approach. The ICDBG projects demonstrated to tribal officials that self-help is a viable and valuable approach to building communities and community building. As a result, the Cherokee Nation has allocated its own funds for the construction of additional community centers, recreation facilities, and waterlines. The Executive Director of the Community Services Division maintains that this new tribal funding is an indirect outcome of the ICDBG program and its accomplishments in the Cherokee Nation.

A.8 Chickasaw, Oklahoma



Figure A 38. Bedré Chocolates Factory

This report presents the findings of a site visit conducted at the Chickasaw Nation in March 2005. Table A.8.1 summarizes Econometrica’s estimates of the outcomes achieved by the Chickasaw Nation’s ICDBG projects for each of the evaluation measures applied to the case studies.

Table A.8.1. Chickasaw: Overall ICDBG Project Outcomes

Measure	Impact Values				Not Applicable
	Major	Significant	Measurable	Indeterminate	
Leveraging	◆				
Partnering	◆				
Collateral Investment		◆			
Community Involvement		◆			
Improvement in Economic Conditions	◆				

As noted in the introduction to the preceding section, Oklahoma has one of the highest concentrations of Native American Indians in the country (395,219 people), second only to California with 627,562. The Chickasaw Nation has a substantial presence in Oklahoma, with a population of 32,372. The Chickasaw Nation has used the ICDBG program extensively for total awards exceeding \$6 million. Like the Cherokee Nation, the Chickasaw Nation participates extensively in the program. Its large size and active use of ICDBG funding are the focus of this discussion.

A.8.1 Community Context

The Chickasaw Nation has jurisdictional authority in 13 Oklahoma counties encompassing approximately 7,500 square miles. The official capital of the Chickasaw Nation is Ada, Oklahoma, located in Pontotoc County in the southeastern portion of the State. According to the 2000 census, the city's population is 15,691, 10 percent of which is Native American. For the state, the census counted 32,372 people who are either full or part-Chickasaw.

The Nation owns gaming facilities, a bank, theaters, schools, a radio station, smoke shops, travel plazas, hotels, restaurants, a hospital (Carl Albert Memorial), health clinics, land, and investments. According to its FY 2003 financial statement, the Nation has more than \$149 million in assets, not including the Bureau of Indian Affairs Trust Fund holdings on the Nation's behalf.

Unemployment and poverty among the Chickasaw are relatively low in comparison with those in other Indian nations and Alaska. The 2000 census counted 10,034 people over the age of 16 in the labor force. Of this number, 6.4 percent were unemployed. Of 5,427 families, 14.2 percent live below the federal poverty level. Median household income is \$33,644, and per capita income is \$16,266. Approximately 7 percent of the Chickasaws receive public assistance.

Table A.8.2 Chickasaw Demographic Profile

Variable	2000 Census Data
Total population	21,098
Percent family households	71.8%
Owner occupied housing units	74.2%
High school graduation rate	82.3%
Percent in labor force	66.7%
Percent unemployed	4.3%
Median household income	\$33,644
Percentage families in poverty	14.2%
Housing units lacking complete kitchen facilities	1.9%
Housing units lacking telephone service	7.4%
Housing units with more than 1.5 persons per room	2.2%

The largest employment sectors are management, professional, and related occupations in which 23 percent of the Chickasaws work. Nearly one in four of working Chickasaws work in sales and office operations.

A.8.2 Planning and Projects

Planning

The Chickasaw Nation has relied on the ICDBG program to diversify its economic base, generate increased employment opportunities, and create new revenue streams for the benefit of Chickasaws and their neighbors. Of the nine ICDBG projects implemented since FY 1994, four projects were designed as purely economic development initiatives. This high rate of economic development activity within the ICDBG program is rare in Indian Country and Alaska.

Projects

Chickasaw Nation: Diversified Economic Development

The types of ICDBG activities funded were economic development, public facilities, and infrastructure. ICDBG awards totaled \$6,025,000 in FY 1994–1995. Table A.8.3 provides a breakdown of the projects and their funding amounts.

Table A.8.3. ICDBG Project Funding

Activity	Fiscal Year	ICDBG Award
Public Facility: Community Center	2003	\$800,000
Public Facility: Wellness Center	2002	\$750,000
Public Facility: Diabetes Care Center	2001	\$750,000
Economic Development: Bedré Chocolates Factory	2000	\$750,000
Economic Development	1999	\$750,000
Economic Development: Travel Stop	1998	\$750,000
Economic Development: Travel Stop	1997	\$750,000
Imminent Threat: Facility Replacement	1996	\$350,000
Records Destroyed (Oklahoma City Bombing)	1994	\$375,000
Total		\$6,025,000

One of the most impressive ICDBG-funded economic development activities is the construction of a new 17,800-square-foot chocolate factory and retail store that is entirely owned and operated by Chickasaw Enterprises—a division of the Chickasaw Nation. The Bedré Chocolates factory, located in Paul's Valley, Oklahoma, is the largest chocolate manufacturer in the state. Today, the factory employs 43 people. Sales revenues for 2005 are expected to exceed \$1,500,000. Figure A.38 at the beginning of this report section provides a photograph showing the factory's front entrance.

In June 2000, the Chickasaw Nation purchased the 10-year-old business as part of its plan for economic development diversification. The original business was formed by Pete Cantrell in a small facility, with few workers and limited automation. The Nation secured \$750,000 in ICDBG funding and provided its own leveraged funding of \$485,000, for a total construction budget of \$1,235,000. This is detailed in Table A.8.4.

The Chickasaws also have used ICDBG grants to construct several major healthcare facilities in Ada, Oklahoma. One is a comprehensive Diabetes Treatment Center, which is attached to the large IHS health facility in Ada. The Diabetes Treatment Center provides diagnostic and treatment services at no charge to tribal members. A unique feature of the Center is that it offers services addressing some of the major medical complications associated with diabetes, including a podiatry service that designs footwear that can alleviate many of the circulatory problems associated with advanced stages of diabetes. The Center also provides eye examinations and medical referrals for patients whose eyesight has been affected by diabetes.

The Nation has also constructed a large “wellness” facility in Ada. This facility includes both a fitness center and a nutrition center. The fitness center contains a full range of exercise equipment, with trainers and instructors available to develop individual training regimens. This portion of the facility also has an indoor walking track designed to offer a training routine targeted to preventing the onset of serious diabetic complications in senior citizens.

The nutrition center is a large instructional complex that has more than 10 stove and food preparation surfaces. For members of the Nation, this center offers classes on good nutrition (particularly relating to individuals with diabetes), as well as classes in traditional Chickasaw cuisine. The nutrition facility is also used to provide cooking and nutrition classes for the community at large, including instruction in the preparation of gourmet dishes.

The Wellness Center has been a particularly effective vehicle for building linkages between the Nation and the surrounding community. Members of the local community may purchase memberships to the fitness center, in addition to the many offerings available to the general public at the nutrition center. Within a year of opening, the Wellness Center had to double the size of its parking lot. The Wellness Center is a highly visible sign of the ways in which the Nation’s community investments are benefiting the broader community as well.

Table A.8.4. ICDBG Leveraged Funding

Activity	Leveraged Funds Sources	Leveraged Funding Percentage
Economic Development: Bedré Chocolates Factory	Tribe (\$165,000) Bank Loan (\$250,000) In-kind Labor (\$10,000)	39

The expanded chocolate facility enabled the Nation to increase the production of high-end, European-style chocolates, and provide employment for 43 people. The product line includes the popular favorite, High Dollar Chips (chocolate-covered potato chips), as well as Kilties (butterscotch and chocolate-covered pecans), Caramel Pecan Clusters, and chocolate-covered peanuts, called Oklahoma Rocks. Bedré also produces a full line of candies with almonds, cashews, walnuts, and Brazil nuts. The factory also is famous for its White Cloud: popped popcorn covered with a fine layer of white chocolate.

The management deliberately sited the new facility at an exit for I-35 and near an airport—a location convenient to customers and wholesale buyers. The new factory opened in July 2003. Figure A.39 shows Governor Anoatubby cutting the ribbon at the grand opening ceremony of Bedré Chocolates on July 2, 2003.



Figure A.39. Grand Opening of Bedré Chocolates, July 2, 2003



Figure A.40. Bedré High Dollar Chips in Production

The facility is suitable for future expansion, which is a likely prospect. Since its opening, sales revenues have quadrupled, and warehouse space occasionally reaches capacity. Figure A.40, left, is a photograph taken inside the factory, showing an employee at work making High Dollar Chips.

A.8.3 Project Impacts

Economic Impacts

One of the most reliable and measurable indicators of the outcomes of ICDBG projects is employment opportunities generated. Job creation data indicate the extent to which the ICDBG projects stimulate the local economy, increase employee incomes, and generate positive economic spillover in the form of collateral investments. Table A.8.5 details the positive outcomes for the ICDBG chocolate factory project.

Table A.8.5. ICDBG Project Outputs and Outcomes

Outputs	Outcomes
Economic Development: Bedré Chocolates Factory	<ul style="list-style-type: none"> • Diversification of economic base • Substantial new revenues for the Nation • Employment of 43 people • Quadrupling of sales revenues • Expanded and new sales markets • Capacity for facility expansion

Increased Employment

Prior to acquisition by the Chickasaws, the chocolate factory employed 15 people. As a result of the facility's expansion, a total of 43 new jobs were created, 16 percent of which are held by American Indians. An Indian-owned general contractor built the facility; however, the employment data are not available. See Table A.8.6 below for the number of people employed.

Table A.8.6. ICDBG Job Creation

ICDBG Activity	Construction Jobs		Operations Jobs		Total Jobs Created	
	Indians Employed	Non-Indians Employed	Indians Employed	Non-Indians Employed	Indians Employed	Non-Indians Employed
Economic Development: Bedré Chocolates Factory	Indian-owned General Contractor	N/A	7	36	7	36
Total Jobs Created					43	

Increased Capacity and Revenues

The original factory was located in an old elementary school complex. Corporate offices were in one building, the gymnasium provided warehouse space, and another building housed the actual production. The new facility is substantially larger at 17,800 square feet. It is equipped with state-of-the-art candy-making machines from Denmark. All operations are located in one facility, and there is room on the site for future expansion. In its first year of operation (2003), the Bedré Chocolates Factory generated over \$450,000 in sales revenues. In 2004, the company produced over \$1 million in sales. This year, sales receipts are expected to exceed \$1.5 million.

Governor Anoatubby of the Chickasaw Nation explained the benefits of the expanded chocolates factory during the facility's dedication ceremony:

This new facility will help us enlarge our market share by expanding our capacity and product line for customers from Honolulu to New York. Beyond that, we are confident the viewing gallery and retail store will be a very popular attraction for tourists and other Interstate travelers.

Social Impacts

The acquisition, expansion, and operation of the Bedré Chocolates factory represent a significant component of the Chickasaw Nation's effort to diversify its robust economic base. As a purely economic development project, its primary purpose was not to generate positive social impacts. Instead, the chocolate factory project was designed to have economic impacts, namely diversifying the Nation's business interests and generating revenues for the Nation, while offering employment opportunities during the construction and operation phases.

The project achieved its goal of job creation by hiring 43 employees to operate the facility and by generating over \$1 million in sales revenues last year. Employee income constitutes a positive social impact on the employee's household—a social impact that is multiplied when those earnings are spent in the community. Also, the annual revenues generated by the factory enable the Nation to invest those proceeds in other Chickasaw ventures, some of which may be intended to have measurable social impacts.

A.9 Pueblo of Zuni, New Mexico



Figure A.41. Zuni Head Start and Community Center

This report summarizes the findings of a site visit conducted at the Pueblo of Zuni in March 2005. Table A.9.1 summarizes Econometrica’s estimates of the outcomes achieved by the Pueblo of Zuni’s ICDBG grants for each of the evaluation measures applied to the case studies.

Table A.9.1. Zuni: Overall ICDBG Project Outcomes

Measure	Impact Values				
	Major	Significant	Measurable	Indeterminate	Not Applicable
Leveraging	◆				
Partnering	◆				
Collateral Investment		◆			
Community Involvement	◆				
Improvement in Economic Conditions					◆

The Pueblo of Zuni is located in rural McKinley, Valencia, and Cibola Counties, New Mexico, where the Zuni and their ancestors have resided for well over 2,000 years. The current pueblo is situated on the old village site of *Halona:wa*, part of the 1689 Spanish land grant. The Zuni Reservation was established in 1877, and today consists of 636 square miles of high desert country—less than 3 percent of the pueblo’s ancestral lands. Despite the return of *Kol’luwalla:wa* (Zuni Heaven) (the most sacred site to the people) to the reservation land base in 1984, the lack of developable land constrains the creation of housing, economic, and community development projects.

A.9.1 Community Context

According to the 2000 census, there are 9,691 enrolled Zuni tribal members; most reside in the pueblo and nearby housing subdivisions. The Zuni economic base consists largely of cottage industries specializing in traditional and contemporary arts and crafts, especially world-renowned pottery, jewelry, and basketry. There are four main employers: the Zuni Tribal Government, the Bureau of Indian Affairs, the IHS, and the Zuni Public School District. Additional sources of employment and income include tribal government, fire-fighting, ranching, truck farming, and jobs in nearby Gallup, New Mexico and Flagstaff, Arizona. Due to the pueblo's diminished land base and high desert conditions, farming and ranching are minimal.

Table A.9.2 Zuni Demographic Profile

Variable	2000 Census Data
Total population	9,311
Percent family households	86.6%
Owner occupied housing units	76.4%
High school graduation rate	67.8%
Percent in labor force	55.6%
Percent unemployed	11.8%
Median household income	\$22,075
Percentage families in poverty	41.7%
Housing units lacking complete kitchen facilities	2.8%
Housing units lacking telephone service	17.3%
Housing units with more than 1.5 persons per room	10.2%

The pueblo's government offices, housing, and commercial facilities are centered near the ancient plaza, and subdivisions of single-family housing have been developed on nearby parcels. The Black Rock community is the largest. Traditional stone and adobe housing still exists, and with the advent of IHBG and ICDBG the Pueblo government has been rehabilitating these older structures while building new stone and adobe homes, as well as contemporary housing designs and materials. Zuni housing, economic, and community development needs mirror those of other pueblos—the lack of or substandard condition of water and sewer infrastructure severely limits development. The Pueblo government currently is engaged in water rights litigation to ensure access to badly needed water supplies.

The social cohesiveness and geographic isolation of the pueblo have enabled the people to retain their original, core homelands; culture, spiritual beliefs, and ceremonies; and the Zuni language, which is unlike any other pueblo or American Indian language. Today, almost all Zunis are bi-lingual: Zuni is spoken at home and among the people, and English is spoken in the “outside” world. In 1980, the Zuni established one of the first Indian-controlled public school districts in the nation, and the only such district in New Mexico. The creation of the Zuni Public School District represented the result of a 14-year community-wide effort to determine and shape Zuni public school curricula. Today, the district is a national model of community-based education. The school district places

heavy emphasis on teaching the Zuni ways, language, culture, and traditions from Head Start through high school. The Zuni Head Start program has been in operation for the past 40 years, since the inception of the federal program. The University of New Mexico maintains a satellite campus at Zuni, evidence of the pueblo's commitment to and success in delivering high-quality, Zuni-focused education.

A.9.2 ICDBG Planning and Projects

The Zuni government has relied on the ICDBG program to address the basic human needs of the people and to establish the necessary infrastructure for housing and community development. Since FY 1994, the pueblo has received eight ICDBG grants totaling \$9,809,441 to install water infrastructure, rehabilitate housing, and build public facilities.

Planning

While the Zuni have implemented numerous ICDBG projects, this case study focuses on one ICDBG-funded project: Zuni Head Start and Community Center, pictured in Figure A.42. We selected this project for three reasons. First, as a combined Head Start and Community Center, the facility is designed to serve people of all ages – ensuring significant outcomes to the entire Pueblo. Second, the new facility has had an immediate and significant impact on Zuni children and their families due to the number of children enrolled, the quality of the facility, and its culturally-relevant programming. Third, the new facility represents a vast improvement in size and quality since the previous facility was a small and seriously substandard former jail complex. Table A.9.3 summarizes project funding amounts and sources.

Table A.9.3. ICDBG Project Funding

Activity	Fiscal Year	ICDBG Award	Leveraged Funds	Leveraged Funds Sources	Total
Public Facility: Head Start Building	2000	\$2,000,000	\$1,153,596	Tribe (\$258,810) Head Start (\$738,320) State (\$150,000) HAL/JMC (\$6,466)	\$3,103,596

In the late 1990s, the pueblo government and many parents realized that the existing 85-year-old Head Start facility was outmoded, substandard in condition, inaccessible to persons with disabilities, and in persistent violation of Federal Head Start Bureau standards for indoor and outdoor space requirements. The Bureau requires that facilities provide a minimum of 35 square feet per child for interior spaces and 75 square feet per child for outdoor spaces. The old Head Start facility was only 12,699 square feet—too small to comply with these requirements and on a site too small for facility expansion.

Projects

In 2000, the Zuni dedicated their entire ICDBG award to develop a new, state-of-the-art Head Start facility and community center. The completed facility is 25,621 square feet in size—double that of its predecessor—and provides ample space for Head Start programs and administration, recreation, and public gatherings of all types. The facility is located near the old village and is convenient to the people. The structure is modern in design and features ample natural lighting and dramatic views of Corn Mountain, one of the most sacred and historic sites for the Zuni.

One design element deserves elaboration, because it reflects the facility's respect for children. Every standard-sized interior and exterior door is matched with a smaller door that is suitable only for children. Many adults insisted on these smaller doors, because they acknowledge the physical stature of the young ones and help to define the entire facility as child-friendly and child-centered. The current Head Start Director, Cathy Romancito, stated that the smaller doors have had a profound and positive impact on the children and their families. The facility is a special place that fits their needs developmentally and physically.



Figure A.42. Zuni Head Start Playground

Today, the Head Start facility has 153 enrolled students between the ages of 4 and 5 years; almost all (90 percent) are Zuni. The vast majority of children come from families with low or moderate incomes, and 16 percent of the students have physical disabilities, including severe disabilities. Figure A.42 shows children at play at the facility's playground.

The Head Start program is operated by a staff of 34 people, 91 percent of whom are Zuni. Staff positions include administrative, teaching, and custodial personnel, and a significant number of

community volunteers. The Head Start program places emphasis on learning the Zuni language and culture. Since most children speak Zuni as their primary language, the Head Start program builds on that ability before teaching the English language. This approach has proven highly effective. The programming also reflects the No Child Left Behind requirements by stressing cognitive development and preparing children for kindergarten examinations. Additional areas of instruction include emotional, behavioral, physical, social, and spiritual development.

The federal Head Start program requires local Head Start programs to generate 20 percent of their annual operating cost. Each year, the Zuni Head Start program exceeds this requirement through volunteer labor donated by parents, family members, and friends. Volunteers assist with virtually all Head Start operations, including program administration, instruction, maintenance, and physical upgrades. Last year, the value of this donated labor reached \$140,000, well above the required minimum 20 percent.

In September 2005, representatives of the federal Head Start Bureau conducted a site visit of the Zuni Head Start facility and issued no findings of non-compliance. This is a significant improvement over prior years, when the Bureau would consistently issue findings pertaining to facility conditions and size. Because of the new ICDBG-funded facility, the Zuni program has been in compliance with all federal Head Start requirements.



Figure A.43. Head Start Teachers in Action

A.9.3 Project Impacts

The Zuni Head Start and Community Center has had an immediate and significant impact on the quality of early education for Zuni children and their families. The new facility is a vast improvement in the quality and size of the physical plant and grounds. Doubling the facility's size enabled the Head Start program to enroll all eligible children and to be in compliance with federal Head Start space requirements. Classroom, recreation, and common areas are fully accessible and can amply accommodate a variety of learning and socializing activities. The high-quality construction material and designs—especially the children's doors—attract children and their families, so that the facility is in use all day, every day. Figure A.43 shows teachers preparing materials for Head Start students.

Economic Impacts

A good measure of program impact is the number of jobs created during the operation of ICDBG-funded facilities. Table A.9.4 shows that 31 Zuni workers benefited directly by operating the Head Start and Community Center.

Table A.9.4. ICDBG Job Creation

ICDBG Activity	Construction Jobs		Operations Jobs		Total Jobs Created	
	Indians Employed	Non-Indians Employed	Indians Employed	Non-Indians Employed	Indians Employed	Non-Indians Employed
Head Start Building	39	31	31	3	70	34

The number of Zuni employed in building the facility was more than double the number of non-Indians. This figure shows the direct benefit to the families in the community.

Social Impacts

The Head Start Director holds that because the program relies so heavily on community volunteers for generating 20 percent of its annual operating budget, community members have high respect for the program and the facility. According to the Executive Director, there is virtually no vandalism to the property. As a result, repair and maintenance costs are minimal and of a routine nature—generating considerable savings to the program. The coordination of the Head Start program with the Zuni Public School District has enabled all the Head Start participants to enter kindergarten successfully. Parents and families realize the beneficial impacts of the new facility. Of the 498 community members who volunteered their labor last year, 76 percent were parents and grandparents of Head Start children. This high degree of volunteer and community support is clear evidence that the Zuni Head Start facility, program, and staff play a significant role in improving the quality of public education for children, including those for whom English is a second language and those with severe disabilities. Figure A.44 shows a child playing outside the Head Start Facility, mountains in the background.

The Head Start Executive Director sums up the impact of the new facility: “We are very happy that children like the new facility compared to the old building. The parents are happy, too.”



Figure A.44. Zuni Pueblo: Head Start Playground

A.10 Pueblo of Pojoaque, New Mexico



Figure A.46. Pueblo of Pojoaque Community Wellness Center

This report presents the findings of a site visit conducted at the Pueblo of Pojoaque in March 2005. Table A.10.1 summarizes Econometrica’s estimates of the outcomes achieved by the Pueblo of Pojoaque’s ICDBG projects for each of the evaluation measures applied to the case studies.

Table A.10.1. Pojoaque: Overall ICDBG Project Outcomes

Measure	Impact Values				
	Major	Significant	Measurable	Indeterminate	Not Applicable
Leveraging	◆				
Partnering		◆			
Collateral Investment	◆				
Community Involvement	◆				
Improvement in Economic Conditions	◆				

A.10.1 Community Context

The Pueblo of Pojoaque is located approximately 10 miles outside downtown Santa Fe, New Mexico. The Pueblo lands are located directly on the main development corridor between Santa Fe and Los Alamos. This corridor has experienced explosive growth in the last 20 years, including housing and retail development. On the corridor, Pojoaque is located between two other of the 19 Pueblo communities, Tesuque and San Idelfonso.

Table A.10.2 Pojoaque Demographic Profile

Variable	2000 Census Data
Total population	209
Percent family households	61.4%
Owner occupied housing units	75.7%
High school graduation rate	78.2%
Percent in labor force	48.6%
Percent unemployed	0.0%
Median household income	\$22,917
Percentage families in poverty	33.3%
Housing units lacking complete kitchen facilities	7.1%
Housing units lacking telephone service	11.8%
Housing units with more than 1.5 persons per room	3.5%

In 2005, the Pueblo has a current registered membership of 375 people. A high proportion of the enrolled membership lives off Pueblo lands. Most of the members, however, live in the Santa Fe area.

The distinctive feature of present-day Pojoaque is the explosive economic development on Pueblo lands in the last 20 years. In mid-2005, the Pueblo was in the midst of construction of several large market-rate apartment complexes on Pueblo lands. In addition, the Pueblo has constructed a large “strip mall” that contains major retail outlets catering, not only to the general Santa Fe population, but also to the large number of tourists who visit the area. Pojoaque recently opened a golf resort adjacent to the casino.

Pueblo-constituted entities manage the economic activities of the Pueblo. These entities, which operate essentially as independent cost centers, include a casino/resort group, a retail group, and a construction department.

The economic initiatives have enabled the Pueblo to provide a broad safety net for members of their community. The Pueblo is able to offer full-time employment to any enrolled member seeking a job. In addition, funds available to the Pueblo have enabled them to significantly upgrade the quality of community services. For example, Pojoaque High School is now rated one of the top secondary schools in the region and attracts non-Indian students from Los Alamos and other surrounding communities.

A.10.2 ICDBG Planning and Projects

Planning

The ICDBG planning process at Pojoaque has been highly centralized in the Pueblo Governor’s office and within the Pueblo’s small administrative staff. Members of the community have been regularly informed about planning decisions, but the impetus for using the ICDBG program and the decision as to which projects to apply for clearly came from the Governor’s office.

Prior to 2004, the same Governor had been in office for nearly 20 years at the Pueblo. This stability had allowed the Pueblo to implement step-by-step a strategic plan that was first developed in the late 1980s. In the last several years, the Pueblo has expanded its planning process to include consultation with some of the neighboring pueblos. In these planning discussions, Pojoaque has sought input on community needs among the local pueblos, and on their likely use of Pojoaque facilities. Input from these neighboring pueblos has materially affected the design of several of Pojoaque's ICDBG-funded facilities, including its Wellness Center, Vocational Training Center, and Job Training Center.

Projects

Community Wellness Center, Phases I and II

Built with two successive ICDBG grants, the Community Wellness Center serves as a combined fitness and healthcare center for the community. The main structure is a large fitness complex that is the equal in quality to private-sector fitness clubs in the Santa Fe/Los Alamos region. The facility includes a regulation-size gymnasium, a fully equipped exercise room, and a swimming pool complete with electronic timing devices for sanctioned competitive swim meets. The Center has full-time staff who can serve as individual trainers; staff members also coordinate special programs for the Pojoaque community and surrounding pueblos. For example, several of the local pueblos send children to the Center for swimming classes. Special exercise and swimming classes are also available for community elders.

All fitness services are free to members of the Pueblo of Pojoaque. Nominal fees are charged to members of neighboring pueblos. For the general public, memberships to the fitness center are available at commercial rates comparable to those at other fitness centers in the region.

Adjacent to the fitness center is a healthcare facility. This facility provides testing and some clinical services related to medical conditions of special concern to the Native American community, including adult diabetes. In addition, the center also offers a number of treatments and therapies based on traditional Pueblo practices. All services at this center are free to members of the Pueblo.

Boys and Girls Club and Library

The Pueblo has used ICDBG funds to construct two facilities providing resources targeted to the Pueblo's youth. One facility houses the Boys and Girls Club. This is a very active program. The facility houses a multi-media room, a computer center, and a game room.



Figure A. 47. Boys and Girls Club

Special programs and trips are arranged for members of the club. Among the programs offered is a course on video documentary, in which members of the club script and edit documentaries on life at the Pueblo.



Figure A.48. Pueblo Library

An adjacent facility houses the Pueblo's library. This facility has approximately 4,000 volumes relating to the tradition of the Pueblo and Native American history, and culture in general. In addition, this facility is used for classes in Pueblo cultural traditions, including classes in the traditional language.

Pojoaque Elder Center

Recently completed, this structure houses the Pueblo's programs for elders, including the senior citizens' hot meals program. This facility includes a fully equipped kitchen

and rooms for classes. It schedules visits by health professionals. Services provided in this facility are free to all members of the Pueblo, as well as to members of neighboring pueblos.

Residential Community Center

As part of a housing development for members of the Pueblo community, Pojoaque used ICDBG funds to construct a Community Center. The housing development was several miles away from the center of the Pueblo. There were no public facilities in this "suburban type" residential area constructed with Pueblo housing funds.

Adjacent to a small park, the Community Center has storage space for sports and other related recreational equipment. The center also has a small kitchen facility, which residents can use for picnics and traditional types of communal meals.

This facility is generally reserved for the use of the local community members, although it can be made available to outside groups with prior notification.

Pojoaque Vocational Training Center

With some involvement of ICDBG funds, Pojoaque has constructed and now operates a Native American Vocational Training Center. The main objective of this center is to train local artists in the fabrication of traditional Pueblo and Southwest Indian arts and crafts. The focus is on techniques for pottery, silver work, and jewelry. By the end of their course work at the Center, students are expected to be able to produce saleable commercial products in the highly competitive commercial market for Southwest Indian wares.

In addition to instruction in design and production, students also receive guidance on how to develop a business strategy for selling and promoting their goods. A store attached to the Center sells products made by students taking classes, with virtually all the proceeds going to the student artists. Current students serve as managers of the store's operation.

Technically, there is an open enrollment policy at the Center, but because of demand, virtually all students in recent years have been Native American. Most of the students come from other pueblos and reservations in New Mexico and are not members of the Pueblo of Pojoaque.

Pojoaque Cultural Center

With some involvement of ICDBG funds, the Pueblo of Pojoaque is now completing construction of its Cultural Center. This facility houses documentation and instructional material about all the pueblo peoples. The Center is intended not simply as a resource for the Pueblo, but also as a major cultural attraction in the Santa Fe/Los Alamos area.

The major attraction of the Center will be a series of historical dioramas that describe the arrival of the pueblo people in the Southwest and the evolution of their culture and architecture over time. The Center will also house displays on pueblo traditions in cooking, pottery, and jewelry.

Pojoaque Industrial Park and Computer Learning Center

Pojoaque has used an ICDBG grant to construct an "industrial park" facility adjacent to the main road leading from the Pueblo to Los Alamos. The industrial park currently houses the one structure constructed with ICDBG funds. The Pueblo's long-term objective is to attract "spin-offs" from the high-tech industry in Los Alamos into the industrial park. Currently, the ICDBG facility houses two entities. One is a private-sector satellite communication firm.

The other part of the structure houses a computer learning and training center operated by the Pueblo. This facility has focused on improving the computer literacy of the Pueblo membership. Thanks to grants from the Gates Foundation, nearly all Pueblo homes now have computers and access to the Internet. Free classes at the Learning Center provide instruction in the use and maintenance of computers to Pueblo members at no cost.

This facility now focuses on training for entry-level positions requiring programming or computer maintenance skills. These classes are offered on a fee basis and are open to the general public.

A.10.3 Project Impacts

Table A.10.3 depicts the Pueblo's ICDBG projects funded and their current status.

Table A.10.3 ICDBG Project Funding

Activity	Fiscal Year	ICDBG Award	Project Status
Public Facility: Infrastructure	2002	\$170,000	Completed
Housing Rehabilitation	2002	\$297,500	Completed
Public Services	2002	\$82,500	Completed
Public Facility: Community Center	2001	\$550,000	Completed
Public Facility: Wellness Center Phase II	2000	\$550,000	Completed
Total		\$1,650,000	

All of the projects undertaken during the period FY 2000–FY 2002 have been completed at this time.

Economic Impacts

As mentioned above, the Pueblo of Pojoaque has been extremely successful in managing its several commercial enterprises. It is primarily these entities that allow the Pueblo to guarantee a job to any member seeking full-time employment.

The Pueblo's ICDBG projects have also provided direct economic benefits to the community, primarily in the form of jobs given to members of other pueblo communities. This direct benefit includes jobs created during the construction phase of the projects. As might be expected, the Pueblo has a strong preference for hiring Native Americans. The programs operated in Pojoaque have served as a mini job creation vocational engine for the entire Native American community north of Albuquerque, particularly the Pueblos of Jemez and Santa Clara.

In addition, the Pueblo's Vocational Training Center serves as a major resource for the entire Northern New Mexico community. Economic benefits derived from that Center extend far beyond the Pueblo of Pojoaque.

Social Impacts

The programs and services made available in the ICDBG-funded facilities provide a direct social benefit to the people of the Pueblo of Pojoaque. These services are also offered at nominal rates to members of nearby pueblos. Although this is a region possessing a significant social service and healthcare infrastructure, the services offered in these facilities are culturally sensitive and inexpensive. In addition, low-income members and other Native Americans do not have to deal with the bureaucratic red tape associated with state-run programs for low-income individuals.

The main social impact of the Pojoaque facilities, however, lies not in the services offered, but in the strengthening of community bonds. Because of its small size and location in the Santa Fe/Los Alamos corridor, Pojoaque was in danger of ceasing to be a truly Native American community. (This nearly happened at the Pueblo of Nambe.) The community development efforts that have featured the ICDBG-funded facilities have truly made Pojoaque a community. This is apparent not only in improved social and economic conditions, but also in the position Pojoaque now holds in regional community planning. The Pueblo of Pojoaque is now a major “player” in decisions affecting the entire Santa Fe/Los Alamos region.

Appendix B—ICDBG Consensus Session Report

ICDBG Consensus Session

Albuquerque, New Mexico

March 29–30, 2005

Consensus Summary

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ECONOMETRICA, INC.

Summary

Introduction

This document summarizes the consensus positions arrived at by participants at the Indian Community Development Block Grant (ICDBG) Consensus Session held in Albuquerque, New Mexico on March 29 and 30, 2005. The purpose of the consensus session was to obtain expert opinion on ways to approach the evaluation of the ICDBG program that Econometrica, Inc. has conducted for HUD's Office of Native American Programs (ONAP). Participants included tribal representatives from the six ONAP regions, consultants/experts with first-hand experience in tribal community development efforts, ONAP staff, and members of the Econometrica project team. Brief biographies of the participants appear in the Appendix.

The suggestions and recommendations presented in this report are transcriptions of flipchart documentation developed by participants during the session. Participants developed this documentation in response to three task assignments, as follows:

- Task 1. Identify the barriers/challenges the Econometrica project team faces as it designs the ICDBG evaluation. Recommend both short-term and long-term strategies to address these challenges/barriers.
- Task 2. Recommend measures that are most appropriate to indicate the actual impact of ICDBG grants on tribal communities. Identify reliable and available data sources that may have quantifiable data related to the measures. Suggest outline/template for the case study component of the evaluation.
- Task 3. Building on a consensus of eight measures identified in Task 2. Identify possible indicators for each measure.

The flipchart work products developed for each of these task assignments are presented below.

TASK 1: IDENTIFY CHALLENGES/BARRIERS AND SHORT- AND LONG-TERM STRATEGIES

CHALLENGES FACING THE ICDBG EVALUATION TEAM

- Hard numbers limit the viewpoint. They do not tell the whole story of all outcomes related to projects.
- Focusing on final outcomes and hard numbers often does not capture all project impacts that may set the stage for future development. For example, infrastructure (setting the stage) is needed before job creation (final outcome) occurs.
- Outside contributing factors that may affect a project are often not considered.
- Projects need to meet/create conditions for long-term viability through long-term planning, not just address existing (short-term) measures.
- Outcomes do not occur immediately.
- Funded grants address only part of a given need.
- Outputs can be measured; outcomes are difficult to measure.
- Varying scope, size, and term of grants.
- Turnover in staff and leadership at tribes.
- Varying size of tribes.
- Regional division of grant funds (differing number of tribes in different regions).
- Varying capacities of tribes.
- Variety of types of projects.
- Shift in Notice of Funding Availability (NOFA) priorities between Fiscal Years (FY) 1999 and FY 2001.
- Geographic distribution of grant awardees.
- Determining the beneficiaries of grants.
- The sovereignty of tribal governments.

SHORT-TERM STRATEGIES

- Restructure NOFA to make more user-friendly and improve information flow.
- Obtain information on best practices.
- Obtain data on percentage of ICDBG funds in large projects.
- Focus case studies on before/after pictures.
- In NOFAs, have applicants provide narrative descriptions of projects.
- Conduct a survey of all tribes.
- Obtain photos and narratives with hard numbers on ICDBG projects.
- Conduct an in-depth survey of a few very successful projects.
- Award points in FY 2006 NOFA for tribes that respond to the survey.
- Use existing bi-annual and close-out reports to obtain additional data. Use modified format: Part numeric (quantitative, fill-in-the-blank) and a narrative section.

LONG-TERM STRATEGIES

- Have tribes employ the logic model.
- Have tribes develop long-term community strategic plan and measure performance against those goals (a system similar to USDA Champion Community benchmark system).
- Establish two-part closeout process: 1) 269a, Agreement, outputs 2) Audit closeout, with outcomes data.
- Have tribes lose points on applications for unclosed previous grants.
- Develop web-based project descriptions with indicators of performance and description of best practices.
- Set requirement in the NOFA for description of outcome measures.

TASK 2: RECOMMENDATIONS FOR MEASURES OF IMPACT, QUANTIFIABLE DATA SOURCES, AND TEMPLATES FOR CASE STUDIES

RECOMMENDED MEASURES

Group A

- Number of jobs created
- Number of contracts awarded to minor business enterprises (MBEs)
- Number of families served (potable water, sewer, fire protection, healthcare)
- Number of families living in decent housing
- Number of families in over-crowded housing
- Number of families with access to locally available goods and services
- Increase in number of individuals with access to employment training
- Amount of leverage obtained for grants
- Increase in the number of housing units that meet or exceed Section 8 or locally adopted housing standards
- Increased access to early child care facilities
- Increase in the number of people participating in activities to strengthen tribal culture
- Number of senior citizens provided with services
- Access to libraries
- Access to after-school activities.

Group B

Recommended macro-measure: How did the project enhance long-term community viability?

Recommended specific measures:

- Participation rate
- Amount of leveraging and partnering
- Sponsorship (leadership) support
- Number of jobs created
- Capacity building
- Increased access to goods and services.

Group C

Recommended macro-measure: Enhance tribal communities by promoting community development, contribute to community sustainability, and expand tribal community capacity (systems, processes, governance).

Recommended specific measures:

- Collateral investments
- Amount of leveraging
- Level of community involvement
- Capacity strengthening, both organizational and physical
- Development of social capital
- Alignment with other state/local/federal agencies
- Partnering.

QUANTIFIABLE DATA SOURCES

- Amount of dollars leveraged
- Number of customers
- Post-project collateral investments data (for example, new economic entities or community programs) from grant administrators
- Data from tribal department heads
- Data from economic development agencies
- Client questionnaire data and/or sign-in sheets
- Housing Inventory statistical data (U.S. Bureau of Census)
- Logic models (can be used in the future)
- HHS Head Start and Day Care Bureau.

TEMPLATES/QUESTIONS FOR CASE STUDIES

Template 1

Structure case study around two core questions:

- What did the community and/or participants gain by participation? Leveraging? Leadership?
- How do these gains position them for future development?

Template 2

- I. Introduction
 - Tribal history, government
 - Culture
 - Demographics
 - Natural Resources
 - Location
- II. Description of ICDBG grant award(s)
- III. Type and amount of leveraged resources
- IV. Community planning process/involvement
- V. Consultation/partnering
- VI. Output both short-term and long-term
- VII. Outcomes, both short-term and long-term (including projections)

Template 3

Structure case study around before/after views from stakeholders

Stakeholders to interview:

- Beneficiaries of program or services
- Employees of developing entity
- Official of tribe
- Representative of community entity
- City/county representatives.

Ask what, where, how questions on:

- Services (for example, products, activities)
- Programs (for example, number of employees, budget).

Recommended questions for case studies:

- Does the project/program align with one or more identified goals or objectives of a federal or state agency? If so, please identify.
- Has the program or project resulted in, encouraged, or enabled collateral investments by public agencies or private enterprise?

TASK 3: LIST OF CONSENSUS MEASURES WITH SUGGESTED INDICATORS

RECOMMENDED MACRO MEASURE: ICDBG grants should be measured by their ability to enhance the economic and social viability of Tribal communities.

SPECIFIC MEASURES

IMPROVED ECONOMIC CONDITIONS

- Increased availability of child care
- Enhanced transportation system
- Enhanced access to telecommunications systems
- Improvements in roads and other infrastructure
- Increase in MBE contracts
- Creation of both short- and long-term jobs
- Enhanced availability of job training programs
- Number of new businesses created

COMMUNITY INVOLVEMENT

- Number of volunteers for programs
- Total number of volunteer hours
- Number of people visiting construction sites
- Number of youth/elders participating in programs
- Number of individuals attending public meetings
- Number of people attending planning sessions
- Number of 501 (c) 3 nonprofit agencies established
- Number of local councils established
- Number of foundation grants awarded
- Level of council participation

PARTNERING (Establishing the number of active and on-going partners)

- Alaska Village Corporations
- Tribally Designated Housing Entities
- Interagency coordination
- Regional nonprofit corporations
- Local community partners such as libraries, schools, etc.
- Number of federal partners
- Tribal partners
- Regional partners (for example, planning commissions)
- Faith-based partners

LEVERAGING (including data not in NOFA or ICDBG administrative reports)

- Amount of donated labor
- Amount of tribal funds
- Amount of state funds
- Other Federal funding
- Foundation funds
- In-kind administration support
- Loan of equipment
- Indirect community support (for example, food)

ENHANCING SOCIAL CAPITAL

- Increase in number of high school/college graduates
- Decrease in school absences
- Decrease in school drop-out rates

ALIGNMENT WITH OTHER AGENCY OBJECTIVES

- No Child Left Behind
- Healthy People 2010
- NTIA/FCC
- State/regional/national Native organizations
- Substance Abuse and Mental Health Services Administration
- Bureau of Indian Affairs
- Centers for Disease Control
- Economic Development Administration
- Indian Health Service
- Community Reinvestment Act
- Environmental Protection Agency
- Indian Housing Block Grant
- Administration goals

CAPACITY STRENGTHENING (organizational and physical)

- New/improved policies/procedures
- Increase in number of employees
- Decrease in turnover
- Increased use of Geographic Information Systems and Information Technology
- Increase in square footage of categories of structures
- Increased level of infrastructure (for example, roads and sewers)
- New ordinances
- Increased level of coordination with other entities
- Reduction in audit findings
- Increased levels of community leadership
- Strengthening collateral activities and investments

COLLATERAL INVESTMENT

- Number of new jobs in community
- Increase level of community dollar capture
- Availability of new services
- Public infrastructure improvements
- Availability of new programs
- Unanticipated startup of new businesses

ALTERNATE TASK 3 LIST AND GROUPING OF MEASURES

ECONOMIC VIABILITY

- Income data
- Unemployment data
- Percentage of households in poverty
- Changes in training opportunities
- Changes in number of businesses
- Changes in education levels
- TANF data
- Increase in physical infrastructure

SOCIAL VIABILITY

- Crime data
- Drug use data
- Health indicators
- Domestic violence/divorce data
- Elderly services data
- Truancy rates
- Juvenile delinquency cases
- Day care services
- Child well-being index

COMMUNITY INVOLVEMENT

- Number of people attending meetings
- Number of people participating in project activities
- Number of people in voluntary activities (looking after children, cooking meals, and so forth)

Brief Biographies of Consensus Session Participants

Alaska

Jennifer Harrison

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Jennifer Harrison has been working for tribes in Alaska on planning and developing community projects since 1996. She gained experience with ICDBG between 1999 and 2003 when she worked as the Tribal Grants Administrator for Chugachmiut, a Native nonprofit regional organization. She successfully planned and wrote the ICDBG applications to fund a community center in Valdez, a project to improve water supply and sewers in Port Graham, and a community building in Nanwalek. Valdez is on the road system, but Port Graham and Nanwalek are off the road system and are accessible only by boat or airplane.

Since 2001, Ms. Harrison has worked part-time as a consultant for the Native American Management Services. For a few weeks out of the year, she teaches tribes throughout Alaska how to apply for grants from the Administration for Native Americans (ANA). Most of these grant writing workshops are held in rural Alaska, giving her the opportunity to travel all over Alaska and assist tribes in developing social, governance, economic development, language, and environmental projects.

Currently, she is the Finance/Operations Manager for Chickaloon Village Traditional Council. Chickaloon Village is located along the Glenn Highway in Alaska. She is responsible for the financial and day-to-day operations. Ms. Harrison oversees 37 employees in five departments including health and social services, housing, accounting/administration, education and culture, and environmental protection. Given her past successes in planning and writing grants, Mrs. Harrison also teaches the Department Directors how to improve their grant writing skills, and she reviews all the Tribe's grants prior to submission.

In summary, Jennifer Harrison has over 9 years of experience in planning, obtaining funding, and implementing tribal projects in Alaska. She has assisted tribes in successfully developing projects from Barrow to Juneau.

Mark Springer

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Mark Springer is Director of Grant Development for the Yukon-Kuskokwim Health Corporation in Bethel, Alaska. A 29-year resident of rural Alaska, Mr. Springer has written and managed a variety of Indian Community Development Block Grants for economic development and community facilities projects. These projects include the Emmonak Tribal Council Value-added Fish-processing Facility and the Joseph V. Paniyak Memorial Building in Chevak, Alaska. Mr. Springer has supervised preparation of several ICDBG applications for primary care health clinics in YKHC villages.

Northwest**Laurie Mattson**

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Laurie Mattson has worked for the Port Gamble S'Klallam Tribe since 1976. For the last 5 years she has worked as Associate Director in tribal administration. One of her job duties has been to coordinate the House of Knowledge project, a \$5 million complex of four integrated buildings, including a Longhouse, a Career and Education Center, a new Library, and a Tribal Elder Center. In December, 2004 the Career and Education Center (ICDBG-funded) was completed, along with the Longhouse.

Immediately prior to this position, Ms. Mattson was project coordinator for construction of a \$445,000 Tribal Health Clinic, also funded by HUD. The project was very successful in achieving its projected timeline, budget goals, and all aspects of contract management.

In an earlier position with the Tribe, Laurie worked as the HHS Director and successfully administered the construction contract for a four-chair, state-of-the art, new dental wing funded by the IHS, as well as smaller construction and remodeling work to health facilities. She also assisted the Tribe in using HUD ICDBG funds to remodel its Tribal Center, so that the facility can be used as an emergency shelter in the event of a natural or other disaster.

Lynn Scroggins

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For over 25 years, Lynn Scroggins has worked in urban Indian centers, inter-tribal organizations, and tribal communities. Most recently she has worked as a planner with the Nisqually Tribe (6 years) and the South Puget Intertribal Planning Agency (1 year). She is currently with the Squaxin Island Tribe as a planner (over 7 years), working in a wide variety of community developmental areas.

Ms. Scroggins has written or assisted with numerous ICDBG applications and facilitated the funded projects to successful completion, including the Squaxin Island Child Development Center (completed FY 2003), Squaxin Intertribal Professional Center (under construction, to be completed in FY 2005), Squaxin Museum Library and Research Center (completed 2001), and the Squaxin Fire Station (to be completed in FY 2005–06). She attributes her project success to an MPA from the Evergreen State College in 1996, an information systems background, family support, and a great Squaxin Planning Team led by Director Brian Thompson. The team focused on building internal and external partnerships that promote effective use of resources in keeping with the Tribe's top goals and priorities.

Northern Plains

Barbara Stiff Arm

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Barbara Stiff Arm currently serves as Senior Staff Writer for RJS & Associates, Inc. (RJS), a for-profit American Indian consulting firm located on the Rocky Boys Indian Reservation in Montana. Ms. Stiff Arm has an extensive background in the application of the administrative, environmental, and project-specific requirements in the implementation of ICDBG projects. She served as the Block Grant Administrator for the Fort Belknap Community Council from 1982 until 1999. Ms. Stiff Arm has written and administered numerous ICDBG housing rehabilitation, community facilities, public services, and economic development projects. She has maintained a working knowledge of ICDBG regulations and has provided technical assistance to several tribes in the implementation of their projects over the past 5 years.

Judi Meyer

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Ms. Meyer is Executive Director of Ho-Chunk Community Development Corporation, a 501(c)(3) nonprofit serving the Winnebago Tribe of Nebraska. Since the organization's inception in December 2000, Judi has received two ICDBG grant awards, one in the infrastructure category and one in the economic development category. Both grants were used in the Ho-Chunk Village subdivision project. The initial infrastructure project has since spurred the construction of four commercial buildings and eight single-family housing units. (Two of the commercial buildings are now under construction using ICDBG funds matched with other sources.) Two additional commercial buildings, one civic building, and a 24-unit apartment complex are in the planning stages.

Eastern Woodlands

Dave Danz

Tribal Planning Director
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Mr. Danz is the Planning Director for the Bois Forte Band of Chippewa in Northern Minnesota. His career as a tribal planner spans 27 years. His direct ICDBG experience includes work in which he performed the following:

- Administered the only 3-year comprehensive ICDBG program within the HUD Chicago Region Office of Indian Programs.
- Wrote and subsequently administered, successfully awarded ICDBG applications every year (with the exception of one denial) since the inception of the program.
- Wrote and administered the first ICDBG Imminent Threat grant project in the nation to address the issue of mold abatement.
- Conducted training to Eastern/Woodlands ONAP on the impact of the ICDBG program to the Bois Forte Band of Chippewa over a 10-year period.
- Used the ICDBG program to leverage millions of dollars in other Federal, State, Tribal, foundation and private sources of financing.

John McCrady

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Mr. McCrady is the president of McCrady & Associates, a consulting firm formed in 1986 to provide planning and development services designed to enhance the development capacity of units of government, nonprofit community development organizations, and small businesses. Services to American Indian tribes and nonprofit organizations have been a major focus of his work. They have included working hand-in-hand with clients to conduct feasibility studies, business and marketing plans, fund-raising and project financing, economic analyses and development plans, environmental impact assessments and mitigation plans, strategic plans, and project management. Mr. McCrady has helped American Indian tribes and organizations secure grants and loans from ANA, BIA, EDA, HUD, OCS, Rural Development, state agencies, private lenders and foundations, and others. Projects developed with his assistance have strengthened tribal environments, economies, and governance systems, and have resulted in the creation of new jobs for Native Americans. These projects have included shopping centers, casinos, sawmills, and reservation water and sewer systems, as well as business loans programs, job creation and training programs, and other projects aimed at developing local economies.

Mr. McCrady is a frequent grant reviewer for the administration for Native Americans. He previously served as managing partner and vice president of several consulting engineering firms, and was employed by county, regional and State planning, health and environmental agencies in Minnesota and Colorado. In addition to his professional activities, He also contributes his services to a number of nonprofit organizations in the U.S. and in Haiti. Mr. McCrady has a B.S. degree in environmental studies and planning from Minnesota State University–Mankato.

Southern Plains

Wayne Scribner

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Mr. Scribner has dedicated his 23-year career to serving the tribal citizens and the Chickasaw Nation. He has served as the division administrator of the Chickasaw Nation Division of Housing and Tribal Development since 1999. Mr. Scribner began with the Chickasaw Nation in 1982 on a field construction crew. Since that time, he has served as the Section Head of the Rehabilitation Department, Housing Manager, Housing Management Section Head and

Director of Housing Management. In 1998, he became the Chief Operating Officer before being appointed to the position of Division Administrator.

The Division of Housing and Tribal Development is responsible for administering the Tribe's ICDBG program because of the history, understanding, and relationship with the Department of Housing and Urban Development. The Chickasaw Nation received its first grant award from the Community Development Block Grant program in 1993, and to date has received funding for eight projects.

Mr. Scribner's current memberships and professional affiliations include:

Executive Board member of Southern Plains Indian Housing Association, Alternate to Governor Anoatubby for NAHASDA Formula Negotiated Rulemaking Committee, Region IV Board Member for AMERIND Risk Management Corporation, participation on various other local community and state advisory panels.

Linda Robins

Housing Development Services Dir.
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Ms. Robins is the Director of Development Services for the Chickasaw Nation Division of Housing and Tribal Development and has worked in the housing field for a number of years. This department has been monitoring and overseeing the development of our homeownership under the '37 Housing Act and NAHASDA. During her tenure, construction administration of ICDBG projects was transferred to Housing, and a Diabetes Center has been completed. The Department has also begun assisting in preparing the grant application and is already preparing to submit a new application. Currently, Tribal Development is building a wellness center and is working with an architect to design a robotic pharmacy refill center. The Nation has used ICDBG to furnish community centers, economic development endeavors, and restoration projects.

Marvin Jones

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Mr. Jones is Executive Director of Community Services at the Cherokee Nation. Community Services employs more than 100 staff members and manages an annual budget of nearly \$40 million for infrastructure (roads, sanitation facilities, construction and engineering, and environmental health), community development (ICDBG projects, VISTA/Americorps/Compassion Capital, tribally funded community work projects), youth

community leadership, and housing (including coordination, compliance, LBP abatement, self-help housing, planning, and handicapped accessibility).

Mr. Jones has worked with ICDBG since about 1983, beginning with the Cherokee Nation's original self-help ICDBG waterline project and the "Jobs Bill" project. He has written and administered several ICDBGs throughout the years for various tribes and a variety of activities that include waterlines, community facilities, and economic development. He recently closed-out two ICDBG grants: one for a waterline, and another for community facilities. With a single ICDBG grant, the Nation was able to build eight community facilities by using a substantial self-help labor component.

Southwest

Andrew Othole

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Mr. Othole is the Director of the Office of Planning and Development and an enrolled member of the Zuni Tribe. He is a former Lieutenant Governor, Zuni Tribal Council (94–98). Mr. Othole is a graduate of the Economic Development Program from Western New Mexico University, and has recently completed the Certified Managers Program, USDA Graduate School, George Washington University.

Mr. Othole has worked with ICDBG since 1999. He has assisted on, written, and administered a number of ICDBG projects, including water infrastructure, community facilities, and housing renovation. He has successfully closed out two ICDBG grants, has one open ICDBG project (Adult Day Care Facility). He is currently working on the administrative closeout for the Head Start Facility. The Pueblo has successfully closed out a total of nine projects.

Edmund Gonzales, P. E.

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Mr. Gonzalez is the founder of ELG Engineering, a 100 percent Indian-owned business operating on the San Ildefonso Pueblo reservation. ELG Engineering specializes in providing professional services to local governments, tribes, private corporations, and Federal and State entities. ELG provides professional services in the areas of engineering, planning, project

management, technical services, infrastructure development (water/wastewater resource planning, and transportation planning. ELG have provided infrastructure planning services on various HUD housing developments. Mr. Gonzalez has served as Lt. Governor of the Pueblo and other tribal council positions in prior administrations.

Ted Jojola, Ph. D.

Regents' Professor
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Dr. Jojola has been at the University of New Mexico since 1980. For the first two years, he was Acting Director of the Native American Studies Program; then in 1982 he became its Director until 1996. From 1982–1996, he held a joint position with the Masters Program in Community and Regional Planning (MCRP). Shortly after he transferred full-time into MCRP, he attained the rank of Full Professor.

Dr. Jojola has published numerous articles and book chapters and has conducted extensive research in various issues related to tribal community development. He is highly regarded as one of the foremost lecturers in contemporary tribal issues. Dr. Jojola is the only Native American in the nation who holds the rank of Professor of Planning at a major university.

The breadth of his interests includes indigenous planning, Indian stereotyping in film and media, cultural aspects of technology, human settlements, and U.S. federal/Indian relationships. He has served on numerous federal, state, and local boards. Among Dr. Jojola's major accomplishments has been creating a degree program in Native American Studies at the University of New Mexico and advising the U.S. Census Bureau on data needs for American Indians and Alaska Natives. Currently, he is Chair of the Indigenous Planning Division, the American Planning Association.

Dr. Jojola is the first faculty member in the history of the School of Architecture and Planning to receive a Regents' Professorship. He is currently the Director of the Graduate Program in Community and Regional Planning, School of Architecture and Planning, University of New Mexico.

Appendix C—File Review Data Collection Tool

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ONAP / ICDBG File Review Data Collection Form

page 1

Grant Number: Grantee Name: Region:

Award Information

Award Date: Award Amount:

Needs Categories (check all that apply)

Lack of Public Facilities/Services Substandard Public Facilities/Services Lack of Water/Sewer/Utility Services
 Substandard Water/Sewer/Utility Services Lack of Roads Substandard Roads
 Lack of Housing Substandard Housing Health/Safety Risks
 High Unemployment High Poverty Insufficient Community Involvement/Tribal Knowledge
 Imminent Threat Other

Need Other (Description)

Project Type: 2000-2002 NOFAs (check all that apply)

Housing

Housing Rehabilitation (rehab. and demo) Land to Support New Housing New Housing Construction

Community Facilities

Infrastructure (water, sewer, roads ,streets, storm sewers)
 Buildings (health clinic, daycare center, community center, multi-purpose center)

Economic Development (commercial, industrial, motel/hotel, restaurant, agriculture)

Job Creation and Retention Facilities Funding Land Acquisition MicroEnterprise Assistance Skills Development
 Business Spin-Offs Resident Opportunities NDN Business Development

Project Description

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ONAP / ICDBG File Review Data Collection Form

page 2

Project Specifications --- Initial (complete where applicable)

Public Facility

Facility: New or Expanded? Square Footage of Facility Primary Construction Material
 Acreage Jobs: New or Retained? Number of Jobs

Housing Rehabilitation

Number of Units Jobs: New or Retained? Number of Jobs

Infrastructure

New Water/Sewer/Utility Combination Linear Feet of Water/Sewer/Utility Infrastructure New Wells (#)
 New Residential Connections (#) New Hydrants (#) New Waste Disposal/New Lagoons (#)
 New Sewage Treatment Facility? New Roads (# Miles) Jobs: New or Retained? Number of Jobs

Description (if necessary)

Project Specification(s) --- Actual

Number of Amendments:

Funds and Sources

Leveraged Funds (Projected): Leveraged Sources (Projected):
 Leveraged Funds (Actual): Leveraged Sources (Actual):

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Benefits Type --- Projected (check all that apply)

Increased Availability/Accessibility to Services
 Increased Availability/Accessibility to Decent Housing
 Increased Availability/Accessibility to Safe Water/Sewer/Utilities
 Increased Community Sustainability
 Increased Affordability
 Increased Community Involvement/Tribal Knowledge
 Increased Health/Safety
 Increased Employment
 Increased Efficiency
 Other (Description) or Other Relevant Comments: _____

Benefits Population --- Projected (check all that apply)

Number of Beneficiaries: _____ Percent Beneficiaries below LMI: _____

Beneficiary Type(s)

Children <input type="checkbox"/>	Youth <input type="checkbox"/>	Adults <input type="checkbox"/>	Elders <input type="checkbox"/>
Number: _____	Number: _____	Number: _____	Number: _____
Families <input type="checkbox"/>	Special Needs <input type="checkbox"/>	Other <input type="checkbox"/>	Description (if necessary): _____
Number: _____	Number: _____	Number: _____	

Benefits Type --- Actual _____

Benefits Population --- Actual _____

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Specific Impact Area: _____

Grant Dates

Projected Completion Date: _____ Completed? (Y=check mark)
 Actual Completion Date (if completed): _____ Revised Completion Date (if Active): _____
 Project Closed? (Y=checkmark) Close-out Date if Closed: _____

Total Project Budget: _____

Multi-year Project? (Yes=checkmark) (Original) Grant Number that Current Project/Grant Relates to: _____

Comments/Notes: _____

Grantee Point of Contact: _____

Reviewer: _____

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Appendix D—Telephone Discussion Data Collection Tool

ONAP / ICDBG Telephone Interview Data Collection Form

Grant Information Summary

Grant Number: Grantee Name: Region:

Grant Type: Economic Development

- Job Creation and Retention
- Facilities Funding
- Land Acquisition
- MicroEnterprise Assistance
- Skills Development
- Business Spin-Offs
- Resident Opportunities
- NDN Business Development

Housing

- Housing Rehabilitation (rehab. and demo)
- Land to Support New Housing
- New Housing Construction

Community Facilities

- Infrastructure (water, sewer, roads ,streets, storm sewers)
- Buildings (health clinic, daycare center, community center, multi-purpose center)

Project Description:

Interview Information

Date of Interview:

Tribal Representative:

Title/Position:

Phone Number:

Interviewer:

Econometrica, Inc.

ONAP / ICDBG Telephone Interview Data Collection Form

Public Facility Grant

1. Date tribe used new facility: 3. Completed structure: Actual square footage:

4. Reason why different size:

5. Project design changed? (Yes = Check mark) 6. If yes, why?

8. Being used for all programs? (Yes = Check mark) 9. If no, why?

10. Used for other programs? (Yes - Check mark) 11. If yes, what programs?

12. Provide programs not available before? (Yes = Check mark) 14. If no, programs needed?

13. If yes, what programs?

15. Tribal members employed? (Yes = Check mark) 16. If yes, how many? How long?

17. Number of all currently employed: Number of tribal members: Number of non-tribal members:

18. Apply for other public sector funds? (Yes = Check mark) 19. If yes, what sources?

20. Reason ICDBG was selected:

Econometrica, Inc.

Appendix E—ICDBG Grantee List: FY 2000–FY 2002

ICDBG Grantees, FY 2000–FY 2002

Alaska (33)	Eastern Woodlands (25)
Akiachak Native Community Arctic Village Curyung Diomedea Village Ekuk Village Elim Native Village Grayling Iqurmiut Koliganek Village Kongiganak Kotlik Village Kwinhagak Village Mekoryuk Native Village Nanwalek Native Village of Saint Michael Nenana Native Association Newtok Nightmute Native Village Nikolai Native Village Orutsaramuit Pilot Station Native Village Port Graham Village Scammon Bay Seldovia Village Shageluk Native Village Sleetmute Stevens Native Village Tanacross Village Tatilek Village Tetlin Village Tuluksak Native Village Valdez Venetie Village	Akwesasne Mohawk Nation Aroostook Band of Micmacs Bad River Band of Lake Superior Tribe Bay Mills Indian Community Bois Forte Band of Chippewa Eastern Band of Cherokee Indians Ho-Chunk Nation Keweenaw Bay Indian Community Lac Courte Oreilles Tribe Lac Du Flambeau Little River Band of Ottawa Indians Little Traverse Bay of Odawa Indians Menominee Indian Tribe of Wisconsin Mille Lacs Band of Ojibwe Passamaquoddy-Pleasant Point Penobscot Indian Nation Poarch Band of Creek Indians Red Lake Band of Chippewa Indians Seminole Tribe of Florida Sokaogon Chippewa Tribe St. Regis Mohawk Tribe Stockbridge-Munsee Community Upper Sioux Community of Minnesota Wampanoag Tribe of Gay Head (Acquinnah) White Earth Reservation

ICDBG Grantees, FY 2000–FY 2002 (continued)

Northern Plains (23)	Northwest (25)
Assiniboine & Sioux Tribes of Fort Peck Blackfeet Tribe Cheyenne River Sioux Tribe Chippewa Cree Crow Creek Crow Tribe Eastern Shoshone Tribe Lower Brule Sioux Tribe Northern Arapaho Tribe Northern Cheyenne Tribe NW Band of Shoshoni Nation Oglala Sioux Tribe Ponca Tribe of Nebraska Rosebud Sioux Tribe Salish-Kootenai Tribe Santee Sioux Nation Sisseton Wahpeton Sioux Tribe Standing Rock Sioux Tribe Three Affiliated Tribes of Fort Berthold Turtle Mountain Band of Chippewa Utah Paiute Ute Mountain Ute Tribe Yankton Sioux Tribe Coeur D'Alene Tribe	Colville Confederated Tribes Confederate Tribes of the Warm Springs Confederated Tribes of Siletz Indians Confederated Tribes of the Umatilla Reservation Coos, Lower Umpqua & Siuslaw Coquille Indian Tribe Fort Hall Grand Ronde Tribe Jamestown S'Klallam Tribe Lower Elwha Tribe Lummi Indian Nation Makah Tribe Nez Perce Tribe Nisqually Indian Tribe Port Gamble S'Klallam Tribe Quileute Indian Tribe Quinault Indian Nation Samish Indian Nation Shoalwater Bay Indian Tribe Skokomish Tribe Snoqualmie Tribe Spokane Tribe Squaxin Island Tribe Suquamish Indian Tribe

Southern Plains (30)	
Absentee-Shawnee Tribe Cherokee Nation Cheyenne Arapaho Chickasaw Nation Chitimacha Tribe Choctaw Nation Citizen Potawatomi Nation Comanche Tribe Delaware Tribe Fort Sill Apache Tribe Iowa Tribe of Kansas and Nebraska Iowa Tribe of Oklahoma Kaw Nation Kialegee Tribal Town Kickapoo Tribe of Oklahoma	Miami Tribe Muscogee Creek Nation Osage Nation Otoe Missouri Tribe Ottawa Tribe Pawnee Tribe Ponca Tribe Prairie Band of Potawatomi Sac & Fox Tribe of Oklahoma Seminole Tribe Seneca Cayuga Tribe Thlopthlocco Tunica Biloxi Tribe of LA United Keetowah Band of Cherokees Wichita and Affiliated Tribes

ICDBG Grantees, FY 2000–FY 2002 (continued)

Southwest (68)	
Ak-Chin Indian Community	Pascua Yaqui
Bear River Band of Rohnerville Rancheria	Pauma Band of Mission Indians
Big Valley Band of Pomo Indians	Pinoleville Rancheria of Pomo Indians
Blue Lake Rancheria	Pit River Indian Tribe
Chemehuevi Indian Tribe	Pojoaque Pueblo
Cloverdale Rancheria	Potter Valley Rancheria
Cold Springs Rancheria	Quartz Valley
Colusa Indian Community	Ramona Band of Cahuilla Indians
Cortina Indian Rancheria	Redding Rancheria
Coyote Valley	Redwood Valley Rancheria
Dry Creek Rancheria	Reno-Sparks Indian Colony
Duckwater Shoshone Tribe	Rincon Luiseno Bank of Indians
Ely Shoshone Tribe	Robinson Rancheria
Fort Bidwell Paiute Indian Community	Rohnerville Rancheria
Fort Independence Paiute Indians	Round Valley Indian Tribes
Fort Mojave Indian Tribe	Salt River Pima-Maricopa Indian Community
Gila River Indian Community	San Carlos Apache Tribe
Graton Rancheria	San Pasqual Band of Indians
Habematolel Upper Lake Band of Pomo Indians	Santa Rosa Band of Mission Indians
Havasupai Indian Tribe	Santa Ysabel Band of Diegueno Indians
Hoopa Valley Tribe	Scotts Valley
Hualapai Indian Tribe	Sherwood Valley Band of Pomo Indians
Kaibab Band of Paiute Indians	Shingle Springs Rancheria
Karuk Tribe of California	Smith River Rancheria
La Posta Band of Diagueno Mission Indians	Stewarts Point Rancheria
Las Vegas Paiute Tribe	Timbisha Shoshone Tribe
Lone Pine Paiute-Shoshone Reservation	Torres-Martinez Band of Cahuilla Indians
Los Coyotes Band of Indians	Tule River Reservation
Lytton Rancheria	Walker River Paiute Tribe
Manzanita Band of the Kumeyaay Nation	White Mountain Apache Tribe
Mooretown Rancheria	Yavapai Apache Nation
Nambe Pueblo	Yomba Shoshone Tribe
Navajo Nation	Yurok Tribe
North Fork Rancheria	Zuni Pueblo