Final Report

Evaluation of the Indian Community Development Block Grant Program

Volume I—Summary Results & Observations

Contract No.:
C-OPC-22401

Task Order No. 2

Project No.:
C-0029.208

Submitted To:

U.S. Department of Housing & Urban Development

Office of Native American Programs
1670 Broadway (23rd Floor)
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Submitted By:

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May 2006

ECONOMETRICA, INC.

ECONOMETRICA, INC.

May 5, 2006

Carol Quinlan, Grants Management Specialist
U.S. Department of Housing and Urban Development
Office of Native American Programs
1670 Broadway, 23rd Floor
Denver, Colorado 80202

Reference: Contract No.: C-OPC-22401; Task Order No. 2 (Project No.: C-0029.208)

Dear Ms. Quinlan:

Econometrica is pleased to submit this final report, which evaluates the U.S. Department of Housing and Urban Development's Indian Community Development Block Grant (ICDBG) program. We thank you for the opportunity to collaborate on this important evaluation.

If you wish to discuss any aspect of the attached document, please feel free to contact me at (301) 657-8311.

Sincerely,

Econometrica, Inc.

Cyrus Baghelai
President

Acknowledgements

Econometrica wishes to acknowledge the contributions of the following people who assisted with planning and conducting the ICDBG Evaluation:

ONAP Headquarters

Rodger Boyd, Deputy Assistant Secretary
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Executive Summary

This report provides the findings of an evaluation of the Indian Community Development Block Grant (ICDBG) program conducted on behalf of the U.S. Department of Housing and Urban Development's (HUD) Office of Native American Programs (ONAP). In November 2004, ONAP requested that Econometrica, Inc. conduct this first national evaluation of the ICDBG program.

The evaluation had two objectives: (1) provide HUD with program performance data for policy, planning, and programming purposes; and (2) provide data on the ICDBG program that HUD could submit to the Office of Management and Budget (OMB) as part of that agency's Performance Assessment Rating Tool (PART) process. Of particular relevance to the PART process was obtaining "outcome" data on the ICDBG program—that is, data on the impact of ICDBG projects on enhancing the social and economic viability of Native American and Alaska village communities.

Program Description

The ICDBG program is authorized by Title I of the Housing and Community Development Act of 1974 (42 U.S.C. 5301 *et seq*.). Regulations governing the program are described in 24 CFR Part 1003.

As specified in the regulations, the ICDBG's primary objective is "the development of viable Native American and Alaska Native communities by providing decent housing and a suitable living environment and expanding economic opportunities, principally for persons of low and moderate income." The mechanism for promoting the programmatic objective is a competitive grant process.

All federally recognized Native American communities and Alaska Native villages are eligible to apply for the grants. Projects eligible for the ICDBG program are restricted to community development activities, including housing construction and rehabilitation, land acquisition for housing or economic development, construction of community facilities, installation of community infrastructure (for example, water lines and roads), public services, and economic development projects. With few exceptions, the use of grant funds is focused on the construction of structures or installation of infrastructure. Funds cannot be used to pay for tribal government operations or facilities. On an annual basis, HUD awards 105 to 110 grants out of a budget that, in recent years, has ranged between $65 million and $70 million.

Research Design

The evaluation was designed primarily to measure the "outcomes" of ICDBG expenditures, namely the economic and social impacts of ICDBG-funded activities. The primary methodological issue facing the evaluation team was identifying valid and appropriate

outcome measures for which reliable data could be obtained. As the conceptual framework for the evaluation, the evaluation team adopted a broad measure of impact as derived from the program's authorizing legislation: the "enhancement of the economic and social viability" of Native American and Alaska Native communities. For purposes of data analysis, we utilized more specific outcome measures, including amount of leveraged funding obtained by grantees, enhancement of partnering relationships, level of collateral investments stimulated by ICDBG projects, and level of economic activity in the communities.

Secondarily, the evaluation was designed to identify and document program "outputs"—that is, the specific physical entities paid for by the ICDBG funds (for example, a community center, an extension of a waterline, or housing units rehabilitated). Other types of outputs are jobs created by the construction of a facility and jobs created by an ICDBG-financed economic development initiative.

The evaluation had three primary data collection components:

- *Grant File Review—Program Output Data.* A review of data maintained in ONAP's grant files for all ICDBG awards issued from Fiscal Year (FY) 2000 through FY 2002 (313 grants).

- *Telephone Survey—Program Outcome Data.* Telephone discussions with grantee representatives of all ICDBG awards issued from FY 2000 through FY 2002, whose projects had been completed as of July 2005 (131 grants involving 162 projects).

- *Case Study Observations—Program Outcome Data.* Site visits and development of case study reports on nine multi-award ICDBG grantees and one consortium of six tribes.

  The sites visited include Chickasaw and Cherokee Nations in Oklahoma; Pueblos of Zuni and Pojoaque in New Mexico; Bois Forte Reservation in Minnesota; Ute Mountain Ute Reservation in the Four Corners area of the Southwest; Native Villages of Port Graham and Nanwalek in Alaska; Squaxin Island Reservation in Washington; and a consortium of rancherias in California that includes the Habematolel Pomo of Upper Lake, Scotts Valley Band of Pomo Indians, Middletown Rancheria of Pomo Indians, Big Valley Band of Pomo Indians, Elem Indian Colony of Pomo Indians, and Robinson Rancheria Tribe of Pomo Indians.

Data collected during the file reviews and telephone discussions were maintained in a Microsoft Access database that we will submit to ONAP for review and use in future program evaluations.

Key Findings

Our key findings derived from the data collection activities identified above are summarized as follows:

Program Outputs

We obtained data on the "outputs" of the ICDBG program through a review of all grant files for grants issued from FY 2000 through FY 2002. Table S.1 shows the distribution of grant funds for those years segmented by the programmatic grant categories.

Table S.1. Award Amounts and Grant Categories

Grant Category	Number of Projects	Awarded Amount	Awarded Amount Percentage
Public Facility	185	$112,054,680	57.6%
Infrastructure	61	$47,661,262	24.5%
Housing	44	$22,177,457	11.4%
Economic Development	17	$8,818,000	4.5%
Multiple Activities	6	$3,700,000	1.9%
Total	313	$194,411,399	100%

As the data above indicate, a high proportion (82 percent) of the funds awarded in FY 2000 through FY 2002 were for community infrastructure considered in the broadest sense—that is, public facilities (57 percent) intended for use by community members, and community infrastructure (24 percent), such as water and sewer lines. The percentage devoted to infrastructure remains at nearly 75 percent, even if the large annual grants to the Navajo Nation are not included.

Table S.2 shows the percentage of awards for each sub-category within each of the major categories of projects. For example, the housing category includes housing rehabilitation, new construction, and acquisition of land for housing projects.

Table S.2. Funding Amounts among Project Sub-Categories

Project Category	Sub-Category	Awarded Amount	Awarded Percentage
Public Facilities	Multipurpose Community Center	$42,393,071	38%
	Health Clinic/Wellness Center	$35,623,471	32%
	Child Care/Head Start Facility	$15,114,061	13%
	Police/Fire/EMS Facility	$8,774,960	8%
	Tribal Park/Ceremonial Grounds	$5,184,318	5%
	Special Needs Housing	$4,964,799	4%
	Sub Total	**$112,054,680**	**100%**
Infrastructure	Sewer	$2,408,925	5%
	Utility	$4,085,000	9%
	Water	$11,625013	24%
	Sewer/Water	$4,904,053	10%
	Utility/Water	$5,000,000	10%
	Sewer/Utility/Water	$12,650,000	27%
	Treatment Facility	$3,843,412	8%
	Roads	$3,144,859	7%
	Sub Total	**$47,661,262**	**100%**
Housing	Rehabilitation	$12,316,449	56%
	Construction	$7,802,650	35%
	Land Acquisition	$2,058,358	9%
	Sub Total	**$22,177,457**	**100%**
Economic Development	All Categories	$8,818,000	100%
Multiple Activities	All Categories	$3,700,000	100%
	Total	**$194,411,399**	**100%**

Primary Uses of Public Facilities Grants

Community facilities are normally multi-purpose structures that serve as a focus for local activities and gatherings. ICDBG regulations do not allow the use of grant funds for tribal government offices, although ICDBG-funded structures may be used for providing services. Community facilities typically have kitchens that are used for meals programs on behalf of community elders, and other nutrition programs. They also sometimes contain health services programs as well as pre-school and youth programs.

In most communities, the community center is often the only structure sufficiently large to host major social and community functions (churches and schools frequently lack auditoriums or meeting halls). Community centers also are used for participatory community meetings, funerals, weddings, and large gatherings associated with traditional tribal festivals (in some locations, the community center serves as temporary housing for visitors during pow-wows and other events). These structures also are often used for classes or activities intended to promote the knowledge of a tribe's traditional culture, including instruction in the traditional language.

The health or "wellness" centers can serve a variety of purposes. In some instances, these facilities are primarily fitness centers with exercise equipment, gymnasiums, swimming pools, and group activity rooms. These fitness centers, however, often have programmatic

linkages to healthcare programs, particularly programs aimed at treating and preventing diabetes. Diabetes remains one of the major health risks for American Indians and Alaska Natives, and regular physical exercise and proper nutrition have been demonstrated to be one of the most effective means of preventing serious medical complications resulting from diabetes.

In other instances, the health facilities funded by the ICDBG program more closely resemble a typical outpatient clinic used for clinical activities and containing administrative offices for healthcare workers. In some cases, the ICDBG facilities are "satellite" units for a main healthcare center, normally operated by the IHS. At the sites visited for this study, travel time to such facilities ranged from 40 minutes to several hours. For example, the ICDBG-funded health clinics in the Native villages of Nanwalek and Port Graham in Alaska are able to stabilize emergency cases, but must transport those patients by airplane to the more advanced IHS-funded medical facility in Anchorage.

Primary Uses of Infrastructure Grants

The infrastructure grants were primarily used either to extend water service connections or to provide those connections to isolated communities previously without this basic service. These grants also were used to establish the necessary infrastructure for new developments of affordable housing units.

Primary Uses of Housing Grants

ICDBG grantees do not rely heavily on the program to develop or rehab housing. Only 11 percent of the ICDBG projects involved housing activities and, within that amount, the majority (56 percent) was for housing rehabilitation. Much of the housing rehabilitation was devoted to abatement of health hazards such as mold, asbestos, and lead-based paint.

Primary Uses of Economic Development Grants

The range of activities funded through economic development grants was fairly narrow. Six of the applicants planned to use the grants to construct retail travel centers. These outlets normally sell gasoline and have a convenience store, and in some cases contain a restaurant. In many communities, these convenience stores are the only food and merchandise retail outlet on or near the tribal community. An equal number of the applicants proposed to use grant funds for projects designed to attract tourists. Such projects included construction of hunting/fishing facilities as well as cultural heritage centers and recreational vehicle parks. Other grants funded workforce development centers and support for micro enterprises. Only one grant supported a nontraditional profit-making enterprise. This was a chocolate factory acquired and operated by the Chickasaw Nation.

Comparison of ICDBG Grantees and Non-ICDBG Communities

In addition to documenting the outputs of the grants awarded during FY 2000 through FY 2002, the evaluation team compared the characteristics of those grantees with other federally recognized tribal communities in the 48 contiguous states who were not awarded grants. Table S.3 clearly shows that during this timeframe the program's grantees had greater levels of unmet social and economic needs than non-grantees. This was true for various measures of poverty, inadequate housing, and educational attainment. All data in the table were obtained from the 2000 census.

Table S.3. Comparison of ICDBG and Non-ICDBG Communities
(Excludes Oklahoma Indian Statistical Areas and Alaska Villages)

Variable	2000 – 2002 ICDBG Grantees	All Other Tribal Communities
Number of Federal Reservations	129	181
Per Capita Income	$7,336	$9,649
American Indian Family Poverty Rate	38%	29%
American Indian Unemployment Rate	24%	17%
American Indian Child Poverty Rate	47%	36%
American Indians Living in Deep Poverty	26%	14%
Households Receiving Public Assistance	22%	11%
American Indian Labor Force Participation Rate	50%	55%
Percentage of Individuals Living in Over-Crowded Housing	20%	9%
American Indian Homes Lacking Complete Plumbing	17%	4%
American Indian Homes Lacking Complete Kitchen	17%	3%
American Indian High School Graduation Rate	30%	36%

Source: *American Indians on Reservations: A Databook of Socioeconomic Change Between 1990 and 2000 Censuses,* Harvard Project on American Indian Economic Development, Harvard University, 2005.

On almost all such measures of the quality of life, both ICDBG grantees and the non-grantees fall well below median figures for the total U.S. population. For example, the poverty rate for all U.S. households is currently estimated at 12.4 percent; the labor force participation rate for the total U.S. population is 70.7 percent. Similarly, roughly 71 percent of American Indians/Alaska Natives have at least a high school education, compared with 80.5 percent of the total U.S. population. All of the above comparisons are derived from 2000 census data.

Program Outcomes

Two data collection activities—telephone discussions with tribal representatives and the case study site visits—were designed to estimate the outcomes of ICDBG-funded projects. A National ICDBG Consensus Session held in Albuquerque, New Mexico, identified a set of outcome measures that would indicate whether the ICDBG program was achieving its legislative objectives. Of the outcome measures identified, those selected for use in this initial evaluation of the program were: Collateral Investments, Leveraging, Partnering, Community Involvement, and Improvement in Economic Conditions. The evaluation team determined that the telephone discussion and site visit data could address these outcome measures as identified by the Consensus Session participants.

In addition to estimating outcomes by measures developed at the Albuquerque Consensus Session, Econometrica estimated outcomes for the performance measures that ONAP included in its PART submission and in its 2005 Performance Plan. These assessments also were based on data from both the telephone surveys and case studies.

The evaluation team reviewed the telephone discussion data and the case study data broken out by the four major project categories funded by the ICDBG program:

- Public Facilities
- Infrastructure
- Housing (both rehabilitation and new construction)
- Economic Development.

The scale of values we used in the summary assessment of grant outcomes (using data from the telephone surveys and case studies) was as follows:

- "Major Impact" was assigned to measures for a project category where the data indicated that the projects clearly and substantially contributed to strengthening the economic and social viability across 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 project categories where there was identified some impact on strengthening the economic and social viability of a community, but at a consistently lower level than "Significant Impact."

- An "Indeterminate" rating was assigned in those cases where the available data or observations did not allow for an informed assessment of a given project category.

- A "Not Applicable" rating was assigned in those cases where a particular measure was obviously not applicable to a given project category.

Tables S.4 through S.7 present our summary assessments of the outcomes achieved for each of the four project categories. The tables show that all four project categories have two Major Impact measures in common: "Fund leveraging" and "Increased quality of life." Generally, the team found that there had not been a sufficient time to assess the level of collateral investment deriving from ICDBG projects. In addition, since only a small percentage of ICDBG projects are directed toward housing activities, no estimate of the impact on the rates of homeownership and over-crowding could be made.

Table S.4. Public Facility Impact Assessment

Measure	Impact Values				
	Major	Significant	Measurable	Indeterminate	Not Applicable
Fund leveraging	♦				
Low level of community involvement in tribal governance	♦				
Partnering		♦			
Improvement in economic conditions		♦			
Collateral investment				♦	
Increased quality of life due to services provided by the public facility	♦				
Reduction of drug-related crime or health-related hazards	♦				
Growth in employment and income		♦			
Reduction in the number of families living in substandard housing					♦
Increased homeownership rates					♦
Reduction in the number of over-crowded housing units					♦

Table S.5. Infrastructure Impact Assessment

Measure	Impact Values				
	Major	Significant	Measurable	Indeterminate	Not Applicable
Fund leveraging	♦				
Low level of community involvement in tribal governance	♦				
Partnering		♦			
Improvement in economic conditions			♦		
Collateral investment				♦	
Increased quality of life due to services provided by the public facility	♦				
Reduction of drug-related crime or health-related hazards	♦				
Growth in employment and income		♦			
Reduction in the number of families living in substandard housing	♦				
Increased homeownership rates				♦	
Reduction in the number of over-crowded housing units				♦	

Table S.6. Housing Impact Assessment*

Measure	Impact Values				
	Major	Significant	Measurable	Indeterminate	Not Applicable
Fund leveraging	♦				
Low level of community involvement in tribal governance		♦			
Partnering				♦	
Improvement in economic conditions			♦		
Collateral investment				♦	
Increased quality of life due to services provided by the public facility	♦				
Reduction of drug-related crime or health-related hazards	♦				
Growth in employment and income		♦			
Reduction in the number of families living in substandard housing	♦				
Increased homeownership rates				♦	
Reduction in the number of over-crowded housing units				♦	

*Includes rehabilitation and new construction

Table S.7. Economic Development Impact Assessment

Measure	Impact Values				
	Major	Significant	Measurable	Indeterminate	Not Applicable
Fund leveraging	♦				
Low level of community involvement in tribal governance		♦			
Partnering		♦			
Improvement in economic conditions	♦				
Collateral investment			♦		
Increased quality of life due to services provided by the public facility	♦				
Reduction of drug-related crime or health-related hazards					♦
Growth in employment and income	♦				
Reduction in the number of families living in substandard housing					♦
Increased homeownership rates					♦
Reduction in the number of over-crowded housing units					♦

Tables S.8 and S. 9 present our estimate of the outcome impacts of ICDBG projects observed during the course of the evaluation. Table S.8 shows our assessment for measures developed at the Albuquerque Consensus Session, and Table S.9 shows our assessment for measures included in ONAP's PART submission and 2005 Performance Plan. The "Indeterminate" ranking assigned to three of the measures resulted either from the relatively small proportion of ICDBG funds utilized for housing, or an inadequate period of time to observe the possible long-term impacts of projects. Similarly, the "Measurable" ranking for "reduction in the number of over-crowded housing units" resulted primarily because most ICDBG funds are not spent on housing initiatives. In instances in which ICDBG funds were used for housing initiatives, the funds did appear to have major positive impacts on local housing conditions.

Table S.8. Outcomes: Evaluation Study Measures

Measure	Impact Values			
	Major	Significant	Measurable	Indeterminate
Leveraging	♦			
Community Involvement	♦			
Partnering		♦		
Improvement in Economic Conditions		♦		
Collateral Investment			♦	

Table S.9. Outcomes: ONAP Programmatic Performance Measures

Measure	Impact Values			
	Major	Significant	Measurable	Indeterminate
Increased quality of life due to services provided by the public facility	♦			
Reduction of drug-related crime or health-related hazards	♦			
Growth in employment and income		♦		
Increased economic self-sufficiency of program beneficiaries		♦		
Reduction in the number of families living in substandard housing			♦	
Increased homeownership rates			♦	
Reduction in the number of over-crowded housing units			♦	

Supplementary Case Study Findings

The 10 site visits in the evaluation's case study component enabled Econometrica to document findings on numerous issues in addition to the core outcome measures used for the evaluation, including the following:

- Virtually all (90 percent) of the ICDBG projects we visited were completed, fully operational, well maintained, and devoted to the purposes specified in the grantees' applications. All ICDBG-funded projects we observed were being used for the purposes stated in the grant applications and their uses appeared to be in compliance with all program regulations.

- At 100 percent of the case study sites, the ICDBG projects were part of a long-term strategic or community development plan. Community participation in the selection of projects, and in design and programming issues, appeared to be regular and meaningful.

- Staffing and quality of services offered at ICDBG-funded facilities ranged from excellent to more than adequate. Our case study reviews found no instances in which staffing or services were inadequate or of poor quality.

- Utilization of ICDBG-funded facilities appeared to more than justify the investment in the facilities. Some of the facilities were already reaching capacity limits at the time of the site visits.

- More than one-half of the facilities were used for the provision of services (such as health and wellness services, nutrition programs, and childcare programs). In *all* cases, the ICDBG-funded facilities accommodated services previously unavailable in the community, or enhanced the quality of services provided. Such services were normally not available from non-tribal sources because of the geographic isolation of the tribal community. For example, prior to the new facility, driving times to non-tribal emergency medical facilities ranged from 30 minutes to several hours.

General Conclusions

Econometrica reached the following general conclusions about the overall impact of the ICDBG program in "enhancing the economic and social viability" of American Indian and Alaska Native communities:

- ICDBG grants primarily funded activities to improve the social viability of the reservation communities and secondarily to enhance economic viability. ICDBG projects that improved social viability included health clinics and multipurpose community centers. Significant amounts of grant funds also were used for basic infrastructure projects to enhance the "livability" of housing and the operation of public facilities.

- With few exceptions, ICDBG-funded structures supported the delivery of services that either was previously unavailable or inadequate. ICDBG investment in social viability established a "platform" from which economic development could "take off," perhaps with other sources of direct investment.

- The use of ICDBG funds did have a direct and positive impact on employment, especially in jobs related to the provision of health and social services.

- Discussions with grantees underscored the lack of access to private capital for the development of public facilities, infrastructure, housing, and economic development initiatives. The grantees contended that the ICDBG program mitigates this lack of access to private capital because it serves as "seed" money that can attract private investment, thereby reducing the risk perceived by potential funding partners.

Recommendations for Follow-Up Activities

Based on the results of our evaluation, we recommend several follow-up activities:

- Conduct additional case studies of multi-award grantees with completed grants to foster a broader evaluation of the program. It would be particularly useful to have data on the Navajo Nation (the largest annual recipient of ICDBG funds). It also would be informative to examine several additional tribes in the continental United States that are located in areas with socio-economic characteristics different from the existing case study sites.

- Enhance ONAP's grant tracking system based on the database developed for this evaluation, so that ONAP can collect and analyze significantly more information on ICDBG projects as planned and implemented. This information could be useful in promoting the program by providing updated project information to interested parties, including the U.S. Congress and the media.

- Conduct a study of existing health, social, and economic data sets to determine whether there are feasible ways to obtain reliable health and social indicators for grantee communities. Identifying and accessing current and reliable social and economic data could assist ONAP in conducting quantifiable evaluations of program outcomes. This task was not included in the original research design because it was unlikely that a valid analysis could be completed during the project timeframe.

- In ongoing discussions with tribes on the Annual Status and Evaluation Report process, obtain input on additional sources of reliable and available outcome data that could be accessed for future program evaluations.

- Obtain data to determine whether there are any significant administrative and programmatic barriers to accessing the ICDBG program by eligible applicants who have never applied for a grant.

- Support ONAP's Web site to include ICDBG "good stories" or best practices by posting periodic updates on projects in progress and projects that have been completed. The primary goal is to acknowledge grantee accomplishments while sharing the approaches and lessons learned with other tribal communities. Related goals are to reduce grantee dependence on ONAP for ongoing technical assistance and to foster the formation of durable grantee networks for mutual technical support. The Web site also could assist ONAP in promoting the program among the general public and in responding to congressional and media inquiries.

1. Introduction

1.1 Purpose and Auspices

The purpose of this evaluation is to conduct an independent assessment of the ICDBG program and provide information on appropriate performance measures for examining the program's effectiveness.

The evaluation of the ICDBG program was conducted under the auspices of the U.S. Department of Housing and Urban Development's (HUD's) Office of Public and Indian Housing under the direction of the Office of Native American Programs (ONAP). In November 2004, ONAP engaged the services of Econometrica, Inc. to conduct an independent evaluation of the ICDBG program. Based in Bethesda, Maryland, Econometrica is a small business that provides a variety of evaluation, research, and other technical services to HUD and numerous other federal departments.

1.2 HUD and OMB Objectives

The evaluation is intended to serve two objectives: (1) provide HUD with program performance data for policy, planning, and programming purposes, and (2) demonstrate to the Office of Management and Budget (OMB) that an independent evaluation of the program with new long-term outcome measures has been completed.

OMB is using its Performance Assessment Rating Tool (PART) to assess the performance and effectiveness of all federally funded programs. PART is a structured and formal process that is intended to assist OMB in diagnosing and rating each federal program, using objective data and a variety of indicators of program performance. OMB uses the results of the PART process in federal budget-making decisions, and to make recommendations for enhancing program performance.

The PART assessment is segmented into the following four sections, each with its own series of questions:

- Section 1 – Program Purpose and Design
- Section 2 – Strategic Planning
- Section 3 – Program Management
- Section 4 – Program Results/Accountability.

In FY 2004, the PART rated the ICDBG program overall as "Adequate." Further, ICDBG received an 80-percent score for Program Purpose and Design, an 88-percent score for Strategic Planning, a 90-percent score for Program Management, and a 27-percent score for Program Results and Accountability. OMB cited two reasons for the relatively low score

under Program Results and Accountability: (1) the lack of long-term outcome measures, and (2) the lack of an independent evaluation of the program. In recognition of these deficiencies, HUD selected Econometrica to conduct the subject evaluation and requested the development of long-term outcome measures to account for the wide variety of eligible activities.

1.3 Organization of the Report

The report is presented in two volumes: Volume I – Summary Results and Observations, and Volume II – Appendixes.

Volume I describes the ICDBG program and its operation, the methods used for conducting the evaluation, the results of the evaluation, and recommendations for enhanced, ongoing evaluation. Chapter 1 provides an introduction to the report, including the purpose, auspices, and objectives of the evaluation. Chapter 2 presents an overview of the ICDBG program and a description of ONAP's procedures for administering the program, and places the program in context with other federal programs. Chapter 3 describes the evaluation's objectives, methodology, and research design. Chapter 4 presents the evaluation's findings, including output data as collected from ONAP files, grantee interview data relating to program outputs and outcomes, and summary case study observations. Chapter 5 offers an overall assessment of program impact in quantitative and qualitative terms. Chapter 6 presents the conclusion of the evaluation and makes recommendations for ongoing assessment of program performance.

Volume II contains four appendixes. Appendix A presents the case study reports in their entirety; Appendix B provides a copy of the Summary Report from the ICDBG Consensus Session held in Albuquerque, New Mexico; Appendix C presents the file review data collection tool; Appendix D presents the telephone discussion data collection tool; and Appendix E provides a list of ICDBG grantees for FY 2000 through FY 2002.

2. Program Background and Description

2.1 Legislative Authority and Programmatic Regulations

The ICDBG program is authorized by Title I of the Housing and Community Development Act of 1974, as amended [42 U.S.C. 5301 *et seq*.]. Regulations governing the program are described in 24 CFR Part 1003: Community Development Block Grants for Indian Tribes and Alaska Native Villages. ONAP is responsible for administering the program.

2.2 Community and Economic Conditions in Indian Country/Alaska Villages

There are 310 federally recognized Indian reservations and 40 Indian statistical areas in the lower 48 states, and 29 of the latter are located in Oklahoma. This total of 350 "Indian areas" is commonly referred to as "Indian Country." In Alaska, there are 223 federally recognized Native villages.

Community infrastructure needs are profound. Many Indian reservations and Alaska villages lack basic infrastructure such as adequate water and sewer systems, roads, electricity, indoor plumbing, and telephone lines. Fewer than half of all homes located on reservations or in Alaska villages have connections to a public sewer system. Further, the 2000 census shows that 10.9 percent of tribal homes lack complete plumbing facilities as compared with a national rate of 1.2 percent. In addition, 7 percent of all occupied housing in Indian Country lacks access to proper water delivery and disposal, and that figure climbs to 16 percent in Alaska villages. In contrast, only 0.6 percent of all homes in the United States lack these basic services.

It should be noted that ICDBG funds are not required to be used on Indian reservations or in Alaska villages. For example, some newly recognized and re-recognized tribes may not have a land base, such as the reservations in Washington and the rancherias in California. However, almost all ICDBG funds are spent on or near Indian reservations and Alaska villages. In some cases, tribes may submit applications for a centrally located facility on non-tribal land, as evidenced in the Lakeport, California case study that appears in Appendix A.3.

Decent and affordable housing is scarce in many American Indian and Alaska Native communities. The census also shows that American Indians and Alaska Natives experience high rates of over-crowding and substandard housing. For example, the incidence of over-crowding among Indian households is 32.5 percent, and among Alaska Natives it is 40.4 percent. These rates are in stark contrast to the 4.9 percent national rate.

The Indian Health Service (IHS) documents that the health effects of substandard infrastructure and housing are severe and widespread. The lack of access to clean water and proper disposal systems can cause diarrhea, giardia, hepatitis A, and other infections. Water that is unpleasant to the taste can reduce water consumption and cause chronic dehydration. Incomplete plumbing can have a negative effect on household hygiene and proper food preparation. The use of "honeybuckets" by numerous households, especially in Alaska, often results in waste being dumped on the ground in residential areas and the contamination of surface water supplies. Substandard and over-crowded housing cause numerous health and safety threats to residents, especially elders and youth.

The IHS statistics document that residents of over-crowded housing experience disproportionate incidences of respiratory illness including flu, colds, and Respiratory Syncitial Virus—an illness that often requires hospitalization of youth. Living in close quarters means that people share beds, linens, towels, and other surfaces that transmit disease and illness. For example, head lice, scabies, and conjunctivitis are serious problems in many Indian and Native communities. The IHS determined that Indians suffer from tuberculosis, a highly contagious illness, at a rate five times higher than the general population.

The 2000 census documented that American Indians have the highest poverty rate (25.9 percent) of any racial or ethnic grouping in the United States. Unemployment is consistently high throughout much of Indian Country and Alaska, and the lack of capital constrains business formation and the creation of new jobs. A report published in September 2005 by the National American Indian Housing Council summarizes the results of a recent survey of tribal officials regarding employment and economic development. The survey of 65 respondents showed an average unemployment rate of 43 percent, and 67 percent stated that unemployment was either remaining stable or declining. The survey also showed that 62 percent of the respondents defined their lack of access to capital as the biggest obstacle to economic development. Further, 68 percent reported that housing, economic development, and job growth needed to increase in their communities. In short, these communities have many of the characteristics of second and third world communities that need an "external boost" to initiate development and to achieve self-sustaining growth.

According to the National American Indian Housing Council and other experts, there is at least $1.6 billion in unmet infrastructure needs for American Indian and Alaska Native communities. With respect to housing, the U.S. Commission on Civil Rights contends that there is an immediate need for 200,000 new housing units to address the high incidence of substandard and over-crowded housing.

2.3 Primary Objective of the ICDBG Program

As stated in 24 CFR Part 1003.208, the primary objective of the ICDBG program is "the development of viable communities by providing decent housing and a suitable living environment and expanding economic opportunities, principally for persons of low and moderate income."

To ensure compliance with this primary objective, HUD requires that ICDBG projects benefit the following:

- Geographic areas where at least 51 percent of the residents have low or moderate incomes according to the most recent decennial census. Examples of activities that benefit areas include community facilities and health clinics.

- Limited clientele, at least 51 percent of whom have low or moderate incomes. Examples of targeted benefits include housing rehabilitation and construction, land acquisition for housing development, and job creation and retention.

2.4 Eligible Applicants

An eligible applicant includes any Indian tribe, band, or nation or Alaska Native village recognized by the federal government. In some cases, tribal organizations may submit applications on behalf of eligible tribes when one or more eligible tribes authorize the organization to do so under concurring resolutions.

The program regulations (24 CFR Part 1003) define two categories of grants: single purpose and imminent threat. Single purpose grants are competitive and awarded through an annual Notice of Funding Availability (NOFA) process. Imminent threat grants are awarded on a first-come-first-served basis and are intended to resolve problems posing an immediate threat to public health or safety.

To be eligible for award, applicants for imminent threat grants must provide documentation showing:

- Threat has been verified as immediate and urgent by an independent, third party.
- Threat is non-recurring and unusual in nature.
- Threat impacts an entire area rather than an individual.
- No funding alternatives exist on the federal, state, or local level.

2.5 Eligible and Ineligible Activities

The ICDBG program provides clear guidance on eligible and ineligible activities, as shown in Table 2.1.

Table 2.1. Eligible and Ineligible Activities

Eligible Activities	Ineligible Activities
Housing rehabilitation	Governmental buildings
Housing construction	General governmental expenses
Land acquisition for new housing	Equipment purchase
Homeownership assistance	Political activities
Public facilities and infrastructure	Operating and maintenance expenses
Economic development	New housing construction unless there are no funding alternatives and the project is sponsored by a recognized community development-based organization.
Public services	Income payments, excluding emergency payments not to exceed 3 months

The ICDBG program is coordinated with a number of other federal programs. The most important is HUD's IHBG program, which provides funding for housing rehabilitation, construction, acquisition, demolition, maintenance, and management. The IHBG program complements the goals and primary purpose of the ICDBG program, and both programs are often planned and implemented in conjunction. For example, many tribes rely on the ICDBG program to install water, sewer, and electric infrastructure and then rely on the IHBG program to develop new housing. Also, ICDBG-funded community facilities such as health clinics and police and fire stations often are constructed adjacent or within walking distance to newly developed housing so that both HUD-funded activities complement and support one another. ICDBG does fund activities that are supported financially by other federal agencies and programs such as the Bureau of Indian Affairs, Indian Health Service, U.S. Department of Agriculture, and Community Development Financial Intermediaries. However, grants from those other programs normally are strictly targeted to specific activities, whereas ICDBG grant requirements are flexible enough to address the unique development needs of specific communities.

2.6 Program Administration and Requirements

ONAP maintains its headquarters at HUD in Washington, DC, and Denver, Colorado. ONAP also operates six Area Offices, as identified in Table 2.2.

Table 2.2. ONAP Regions and Service Areas

ONAP Region	ONAP Area Office Location	Service Area
Alaska	Anchorage, Alaska	Alaska
Eastern Woodlands	Chicago, Illinois	Michigan, Wisconsin, Minnesota, Illinois, Indiana, Iowa, Ohio, New York, Vermont, New Hampshire, Maine, Connecticut, Rhode Island, New Jersey, Pennsylvania, Delaware, West Virginia, Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Alabama, Mississippi, Florida
Northern Plains	Denver, Colorado	Colorado, Nebraska, North Dakota, Montana, South Dakota, Utah, Wyoming
Northwest	Seattle, Washington	Washington, Oregon, Idaho
Southern Plains	Oklahoma City, Oklahoma	Oklahoma, Texas, Kansas, Arkansas, Louisiana, Missouri
Southwest	Phoenix, Arizona and Albuquerque, New Mexico	Arizona, California, New Mexico, Nevada, West Texas

The Area Offices are the primary point of contact with applicants and grantees. The Area Offices have multiple responsibilities, including establishing grant ceiling amounts, processing applications, providing technical assistance, conducting onsite and remote monitoring, performing grant close-out, and reporting.

2.6.1 Grant Award Amounts

Determination of the amount of ICDBG funding available for single purpose and imminent threat grants begins with HUD allocating $1,000,000 to each Area Office. The base amount is augmented with a formula share of remaining ICDBG funds, once imminent threat funding has been deducted. The formula consists of three components as follows: 40 percent is allocated based on the current population of eligible Indians in the region; 40 percent is allocated based on the current incidence of poverty among eligible Indians in the region; and 20 percent is allocated based on the incidence of over-crowding among the eligible Indian population in the region. HUD has the option to use alternative formula criteria to ensure that grant allocations are equitable and appropriate. Table 2.3 presents Area Office ICDBG allocations for FY 2000 through FY 2002.

Table 2.3. Regional ICDBG Allocations

ONAP Region	FY 2000 Allocation	FY 2001 Allocation	FY 2002 Allocation
Alaska	$5,525,130	$5,858,836	$6,242,832
Northwest	$3,942,513	$4,180,664	$4,741,105
Eastern Woodlands	$5,169,533	$5,481,761	$5,905,403
Northern Plains	$10,318,714	$10,941,946	$10,791,499
Southern Plains	$12,233,734	$12,972,631	$12,608,675
Southwest	$28,148,676	$29,848,823	$27,710,487
Total	$65,338,300	$69,284,661	$68,000,000

Each Area Office is authorized to establish grant award ceilings for applicants in its region. Grant ceilings vary, depending on the total funds available and the size of the tribal or village populations. Table 2.4 presents Area Office grant ceilings for FY 2000 through FY 2002. As clearly illustrated, the grant ceilings in each Area Office remained the same during this time period, except that the ceiling for the Northwest Area Office increased from $350,000 in FY 2001 to $500,000 in FY 2002.

Table 2.4. Regional ICDBG Grant Ceilings

ONAP Region	FY 2000 Ceiling	FY2001 Ceiling	FY 2002 Ceiling
Alaska	$500,000	$500,000	$500,000
Northwest	$350,000	$350,000	$500,000
Eastern Woodlands	$500,000	$500,000	$500,000
Northern Plains	$800,000	$800,000	$800,000
Southern Plains	$750,000	$750,000	$750,000
Southwest			
50,000 or more	$5,000,000	$5,000,000	$5,000,000
10,501-50,000	$2,500,000	$2,500,000	$2,500,000
7,501-10,500	$2,000,000	$2,000,000	$2,000,000
6,001-7,500	$1,000,000	$1,000,000	$1,000,000
1,501-6,000	$750,000	$750,000	$750,000
0-1,500	$550,000	$550,000	$550,000

Each year, HUD sets aside a portion of the total ICDBG budget to fund imminent threat grants and also establishes a grant ceiling for individual awards. In the recent past, including FY 2000 through FY 2002, the total annual amount available was $2,000,000, and the grant ceiling for an individual imminent threat grant was $350,000.

ICDBG funds that have been recaptured or are unawarded during a fiscal year remain with that Area Office to fund the next-highest-ranking unfunded project from the most recent funding cycle, an imminent threat project, or other uses.

2.6.2 Grant Application Process

Applications for single purpose and imminent threat awards are made directly to the appropriate Area Office. An applicant may submit only one single purpose application in a fiscal year, but the application may include more than one project if it does not exceed specified grant ceilings. Imminent threat grants are open for application at any time—unlike single purpose grants, which are awarded only once a year.

Each year, as part of the funding process, the *Federal Register* publishes a NOFA describing funding parameters, criteria for rating of applications, definitions, and other information critical for submitting an ICDBG application.

In FY 2001, the ICDBG program was incorporated into HUD's SuperNOFA to simplify, standardize, and accelerate the application and award process. When participating in the

SuperNOFA process, the ICDBG NOFA will appear in the SuperNOFA that is usually published in March or April with the application due approximately 60 to 75 days after publication. HUD provides information and technical support to those seeking to submit applications. This support is in the form of video broadcasts that are aired live or available for viewing on the HUD Web site up to the application due date. Also, Area Offices can provide limited technical assistance to applicants on issues pertaining to program regulations, term definitions, and other information that would not provide a competitive advantage to the applicant.

In FY 2004, HUD required ICDBG applicants to estimate measurable project outputs and outcomes in order to improve the measurement of program benefits on the national, regional, and grantee levels.

In FY 2005, HUD required ICDBG applicants to submit their grant applications electronically by the due date. The purpose of this requirement was to accelerate the application process. Due to computer system limitations, however, HUD was not able to receive all applications by the due date and, as a result, notified all potential applicants that the deadline date for electronic submissions would be extended to allow the system to receive all submissions.

2.6.3 Application Review and Selection

The first step of the application review process is to determine threshold qualification. This step has two components. The first component is verification that the applicant does not have an outstanding ICDBG obligation to HUD that is in arrears or for which the applicant has not agreed to a repayment schedule. The second threshold component depends on the type of activity proposed, as follows:

- Housing rehabilitation threshold includes documentation that the applicant has adopted rehabilitation standards and policies. The applicant must ensure that the homeowner receiving housing rehabilitation services is current in monthly payments or that the homeowner is current in a repayment agreement.

- New housing construction threshold includes documentation that the project is being implemented by an eligible non-profit organization and that the tribe has adopted a resolution governing construction standards. Additional threshold requirements include documentation that (1) no other housing is available and suitable in the immediate area, (2) no funding alternatives exist, (3) rehabilitation is not feasible financially, and (4) the household to be assisted currently resides in over-crowded housing, or (5) the household has no current residence.

- Economic development threshold includes documentation that the project (1) will create a public benefit, (2) has secured reasonable financial support from non-federal sources, (3) will not substantially reduce the amount of non-federal financial support, (4) will not generate more than a reasonable rate of return to the owner, (5) will

disburse funds on a pro-rated basis with funds from other sources, and (6) will be financially feasible and has a reasonable chance for success.

Those applications that pass the threshold tests continue to the second step of the application review process: project rating. HUD uses five rating factors in evaluating ICDBG applications submitted under the SuperNOFA. While the rating factors and scoring can vary annually, as illustration, the rating factors and maximum scores for FY 2002 are summarized as follows:

- *Capacity.* Applicant's organizational resources to implement the project in a timely manner. (Maximum 30 points)

- *Need/Extent of the Problem.* Quantitative and qualitative documentation of the problem to be addressed by the proposed activity. (Maximum 20 points)

- *Soundness of Approach.* Quality and cost effectiveness of the proposed activity, a documented commitment to sustain the proposed activity, and the extent to which the activity generates other benefits to community residents. (Maximum 35 points)

- *Leveraging Resources.* Amount of non-ICDBG funding committed to the proposed activity as a percentage of the total project cost. (Maximum 10 points)

- *Comprehensiveness and Coordination.* Extent to which the proposed activity (1) is consistent with the applicant's strategic plans or policy goals, and (2) enhances ongoing priorities and activities in the community. (Maximum 5 points)

A minimum of 70 points is needed for an application to be approved. The Area Offices inform all applicants whether or not their applications were approved. HUD may adjust the actual grant amount awarded to accommodate the size and complexity of the activity, the capability of the applicant, the number of persons expected to benefit, reasonableness of costs, and other factors. Once the application and grant award amount are approved, the applicant executes a Grant Agreement that stipulates the terms and conditions for implementing, monitoring, reporting, and controlling costs.

2.6.4 Grant Conditions

HUD may impose conditions on the grant to protect the public trust, ensure compliance with relevant federal regulations, and protect the integrity of the ICDBG program. The most common condition is the requirement to conduct environmental reviews on all proposed projects prior to the expenditure of any ICDBG grant funds. Regulations governing environmental reviews are provided in 24 CFR Part 58. The pertinent environmental review requirements must be fulfilled and the activity must merit a Finding of No Significant Impact in order for HUD to process the Request for Release of Funds as submitted by the grantee. Generally, ONAP allows grantees a specific timeframe to satisfy all grant conditions, and failure to do so may jeopardize the grant award.

2.6.5 Grant Agreement Amendments

Grantees may amend their Grant Agreements to reflect changes in scope, location, objective, or class of beneficiaries of the approved activities, subject to HUD review and approval. Budget revisions in excess of $100,000 require the submission of all application components as stipulated in the NOFA for the prior funding cycle. Amendments with budget changes less than $100,000 must also include submission of the application components, with the exception of information pertaining to the selection criteria. If HUD does not approve the proposed amendment and the original project is no longer feasible, the Department recaptures the grant funds proposed for amendment.

2.6.6 Reporting Requirements

As stipulated in the grant agreement, grantees are required to submit four reports and a financial audit to HUD during the grant's term. Reporting requirements include the following:

- Federal Cash Transaction Report (SF-272) is submitted quarterly and provides an accurate account of all funds received and disbursed by the grantee.

- Contract and Subcontract Activity Report (HUD-2516) is submitted semi-annually and summarizes the number and value of contracts with minority business enterprises.

- Annual Status and Evaluation Report (ASER) is a narrative report for the annual reporting of all open ICDBG grants. The report is due 90 days following the end of the federal fiscal year, and at the end of the project as part of close-out procedures. The ASER provides summaries of progress to date, tasks remaining, and a revised implementation schedule, if needed. The ASER also provides an itemization of funds spent on each major cost center or activity.

- Financial Status Report (SF-269 or SF-269A) is due 90 days after project completion and provides summary information on all project expenses.

- Financial Audit prepared by an independent auditor and submitted to the Area Office within 90 days of project completion.

3. Evaluation Objectives, Methodology, and Research Design

3.1 Objectives of the Evaluation

The objectives of this evaluation were both to create appropriate measures for examining the performance of the ICDBG program and to perform an independent assessment of the ICDBG program. Section 4.5 of PART requires an independent evaluation of the program. Because this evaluation is the first such independent assessment of the ICDBG program, the study objectives included an examination of the suitability of existing measures included in the 2004 ICDBG PART assessment documentation submitted by ONAP to OMB. A complementary objective was to identify other measures that may be appropriate for ongoing evaluation of the program.

Of particular interest to ONAP was to identify appropriate outcome-related measures of program performance rather than output-focused measures, which usually are the core of program reporting requirements. In the case of the ICDBG program, project outputs are the specific physical entities paid for by the ICDBG grant funds (for example, a structure intended to be a community center, an extension of a waterline, or housing units rehabilitated). Other types of outputs are jobs created by the construction of a facility or jobs created by an ICDBG-financed economic development initiative.

Project outcomes are new or enhanced benefits received by an American Indian or Alaska Native community that derive, at least partially, from the existence of the ICDBG-funded physical structures or facilities. Such benefits can include easily quantifiable results, such as increased employment, but also less easily quantifiable impacts, such as a strengthening of cultural traditions. Examples of typical outcome measures are the provision of new social service programs at community centers, health benefits derived from the extension of waterlines, and decreases in the level of over-crowding in reservation housing stock.

3.2 Selection of Research Methodology

Three requirements drove the evaluation team's efforts to develop an appropriate methodological approach for this assessment. First, the approach had to provide reliable measure(s) of program outcomes—the evaluation could not be simply descriptive (for example, identifying the number of buildings completed and at what cost). The evaluation needed to provide an estimate of the extent to which ICDBG funds were achieving the programmatic objectives established in the authorizing legislation. Second, the approach had to recognize the limitations of programmatic data sources relating to ICDBG program operations and their possible outcomes—all areas of research encounter limitations in the available data sources. This is particularly true of a program such as ICDBG, which funds a wide variety of projects in vastly different community contexts. For this evaluation, the team

wanted to employ only those data and information sources it judged to be truly reflective of program operations and social outcomes. Third, the approach had to support completion of the research process within a fairly narrow time period in the field (4 to 5 months). The short field period was necessary so that the evaluation team could submit its report and conclusions for ONAP's next round of OMB budget submissions, scheduled for fall 2005.

Any approach also had to take into account the standards OMB has set for program evaluations. In the directions it provides for PART submissions, OMB expresses a preference for Random Control Group studies as the optimal method for evaluating programs. OMB realizes, however, that such an approach is not possible for many programs, including ICDBG. The first major task facing the evaluation team was to develop a research methodology that was sufficiently rigorous for the PART process, but that also recognized the methodological challenges posed by the ICDBG program. These methodological challenges include the following:

- The methodology must consider the various types of grants and the varying scope, size, and term of the grants.
- Grant recipients encompass varying sizes, capacities, and governance structures.
- The methodology must incorporate shifts in programmatic priorities as set forth in the NOFAs, particularly between FYs 1999 and 2001.
- ICDBG program documentation does not always represent the full scope of an initiative, because the ICDBG program may be only part of an initiative.
- The methodology must consider providing a sufficient amount of time after project completion to adequately assess the outcomes of a project.
- The final challenge is accurately assessing the outcomes of individual grants in a program in which recipients may use multiple grants to pursue a long-term development strategy.

These program-specific challenges were supplemented by some generic issues relating to the conduct of social science research in American Indian and Alaska Native communities. These issues include:

- Recognition of the sovereignty of tribal governments. The governments may choose to limit or restrict access to data or records. Tribal governments also have a great deal of flexibility regarding the type and format of data collection.
- Inability to use standard, national data sources to assess outcomes of programs in tribal communities. American Indian and Alaska Native communities are not a standard unit of data collection for such data sources as state employment databases and national health surveys conducted by the Centers for Disease Control. These

baseline data sets have limited utility for research on economic and social trends in such communities.

- Considerable turnover at the administrative staff level within tribal governments. This may be the case even when there is stability in the tribal governing structure. Often there is significant loss of institutional memory even within a few years of project completion.

- Wide disparities in the qualifications and capabilities of tribal administrative personnel. Also, administrative personnel at smaller tribes often have multiple responsibilities and thus a limited amount of time to respond to information requests.

- Severe limitations in the use of standard survey research approaches within American Indian and Alaska Native communities. This is because of a comparatively low percentage of individuals with accurate mailing addresses and a comparatively high percentage of households without telephones.

In developing the research design, the evaluation team had to address both sets of issues discussed above.

3.3 Data Collection Methodologies

Taking into account the design objectives established for this study by ONAP and the operational challenges identified above, the evaluation team agreed upon three data collection strategies that were appropriate and also workable in the context of the ICDBG program: assessment of ICDBG outputs, assessment of ICDBG outcomes, and case studies of multi-award grantees.

3.3.1 Assessment of ICDBG Outputs

This review was intended to provide a picture of how ICDBG funds awarded from FY 2000 through FY 2002 have been used by American Indian and Alaska Native communities. At present, ONAP data systems provide limited information on grant expenditures and objectives, providing essentially only the grant type and grant amount. This review was intended to provide considerably more detail on the selected sample of grants. The data source for this activity was the set of grantee project files maintained at the ONAP Area Offices. The review was designed to identify specific objectives for each grant, projected beneficiaries of the project, and the sources of leveraged funds for the project. The template that was used in this data abstraction process is provided in Appendix C.

3.3.2 Assessment of ICDBG Outcomes

The second data collection activity involved follow-up telephone discussions with tribal representatives for all completed grants awarded in FYs 2000 through 2002. These discussions with tribal representatives focused on specific grants and were intended to obtain grant information not available in the ONAP files (such as the total amount of leveraged funds by time of project completion). For the purposes of this study, completed grants referred to awards in which the specified physical construction had been successfully completed by the time of the project's file review at ONAP Area Offices (May through July, 2005). Of the 313 grant files reviewed at Area Offices, 162 (52 percent) were considered completed. A copy of the Telephone Discussion Guide used in these conversations with tribal representatives is provided in Appendix D.

3.3.3 Case Studies of Multi-Award Grantees

The objective of this broader component was to place the ICDBG program in the context of tribal strategic objectives and to provide a more in-depth look at how the ICDBG program contributes to enhancing the quality of life for American Indian and Alaska Native communities. This goal was to be accomplished in two ways. First, the case studies documented how individual grants were used to facilitate or complement other tribal initiatives. Second, the studies looked at the use of the ICDBG program longitudinally. It was hoped that this approach would reveal how tribes used a series of grants to implement a comprehensive vision for their community.

The evaluation team developed 10 case study reports. Four of these reports (Cherokee and Chickasaw Nations in Oklahoma and the Pueblos of Zuni and Pojaoque in New Mexico) were based on data collected during field visits in the planning stage of the project. Five additional case study reports (Bois Forte Band of the Chippewa Tribe in Minnesota, Ute Mountain Ute Tribe in Colorado, a consortium of tribes in Lake County in California, the Squaxin Island Nation in Washington, and the Alaska Native Villages of Port Graham and Nanwalek) were based on team visits conducted in July and August 2005. These case study reports are provided in Appendix A.

The evaluation team determined that the data collection approaches listed above not only addressed the methodological challenges discussed earlier, but also would enable the data collection to be completed by fall 2005.

3.4 Appropriate Measures of Outputs and Outcomes

3.4.1 Output Measures

A key element of the research design was determining the "output" measures that would most accurately indicate the impact of ICDBG grants. The data collection methodologies

described above were to be tailored to obtaining data on such measures. Much of the project's preliminary stage (Phase I) was devoted to identifying appropriate "output" measures.

Phase I activities included the following five components:

- First, the evaluation team conducted a review of available summary administrative data on ICDBG grants awarded during FYs 1994 through 2003. The list developed from this review enabled the evaluation team to identify total ICDBG award amounts nationally and by ONAP region, proportion of grants awarded by type (for example, public facilities and housing rehabilitation), and multi-award grantees.

- The second component was a review of a sample of grant applications, monitoring documents, and close-out documentation for seven selected grants. This sample documentation was obtained from each ONAP Area Office, and contained a variety of grant types (economic development, public facility, infrastructure, etc.).

- Third, the evaluation team went on site visits to four multi-award ICDBG grant recipients. The recipients visited were the Chickasaw and Cherokee Nations in Oklahoma, and the Zuni and Pojoaque Pueblos in New Mexico. On these visits members of the evaluation team toured facilities built with ICDBG grants, met with community representatives currently using the facilities, and discussed the ICDBG planning and implementation process with tribal administrative staff and elected officials.

- The fourth component was the facilitation of the national consensus session in Albuquerque. Participants at the session included tribal representatives from all ONAP regions as well as consultants and researchers with extensive experience in ICDBG project design and implementation. This meeting was held on March 29 and 30, 2005. The summary report and list of session participants are provided in Appendix B.

- Finally, the evaluation team performed a review of OMB guidance materials on preferred research methodologies for program evaluations, including those involving block grant activities.

3.4.2 Outcome Measures

Both the tribal representatives with whom onsite discussions were held and the participants in the Albuquerque ICDBG Consensus Session agreed on the proper conceptual focus for the evaluation. Both groups agreed that the focus should be derived from the purpose and established intent for the program as defined in the authorizing legislation. Thus, there was consensus among the informants and participants that the study should be structured to address one core question: to what extent does the ICDBG program enhance the economic and social viability of American Indian and Alaska Native communities? There was

consensus that any "outcome" measures selected for the study design should obtain data that directly addressed this core question.

The ICDBG Consensus Session was the primary mechanism used to identify the appropriate "outcome" measures. At the conclusion of that session, the participants identified eight outcome measures deemed appropriate for assessing the outcomes of ICDBG grant activities:

- *Capacity Strengthening.* This measure is the enhanced capability of a tribe to exercise its governing authority. This could include infrastructure enhancements (for example, improved communication systems) or ICDBG outputs (for example, community buildings) that facilitate community involvement in the tribe's governance.

- *Promotion of Collateral Investments.* This measure documents any new economic or programmatic activities on a reservation that derive, in part, from the resources provided from one or more ICDBG grant.

- *Enhanced Community Involvement.* This measure identifies the extent to which community members not directly employed by the tribal government take an active role in tribal community affairs. Examples include volunteer work and serving on local community councils.

- *Partnering.* This measure identifies the extent to which ICDBG grants promote the active involvement of non-tribal organizational entities in tribal initiatives. This could include involvement in the development of ICDBG outputs (for example, construction of a community center) or involvement in ICDBG outcomes (for example, programs that utilize ICDBG-funded facilities).

- *Leveraging.* This is the amount of non-ICDBG funds obtained to partially fund an ICDBG project.

- *Development of Social Capital.* This measure is the sum total of technical skills, life experience skills, and formal education of the community members. This measure would provide an indication of the level of human resources that tribal or private-sector entities can draw on for social and economic initiatives.

- *Alignment with Other Agency Objectives.* This measure documents the extent to which ICDBG projects help achieve tribal objectives established for other public-sector programs (for example, Healthy People 2010).

- *Improvement in Economic Conditions.* This measure estimates the extent to which ICDBG projects have served as a basis for "growing" the local economy.

3.5 Matching Measures to Data Collection

Two of the evaluation's data collection methodologies, the telephone discussions and the case studies, were designed to capture "outcome" data. The evaluation team determined that the data collection approaches would become too complicated and burdensome if there were an attempt to capture data on all the measures recommended at the Albuquerque consensus session. We thus decided to focus data collection efforts on a selected number of measures. These included the telephone discussions with tribal representatives, which were to obtain data relating to the measures of Collateral Investments, Leveraging, and Partnering. These outcome measures would focus on individual grants, and the types of outcomes that could, in some cases, be reliably attributed to individual grants. Additional outcome data were collected through the case studies, which obtained data on five of the measures recommended in Albuquerque: Collateral Investments, Leveraging, Community Involvement, Improved Economic Conditions, and Partnering. This mix of outcome measures was selected because the case study perspective provided a longer time frame and a community-wide viewpoint for data collection.

Targeting a few measures for each data collection component ensured that the data collection tools were more focused, and thus more likely to obtain high-quality data. Further, a number of the other outcome measures, such as social capital, would have required a longer term effort to identify and obtain pertinent data.

In the design of the data collection tools, we took care to ensure that the specific data items captured could be easily "cross-walked" to data items that ONAP had previously included as part of its PART submission and in its FY 2005 Performance Plan. Such data items would become "subsets" of the larger set of outcome data items obtained for this study.

"Outcome" measures identified in ONAP's ICDBG PART submission included the following:

- Reduction in the numbers of families living in substandard housing.
- Increased income resulting from employment generated by a project.
- Increased quality of life due to services provided by a public facility.
- Increased economic self-sufficiency of program beneficiaries.
- Increased homeownership rates.
- Reduction of drug-related crime or health-related hazards.

"Outcome" measures specified in ONAP's FY 2005 Performance Plan included the following:

- Alleviation of substandard housing conditions.
- Creation of jobs.
- Reduction in the number of over-crowded households.

The next chapter, Study Findings, provides a cross-walk between these measures and the data obtained during this evaluation.

3.6 Chronology of Data Collection Activities

The data collection activities for this evaluation took place from March through October, 2005. The first activity included preliminary fact-finding visits in March to four sites (Chickasaw and Cherokee Nations in Oklahoma and the Pueblos of Zuni and Pojaoque in New Mexico). From May through July, the team visited the six ONAP Area Offices (Denver, Chicago, Anchorage, Seattle, Phoenix/Albuquerque, and Oklahoma City) for the purposes of abstracting data from grant files. In July and August, the team visited five locations (the Bois Forte Reservation, Minnesota; Lake County, California; Ute Mountain Ute Reservation, Colorado; Port Graham Village and Nanwalek Village, Alaska; and Squaxin Island Reservation, Washington) to collect quantitative and qualitative information for the case studies. From August to the beginning of October, the team held telephone discussions with representatives of grantees that had completed ICDBG grants, to collect project outcome data and observations on the overall impacts of ICDBG projects.

4. Findings of the Evaluation

In this chapter we present the data and general findings from the evaluation's three data collection activities: program output data obtained from a review of ONAP's files for all grants awarded from FY 2000 through FY 2002; telephone discussions with tribal representatives of all awarded grants whose projects had been completed as of July 2005; and data obtained from site visits to 10 multi-award grantees, including 1 that was a consortium of tribes.

Our presentation is organized as follows: Section 4.1 summarizes the key findings from each of the three data collection activities; and sections 4.2 through 4.4 provide a more detailed presentation of the data obtained in each of the three data collection activities.

4.1 Key Findings

4.1.1 Program Outputs

Based on our review of the FY 2000 through FY 2002 grant files, the following are our key findings regarding ICDBG program outputs:

- A total of $194,411,399 in ICDBG funds was awarded to 204 applicants for the implementation of 313 ICDBG projects. The applicants planned to leverage the ICDBG funds with an additional $201,735,328 from other sources for total project funding of $396,146,727. The amount of planned leveraged funding represents 104 percent of the ICDBG awards—more than a 1-to-1 leveraging ratio.

- Nearly all (97 percent) of ICDBG awardees obtained some leveraged funds for the proposed ICDBG project. More than 56 percent of the leveraged funding sources were the tribal governments themselves (or their housing programs). Most of the remaining leveraged funding sources were other federal agencies (for example, the IHS). Through the end of the 2002 grant cycle, ICDBG grantees had obtained only a small amount (4.3 percent) of their leveraged funds from commercial sources, volunteer labor, or other nongovernmental entities.

- Grant funding reached a significant proportion of the eligible American Indian and Alaska Native tribes. Over 26 percent of eligible tribal communities received at least one grant in this timeframe. The total population of the grant awardees for the 3-year timeframe was approximately 760,263 people**,** according to the 2000 census.

- Slightly more than two-thirds of the *grants* went to communities of 1,000 people or fewer. Because small communities generally characterize the grantee universe, this

resulted in a high proportion (48 percent) of ICDBG *funds* being awarded to small communities.

- A high proportion (82 percent) of the grant dollars funded community infrastructure projects that include multi-purpose community centers; police and fire stations; and water, sewer, and electric infrastructure projects. A very small proportion (4.5 percent) of the grant funds supported conventional economic development activities.

- ICDBG grantees appeared to be efficient in completing proposed projects in a reasonable timeframe. Slightly more than half (52 percent) of the projects were operational at the time of our file review (May through July, 2005). This was the case even though grantees must, post-award, conduct detailed environmental reviews and procure contractors.

- Health and safety concerns were the most frequently mentioned (25 percent) community needs to be addressed by ICDBG projects. In some cases, the ICDBG-funded projects will be directly related to health and safety issues, such as extension of water lines or construction of fire stations. In other cases, ICDBG-funded structures will be devoted wholly or partially to health-related services and programs. Because health and safety concerns are so prevalent, grantees place much less emphasis on the ICDBG as a mechanism for creating jobs or raising income levels in American Indian and Alaska Native communities.

- Within the context of American Indian and Alaska Native communities, a high proportion (57 percent) of the ICDBG grants was targeted to specific sub-communities, such as housing subdivisions. A common use of the funds was to construct a community center or extend infrastructure in geographic areas that had been underserved prior to the ICDBG project. This focusing of resources significantly raises the direct per capita benefits in specific communities derived from ICDBG-funded projects.

4.1.2 Program Outcomes

Our major findings regarding program outcomes are the following:

- A significant proportion (25 percent) of the ICDBG projects had an immediate and positive impact on the quality of life for American Indian and Alaska Native communities. This was obvious, for example, in the extension of water and sewer systems. These projects provided clean, potable water to communities and addressed unsanitary sewer problems that existed in the communities prior to the ICDBG project. In the case of the public facilities (the most often funded project), 88 percent of the grantee respondents reported that the services provided at the new facilities had not been available previously in the local community.

- The value of ICDBG projects to the community increased over time. Of the grantees that had constructed public facilities, 57 percent stated that additional uses had been found for the public facilities.

- The ICDBG projects served as a stimulus for further community development efforts. Nearly one-third of the grantee respondents had already witnessed one or more "spin-offs" from the ICDBG-funded projects we reviewed. The spin-offs included private-sector commercial entities, additional funding from other federal programs, or increased investment by tribal governments.

- Grantees continued to increase the amount of leveraged funds post-award. More than one-third of the grantee respondents reported that they had obtained additional leveraged funds totaling $14,574,362—exceeding the amount documented in ONAP files. The primary sources of those funds included tribal governments, tribal housing programs, and other federal agencies such as the IHS and the U.S. Department of Agriculture's Rural Development program.

- Investment in ICDBG projects had an immediate and positive impact on employment on the reservation. Grantees with completed ICDBG projects generated 2,056 new or retained employment opportunities. It is important to note that this employment statistic presents only a partial picture of actual jobs created and retained, because not all grantees provided the evaluation team with reliable employment data. More than three-fourths of the grantee respondents reported that the construction phase of the ICDBG project resulted in the creation of new jobs in the American Indian and Alaska Native community. Similarly, approximately three-fourths of the grantees that had constructed public facilities stated that the services provided by those facilities had resulted in new jobs for the community.

- ICDBG projects foster active partnership efforts in the local community. More than 60 percent of the respondents indicated that an ICDBG project was fostering active partnerships, primarily with other federal programs, local fire and safety agencies, regional economic development entities, and local municipalities.

- More than one-third of the ICDBG projects had at least one end-use that promotes and fosters a tribe's cultural traditions. Those projects include libraries, museums and cultural interpretive centers, tribal parks, and traditional ceremonial grounds.

- Although economic development grants made up a small proportion (only seven grants) of the completed grants, those initiatives appeared to be successful. All seven of the entities were operational at the time of our telephone discussions; three of the operations were currently profitable; and three had exceeded their job-creation projections.

- Discussions with grantees underscored the lack of access to private capital for the development of public facilities, infrastructure, housing, and economic development initiatives. Grantees attributed this lack of private investment in tribal communities

to several factors, including (1) geographic isolation and remoteness from major markets; (2) perceived risk in dealing with tribal governments; (3) unfamiliarity with tribal codes and ordinances; (4) instability of tribal governments; (5) inadequate consumer purchasing power; and (6) insufficient profit potential. The grantees contend that the ICDBG program mitigates this lack of access to private capital by serving as "seed" money that can attract private investment, thereby reducing the risk perceived by potential funding partners.

4.1.3 Case Study Observations

Our major observations based on a review of the case study data are the following:

- Virtually all **(90 percent)** of the ICDBG projects we visited were completed, fully operational, well maintained, and devoted to the purposes specified in the grantees' applications. All ICDBG-funded projects we observed were being used for the purposes stated in the grant applications and their uses appeared to be in compliance with all program regulations.

- At 100 percent of the case study sites, the selection of specific ICDBG projects was part of a long-term strategic or community development plan. Community participation in the selection of projects, and in design and programming issues, appeared to be regular and meaningful.

- Staffing and quality of services offered at the ICDBG-funded facilities ranged from excellent to more than adequate. Our case study reviews found no instances in which staffing or services were inadequate or of poor quality.

- Utilization of ICDBG-funded facilities appeared to more than justify the investment in the facilities. Some of the facilities were already experiencing capacity problems at the time of our site visits, because of the pent-up demand for basic human services.

- A high proportion (90 percent) of the facilities we observed was used for service provision (health and wellness services, nutrition programs, childcare programs). In all cases, the ICDBG-funded facilities accommodated the provision of services previously unavailable in the community, or enhanced the quality of services provided. Private and non-profit service providers often are reluctant to operate facilities in tribal communities for three reasons: (1) the relatively small number and geographic isolation of potential clients in rural locations; (2) a preponderance of low and very low incomes of potential clients and difficulties in cost recovery; and (3) unfamiliarity with tribal needs and customs.

- We observed no discrepancies between the planned and actual use of any ICDBG-funded facility. The ICDBG program was delivering services and facilities that could immediately be utilized by the community.

- Some ICDBG projects were successful in stimulating community involvement and strengthening community bonds. A good example is the Cherokee approach to community planning and development using volunteer labor. Other examples include Bois Forte and Squaxin Island, where ICDBG-funded community centers provide classes in traditional crafts, language, and ceremonies.

- The employment benefits of ICDBG projects appeared to be a secondary priority for most sites we visited. Instead, grantees are devoting their leveraged ICDBG funds to projects that meet basic human needs, such as health, nutrition, infrastructure, and housing. While ICDBG projects do provide employment, almost all these positions are with tribal governments or agencies. In the ICDBG program, there has been only a limited focus on developing commercial or industrial entities that generate employment opportunities and revenues for the tribe.

- For the most part, ICDBG projects build on pre-existing linkages and partnerships rather than fostering new ones. ICDBG projects offer a good opportunity to "cement" relationships (for example, with a county government), but these working partnerships are typically in place prior to the ICDBG project.

4.2 Data Presentation and Analysis

In this section we present findings from the evaluation's three major data collection activities, namely:

- *Grant File Review—Program Outputs.* Abstraction of data from files maintained at ONAP Area Offices for all ICDBG grants issued for FY 2000 through FY 2002.

- *Telephone Survey—Program Outcomes.* Summary results of data gathered from grantee representatives for all FY 2000 through FY 2002 grants that had been completed by mid-year 2005.

- *Case Study Observations—Program Outcomes.* Onsite visits to 10 American Indian and Alaska Native communities that had received more than one ICDBG grant. Those communities were: Chickasaw and Cherokee Nations in Oklahoma; Pueblos of Zuni and Pojaoque in New Mexico; Bois Forte Reservation in Minnesota; Ute Mountain Ute Reservation in the Four Corners area of the Southwest; Native Villages of Port Graham and Nanwalek in Alaska; and Squaxin Island Reservation in Washington. Complete case study reports on the visits are provided in Volume II of this report.

4.2.1 Program Outputs

This subsection provides a descriptive analysis of the characteristics of all ICDBG grants awarded from FY 2000 through FY 2002. The data presented here derive solely from data

maintained in grant files at the seven ONAP Area Offices (Chicago, Denver, Albuquerque, Phoenix, Seattle, Anchorage, and Oklahoma City). ONAP staff members at each of these offices are responsible for reviewing grant applications in each fiscal year, determining the grant award winners, and monitoring progress on grant activities.

4.2.1.1 Grant Awards and Amounts

From FY 2000 through FY 2002, ONAP issued a total of 204 ICDBG grants, totaling $194,411,399 to implement 313 projects. (There were 79 multi-grant awardees during this time period.) The total number of grant awardees represented 26 percent of the total number of federally recognized tribes and Alaska Native villages. In the lower 48 states, the number of awardees represented 30 percent of federally recognized tribes. In Alaska, 15 percent of federally recognized tribes and villages received grants in this 3-year period.

Table 4.1 shows the number of grants awarded during this time period, segmented by ONAP region and by each of the major grant categories.

Table 4.1. ICDBG Awards and Amounts: FY 2000 – FY 2002

ONAP Region	Project Category	Number Funded	Awarded Amount
Alaska	Public Facility	25	$ 11,233,450
	Infrastructure	8	$ 3,974,164
	Housing	5	$ 2,404,820
	Economic Development	0	$0
	Multiple Activities	0	$0
	Sub Total	**38**	**$ 17,612,434**
Eastern Woodlands	Public Facility	16	$ 7,393,478
	Infrastructure	11	$ 5,500,000
	Housing	9	$ 3,418,371
	Economic Development	3	$ 1,068,000
	Multiple Activities	1	$ 500,000
	Sub Total	**40**	**$ 17,879,849**
Northern Plains	Public Facility	17	$ 12,872,230
	Infrastructure	9	$ 6,833,485
	Housing	12	$ 7,999,271
	Economic Development	0	$0
	Multiple Activities	2	$ 1,600,000
	Sub Total	**40**	**$ 29,304,986**
Northwest	Public Facility	23	$ 8,758,403
	Infrastructure	6	$ 2,130,372
	Housing	1	$ 100,000
	Economic Development	2	$ 700,000
	Multiple Activities	2	$ 850,000
	Sub Total	**34**	**$ 12,538,775**
Southern Plains	Public Facility	41	$ 27,096,210
	Infrastructure	9	$ 5,705,270
	Housing	0	$0
	Economic Development	6	$ 3,750,000
	Multiple Activities	1	$ 750,000
	Sub Total	**57**	**$ 37,301,480**
Southwest	Public Facility	63	$ 44,700,909
	Infrastructure	18	$ 23,517,971
	Housing	17	$ 8,254,995
	Economic Development	6	$ 3,300,000
	Multiple Activities	0	$0
	Sub Total	**104**	**$ 79,773,875**
Total	Public Facility	185	$ 112,054,680
	Infrastructure	61	$ 47,661,262
	Housing	44	$ 22,177,457
	Economic Development	17	$ 8,818,000
	Multiple Activities	6	$ 3,700,000
	Total	**313**	**$ 194,411,399**

Of the 204 grantees included in the evaluation, the 2000 census documents that 94 percent of the grantees have populations of 10,000 people or fewer and 67 percent of the grantees have 1,000 people or fewer. Only two grantees (Cherokee and Navajo Nations) had populations exceeding 100,000 people. Together, these two Nations represent slightly less than 1 percent of the total number of awardees. A similar result is apparent when looking at the award amounts. Table 4.2 shows the total award amounts during the review period for four types of grant recipients.

Table 4.2. Award Amounts and Grant Recipient Types

Recipient Type	Number of Awards	Award Amounts	Award Amount Percentage
Navajo Nation	3	$ 15,000,000	7.7%
Oklahoma Tribal Statistical Areas	50	$ 33,215,823	17.1%
Alaska Villages	37	$ 17,112,434	8.8%
All Other Tribes	223	$ 129,083,142	66.4%
Total	313	$ 194,411,399	100%

4.2.1.2 Award Amounts and Grant Categories

The total award amount for the 3-year review period was $194,411,399. The distribution of the award amounts among the major grant categories is presented in Table 4.3.

Table 4.3. Award Amounts and Grant Categories

Project Category	Number of Projects	Awarded Amount	Awarded Amount Percentage
Public Facility	185	$ 112,054,680	57.6%
Infrastructure	61	$ 47,661,262	24.5%
Housing	44	$ 22,177,457	11.4%
Economic Development	17	$ 8,818,000	4.5%
Multiple Activities	6	$ 3,700,000	1.9%
Total	313	$ 194,411,399	100%

As the data above indicate, a high proportion (82 percent) of the funds awarded in FY 2000 through FY 2002 were for community infrastructure considered in the broadest sense—that is, public facilities (57 percent) intended for use by community members, and community infrastructure (24 percent) such as water or sewer lines. The percentage devoted to infrastructure remains at nearly 75 percent, even if the large annual grants to the Navajo Nation are not included.

Table 4.4 shows the percentage of awards for each sub-category within each of the major categories of projects. For example, the housing category includes housing rehabilitation, new construction, or acquisition of land for housing projects.

Table 4.4. Funding Amounts among Project Sub-Categories

Project Category	Sub-Category	Awarded Amount	Awarded Percentage
Public Facilities	Multipurpose Community Center	$42,393,071	38%
	Health Clinic/Wellness Center	$35,623,471	32%
	Child Care/Head Start Facility	$15,114,061	13%
	Police/Fire/EMS Facility	$8,774,960	8%
	Tribal Park/Ceremonial Grounds	$5,184,318	5%
	Special Needs Housing	$4,964,799	4%
	Sub Total	**$112,054,680**	**100%**
Infrastructure	Sewer	$2,408,925	5%
	Utility	$4,085,000	9%
	Water	$11,625013	24%
	Sewer/Water	$4,904,053	10%
	Utility/Water	$5,000,000	10%
	Sewer/Utility/Water	$12,650,000	27%
	Treatment Facility	$3,843,412	8%
	Roads	$3,144,859	7%
	Sub Total	**$47,661,262**	**100%**
Housing	Rehabilitation	$12,316,449	56%
	Construction	$7,802,650	35%
	Land Acquisition	$2,058,358	9%
	Sub Total	**$22,177,457**	**100%**
Economic Development	All Categories	$8,818,000	100%
Multiple Activities	All Categories	$3,700,000	100%
	Total	**$194,411,399**	**100%**

4.2.1.3 Public Facility Projects

The most common use of the grant funds was for public facilities (58 percent). As Table 4.5 indicates, within this category 83 percent of the grant awards were for one of three types of facilities: Multipurpose Community Centers, Health Clinics/Wellness Centers, and Child Care/Head Start Facilities. All three of these structures normally are used, at least partially, to provide either health treatment or preventive care services. None of the large Navajo grants were devoted to this type of facility.

Table 4.5. Public Facility Grant Awards

Public Facility Sub-Category	Number of Projects	Awarded Amount	Awarded Percentage
Multi-purpose Community Centers	82	$42,393,071	38%
Health Clinics/Wellness Centers	57	$35,623,471	32%
Child Care/Head Start Facilities	19	$15,114,061	13%
Total	158	$93,130,603	83%

Community facilities are normally multi-purpose structures that serve as a focus for local activities and gatherings. ICDBG regulations do not allow the use of grant funds for tribal government offices. However, ICDBG-funded structures may be used for service provision.

Community facilities typically have kitchen facilities that are used for meals programs for community elders and other nutrition programs. They may also house some health service programs as well as pre-school and youth programs.

In most communities, the community center often is the only structure sufficiently large to host major social and community functions (churches and schools often lack auditoriums or meeting halls). Community centers also are used for participatory community meetings, funerals, weddings, and large gatherings associated with traditional tribal festivals (in some locations, the community center serves as temporary housing for visitors to pow-wows and other events). These structures also are often used for classes or activities intended to promote the knowledge of a tribe's traditional culture, including instruction in the traditional language.

The health or "wellness" centers can serve a variety of purposes. In some instances, these facilities are primarily "fitness centers" with exercise equipment, gymnasiums, swimming pools, and group activity rooms. These "fitness centers," however, often have programmatic linkages to healthcare programs, particularly programs aimed at treating and preventing diabetes. Diabetes remains one of the major health risks for American Indians and Alaska Natives, and regular physical exercise and proper nutrition have been demonstrated to be one of the most effective means of preventing serious medical complications due to diabetes.

In other instances, the health facilities funded by ICDBG are closer to a normal outpatient clinic. The ICDBG structure is used for clinical activities and associated administrative offices for the healthcare workers. In some cases, the ICDBG facilities are "satellite" facilities for a main healthcare center, normally operated by the IHS. At the sites visited for this study, travel time to such facilities ranged from 40 minutes to several hours. For example, the ICDBG-funded health clinics in the Native villages of Nanwalek and Port Graham in Alaska are able to stabilize emergency cases, but must transport those patients by airplane to the more advanced IHS-funded medical facility in Anchorage.

Table 4.6 shows the specifications for public facilities with respect to total project cost, cost per project, square footage and cost per square foot.

Table 4.6. Public Facility Specifications

Primary Construction Material	Number of Projects	Contract Budget		Square Feet		
		Total Cost	Cost Per Project	Total Square Footage	Mean Average	Cost per Square Foot
Frame	70	$72,001,997	$1,107,723	432,363	6,453	$172
Unknown	60	$73,765,711	$1,341,195	488,554	10,857	$124
Metal	16	$19,092,800	$1,272,853	112,390	7,493	$170
Other	15	$11,255,531	$803, 967	105,431	8,786	$92
Block	11	$16,490,901	$1,649,090	88,380	8,838	$187
Prefab/ Modular	9	$6,241,577	$891,654	41,275	4,586	$194
Concrete/Steel	1	$1,000,000	$1,000,000	11,600	11,600	$86
Not Identified	1	$799,975	$799,975	6,000	6,000	$133
Other (Adobe)	1	$3,103,596	$3,103,596	163,244	16,300	$190
Metal w/ Interior Walls	1	N/A	N/A	30,000	30,000	N/A
Total	185	$203,752,088	$1,205,634	1,479,237	9,131	$132

4.2.1.4 Infrastructure Projects

Table 4.7 shows the number of projects funded and the associated total amounts for the categories of basic infrastructure grants. As the data indicate, these grants have been used primarily to either extend water service connections or to provide them to communities previously without this basic service.

Table 4.7. Infrastructure Grant Awards

Infrastructure Sub-Category	Number of Projects	Awarded Amount	Awarded Percentage
Sewer	4	$2,408,925	5%
Utility	9	$4,085,000	9%
Water	20	$11,625013	24%
Sewer/Water	7	$4,904,053	10%
Utility/Water	1	$5,000,000	10%
Sewer/Utility/Water	7	$12,650,000	27%
Treatment Facility	8	$3,843,412	8%
Roads	5	$3,144,859	7%
Total	61	$47,661,262	100%

4.2.1.5 Housing Projects

Table 4.8 shows that the majority (56 percent) of housing grants were devoted to housing rehabilitation. Of the total, 35 percent were devoted to construction of new housing, and 9 percent were devoted to acquisition of land for housing construction. Under the ICDBG program, the mean number of homes rehabbed through the grant was 30. The mean number of new houses constructed with ICDBG grants was 5.

Table 4.8. Housing Grant Awards

Housing Sub-Category	Number of Projects	Awarded Amount	Awarded Percentage
Rehabilitation	25	$12,316,449	56%
Construction	15	$7,802,650	35%
Land Acquisition	4	$2,058,358	9%
Total	44	$22,177,457	100%

4.2.1.6 Economic Development Projects

The range of activities funded through economic development grants was fairly narrow. Six of the applicants planned to use the grants to construct retail travel centers. These outlets normally sell gasoline and have a convenience store, and in some cases contain a restaurant. In many communities, these convenience stores are the only food and merchandise retail outlet on or near the tribal community. An equal number of the applicants proposed to use grant funds for projects intended to attract tourists. Such projects included construction of hunting/fishing facilities as well as cultural heritage centers or recreational vehicle parks. Other grants funded workforce development centers and support for micro enterprises. Only one grant supported a nontraditional profit-making enterprise. This was a chocolate factory acquired and operated by the Chickasaw Nation.

The most commonly mentioned (20 grantees) objective for economic development grants was job creation or retention. A high proportion of these (17 grantees) also funded construction of facilities related to economic initiatives. Job skill development was another objective often mentioned (9 grantees) for these grants.

4.2.1.7 Leveraged Funding

ICDBG regulations do not require that applicants for single purpose grants obtain leveraged funds in order to receive an award. Applicants are, however, given extra points in the review process if they have secured assurances of leveraged funds for their proposed project. Over 97 percent of the FY 2000 through FY 2002 grant awardees included leveraged funds in their grant application. Table 4.9 shows the percentage of estimated project costs to be covered by leveraged funds, broken out by project category.

Table 4.9. Leveraged Funding among Project Categories

Project Category	Awarded Amount	Leveraged Amount	Leveraged Percentage
Public Facility	$112,054,680	$113,549,908	101%
Infrastructure	$47,661,262	$55,696,971	117%
Housing	$22,177,457	$7,642,920	34%
Economic Development	$8,818,000	$22,351,529	253%
Multiple Activities	$3,700,000	$2,494,000	67%
Total	$194,411,399	$201,735,328	104%

Table 4.9 shows that for every ICDBG dollar awarded, grantees leveraged another dollar from other sources. In essence, the $194 million in ICDBG awards leveraged another $201 million, for total project resources of $395 million. In three out of the four major grant categories, grantees were able to leverage their ICDBG funds on at least a one-for-one basis. Most notable were economic development projects, in which grantees leveraged over 2.5 dollars for every ICDBG dollar.

As shown in Table 4.10, the most common source of leveraged funds was the tribal governments themselves. Of the successful grant applicants, 56 percent received their leveraged funds from the tribal government. A large portion of leveraged funds from tribal sources included IHBG funds for projects involving housing rehabilitation, new construction, and infrastructure. Additional sources of leveraged funding included other federal agencies (for example, IHS), regional entities such as the Alaska Native Corporations, state agencies, private lenders, cities, non-profit agencies and foundations, and the value of volunteer labor.

Table 4.10. Leveraged Funding Sources

Source	Number	Percentage
Tribe	210	56%
Federal	99	27%
Regional	24	6%
State	17	5%
Bank Loan	13	3%
City	4	1%
Non-Profit/Foundation	4	1%
Volunteers	1	0.3%
Total	372	100%

4.2.1.8 Low- and Moderate-Income Beneficiaries

One of the major goals of the ICDBG program is to direct the resources developed through grant funds to low- and moderate-income individuals. In their applications tribes must provide data on the incomes of households that will benefit from a given project. Uniformly, the application data indicate that project beneficiaries are low- and moderate-income households. The mean percentage of low- and moderate-income households for each category of grant is:

- Housing – 97 percent
- Community Facilities – 85 percent
- Economic Development – 83 percent
- All Grants – 87 percent

4.2.1.9 Community Needs Identification

Along with specifying the income level of project beneficiaries, in their applications tribes had to describe the community need(s) that would be met by the proposed project. During the file review process, the project team developed a categorization scheme for the needs descriptions. Table 4.11 presents the results of that coding process. The data show clearly that health and safety risks were the most commonly cited need in grant applications.

Table 4.11. Categories of Community Needs

Categories	Number	Percentage
Health/Safety Risks	256	25%
High Poverty	151	15%
High Unemployment	129	13%
Lack of Facilities/Services	108	11%
Substandard Facilities/Services	114	11%
Substandard Infrastructure	50	5%
Substandard Housing	49	5%
Lack of Housing	42	4%
Low Level of Community Involvement in Tribal Governance	37	4%
Lack of Infrastructure	33	3%
Imminent Threat	18	2%
Lack of Roads	9	1%
Substandard Roads	9	1%
Other	13	1%
Total	1018	100%

The specific health and safety risks mentioned in the applications are typically acute and long term in nature. Many communities lack the resources to respond to medical or fire emergencies in an acceptable timeframe that protects life and property. Substandard housing stock provides inadequate protection against severe weather, and homes often contain severe environmental hazards such as mold, asbestos, and lead-based paint. A lack of adequate water or sewer systems poses obvious health risks. The lack of access to clean water and proper disposal systems can cause diarrhea, giardia, hepatitis A, and other infections. Water that is unpleasant to the taste can reduce water consumption and cause chronic dehydration. Incomplete plumbing can have a negative effect on household hygiene and proper food preparation. The use of "honeybuckets" by numerous households, especially in Alaska, often results in waste being dumped on the ground in residential areas and the contamination of surface water supplies. A lack of suitable community facilities often is tied to a lack of adequate health care, social services, and employment opportunities. Community facility grants also provide a resource for necessary police, fire protection, and emergency medical services.

Grants issued under the "Imminent Threat" provision of ICDBG are by their very nature directed toward immediate and severe health and/or safety hazards.

4.2.1.10 Completed Projects

As shown in Table 4.12, 52 percent of the 313 projects funded were "completed" as of July 2005. A project is considered completed once it is operational and there is either no further need for additional fund drawdowns or all funds have been drawn down. In many cases, the grants under which these projects were funded were not considered formally "closed" (a status that requires an audit of the grant records by an independent certified public accountant retained by the grantee, and other grant close-out documents).

Table 4.12. Schedule of Completed Projects

Award Year	Number of Projects Completed	Percentage of Projects Completed
2002	68	64%
2001	59	54%
2000	35	36%
Total	162	52%

Table 4.13 shows the distribution of completed grants by project category and ONAP region. The data show no significant variation for completed grants by region or category when compared with the distribution by region and project category for all the grants issued during the review period.

Table 4.13. Distribution of Completed Grants

ONAP Region	Project Category	Number of Funded Projects	Percentage of Projects Completed
Alaska	Public Facility	25	76%
	Infrastructure	8	100%
	Housing	5	100%
	Economic Development	0	N/A
	Multiple Activities	0	N/A
	Sub Total	**38**	**84%**
Eastern Woodlands	Public Facility	16	69%
	Infrastructure	11	55%
	Housing	9	67%
	Economic Development	3	100%
	Multiple Activities	1	0%
	Sub Total	**40**	**65%**
Northern Plains	Public Facility	17	35%
	Infrastructure	9	33%
	Housing	12	58%
	Economic Development	0	N/A
	Multiple Activities	2	50%
	Sub Total	**40**	**43%**
Northwest	Public Facility	23	61%
	Infrastructure	6	50%
	Housing	1	100%
	Economic Development	2	100%
	Multiple Activities	2	0%
	Sub Total	**34**	**59%**
Southern Plains	Public Facility	41	46%
	Infrastructure	9	33%
	Housing	0	N/A
	Economic Development	6	83%
	Multiple Activities	1	100%
	Sub Total	**57**	**49%**
Southwest	Public Facility	63	46%
	Infrastructure	18	17%
	Housing	17	35%
	Economic Development	6	17%
	Multiple Activities	0	N/A
	Sub Total	**104**	**38%**
Total	Public Facility	185	53%
	Infrastructure	61	43%
	Housing	44	57%
	Economic Development	17	65%
	Multiple Activities	6	33%
	Total	**313**	**52%**

The most common reason that a facility was not completed by the time of the file review was an inability to complete an environmental review in a timely fashion. For all activities involving physical improvements (such as community facilities, housing construction, and infrastructure installation), grantees must conduct a thorough environmental review of the site and the likely impact of the proposed physical improvement. Grantees are not allowed to make any "drawdowns" of construction funds until HUD approves the environmental reviews.

It is important to note that when leveraged funding is involved, different environmental reviews may be required. For example, IHS environmental reviews have requirements that differ from HUD reviews. In essence, there is no uniform federal environmental review format. Because of federal regulations, grantees often have to complete separate environmental reviews for each federal agency involved in project funding. The grantee, therefore, may have to perform an environmental review for IHS, another for HUD, and another for the Department of Commerce, etc. In effect, the greater the fund leveraging, the greater the prospect for project delay due to the differing environmental review requirements by the leveraged funding sources.

In many cases, environmental reviews can be a lengthy process in areas that are subject to severe winter weather. In addition, some reviews have findings that require tribes to identify alternate sites for the proposed project. For some grants the environmental review process is not completed even two years after grant award.

Another common difficulty facing grantees is obtaining the needed contractor support. A high proportion of American Indian and Alaska Native communities are in remote locations where the number of qualified building contractors is limited. In times of high demand for contractor services, grantees may receive contractor bids substantially higher than projected in the application, or they may receive no bids at all for the project. This market limitation can put projects significantly behind schedule.

4.2.1.11 Specific Beneficiaries

In the application process, applicants must specify the intended number of direct beneficiaries for a grant project. Applicants also are required to identify specific populations (if any) that are intended to benefit from the project. Examples of specific populations include such groups as small children, tribal elders, and people with special needs.

For the review period, the median number of specific beneficiaries was 307. Compared with the median award amount of $550,000 for this period, the median per capita dollar funding for these specific individuals was $1,760.

Table 4.14 shows the percentage of grant applications that identified specific populations as direct project beneficiaries. Applicants could specify more than one population group in an application.

Table 4.14. Specific Beneficiaries

Beneficiary Types	Number of People	Percent
Children	268	86%
Youth	265	85%
Adults	272	87%
Elders	263	84%
Families	254	81%
Special Needs	159	51%
Total	1,481	100%

4.2.1.12 Specific Impact Areas

In our file review, we also looked for indications that a project was focused on a specific geographic location; for example, a housing sub-division. Those applications were coded differently from applications in which it appeared that a project was intended to benefit the entire community. Based on this distinction, Table 4.15 shows that 69 percent of the projects were focused on a specific tribal community. This number excludes the large Navajo Reservation and the Indian Statistical Areas.

Table 4.15. Impact Area Categories

Category	Number	Percentage
Specific Community*	185	69%
Tribal Communities	82	31%
Total	267	100%

* Includes Alaska Villages

Table 4.16 compares the characteristics of the FY 2000 – FY 2002 ICDBG grantees to other federally recognized tribes in the 48 contiguous states. The comparison clearly shows that during this timeframe the grantees had greater levels of unmet social and economic needs than the non-grantees. This was true for various measures of poverty, inadequate housing, and educational attainment. All data in the table were obtained from the 2000 census.

Table 4.16. Comparison of ICDBG and Non-ICDBG Communities
(Excludes Oklahoma Indian Statistical Areas and Alaska Villages)

Variable	2000 – 2002 ICDBG Grantees	All Other Tribal Communities
Number of Federal Reservations	129	181
Per Capita Income	$7,336	$9,649
American Indian Family Poverty Rate	38%	29%
American Indian Unemployment Rate	24%	17%
American Indian Child Poverty Rate	47%	36%
American Indians Living in Deep Poverty	26%	14%
Households Receiving Public Assistance	22%	11%
American Indian Labor Force Participation Rate	50%	55%
Percentage of Individuals Living in Over-Crowded Housing	20%	9%
American Indian Homes Lacking Complete Plumbing	17%	4%
American Indian Homes Lacking Complete Kitchen	17%	3%
American Indian High School Graduation Rate	30%	36%

Source: *American Indians on Reservations: A Databook of Socioeconomic Change Between 1990 and 2000 Censuses,* Harvard Project on American Indian Economic Development, Harvard University, 2005.

4.2.2 Program Outcomes

In this subsection we present the summary of findings derived from telephone discussions with representatives of ICDBG grantees. Grantees selected for the interviews were tribes that had one or more grants awarded from FY 2000 through FY 2002, and whose project had been completed as of July 2005. We considered a "completed" grant to be one in which the ICDBG-funded project was built and was in use. Some of these grants were not formally "closed," because a final audit of the grants had not been completed and other documentation was outstanding.

In our file review at the ONAP Area Offices, we determined that 52 percent of the projects funded by grants between FY 2000 and FY 2002 had been completed. This consisted of 162 projects funded by 131 grants.

The telephone discussions with grantee representatives were conducted from August 20, 2005, through October 10, 2005. During that time period, we were able to have discussions with representatives from 93 of the 131 grantees – representing a 70.9 percent participation rate and one that ensures statistical reliability.

Initial contact with the grantees was in the form of an official letter from HUD's Deputy Assistant Secretary for Native American Programs, inviting the grantees to participate in the ICDBG evaluation. The letters were sent by regular mail and electronic mail, and were addressed to the leadership of record—for example, the Chief, President, or Chairperson. The letter was followed by a telephone call from the evaluation team to (1) determine the grantee's interest in participating in the telephone discussion, (2) identify those individuals considered by the grantee to be most knowledgeable about the project(s) in question, and (3) establish a time to conduct the telephone discussion. In most cases, the primary respondent was a government staff person in the planning or housing department. Some grantees chose

to respond to the information request by filling out an electronic version of the telephone discussion guide; otherwise, all data were collected over the telephone.

A copy of the Telephone Discussion Guide is provided in Appendix D. Presented below is a summary of the findings from the telephone discussions with the 83 grantee representatives.

4.2.2.1 Universe of Grantees Interviewed

The evaluation team discussed slightly different issues with grantee representatives, depending upon the type of project(s). Table 4.17 shows the distribution of the grantees with whom we held discussions, broken out by region and project type. The parenthetical numbers in the "Region" column represent the number of tribes responding in that region. The parenthetical numbers in the "Project Type" column indicate that a tribe had more than one grant of a certain type.

Table 4.17. Grantees Interviewed and Project Types

Region	Grantee	Project Type
Alaska (14)	Artic Village	Housing Construction
	Diomede	Housing Rehabilitation
	Iqurmiut	Public Facility
	Kotlik	Infrastructure
	Mekoryuk	Public Facility
	Newtok Village	Public Facility
	Nightmute	Public Facility
	Orutsaramuit	Public Facility
	Pilot Station	Public Facility
	Seldovia	Public Facility
	Tetlin	Public Facility
	Tuluksak	Public Facility
	Valdez	Infrastructure
	Venetie	Housing Construction (2)
Eastern Woodlands (13)	Akwesasne	Infrastructure
	Aroostook MicMacs	Housing Rehabilitation
	Bad River	Infrastructure
	Ho-Chunk	Public Facility, Infrastructure
	Keweenaw	Public Facility
	Lac Du Flambeau	Public Facility
	Little Traverse	Public Facility
	Menominee	Micro-enterprise Development
	Mille Lacs	Housing Rehabilitation
	Red Lake	Infrastructure
	Sokaogon	Multiple Economic Development Projects
	Upper Sioux	Public Facility
	White Earth	Public Facility
Northern Plains (13)	Assiniboine & Sioux	Infrastructure
	Chippewa Cree	Public Facility (2)
	Crow Creek	Housing Rehabilitation
	Crow Tribe	Housing Rehabilitation
	Lower Brule	Housing Rehabilitation (2)
	NW Band Shoshoni	Land for Housing
	Oglala Sioux	Public Facility
	Ponca Nebraska	Housing Rehabilitation
	Rosebud Sioux	Public Facility
	Santee Sioux	Housing Rehabilitation, Infrastructure, Land for Economic Development
	Sisseton Wahpeton	Infrastructure
	Utah Paiute	Public Facility
	Yankton Sioux	Housing Rehabilitation
Northwest (13)	Coeur D'Alene	Public Facility, Economic Development Facilities Funding
	Colville	Public Facility, Multiple Economic Development Projects

Table 4.17. Grantees Interviewed and Project Types (continued)

Region	Grantee	Project Type
Northwest (13) (Continued)	Coquille	Public Facility (2)
	Jamestown S'Klallam	Public Facility
	Makah	Multiple Housing Projects
	Nez Perce	Infrastructure
	Port Gamble	Public Facility
	Quinault	Infrastructure
	Shoalwater Bay	Multiple Economic Development Projects
	Siletz	Public Facility
	Skokomish	Public Facility
	Spokane	Public Facility
	Suquamish	Public Facility
Southern Plains (10)	Absentee-Shawnee	Public Facility
	Choctaw	Public Facility, Multiple Economic Development Projects
	Iowa Tribe of OK	Infrastructure
	Kaw	Public Facility
	Miami Tribe	Multiple Economic Development Projects
	Osage	Public Facility (2)
	Ottawa	Public Facility
	Pawnee Nation	Multiple Economic Development Projects
	Prairie Band Potawotamie	Infrastructure
	Seneca Cayuga	Public Facility (2)
Southwest (20)	Ak-Chin	Public Facility
	Bear River	Public Facility
	Chemehuevi	Public Facility, Economic Development Skills
	Colusa	Public Facility
	Duckwater Shoshone	Housing Rehabilitation
	Kaibab Band	Public Facility
	Karuk Tribe	Public Facility
	Lytton Rancheria	Public Facility
	Pinoleville	Land for Housing
	Pojoaque Pueblo	Multiple Community Facilities, Housing Rehabilitation
	Potter Valley	Land for Housing
	Quartz Valley	Public Facility
	Redwood Valley	Housing Construction
	Reno-Sparks	Infrastructure
	Robinson Rancheria	Public Facility
	San Pasqual	Public Facility (2)
	Smith River	Public Facility
	Stewarts Point	Public Facility
	Tule River	Public Facility
	White Mountain Apache	Public Facility

4.2.2.2 Summary and Break-Out of Response Frequencies

In all discussions with the grantees, the evaluation team sought to confirm that the data collected during the file review were correct, and that the projects in question were actually operational. All of the interviewed grantees were able to confirm that the projects were in operation.

The telephone discussions also sought to confirm that the projects as completed and in use were essentially the same as those described in ONAP's grant files. Fifty-seven percent of the grantee representatives confirmed that there had been no change in the intended use. Changes in use patterns reported by grantee representatives included:

- Reconfiguration of a facility for use as a library.
- Use of a facility for substance abuse and vocational training programs.
- Use of a facility as a regional training center for fire fighters, including non-Native American agencies.
- Uses for dental clinics, diabetes programs, and exercise programs.
- College-level education courses.

All of these changes in facility usage are eligible under program regulations. The evaluation team verified that the changed uses occurred either after the completion of the ICDBG project and did not require ONAP approval, or the grantee secured ONAP approval for changes in facility use during the ICDBG grant term.

Respondents for all categories of grants were asked if the ICDBG award resulted in any employment for tribal members, over and above pre-existing employment. The pre-existing employment may have been in a tribal governmental department, housing authority, or tribally owned construction firm.

Grantee representatives were also asked to confirm that the leveraged funds projected in the grant application were actually made available for the project. Fifty-seven percent of the grantees indicated that the leveraged funds became available in the amount planned. Only 8 percent of the grantees said that they received a smaller amount of leveraged funds than planned. In the event a grantee is not able to obtain the leverage for which the grantee earned points in its application, ONAP determines if an amendment to the grant is necessary or whether the funds will be recaptured.

However, 36 percent of the grantees reported that the final amount of leveraged funds they received exceeded the amount projected in the grant application. Out of this group, a total of 49 grantees indicated that they obtained additional leveraged funds from sources other than those identified in their grant application. For these grantees the median amount of leveraged funding was $1,261,895. The sources of additional leveraged funds were much the same as those stated in the applications—primarily tribal governments, tribal housing programs, and the U.S. Department of Agriculture's Rural Development Program. Several tribes received funding from non-profit sources, such as the Lilly and Paul Allen Foundations.

All of the grantee representatives were asked to assess the impact, to date, of the grants in question. One measure of impact was collateral investments. Did the grant stimulate the development of other nearby tribal or private-sector projects? Examples given were new retail outlets and privately funded housing units.

Respondents were also asked to indicate if services or activities based in ICDBG-funded facilities now have active participation of non-tribal partners. The discussions on this issue involved partners whose participation went beyond providing leveraged funds.

Fifty-four percent of the grantees said that the ICDBG project had already resulted in some type of collateral investment. The investments identified included:

- Opening of a childcare center in response to the new housing units.
- Development of an Internet provider service owned and operated by a tribe.
- Building of a new convenience store and other retail outlets.
- Expansion of housing complexes in response to infrastructure investments.
- Opening of local service-related business activities, such as propane supply and vehicle repair shops.

Forty-four percent of the grantees reported that an active partnering arrangement had been included in the project plan submitted in their grant application. All the grantees reported that they had an active partnering arrangement now that their ICDBG-funded facilities were in use. The frequently mentioned partners were:

- IHS.
- Area agencies on aging and the Department of Health and Human Service's Administration on Aging.
- Local county and municipal governments.
- Local fire and emergency response agencies.

Tribal representatives also were asked to indicate the extent to which ICDBG facilitated ongoing strategic planning efforts among the tribe. Eighty-seven percent of the grantees stated that the ICDBG project was part of a well-defined strategic planning effort. In addition, 84 percent of the grantees reported that their ICDBG projects were coordinated with a number of tribal departments or organizations, other than the department responsible for implementing the project. Fifty-six percent of the tribal representatives stated that the ICDBG-funded project was a prerequisite for other steps in their strategic or Indian Housing Plans.

The extent of project coordination and organizational linkages arising out of the ICDBG project was greater than grantees anticipated in their applications. Eighteen percent of the grantees stated that the level of project coordination with other tribal and non-tribal organizations was 1 to 2 times greater than they had anticipated. Ten percent said that the actual level of coordination was more than 2 times greater than anticipated in the application.

All the grantees were asked the extent to which the ICDBG project resulted in providing one or more of the outcome measures ONAP had included in its FY 2004 and FY 2005 NOFAs. Grantees had not been asked to address these outcome measures in the FY 2000 through FY 2002 grant applications, although it is useful to review the actual outcomes for the purposes of this evaluation. Table 4.18 shows the grantees' estimate of project outcomes.

Table 4.18. ICDBG Outcomes

Project Type	Number of Projects	Decreased Substandard Housing	Increased Income from Employment	Increased Quality of Life	Increased Economic Self-Sufficiency	Increased Home-ownership	Decreased Drug-Related Crime & Health Hazards
Public Facility	57	11%	40%	77%	30%	N/A	61%
Infrastructure	15	80%	40%	73%	33%	60%	67%
Housing	17	100%	41%	88%	29%	53%	47%
Economic Development	7	N/A	100%	57%	57%	N/A	N/A
Multiple Activities	1	100%	100%	100%	100%	100%	N/A
Total	97	37%	45%	77%	33%	27%	55%

Fifty-two percent of the grantees also perceived additional outcomes deriving from the ICDBG projects, including:

- Reduction in the amount of time traveling to obtain basic supplies.
- Increased involvement in community programs.
- Increased availability of recreational facilities.
- Expansion of educational opportunities.
- Development of basic infrastructure to support future community development activities.
- Renewal of tribal cultural and religious traditions.
- Improvement in job skills.

Grantee representatives also were asked if they had observed any ways in which the ICDBG project had improved the economic and social viability of the community. Table 4.19 shows the types of improvements they reported observing. The grantees could indicate more than one improvement for any specific ICDBG project.

Table 4.19. Community Improvements

Observed Improvements	Number	Percentage
Improved appearance of the community	65	67%
Healthier lifestyles and higher levels of physical exercise	64	66%
Improved employment opportunities	63	65%
More community involvement in tribal government and planning	58	60%
Increased awareness of and interest in the tribe's cultural heritage	47	48%
More enrolled members seeking to return to live on the reservation/village	46	47%
Fewer problems related to the abuse of alcohol or drugs	38	39%
Increased participation in community organizations	37	38%
Increased homeownership	35	36%
Improved attendance and performance of the community's students	34	35%
Fewer instances of violent crime or domestic violence	25	25%
Other types of community improvement	17	18%
New retail outlets	16	16%

All grantees were asked to assess the impact of the projects in terms of their overall impact on the economic and social viability of the community. This was done on a 5-point ranking scale, with "5" indicating a major impact, and "1" indicating little or no impact.

Table 4.20 shows the mean ranking score provided by the grantees, broken out by project type and for the entire universe of grantees.

Table 4.20. Overall Program Ranking Score

Project Type	Number of Projects	Mean Ranking Score
Public Facility	57	4.39
Infrastructure	15	4.36
Housing	17	4.53
Economic Development	7	4.71
Multiple Activities	1	4.00
Total	97	4.43

In addition to the types of benefits provided through the project, grantee representatives were asked about the number and characteristics of people benefiting from the project. Table 4.21 presents the grantee responses regarding the number and type of project beneficiaries.

Table 4.21. Project Beneficiaries

Project Type	Number of Projects	Number of Beneficiaries		Low To Moderate Income Beneficiary Percentage	Indian Beneficiary Percentage	Non-Indian Beneficiary Percentage
		Total	Mean			
Public Facility	57	71,317	1,274	83%	89%	11%
Infrastructure	15	14,895	1,064	81%	94%	6%
Housing	17	1,191	70	100%	99%	1%
Economic Development	7	35,670	7,134	81%	38%	62%
Multiple Activities	1	42	42	100%	99%	1%
Total	97	123,115	1,324	82%	75%	25%

At the conclusion of each discussion, the grantee representatives were asked to indicate the importance of the ICDBG program as a whole to their communities. Specifically, they were asked to indicate the importance of the program in improving both the economic and social viability of the community. Table 4.22 summarizes the grantees' responses to those questions.

Table 4.22. ICDBG Importance to Economic and Social Viability

Importance of ICDBG in Improving Economic Viability	Number	Percentage
Most important	27	28%
Among the most important	51	53%
Valuable tribal resource	15	15%
Some help	4	4%
Little or no help	0	0%
Total	97	100%
Importance of ICDBG in Improving Social Viability		
Most important	29	30%
Among the most important	45	46%
Valuable resource	19	20%
Some help	4	4%
Little or no help	0	0%
Total	97	100%

The grantee representatives also were asked to identify the aspects of the ICDBG program that make it a unique tribal resource. Table 4.23 summarizes the grantees' responses to that question.

Table 4.23. ICDBG Uniqueness

ICDBG Uniqueness	Number	Percentage
Ability of recipients to coordinate grant awards for a larger project	84	87%
Flexible and adaptable to local conditions	82	85%
Knowledgeable ICDBG program staff at ONAP	81	84%
Annual grant awards can support long-range strategies	75	77%
Complements other HUD programs (IHBG, RHED, Rural EZ, Sec. 184, etc)	70	72%
Important "seed" funds to leverage other public/private funding	68	70%
Funds facilities *and* operations	60	62%
No other available public funding	66	68%
Risk mitigation for leveraged funding partners	31	32%
Other	18	19%

4.2.2.3 Project Specifications

Grantee responses to specific types of ICDBG projects are presented below.

Public Facilities (57 Projects)

Eighty-nine percent of the grantees indicated that the facilities were being used for the purposes and services specified in the applications. Eighteen percent of the grantees, however, indicated that after becoming operational the facilities were being used for programs or services not specified in the grant application, including Head Start programs, infant care programs, public libraries, and exercise programs. These are eligible uses under the program's regulations and occurred after construction was completed.

Eighty-eight percent of the grantees reported that the services or programs housed in the facility had not been available previously in the community. The most frequently mentioned new services offered included health clinics, wellness centers, substance abuse programs, youth hot meals programs, and youth activity centers. In most cases, local private- or public-sector organizations had not found it cost-efficient to offer these services in tribal communities.

Housing Rehabilitation (11 Projects)

For this type of project, 73 percent of the grantees indicated that the actual number of homes rehabilitated equaled or exceeded the number proposed in the grant application. Ninety-one percent of the grantees providing rehabilitated housing to new residents saw this as a significant improvement in the quality of housing available to those residents. This group of grantees saw the housing rehabilitation projects as having a significant impact on their communities. All the grantees indicated that the grants reduced over-crowding in the community, while 91 percent indicated that the project reduced homelessness in the community. All the grantees said that the project resulted in housing that was decent, safe, and sanitary.

Land Purchase (4 Projects)

In this group of grantees, all the grantees indicated that the land purchase was completed essentially as described in the grant application. Three of the grantees said that the grant funds had been sufficient to meet the tribal objectives for the land purchase, and all the tribes reported that the land purchase would be used for the purposes stated in the application. Two of the grantees indicated that they encountered problems in completing the land acquisition. However, both of these cases involved local jurisdictional issues and were successfully resolved at the grantee level. All of these respondents indicated that the ICDBG grant served as an effective tool to acquire land for community purposes.

Housing Construction (4 Projects)

All the grantees in this group reported that they were able to construct a number of new homes equal to or exceeding the number proposed in the grant application. All the grantees also reported that the new construction had reduced the level of over-crowding in the community, and three stated that the new housing had reduced the level of homelessness. All of the new homes were constructed in the locations specified in the grant application.

Infrastructure (16 Projects)

Ninety-four percent of the grantees in this group reported that the project was completed as proposed in the grant application. Sixty-nine percent of the grantees said that the infrastructure project was directly related to another community project, including new housing developments, community centers, new cultural centers, and expansion of churches. One hundred percent of these other projects directly related to the community were also operational at the time of the telephone discussions.

Economic Development (7 Projects)

All the grantees in this group reported that the project was completed as planned, and all grantees reported that the project was currently operational. One of the grantees reported that the project had created the number of jobs projected in the grant application. Three grantees said the relevant project had created more jobs than anticipated, while three said the project had created fewer jobs than anticipated.

Four of the grantees indicated that their operational economic development projects were currently profitable. In addition, five grantees reported “spin-offs” from the project, including several small retail outlets and computer learning/service centers.

4.2.3 Case Study Observations

This section summarizes quantitative and qualitative observations based on data obtained from site visits to ICDBG grantees. This was the only data collection activity where members of the evaluation team had the opportunity to visit ICDBG facilities and have face-to-face discussions with tribal representatives, service providers, and community members.

The evaluation team had the opportunity to visit nine individual grantees and one consortium of grantees during 2 time periods. In March 2005, the evaluation team visited the Chickasaw and Cherokee Nations in Oklahoma and the Pueblos of Zuni and Pojaoque in New Mexico. These visits were scheduled as part of the planning phase of the project, and were originally intended to provide a conceptual framework for evaluating diverse project types in multiple settings. The findings from these initial site visits helped guide the research design for the project. Discussions with tribal representatives, service providers, and community members, as well as inspection of ICDBG-funded facilities were more beneficial than anticipated. The amount of data obtained on these initial visits enabled the evaluation team to include these grantees as case study subjects.

In July and August 2005, the evaluation team visited five individual grantees plus a consortium of grantees in Lake County, California. These visits followed a more structured site-visit protocol than the March visits, and the evaluation team members visited all ICDBG-funded facilities in each community. The team members also arranged to have face-to-face discussions with a wide range of community representatives and beneficiaries of ICDBG projects. The grantees visited during this time period included: Bois Forte Band of Chippewa Nation (Minnesota); Ute Mountain Ute Nation in the Four Corners Area; Squaxin Island Nation (Washington); Native Villages of Port Graham and Nanwalek (Alaska); and a consortium of six rancherias served by a tribal health clinic in Lake County, California (considered as one grantee). The consortium of rancherias includes the Habematolel Pomo of Upper Lake, Scotts Valley Band of Pomo Indians, Middletown Rancheria of Pomo Indians, Big Valley Band of Pomo Indians, Elem Indian Colony of Pomo Indians, and Robinson Rancheria Tribe of Pomo Indians.

Most of the site visits were conducted by two senior members of the evaluation team. The exceptions were Bois Forte, where the team consisted of three senior members, and Squaxin Island, where one senior member conducted the site visit. Bois Forte was the first site visit and served as a test for this approach. Only one staff person was needed to cover the small geographic area of the Squaxin Island Nation.

4.2.3.1 Case Study Characteristics

The case study subjects were not selected at random. The sample was a targeted one, with the objective of looking at grantees that satisfied several characteristics. The grantees selected ensured that the evaluation team would have the opportunity to observe a wide variety of grantee, project, and impact types. Random selection was not desirable for three reasons. Random selection would have resulted in a sample consisting mainly of public facilities, and few examples of other project types. In addition, random selection would have been impractical given the budget and time limitations of this evaluation.

The range of grantee characteristics possessed by the sample includes:

- Regional representation: one from each of the six ONAP regions.
- Large and small populations: one of the largest (Cherokee Nation) and several of the smallest (six rancherias in California).
- Urban and rural locations: one urban community (Pojaoque in Santa Fe, New Mexico) and two rural, geographically isolated communities (villages of Port Graham and Nanwalek in Alaska).

The individual case study reports are provided in Volume II of this report. Summary characteristics of the case study grantees and their ICDBG projects are presented in Table 4.24. Within the table, the parenthetical numbers represent the fiscal year in which the project was funded.

Table 4.24. Case Study Grantees and ICDBG Projects

Bois Forte	
Wellness Center (2004)	Museum and Heritage Center (1999)
Family Resource Center (2002)	Health and Social Center (1997)
Public Safety Building (2001)	Assisted Living Residence (1996)
Housing Rehabilitation (2000, 1998)	Community Center (1992)
Ute Mountain Ute	
Recreation/Elder Center (2003)	Head Start Facility (1998)
Elder Center (2001)	Travel Center (1997)
Community Centers, Water System (2000)	
Lake County Rancherias	
Health Clinic Phase III (2005 Proposed)	Health Clinic Phase I (2003)
Health Clinic Phase II (2004)	
Squaxin Island	
Wellness Center (2004)	Land and Infrastructure for Housing (1996)
Fire Station (2003)	Museum and Cultural Facility (1995)
Professional Center (2002)	Museum Water/Sewer Infrastructure (1994)
Child Care Center (1999)	Community/Mixed-Use Building (1992)
Port Graham Village	
Community Building Renovation (2003)	Health and Wellness Center (1996)
Water/Sewer Infrastructure (2000)	Sludge Disposal Lagoon (1994)
Nanwalek Village	
Community Services Center (2001)	Health Clinic (1994)
Water Infrastructure (1996)	
Cherokee	
Micro-enterprise Program (2004)	Water Infrastructure (2000)
8 Community Centers (2001)	Food Distribution Building (1998)
Chickasaw	
Community Center (2003)	Bedré Chocolates Factory (2000)
Wellness Center (2002)	Travel Stop 2 (1998)
Diabetes Care Center (2001)	Travel Stop 1 (1997)
Zuni Pueblo	
Community Center (2003)	Public Facility Infrastructure (1998)
Housing Rehabilitation (2003, 1997, 1996)	Water Infrastructure (1994)
Head Start Facility (2000)	
Pojoaque Pueblo	
Infrastructure (2002)	Community Center (2001)
Housing Rehabilitation (2002)	Wellness Center Phase II (2000)
Public Services (2002)	

Presented below are the major observations drawn from the data contained in the nine case study reports. The Villages of Port Graham and Nanwalek are combined in one case study due to their physical proximity and similarity in ICDBG needs and accomplishments.

Project Planning. For the most part, the grantees in the case study sample used ICDBG grants to implement parts of a larger community development strategy. All of the grantees in the sample had developed prioritized lists of critical community needs and planned projects.

Selection of specific projects for funding may not proceed on a straightforward, step-by-step basis; however, the ICDBG projects are elements of a long-term strategy developed by tribal or village governments.

Primary responsibility for project selection lies with the staff members in grantee planning departments or third-party organizations assisting grantees. The planners and third-party experts have the experience and knowledge of what is achievable with a leveraged ICDBG award. The options can be posed in the following question: "What is the best use of $500,000 in grant funds plus $200,000 in leveraged funds?" The recommendations of the planning staff and third-party experts normally carry considerable weight with tribal and village government officials.

Although the expertise of the planners is critical, the ICDBG planning process almost always includes significant community participation. This community input often is effective in planning specific project components, such as the bundle of services to be provided from a proposed community center or health clinic, and design features of a facility, including accessibility and space utilization requirements.

A number of the grantees have sub-communities separated by long distances (Cherokees, Ute Mountain Ute, and Bois Forte). These grantees appear to have been successful in making reasonably equitable distribution of ICDBG projects among the various sub-communities.

Facility Operations. All the visited ICDBG projects that were documented by ONAP as completed were fully operational, with the exception of a lumber mill at Bois Forte. All the observed projects were being used for the purposes originally planned.

Nearly all facilities we observed were in good repair and well-maintained. The site-visit teams observed no incidences of vandalism or other types of damage to the facilities. The childcare center at White Mesa on the Ute Mountain Ute Reservation was temporarily closed due to slippage in the soil beneath the foundation. It appeared that this problem could be addressed and that the center could be reopened in a few months. Also, portions of the Lake County Tribal Health Clinic in Lakeport, California were closed temporarily due to the ICDBG-funded expansion of the dental and medical facilities. The expansion project is expected to be completed by the end of this calendar year. Finally, portions of the tribal administration building in Port Graham, Alaska were closed temporarily because of the ICDBG-funded renovation and expansion of public meeting, recreation, and service delivery space. The administration building is expected to be completed by early 2006.

Staff persons at service delivery facilities (for example, Head Start buildings and health clinics) were uniformly well-informed and knowledgeable about the services provided and community impacts. This was particularly true of medical personnel at health clinics and curators at cultural centers.

Facility Utilization. At a minimum, the ICDBG-funded projects we observed were fully utilized, including basic infrastructure projects such as water systems. Our team members

did not observe any infrastructure projects that were idle, waiting for the completion of other tribal initiatives such as housing developments.

In numerous instances, former public facilities that had been replaced by new ICDBG-funded buildings were being used for other purposes. For example, at Bois Forte, the former Head Start building was now being used for other purposes due to the existence of the new Head Start facility. In Nanwalek, the former health clinic was undergoing major renovation to become a social services facility—a more compatible use than as a health clinic.

Some facilities, such as Head Start and child centers, were at virtual capacity immediately upon opening, because the facilities were addressing pent-up demand. In several instances, the number of children enrolled in pre-school programs had been limited because the previous structures could not meet federal specifications for square footage per enrolled child. These facilities often are the only locally available option for parents and guardians who need child care services so that they can seek and retain employment.

The three economic development projects we visited, a chocolate factory at the Chickasaw Nation, a childcare center at Squaxin Island, and a travel center on the Ute Mountain Ute Reservation, had exceeded expectations established in the original business plans. The Squaxin Island childcare center was funded as an economic development project and generates sufficient revenue to subsidize childcare costs for lower income members of the Tribe. Full-time employment was twice that originally estimated for the chocolate factory. The Ute Travel Center has continued to expand the type of services offered since its opening, and has exceeded the original estimates for full-time employment.

Facilities used for the direct provision of standard healthcare services appeared to be operating at, or even beyond, full capacity. Utilization levels at the "wellness" or recreation centers appeared to be not as high, but these facilities did not appear to be underutilized. Several of the grantees have had limited success at opening their wellness centers on a fee basis to members of other tribes and to the general public. One of these facilities, the wellness center in Ada, Oklahoma operated by the Chickasaw Nation, had to expand its parking lot to accommodate the number of users after only a year of operation. Many of the programs and activities provided at the center are designed as preventive measures against the complications arising from adult diabetes.

Community centers, the most frequently funded of ICDBG projects, often are used for daily meals and nutrition programs for elders (although several of the case study sites had used ICDBG funds to construct senior centers with dedicated space for nutrition programs). Utilization of community centers appears to increase over time as the community is able to fund more uses for the facility. In the smaller communities, the presence of the community center may directly stimulate new community activities such as education, career planning, and classes in traditional crafts or music. The design of the community centers normally facilitates reconfiguration of the interior design so that the facility can be adapted to new uses and programs.

In summary, virtually all the ICDBG-funded facilities we observed at the case study sites were being utilized at anticipated levels or higher. A number of the facilities were already inadequate to meet long-term, pent-up demand for basic human services, and several grantees expressed an interest in securing additional, leveraged ICDBG funding for facility expansion and upgrade.

Direct Project Impacts. The three more frequently observed ICDBG facilities were community centers, health/wellness centers, and childcare centers. All of these 28 facilities were devoted, totally or in part, to serving local communities. All the facilities had an immediate impact on the quality of life in the communities either in terms of providing services not previously available, or significantly improving and expanding the services available. For example, the eight community centers built in rural areas of the Cherokee Nation now provide space for nutrition programs for elders, recreation programs for youth, gathering space for funerals and weddings, and community meetings of all types, especially cultural events and ceremonies. Prior to construction of the facilities, these remote communities had no place for service delivery or public gatherings. The benefits to the local community were immediate and significant. Many people felt good about volunteering their labor to construct the projects, and it gave them a sense of pride in being able to contribute to the broader community.

One of the more reliable and measurable indicators of the outcomes of ICDBG projects is the employment opportunities generated during the construction and operational phases. Job creation data indicate the extent to which the ICDBG projects stimulate tribal economies, increase employee incomes, and generate positive economic spill-over in the form of collateral investments. Table 4.25 shows the number of jobs created by ICDBG-funded projects at the case study sites where such data was available.

Table 4.25. ICDBG Job Creation (Case Study Sites)

Site	Construction	Operation	Total
Bois Forte (all projects)	240	24.5	264.5
Lake County Tribal Health Clinic	70	52	122
Port Graham (all projects)	44	21	65
Cherokee (all projects)	93	30	123
Chickasaw (Bedre chocolates factory)	N/A	43	43
Zuni (Head Start facility)	70	34	104
Total	517	204.5	721.5

Even when services had previously been available in a community, such as health services in the Alaska villages, the ICDBG-funded structures resulted in a significant increase in the types and quality of care. In the case of the Alaska health clinics, the previously existing facilities were so small that patients had no privacy, and the types of services offered had to be limited due to severe space limitations. As a result of the new health clinics in both Port Graham and Nanwalek, patient visits increased significantly and the healthcare professionals were able to perform a much higher number of diagnostic and treatment services. As with the Cherokee community centers, the impact on the local community was immediate and significant once the doors of the ICDBG facility were opened and services became available.

The two infrastructure projects we observed also had an immediate and significant impact on the quality of life. Those projects were extension of a water line in a remote section of the Cherokee Nation, and the construction of a water system for the White Mesa community on the Ute Mountain Ute Reservation. In both cases, the ICDBG project provided an immediate and significant improvement in the quality of life for the affected households.

In some cases, the immediate impact of the ICDBG-funded projects was not qualitative but quantitative. This was most noteworthy in the cases of childcare and Head Start facilities where there are strict federal guidelines regarding the amount of space required for each enrolled child. If childcare centers cannot meet federal regulations pertaining to the amount of square footage required per enrollee, they are not allowed to accept additional enrollees.

The ICDBG-funded wellness centers represented a previously unavailable resource for the local communities (with the exception of Pojaoque), and in that sense had an immediate impact on the quality of life of the residents. It is important to note that measuring the impacts of facilities such as wellness centers is a long-term prospect, because the nature of their services is preventive. At some point, the impact of such facilities should be quantifiably measurable, because the programs at these facilities are targeted to major health problems on the reservations such as obesity and adult diabetes.

The direct impact of economic development grants on the case study communities is less clear. The three economic development entities we observed were operating profitably, and were providing employment for tribal members and social benefits to the community. All three of these commercial operations, however, were in locations where there were other employment opportunities available for tribal members. We did not observe any ICDBG-funded economic development projects that were a "driving force" in creating employment opportunities for the local community. However, given the high unemployment rate in most tribal communities, the ICDBG-generated employment was a major benefit.

In summary, the evaluation team observed 48 ICDBG projects that clearly had an immediate impact on the quality of life for the local communities. An additional four projects appeared to have a positive impact, although the extent of the benefits might not be measurable for some time.

Linkages and Partnering. One important measure of enhanced economic and social viability of local communities is their ability to develop productive linkages and active partnerships with external organizations and neighboring communities. Such relationships can exponentially increase the impact of ICDBG projects in small communities. The case studies revealed that grantees tend to create linkages with other Native American/Alaska Native communities, external coordinating organizations, and neighboring communities.

Among the case study sites, the most productive of these linkages were with other Native American communities. This was most evident in the case of Lake County, California, where six rancherias pooled their leveraged ICDBG awards to create a new state-of-the-art health clinic, which has resulted in a major enhancement of the quality of health services available to members of all the rancheria tribes. This type of successful collaboration among

grantees has developed other ICDBG-funded health clinics in California, and the Santa Rosa Tribal Health Clinic is a good example.

At Bois Forte, the local community had been able to obtain $2,000,000 in leveraged funds from the Shakopee Mdewakanton Sioux Community of Minnesota for its latest ICDBG project, a wellness center that will incorporate a large gymnasium and other sports facilities. At Pojaoque, during the Tribe's planning for ICDBG projects, the Tribe regularly obtained input from other Pueblo communities on their likely level of use for such facilities. Several of the ICDBG-funded facilities at Pojaoque operate essentially as regional centers for a number of Pueblos. The Ute Mountain Ute community is currently working with one of the chapters of the Navajo Nation to build and operate a hospital/clinic in Blanding, Utah that would serve both the White Mesa Ute community and the Utah chapter of the Navajo Nation. At Squaxin Island, the Intertribal Professional Building is an ICDBG-funded project that provides support to all tribes in the Southern Puget Sound area through the South Puget Intertribal Planning Agency (SPIPA), which is a major provider of services to Squaxin Island residents and all the area tribes.

The most striking example of long-term, durable relationships with external organizations is the role of the regional corporations in the planning, funding, and implementation of ICDBG projects for Alaska villages. This type of regional collaboration has resulted in multiple ICDBG awards to small and remote communities that likely would not have been able to benefit from the ICDBG program.

For the case study sites, the record of establishing partnerships with neighboring communities is not as frequent as other forms of external linkages. The best examples were at the Chickasaw and Cherokee Nations where, because there are no traditional reservation boundaries, the tribal governments have had to coordinate planning and implementation with local and county governments. Both Nations have longstanding relationships with local elected officials and agency staff. The ICDBG projects in these Nations appear both to have benefited from these relationships and to have enhanced the working relationship. The Chickasaws, in particular, have strongly encouraged use of some of their ICDBG facilities by the general public, because of their emphasis on its being viewed as a community resource. In particular, the Chickasaws are one of the economic and community pillars in central Oklahoma. For example, programs at their wellness center in Ada are open to the entire community. The Tribe also has been the main source of new investment in Ada during the past decade.

Partnering with neighboring communities at the other sites was evident. The Squaxin Island Tribe partnered with Whatcom County on its fire station project, and the county now perceives the Tribe as an economic engine for development. The Lake County Tribal Health Clinic in California coordinates its services with other county health and welfare agencies. At Ute Mountain, while programmatic ties are limited, the tribal government is actively engaged in the planning process with county governments. Bois Forte has a limited amount of cooperation with local health/safety and education districts. In Alaska there are limited opportunities for such coordination because of the geographic isolation of the villages and the virtual lack of neighboring communities.

In summary, it can be said the ICDBG grants provide an opportunity for linkages and partnering, but the impetus for such relationships appears to depend more on local conditions and existing relationships than on establishing linkages and partnerships with new entities.

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5. Overall Program Impact Assessment

This chapter presents Econometrica's overall assessment of the ICDBG program with respect to achieving its legislative objectives. As discussed in Chapter 3, the objectives of the ICDBG program are to "enhance the economic and social viability" of American Indian and Alaska Native communities. Our assessment relates the findings from each of our three data collection activities to the broad programmatic measure of enhancing economic and social viability, and to other more specific measures of enhanced viability.

5.1 Program Outputs

Our review of grant awards from FY 2000 through FY 2002 demonstrated that the uses of ICDBG funds reflected statutory targeting of a variety of facility types. Discussions with ONAP personnel and tribal representatives indicated no major change in the direction of grant funds since FY 2002. Program outputs for the years under review are presented in Table 5.1.

Table 5.1. Program Outputs (FY 2000–FY 2002)

Grant Category	Sub-Category	Number of Projects	Percentage of Projects
Public Facilities	Multipurpose Community Center	82	44%
	Health Clinic/Wellness Center	57	31%
	Child Care/Head Start Facility	19	10%
	Police/Fire/EMS Facility	10	5%
	Tribal Park/Ceremonial Grounds	10	5%
	Special Needs Housing	7	4%
	Sub Total	**185**	**100%**
Infrastructure	Sewer	4	7%
	Utility	9	15%
	Water	20	33%
	Sewer/Water	7	11%
	Utility/Water	1	2%
	Sewer/Utility/Water	7	11%
	Treatment Facility	8	13%
	Roads	5	8%
	Sub Total	**61**	**100%**
Housing	Rehabilitation (772 housing units)	25	57%
	Construction (87 housing units)	15	34%
	Land Acquisition	4	9%
	Sub Total	**44**	**100%**
Economic Development	All Categories	17	100%
Multiple Activities	All Categories	6	100%
	Total	**313**	**100%**

More than 50 percent of the grant funds were devoted to four types of structures: multi-purpose community centers, health/wellness centers, childcare/Head Start facilities, and public safety structures for fire and/or emergency medical vehicles. An additional 24.5 percent of the grant funds were devoted to pubic infrastructure projects such as roads, water and sewer lines, water towers, and waste treatment facilities. All these projects enhance the social capital of the community while strengthening the economic "platform" for eventual business formation, job creation, and community sustainability. In many respects, these investments parallel those made in second- and third-world countries as a necessary pre-requisite for self-sustaining growth.

An additional 11.4 percent of the grant funds were devoted to housing construction, housing rehabilitation, or land acquisition for housing. Those grants served essentially as necessary complements to the tribal housing programs funded through the IHBG program. While the housing activities funded by ICDBG are modest in number, they underscore the flexibility of the ICDBG program in addressing local community development needs.

The types of projects selected by the grantees for funding correlated with the community needs assessments presented in grantee applications. In those applications, more than 85 percent of the grantees identified health and safety issues as critical needs to be addressed in the proposed projects. A similar proportion of grantees cited high unemployment and poverty levels as critical community needs. Both in terms of the types of grants awarded and the total amounts awarded, the grantees clearly were using the ICDBG program to address critical *social* needs in their communities.

In summary, the data from our grant file review indicate that the ICDBG program contributes significantly to the enhancement of economic and social viability of the communities. ICDBG investments in public facilities and community infrastructure enhance social viability, while simultaneously enhancing economic viability through job creation and strengthening the community's economic platform.

5.2 Program Outcomes

Two data collection activities—telephone discussions with tribal representatives and the case study site visits—were designed to estimate the outcomes of ICDBG-funded projects. Outcome measures selected for use in this initial evaluation of the program were: Collateral Investments, Leveraging, Partnering, Community Involvement, and Improvement in Economic Conditions.

In addition to these outcome measures, the evaluation team also used outcome measures stipulated in ONAP's PART submission and ONAP's FY 2005 Performance Plan, which included the following:

- Improvements in the Quality of Life
- Reduction of Drug-Related Crime or Health-Related Hazards
- Growth in Levels of Employment and Income

- Reduction in the Number of Substandard Housing Units
- Reduction in the Number of Over-Crowded Housing Units
- Increase in Homeownership.

In both data collection activities, the evaluation team also obtained data relating to the efficiency and effectiveness of program operations. Neither the Telephone Discussion Guide nor the Case Study Protocol contained questions directly targeted to issues of program efficiency. The evaluation team's assessment of program operations was based on a review of all of the study data (including the file abstracts). In this review, the team looked to see if any aspect of program operations was limiting the program's ability to achieve its statutory outcome objectives.

Immediately below, we present Econometrica's general assessment of the ICDBG program's success in achieving its major outcome objectives. This assessment is presented from the following three perspectives:

- General assessment of program efficiency.
- Targeted assessment of the comparative success of different types (categories) of projects in achieving outcome objectives.
- Overall assessment of programmatic success in achieving outcome objectives.

The ranking system used for each perspective is described in each subsection.

5.2.1 Program Efficiency

For this aspect of the assessment we rated program operations as uniformly "Highly Efficient." The assessment is based on the following conclusions derived from the evaluation's data collection activities:

- All projects observed during the evaluation, either through file review or onsite observation, were targeted to the objectives established for the program in the authorizing legislation.
- The evaluation team neither observed nor learned of any approved projects that could not be completed because of grantees' incapacity after ONAP's approval. In essence, ONAP approved projects that could be implemented successfully by the grantees.
- Data maintained in ONAP's grant files could be confirmed easily through onsite observation. There were no discrepancies of any significance between projects as described in the ONAP files and the projects on the ground.
- Completed projects observed onsite were uniformly well maintained and operational, except for two facilities (one was likely to reopen after repairs required because of

soil subsidence and the other would re-open after a rehab of interior fixtures. The program is funding projects well within the capacity of grantees to develop and operate.

- None of the observed projects appeared duplicative of other facilities. Funded projects were obviously addressing unmet needs at the grantee level.

- A high proportion of the funded projects successfully leveraged ICDBG funding with funding from other sources.

5.2.2 Project Categories

As an initial estimate of program outcomes, the evaluation team reviewed both telephone discussion data and case study data broken out by the four major project categories funded by the ICDBG program:

- Public Facilities
- Infrastructure
- Housing (both rehabilitation and new construction)
- Economic Development.

For each of these project categories, the evaluation team developed a summary assessment for all outcome measures used in the study. The scale of values used in the summary assessment was as follows:

- "Major Impact" was assigned to measures for a project category where the data indicated that the projects clearly and substantially contributed to strengthening the economic and social viability across 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 project categories where there was identified some impact on strengthening the economic and social viability of a community, but at a consistently lower level than "Significant Impact." In some cases the lower level of observed impact was due to a relatively low level of grant use for some types of projects or an inadequate timeframe to observe possible long-term impacts.

- An "Indeterminate" rating was assigned in those cases where the available data or observations did not allow for an informed assessment of a given project category.

- A "Not Applicable" rating was assigned in those cases where a particular measure was obviously not applicable to a given project category.

Tables 5.2 to 5.5 present the summary assessments of the outcomes achieved for each of the four project categories.

Table 5.2. Public Facility Impact Assessment

Measure	Impact Values				
	Major	Significant	Measurable	Indeterminate	Not Applicable
Fund leveraging	♦				
Low level of community involvement in tribal governance	♦				
Partnering		♦			
Improvement in economic conditions		♦			
Collateral investment				♦	
Increased quality of life due to services provided by the public facility	♦				
Reduction of drug-related crime or health-related hazards	♦				
Growth in employment and income		♦			
Reduction in the number of families living in substandard housing				♦	
Increased homeownership rates				♦	
Reduction in the number of over-crowded housing units				♦	

Table 5.3. Infrastructure Impact Assessment

Measure	Impact Values				
	Major	Significant	Measurable	Indeterminate	Not Applicable
Fund leveraging	♦				
Low level of community involvement in tribal governance	♦				
Partnering		♦			
Improvement in economic conditions			♦		
Collateral investment				♦	
Increased quality of life due to services provided by the public facility	♦				
Reduction of drug-related crime or health-related hazards	♦				
Growth in employment and income		♦			
Reduction in the number of families living in substandard housing	♦				
Increased homeownership rates				♦	
Reduction in the number of over-crowded housing units				♦	

Table 5.4. Housing Impact Assessment*

Measure	Impact Values				
	Major	Significant	Measurable	Indeterminate	Not Applicable
Fund leveraging	♦				
Low level of community involvement in tribal governance		♦			
Partnering				♦	
Improvement in economic conditions			♦		
Collateral investment				♦	
Increased quality of life due to services provided by the public facility	♦				
Reduction of drug-related crime or health-related hazards	♦				
Growth in employment and income		♦			
Reduction in the number of families living in substandard housing	♦				
Increased homeownership rates				♦	
Reduction in the number of over-crowded housing units				♦	

*Includes rehabilitation and new construction

Table 5.5. Economic Development Impact Assessment

Measure	Impact Values				
	Major	Significant	Measurable	Indeterminate	Not Applicable
Fund leveraging	♦				
Low level of community involvement in tribal governance		♦			
Partnering		♦			
Improvement in economic conditions	♦				
Collateral investment					♦
Increased quality of life due to services provided by the public facility	♦				
Reduction of drug-related crime or health-related hazards					♦
Growth in employment and income	♦				
Reduction in the number of families living in substandard housing					♦
Increased homeownership rates					♦
Reduction in the number of over-crowded housing units					♦

5.2.3 Programmatic Impacts

In this subsection, we summarize the estimated outcomes achieved through the overall expenditure of ICDBG funds. This assessment differs from the assessment by project category in that it is, in a sense, weighted. Our overall estimates reflect the proportion of grant funds directed toward one category of project (such as public facilities) versus another category (such as economic development). The applicant determines a project category in response to local opportunities, constraints, and needs. As a result, the differing levels of

estimated impacts, to a large degree, reflect the way in which grantees have chosen to use the program. A grantee's selected use of ICDBG funds is heavily dependent on the sequential developmental needs of the community. Thus, although an ICDBG project may not directly address a major community problem (such as over-crowded housing), the grant project often serves as an initial step in a process that will improve community conditions over the long term. Essentially, ICDBG funds often are used for the less glamorous, but necessary, steps in the development process.

5.2.3.1 Consensus Session Valuation Measures

Table 5.6 presents Econometrica's estimate of the outcome impacts of all observed ICDBG projects for the performance measures recommended for this evaluation at the Albuquerque, New Mexico, Consensus Session.

Table 5.6. ICDBG Evaluation Measures

Measure	Impact Values			
	Major	Significant	Measurable	Indeterminate
Leveraging	♦			
Community Involvement	♦			
Partnering		♦		
Improvement in Economic Conditions		♦		
Collateral Investment				♦

For each outcome measure we provide a narrative justification for the estimate. Our discussion begins with those outcome measures that we identified as having a "Major Impact" in promoting economic and social viability.

Major Impact

Leveraging

Nearly 97 percent of all ICDBG grantees used financial leverage to fund their projects, including tribal or village government funds that had been committed to the project during the competitive grant application process. Frequently, leverage also included funds from other federal agencies and non-federal sources, both pre- and post-award. When grantees were able to use their own funds and ICDBG awards to leverage funds from other sources, they were able to expand the size and capacity of their projects to a scale that had much larger impacts. The amount of leveraged funding is impressive: For every $1.00 awarded by the ICDBG program, grantees were able to leverage an additional $1.04 in funds from other sources— effectively doubling the potential impact of ICDBG-funded projects.

Community Involvement

ICDBG projects clearly have a significant impact in raising the level of community involvement and social interaction. The availability of public facilities, such as community and cultural centers, promotes this involvement and interaction among residents. Community activities unanticipated at the time of grant application frequently are initiated

because of the facility's availability. ICDBG facilities also tend to have an intangible impact on communities, in that these buildings "stand out" as community landmarks and promote a sense of community identity and pride. This is particularly true for grantees that only recently have been recognized or re-recognized by the federal government as sovereign nations. Our evaluation found that these grantees typically had few, if any, community facilities, and often focused first on purchasing land and constructing ICDBG-funded community facilities. The community facilities frequently were focused on delivery of services, cultural and language programs, and other initiatives that strengthen cultural traditions and foster greater community involvement and social interaction.

Significant Impact

Partnering

The ICDBG program has had modest success in this area to date, although the impact appears to be growing. ICDBG-funded projects do enhance the ability of grantees to take advantage of existing programs, particularly federally funded social service programs. Some types of programs do promote partnering with local entities, especially local and county governments. For example, enlarged and enhanced pubic safety facilities promote coordination with local fire and emergency response agencies, and infrastructure projects normally require coordination with municipal and county governments. However, to date, the ICDBG grants do not appear to be promoting active partnerships with private entities such as foundations and major commercial entities. The evaluation team learned that the low rate of partnering results from three factors: First, applicants in remote locations lack access to larger metropolitan areas where potential partners most often are based. Second, many potential partners are unfamiliar with tribal governmental structures and ordinances, and thus are reluctant to establish formal, legally binding partnerships. This unfamiliarity frequently extends to the residents themselves, whereby potential partners are unaware of the complex social and economic needs of the residents. Third, applicants were not awarded points for partnering until the FY 2002 NOFA. We anticipate there will be a higher degree of measurable outcome impacts for this category in future years.

Improvement in Economic Conditions

The major impact in this area pertains to "conditions." Although only a small proportion of ICDBG funds (4.5 percent) was directed toward economic development activities, the social service focus of grants did enhance the social capital and employability of the work force. Improved social conditions enhance the likelihood that community members will seek and be able to obtain regular employment. The preponderance of infrastructure projects also provides evidence that grantees desire to address basic economic development needs as a prelude to improving economic conditions.

Indeterminate Impact

Collateral Investment

The ICDBG program has had limited impact in stimulating collateral or spill-over investments, primarily because the emergence of collateral investment is a medium- to long-

term prospect. The case study data did identify some instances of collateral investment, particularly in those communities that have access to development funding and consumers with sufficient disposable income. Collateral investments may become more frequent over a longer time period as the local economy strengthens and market conditions improve.

5.2.3.2. ONAP Evaluation Measures

Table 5.7 presents Econometrica's estimate of the outcome impacts of all observed ICDBG projects for the performance measures ONAP included in its PART submission and in its FY 2005 Performance Plan.

Table 5.7. Outcomes: ONAP Programmatic Performance Measures

Measure	Impact Values			
	Major	Significant	Measurable	Indeterminate
Increased quality of life due to services provided by the public facility	♦			
Reduction of drug-related crime or health-related hazards	♦			
Growth in employment and income		♦		
Increased economic self-sufficiency of program beneficiaries		♦		
Reduction in the number of families living in substandard housing			♦	
Increased homeownership rates				♦
Reduction in the number of over-crowded housing units				♦

Immediately below we provide narrative explanations of the estimates developed for each performance measure.

Major Impact

Increased Quality of Life Due to Services Provided by the Public Facility

This is a major area of success for the ICDBG program. More than one-half of the grant funds were devoted to constructing or expanding facilities that address basic human needs such as healthcare, social services, public safety, special needs housing, and access to clean drinking water. Both the telephone discussion data and the case study observations clearly indicate that ICDBG facilities intensify the provision of basic human services in locations where they were previously unavailable, or provide a significant increase in the quality of services.

Reduction of Drug-Related Crime or Health-Related Hazards

The major impact here is the increase in the resources communities have to address public safety and health hazards. The development of ICDBG-funded public safety facilities, such as fire stations with emergency medial services (EMS) capabilities, plays a significant role in reducing the health hazards in the community. Public facilities that deliver social services assist in the reduction of substance abuse and related criminal activities. The installation of improved infrastructure such as water delivery and disposal systems helps increase overall

environmental quality and the residents' health. The construction of health clinics and wellness centers promotes improved healthcare maintenance, diagnosis, and treatments.

Significant Impact

Growth in Employment and Income

ICDBG projects do have a direct impact on employment and incomes. The median number of new jobs created by facility construction in the study sample was 20.2. The same sample data indicate that a mean average of 10.2 jobs was created in operating programs at ICDBG-funded facilities. It is important to note that this is a short-term estimate of impact. Measuring the sustained impact of ICDBG projects on increasing the level of employment and incomes in the communities will require the passage of sufficient time for the local economy to "take off" from the economic platform established by the projects.

Increased Economic Self-Sufficiency of Program Beneficiaries

Our estimate for this measure was based on two primary considerations: First, the impact of ICDBG projects on employment has a direct impact on the economic self-sufficiency of the families directly benefiting from the employment. Second, the provision of support services in the local communities has the secondary impact of enabling some community members to enter the labor market. This results from the community as a whole now taking responsibility for the care of the very young and community elders.

Measurable Impact

Reduction in the Number of Families Living in Substandard Housing

The ICDBG program has had a measurable but modest impact in improving the quality of housing in the reservation and village communities. The program's impact on reducing the level of substandard housing is rated as "minor," only because such a small proportion (4.0 percent) of grant funds in this study were devoted to housing projects. The evaluation team, however, was able to verify a "measurable" impact in this area, because the number of units treated was explicitly stated both in grant applications and in grant files maintained by the grantees themselves.

Indeterminate Impact

Reduction in the Number of Over-Crowded Housing Units

New construction grants represented only 4 percent of ICDBG awards. The number of units constructed using ICDBG funds was clearly insufficient to address significantly what is one of the most prevalent negative "quality of life" indicators for reservation and village communities. Reliable estimates on the rate of overcrowding must rely on census data, which for this evaluation were collected 5 years previously. ICDBG grantees use this program to address other community development needs that are a prerequisite to effectively addressing overcrowding.

Increased Homeownership Rates

The only program impact in this area would be indirect, deriving from increased employment and income resulting from ICDBG projects. It should be noted that only recently has ONAP explicitly encouraged homeownership as an eligible ICDBG activity, and thus most applicants have not been accustomed to using the program to increase homeownership rates. Any such increase in homeownership rates would require tracking over time to estimate the long-term impact of both the employment created by ICDBG facilities and the general improvement in economic conditions (partly attributable to the community's investment in ICDBG projects).

5.3 General Conclusions

The following are our conclusions regarding program performance, when measured against the broad programmatic objective of enhancing the economic and social viability of the communities:

- ICDBG funds were directed primarily toward improving the social viability of the communities. ICDBG projects that enhanced social viability include facilities providing healthcare or social services to previously underserved populations. Significant amounts of grant funds also were used for basic infrastructure projects that enhanced the "livability" of housing in the communities.

- The services provided through the grants do not appear to be duplicative or enhancements of adequate existing services. With few exceptions, the ICDBG-funded facilities served as resources for service delivery that previously were unavailable or inadequate.

- The use of ICDBG funds did have a direct impact on employment, although this was primarily in jobs related to the provision of social services. The generation of permanent jobs from the ICDBG grants appears to be limited and of secondary importance to the grantees.

- Only a small proportion of ICDBG funds was directed to traditional economic development projects. The impact of the ICDBG program on economic activities in the grantee communities appears to be limited.

- Although most ICDBG grant funds were not directed to economic development activities, the case can be made that the use of the grant funds is following contemporary community development models. That is, ICDBG investment in social viability establishes a "platform" from which economic development can "take off," perhaps with other sources of direct investment.

6. Conclusion and Recommendations

Chapters 4 and 5 presented our findings regarding the success of the ICDBG program in achieving its programmatic objectives. Those findings were based on a research design developed jointly by Econometrica and ONAP. In this chapter, we present our conclusions regarding the strengths and weaknesses of that approach. We also provide recommendations regarding research initiatives that ONAP may want to pursue to enhance its ability to obtain data that accurately reflect the impact of ICDBG expenditures.

Specific topics covered in this chapter include:

- Adequacy of the performance measures used in this evaluation.
- Data limitations that affected this evaluation and may affect future assessments of the program.
- Usefulness of current ONAP data to provide an accurate picture of programmatic activities.
- Recommendations for enhancements to ONAP's Access database grant tracking system, which would improve ONAP's ability to provide "real-time" data on grant projects and impacts.
- Recommendations for further study to provide a long-term assessment of the impact of the ICDBG program.

6.1 Appropriate Program Measures

The evaluation team determined that the broadest measure of ICDBG's impact would be based on the program's statutory language—namely, the ability of program expenditures to enhance the economic and social viability of communities. This broad measure provides guidance regarding what data should be collected, and even what specific questions should be asked in a discussion protocol. We strongly recommend that this broad measure continue to be the conceptual framework for any future program assessments.

Of the individual measures used in this study, our conclusions are as follows:

- *Leveraging* – An extremely useful indicator of the potential impact of ICDBG grant funds. These data show the extent to which ICDBG projects are drawing local resources toward basic community needs. We strongly recommend this measure be used in future assessments.
- *Partnering* – This also proved to be an extremely useful measure. Data for this measure are particularly helpful for identifying the end uses of ICDBG facilities, and

thus the likely impact on the community. These data also can show the extent to which communities are establishing linkages that enhance long-term viability. We strongly recommend the use of this measure in future assessments.

- *Collateral Investments* – Although the evaluation showed a limited impact in this area, it should prove to be a valuable longitudinal measure of the impacts of ICDBG funds. A longitudinal study would require the passage of sufficient time for collateral investments to materialize and have measurable impacts on the community. Such data would show the "spill-over" effect of ICDBG funding in stimulating other public and private investments. We strongly recommend the use of this measure in future assessments.

- *Community Involvement* – This measure proved to be of limited value to the evaluation. The main difficulty was determining what sort of data or behavior would be a true indicator of this measure. We recommend the use of this measure in future assessments only if specific indicator data can be identified in advance, such as the number of residents who volunteer to assist with project planning and implementation.

- *General Economic Conditions* – This measure was of limited value in this evaluation. The concept goes to the heart of the program's objectives; however, effective measurement of actual project outcomes requires the passage of sufficient time to allow for the emergence of economic impacts flowing from the ICDBG-funded projects. This is the same temporal requirement that affects the ability to measure the impacts of collateral investments. Also, as with other measures, it is difficult to obtain data that are accurate, given the limitations of many data sources. We recommend that this measure be used only if sufficient time has elapsed to allow economic conditions to improve as a result of ICDBG projects.

6.2 Data Limitations

For the descriptive portion of the evaluation (file abstraction), the number of files we reviewed (204) was more than adequate to provide a statistically representative sample of total program activities. Similarly, the 93 grantees who agreed to participate in telephone discussions represented a statistically representative subset of all (131) grants awarded from FY 2000 through FY 2002 that were completed as of July 2005. There was no systematic bias in the sample of responding grantees in terms of region, population size, or ICDBG project type.

The case study sample was selected to provide an opportunity for onsite observation for virtually all types of projects funded through the ICDBG program. Because this sample was small and not random, some of the findings based on the case studies should be confirmed by additional observations. This is especially true of some of the qualitative findings, such as

the maintenance of ICDBG facilities and the competence of staff persons providing services in many of the facilities.

The major limitation of this initial assessment is the scarcity of quantitative data that would accurately measure program impacts. For example, it would seem theoretically possible to measure basic health indicators for two sets of tribes—one tribe using ICDBG funds for healthcare facilities and a second tribe without such facilities. However, national data sets such as those maintained by the Centers for Disease Control and IHS cannot provide reliable data at the reservation or village level. This is primarily because the definition of "Indian" can vary significantly among the major data collection mechanisms (e.g., U.S. Census Bureau data versus eligibility lists for IHS services.

Any quantitative assessment of ICDBG impacts will require a sustained effort to develop a strategy that overcomes the limitations and distortions of the existing national data sets. For the purpose of estimating the impact of the ICDBG program, such a strategy would have to identify those data sources that most accurately reflect the populations served through the program.

6.3 Data Usefulness

One of the objectives of the case study visits was to determine the reliability and usefulness of programmatic data as currently maintained by ONAP. In essence, can ONAP provide an accurate picture of the program "on the ground" by drawing on its own data sources?

The case study teams found the ONAP administrative data to be accurate as to the facilities' specifications and uses. The case study teams found no instances in which facility specifications were in any significant way at odds with administrative data. Similarly, all facilities we observed were being used for the purposes stated in ONAP's administrative files (although in some cases the facilities were being used for additional purposes).

In a few instances, ONAP's administrative data were incomplete regarding the amount of leveraged funds and partners working with tribes on a specific project. The most significant limitation of the data was an under-reporting of the leveraging and partnerships achieved by grantees both during and after project implementation. We make the following recommendations specific to the usefulness of ONAP's data:

Enhancement of ONAP's Access Database Tracking System

We strongly recommend that ONAP enhance its Access database grant tracking system. If implemented, the recommended enhancements eventually would enable ONAP to develop a "real time" reporting capability on program outputs and outcomes.

We recommend that the enhancements begin with a significantly modified version of the file review data abstraction tool used during the evaluation. The data elements we recommend for inclusion in an enhanced tracking system include:

- Amount and source of planned leveraged funds.
- Planned end use of public facilities (for example, community center, health clinic).
- Number of housing units planned for construction and rehabilitation grants.
- Number of new and retained jobs planned for economic development grants.
- Estimated number of direct beneficiaries of the proposed project.
- Identification of specific types of anticipated program beneficiaries (for example, elders).

ONAP personnel should be able to obtain these data from grant application documentation.

6.4 Recommendations

We recommend that ONAP consider follow-up activities that would build on and expand the current evaluation, including:

- Conduct additional case studies of multi-award grantees with completed grants to foster a broader evaluation of the program. For example, it would be particularly useful to have data on the Navajo Nation (the largest annual recipient of ICDBG funds). It also would be informative to examine several additional tribes in the continental United States that are located in areas with socio-economic characteristics different from the existing case study sites.

- Enhance ONAP's grant tracking system along the lines identified in our discussion above of the existing Access database system. This information could be helpful in promoting the program by providing updated project information to interested parties, including the United States Congress and the media.

- Conduct a study of existing health, social, and economic indicator data sets to determine whether there are feasible ways to obtain reliable data on the health and general welfare of the communities. Identifying and accessing current and reliable social and economic data could assist ONAP in conducting quantifiable evaluations of program outcomes.

- In the ongoing discussions with tribes on the ASER process, obtain input on additional sources of reliable and available outcome data that could be accessed for future program evaluations.

- Obtain data to determine whether there are any significant administrative and programmatic barriers to accessing the program by those tribes that have never applied for any grants.

- Support ONAP's Web site to include ICDBG "good stories" or best practices by posting periodic updates on projects in progress and projects that have been completed. The primary goal is to acknowledge grantee accomplishments while sharing the approaches and lessons learned with other tribal communities. Related

goals are to reduce grantee dependence on ONAP for ongoing technical assistance and to foster the formation of durable grantee networks for mutual technical support. The Web site also could assist ONAP in promoting the program among the general public and in responding to congressional and media inquiries.