

## SECTION 1: COVER PAGE

(1) Grant Number: 21AH4005780

(2) Recipient Program Year: 10/1 - 9/30

(3) Federal Fiscal Year: 2023

- (4) IHBG-CARES/IHBG-ARP
- (5) Initial Plan (Complete this Section then proceed to Section 2) or an Amended IHP
- (6) Annual Performance Report (Complete items 27-30 and proceed to Section 3)
- (7) Tribe
- (8) TDHE

(9) Name of Recipient:

Cherokee Nation

(10) Contact Person:

Jerri A. Killer

(11) Telephone Number with Area Code (999) 999-9999 :

(918) 456-5482

(12) Mailing Address:

PO Box 1007

(13) City:

Tahlequah

(14) State:

Oklahoma

(15) Zip Code (99999 or 99999-9999):

74465

(16) Fax Number with Area Code (if available) (999) 999-9999 :

(918) 456-5018

(17) Email Address (if available):

jerri.killer@hacn.org

(18) If TDHE, List Tribes Below:

(19) Tax Identification Number:

73-0757033

(20) UEI Number:

TBAHL1WANLF3

(21) CCR/SAM Expiration Date (MM/DD/YYYY):

08/10/2024

(22) IHBG-CARES Amount:


\$20,391,841

Date Started Preparing for COVID-19

03/02/2020

(23) Name of Authorized IHP Submitter:

ERNA F. REEVES

(24) Title of Authorized IHP Submitter:	Deputy Executive Director
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	
(27) Name of Authorized APR Submitter:	Jerri A. Killer
(28) Title of Authorized APR Submitter:	Sr. Deputy Executive Director
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	12/21/2023

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

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

**APR: REPORTING ON PROGRAM YEAR PROGRESS**

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

**Program Descriptions**

**1.1. Program Name and Unique Identifier:**

Unique Identifier	COVID-19 Respond
-------------------	------------------

COVID-19 Respond - 1 - 3562016
--------------------------------

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

Construction of 16 new rental units in Sequoyah County, OK. These units will help address overcrowded conditions often seen in Native communities, and they will also help prevent homelessness and ensure the families are stably housed. This is particularly important in Sequoyah County, which has the third highest population of Cherokees within the reservation and where the Housing Authority currently has no rental properties to offer our tribal members should they need to quarantine or move out of over crowded conditions.
--

**1.3. Eligible Activity Number** (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(4) Construction of Rental Housing [202(2)]

**1.4. Intended Outcome Number** (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(1) Reduce over-crowding

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

**1.5 Actual Outcome Number** (In the APR identify the actual outcome from the Outcome list.):

(1) Reduce over-crowding

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

**1.6 Who Will Be Assisted** (Describe the types of households that will be assisted under the program.):

Low-income Indian Households  Non-low income Indian Households  Non-Indian Households

Rental units will be made available to low-income, Native Americans with incomes that do not exceed 80% of the national median income and who qualify for the program.

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

Construction of 16 new, affordable rental units in Sequoyah County, OK.

**1.8. APR:** Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

Construction has not been started as of the reporting date. We chose to change the location due to site conditions, and plan to also construct homeownership units on the same site. Construction will begin in the upcoming program year.

**1.9: Planned and Actual Outputs for 12-Month Program Year**

Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program
16		
APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year
0		

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

The original site required the construction of an 11' berm to mitigate noise coming from the state highway and the railroad track. We chose to relocate the project nearby and across the road and are currently engineering that site.



**2.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2 - 3562017

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

Construct 12 rental units in Tulsa/Rogers County area. There is a great need for rental units in the Tulsa/Rogers area to reduce severe overcrowding, prevent homelessness, and to ensure that families are stably housed. The Housing Authority is in the process of identifying locations for these units. Tulsa and Rogers Counties have the highest rent rates within the Cherokee Nation reservation, which contributes to the need for more affordable rental units in this area.

**2.3. Eligible Activity Number** (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(4) Construction of Rental Housing [202(2)]

**2.4. Intended Outcome Number** (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(7) Create new affordable rental units

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

**2.5 Actual Outcome Number** (In the APR identify the actual outcome from the Outcome list.):

(7) Create new affordable rental units

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

**2.6 Who Will Be Assisted** (Describe the types of households that will be assisted under the program.):

Low-income Indian Households  Non-low income Indian Households  Non-Indian Households

Rental units will be offered to low-income, Native American families with incomes that do not exceed 80% of the national median income and who qualify for the program.

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

Construction of 12 new, low-income rental units in Tulsa/Rogers County.

**2.8. APR:** Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

This project still has not been started; HACN is searching for a suitable building site.

**2.9: Planned and Actual Outputs for 12-Month Program Year**

Planned Number of **Units** to be Completed in Year Under this Program

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

12

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

0

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

HACN is looking for a suitable site for construction of these units.

**3.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 3 - 3562020

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

Construct rental units in Vinita, OK. These units will be located near Cherokee Nation's health clinic and can be used for qualifying low-income families, emergency housing for health care workers, and quarantine housing.

**3.3. Eligible Activity Number** (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(4) Construction of Rental Housing [202(2)]

**3.4. Intended Outcome Number** (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(7) Create new affordable rental units

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

**3.5 Actual Outcome Number** (In the APR identify the actual outcome from the Outcome list.):

(7) Create new affordable rental units

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

**3.6 Who Will Be Assisted** (Describe the types of households that will be assisted under the program.):

Low-income Indian Households  Non-low income Indian Households  Non-Indian Households

Low-income tribal members, health care workers, or those needing to quarantine away from family.

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

Construction of 5 affordable rental units.

**3.8. APR:** Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

This project is still in the design phase and has not been started as of the date of this report.

**3.9: Planned and Actual Outputs for 12-Month Program Year**

Planned Number of **Units** to be Completed in Year Under this Program

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

5

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

0

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

These units will part of Cherokee Nation's master planned community. It is still in the design phase.



**4.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 4 - 3562044

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

Provide housing accessibility for elderly, handicapped, or disabled tribal members. This will allow them to remain safely in their home, avoid creating overcrowded housing conditions if they are forced to move in with other family members, and reduce their vulnerability to COVID-19.

**4.3. Eligible Activity Number** (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

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

**4.4. Intended Outcome Number** (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(9) Provide accessibility for disabled/elderly persons

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

**4.5 Actual Outcome Number** (In the APR identify the actual outcome from the Outcome list.):

(9) Provide accessibility for disabled/elderly persons

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

**4.6 Who Will Be Assisted** (Describe the types of households that will be assisted under the program.):

Low-income Indian Households  Non-low income Indian Households  Non-Indian Households

Low-Income, Native Americans who are elderly, handicapped, or disabled and whose income does not exceed 80% of the national median income.

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

Provide up to \$20,000 in housing accessibility, which could include handicap ramps, accessible bathrooms and kitchens, or other interior and exterior modifications and changes.

**4.8. APR:** Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

**4.9: Planned and Actual Outputs for 12-Month Program Year**

Planned Number of **Units** to be Completed in Year Under this Program

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

25

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

1

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

The Cherokee Nation made a large investment in housing rehabilitation, so HACN has utilized that funding for housing accessibility this program year. These funds will be expended in the upcoming program year.

**5.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 5 - 3562075

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

Housing Management to maintain normal operations.

**5.3. Eligible Activity Number** (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(19) Housing Management Services [202(4)]

**5.4. Intended Outcome Number** (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(6) Assist affordable housing for low income households

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

**5.5 Actual Outcome Number** (In the APR identify the actual outcome from the Outcome list.):

(6) Assist affordable housing for low income households

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

**5.6 Who Will Be Assisted** (Describe the types of households that will be assisted under the program.):

Low-income Indian Households  Non-low income Indian Households  Non-Indian Households

Low-income, Native American families who qualify for assistance.

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

Operating costs to maintain normal operations for rental, rehab, and insurance program.

**5.8. APR:** Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

Housing Management has utilized these funds to maintain normal operations of the rental, rehab, and insurance programs.

**5.9: Planned and Actual Outputs for 12-Month Program Year**

Planned Number of **Units** to be Completed in Year Under this Program

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

100

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

505

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

**6.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 6 - 3562015

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

Acquire and renovate and/or purchase land and construct new office space. There are currently 57 employees in the Housing Rehabilitation Department and many of them are forced to share an office due to limited space; four employees are forced to share one of the offices. Therefore, the employees had to work in groups during the COVID pandemic to allow for social distancing. There are only two restrooms in the entire building, which is not adequate for such a large group of people. In addition, the Mortgage Assistance Program has transferred from Cherokee Nation to the Housing Authority. Also, the Resident Services employees have transferred to HACN and this has caused an overcrowded condition with 5 employees working out of a 3BR model home.

**6.3. Eligible Activity Number** (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(22) Model Activities [202(6)]

**6.4. Intended Outcome Number** (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(1) Reduce over-crowding

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

**6.5 Actual Outcome Number** (In the APR identify the actual outcome from the Outcome list.):

(1) Reduce over-crowding

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

**6.6 Who Will Be Assisted** (Describe the types of households that will be assisted under the program.):

Low-income Indian Households  Non-low income Indian Households  Non-Indian Households

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

We have acquired an existing building and renovated the back section to provide office space for staff.

**6.8. APR:** Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

Several changes had to be made to the original plans to keep the project within budget. The HACN recently received final documents, so the renovation of the rest of the building will be bid out and started in the upcoming program year.

**6.9: Planned and Actual Outputs for 12-Month Program Year**

Planned Number of **Units** to be Completed in Year Under this Program

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

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

The first set of plans from the architect had to be modified to stay within budget.

**7.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 7 - 3562018

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

Remodel HACN's office in Jay, OK. The Jay office is one of the larger remote offices. The remodel will allow for more distancing for employees and provide safer payment collection in the front office. This building has a very small kitchen, conference room, and restrooms. In addition, the conference room needs an update to allow for virtual meeting and instruction.

**7.3. Eligible Activity Number** (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(22) Model Activities [202(6)]

**7.4. Intended Outcome Number** (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(1) Reduce over-crowding

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

**7.5 Actual Outcome Number** (In the APR identify the actual outcome from the Outcome list.):

(1) Reduce over-crowding

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

**7.6 Who Will Be Assisted** (Describe the types of households that will be assisted under the program.):

Low-income Indian Households  Non-low income Indian Households  Non-Indian Households

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

Remodel of the existing Jay Housing Office.

**7.8. APR:** Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

The office building has not been remodeled as of the date of this report.

**7.9: Planned and Actual Outputs for 12-Month Program Year**

Planned Number of **Units** to be Completed in Year Under this Program

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

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

Housing Authority of the Cherokee Nation has focused on providing services to tribal members. The office renovation will occur during the cooler weather during the 2024 program year.



**8.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 8 - 3562019

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

Construct new HACN Office Building in Stilwell, OK. The new office building will allow staff to better interact with clients without personal contact. The building was originally a community building, so it is not properly set up as an office and doesn't provide separation. Once the new building is completed, the current office will be converted back to a community building that can accommodate community assistance, such as food distribution or serve as a vaccination site.

**8.3. Eligible Activity Number** (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(22) Model Activities [202(6)]

**8.4. Intended Outcome Number** (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(1) Reduce over-crowding

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

**8.5 Actual Outcome Number** (In the APR identify the actual outcome from the Outcome list.):

(1) Reduce over-crowding

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

**8.6 Who Will Be Assisted** (Describe the types of households that will be assisted under the program.):

Low-income Indian Households  Non-low income Indian Households  Non-Indian Households

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

Construct new HACN Office Building in Stilwell, OK.

**8.8. APR:** Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

The new office has not been built as of the date of this report, but we do have final plans from the architect.

**8.9: Planned and Actual Outputs for 12-Month Program Year**

Planned Number of **Units** to be Completed in Year Under this Program

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

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

The new office building was delayed while waiting on plans from the architect, which required some revisions before being finalized.

**9.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 9 - 3562021

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

Construct a community building at Sequoyah Heights in Tahlequah, OK. Sequoyah Heights is an elderly rental project located in a remote area with not many services provided. Some of these residents do not own a vehicle and cannot travel. The new community building can provide temporary emergency shelter for residents or those needing to quarantine. The community building can also serve as food distribution or vaccination site.

**9.3. Eligible Activity Number** (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(22) Model Activities [202(6)]

**9.4. Intended Outcome Number** (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(6) Assist affordable housing for low income households

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

**9.5 Actual Outcome Number** (In the APR identify the actual outcome from the Outcome list.):

(6) Assist affordable housing for low income households

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

**9.6 Who Will Be Assisted** (Describe the types of households that will be assisted under the program.):

Low-income Indian Households  Non-low income Indian Households  Non-Indian Households

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

Construct a community building at Sequoyah Heights in Tahlequah, OK.

**9.8. APR:** Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

Final plans from the architect were received in late 2023. Work should begin in the upcoming months.

**9.9: Planned and Actual Outputs for 12-Month Program Year**

Planned Number of **Units** to be Completed in Year Under this Program

Planned Number of **Households** To Be Served in Year Under this Program

Planned Number of **Acres** To Be Purchased in Year Under this Program

APR: Actual Number of **Units** Completed in Program Year

APR: Actual Number of **Households** Served in Program Year

APR: Actual Number of **Acres** Purchased in Program Year

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

The plans had to be modified at the request of the State Fire Marshal due to the building containing a storm shelter.

**10.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 10 - 3562022

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

Purchase land and construct a new office in Claremore, OK. The current office in Claremore is not located near any of our rental units, and is in a remote area. It is also overcrowded, with several tribal departments sharing the space.

**10.3. Eligible Activity Number** (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

(22) Model Activities [202(6)]

**10.4. Intended Outcome Number** (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):

(1) Reduce over-crowding

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

**10.5 Actual Outcome Number** (In the APR identify the actual outcome from the Outcome list.):

(1) Reduce over-crowding

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

**10.6 Who Will Be Assisted** (Describe the types of households that will be assisted under the program.):

Low-income Indian Households  Non-low income Indian Households  Non-Indian Households

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

Purchase land and construct a new office in Claremore, OK.

**10.8. APR:** Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

The building was renovated and is ready for move-in once the Certificate of Occupancy is received.

**10.9: Planned and Actual Outputs for 12-Month Program Year**

Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program
---	---	---

APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year
--	--	--

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

The City of Tulsa required the HACN to install a fire hydrant before the building could be occupied. It was a long process, taking several months to get through the red tape. HACN is still waiting on the Certificate of Occupancy, but this activity is complete.

## SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

**(1) Sources of Funding** (NAHASDA § 102(b)(2)(C)(i), (404(b))) (Complete the non-shaded portions of the chart below to describe your estimated or anticipated sources of funding for the 12-month program year. **APR Actual Sources of Funding -- Please complete the shaded portions of the chart below to describe your actual funds received. Only report on funds actually received and under a grant agreement or other binding commitment during the 12-month program year.**)

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
<b>IHBG-CARES Funds</b>	\$0	\$0	\$0	\$0	\$0	\$16,532,583	\$0	\$16,532,583	\$953,869	\$15,578,715	\$15,578,715

<b>TOTAL</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$16,532,583	\$0	\$16,532,583	\$953,869	\$15,578,715	\$15,578,715
<b>TOTAL Columns C &amp; H, 2 through 10</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**Notes:**

a. For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). For the APR, fill in columns F, G, H, I, J, and K (shaded columns).

b. Total of Column D should match the total of Column N from the Uses of Funding table below.

c. Total of Column I should match the Total of Column Q from the Uses of Funding table below.

d. For the IHP, describe any estimated leverage in Line 3 below (Estimated Sources or Uses of Funding). For the APR, describe actual leverage in Line 4 below.

**(2) Uses of Funding (NAHASDA § 102(b)(2)(C)(ii)) (Note that the budget should not exceed the total funds on hand (Column C) and insert as many rows as needed to include all the programs identified in Section 3. Actual expenditures in the APR section are for the 12-month program year)**

PROGRAM NAME	IHP						APR					
	(L) Prior and current year IHBG CARES (only) funds to be expended in 12- month program year	(M) Total all other funds to be expended in 12- month program year	(N) Total funds to be expended in 12- month program year (L+M)	(O) Total IHBG CARES (only) funds expended in 12- month program year	(P) Total all other funds expended in 12- month program year	(Q) Total funds expended in 12- month program year (O+P)						
COVID-19 Respond - 1 - 3562016			\$0	\$107,780	\$0	\$107,780						
COVID-19 Respond - 2 - 3562017			\$0	\$0	\$0	\$0						
COVID-19 Respond - 3 - 3562020			\$0	\$0	\$0	\$0						



COVID-19 Respond - 4 - 3562044		\$0	\$39,337	\$39,337
COVID-19 Respond - 5 - 3562075		\$0	\$342,920	\$342,920
COVID-19 Respond - 6 - 3562015		\$0	\$138,028	\$138,028
COVID-19 Respond - 7 - 3562018		\$0	\$0	\$0
COVID-19 Respond - 8 - 3562019		\$0	\$1,665	\$1,665
COVID-19 Respond - 9 - 3562021		\$0	\$13,442	\$13,442
COVID-19 Respond - 10 - 3562022		\$0	\$20,020	\$20,020
Planning and Administration		\$0	\$290,675	\$290,675
<b>TOTAL</b>	\$0	\$0	\$953,869	\$953,869
	\$0	\$0	\$0	\$0

**Notes:**

- a. Total of Column L cannot exceed the IHBG funds from Column C, Row 1 from the Sources of Funding table in Line 1 above.
- b. Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Sources of Funding table in Line 1 above.
- c. **Total of Column O cannot exceed total IHBG funds received in Column H, Row 1 from the Sources of Funding table in Line 1 above.**
- d. **Total of Column P cannot exceed total of Column H, Rows 2-10 of the Sources of Funding table in Line 1 above.**
- e. **Total of Column Q should equal total of Column I of the Sources of Funding table in Line 1 above.**

**(3) Estimated Sources or Uses of Funding (NAHASDA § 102(b)(2)(C)).** (Provide any additional information about the estimated sources or uses of funding, including leverage (if any). You must provide the relevant information for any planned loan repayment listed in the Uses of Funding table on the previous page. This planned loan repayment can be associated with Title VI or with private or tribal funding that is used for an eligible activity described in an IHP that has been determined to be in compliance by HUD. The text must describe which specific loan is planned to be repaid and the NAHASDA-eligible activity and program associated with this loan):

**(4) APR (NAHASDA § 404(b))** (Enter any additional information about the actual sources or uses of funding, including leverage (if any). You must provide the relevant information for any actual loan repayment listed in the Uses of Funding table on the previous page. The text must describe which loan was repaid and the NAHASDA-eligible activity and program associated with this loan.):

## SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

By signing the IHP, the recipient certifies its compliance with Title II of the Civil Rights Act of 1968 (25 USC Part 1301 et seq.), and ensures that the recipient has all appropriate policies and procedures in place to operate its planned programs. The recipient should not assert that it has the appropriate policies and procedures in place if these documents do not exist in its files, as this will be one of the items verified during any HUD monitoring review.

**(1) In accordance with applicable statutes, the recipient certifies that:**

It will comply with Title II of the Civil Rights Act of 1968 in carrying out this Act, to the extent that such title is applicable, and other applicable federal statutes.

Yes  No

**(2) In accordance with 24 CFR 100.328, the recipient receiving less than \$200,000 under FCAS certifies that:**

There are households within its jurisdiction at or below 80 percent of median income.

Yes  No  Not Applicable

**(3) The following certifications will only apply where applicable based on program activities.**

a. It will maintain adequate insurance coverage for housing units that are owned and operated or assisted with grant amounts provided under NAHASDA, in compliance with such requirements as may be established by HUD;

Yes  No  Not Applicable

b. Policies are in effect and are available for review by HUD and the public governing the eligibility, admission, and occupancy of families for housing assisted with grant amounts provided under NAHASDA;

Yes  No  Not Applicable

c. Policies are in effect and are available for review by HUD and the public governing rents charged, including the methods by which such rents or homebuyer payments are determined, for housing assisted with grant amounts provided under NAHASDA; and

Yes  No  Not Applicable

d. Policies are in effect and are available for review by HUD and the public governing the management and maintenance of housing assisted with grant amounts provided under NAHASDA.

Yes  No  Not Applicable

## SECTION 8: IHP TRIBAL CERTIFICATION

NAHASDA § 102(c)

This certification is used when a Tribally Designated Housing Entity (TDHE) prepares the IHP or IHP amendment on behalf of a tribe.

This certification must be executed by the recognized tribal government covered under the IHP.

(1) The recognized tribal government of the grant beneficiary certifies that:

(2)  It had an opportunity to review the IHP or IHP amendment and has authorized the submission of the IHP by the TDHE; or

(3)  It has delegated to such TDHE the authority to submit an IHP or IHP amendment on behalf of the Tribe without prior review by the Tribe.

(4) Tribe:	
(5) Authorized Official's Name and Title:	
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	

## SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

By signing the IHP, you certify whether you will use tribally determined wages, Davis-Bacon wages, or HUD determined wages. Check only the applicable box below.

- (1)  You will use tribally determined wage rates when required for IHBG-assisted construction or maintenance activities. The Tribe has appropriate laws and regulations in place in order for it to determine and distribute prevailing wages.
- (2)  You will use Davis-Bacon or HUD determined wage rates when required for IHBG-assisted construction or maintenance activities.
- (3)  You will use Davis-Bacon and/or HUD determined wage rates when required for IHBG-assisted construction except for the activities described below.

(4) If you checked the box in Line 3, list the other activities that will be using tribally determined wage rates:

## SECTION 12: AUDITS

24 CFR § 1000.544

This section is used to indicate whether a financial audit based on the Single Audit Act and 2 CFR Part 200 Subpart F is required, based on a review of your financial records.

Did you expend \$750,000 or more in total Federal awards during the APR reporting period?

Yes

No

If Yes, an audit is required to be submitted to the Federal Audit Clearinghouse and your Area Office of Native American Programs.

If No, an audit is not required.