

Automated Indian Housing Plan/Annual Performance Report Version 1.0

The automated version of the IHP/APR simplifies the completion of the form by providing drop-down menus, check boxes, auto-filling data fields, columns and rows that total automatically, text fields that expand to accommodate narratives of any size, data quality checks, and other enhancements.

This version also features comment boxes that provide additional information on almost all elements of the form. Wherever there is a small red triangle in the corner of a cell, there is a comment box. Simply place the cursor over the cell with a red triangle and the comment box will appear. There is no requirement to read the comments, they are merely provided to make it easier to understand and complete the form. The comments were extracted from Program Guidance 2013- 04 (Revised Guidance for the Indian Housing Plan/Annual Performance Report).

For full functionality it is recommended that Excel 2007 or higher be used.

Saving the Form

The automated form contains macros that must be enabled in order for the form to be fully functional. To retain the macros, save the document to another location (such as your desktop) and open the form from that location. Select "Save As" in the Office Button and select "Excel Macro-Enabled Workbook." This step only needs to be done when first saving the form, subsequent saves will automatically retain the macros.

Completing the Form

Click the tabs at the bottom starting with "Section 1" and fill out all applicable information in the yellow or green fields. Yellow fields are the IHP and green fields are the APR. IHP fields will turn white when completed and APR fields will turn gray when completed. If any of the yellow or green fields don't apply, enter "N/A".

The tab for each section of the form will turn from red to blue once all the required fields in an IHP or APR are completed. If one or more fields in a tab are not completed, the tab will remain red. If this occurs, review all the fields and identify where information or data still needs to be entered. Once all the fields are completed, the tab will turn blue. In the tables, enter a 0 (zero) if there are no units or dollar amounts for that cell; otherwise, the tab will not turn from red to blue.

Once a text field is completed it is necessary to click anywhere outside the field in order for the text to be accepted. If pasting text from a Word document into a text field, it is necessary to click in the text field before pasting. Use the scroll bar to navigate through a section, rather than the Enter key.

Section 3 (Program Descriptions) Instructions

Fill out all the information for the first program that plans to use IHBG funds. To fill out and describe additional programs, click the "**Add New Program**" button. This will create an additional tab for the new program, and the new tab will be identified as 3.2,.3.3, etc. To delete a program, click the "**Remove This Program**" button, and the program tab will be deleted. The addition of a new program in Section 3 will automatically create a new row for the program in Line 2 (Uses of Funding) of Section 5. Similarly, the deletion of a program in Section 3 will automatically delete the row in Line 2.

Section 5 (Budgets) and Section 11 (Inspections) Data Quality Assurance

Line 2 (Uses of Funding) has several instances where data must not exceed data provided in Line 1 (Sources of Funding). For example, it is not possible to expend more IHBG funds than are budgeted. If there is a data mismatch, the corresponding cell in the "TOTAL" row of Line 2 will turn red. Correct the data in the table(s) until the cell is no longer red and becomes purple.

In Section 11 (Inspections) if the number of housing units inspected exceeds the number of housing units, the cell(s) in the "Total Number of Units Inspected" column will turn red. Correct the data until the cell(s) becomes blue.

Printing the Form

In addition to retaining an electronic version of the automated form, it is possible to retain a hard copy for filing. To print all sections of the form, select "Print" in the Office Button and check "Entire Workbook" in the "Print What" portion of the Print window. To print a specific section of the form, select "Print" in the Office Button and check "All" in the "Print Range" portion of the Print window.

Submitting the Form

Once the automated IHP or APR is completed, it may be submitted to your Area Office of Native American Programs as an email attachment or sent by fax or regular mail. It is recommended that the form be submitted as an email attachment in order for the form to retain its automated capabilities.

To document official signatures, print and sign hard copies of the pages that require signatures, and send the signed pages as an email attachment or by fax or regular mail. The sections of the IHP that require the signature of the authorized official are Sections 1 and 8, and

Sections 15 and 16, if applicable. For the APR, Section 1 requires an official signature.

General Instructions

This form meets the requirements for an Indian Housing Plan (IHP) and Annual Performance Report (APR) required by the United States Department of Housing and Urban Development. In addition to these requirements, a tribe or tribally designated housing entity (TDHE) may elect to prepare a more comprehensive IHP. If a tribe or TDHE elects to prepare a more comprehensive IHP, the required elements of this IHP must still be submitted on the prescribed HUD form. The information requested does not lend itself to confidentiality.

Regulatory and statutory citations are provided throughout this form as applicable. Recipients are encouraged to review these citations when completing the IHP and APR sections of the form.

Under the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA) (25 U.S.C. 4101 et seq.), HUD will provide grants, loan guarantees, and technical assistance to Indian tribes and Alaska Native villages for the development and operation of low-income housing in Indian areas. Grants will be made to eligible recipients under the Indian Housing Block Grant (IHBG) program. To be eligible for the grants, recipients must submit an IHP that meets the requirements of the Act. The recipient is required to submit the IHP to HUD at least 75 days prior to the start of its 12-month program year (NAHASDA § 102(a)(1)). The APR is due no later than 90 days after the end of the recipient's program year (24 CFR § 1000.514).

The IHP and the APR (previously two separate forms) are now combined into one form. The sections pertaining to the IHP are submitted **before** the beginning of the 12-month program year, leaving the APR (shaded) sections blank. If the IHP has been updated or amended, use the most recent version when preparing the APR. After the 12-month program year, enter the results from the 12-month program year in the shaded sections of the form to complete the APR. More details on how to complete the IHP and APR sections of the form can be found in the body of this form. In addition, a separate IHP and APR report form guidance is available at http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/ih/codetalk/nahasda/guidance.

Public reporting burden for the collection of information is estimated to average 62 hours, 25 hours for the IHP and 37 hours for the APR. This includes the time for collecting, reviewing, and reporting the data. The IHP data is used to verify that planned activities are eligible, expenditures are reasonable, and recipient certifies compliance with related requirements. The APR data is used to audit the program accurately and monitor recipient progress in completing approved activities, including reported expenditures, outputs, and outcomes. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Form HUD-52737 (06/17/2013)

SECTION 1: COVER PAGE

(1) Grant Number: 55IT4005780

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

(3) Federal Fiscal Year: 2017

(4) Initial Plan (Complete this Section then proceed to Section 2)

(5) Amended Plan (Complete this Section, Section 8 if applicable, and Section 16)

(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: GARY COOPER		
(11) Telephone Number with Area Code: (918) 456-5482		
(12) Mailing Address: PO BOX 1007		
(13) City: TAHLEQUAH	(14) State: OK	(15) Zip Code: 74465
(16) Fax Number with Area Code (if available): (918) 458-5018		
(17) Email Address (if available): gary.cooper@hacn.org		
(18) If TDHE, List Tribes Below:		
(19) Tax Identification Number:		73-0757003
(20) DUNS Number:		077345494
(21) CCR/SAM Expiration Date:		April 4, 2017

(22) IHBG Fiscal Year Formula Amount:	\$32,636,321
(23) Name of Authorized IHP Submitter:	BILL JOHN BAKER
(24) Title of Authorized IHP Submitter:	PRINCIPAL CHIEF
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date:	7/18/2016
(27) Name of Authorized APR Submitter:	
(28) Title of Authorized APR Submitter:	
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date:	

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

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

ONE YEAR PLAN & ANNUAL PERFORMANCE REPORT

SECTION 2: HOUSING NEEDS

NAHASDA § 102(b)(2)(B)

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

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

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

N/A

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

The Cherokee Nation consists of a diversity of people with different levels of need. The "neediest of the needy" are afforded rental opportunities, such as Low Rent units, homeless assistance, and rental subsidies. Those demonstrating an ability to become homebuyers through sufficient income, credit worthiness, etc. or wish to reach that status are provided mortgage assistance and homebuyer counseling. In addition, various housing service programs assist people who receive assisted housing to become more self-sufficient, elder assistance, cultural activities, etc. The Cherokee Nation Marshal Service provides law-enforcement activities to increase the safety of the assisted-housing environment.

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

The Cherokee Nation utilizes information provided by ONAP/Formula Center as to the amount of funding provided by the formula for family conditions and by area, i.e. county. This information is provided to the various programs which administer funding to use as a guide in the distribution of funding by area. Programs are developed based on the needs found in this data.

SECTION 3: PROGRAM DESCRIPTIONS

[102(b)(2)(A)], [233(a)], [235(c)], [404(b)], 24 CFR §1000.512(b)(2) and (3)

Planning and Reporting Program Year Activities

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

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

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

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

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

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

With regard to loan repayments made with IHBG funds, describe planned loan repayments in Section 5, Line 4 of the IHP, and describe actual loan repayments in Section 5, Line 5 of the APR. Report the planned and actual amount of loan repayments in the dedicated row of the Uses of

Funding budget (Section 5, Line 2), except as noted in the following instructions for Column O in the Uses of Funding table. Column O should show the IHBG funds that were expended in the previous 12-month program year. If the recipient borrowed and repaid a loan or a portion of a loan in the same year using IHBG funds, show the repayment of the principal amount in the IHBG program line in the Uses of Funding table and report loan interest payments and loan expenses in the Loan Repayment line in the Uses of Funding table. The Administrative and Planning spending cap must be based on the actual expenditures incurred during the 12-month period, and not on the amount shown in the IHP. These expenditures should be reported on the Planning and Administration row. The total amount of IHBG funds expended cannot exceed the total amount in Column H, Row 1 of Line 1 (Sources of Funding table).

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

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

Eligible Activity	Output Measure	Output Completion
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit

(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed
(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection
Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding table only)
(25) Reserve Accounts [202(9)]	N/A	N/A

Outcome May Include:

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

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

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

- One way to number your programs is chronologically. For example, you could number your programs 2011-1,

2011-2, 2011-3 etc.

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

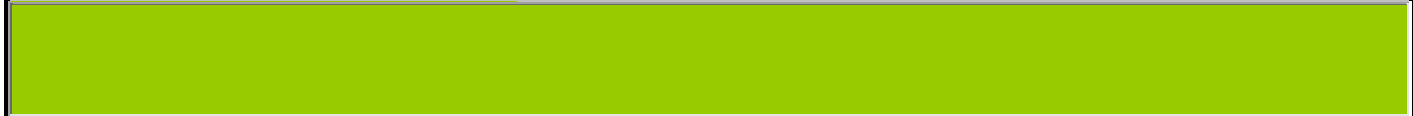
APR: REPORTING ON PROGRAM YEAR PROGRESS (NAHASDA § 404(b))

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 OMB Circular A-133 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.

1.1. Program Name and Unique Identifier:	1.1 Modernization
1.2. Program Description <i>(This should be the description of the planned program.):</i>	
Repair Low Rent Units	
1.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	1
1.4. Intended Outcome Number <i>(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.):</i>	3
Describe Other Intended Outcome (Only if you selected "Other" above):	
1.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>	
Describe Other Actual Outcome (Only if you selected "Other" in above):	
1.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>	
Native American families whose incomes are at 80% or less of the National Median Income	
1.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>	
Provide modernization to low rent units	
1.8. APR: <i>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.</i>	
1.9: Planned and Actual Outputs for 12-Month Program Year	

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
300		
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

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



2.1. Program Name and Unique Identifier:	1.2 Modernization Homeownership	
2.2. Program Description <i>(This should be the description of the planned program.):</i>		
Repair Mutual Help units		
2.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>		1
2.4. Intended Outcome Number <i>(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.):</i>		3
Describe Other Intended Outcome (Only if you selected "Other" above):		
2.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
2.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Mutual Help Homebuyers whose units are still under management of the HACN		
2.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Assistance for major repairs: roofs, H/AC, Water, and Sewer accessibility, etc.		
2.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
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
105		

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

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

3.1. Program Name and Unique Identifier:	2.1 Low Rent Operations	
3.2. Program Description <i>(This should be the description of the planned program.):</i>		
To operate the Cherokee Nation Low Rent "1937 Act" Program		
3.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	2	
3.4. Intended Outcome Number <i>(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.):</i>	6	
Describe Other Intended Outcome (Only if you selected "Other" above):		
3.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
3.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Native American families whose incomes are at 80% or less of the national median income.		
3.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Pay all costs for operating the HACN Low Rent Program.		
3.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
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
944		

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

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

4.1. Program Name and Unique Identifier:	4.1 Construct Rental Housing	
4.2. Program Description (This should be the description of the planned program.):		
Construction of rental housing		
4.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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	
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.):	7	
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.):		
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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):		
Native American families whose incomes are at 80% or less 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.):		
Construction of rental units to replace the Pryor units that are being demolished		
4.8. APR: Describe the accomplishments for the APR in the 12-month program year.		
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

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

5.1. Program Name and Unique Identifier:	5.1 Rural Rental	
5.2. Program Description <i>(This should be the description of the planned program.):</i>		
Modernization and Rehabilitation of rural rental units		
5.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>		5
5.4. Intended Outcome Number <i>(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.):</i>		3
Describe Other Intended Outcome (Only if you selected "Other" above):		
5.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
5.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Native American families whose incomes are at 80% or less of the national median income.		
5.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Modernization and rehabilitation of rural rental properties at approximately \$10,000 each		
5.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
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
35		

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

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

6.1. Program Name and Unique Identifier:	13.1 Mortgage Assistance	
6.2. Program Description <i>(This should be the description of the planned program.):</i>		
Provide a down payment and closing cost funds to eligible low-income Native American homebuyers		
6.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	13	
6.4. Intended Outcome Number <i>(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.):</i>	2	
Describe Other Intended Outcome (Only if you selected "Other" above):		
6.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
6.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Native Americans whose household income is at or below 80% of the National Median Income.		
6.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Financial assistance to cover down payment and closing costs not to exceed \$20,000, with an additional \$5,000 to be reserved for 5 years for any repairs or appliance replacement. Should these funds not be utilized, a payment will be made towards the remaining balance of the home.		
6.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
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))*

7.1. Program Name and Unique Identifier:	15.1 MAP Financial Planning Self-Sufficiency	
7.2. Program Description (This should be the description of the planned program.):		
Provide credit coaching, household budgeting, and self-sufficiency counseling to eligible families Provide credit coaching, household budgeting, self-sufficiency counseling and foreclosure prevention counseling to eligible families to increase their financial stability, credit worthiness and assist them with securing and maintaining affordable housing.		
7.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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.):	15	
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.):	2	
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.):		
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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):		
Native Americans whose household income is at or below 80% of the National Median Income.		
7.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):		
Confidential one-on-one review of household income, debt, and credit history. Information gathered is used to develop a financial plan based on family's current needs and goals, and to help the family become more financially stable by increasing their financial knowledge base.		
7.8. APR: Describe the accomplishments for the APR in the 12-month program year.		
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
550		
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))*



8.1. Program Name and Unique Identifier:	15.2 Individual Development Accounts	
8.2. Program Description <i>(This should be the description of the planned program.):</i>		
Assist eligible families with removing obstacles to wealth creation to obtain/maintain affordable housing by providing matching funds for participants' contributions to a savings account during a set savings period		
8.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	15	
8.4. Intended Outcome Number <i>(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.):</i>	2	
Describe Other Intended Outcome (Only if you selected "Other" above):		
8.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
8.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Native Americans whose household income is at or below 80% of the National Median Income.		
8.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Each dollar saved by participants shall be matched anywhere from \$2 to \$5 by the program up to a maximum of \$5,000.		
8.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
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))*

9.1. Program Name and Unique Identifier:	16.1 Homeownership Rehabilitation	
9.2. Program Description <i>(This should be the description of the planned program.):</i>		
Rehabilitate or repair of homes privately owned by tribal members		
9.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	16	
9.4. Intended Outcome Number <i>(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.):</i>	3	
Describe Other Intended Outcome (Only if you selected "Other" above):		
9.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
9.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Native American families whose incomes are at or below 50% National Median Income.		
9.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Rehab assistance at an average of \$27,000 per grant, repairs not to exceed \$20,000; tribal funds may be utilized for smaller emergency work not to exceed \$2000.		
9.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
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
400		

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))*

10.1. Program Name and Unique Identifier:	16.2 Homeownership Replacement Home Program	
10.2. Program Description <i>(This should be the description of the planned program.):</i>		
Replace privately owned homes		
10.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	16	
10.4. Intended Outcome Number <i>(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.):</i>	3	
Describe Other Intended Outcome (Only if you selected "Other" above):		
10.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
10.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Native American families whose incomes are at or below 80% of the National Median Income.		
10.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Replacement of privately owned homes that cannot be brought up to standards through the rehab program, with no payback required from the family.		
10.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
10.9: 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
14		

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

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

11.1. Program Name and Unique Identifier:		17.1 Rental Assistance	
11.2. Program Description <i>(This should be the description of the planned program.):</i>			
Provide rental assistance payments for low-income Indian families			
11.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>			17
11.4. Intended Outcome Number <i>(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.):</i>			5
Describe Other Intended Outcome (Only if you selected "Other" above):			
11.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>			
Describe Other Actual Outcome (Only if you selected "Other" above):			
11.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>			
Native American families whose incomes are at or below 80% of the National Median Income guidelines.			
11.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>			
Provide monthly rental subsidy to low income Native American families for a maximum of 24 months. Subsidy will not exceed Fair Market Rents.			
11.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>			
11.9: 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	
	1511		

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

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

12.1. Program Name and Unique Identifier:	17.2 Temporary Rental Assistance	
12.2. Program Description <i>(This should be the description of the planned program.):</i>		
A bridge program to assist eligible families with emergency housing crisis with short term rental assistance.		
12.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	17	
12.4. Intended Outcome Number <i>(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.):</i>	5	
Describe Other Intended Outcome (Only if you selected "Other" above):		
12.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
12.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Native American families whose incomes are at or below 80% of the National Median Income guidelines.		
12.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Provide short-term rental subsidy to low income Native American families in an emergency situation for a period of 1-3 months (administrative extension of six months max.) not to exceed Fair Market Rents.		
12.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
12.9: 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
	350	

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

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

13.1. Program Name and Unique Identifier:	18.1 Transitional Housing	
13.2. Program Description <i>(This should be the description of the planned program.):</i>		
Provides emergency funds to assist homeless families and to prevent families from losing their homes.		
13.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	18	
13.4. Intended Outcome Number <i>(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.):</i>	5	
Describe Other Intended Outcome (Only if you selected "Other" above):		
13.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
13.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Native American families whose incomes are at or below 80% of the National Median Income guidelines.		
13.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Provides rental/utility deposits, rental payments, or mortgage payment that will prevent homelessness, or assist homeless families/ individuals.		
13.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
13.9: 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
	2610	

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

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

14.1. Program Name and Unique Identifier:	18.2 Project-based College Housing Assistance	
14.2. Program Description <i>(This should be the description of the planned program.):</i>		
To provide housing and everything required by the college to attend and live on the campus of Northeastern State University (Tahlequah, OK), Connors State College or Rogers State University.		
14.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	18	
14.4. Intended Outcome Number <i>(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.):</i>	8	
Describe Other Intended Outcome (Only if you selected "Other" above):		
14.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
14.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Native American families whose incomes are at or below 80% of the National Median Income guidelines.		
14.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Payment of all required expenses and fees for living on the college campus including room and tuition.		
14.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
14.9: 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
	88	

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

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

15.1. Program Name and Unique Identifier:	18.3 Home Energy Audits	
15.2. Program Description <i>(This should be the description of the planned program.):</i>		
Home Energy Audits		
15.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	18	
15.4. Intended Outcome Number <i>(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.):</i>	3	
Describe Other Intended Outcome (Only if you selected "Other" above):		
15.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
15.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Families whose incomes are within up to 100% of the median income.		
15.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Test Home For Energy Efficiency		
15.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
15.9: 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
	200	

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

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

16.1. Program Name and Unique Identifier:	18.4 Community Youth Resident Service	
16.2. Program Description <i>(This should be the description of the planned program.):</i>		
To provide traditional, cultural life skills, leadership, drug elimination, community organization & involvement activities for youth.		
16.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	18	
16.4. Intended Outcome Number <i>(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.):</i>	11	
Describe Other Intended Outcome (Only if you selected "Other" above):		
16.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
16.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Low income, NAHASDA resident youth, Native Americans within the Cherokee Nation jurisdictional boundaries.		
16.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Provide monthly classes teaching culture, art, language and leadership in existing low income housing areas.		
16.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
16.9: 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
	1250	

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

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

17.1. Program Name and Unique Identifier:	18.5 Career Literacy Resident Service	
17.2. Program Description (This should be the description of the planned program.):		
Activities to improve self-sufficiency of eligible housing residents including; instruction in basic skills as needed to improve reading and math levels and in preparation for GED testing, vocational training, life/employment skills training, assessment, testing, employment activities.		
17.3. Eligible Activity Number (Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):	18	
17.4. 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.):	2	
Describe Other Intended Outcome (Only if you selected "Other" above):		
17.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):		
Describe Other Actual Outcome (Only if you selected "Other" above):		
17.6. Who Will Be Assisted (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):		
NAHASDA eligible housing residents		
17.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):		
Instruction in basic skills as needed to improve reading and math levels and in preparation for GED testing.		
17.8. APR: Describe the accomplishments for the APR in the 12-month program year.		
17.9: 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
	492	

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

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

18.1. Program Name and Unique Identifier:		18.6 Financial Assistance-Resident Services	
18.2. Program Description <i>(This should be the description of the planned program.):</i>			
Emergency financial assistance to housing residents to prevent them from being evicted.			
18.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>			18
18.4. Intended Outcome Number <i>(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.):</i>			5
Describe Other Intended Outcome (Only if you selected "Other" above):			
18.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>			
Describe Other Actual Outcome (Only if you selected "Other" above):			
18.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>			
Eligible NAHASDA-assisted housing residents			
18.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>			
Provide rental payments, rental and utility deposits to persons in low rent or Indian housing to prevent homelessness.			
18.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>			
18.9: 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	
	775		

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

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

19.1. Program Name and Unique Identifier:	18.7 Families First Resident Services	
19.2. Program Description <i>(This should be the description of the planned program.):</i>		
Provides "in-home" cases manage and practical application training in maintaining a safe, healthy home environment for qualified housing assistant recipients.		
19.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	18	
19.4. Intended Outcome Number <i>(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.):</i>	5	
Describe Other Intended Outcome (Only if you selected "Other" above):		
19.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
19.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Eligible families that are currently residing in HUD housing arrangements.		
19.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
The program will provide case management. Hands-on training on how to maintain safe and healthy housing shall be provided throughout the year, or as needed, to each family.		
19.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
19.9: 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
	55	

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

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

20.1. Program Name and Unique Identifier:	18.8 Resident Adult Services	
20.2. Program Description <i>(This should be the description of the planned program.):</i>		
Provide cultural and educational activities to residents of Housing Authority properties.		
20.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	18	
20.4. Intended Outcome Number <i>(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.):</i>	11	
Describe Other Intended Outcome (Only if you selected "Other" above):		
20.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
20.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Residents of Housing Authority properties.		
20.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Provide cultural and educational activities.		
20.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
20.9: 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
	300	

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

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

21.1. Program Name and Unique Identifier:	19.1 Housing Management of Cherokee Programs	
21.2. Program Description <i>(This should be the description of the planned program.):</i>		
Management of the Mortgage Assistance, Rental Assistance, IHBG Units, Title VI, and Insurance programs.		
21.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	19	
21.4. Intended Outcome Number <i>(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.):</i>	6	
Describe Other Intended Outcome (Only if you selected "Other" above):		
21.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
21.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
IHBG programs: MAP, RAP, Title VI, Insurance, and Homeownership/Rental Units.		
21.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Operating costs to programs at a level so they can be efficient and effective.		
21.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
21.9: 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
	2847	

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

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

22.1. Program Name and Unique Identifier:	19.2 One-Stop Application Centers	
22.2. Program Description <i>(This should be the description of the planned program.):</i>		
Application center located in centralized office for the convenience of housing applicants within the large jurisdictional area of the Cherokee Nation.		
22.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	19	
22.4. Intended Outcome Number <i>(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.):</i>	6	
Describe Other Intended Outcome (Only if you selected "Other" above):		
22.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
22.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Low income Native Americans in need of affordable housing.		
22.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Information, referrals, and application processing as needed for applicants.		
22.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
22.9: 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
	200	

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

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

23.1. Program Name and Unique Identifier:	21.1 Law Enforcement	
23.2. Program Description <i>(This should be the description of the planned program.):</i>		
Provide law enforcement to selected IHBG-assisted dwellings and crime and drug prevention activities for eligible residents.		
23.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	21	
23.4. Intended Outcome Number <i>(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.):</i>	11	
Describe Other Intended Outcome (Only if you selected "Other" above):		
23.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
23.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Eligible families living in NAHASDA-assisted units.		
23.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Provide for law enforcement patrols to approximately 944 IHBG-assisted units and drug reduction/crime prevention activities in selected areas.		
23.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
23.9: 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
0		

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

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

24.1. Program Name and Unique Identifier:	24.1 Infrastructure - Tahlequah Office	
24.2. Program Description <i>(This should be the description of the planned program.):</i>		
Improve infrastructure at Tahlequah Housing Office		
24.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	24	
24.4. Intended Outcome Number <i>(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.):</i>	4	
Describe Other Intended Outcome (Only if you selected "Other" above):		
24.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
24.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Low income Cherokee applicants requesting and receiving assistance.		
24.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Develop storage facility for required record retention; improvements to offices to ensure energy efficiency		
24.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
24.9: 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
0		

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

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

26.1. Program Name and Unique Identifier:	24.3 Site Development	
26.2. Program Description <i>(This should be the description of the planned program.):</i>		
Water and Sanitation Assistance to eligible families		
26.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	24	
26.4. Intended Outcome Number <i>(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.):</i>	4	
Describe Other Intended Outcome (Only if you selected "Other" above):		
26.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
26.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Eligible Native American families.		
26.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Well drilling, hook up to existing water systems, and/or sanitation facilities for new or existing homes.		
26.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
26.9: 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
0		

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

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

27.1. Program Name and Unique Identifier:	24.4 Infrastructure Claremore	
27.2. Program Description <i>(This should be the description of the planned program.):</i>		
Improve infrastructure at Claremore Housing Office		
27.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	24	
27.4. Intended Outcome Number <i>(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.):</i>	4	
Describe Other Intended Outcome (Only if you selected "Other" above):		
27.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
27.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Low income Cherokee applicants requesting assistance.		
27.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Better housing services. Improve parking lot, accessibility and drainage		
27.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
27.9: 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
0		

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

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

28.1. Program Name and Unique Identifier:	24.5 Infrastructure Stilwell	
28.2. Program Description <i>(This should be the description of the planned program.):</i>		
New office		
28.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	24	
28.4. Intended Outcome Number <i>(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.):</i>	4	
Describe Other Intended Outcome (Only if you selected "Other" above):		
28.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
28.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Low income Cherokee applicants requesting assistance.		
28.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Building a new office at Stilwell for Housing programs and turning current offices back in to community space on the low rent project		
28.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
28.9: 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
0		

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

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

29.1. Program Name and Unique Identifier:	Indian Community Development Block Grant (ICDBG)	
29.2. Program Description <i>(This should be the description of the planned program.):</i>		
Rehabilitation of existing privately owned housing		
29.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	16	
29.4. Intended Outcome Number <i>(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.):</i>	3	
Describe Other Intended Outcome (Only if you selected "Other" above):		
29.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
29.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Tribal members who are low income and are elderly, disabled, or handicapped.		
29.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Assistance will not exceed \$35,000 per home.		
29.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
29.9: 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
40		

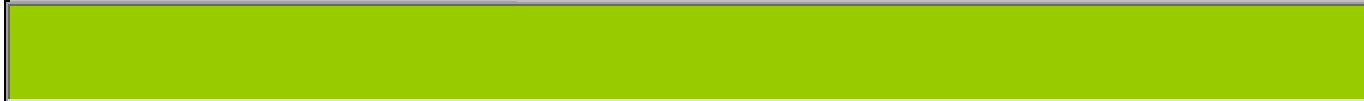
APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year

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

30.1. Program Name and Unique Identifier:	HUD-VASH Supportive Housing Demonstration Project	
30.2. Program Description <i>(This should be the description of the planned program.):</i>		
Provide Rental Assistance for qualifying Native American veterans.		
30.3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	17	
30.4. Intended Outcome Number <i>(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.):</i>	5	
Describe Other Intended Outcome (Only if you selected "Other" above):		
30.5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
Describe Other Actual Outcome (Only if you selected "Other" above):		
30.6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Native American veterans who are homeless or are at risk of becoming homeless, whose income does not exceed 80% of the area median income, and who are referred to the Housing Authority by the local Veteran's Affairs Medical Center.		
30.7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
The program will provide monthly rental subsidy to qualifying families, based on local fair market rents, to ensure that the participant's rent does not exceed 30% of their monthly adjusted income.		
30.8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
30.9: 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
	20	
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

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



SECTION 4: MAINTAINING 1937 ACT UNITS, DEMOLITION, AND DISPOSITION

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

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

The Housing Authority of the Cherokee Nation enforces the homebuyer and lease agreements for these units. The Low Rent units are subsidized with IHBG funds for management, operations, and modernization/rehabilitation to the extent necessary to maintain decent, safe, and sanitary housing.

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

N/A

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
1. IHBG Funds	\$21,352,421	\$32,636,321	\$53,988,742	\$45,224,529	\$8,764,213			\$0		\$0	
2. IHBG Program Income	\$4,000,000	\$3,000,000	\$7,000,000	\$5,409,776	\$1,590,224			\$0		\$0	
3. Title VI	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
4. Title VI Program Income	\$0	\$1,000,000	\$1,000,000	\$1,000,000	\$0			\$0		\$0	
5. 1937 Act Operating Reserves	\$0		\$0	\$0	\$0			\$0		\$0	
6. Carry Over 1937 Act Funds	\$0		\$0	\$0	\$0			\$0		\$0	
LEVERAGED FUNDS											
7. ICDBG Funds	\$800,000	\$0	\$800,000	\$800,000	\$0			\$0		\$0	
8. Other Federal Funds	\$194,405	\$0	\$194,405	\$194,405	\$0			\$0		\$0	

9. LIHTC	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
10. Non-Federal Funds	\$267,000	\$0	\$267,000	\$267,000	\$0			\$0		\$0	
TOTAL	\$26,613,826	\$36,636,321	\$63,250,147	\$52,895,710	\$10,354,437	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL Columns C & H, 2 through 10			\$9,261,405					\$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)	(M)	(N)	(O)	(P)	(Q)
	Prior and current year IHBG (only) funds to be expended in 12-month program year	Total all other funds to be expended in 12-month program year	Total funds to be expended in 12-month program year (L+M)	Total IHBG (only) funds expended in 12-month program year	Total all other funds expended in 12-month program year	Total funds expended in 12-month program year (O+P)
1.1 Modernization	\$3,000,000	\$1,500,000	\$4,500,000			\$0
1.2 Modernization Homeownership	\$1,000,000	\$200,000	\$1,200,000			\$0

2.1 Low Rent Operations	\$3,827,200	\$0	\$3,827,200			\$0
4.1 Construct Rental Housing	\$20,100	\$2,000,000	\$2,020,100			\$0
5.1 Rural Rental	\$33,600	\$350,000	\$383,600			\$0
13.1 Mortgage Assistance	\$3,969,000	\$0	\$3,969,000			\$0
15.1 MAP Financial Planning Self-Sufficiency	\$615,000	\$0	\$615,000			\$0
15.2 Individual Development Accounts	\$2,061,100	\$0	\$2,061,100			\$0
16.1 Homeownership Rehabilitation	\$9,348,561	\$0	\$9,348,561			\$0
16.2 Homeownership Replacement Home Program	\$2,882,965	\$0	\$2,882,965			\$0

17.1 Rental Assistance	\$5,139,269	\$0	\$5,139,269			\$0
17.2 Temporary Rental Assistance	\$300,000	\$0	\$300,000			\$0
18.1 Transitional Housing	\$1,164,162	\$0	\$1,164,162			\$0
18.2 Project-based College Housing Assistance	\$601,865	\$0	\$601,865			\$0
18.3 Home Energy Audits	\$0	\$175,000	\$175,000			\$0
18.4 Community Youth Resident Service	\$234,747	\$0	\$234,747			\$0
18.5 Career Literacy Resident Service	\$427,054	\$0	\$427,054			\$0
18.6 Financial Assistance-Resident Services	\$453,120	\$0	\$453,120			\$0

18.7 Families First Resident Services	\$163,013	\$0	\$163,013			\$0
18.8 Resident Adult Services	\$278,091	\$0	\$278,091			\$0
19.1 Housing Management of Cherokee Programs	\$4,553,185	\$87,415	\$4,640,600			\$0
19.2 One-Stop Application Centers	\$60,200	\$0	\$60,200			\$0
21.1 Law Enforcement	\$1,193,636	\$0	\$1,193,636			\$0
24.1 Infrastructure - Tahlequah Office	\$14,000	\$250,000	\$264,000			\$0
24.3 Site Development	\$0	\$47,361	\$47,361			\$0
24.4 Infrastructure Claremore	\$14,000	\$400,000	\$414,000			\$0

24.5 Infrastructure Stilwell	\$14,000	\$400,000	\$414,000			\$0
Indian Community Development Block Grant (ICDBG)	\$0	\$1,067,000	\$1,067,000			\$0
HUD-VASH Supportive Housing Demonstration Project		\$174,005	\$174,005			\$0
Planning and Administration	\$3,356,661	\$20,400	\$3,377,061			\$0
Loan repayment - describe in 3 & 4 below	\$500,000	\$1,000,000	\$1,500,000			\$0
TOTAL	\$45,224,529	\$7,671,181	\$52,895,710	\$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):*

The Cherokee Nation is currently repaying a loan that is guaranteed through Title VI. The note number is 9470110031. The guarantee note number is TVI-404-000025. This loan was used to construct or acquire homes for the purpose of giving Native American families an opportunity of homeownership through a low interest mortgage. We will use the program income, which is identified in the Estimated Sources of Income Table, along with the block grant amount identified in the Uses of Funding Table to keep the loan current. We estimate the balance of the loan to be \$3,494,528.00 on October 1, 2016. Any amounts paid in full by homebuyers shall be applied to reduce the principal amount of the loan.

Add Bullet

(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.):*

1400040000

Add Bullet

SECTION 6: OTHER SUBMISSION ITEMS

[102(b)(2)(C)(ii)], [201(b)(5)], [202(6)], [205(a)(2)], [209], 24 CFR §§ 1000.108, 1000.120, 1000.142, 1000.:

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

The "useful life" of each assisted housing unit will be determined by the amount of IHBG funds invested as follows:

IHBG Funds Invested	Affordability Period
amounts not exceeding \$7,500-----	6 months
\$7,501 to \$15,000-----	2.5 years
\$15,001 to \$25,000-----	5 years
\$25,001 to \$40,000-----	10 years
over \$40,000 -----	15 years
new construction-----	20 years

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

N/A

(3) Tribal and Other Indian Preference (NAHASDA § 201(b)(5), 24 CFR § 1000.120)

If preference will be given to tribal members or other Indian families, the preference policy must be described. This information may be provided here or in the program description section of the 1-year plan.

Does the Tribe have a preference policy? Yes No

If yes, describe the policy.

Cherokee Nation citizens receive preference for all services including contracting and employment. The Delaware Tribe provides preference for Delaware citizens/members.

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

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

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



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

Did you exceed your spending cap for Planning and Administration?

Yes No

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

Yes No

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

(6) Expanded Formula Area - Verification of Substantial Housing Services (24 CFR § 1000.302(3)) *If your tribe has an expanded formula area (i.e., an area that was justified based on housing services provided rather than the list of areas defined in 24 CFR § 1000.302 Formula Area (1)), the tribe must demonstrate that it is continuing to provide substantial housing services to that expanded formula area. Does the tribe have an expanded formula area?*

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

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

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

Total Expenditures on Affordable Housing Activities for:		
	All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income
IHBG Funds:		
Funds from Other Sources:		

(7) APR: If answered "Yes" in Line 6, for each separate formula area, list the actual amount of IHBG and other funds expended for all AIAN households and for only AIAN households with incomes 80% of median income or lower during the recipient's 12-month program year.

Total Expenditures on Affordable Housing Activities for:		
	All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income
IHBG Funds:		
Funds from Other Sources:		

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 1000.328, the recipient receiving less than \$200,000 under FCAS certifies that:

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

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 the 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) List the activities using tribally determined wage rates:

N/A

SECTION 10: SELF-MONITORING

NAHASDA § 403(b), 24 CFR §§ 1000.26, 85.37, 85.40

(1) Do you have a procedure and/or policy for self-monitoring?

Yes No

(2) Pursuant to 24 CFR § 1000.502(b) where the recipient is a TDHE, did the TDHE provide periodic progress reports including the self-monitoring report, Annual Performance Report, and audit reports to the Tribe?

Yes No Not Applicable

(3) Did you conduct self-monitoring, including monitoring sub-recipients?

Yes No

(4) Self-Monitoring Results. *(Describe the results of the monitoring activities, including inspections for this program year.):*

SECTION 11: INSPECTIONS

NAHASDA § 403(b)

(1) Inspection of Units (Use the table below to record the results of recurring inspections of assisted housing.)

Activity		Results of Inspections				Total number of units inspected
		Total Number of Units (Inventory)	Units in standard condition	Units needing rehabilitation	Units needing to be replaced	
(a)		(b)	(c)	(d)	(e)	(f)
1	1937 Housing Act Units:					
	a. Rental					0
	b. Homeownership					0
	c. Other					0
1937 Act Subtotal		0	0	0	0	0
2	NAHASDA assisted units:					
	a. Rental					0
	b. Homeownership					0
	c. Rental Assistance					0
	d. Other					0
NAHASDA Subtotal		0	0	0	0	0
Total		0	0	0	0	0

(2) Did you comply with your inspection policy:

Yes No

(3) If no, why not:

SECTION 12: AUDITS

24 CFR § 1000.544

This section is used to indicate whether an Office of Management and Budget Circular A-133 audit is required, based on a review of your financial records.

Did you expend \$500,000 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.

SECTION 13: PUBLIC AVAILABILITY

NAHASDA § 408, 24 CFR § 1000.518

(1). Did you make this APR available to the citizens in your jurisdiction before it was submitted to HUD (24 CFR § 1000.518)?

Yes No

(2) If you are a TDHE, did you submit this APR to the Tribe(s) (24 CFR § 1000.512)?

Yes No Not Applicable

(3) If you answered “No” to question #1 and/or #2, provide an explanation as to why not and indicate when you will do so.

(4) Summarize any comments received from the Tribe(s) and/or the citizens (NAHASDA § 404(d)).

SECTION 14: JOBS SUPPORTED BY NAHASDA

NAHASDA § 404(b)

Use the table below to record the number of jobs supported with IHBG funds each year.

Indian Housing Block Grant Assistance (IHBG)	
(1) Number of Permanent Jobs Supported	
(2) Number of Temporary Jobs Supported	
(3) Narrative (optional):	

SECTION 15: IHP WAIVER REQUESTS

NAHASDA § 101(b)(2)

THIS SECTION IS ONLY REQUIRED IF THE RECIPIENT IS REQUESTING A WAIVER OF AN IHP SECTION OR A WAIVER OF THE IHP SUBMISSION DUE DATE.

A waiver is valid for a period not to exceed 90 days. Fill out the form below if you are requesting a waiver of one or more sections of the IHP. **NOTE:** This is NOT a waiver of the IHBG program requirements but rather a request to waive some of the IHP submission items.

<p>(1) List below the sections of the IHP where you are requesting a waiver and/or a waiver of the IHP due date. (List the requested waiver sections by name and section number):</p>	
<p>Cherokee Nation is requesting a waiver of the IHP due date.</p>	
<p>(2) Describe the reasons that you are requesting this waiver (<i>Describe completely why you are unable to complete a particular section of the IHP or could not submit the IHP by the required due date.</i>):</p>	
<p>The IHP was intended to go to Tribal Council for approval to submit at their July 13, 2015 meeting which would allow for time to submit by the due date. Due to Tribal election, changes in Council and scheduling conflicts, the July meeting was moved to the end of the month which is beyond the due date. So far we have been unable to get a special meeting set up where we will have a quorum so we are requesting a waiver to allow us to gain Council approval at the delayed meeting.</p>	
<p>(3) Describe the actions you will take in order to ensure that you are able to submit a complete IHP in the future and/or submit the IHP by the required due date. (<i>This section should completely describe the procedural, staffing or technical corrections that you will make in order to submit a complete IHP in the future and/or submit the IHP by the required due date.</i>):</p>	
<p>In the future we will ensure that the IHP is completed and to our Tribal Council for approval the month before it is due.</p>	
(4) Recipient:	
(5) Authorized Official's Name and Title:	
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	

SECTION 16: IHP AMENDMENTS

24 CFR §1000.512

Use this section for IHP amendments only.

This section is only filled out if the recipient is making an official amendment to an IHP that was previously determined to be in compliance by HUD, and the recipient is required to send the amended IHP to HUD for review. The recipient may amend its IHP at any time during the Program Year.

There are only two instances when an IHP amendment must be submitted to HUD for review and determination of compliance:

- (1) When the recipient is adding a new activity that was not described in the current One-Year Plan that was determined to be in compliance by HUD; or
- (2) When the recipient is reducing the amount of funds budgeted to protect and maintain the viability of housing assisted under the 1937 Act.

The recipient is not required to submit an amended IHP to HUD:

If the revision simply alters the IHBG budget, including moving funds among planned tasks, or if it deletes a planned activity, *unless* the re-programmed funds from the budget amendment or task deletion will be used for a new task not currently in an IHP determined by HUD to be in compliance, *or unless* the change is to reduce the budget supporting 1937 Act units.

NOTES:

If Line 2 in Section 8 (IHP Tribal Certification) is checked in the current IHP, a new certification must be signed and dated by the authorized tribal official and submitted with the IHP Amendment.

Section 1 (Cover Page) is recommended but not required with an IHP Amendment submission.

Eligible Activity	Output Measure	Output Completion
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection

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

APR: REPORTING ON PROGRAM YEAR PROGRESS (NAHASDA § 404(b))

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 OMB Circular A-133 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.

1. Program Name and Unique Identifier:	
2. Program Description <i>(This should be the description of the planned program.):</i>	
3. Eligible Activity Number <i>(Select one activity from the Eligible Activity list. 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.):</i>	
4. Intended Outcome Number <i>(Select one outcome from the Outcome list.):</i>	
Describe Other Intended Outcome (Only if you selected "Other" above):	
5. Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>	
Describe Other Actual Outcome (Only if you selected "Other" in above):	
6. Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>	
7. Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>	
8. APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>	
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

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

(11) Amended Sources of Funding (NAHASDA § 102(b)(2)(C)(i) and 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
1. IHBG Funds			\$0		\$0			\$0		\$0	
2. IHBG Program Income			\$0		\$0			\$0		\$0	
3. Title VI			\$0		\$0			\$0		\$0	
4. Title VI Program Income			\$0		\$0			\$0		\$0	
5. 1937 Act Operating Reserves			\$0		\$0			\$0		\$0	
6. Carry Over 1937 Act Funds			\$0		\$0			\$0		\$0	
LEVERAGED FUNDS											
7. ICDBG Funds			\$0		\$0			\$0		\$0	
8. Other Federal Funds			\$0		\$0			\$0		\$0	
9. LIHTC			\$0		\$0			\$0		\$0	
10. Non-Federal Funds			\$0		\$0			\$0		\$0	
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

TOTAL Columns C & H, 2 through 10	\$0	\$0
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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.**

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

PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)
			\$0			\$0
Planning and Administration			\$0			\$0
Loan repayment			\$0			\$0
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0

Notes:

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

(13) 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):*

--

(14) 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.):*

--

(15) Recipient:		
(16) Authorized Official's Name		
(17) Authorized Official's Signature:	I certify that all other sections of the IHP approved on	
	are accurate and reflect the activities planned.	
(18) Date (MM/DD/YYYY):		