

**RESOLUTION NO. 50-11**

**COUNCIL OF THE CHEROKEE NATION**

**A RESOLUTION APPROVING AND AUTHORIZING THE SUBMISSION OF THE  
FISCAL YEAR 2012 INDIAN HOUSING PLAN TO THE U.S. DEPARTMENT OF  
HOUSING AND URBAN DEVELOPMENT**

**WHEREAS**, the Cherokee Nation since time immemorial has exercised the sovereign rights of self-government in behalf of the Cherokee people;

**WHEREAS**, the Cherokee Nation is a federally recognized Indian Nation with a historic and continual government to government relationship with the United States of America;

**WHEREAS**, the Native American Housing Assistance and Self-Determination Act of 1996 requires a tribe to adopt a one year plan for each fiscal year's funding;

**WHEREAS**, the Cherokee Nation must submit an Indian Housing Plan in a form prescribed by the United States Department of Housing and Urban Development to receive its Fiscal Year 2012 housing funding allocation;

**WHEREAS**, the Federal agency is implementing a new process required by Federal Law of a single "roll over" Indian Housing Plan with a statutory deadline submittal date of 75 days before the beginning of the program, i.e. tribal fiscal year;

**WHEREAS**, the proposed 2012 "Roll Over" Indian Housing Plan is attached as based on available information, forms, instructions, and estimations of funding available and expected uses;


**WHEREAS**, the proposed Indian Housing Plan meets the Cherokee Nation priorities and fulfills its requirements for approval.

**BE IT RESOLVED BY THE CHEROKEE NATION**, that the attached Indian Housing Plan and the electronic version from which it was copied are approved as the Cherokee Nation Fiscal Year 2012 Indian Housing Plan for submission to the United States Department of Housing and Urban Development; and


**BE IT FURTHER RESOLVED BY THE CHEROKEE NATION**, that should the Department of Housing and Urban Development require changes upon its review of the submitted Plan and the changes do not reflect substantial or material modifications as determined by the Community Services/Tribal Services Committee then the changes, addition, deletion, and/or modifications may be made and returned for further consideration by HUD without further Council action.

**CERTIFICATION**


The foregoing resolution was adopted by the Council of the Cherokee Nation at a duly called meeting on the 20<sup>th</sup> day of June, 2011, having 16 members present, constituting a quorum, by the vote of 15 yea; 1 nay; 0 abstaining.

  
Meredith A. Frailey, Speaker  
Council of the Cherokee Nation

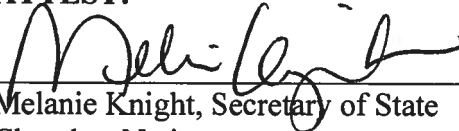
**ATTEST:**

  
Don Garvin, Secretary  
Council of the Cherokee Nation

Approved and signed by the Principal Chief this 24<sup>th</sup> day of June, 2011.

  
Chadwick Smith, Principal Chief  
Cherokee Nation

**ATTEST:**

  
Melanie Knight, Secretary of State  
Cherokee Nation

**Cherokee Nation  
Outline for Act/Resolution Justification Form**

I. PURPOSE: To approve and authorize the submission of the FY 2012 Indian Housing Plan to the U.S. Department of Housing and Urban Development.

\_\_\_\_\_

\_\_\_\_\_

II. FUNDING REQUIRED / SOURCE OF FUNDS:

Funding Contract Amount: \$35,799,275 estimated carry over; \$2,821,000 estimated program income to be generated in FY '12; \$26,171,552 estimated '12 block grant (based on the '11 estimate); and \$1,434,023 in projected "Title VI" receipts.

Cash Match (If applicable): Amount N/A Source: N/A

In – Kind (If applicable): Amount N/A Source: N/A

Date Available: October 1, 2011

General fund: N/A

Motor fuels: N/A

Other (Specify): \_\_\_\_\_

Attach Budget Justification Forms: \_\_\_\_\_  
(If the Request Requires Revisions of the Current Budget)

III. CAPABILITY TO PERFORM IF APPROVED:

A. Organizational Responsibility: Division: Cherokee Nation (Various)  
Department: Various

B. Staffing Required: Approximately 291.1 FTE's

C. Will Any of the Services Be Outsourced or Contracted? Yes, \$3,500,000 (estimated)

D. Space Required: Existing Location: Various, including HACN

E. Service Area (counties etc.): 14 counties

IV. IDENTIFY EXTERNAL –GOVERNMENT AGENCIES:

(Any Contact or Involvement such as BIA, IHS, etc. and the staff contact)

A. Agency: Housing and Urban Development

B. Staff Person: Office of Native American Programs, Wayne Sims

# Cherokee Nation Act/Resolution Proposal Form

Act       Resolution

A Resolution Approving and Authorizing the Submission of the Fiscal  
Year 2012 Indian Housing Plan to the U.S. Department of Housing and  
Urban Development

**TITLE:** Urban Development

**DEPARTMENT CONTACT:** Government Resources, Housing Policy  
Office

**RESOLUTION PRESENTER:** Marvin Jones

**COUNCIL SPONSOR:** Harley Buzzard

**NARRATIVE:**

This Indian Housing Plan is for FY '12 using the new process of a single year document encompassing all available funding as rolled or carried over from previous IHPs. No use of the 2012 allocation is projected/proposed. All activities are expected to be funded from roll/carry over block grant funding and projected program income. Also, information is included on the outstanding Title VI loan.

**ADMINISTRATIVE  
CLEARANCE**

**Program/Project Manager:**

Signature/Initial \_\_\_\_\_ Date \_\_\_\_\_

**Department Director:**

Signature/Initial \_\_\_\_\_ Date \_\_\_\_\_

**Group Leader:**

Signature/Initial \_\_\_\_\_ Date \_\_\_\_\_

**Government Resources:**

Signature/Initial \_\_\_\_\_ Date \_\_\_\_\_

**Administration Approval:**

Signature/Initial \_\_\_\_\_ Date \_\_\_\_\_

**LEGISLATIVE CLEARANCE:**

**Legal & Legislative Coordinator:**

Signature/Initial \_\_\_\_\_ Date \_\_\_\_\_

**Standing Committee & Date:**

**Chairperson:**

Signature/Initial \_\_\_\_\_ Date \_\_\_\_\_

**Returned to Presenter:** \_\_\_\_\_

Date \_\_\_\_\_

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## INDIAN HOUSING PLAN/ANNUAL PERFORMANCE REPORT

(NAHASDA §§ 102(b)(1)(A) and 404(a)(2))

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. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget (OMB) control number.

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, respondents 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.

**NOTE:** Grants awarded under the American Recovery and Reinvestment Act (Recovery Act) are excluded from this process. Grants under the Recovery Act continue to use the stand alone APR (HUD-52735-AS).

**FORM COMPLETION OPTIONS:** The IHP/APR form may be completed either in hard copy or electronically. Hard copy versions may be completed either by hand or typewriter. Alternatively, the form may be completed electronically as it is a fillable PDF. It is recommended that the form be completed electronically because it is more efficient to complete, submit, and review the form. Furthermore, electronic versions of the form may be submitted to HUD as an email attachment. To document official signatures on the electronic version, you should sign a hard copy of the pages and either fax that signed page or email it as an attachment to your Area Office of Native American Programs. Pages of the IHP section that require an official signature include pages, 4, 20, 21, and 22. Pages of the APR section that require an official signature include pages 4 and 25.

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## **COVER PAGE**

### **SECTION 1:**

- (1)  Initial Plan (Complete this Section then proceed to Section 3)
- (2)  Amended Plan (Complete this Section and Section 2)
- (3)  Annual Performance Report (Complete the APR signature (items 25-28) and proceed to Section 4)
- (4)  Tribe
- (5)  TDHE

<b>(6) Name of Recipient:</b> Cherokee Nation		
<b>(7) Contact Person:</b> Marvin Jones		
<b>(8) Telephone Number with Area Code:</b> 918-316-6370		
<b>(9) Mailing Address:</b> P.O. Box 948		
<b>(10) City:</b> Tahlequah	<b>(11) State:</b> OK	<b>(12) Zip Code:</b> 74465-0948
<b>(13) Fax Number with Area Code (if available):</b> N/A		
<b>(14) Email Address (if available):</b> marvin-jones@cherokee.org		
<b>(15) If TDHE, List Tribes Below:</b> N/A		



(16) Tax Identification Number: 73-0757033
(17) DUNS Number: 077345494
(18) CCR Number: 3MZ15 (Cage Number)
(19) IHBG Annual Grant Amount:\$ Estimated \$26,171,552 (based on FY'11)
(20) Recipient Program Year: 10/1/11-9/30/12
(21) Name of Authorized IHP Submitter: Chad Smith
(22) Title of Authorized IHP Submitter: Principal Chief
(23) Signature of Authorized IHP Submitter:
(24) IHP Submission Date:
(25) Name of Authorized APR Submitter:
(26) Title of Authorized APR Submitter:
(27) Signature of Authorized APR Submitter:
(28) 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.

# **IHP AMENDMENTS**

*(24 CFR § 1000.232)*

**Use this section for IHP amendments only.  
If you are not amending an IHP, proceed to Section 3 (Housing Needs).**

**SECTION 2:** Fill out the text below to summarize your IHP amendment. This amendment is only required to be submitted to the HUD Area Office of Native American Programs when (1) the recipient is adding a new activity that was not described in the current One-Year Plan that has been determined to be in compliance by HUD or (2) to reduce the amount of funding that was previously budgeted for the operation and maintenance of 1937 Act housing under NAHASDA § 202(1). All other amendments should be made locally by the recipient and placed in the recipient's files.

<b>(1) Program Name:</b>
<b>(2) Program Description</b> <i>(This should adequately describe the new program that is planned.):</i>
<b>(3) Eligible Activity Number</b> <i>(Select one activity from the Eligible Activities list below.):</i>

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

(1) Modernization of 1937 Act Housing [202(1)]	(12) Acquisition of Homebuyer Units [202(2)]
(2) Operation of 1937 Act Housing [202(1)]	(13) Downpayment/Closing Cost Assistance [202(2)]
(3) Acquisition of Rental Housing [202(2)]	(14) Lending Subsidies for Homebuyers [202(2)]
(4) Construction of Rental Housing [202(2)]	(15) Other Homebuyer Assistance Activities [202(2)]
(5) Rehabilitation of Rental Housing [202(2)]	(16) Rehabilitation Assistance to Existing Homeowners [202(2)]
(6) Acquisition of Land for Rental Housing Development [202(2)]	(17) Tenant Based Rental Assistance [202(3)]
(7) Development of Emergency Shelters [202(2)]	(18) Other Housing Service [202(3)]
(8) Conversion of Other Structures to Affordable Housing [202(2)]	(19) Housing Management Services [202(4)]
(9) Other Rental Housing Development [202(2)]	(20) Crime Prevention and Safety [202(5)]
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	(21) Model Activities [202(6)]
(11) New Construction of Homebuyer Units [202(2)]	(22) Self-Determination Program [231-235]
	(23) Infrastructure to Support Housing [202(2)]

**(4) Intended Outcome** (*Select one from the list below.*):

**Intended Outcome May Include:**

(1) Reduce over-crowding	(6) Create new affordable rental units
(2) Assist renters to become homeowners	(7) Assist affordable housing for students
(3) Improve quality of substandard units	(8) Provide accessibility for disabled/elderly persons
(4) Improve quality of existing infrastructure	(9) Improve energy efficiency
(5) Address homelessness	(10) Reduction in crime reports
	(11) Other – must provide description in the box above

**(5) Who Will Be Assisted** (*This should adequately describe the types of households who will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median income should be included as a separate Program within this Section.*):

**(6) Types and Level of Assistance** (*This should adequately describe any types of assistance and the level of assistance that will be provided to each household.*):



# ONE YEAR PLAN & ANNUAL PERFORMANCE REPORT

## SECTION 3: 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
Overcrowded Households	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Renters Who Wish to Become Owners	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Substandard Units Needing Rehabilitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless Households	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Households Needing Affordable Rental Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Student Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Disabled Households Needing Accessibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Units Needing Energy Efficiency Upgrades	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Infrastructure to Support Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 meet the needs for the various types of housing assistance. 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. Finally, “self-help” construction allows some people to contribute their own labor to secure new homeownership.

**(4) Geographic Distribution** *(Describe below how the program intends to distribute assistance 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 4: PROGRAM DESCRIPTIONS

### Planning and Reporting Program Year Activities

For the IHP, the purpose of this section is to describe each program that will be operating during the 12-month program year. Each program must include the eligible activity, its intended outcome, planned outputs, who will be assisted, and types and levels of assistance. Copy and paste text boxes 1.1 through 1.10 as often as needed so that all of your planned programs are included. For the APR, the purpose of this section is to describe your accomplishments, actual outputs, and any reasons for delays.

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

(1) Modernization of 1937 Act Housing [202(1)]	(12) Acquisition of Homebuyer Units [202(2)]
(2) Operation of 1937 Act Housing [202(1)]	(13) Downpayment/Closing Cost Assistance [202(2)]
(3) Acquisition of Rental Housing [202(2)]	(14) Lending Subsidies for Homebuyers [202(2)]
(4) Construction of Rental Housing [202(2)]	(15) Other Homebuyer Assistance Activities [202(2)]
(5) Rehabilitation of Rental Housing [202(2)]	(16) Rehabilitation Assistance to Existing Homeowners [202(2)]
(6) Acquisition of Land for Rental Housing Development [202(2)]	(17) Tenant Based Rental Assistance [202(3)]
(7) Development of Emergency Shelters [202(2)]	(18) Other Housing Service [202(3)]
(8) Conversion of Other Structures to Affordable Housing [202(2)]	(19) Housing Management Services [202(4)]
(9) Other Rental Housing Development [202(2)]	(20) Crime Prevention and Safety [202(5)]
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	(21) Model Activities [202(6)]
(11) New Construction of Homebuyer Units [202(2)]	(22) Self-Determination Program [231-235]
	(23) Infrastructure to Support Housing [202(2)]

### Outcome May Include:

(1) Reduce over-crowding	(6) Create new affordable rental units
(2) Assist renters to become homeowners	(7) Assist affordable housing for students
(3) Improve quality of substandard units	(8) Provide accessibility for disabled/elderly persons
(4) Improve quality of existing infrastructure	(9) Improve energy efficiency
(5) Address homelessness	(10) Reduction in crime reports
	(11) 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, homebuyer 1, 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. The programs under the second eligible activity would be numbered as 2.1, 2.2., 2.3 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.

<b>1.1. Program Name and Unique Identifier:</b> <b>1.1 Modernization (Cherokee)</b>
<b>1.2. Program Description (This should be the description of the planned program.):</b> <b>Repair Low Rent Units</b>
<b>1.3. Eligible Activity Number (Select one activity from the Eligible Activity list.):</b> <b>1</b>
<b>1.4. Intended Outcome Number (Select one outcome from the Outcome list.):</b> <b>11: Maintain quality of units</b>
<b>1.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):</b>
<b>1.6. Who Will Be Assisted (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</b> <b>Native American families whose incomes are at 80% or below the National Median Income guidelines.</b>



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

**Provide modernization to 183 units. Provide handicap accessibility to 10 units.**

**1.8. APR:** Describe the accomplishments for the APR in the 12-month program year.

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

<b>Planned Number of Units to be Completed in Year Under this Program</b>	<b>Planned Number of Households To Be Served in Year Under this Program</b>	<b>APR: Actual Number of Units Completed in Program Year</b>	<b>APR: Actual Number of Households Served in Program Year</b>
193	193		

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

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

**1.2 HADT Modernization**

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

**Repair/Rehab Housing Authority of the Delaware Tribe "1937 Act" units.**

**1.3. Eligible Activity Number** (Select one activity from the Eligible Activity list.):

**1**

**1.4. Intended Outcome Number** (Select one outcome from the Outcome list.):

**11: Maintain quality of housing stock**

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

**1.6. Who Will Be Assisted** (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):

**Eligible families living in HADT housing stock**

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

**Approximately \$4,000 in repairs and no payback will be provided.**

**1.8. APR:** Describe the accomplishments for the APR in the 12-month program year.

**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	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
20	20		

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

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

**2.1 Low Rent Operations (Cherokee)**

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

**To operate the Cherokee Nation Low Rent "1937 Act" Program**

**1.3. Eligible Activity Number** (Select one activity from the Eligible Activity list.):

**2**

**1.4. Intended Outcome Number** (Select one outcome from the Outcome list.):

**11: Operate required program efficiently**

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

**1.6. Who Will Be Assisted** (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):

**Native American families whose incomes are at 80% or below the National Median income.**

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

**Pay all costs of the HACN Low Rent Program**

**1.8. APR:** Describe the accomplishments for the APR in the 12-month program year.

**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	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
	977		

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

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

**2.2 HADT Operation of "1937 Act Housing Stock"**

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

**To operate the HADT Low Rent and Mutual Help programs**

**1.3. Eligible Activity Number** (Select one activity from the Eligible Activity list.):

**2**

**1.4. Intended Outcome Number** (Select one outcome from the Outcome list.):

**11: Operate required programs efficiently**

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

**1.6. Who Will Be Assisted** (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):

**Eligible residents of 1937 Act units**

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

**Subsidize the 1937 Act programs of the HADT as needed**

**1.8. APR:** *Describe the accomplishments for the APR in the 12-month program year.*

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

<b>Planned Number of Units to be Completed in Year Under this Program</b>	<b>Planned Number of Households To Be Served in Year Under this Program</b>	<b>APR: Actual Number of Units Completed in Program Year</b>	<b>APR: Actual Number of Households Served in Program Year</b>
	127		

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

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

**10.1 Land Acquisition**

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

**Real property will be purchased for residential use.**

**1.3. Eligible Activity Number** (*Select one activity from the Eligible Activity list.*):

**10**

**1.4. Intended Outcome Number** (*Select one outcome from the Outcome list.*):

**2**

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

**1.6. Who Will Be Assisted** (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):

**Native American families whose incomes are at 80% or below the National Median Income guidelines.**

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

**Land (and structures) made available for use of lease from the Cherokee Nation for new home ownership construction.**

**1.8. APR:** Describe the accomplishments for the APR in the 12-month program year.

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

<b>Planned Number of Units to be Completed in Year Under this Program</b>	<b>Planned Number of Households To Be Served in Year Under this Program</b>	<b>APR: Actual Number of Units Completed in Program Year</b>	<b>APR: Actual Number of Households Served in Program Year</b>
232	232		

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

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

**11.1 Self-Help Homeownership Construction**

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

**A homeownership program designed to give families the opportunity of becoming homeowners by providing labor with the program providing technical assistance.**

**1.3. Eligible Activity Number** (Select one activity from the Eligible Activity list.):

11

**1.4. Intended Outcome Number** (Select one outcome from the Outcome list.):

2

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

**1.6. Who Will Be Assisted** (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):

**Native American families whose incomes are at 80% or below the National Median Income guidelines.**

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

**Home construction 100% subsidized with materials being paid back through a note secured by a mortgage.**

**1.8. APR:** Describe the accomplishments for the APR in the 12-month program year.

**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	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
16	16		

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

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

**13.1 Mortgage Assistance**

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

**Provide a downpayment and closing cost funds to eligible low-income Native American homebuyers.**

**1.3. Eligible Activity Number** (*Select one activity from the Eligible Activity list.*):

**13**

**1.4. Intended Outcome Number** (*Select one outcome from the Outcome list.*):

**2**

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

**1.6. Who Will Be Assisted** (*Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.*):

**Native Americans whose household income is at or below 80% of the National Median Income as published by HUD.**

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

**Financial assistance to cover downpayment and closing costs not to exceed \$15,000.**

**1.8. APR:** *Describe the accomplishments for the APR in the 12-month program year.*

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

<b>Planned Number of Units to be Completed in Year Under this Program</b>	<b>Planned Number of Households To Be Served in Year Under this Program</b>	<b>APR: Actual Number of Units Completed in Program Year</b>	<b>APR: Actual Number of Households Served in Program Year</b>
	288		

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

**1.1. Program Name and Unique Identifier:**  
**14.1 Title VI Subsidy**

**1.2. Program Description** (*This should be the description of the planned program.*):  
**Subsidize repayment of Loan Guaranteed under Title VI.**

**1.3. Eligible Activity Number** (*Select one activity from the Eligible Activity list.*):  
**14**

**1.4. Intended Outcome Number** (*Select one outcome from the Outcome list.*):  
**2**

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

**1.6. Who Will Be Assisted** (*Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.*):  
**Native American families whose incomes are at 100% or below the National Median Income Guidelines.**

**1.7. Types and Level of Assistance** (*Describe the types and the level of assistance that will be provided to each household, as applicable.*):  
**Lowering of interest rate for homebuyers through Title VI loan guarantee**

**1.8. APR:** *Describe the accomplishments for the APR in the 12-month program year.*

**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	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
	273		

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



<b>1.1. Program Name and Unique Identifier:</b> <b>15.1 SIP Plant</b>
<b>1.2. Program Description</b> ( <i>This should be the description of the planned program.</i> ): <b>Construct energy efficient Structural Insulated Panels for housing construction.</b>
<b>1.3. Eligible Activity Number</b> ( <i>Select one activity from the Eligible Activity list.</i> ): <b>15</b>
<b>1.4. Intended Outcome Number</b> ( <i>Select one outcome from the Outcome list.</i> ): <b>9</b>
<b>1.5. Actual Outcome Number</b> ( <i>In the APR identify the actual outcome from the Outcome list.</i> ):
<b>1.6. Who Will Be Assisted</b> ( <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> ): <b>Native American families whose incomes are at 80% or below the National Median Income guidelines.</b>
<b>1.7. Types and Level of Assistance</b> ( <i>Describe the types and the level of assistance that will be provided to each household, as applicable.</i> ): <b>Energy efficient framing packages shall be manufactured with repayment at cost from recipients.</b>
<b>1.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</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	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
16			

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

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<p><b>1.1. Program Name and Unique Identifier:</b> <b>15.2 MAP Financial Planning Self Sufficiency</b></p>
<p><b>1.2. Program Description</b> (<i>This should be the description of the planned program.</i>):  <b>Provide credit coaching, household budgeting, and self sufficiency counseling to eligible families in order to increase their credit worthiness and financial stability to secure and maintain affordable housing.</b></p>
<p><b>1.3. Eligible Activity Number</b> (<i>Select one activity from the Eligible Activity list.</i>): <b>15</b></p>
<p><b>1.4. Intended Outcome Number</b> (<i>Select one outcome from the Outcome list.</i>): <b>2</b></p>
<p><b>1.5. Actual Outcome Number</b> (<i>In the APR identify the actual outcome from the Outcome list.</i>):</p>
<p><b>1.6. Who Will Be Assisted</b> (<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>):  <b>Native Americans whose household income is at or below 80% of the National Median Income as published by HUD.</b></p>
<p><b>1.7. Types and Level of Assistance</b> (<i>Describe the types and the level of assistance that will be provided to each household, as applicable.</i>):  <b>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 savvy by increasing their financial knowledge base.</b></p>
<p><b>1.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i></p>

**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	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
	1,000		
<p><b>1.10. APR:</b> If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))</p>			

<p><b>1.1. Program Name and Unique Identifier:</b> 15.3 Individual Development Accounts</p>
<p><b>1.2. Program Description</b> (<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.</p>
<p><b>1.3. Eligible Activity Number</b> (<i>Select one activity from the Eligible Activity list.</i>): 15</p>
<p><b>1.4. Intended Outcome Number</b> (<i>Select one outcome from the Outcome list.</i>): 2</p>
<p><b>1.5. Actual Outcome Number</b> (<i>In the APR identify the actual outcome from the Outcome list.</i>):</p>
<p><b>1.6. Who Will Be Assisted</b> (<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 separate program within this section.</i>):  <b>Native Americans whose household income is at or below 80% of the National Median Income as published by HUD.</b></p>
<p><b>1.7. Types and Level of Assistance</b> (<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 with \$3 by the program up to a maximum of \$3,000.</p>

**1.8. APR:** Describe the accomplishments for the APR in the 12-month program year.

**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	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
	63		

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

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

**16.1 Homeownership Rehabilitation**

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

**Rehabilitate, repair, or replace privately owned homes**

**1.3. Eligible Activity Number** (*Select one activity from the Eligible Activity list.*):

**16**

**1.4. Intended Outcome Number** (*Select one outcome from the Outcome list.*):

**3**

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

**1.6. Who Will Be Assisted** (*Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.*):

**Native American families whose incomes are at 80% or below the National Median Income.**

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

**Rehab assistance at an average of \$27,000 per grant; replacement of some dwellings which can't be repaired at no payback.**

**1.8. APR:** Describe the accomplishments for the APR in the 12-month program year.

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

<b>Planned Number of Units to be Completed in Year Under this Program</b>	<b>Planned Number of Households To Be Served in Year Under this Program</b>	<b>APR: Actual Number of Units Completed in Program Year</b>	<b>APR: Actual Number of Households Served in Program Year</b>
200	200		

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

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

**17.1 Rental Assistance**

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

**Provide rental assistance payments for low-income Indian families**

**1.3. Eligible Activity Number** (Select one activity from the Eligible Activity list.):

**17**

**1.4. Intended Outcome Number** (Select one outcome from the Outcome list.):

**5**

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

**1.6. Who Will Be Assisted** *(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):*  
**Native American families whose incomes are at 80% or below the National Median Income guidelines.**

**1.7. Types and Level of Assistance** *(Describe the types and the level of assistance that will be provided to each household, as applicable.):*  
**Provide monthly rental subsidy to low income Native American families for a maximum of 24 months. Subsidy will not exceed a maximum payment of \$385 per month.**

**1.8. APR:** *Describe the accomplishments for the APR in the 12-month program year.*

**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	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
	1,471		

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

**1.1. Program Name and Unique Identifier:**  
**17.2 Temporary Rental Assistance**

**1.2. Program Description** *(This should be the description of the planned program.):*  
**A bridge program to assist eligible families with emergency housing crisis with short term rental assistance.**

**1.3. Eligible Activity Number** (*Select one activity from the Eligible Activity list.*):  
17

**1.4. Intended Outcome Number** (*Select one outcome from the Outcome list.*):  
5

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

**1.6. Who Will Be Assisted** (*Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.*):  
**Native American families whose incomes are at 80% or below the National Median Income guidelines.**

**1.7. Types and Level of Assistance** (*Describe the types and the level of assistance that will be provided to each household, as applicable.*):  
**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.) at a maximum payment of \$385 per month.**

**1.8. APR:** *Describe the accomplishments for the APR in the 12-month program year.*

**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	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
	550		

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

<b>1.1. Program Name and Unique Identifier:</b> <b>18.1 Transitional Housing</b>
<b>1.2. Program Description</b> ( <i>This should be the description of the planned program.</i> ): <b>Provides emergency funds to assist homeless families and to prevent families from losing their homes.</b>
<b>1.3. Eligible Activity Number</b> ( <i>Select one activity from the Eligible Activity list.</i> ): <b>18</b>
<b>1.4. Intended Outcome Number</b> ( <i>Select one outcome from the Outcome list.</i> ): <b>5</b>
<b>1.5. Actual Outcome Number</b> ( <i>In the APR identify the actual outcome from the Outcome list.</i> ):
<b>1.6. Who Will Be Assisted</b> ( <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> ): <b>Native American families whose incomes are at 80% or below the National Median Income guidelines.</b>
<b>1.7. Types and Level of Assistance</b> ( <i>Describe the types and the level of assistance that will be provided to each household, as applicable.</i> ): <b>Provides rental/utility deposits, rental payments, or mortgage payment that will prevent homelessness with a maximum payment of \$500 in a three year period, or assist homeless families/individuals with the same level of service.</b>
<b>1.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</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	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
	850		

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



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<p><b>1.1. Program Name and Unique Identifier:</b>  <b>18.2 Project-based College Housing Assistance</b></p>
<p><b>1.2. Program Description</b> (<i>This should be the description of the planned program.</i>):  <b>To provide housing and everything required by the college to attend and live on the campus of Northeastern State University (Tahlequah, OK) and dorm repairs as needed.</b></p>
<p><b>1.3. Eligible Activity Number</b> (<i>Select one activity from the Eligible Activity list.</i>):  <b>18</b></p>
<p><b>1.4. Intended Outcome Number</b> (<i>Select one outcome from the Outcome list.</i>):  <b>7</b></p>
<p><b>1.5. Actual Outcome Number</b> (<i>In the APR identify the actual outcome from the Outcome list.</i>):</p>
<p><b>1.6. Who Will Be Assisted</b> (<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>):  <b>Native American families whose incomes are at 80% or below the National Median Income guidelines.</b></p>
<p><b>1.7. Types and Level of Assistance</b> (<i>Describe the types and the level of assistance that will be provided to each household, as applicable.</i>):  <b>Payment of all required expenses and fees for living on the college campus including room, board, tuition, and needed repairs to dorm room units.</b></p>
<p><b>1.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i></p>

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

96	96		
<p><b>1.10. APR:</b> If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))</p>			

<p><b>1.1. Program Name and Unique Identifier:</b>  <b>18.3 HADT Resident Services</b></p>
<p><b>1.2. Program Description</b> (<i>This should be the description of the planned program.</i>):  <b>Payment to local Boys and Girls Club so HADT youth can participate in its activities.</b></p>
<p><b>1.3. Eligible Activity Number</b> (<i>Select one activity from the Eligible Activity list.</i>):  <b>18</b></p>
<p><b>1.4. Intended Outcome Number</b> (<i>Select one outcome from the Outcome list.</i>):  <b>11: Increase Self-sufficiency through leadership training</b></p>
<p><b>1.5. Actual Outcome Number</b> (<i>In the APR identify the actual outcome from the Outcome list.</i>):</p>
<p><b>1.6. Who Will Be Assisted</b> (<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>):  <b>School age Low income Native American youth living in HADT housing.</b></p>
<p><b>1.7. Types and Level of Assistance</b> (<i>Describe the types and the level of assistance that will be provided to each household, as applicable.</i>):  <b>HADT youth able to participate in all club activities</b></p>
<p><b>1.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i></p>

**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	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
	50		
<p><b>1.10. APR:</b> If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))</p>			

<p><b>1.1. Program Name and Unique Identifier:</b> 18.4 Community Youth Resident Service</p>
<p><b>1.2. Program Description</b> (<i>This should be the description of the planned program.</i>): To provide traditional, cultural life skills, leadership, drug elimination, community organization &amp; involvement activities for youth.</p>
<p><b>1.3. Eligible Activity Number</b> (<i>Select one activity from the Eligible Activity list.</i>): 18</p>
<p><b>1.4. Intended Outcome Number</b> (<i>Select one outcome from the Outcome list.</i>): 11: Increase Self-sufficiency through leadership training.</p>
<p><b>1.5. Actual Outcome Number</b> (<i>In the APR identify the actual outcome from the Outcome list.</i>):</p>
<p><b>1.6. Who Will Be Assisted</b> (<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.</p>
<p><b>1.7. Types and Level of Assistance</b> (<i>Describe the types and the level of assistance that will be provided to each household, as applicable.</i>): Provide weekly classes teaching culture, art, language and leadership in existing low income housing areas.</p>
<p><b>1.8. APR:</b> Describe the accomplishments for the APR in the 12-month program year.</p>

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**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	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
	1,000		

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

<p><b>1.1. Program Name and Unique Identifier:</b>  <b>18.5 Day Training Resident Service</b></p>
<p><b>1.2. Program Description</b> (<i>This should be the description of the planned program.</i>):  <b>Activities to improve self-sufficiency of housing residents, including; temporary work-based training in specific job skills, life/employment skill training, social services, case management, and employment assistance.</b></p>
<p><b>1.3. Eligible Activity Number</b> (<i>Select one activity from the Eligible Activity list.</i>):  <b>18</b></p>
<p><b>1.4. Intended Outcome Number</b> (<i>Select one outcome from the Outcome list.</i>):  <b>11: Increase self-sufficiency of housing residents</b></p>
<p><b>1.5. Actual Outcome Number</b> (<i>In the APR identify the actual outcome from the Outcome list.</i>):</p>
<p><b>1.6. Who Will Be Assisted</b> (<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>):</p>

**Native American families whose incomes are at 80% or below the National Median Income guidelines.**

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

**Instruction in employment skills, case management, and employment assistance. Approximately \$1,200 per participant.**

**1.8. APR:** Describe the accomplishments for the APR in the 12-month program year.

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

<b>Planned Number of Units to be Completed in Year Under this Program</b>	<b>Planned Number of Households To Be Served in Year Under this Program</b>	<b>APR: Actual Number of Units Completed in Program Year</b>	<b>APR: Actual Number of Households Served in Program Year</b>
	400		

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

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

**18.6 Career Literacy Resident Service**

**1.2. 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.**

**1.3. Eligible Activity Number** (Select one activity from the Eligible Activity list.):

**18**

**1.4. Intended Outcome Number** (Select one outcome from the Outcome list.):

**11: Increase self-sufficiency of housing residents**

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

**1.6. Who Will Be Assisted** (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):

**NAHASDA eligible housing residents**

**1.7. 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. Average cost of \$4,250 per participant.**

**1.8. APR:** Describe the accomplishments for the APR in the 12-month program year.

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

<b>Planned Number of Units to be Completed in Year Under this Program</b>	<b>Planned Number of Households To Be Served in Year Under this Program</b>	<b>APR: Actual Number of Units Completed in Program Year</b>	<b>APR: Actual Number of Households Served in Program Year</b>
	100		

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

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

**18.7 Financial Assistance-Resident Services**

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

**Emergency financial assistance to housing residents to prevent them from being evicted.**

**1.3. Eligible Activity Number** (*Select one activity from the Eligible Activity list.*):

18

**1.4. Intended Outcome Number** (*Select one outcome from the Outcome list.*):

5

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

**1.6. Who Will Be Assisted** (*Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.*):

**Eligible NAHASDA-assisted housing residents**

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

**Provide rental payments, rental and utility deposits to persons in low rent or Indian housing to prevent homelessness. A maximum payment of \$500 allowed in a three year period.**

**1.8. APR:** *Describe the accomplishments for the APR in the 12-month program year.*

**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	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
	350		

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

**1.1. Program Name and Unique Identifier:**  
**18.8 Families First Resident Services**

**1.2. Program Description** (*This should be the description of the planned program.*):  
**Provides “in-home” case manage and practical application training in maintaining a safe, healthy home environment for qualified housing assistant recipients.**

**1.3. Eligible Activity Number** (*Select one activity from the Eligible Activity list.*):  
**18**

**1.4. Intended Outcome Number** (*Select one outcome from the Outcome list.*):  
**11: Increase Self-sufficiency of housing residents**

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

**1.6. Who Will Be Assisted** (*Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.*):  
**Eligible families that are currently residing in HUD housing arrangements.**

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

**1.8. APR:** *Describe the accomplishments for the APR in the 12-month program year.*

**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	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
	60		

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



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<p><b>1.1. Program Name and Unique Identifier:</b>  <b>19.1 Housing Management of Cherokee Programs</b></p>
<p><b>1.2. Program Description</b> (<i>This should be the description of the planned program.</i>):  <b>Management of the Mortgage Assistance, Rental Assistance, IHBG Units, Title VI, and Insurance programs</b></p>
<p><b>1.3. Eligible Activity Number</b> (<i>Select one activity from the Eligible Activity list.</i>):  <b>19</b></p>
<p><b>1.4. Intended Outcome Number</b> (<i>Select one outcome from the Outcome list.</i>):  <b>11: Efficiently manage federal money and stay in compliance</b></p>
<p><b>1.5. Actual Outcome Number</b> (<i>In the APR identify the actual outcome from the Outcome list.</i>):</p>
<p><b>1.6. Who Will Be Assisted</b> (<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>):  <b>IHBG programs: MAP, RAP, Title VI, Insurance, and Homeownership/Rental Units.</b></p>
<p><b>1.7. Types and Level of Assistance</b> (<i>Describe the types and the level of assistance that will be provided to each household, as applicable.</i>):  <b>Operating costs to programs at a level so they can be efficient and effective.</b></p>
<p><b>1.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i></p>

**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	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
	0		

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

<p><b>1.1. Program Name and Unique Identifier:</b>  <b>19.2 HADT Housing Management</b></p>
<p><b>1.2. Program Description</b> (<i>This should be the description of the planned program.</i>):  <b>Management of HADT IHBG units.</b></p>
<p><b>1.3. Eligible Activity Number</b> (<i>Select one activity from the Eligible Activity list.</i>):  <b>19</b></p>
<p><b>1.4. Intended Outcome Number</b> (<i>Select one outcome from the Outcome list.</i>):  <b>11: Efficiently manage federal money and stay in compliance</b></p>
<p><b>1.5. Actual Outcome Number</b> (<i>In the APR identify the actual outcome from the Outcome list.</i>):</p>
<p><b>1.6. Who Will Be Assisted</b> (<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>):  <b>IHBG assisted units</b></p>
<p><b>1.7. Types and Level of Assistance</b> (<i>Describe the types and the level of assistance that will be provided to each household, as applicable.</i>):  <b>Management of IHBG program to be efficient and effective.</b></p>
<p><b>1.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i></p>

**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	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
	18		
<p><b>1.10. APR:</b> If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))</p>			

<p><b>1.1. Program Name and Unique Identifier:</b>  <b>19.3 One-Stop Application Centers</b></p>
<p><b>1.2. Program Description</b> (<i>This should be the description of the planned program.</i>):  <b>Two locations for the convenience of housing applicants within the large jurisdictional area of the Cherokee Nation.</b></p>
<p><b>1.3. Eligible Activity Number</b> (<i>Select one activity from the Eligible Activity list.</i>):  <b>19</b></p>
<p><b>1.4. Intended Outcome Number</b> (<i>Select one outcome from the Outcome list.</i>):  <b>11: Increase access to affordable housing in general</b></p>
<p><b>1.5. Actual Outcome Number</b> (<i>In the APR identify the actual outcome from the Outcome list.</i>):</p>
<p><b>1.6. Who Will Be Assisted</b> (<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>):  <b>Low income Native Americans in need of affordable housing.</b></p>
<p><b>1.7. Types and Level of Assistance</b> (<i>Describe the types and the level of assistance that will be provided to each household, as applicable.</i>):  <b>Information, referrals, and application processing as needed for applicants.</b></p>
<p><b>1.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i></p>

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**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	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
	1,150		

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

<p><b>1.1. Program Name and Unique Identifier:</b> 20.1 Law Enforcement</p>
<p><b>1.2. Program Description</b> (<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 to eligible residents.</p>
<p><b>1.3. Eligible Activity Number</b> (<i>Select one activity from the Eligible Activity list.</i>): 20</p>
<p><b>1.4. Intended Outcome Number</b> (<i>Select one outcome from the Outcome list.</i>): 10</p>
<p><b>1.5. Actual Outcome Number</b> (<i>In the APR identify the actual outcome from the Outcome list.</i>):</p>
<p><b>1.6. Who Will Be Assisted</b> (<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>):  <b>Eligible families living in NAHASDA-assisted units.</b></p>
<p><b>1.7. Types and Level of Assistance</b> (<i>Describe the types and the level of assistance that will be provided to each household, as applicable.</i>):  Increased frequency of law enforcement patrols to 913 IHBG-assisted units and drug reduction/crime prevention activities in selected areas.</p>

**1.8. APR:** Describe the accomplishments for the APR in the 12-month program year.

**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	APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
913	913		

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

**NOTE:** Remember to complete all the text boxes in Section 4 for each IHBG-funded program. If you are completing an electronic version of this form, you may copy and paste text boxes 1.1 through 1.10 as needed to describe each of your programs. If you are completing this form in hard copy, you may photocopy Section 4 as needed to describe each of your programs.

## SECTION 5: MAINTAINING 1937 ACT UNITS, DEMOLITION, AND DISPOSITION

**(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 and the Housing Authority of the Delaware Tribe enforce the MHO Agreements for those units. The Low Rent units for each 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)) *(Describe any planned demolition or disposition of 1937 Act housing units. Be certain to include the timetable for any planned demolition or disposition and any other information required by HUD with respect to the demolition or disposition.):*

N/A

## SECTION 6: BUDGETS

- (1) **Planned Grant-Based Budget for Eligible Programs** (In the table below show how you plan to spend the total amount of that year's IHBG funds based on the estimated formula allocation or the final formula allocation. This table should include only planned IHBG funds and not program income or funding from any other source.)

<b>Eligible Activity</b>	<b>Planned IHBG Budget</b>
Indian Housing Assistance	\$300,000
Development	\$9,000,000
Housing Services	\$10,000,000
Housing Management Services	\$4,000,000
Crime Prevention and Safety Activities	\$1,000,000
Model Activities	\$0
Administration	\$1,871,552
<b>TOTAL</b>	<b>\$26,171,552</b>

(2) Estimated Sources of Funding (NAHASDA § 102(b)(2)(C)(i)) (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 minus 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 minus I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds	35,799,275	26,171,552	61,970,827	35,309,275	26,661,552						
2. IHBG Program Income	21,000	2,800,000	2,821,000	2,764,775	56,225						
3. Title VI											
4. Title VI Program Income		1,434,023	1,434,023	1,434,023	0						
5. 1937 Act Operating Reserves											
6. Carry Over 1937 Act Funds											
<b>LEVERAGED FUNDS</b>											
7. ICDBG Funds											
8. Other Federal Funds											
9. LIHTC											
10. Non-Federal Funds											
<b>TOTAL</b>	35,820,275	30,405,575	66,225,850	39,508,073	26,717,777						

**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 O from the Uses Table on the following page.
- c. Total of Column I should match the Total of Column R from the Uses Table on the following page.
- d. For the IHP, describe any estimated leverage in box 4 on page 17. For the APR, describe actual leverage in box 5 on page 17.



**(3) Uses of Funding (NAHASDA § 102(b)(2)(C)(ii)) (Note that the budget should not exceed the total funds on hand. Actual expenditures in the APR section are for the 12-month program year.) (Use as many tables as needed)**

PROGRAM NAME (tie to program names in Section 4 above)	Eligible Activity Number	IHP					APR		
		(L) Prior year IHBG (only) funds to be expended in 12-month program year	(M) Current year IHBG (only) funds to be expended in 12-month program year	(N) Total all other funds to be expended in 12-month program year	(O) Total funds to be expended in 12-month program year (L + M + N)	(P) Total IHBG (only) funds expended in 12-month program year	(Q) Total all other funds expended in 12-month program year	(R) Total funds expended in 12-month program year (P+Q)	
1.1 Modernization (Cherokee)	1	1,177,200			1,177,200				
1.2 HADT Modernization	1	117,000			117,000				
2.1 Low Rent Operations (Cherokee)	2	2,600,000			2,600,000				
2.2 HADT Operation of "1937 Act Housing Stock"	2	222,000			222,000				
10.1 Land Acquisition	10	1,114,375		2,696,125	3,810,500				
11.1 Self-Help Homeownership Construction	11	1,883,600			1,883,600				
13.1 Mortgage Assistance	13	4,464,000			4,464,000				
14.1 Title VI Subsidy	14	1,000,000			1,000,000				
15.1 SIP Plant	15	170,000			170,000				
15.2 MAP Financial Planning Self Sufficiency	15	615,000			615,000				
15.3 Individual Development Accounts	15	290,000			290,000				
16.1 Homeownership Rehabilitation	16	5,755,000			5,755,000				
17.1 Rental Assistance	17	3,500,000			3,500,000				
17.2 Temporary Rental Assistance	17	500,000			500,000				
18.1 Transitional Housing	18	627,600			627,600				
18.2 Project-Based College Housing Assistance	18	703,300			703,300				
18.3 HADT Resident Services	18	38,500			38,500				

18.4 Community Youth Resident Service	18	210,000			210,000			
18.5 Day Training Resident Service	18	475,000			475,000			
18.6 Career Literacy Resident Service	18	425,000			425,000			
18.7 Financial Assistance-Resident Services	18	243,200			243,200			
18.8 Families First Resident Services	18	161,200			161,200			
19.1 Housing Management of Cherokee Programs	19	4,240,600			4,240,600			
19.2 HADT Housing Management	19	50,000			50,000			
19.3 One-Stop Application Centers	19	105,200			105,200			
20.1 Law Enforcement	20	1,195,000			1,195,000			
Program Administration		3,426,500		68,650	3,495,150			
Loan repayment - describe in 4 below.				1,434,023	1,434,023			
<b>TOTAL</b>		<b>35,309,275</b>	<b>0</b>	<b>4,198,798</b>	<b>39,508,073</b>			

**Notes:**

- a. Total of Column L cannot exceed the IHBG funds from Column A, Row 1 from the Sources Table on the previous page.
- b. Total of Column M cannot exceed the IHBG funds from Column B, Row 1 from the Sources Table on the previous page.
- c. Total of Column N should equal the total from Columns A and B, rows 2-10 from the Sources Table on the previous page.
- d. Total of Column P cannot exceed total received IHBG grant from Column C, Row 1 from the Sources table on the previous page.
- e. Total of Column Q cannot exceed total of Column H of the Sources Table on the previous page excluding the IHBG funds on row 1.
- f. Total of Column R should equal total of Column I of the Sources Table on the previous page.

**(4) 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 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. This information would be used to ensure timely payment of debt obligations, including public and private financial transactions, should it be necessary to prevent default.*

**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 \$14,731,425.68 on October 1, 2011.**

**Any amounts paid in full by homebuyers shall be applied to reduce the principal amount of the loan.**

**(5) 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 Table on the previous page. The text must describe which loan was repaid and under the NAHASDA-eligible activity and program associated with this loan.):*

## SECTION 7: OTHER SUBMISSION ITEMS

**(1) Useful Life/Affordability Period(s)** (NAHASDA § 205, 24 CFR § 1000.142) *(List all unit types (excluding Mutual Help units) that will be developed or rehabilitated with IHBG funds during the 12 month period, and the anticipated useful life of these units. If you propose to assign some period of time other than the useful life of the units, indicate that affordability period.):*

The "useful life" of each assisted housing unit will be determined by the amount of IHBG funds invested (as defined in IHBG Program Guidance 2005-11) as follows:

<u>IHBG Funds Invested</u>	<u>Affordability Period</u>
Under \$5,000-----	1 year
\$5,000 to \$15,000-----	5 years
\$15,001 to \$30,000-----	10 years
\$30,001 to \$50,000-----	15 years
Over \$50,000-----	20 years

These provisions shall be assured through binding commitments to ensure that each housing unit will remain affordable for its "useful life."

**(2) Model Housing and Over-Income Activities** (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. The Housing Authority of the Delaware Tribe provides preference for Delaware citizens/members.**

**(4) Administrative** (NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238)

Do you intend to use more than 20% of your current grant for Administration? Yes  No

If yes, describe why the additional funds are needed for Administration.

N/A

**(5) 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 8.

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.

N/A

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: N/A

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:		

**(6) APR:** For each separate formula area expansion, 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 8: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE**  
 (NAHASDA § 102(b)(2)(D))

This certification is used to ensure that you have all required policies and procedures in place in order to operate any planned IHBG programs.

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

- a. Yes  No  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.

**(2) In accordance with 24 CFR 1000.328, the recipient receiving less than \$200,000 under FCAS certifies that:**

- a. Yes  No  Not Applicable  There are households within its jurisdiction at or below 80 percent of median income.

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

- a. Yes  No  Not Applicable  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;
- b. Yes  No  Not Applicable  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;
- c. Yes  No  Not Applicable  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
- d. Yes  No  Not Applicable  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.

<b>(4) Recipient:</b>	Cherokee Nation
<b>(5) Authorized Official's Name and Title:</b>	Chad Smith, Principal Chief
<b>(6) Authorized Official's Signature:</b>	
<b>(7) Date (MM/DD/YYYY):</b>	

**SECTION 9: IHP TRIBAL CERTIFICATION**  
 (NAHASDA § 102(c))

This certification is used when a Tribally Designated Housing Entity (TDHE) prepares the IHP on behalf of a tribe. This certification must be executed by the recognized tribal government covered under the IHP.

- (1) The recognized tribal government of the grant beneficiary certifies that: **N/A**
- (2)  It had an opportunity to review the IHP 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 and amendments on behalf of the Tribe without prior review by the Tribe.

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

**SECTION 10: TRIBAL WAGE RATE CERTIFICATION**  
 (NAHASDA §§ 102(b)(2)(D)(vi) and 104(b)(3))

This certification is used to indicate whether for construction activities you will use tribally determined prevailing wage rates or Davis-Bacon wage rates. Check only the applicable boxes below.

- (1)  You will use tribally determined wage rates when required for IHBG-assisted construction. The Tribe has appropriate laws and regulations in place in order for it to determine and distribute prevailing wages. Provide the applicable tribal resolution/law number:
- (2)  You will use Davis-Bacon wage rates when required for IHBG-assisted construction.
- (3)  You will use Davis-Bacon wage rates when required for IHBG-assisted construction except for the activities listed below. Provide the applicable tribal resolution/law number:

**(4)** List activities not requiring Davis-Bacon wage rates:

<b>(5)</b> Recipient:	
<b>(6)</b> Authorized Official's Name and Title:	Chad Smith, Principal Chief
<b>(7)</b> Authorized Official's Signature:	
<b>(8)</b> Date (MM/DD/YYYY):	



**SECTION 11: SELF-MONITORING**

(NAHASDA § 403(b), 24 CFR § 1000.502)

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

Yes  No

(2) Pursuant to 24 CFR § 1000.502 (b) where the recipient is a TDHE, the grant beneficiary (Indian Tribe) is responsible for monitoring programmatic compliance. Did the Tribe monitor the TDHE?

Yes  No  Not Applicable

(3) Did you complete an annual compliance assessment?

Yes  No

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

**SECTION 12: INSPECTIONS**  
(NAHASDA § 403(b))

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

Results of Inspections					
(A) Activity	(B) Total number of units	(C) Units in standard condition	(D) Units needing rehabilitation	(E) Units needing to be replaced	(F) Total number of units inspected
1. 1937 Housing Act Units:					
a. Rental					
b. Homeownership					
c. Other					
<b>1937 Act Subtotal</b>					
2. NAHASDA Units:					
a. Rental					
b. Homeownership					
c. Rental Assistance					
d. Other					
<b>NAHASDA Subtotal</b>					
<b>Total</b>					

Note: Total of column F should equal the sum of columns C+D+E.

(2) Did you comply with your inspection policy: Yes  No:

(3) If no, why not:

## SECTION 13: AUDITS

If you expended less than \$500,000 in total Federal awards during the fiscal year ended and, on that basis, claim that a financial audit is not required for that fiscal year, the authorized official should sign the following certification.

During the previous fiscal year ended, the recipient expended less than \$500,000 in Federal awards, as that term is defined in the Single Audit Act of 1984, 31 U.S.C. § 7501(a)(4) and in Office of Management and Budget Circular A-133, § \_\_\_\_\_.105. This certification is based on a review of the recipient's financial records.

(1) Recipient:	
(2) Authorized Official's Name and Title:	
(3) Authorized Official's Signature:	
(4) Date (MM/DD/YYYY):	

## SECTION 14: PUBLIC ACCOUNTABILITY

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

Check one: Yes  No

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

Check one: 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 and/or the citizens (NAHASDA § 404(d)):

## SECTION 15: JOBS SUPPORTED BY NAHASDA

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

Indian Housing Block Grant Assistance (IHBG)	
(1) Number of <b>Permanent</b> Jobs Supported	
(2) Number of <b>Temporary</b> Jobs Supported	

(3) Narrative (optional):

## SECTION 16: 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. 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.

(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):*

N/A

(2) Describe the reasons that you are requesting this waiver (*Describe completely why you are unable to complete a particular section of the IHP.*):

(3) Describe the actions that you will take in order to ensure that you is able to submit a complete IHP in the future and/or submit the IHP by the required due date. (*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.*):