

**INDIAN HOUSING PLAN/ANNUAL PERFORMANCE REPORT  
NEW TEMPLATE  
NAHASDA §§ 102(b)(1)(A) and 404(a)(2)**

These forms meet the minimum 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 minimum requirements, a tribe/tribally designated housing entity (TDHE) may elect to prepare a more comprehensive IHP. If a tribe/TDHE elects to prepare a more comprehensive IHP, the required elements of this IHP must still be submitted on the prescribed HUD forms.

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 minimum requirements of the Act, consult with residents, prepare any Title VI application/certification (as applicable), submit performance reports, and maintain records for HUD monitoring and audit review.

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 completed before the beginning of the 12-month program year, leaving the APR (shaded) sections blank. After the 12-month program year, enter the results from the 12-month program year in the shaded sections of the form (if the IHP has been updated or amended, use the most recent version) to complete the APR. More details on how to complete the IHP and APR forms can be found in the instructions for this 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 template as applicable. Recipients are encouraged to review these citations when completing the IHP and APR.

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

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**COVER PAGE****SECTION 1:**

- Initial Plan (Complete this Section then proceed to Section 3)
- Amended Plan (Complete this Section and Section 2)
- Annual Performance Report (Proceed to Section 4)
- Tribe  TDHE

(1) Name of Recipient:	Cherokee Nation
(2) Contact Person:	Marvin Jones
(3) Telephone Number with Area Code:	918-316-6370
(4) Mailing Address:	P.O. Box 948
(5) City:	Tahlequah
(6) State:	Oklahoma
(7) Zip Code:	74465-0948
(8) FAX # (if applicable)	N/A
(9) E-mail:	marvin-jones@cherokee.org
(10) If TDHE, List Tribes Below:	N/A
(11) Tax Identification Number:	73-0757033
(12) DUNS Number:	077345494
(13) Federal Grant Year for the 1-Year Plan or APR:	2011
(14) IHBG Annual Grant Amount:	Estimated \$31,681,248 (based on FY'10)
(15) Recipient Program Year:	10/1/10 - 9/30/11
(16) Investment Approval Date, if applicable:	N/A
(17) Name of Authorized Submitter:	Chad Smith
(18) Title of Authorized Submitter:	Principal Chief
(19) Signature of Authorized Submitter:	
(20) 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 100.232

**SECTION 2:** Fill out the text below to summarize your plan amendment. This amendment is only required to be submitted to the HUD Area Office of Native American Programs when 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 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.

**(21) Program Name:** \_\_\_\_\_

**Program Description:**

*This should adequately describe the new program that is planned.*

**(22) Eligible Activities:**

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

- |   |   |
|---|---|
| (1) Modernization of 1937 Act Housing [202(1)]                    | (12) Acquisition with Rehabilitation for 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)]                   |

**(23) Intended Outcomes:**

**Intended Outcomes May Include:**

- |  |  |
|--|--|
| (1) Reduce over-crowding                 | (6) Assist affordable housing for students             |
| (2) Assist renters to become homeowners  | (7) Provide accessibility for disabled/elderly persons |
| (3) Improve quality of substandard units | (8) Improve energy efficiency                          |
| (4) Address homelessness                 | (9) Reduction in crime reports                         |
| (5) Create new affordable rental units   | (10) Other – must provide description in 23 above      |

**(24) 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 should be included as a separate Program within this Section.*

**(25) Types and Level of Assistance:**

*Use for Amendments ONLY*

*If no Amendments are submitted, proceed to the One Year IHP (Section 3)*

*This should adequately describe any types of assistance and the level of assistance that will be provided to each household.*

**(26) Tasks Under This Program to be Completed During Recipient's Program Year (PY):**

*This should list the specific tasks that will be accomplished under the new goal, activity, and program during the recipient's next 12-month program year. These tasks will be the basis for reporting under the APR.*

**(27) Amended Table on Anticipated Outputs for 12-Month Program Year**

Program Name (tie to program name in 21 above)	Planned Number of Units To Be Completed in Program Year	Planned Number of Households To Be Served In Program Year

**(28) Budget Amendment**

Program Name (tie to program name in 21 above and include all other programs still funded during 12 month program year)	IHBG Funds budgeted to be expended in 12-month program year	Other funds budgeted to be expended in 12-month program year	Total funds budgeted to be expended in 12-month program year
Program Administration			
Loan Repayment			
<b>Total:</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>

*Use for Amendments ONLY*

*If no Amendments are submitted, proceed to the One Year IHP (Section 3)*

Revised March 29, 2010

## ONE YEAR PLAN & ANNUAL PERFORMANCE REPORT

### SECTION 3: HOUSING NEEDS

(29) **For recipients eligible to receive minimum needs funding only:** Estimate the total number of low-income Indian households (any Indian household at or below 80% of median income).

Enter number of low-income Indian households here:

N/A

(30) Check the box(es) below to describe the estimated types and categories 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. NAHASDA § 102(b)(2)(B)

(A) Type of Need	Check All That Apply	
	(B) Low-income Indian Families	(C) All Indian Families
Overcrowded Households	X	X
Renters Who Wish to Become Owners	X	X
Substandard Units Needing Rehabilitation	X	
Homeless Households	X	
Households Needing Affordable Rental Units		
Student Housing	X	X
Disabled Households Needing Accessibility	X	
Units Needing Energy Efficiency Upgrades	X	X
Infrastructure to Support Housing	X	
Reduction in Crime	X	X
Other (specify below)		

(31) Other (please describe any other needs below). Note this text is optional for all needs except "Other."

N/A

- (32) Describe below how the recipient's planned programs and activities will address the needs of low income families identified above. Also describe how the recipient's 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.

- (33) 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 AND ACTUAL OUTPUTS**

**Planning Program Year Activities NAHASDA § 102(b)(2)(A)**

The recipient must provide a statement of the programs, eligible activities, intended outcomes, and 12-month tasks planned for the One-Year IHP. The program sections must describe the specific programs that the recipient will fund during the coming 12 months. The eligible activities categorize the planned programs under the NAHASDA statutory categories. The outcomes and outputs are the intended results of the IHBG-assisted programs and are reported on by the recipient in the APR. The 12-month tasks must list the specific tasks that the recipient will undertake during the coming program year.

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

- |   |  |
|---|--|
| (1) Modernization of 1937 Act Housing [202(1)]                    | (12) Acquisition & Rehabilitation for 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)]                    |  |

**Intended Outcomes May include:**

- |  |  |
|--|--|
| (1) Reduce over-crowding                 | (6) Assist affordable housing for students             |
| (2) Assist renters to become homeowners  | (7) Provide accessibility for disabled/elderly persons |
| (3) Improve quality of substandard units | (8) Improve energy efficiency                          |
| (4) Address homelessness                 | (9) Reduction in crime reports                         |
| (5) Create new affordable rental units   | (10) Other – must provide description in 36 below      |

**REPORTING ON PROGRAM YEAR PROGRESS NAHASDA § 404(b)**

Please 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.

(34) Program Name: Modernization  
 Program Description: To maintain 1937 Act Units through the provisions of Indian Housing Assistance.

*This should be the description of the planned program.*

(35) Eligible Activity  
 Number: 1  
*Select from the eligible activities listed above.*

(36) Intended Outcome(s)  
 Number: 3, 7, 8  
*Select from the intended outcomes listed above.*



**(37) Who Will Be Assisted:** Native American Families whose incomes are at 80% or below the National Median Income guidelines.

*This should 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.*

**(38) Types and Level of Assistance:** Provide Modernization work at an approximate average cost with direct cost of \$1,100,000 on HACN units of \$2,800 per unit.

*This should describe the types and the level of assistance that will be provided to each household, as applicable.*

<b>(39) Planned 12 Month Tasks:</b> N/A	<b>APR: Actual Number of Units Completed:</b> (optional: Fully Accomplished, No Activity, Partially Complete - with explanation)
Task 1	

*This should be the listing of tasks planned for the IHP and accomplished for the APR in the 12 month program year.*

**(40) 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
457			

**(42) APR: Explain Any Reasons for Delay (if any) - 24 CFR 1000.512(b)(2)**

*If the activity is behind schedule, explain why.*

**(34) Program Name:** Operating Subsidy  
**Program Description:** To operate 1937 Act Units through the provision of Indian Housing Assistance.

*This should be the description of the planned program.*

**(35) Eligible Activity Number:** 2  
*Select from the eligible activities listed above.*

**(36) Intended Outcome(s) Number:** 1, 4

Select from the outcomes listed above.

(37) Who Will Be Assisted: Native American Families whose incomes are at 80% or below the National Median Income Guidelines.

This should 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.

(38) Types and Level of Assistance: Pay all costs of the HACN Low Rent Program and subsidize the 1937 Act Programs of the HADT as needed.

This should describe the types and the level of assistance that will be provided to each household, as applicable.

(39) Planned 12 Month Tasks: N/A	APR: Tasks Accomplished - (options: Fully Accomplished, No Activity, Partially Complete - (APR 2010/2011))
Task 1	

This should be the listing of tasks planned for the IHP and accomplished for the APR in the 12 month program year.

(40) 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
1,116			

(42) APR: Explain Any Reasons for Delay (if any) 24 CFR 1005.12(b)(2)

If the activity is behind schedule, explain why.

(34) Program Name: Land Acquisition for Homeownership

Program Description: This program purchases real property for the Cherokee Nation to be used for NAHASDA affordable housing.

This should be the description of the planned program.

(35) Eligible Activity Number: 10	
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Select from the eligible activities listed above.

(36) Intended Outcome(s) Number: 10	Create new affordable homeownership units
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Select from the intended outcomes listed above.

**(37) Who Will Be Assisted:** People eligible for affordable homeownership

This should 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.

**(38) Types and Level of Assistance:** Land made available for use or lease from the Cherokee Nation for New Homeownership Construction.

This should describe the types and the level of assistance that will be provided to each household, as applicable.

<b>(39) Planned 12 Month Tasks:</b> N/A	<b>APR: Tasks Accomplished - (options: Fully Accomplished, No Activity, Partially Complete - with explanation)</b>
Task 1	

This should be the listing of tasks planned for the IHP and accomplished for the APR in the 12 month program year.

**(40) 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
224			

**(42) APR: Explain Any Reasons for Delay (if any) 24 CFR 1000.512(b)(2)**

If the activity is behind schedule, explain why.

**SECTION 4: PROGRAM DESCRIPTIONS AND ACTUAL OUTPUTS**

**Planning Program Year Activities NAHASDA § 102(b)(2)(A)**

The recipient must provide a statement of the programs, eligible activities, intended outcomes, and 12-month tasks planned for the One-Year IHP. The program sections must describe the specific programs that the recipient will fund during the coming 12 months. The eligible activities categorize the planned programs under the NAHASDA statutory categories. The outcomes and outputs are the intended results of the IHBG-assisted programs and are reported on by the recipient in the APR. The 12-month tasks must list the specific tasks that the recipient will undertake during the coming program year.

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

- |   |  |
|---|--|
| (1) Modernization of 1937 Act Housing [202(1)]                    | (12) Acquisition & Rehabilitation for 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)]                   |  |

**Intended Outcomes May include:**

- |  |  |
|--|--|
| (1) Reduce over-crowding                 | (6) Assist affordable housing for students             |
| (2) Assist renters to become homeowners  | (7) Provide accessibility for disabled/elderly persons |
| (3) Improve quality of substandard units | (8) Improve energy efficiency                          |
| (4) Address homelessness                 | (9) Reduction in crime reports                         |
| (5) Create new affordable rental units   | (10) Other – must provide description in 36 below      |

**REPORTING ON PROGRAM YEAR PROGRESS NAHASDA § 404(b)**

Please 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.

(34) Program Name: Self-Help Homeownership Construction

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

*This should be the description of the planned program.*

(35) Eligible Activity Number: <u>11</u>	
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Select from the eligible activities listed above.

(36) Intended Outcome(s) Number: <u>10</u>	<u>To develop adequate living units for residency by eligible recipients.</u>
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Select from the intended outcomes listed above.

**(37) Who Will Be Assisted:** Low income Native Americans within the Cherokee Nation jurisdictional boundaries.

*This should 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.*

**(38) Types and Level of Assistance:** Home construction 100% subsidized with materials being paid back through a note secured by a mortgage.

*This should describe the types and the level of assistance that will be provided to each household, as applicable.*

<b>(39) Planned 12 Month Tasks:</b> N/A	<b>APR: Actual Number of Units Completed:</b> (options: Fully Accomplished, No Activity, Partially Complete - with explanation)
<b>Task 1</b>	

*This should be the listing of tasks planned for the IHP and accomplished for the APR in the 12 month program year.*

**(40) 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
14			

**(42) APR: Explain Any Reasons for Delay (if any) - 24 CFR 1000.312(b)(2)**

*If the activity is behind schedule, explain why.*

**(34) Program Name:** Home Acquisition  
**Program Description:** Purchase of homes to be resold to mortgage assistance recipients.

*This should be the description of the planned program.*

**(35) Eligible Activity Number:** 12

*Select from the eligible activities listed above.*

**(36) Intended Outcome(s) Number:** 1

Select from the outcomes listed above.

(37) Who Will Be Assisted: *Native American Families whose incomes are at 80% or below the National Median Income Guidelines.*

This should 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.

(38) Types and Level of Assistance: *Acquisition of houses at the approximate cost of \$ 83,000 each.*

This should describe the types and the level of assistance that will be provided to each household, as applicable.

(39) Planned 12 Month Tasks: <i>N/A</i>	APR: Tasks Accomplished - (options: Fully Accomplished, No Activity, Partially Complete - with explanation)
Task 1	

This should be the listing of tasks planned for the IHP and accomplished for the APR in the 12 month program year.

(40) 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
<i>6</i>			

(42) APR: Explain Any Reasons for Delay (if any) 24 CFR 100.612(b)(2)

If the activity is behind schedule, explain why.

(34) Program Name: *Mortgage Assistance*

Program Description: *Downpayment and closing cost funds to eligible low-income Native American homebuyers.*

This should be the description of the planned program.

(35) Eligible Activity Number: <i>13</i>	
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Select from the eligible activities listed above.

(36) Intended Outcome(s) Number: <i>2</i>	
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Select from the intended outcomes listed above.

**(37) Who Will Be Assisted:** *Native Americans whose household income is at or below 80% of the National Median Income, as published by HUD.*

This should 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.

**(38) Types and Level of Assistance:** *Financial assistance to cover downpayment and closing costs not to exceed \$15,000.*

This should describe the types and the level of assistance that will be provided to each household, as applicable.

<b>(39) Planned 12 Month Tasks:</b> N/A	<b>APR: Tasks Accomplished - (options: Fully Accomplished, No Activity, Partially Complete - with explanation)</b>
Task 1	

This should be the listing of tasks planned for the IHP and accomplished for the APR in the 12 month program year.

**(40) 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
	288		

**(42) APR: Explain Any Reasons for Delay (if any) 24 CFR 1000.512(b)(2)**

If the activity is behind schedule, explain why.

**SECTION 4: PROGRAM DESCRIPTIONS AND ACTUAL OUTPUTS**

**Planning Program Year Activities NAHASDA § 102(b)(2)(A)**

The recipient must provide a statement of the programs, eligible activities, intended outcomes, and 12-month tasks planned for the One-Year IHP. The program sections must describe the specific programs that the recipient will fund during the coming 12 months. The eligible activities categorize the planned programs under the NAHASDA statutory categories. The outcomes and outputs are the intended results of the IHBG-assisted programs and are reported on by the recipient in the APR. The 12-month tasks must list the specific tasks that the recipient will undertake during the coming program year.

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

- |   |  |
|---|--|
| (1) Modernization of 1937 Act Housing [202(1)]                    | (12) Acquisition & Rehabilitation for 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)]                   |  |

**Intended Outcomes May Include:**

- |  |  |
|--|--|
| (1) Reduce over-crowding                 | (6) Assist affordable housing for students             |
| (2) Assist renters to become homeowners  | (7) Provide accessibility for disabled/elderly persons |
| (3) Improve quality of substandard units | (8) Improve energy efficiency                          |
| (4) Address homelessness                 | (9) Reduction in crime reports                         |
| (5) Create new affordable rental units   | (10) Other – must provide description in 36 below      |

**REPORTING ON PROGRAM YEAR PROGRESS NAHASDA § 404(b)**

Please 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.

(34) Program Name: Title VI Subsidy  
 Program Description: Subsidize repayment of loan guaranteed under Title VI.

*This should be the description of the planned program.*

(35) Eligible Activity Number: 14  
*Select from the eligible activities listed above.*

(36) Intended Outcome(s) Number: 1, 10 Assist Families to obtain low interest mortgages  
*Select from the intended outcomes listed above.*



**(37) Who Will Be Assisted:** Native American Families whose incomes are at-100% or below the National Median Income guidelines.

This should 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.

**(38) Types and Level of Assistance:** Provide \$1,100,000 for debt subsidy for Title VI loan.

This should describe the types and the level of assistance that will be provided to each household, as applicable.

<b>(39) Planned 12 Month Tasks:</b>	Activity Status - (options: Fully Completed, No Activity, Partially Complete - with explanation)
Task 1	

This should be the listing of tasks planned for the IHP and accomplished for the APR in the 12 month program year.

**(40) 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 Units Completed in Program Year	APR: Actual Number of Households Served in Program Year
	286		

**(42) APR: Explain Any Reasons for Delay (if any) 24 CFR 100.512(b)(2)**

If the activity is behind schedule, explain why.

**(34) Program Name:** Self Sufficiency Counseling  
**Program Description:** Provide credit coaching, household budgeting, and self sufficiency counseling to increase credit worthiness and financial stability to secure and maintain affordable housing.

This should be the description of the planned program.

**(35) Eligible Activity Number:** 15  
 Select from the eligible activities listed above.

**(36) Intended Outcome(s) Number:** 2

Select from the outcomes listed above.

**(37) Who Will Be Assisted:** Native Americans whose household income is at or below 80% of the National Median Income as published by HUD.

This should 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.

**(38) Types and Level of Assistance:** Classroom and one-on-one training sufficient to allow recipients to become homebuyers.

This should describe the types and the level of assistance that will be provided to each household, as applicable.

<b>(39) Planned 12 Month Tasks:</b> N/A	<b>APR: Tasks Accomplished - (options: Fully Accomplished, No Activity, Partially Complete - see instructions)</b>
Task 1	

This should be the listing of tasks planned for the IHP and accomplished for the APR in the 12 month program year.

**(40) 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		

**(42) APR: Explain Any Reasons for Delay in any 24 FEB 1000/120/2**

If the activity is behind schedule, explain why.

**(34) Program Name:** Individual Development Accounts

**Program Description:** Assist eligible low income Indian families in the Indian area with removing obstacles to wealth creation to obtain/maintain affordable housing by providing matching funds for savings participants' contributions to a bank account during a set savings period.

This should be the description of the planned program.

**(35) Eligible Activity Number:** 15

Select from the eligible activities listed above.

**(36) Intended Outcome(s) Number:** 2,3

Select from the intended outcomes listed above.

**(37) Who Will Be Assisted:** Native Americans whose household income is at or below 80% of the National Median Income as published by HUD.

This should 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.

**(38) Types and Level of Assistance:** Matching funds shall be provided at a match-to-savings ratio of 2:1 for rehab (maximum of \$1,440 in match) and 3:1 for homeownership (maximum of \$2,160 in match).

This should describe the types and the level of assistance that will be provided to each household, as applicable.

<b>(39) Planned 12 Month Tasks:</b> N/A	<b>APR: Task Accomplished - (options: Fully Accomplished, No Activity, Partially Complete - with explanation)</b>
Task 1	

This should be the listing of tasks planned for the IHP and accomplished for the APR in the 12 month program year.

**(40) 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
	46		

**(42) APR: Explain Any Reasons for Delay (if any) 24 CFR 100.512(b)(2)**

If the activity is behind schedule, explain why.

**SECTION 4: PROGRAM DESCRIPTIONS AND ACTUAL OUTPUTS**

**Planning Program Year Activities NAHASDA § 102(b)(2)(A)**

The recipient must provide a statement of the programs, eligible activities, intended outcomes, and 12-month tasks planned for the One-Year IHP. The program sections must describe the specific programs that the recipient will fund during the coming 12 months. The eligible activities categorize the planned programs under the NAHASDA statutory categories. The outcomes and outputs are the intended results of the IHBG-assisted programs and are reported on by the recipient in the APR. The 12-month tasks must list the specific tasks that the recipient will undertake during the coming program year.

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

- |   |  |
|---|--|
| (1) Modernization of 1937 Act Housing [202(1)]                    | (12) Acquisition & Rehabilitation for 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)]                   |  |

**Intended Outcomes May Include:**

- |  |  |
|--|--|
| (1) Reduce over-crowding                 | (6) Assist affordable housing for students             |
| (2) Assist renters to become homeowners  | (7) Provide accessibility for disabled/elderly persons |
| (3) Improve quality of substandard units | (8) Improve energy efficiency                          |
| (4) Address homelessness                 | (9) Reduction in crime reports                         |
| (5) Create new affordable rental units   | (10) Other – must provide description in 36 below      |

**REPORTING ON PROGRAM YEAR PROGRESS NAHASDA § 404(b)**

Please complete the shaded portion 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.

(34) Program Name: Housing Rehabilitation

Program Description: Rehabilitate, repair, or replace privately owned homes for Low Income Indians.

*This should be the description of the planned program.*

(35) Eligible Activity  
 Number: 16

*Select from the eligible activities listed above.*

(36) Intended Outcome(s)  
 Number: 1, 3, 4, 7, 8

*Select from the intended outcomes listed above.*

**(37) Who Will Be Assisted:** Native American Families whose incomes are at 80% or below the National Median Income guidelines.

This should 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.

**(38) Types and Level of Assistance:** Rehab assistance at an average of \$25,000 per grant; Replacement of some dwellings which can't be repaired with no payback.

This should describe the types and the level of assistance that will be provided to each household, as applicable.

<b>(39) Planned 12 Month Tasks:</b> N/A	APR: Status of Activity - (options: Fully Completed, No Activity, Partially Complete - with explanation)
Task 1	

This should be the listing of tasks planned for the IHP and accomplished for the APR in the 12 month program year.

**(40) 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
296			

**(42) APR: Explain Any Reasons for Delay (if any) - 24 CFR 1000.612(b)(2)**

If the activity is behind schedule, explain why.

**(34) Program Name:** Rental Assistance  
**Program Description:** Provide rental assistance payments for low-income Indian Families.

This should be the description of the planned program.

<b>(35) Eligible Activity Number:</b> 17	
--	--

Select from the eligible activities listed above.

<b>(36) Intended Outcome(s) Number:</b> 10	Assist renters with affordable housing
--	--

Select from the outcomes listed above.

**(37) Who Will Be Assisted:** Low-income Indian families in Cherokee Nation jurisdiction.

This should 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.

**(38) Types and Level of Assistance:** Rental subsidy payments based on need

This should describe the types and the level of assistance that will be provided to each household, as applicable.

<b>(39) Planned 12 Month Tasks:</b> N/A	<b>APR: Tasks Accomplished - (options: Fully Accomplished, No Activity, Partially Complete - with explanation)</b>
Task 1	

This should be the listing of tasks planned for the IHP and accomplished for the APR in the 12 month program year.

**(40) 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
	1471		

**(41) APR: Explain Any Reasons for Delay (if any) 21 APR 10/11/12/13/14**

If the activity is behind schedule, explain why.

**(34) Program Name:** Transitional Housing  
**Program Description:** Provides emergency funds to assist homeless families and to prevent families from losing their homes.

This should be the description of the planned program.

**(35) Eligible Activity Number:** 18

Select from the eligible activities listed above.

**(36) Intended Outcome(s) Number:** 4

Select from the intended outcomes listed above.

**(37) Who Will Be Assisted:** Low-income Indian families living in Cherokee Nation jurisdiction

This should 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.

**(38) Types and Level of Assistance:** Emergency financial assistance based on need

This should describe the types and the level of assistance that will be provided to each household, as applicable.

<b>(39) Planned 12 Month Tasks:</b> N/A	<b>APR: Tasks Accomplished - (options: Fully Accomplished, No Activity, Partially Complete - with explanation)</b>
Task 1	

This should be the listing of tasks planned for the IHP and accomplished for the APR in the 12 month program year.

**(40) 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		

**(42) APR: Explain Any Reasons for Delay (if any) 24 CFR 100.512(b)(2)**

If the activity is behind schedule, explain why.

**SECTION 4: PROGRAM DESCRIPTIONS AND ACTUAL OUTPUTS**

**Planning Program Year Activities NAHASDA § 102(b)(2)(A)**

The recipient must provide a statement of the programs, eligible activities, intended outcomes, and 12-month tasks planned for the One-Year IHP. The program sections must describe the specific programs that the recipient will fund during the coming 12 months. The eligible activities categorize the planned programs under the NAHASDA statutory categories. The outcomes and outputs are the intended results of the IHBG-assisted programs and are reported on by the recipient in the APR. The 12-month tasks must list the specific tasks that the recipient will undertake during the coming program year.

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

- |   |  |
|---|--|
| (1) Modernization of 1937 Act Housing [202(1)]                    | (12) Acquisition & Rehabilitation for 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)]                   |  |

**Intended Outcomes May include:**

- |  |  |
|--|--|
| (1) Reduce over-crowding                 | (6) Assist affordable housing for students             |
| (2) Assist renters to become homeowners  | (7) Provide accessibility for disabled/elderly persons |
| (3) Improve quality of substandard units | (8) Improve energy efficiency                          |
| (4) Address homelessness                 | (9) Reduction in crime reports                         |
| (5) Create new affordable rental units   | (10) Other – must provide description in 36 below      |

**REPORTING ON PROGRAM YEAR PROGRESS NAHASDA § 404(b)**

Please 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.

(34) Program Name: Affordable Housing Resident Services

Program Description:  
*The provision of housing-related services for affordable housing through activities related to the provision of self-sufficiency and other services.*

*This should be the description of the planned program.*

(35) Eligible Activity Number: 18

*Select from the eligible activities listed above.*

(36) Intended Outcome(s) Number: 10 Increase self sufficiency

*Select from the intended outcomes listed above.*



**(37) Who Will Be Assisted:** *Income eligible households in the Indian area who are receiving NAHASDA Housing Assistance or who have received such service and have a continuing obligation to the Cherokee Nation due to receipt of services.*  
 This should 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.

**(38) Types and Level of Assistance:** *Literacy Training to receive GED, job training to secure adequate employment, temporary on-the-job training up to \$2,400, Boys and Girls Club activities (for the HADT), youth activities related to cultural presentations, emergency housing assistance and case management activities.*  
 This should describe the types and the level of assistance that will be provided to each household, as applicable.

<b>(39) Planned 12 Month Tasks:</b>	<b>APR: Actual Number of Units Completed in Program Year</b>
N/A	(options: Fully Accomplished, No Activity, Partially Complete - with explanation)
Task 1	

This should be the listing of tasks planned for the IHP and accomplished for the APR in the 12 month program year.

**(40) 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
	2,980		

**(42) APR: Explain Any Reasons for Delay (if any) 24 CFR 1000.512(b)(2)**

If the activity is behind schedule, explain why.

**(34) Program Name:** One-stop shops for Housing Applications  
**Program Description:** *Provide two specific one-stop shops to apply for affordable housing services due to the diversity of programs available and size of the geographic area in which services are offered.*

This should be the description of the planned program.

**(35) Eligible Activity Number:** 18  
 Select from the eligible activities listed above.

**(36) Intended Outcome(s) Number:** 1, 2, 3, 4, 6, 7

Select from the outcomes listed above.

(37) Who Will Be Assisted: *Low-income Indians in the Indian area who live in specific geographic regions.*

This should 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.

(38) Types and Level of Assistance:  
*Counseling to the extent necessary*

This should describe the types and the level of assistance that will be provided to each household, as applicable.

(39) Planned 12 Month Tasks: <i>N/A</i>	APR: Tasks Accomplished - (options: Fully Accomplished, No Activity, Partially Complete - with explanation)
Task 1	

This should be the listing of tasks planned for the IHP and accomplished for the APR in the 12 month program year.

(40) 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
	<i>1900</i>		

(42) APR: Explain Any Reasons for Delay (if any) 24 CFR 1000.12(b)(2)

If the activity is behind schedule, explain why.

(34) Program Name: *Management of NAHASDA Housing Programs*  
 Program Description: *Management of IHBG units, Title VI units, HADT IHBG units, the rental assistance program, the mortgage assistance program, and related activities, such as an insurance program.*

This should be the description of the planned program.

(35) Eligible Activity Number: *19*

Select from the eligible activities listed above.

(36) Intended Outcome(s) Number: *1, 2, 6*

Select from the Intended outcomes listed above.

**(37) Who Will Be Assisted:** IHBG-eligible people within the Cherokee "Indian Area"

This should 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.

**(38) Types and Level of Assistance:** Management of programs to be efficient and effective

This should describe the types and the level of assistance that will be provided to each household, as applicable.

<b>(39) Planned 12 Month Tasks:</b> N/A	<b>APR: Tasks Accomplished - (options: Fully Accomplished, No Activity, Partially Complete - with explanation)</b>
<b>Task 1</b>	

This should be the listing of tasks planned for the IHP and accomplished for the APR in the 12 month program year.

**(40) 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
538	4059		

**(42) APR: Explain Any Reasons for Delay (if any) 24 CFR 100.512(b)(2)**

If the activity is behind schedule, explain why.

**SECTION 4: PROGRAM DESCRIPTIONS AND ACTUAL OUPUTS**

**Planning Program Year Activities NAHASDA § 102(b)(2)(A)**

The recipient must provide a statement of the programs, eligible activities, intended outcomes, and 12-month tasks planned for the One-Year IHP. The program sections must describe the specific programs that the recipient will fund during the coming 12 months. The eligible activities categorize the planned programs under the NAHASDA statutory categories. The outcomes and outputs are the intended results of the IHBG-assisted programs and are reported on by the recipient in the APR. The 12-month tasks must list the specific tasks that the recipient will undertake during the coming program year.

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

- |   |  |
|---|--|
| (1) Modernization of 1937 Act Housing [202(1)]                    | (12) Acquisition & Rehabilitation for 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)]                    |  |

**Intended Outcomes May Include:**

- |  |  |
|--|--|
| (1) Reduce over-crowding                 | (6) Assist affordable housing for students             |
| (2) Assist renters to become homeowners  | (7) Provide accessibility for disabled/elderly persons |
| (3) Improve quality of substandard units | (8) Improve energy efficiency                          |
| (4) Address homelessness                 | (9) Reduction in crime reports                         |
| (5) Create new affordable rental units   | (10) Other – must provide description in 36 below      |

**REPORTING ON PROGRAM YEAR PROGRESS NAHASDA § 404(b)**

Please complete the shaded section of form 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.

(34) Program Name: <u>Law Enforcement</u>
Program Description: <u>Provide public safety to affordable housing residents through patrol, education, awareness and interdiction.</u>

*This should be the description of the planned program.*

(35) Eligible Activity Number: <u>20</u>	
--	--

*Select from the eligible activities listed above.*

(36) Intended Outcome(s) Number: <u>9</u>	
---	--

*Select from the intended outcomes listed above.*

**(37) Who Will Be Assisted:** Low income affordable housing residents

*This should 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.*

**(38) Types and Level of Assistance:** Regular patrols, illegal drug interdiction, education through school systems in the area and awareness through community presentations.

*This should describe the types and the level of assistance that will be provided to each household, as applicable.*

<b>(39) Planned 12 Month Tasks:</b> N/A	<b>APR: Actual Number of Units Completed in Program Year</b> (options: Fully Complete, No Activity, Partially Complete - with explanation)
<b>Task 1</b>	

*This should be the listing of tasks planned for the IHP and accomplished for the APR in the 12 month program year.*

**(40) 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
	912		

**(42) APR: Explain Any Reasons for Delay (if any) 24 CFR 100.512(b)(2)**

*If the activity is behind schedule, explain why.*

**(34) Program Name:** Infrastructure for Raw Land Purchases  
**Program Description:** The provision of needed utilities, access, and related infrastructure on land acquired for use as affordable housing construction

*This should be the description of the planned program.*

**(35) Eligible Activity Number:** 23  
*Select from the eligible activities listed above.*

**(36) Intended Outcome(s) Number:** 2, 10  
 Create new affordable homeownership units.

Select from the outcomes listed above.

**(37) Who Will Be Assisted:** Affordable housing eligible households who need new construction and have no access to land.

This should 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.

**(38) Types and Level of Assistance:** Development of infrastructure to make land suitable for construction

This should describe the types and the level of assistance that will be provided to each household, as applicable.

<b>(39) Planned 12 Month Tasks:</b> N/A	<b>APR: Tasks Accomplished - (options: Fully Accomplished, No Activity, Partially Complete - with explanation)</b>
Task 1	

This should be the listing of tasks planned for the IHP and accomplished for the APR in the 12 month program year.

**(40) 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

**(41) APR: Explain Any Reasons for Being at less than 100% (2)**

If the activity is behind schedule, explain why.

**(34) Program Name:** \_\_\_\_\_  
**Program Description:**  
 \_\_\_\_\_

This should be the description of the planned program.

**(35) Eligible Activity Number:** \_\_\_\_\_  
 Select from the eligible activities listed above.

**(36) Intended Outcome(s) Number:** \_\_\_\_\_

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

**(43) Maintaining 1937 Act Units NAHASDA § 102(b)(2)(A)(v)**

Describe below specifically how the recipient will maintain and operate its 1937 Act 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.

**(44) Demolition and Disposition**

Describe below any planned demolition or disposition of 1937 Act housing units. Be certain to include the timetable for any planned demolition or disposition. NAHASDA § 102(b)(2)(A)(iv)(I)

N/A

**SECTION 6: BUDGET NAHASDA § 102(b)(2)(C)(i)**

(46) Estimated Sources of Funding - Please complete the unshaded 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 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 carry over funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual total sources of funds received during 12-month program year	(H) Actual total expenditures during 12-month program year (F-G)	(I) Actual carry over funds remaining at end of program year (F-H)	(J) Actual carry over funds remaining at end of program year (F-H)
1. IHBG Funds	45,254,658	31,637,248	76,941,906	42,390,751	34,551,155					
2. IHBG Program Income	0	2,800,000	2,800,000	0	2,800,000					
3. IHBG Title VI										
4. 1937 Act Operating Reserves	0		0	0	0					
5. Carry over 1937 Act Funds	0		0	0	0					
Subtotal IHBG:										
Non-IHBG Funds (Leverage)										
8. ICDBG Funds										
7. Other Federal Funds										
8. LIHTC										
9. Non-Federal Funds										
Subtotal Non-IHBG:										
<b>TOTAL</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
	45,254,658	31,637,248	76,941,906	42,390,751	37,351,155					

Notes:  
 (1) For the IHP, fill in columns A, B, C, D, and E (non-shaded columns).  
 (2) For the APR, fill in columns F, G, H, I, and J (shaded columns).  
 (3) Column D must reflect the budget required to complete the planned tasks for the upcoming year, and the Total line should match the total of column M from the Uses Table.  
 (4) Total of column I must equal 12-month program year total expenditures and should match the Total line from column P from the Uses Table.  
 (5) Please provide additional details as needed to describe any leverage in the box provided at line 47.



(46) Uses of Funding NAHASDA § 102(b)(2)(C)(ii) – Note that the budget should not exceed the total IHBG funds on hand. Actual Expenditures in the APR are for the 12-month program year.

PROGRAM NAME (tie to program names in Section 4 above)	Eligible Activity Number(s)	IHP			APR			
		(K) Prior year IHBG Funds to be expended in 12-month program year	(L) Current year IHBG Funds to be expended in 12-month program year	(M) Other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (K + L + M)	(O) Total IHBG funds expended in 12-month program year	(P) Total other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (R + Q)
Modernization	1	1,301,740			1,301,740			
Operating Subsidy	2	3,071,164			3,071,164			
Land Acquisition	10	4,680,661			4,680,661			
Home ownership Const.	11	2,379,778			2,379,778			
Home Acquisition	1a	500,000			500,000			
Program Administration								
Loan repayment - describe below at line 47								
<b>Total:</b>		\$0	\$0	\$0	\$0	\$0	\$0	\$0

Notes:

- (1) Total of Column K cannot exceed the subtotal IHBG for Column A from the Sources Table on the previous page.
- (2) Total of Column L cannot exceed the subtotal IHBG for Column B from the Sources Table on the previous page.
- (3) Total of Column M should equal the subtotals Non-IHBG from Columns A and B from the Sources Table on the previous page.
- (4) Total of column N cannot exceed total received IHBG grant funds plus IHBG program income plus Title VI from the Sources table on the previous page (column H, rows 1-3) and the bottom line should equal the total of the amounts expended under column I, rows 1-3.
- (5) Total of column O cannot exceed total received non-IHBG funds from column H, rows 4-9 of the Sources Table on the previous page.
- (6) Total of column Q should equal the actual expenditure under column I of the Sources Table on the previous page.

(46) Uses of Funding NAHASDA § 102(b)(2)(C)(ii) – Note that the budget should not exceed the total IHBG funds on hand. Actual Expenditures in the APR are for the 12-month program year.

PROGRAM NAME (tie to program names in Section 4 above)	Eligible Activity Number(s)	IHP			APR			
		(K) Prior year IHBG Funds to be expended in 12-month program year	(L) Current year IHBG Funds to be expended in 12-month program year	(M) Other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (K + L + M)	(O) Total IHBG funds expended in 12-month program year	(P) Total other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (R + P)
Mortgage Assistance	13	4,436,500			4,436,500			
Title VI Subsidy	14	1,100,000			1,100,000			
Self-Sufficiency Couns.	15	615,000			615,000			
IDAs	15	124,000			124,000			
Housing Rehab	16	7,723,787			7,723,787			
Program Administration								
Loan repayment - describe below at line 47								
<b>Total:</b>		\$0	\$0	\$0	0			

Notes:

- (1) Total of Column K cannot exceed the subtotal IHBG for Column A from the Sources Table on the previous page.
- (2) Total of Column L cannot exceed the subtotal IHBG for Column B from the Sources Table on the previous page.
- (3) Total of Column M should equal the subtotals Non-IHBG from Columns A and B from the Sources Table on the previous page.
- (4) Total of column O cannot exceed total received IHBG grant funds plus IHBG program income plus Title VI from the Sources table on the previous page (column H, rows 1-3) and the bottom line should equal the total of the amounts expended under column I, rows 1-3.
- (5) Total of column P cannot exceed total received non-IHBG funds from column H, rows 4-9 of the Sources Table on the previous page.
- (6) Total of column Q should equal the actual expenditure under column I of the Sources Table on the previous page.

(46) Uses of Funding NAHASDA § 102(b)(2)(C)(ii) -- Note that the budget should not exceed the total IHBG funds on hand. Actual Expenditures in the APR are for the 12-month program year.

PROGRAM NAME (tie to program names in Section 4 above)	Eligible Activity Number(s)	IHP			APR			
		(K) Prior year IHBG Funds to be expended in 12-month program year	(L) Current year IHBG Funds to be expended in 12-month program year	(M) Other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (K + L + M)	(O) Total IHBG funds expended in 12-month program year	(P) Total other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (P + Q)
Rental Assistance	17	4,500,000			4,500,000			
Transitional Housing	18	504,000			504,000			
Resident Services	18	1,712,760			1,712,760			
One-Stop shops	18	105,200			105,200			
Housing Management	19	4,256,766			4,256,766			
Program Administration								
Loan repayment - describe below at line 47								
<b>Total:</b>		\$0	\$0	\$0	\$0	\$0	\$0	\$0

Notes:

- (1) Total of Column K cannot exceed the subtotal IHBG for Column A from the Sources Table on the previous page.
- (2) Total of Column L cannot exceed the subtotal IHBG for Column B from the Sources Table on the previous page.
- (3) Total of Column M should equal the subtotals Non-IHBG from Columns A and B from the Sources Table on the previous page.
- (4) Total of column O cannot exceed total received IHBG grant funds plus IHBG program income plus Title VI from the Sources table on the previous page (column H, rows 1-3) and the bottom line should equal the total of the amounts expended under column I, rows 1-3.
- (5) Total of column P cannot exceed total received non-IHBG funds from column H, rows 4-9 of the Sources Table on the previous page.
- (6) Total of column Q should equal the actual expenditure under column I of the Sources Table on the previous page.

(46) Uses of Funding MAHASDA § 102(b)(2)(C)(ii) -- Note that the budget should not exceed the total IHBG funds on hand. Actual Expenditures in the APR are for the 12-month program year.

PROGRAM NAME (tie to program names in Section 4 above)	Eligible Activity Number(s)	IHP			APR			
		(K) Prior year IHBG Funds to be expended in 12-month program year	(L) Current year IHBG Funds to be expended in 12-month program year	(M) Other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (K + L + M)	(O) Total IHBG funds expended in 12-month program year	(P) Total other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (N + P)
Law Enforcement	20	1,195,000			1,195,000			
Infrastructure	23	410,270			410,270			
Program Administration								
Loan repayment - describe below at line 47		3,774,125			3,774,125			
<b>Total:</b>		<b>42,390,751</b>			<b>42,390,751</b>			

Notes:

- (1) Total of Column K cannot exceed the subtotal IHBG for Column A from the Sources Table on the previous page.
- (2) Total of Column L cannot exceed the subtotal IHBG for Column B from the Sources Table on the previous page.
- (3) Total of Column M should equal the subtotals Non-IHBG from Columns A and B from the Sources Table on the previous page.
- (4) Total of column O cannot exceed total received IHBG grant funds plus IHBG program income plus Title VI from the Sources table on the previous page (column H, rows 1-3) and the bottom line should equal the total of the amounts expended under column I, rows 1-3.
- (5) Total of column P cannot exceed total received non-IHBG funds from column H, rows 4-9 of the Sources Table on the previous page.
- (6) Total of column Q should equal the actual expenditure under column I of the Sources Table on the previous page.

**(47) Enter below 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 at line 46. 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. NAHASDA § 102(b)(2)(C)**

**(48) APR: Enter below 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 at line 46. The text must describe which loan was repaid and the NAHASDA-eligible activity and program associated with this loan. NAHASDA § 104(b)**

**SECTION 7: OTHER SUBMISSION ITEMS**

**(49) Useful Life/Affordability Period(s) NAHASDA § 205, 24 CFR 1000.142**

List below all unit types (excluding Mutual Help units) that will be developed or rehabilitated with IHBG funds during the One-Year Plan period, and the anticipated useful life of these units. If the recipient proposes to assign some period of time other than the useful life of the units, indicate that affordability period below.

The "useful life" of each assisted housing unit will be determined by the amount of IHBG funds invested (as defined in IHBG Program Guidance 2005-10) as follows:	
<b>IHBG Funds Invested</b>	<b>Affordability Period</b>
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."

**(50) Model Housing and Over-Income Activities 24 CFR 1000.108**

If a recipient wishes to undertake a model housing activity or wishes to serve non-low-income households during the 12-month program year, those activities may be described here, in the goals and program description section of the 1-year plan, or as a separate submission.

N/A

**(51) 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 goals and program description section of the 1-year plan.

Does the Tribe have a preference policy? Y  N

If yes, describe that policy here:

Cherokee Nation citizens receive preference for all services. The Housing Authority of the Delaware Tribe provides preference for Delaware citizens/members.

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

Does the recipient intend to use more than 20% of its current grant for Administration? \_\_\_ Yes  No

If recipient intends to use more than 20% of its annual IHBG grant amount for administration, please describe why additional funds are needed here:

N/A

**(53) Expanded Formula Area – Verification of Substantial Housing Services 24 CFR 1000.302(3)**

If the 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 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:		

~~For each separate formula area expansion, list the actual amount of IHBG and other funds provided to all 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:		

**SECTION 8: ENVIRONMENTAL REVIEW - EXPRESSION OF INTENT**

(55) Under the IHBG program, recipients can elect to either conduct their own environmental review or to request that HUD conduct the review. This Expression of Intent will provide HUD with information needed to plan for the environmental reviews that it will be asked to undertake. 24 CFR 1000.20

- The tribe plans to assume the status of a Federal official under the National Environmental Policy Act of 1969 and the other provisions of law listed in 24 CFR 58.5 insofar as the provisions of the Act and such other provisions of law apply to the Indian tribe's proposed program pursuant to 24 CFR 58.
- The tribe plans to work with HUD and provide information and studies to HUD to allow HUD to fulfill environmental review responsibilities stated above pursuant to 24 CFR part 50.
- The tribe plans to assume the responsibilities stated above except for the following listed activities for which it will request HUD to fulfill the environmental review responsibilities.

List Excepted Activities here (if applicable):

N/A
-----

Recipient:	Cherokee Nation
Authorized Official Certification To Above Information	
Authorized Official's Name and Title:	Chad Smith, Principal Chief
Authorized Official's Signature:	
Date (MM/DD/YYYY):	



## SECTION 9: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE NAHASDA § 102(b)(2)(D)

(56) This certification is used to ensure that the recipient has all required policies and procedures in place in order to operate any planned IHBG programs.

In accordance with applicable statutes, the recipient certifies that:

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.

The following certifications will only apply where applicable based on program activities.

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 the Native American Housing Assistance and Self-Determination Act of 1996 (the Act), in compliance with such requirements as may be established by the Secretary;

Yes  No  Not Applicable  Policies are in effect and are available for review by the Secretary and the public governing the eligibility, admission, and occupancy of families for housing assisted with grant amounts provided under the Act;

Yes  No  Not Applicable  Policies are in effect and are available for review by the Secretary 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 the Act; and

Yes  No  Not Applicable  Policies are in effect and are available for review by the Secretary and the public governing the management and maintenance of housing assisted with grant amounts provided under the Act.

Recipient:	Cherokee Nation
Authorized Official Certification To Above Information:	
Authorized Official's Name and Title:	Chad Smith, Principal Chief
Authorized Official's Signature:	
Date (MM/DD/YYYY):	

**SECTION 10: INDIAN HOUSING PLAN TRIBAL CERTIFICATION NAHASDA § 102(c)**

(57) This form 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.

The recognized tribal government of the grant beneficiary certifies that: *N/A*

It had an opportunity to review the IHP and has authorized the submission of the IHP by the housing entity; or

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.

Recipient:	
Authorized Official Certification To Above Information:	
Authorized Official's Name and Title:	
Authorized Official's Signature:	
Date (MM/DD/YYYY):	

**SECTION 11: TRIBAL WAGE RATE CERTIFICATION NAHASDA § 102(b)(2)(D)(vi), NAHASDA § 104(b)(3)**

(58) This form is used to indicate whether the recipient will use tribally determined prevailing wage rates for its construction activities or Davis-Bacon wage rates. Check the box below as applicable.

The recipient 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.

If yes, applicable tribal resolution/law number: \_\_\_\_\_

The recipient will use Davis-Bacon wage rates when required for IHBG-assisted construction.

The recipient will use Davis-Bacon wage rates when required for IHBG-assisted construction except for the following activities (list below):

\_\_\_\_\_

Applicable tribal resolution/law number: \_\_\_\_\_

Authorized Official Certification To Above Information	
Authorized Official's Name and Title:	Chad Smith, Principal Chief
Authorized Official's Signature:	
Date (MM/DD/YYYY):	
Applicable Program Year for this Certification	2011

**ANNUAL PERFORMANCE REPORT TEXT**

**SECTION 12: SELF-MONITORING 24 CFR 1000.502**

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

Yes \_\_\_ No \_\_\_

(60) Pursuant to 24 CFR 1000.502, are you required to have a Tribal Self-Governance (Indian Tribe) to monitor the IHP?

Yes \_\_\_ No \_\_\_

(61) Did you complete an annual compliance assessment?

Yes \_\_\_ No \_\_\_

(62) Describe the results of the monitoring activities, including inspections for this program year.

Enter monitoring results here:

**SECTION 13: INSPECTIONS NAHASDA § 403(b)**

Results of Inspections of Recipients of Inspections of assisted housing.

(A)		(B)	(C)	(D)	(E)	(F)
Activity		Total number of Units at Recipient	Units in standard condition	Units needing rehabilitation	Units needing to be replaced	Total number of units inspected
1.	1997 Housing Act Units:					
a.	Rental					
b.	Homeownership					
c.	Rental Assistance					
d.	Other					
<b>Total</b>						

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

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

(85) If not, why not?

**SECTION 14: AUDITS 24 CFR 100.644**

This portion of the APR relates to the recipient's compliance with the requirements of the Single Audit Act and OMB Circular A-133.

(66) Did you expend \$500,000 or more of federal funds this fiscal year?

Check one: Yes  No

(67) For the most recent audit report issued, please provide the following:

Audit Period From: \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

	YES	NO
Submitted to federal audit clearinghouse?		
Submitted to OIGAP?		
Submitted to Title (if a Title)?		

(68) If your records are not current, please explain what is being done to meet the reporting requirements.

**SECTION 15: PUBLIC ACCOUNTABILITY 24 CFR 1000.518**

(6) Did you review the APR and APR Supplement for accuracy and completeness before it was submitted to HUD (24 CFR 1000.518)?

Check one: Yes  No

(7) If you are a TDE, did you submit the APR to the TDE for review (24 CFR 1000.518)?

Check one: Yes  No

(8) If you answered "no" to question (7) above, provide an explanation as to why not and indicate when you will submit the APR.

(9) If you are a TDE, did you submit the APR to the TDE for review (24 CFR 1000.518)?

**INDIAN HOUSING BLOCK GRANT ASSISTANCE (IHBA)**

(73) Use the table below to record the number of positions supported with IHBA funds.

Indian Housing Block Grant Assistance (IHBA)	
Number of Permanent Positions Supported	
Number of Temporary Positions Supported	

**INDIAN HOUSING BLOCK GRANT ASSISTANCE (IHBA)**

--	--



**SECTION 17. UNITS CONSTRUCTED, ACQUIRED, AND REHABILITATED  
NAHASDA § 404(b)**

(74) Use the table below to report the number of units completed during the 12 month program year and the funds from all years used to build these units.

Activity	Units Completed	Total Square Feet for Completed Units	FBIG Expenditures From all Program Years for Completed Units	Other Funds Expended for Completed Units	Total Expenditures (Column D + Column E)	Total Cost Per Square Foot for Completed Units (Column F/Column C)
Column A	Column B	Column C	Column D	Column E	Column F	Column G
1 Rental Units						
a. Constructed						
b. Acquired						
2 Homeownership Units						
a. Constructed						
b. Acquired						
Total						

(75) Use the box below to explain any cost over-runs or high unit costs §1000.512(b)(3):

(76) Comments (optional):



### **IHP WAIVER REQUESTS NAHASDA § 101(b)(2)**

**SECTION 19: THIS SECTION IS ONLY REQUIRED IF THE RECIPIENT IS REQUESTING A WAIVER OF AN IHP OR APR SECTION OR A WAIVER OF THE IHP SUBMISSION DUE DATE.** Fill out the form below if the recipient is requesting a waiver of one or more sections of the IHP or APR. **NOTE:** this is NOT a waiver of the IHBG Program requirements but rather a request to waive some of the IHP or APR submission items.

**(78) List below the sections of the IHP or APR where the recipient is requesting a waiver and/or a waiver of the IHP due date:**

*Please list the requested waiver sections by name and section number.*

**(79) Describe the reasons that the recipient is requesting this waiver:**

*This section should completely describe why the recipient is unable to complete a particular section of the IHP or APR.*

**(80) Describe the actions that the recipient will take in order to ensure that it is able to submit a complete IHP or APR 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 the recipient will make in order to submit a complete IHP or APR in the future.*

# Cherokee Nation Act/Resolution Proposal Form

Act       Resolution

**TITLE:** A Resolution Approving and Authorizing the Submission of the Amended Fiscal Year 2011 Indian Housing Plan to the U.S. Department of Housing and 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 '11 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 2011 allocation is projected/proposed. All activities are expected to be funded from roll/carry over block grant funding.

**ADMINISTRATIVE  
CLEARANCE**

**Program/Project Manager:**

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

**Department Director:**

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

**Group Leader:**

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

**Government Resources:**

*[Handwritten Signature]* 6.1.10

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

**Administration Approval:**

*[Handwritten Signature]* 6/1/10

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

**LEGISLATIVE CLEARANCE:**

**Legal & Legislative Coordinator:**

*[Handwritten Signature]* 6/1/10

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

**Standing Committee & Date:**

*[Handwritten Signature]* Sp. Community Service 6-14-10

**Chairperson:**

*[Handwritten Signature]*

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

**Returned to Presenter:**

\_\_\_\_\_ Date \_\_\_\_\_

06-01-100003:42 RCVD

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

I. PURPOSE: To approve and authorize the submission of the FY 2011 Indian Housing Plan to the U.S. Department of Housing and Urban Development

II. FUNDING REQUIRED / SOURCE OF FUNDS:

Funding Contract Amount: \$45,254,658 estimated carry over: \$2,800,000 estimated program income to be generated in FY '11; and \$31,687,248 estimated '11 block grant (based on the '10 award)

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

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

Date Available: Carry Over October 1, 2010

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 300 existing staff

C. Will Any of the Services Be Outsourced or Contracted? Yes, \$5,000,000 (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