

Committee: Community Services

Author: Erna F. Reeves, Deputy Executive Director HACN

Date: 05/20/2021 Committee Date: 06/14/21

Sponsors: Mike Shambaugh, Joe Byrd, Wes Nofire, Rex Jordan, Mike Dobbins, Daryl Legg, E.O. Smith, Canaan Duncan, Shawn Crittenden, Harley Buzzard, Victoria Vazquez, Janees Taylor, Keith Austin, Joe Deere, Dora Patzkowski, Julia Coates, Mary Baker Shaw

RESOLUTION NO. 28-21

COUNCIL OF THE CHEROKEE NATION

A RESOLUTION APPROVING AND AUTHORIZING THE SUBMISSION OF THE INDIAN HOUSING PLAN TO THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT FOR THE 2021 INDIAN HOUSING BLOCK GRANT – AMERICAN RESCUE PLAN (IHBG-ARP) FUNDING

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

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

WHEREAS, the American Rescue Plan Act of 2021 (ARP) provides additional funding for the Indian Housing Block Grant (IHBG) based on the 2021 Indian Housing Block Grant allocations for eligible affordable housing activities to prevent, prepare for, and respond to the COVID-19 pandemic and requires tribes to submit an abbreviated Indian Housing Plan to access funding amounts;

WHEREAS, the Indian Housing plan must be in a format prescribed by the United States Department of Housing and Urban Development;

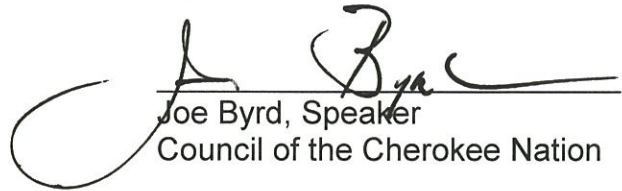
WHEREAS, the proposed 2021 IHBG-ARP Indian Housing Plan is attached and meets the Cherokee Nation priorities and fulfills HUD requirements for approval;

BE IT RESOLVED BY THE CHEROKEE NATION, that the attached IHBG-ARP Indian Housing Plan is approved and shall be submitted to the United States Department of Housing and Urban Development by the Housing Authority of the Cherokee Nation;

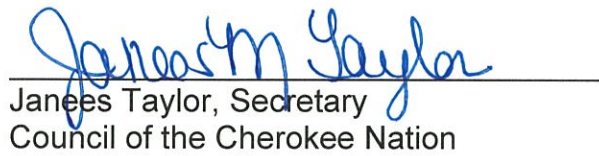
BE IT FURTHER RESOLVED BY THE CHEROKEE NATION, that should the Department of Housing and Urban Development require changes upon its review of the submitted plan, and these changes do not reflect substantial or material modifications as determined by the Housing Authority Executive Director or Deputy Executive Director, then the changes, additions, deletions, and/or modifications may be made and returned to HUD for further consideration without further Council attention.

CERTIFICATION


The foregoing resolution was adopted by the Council of the Cherokee Nation at a duly called meeting on the 14th day of June 2021, having 17 members present, constituting a quorum, by the vote of 17 yea; 0 nay; 0 abstaining.


Joe Byrd, Speaker
Council of the Cherokee Nation

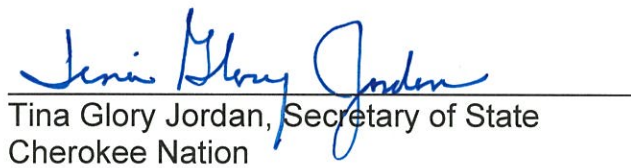
ATTEST:


Janees Taylor, Secretary
Council of the Cherokee Nation

Approved and signed by the Principal Chief this 18th day of June 2021


Chuck Hoskin, Jr., Principal Chief
Cherokee Nation

ATTEST:


Tina Glory Jordan, Secretary of State
Cherokee Nation

**ADMINISTRATIVE
CLEARANCE**

Dept/Program: Housing
Authority of the Cherokee
Nation (HACN)

Executive Director: Jerri Killer

Signature/Initial _____ Date _____

Treasurer (Required:
Grants/Contracts/Budgets):

Signature/Initial _____ Date _____

Government Relations:

Signature/Initial _____ Date _____

Administration Approval:

[Handwritten Signature] *5/28/21*

Signature/Initial _____ Date _____

LEGISLATIVE CLEARANCE:

Legal & Legislative Coordinator:

[Handwritten Signature] *6/1/21*

Signature/Initial _____ Date _____

Standing Committee & Date:

Community Service *6/14/21*

Chairperson:

[Handwritten Signature]

Signature/Initial _____ Date _____

**Cherokee Nation
Act/Resolution Proposal Form**

Act Resolution

TITLE:

**AN ACT APPROVING AND AUTHORIZING THE
SUBMISSION OF THE INDIAN HOUSING PLAN TO
THE U.S. DEPARTMENT OF HOUSING AND
URBAN DEVELOPMENT FOR THE 2021 INDIAN
HOUSING BLOCK GRANT – AMERICAN RESCUE
PLAN (IHBG-ARP) FUNDING**

DEPARTMENT CONTACT: Erna Reeves, Deputy Executive Director

RESOLUTION PRESENTER: Taralee Montgomery

COUNCIL SPONSOR: Mike Shambaugh

NARRATIVE:

The purpose of this Act is to approve Cherokee Nation's Indian Housing Plan for funding provided under the American Rescue Act of 2021, which offers additional Indian Housing Block Grant funding for eligible affordable housing activities to prevent, prepare for, and respond to the COVID-19 pandemic and to authorize submission to the U.S. Department of Housing and Urban Development's Office of Native American Programs.

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SECTION 1: COVER PAGE

(1) Grant Number: 20BV4005780

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

(3) Federal Fiscal Year: 2021

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

(9) Name of Recipient: Cherokee Nation

(10) Contact Person: Erna F. Reeves

(11) Telephone Number with Area Code (999) 999-9999 : (918) 456-5482

(12) Mailing Address: PO Box 1007

(13) City: Tahlequah (14) State: Oklahoma (15) Zip Code (99999 or 99999-9999): 74465

(16) Fax Number with Area Code (if available) (999) 999-9999 : (918) 456-5018

(17) Email Address (if available): erna.reeves@hacn.org

(18) If TDHE, List Tribes Below:

(19) Tax Identification Number: 73-0757033

(20) DUNS Number: 077345494

(21) CCR/SAM Expiration Date (MM/DD/YYYY): 11/09/2021

(22) IHBG-CARES/ARP Amount: \$20,391,841

Date Started Preparing for COVID-19: 03/02/2020

(23) Name of Authorized IHP Submitter: Chuck Hoskin, Jr.

(24) Title of Authorized IHP Submitter:	Principal Chief
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	
(27) Name of Authorized APR Submitter:	
(28) Title of Authorized APR Submitter:	
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	

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

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

APR: REPORTING ON PROGRAM YEAR PROGRESS

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

Program Descriptions

1.1. Program Name and Unique Identifier:

Unique Identifier	COVID-19 Respond
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COVID-19 Respond - 1 - 3562016

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

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

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

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

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

(1) Reduce over-crowding

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

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

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

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

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

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

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

Construction of 16 new rental units in Sequoyah County, OK

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

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

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

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

Program Descriptions

2.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2 - 3562017

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

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

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

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

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

(7) Create new affordable rental units

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

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

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

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

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

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

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

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

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

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

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

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

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

12

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

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

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

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

3.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 3 - 3562020

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

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

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

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

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

(7) Create new affordable rental units

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

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

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

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

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

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

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

Construction of 5 affordable rental units

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

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

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

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

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

5

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

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

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

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

4.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 4 - 3562044

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

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

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

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

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

(9) Provide accessibility for disabled/elderly persons

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

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

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

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

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

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

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

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

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

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

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

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

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

25

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

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

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

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

5.1. Program Name and Unique Identifier:

Unique Identifier	COVID-19 Respond
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COVID-19 Respond - 5 - 3562075

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

Housing Management to maintain normal operations.

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

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

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

(6) Assist affordable housing for low income households

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

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

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

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

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

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

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

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

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

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

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

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

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

100

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

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

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

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

6.1. Program Name and Unique Identifier:

Unique Identifier	COVID-19 Respond
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COVID-19 Respond - 6 - 3562015

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

Demo existing Housing Rehabilitation office and construct a new one. There are currently 57 employees in this building and many of them are forced to share an office due to limited space. Therefore, the employees had to work in groups during the COVID pandemic to allow for social distancing. There are only two restrooms in the entire building, which is not adequate for such a large group of people.

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

(22) Model Activities [202(6)]

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

(1) Reduce over-crowding

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

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

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

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

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

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

Demo existing building (including attached warehouse), construct new building to allow for more space, and complete required infrastructure.

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
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APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
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6.10: APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*

7.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 7 - 3562018

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

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

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

(22) Model Activities [202(6)]

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

(1) Reduce over-crowding

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

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

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

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

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

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

Remodel of the existing Jay Housing Office.

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

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

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

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

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

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

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

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

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

8.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 8 - 3562019

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

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

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

(22) Model Activities [202(6)]

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

(1) Reduce over-crowding

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

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

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

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

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

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

Construct new HACN Office Building in Stilwell, OK.

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

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

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

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

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

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

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

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

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

9.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 9 - 3562021

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

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

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

(22) Model Activities [202(6)]

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

(6) Assist affordable housing for low income households

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

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

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

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

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

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

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

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
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APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
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9.10: APR: *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*

10.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 10 - 3562022

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

Purchase land and construct a new office in Claremore, OK. The current office in Claremore is not located near any of our rental units and is in a remote area. It is also overcrowded, with several tribal departments sharing the space. For this reason, the staff had to work in groups during the pandemic to ensure social distancing.

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

(22) Model Activities [202(6)]

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

(1) Reduce over-crowding

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
IHBG-CARES/ARP Funds		\$20,391,841	\$20,391,841	\$20,391,841	\$0			\$0		\$0	

TOTAL	\$0	\$20,391,841	\$20,391,841	\$20,391,841	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL Columns C & H, 2 through 10			\$0				\$0				

Notes:

- a. For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). For the APR, fill in columns F, G, H, I, J, and K (shaded columns).
- b. Total of Column D should match the total of Column N from the **Uses of Funding table below**.
- c. **Total of Column I should match the Total of Column Q from the Uses of Funding table below.**
- d. For the IHP, describe any estimated leverage in Line 3 below (Estimated Sources or Uses of Funding). For the APR, describe actual leverage in Line 4 below.

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

PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG CARES/ARP (only) funds to be expended in 12- month program year	(M) Total all other funds to be expended in 12- month program year	(N) Total funds to be expended in 12-month program year (L+M)	(L) Total IHBG CARES/ARP (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12- month program year (O+P)
COVID-19 Respond - 1 - 3562016	\$2,800,000		\$2,800,000			\$0
COVID-19 Respond - 2 - 3562017	\$3,000,000		\$3,000,000			\$0
COVID-19 Respond - 3 - 3562020	\$1,600,000		\$1,600,000			\$0

COVID-19 Respond - 4 - 3562044	\$591,841		\$591,841			\$0
COVID-19 Respond - 5 - 3562075	\$1,500,000		\$1,500,000			\$0
COVID-19 Respond - 6 - 3562015	\$5,800,000		\$5,800,000			\$0
COVID-19 Respond - 7 - 3562018	\$600,000		\$600,000			\$0
COVID-19 Respond - 8 - 3562019	\$1,550,000		\$1,550,000			\$0
COVID-19 Respond - 9 - 3562021	\$600,000		\$600,000			\$0
COVID-19 Respond - 10 - 3562022	\$1,250,000		\$1,250,000			\$0
Planning and Administration	\$1,100,000		\$1,100,000			\$0
TOTAL	\$20,391,841	\$0	\$20,391,841	\$0	\$0	\$0

Notes:

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

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

N/A

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

SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

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

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

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

Yes No

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

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

Yes No Not Applicable

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

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

Yes No Not Applicable

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

Yes No Not Applicable

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

Yes No Not Applicable

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

Yes No Not Applicable

SECTION 8: IHP TRIBAL CERTIFICATION

NAHASDA § 102(c)

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

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

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

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

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

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

SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

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

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

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

SECTION 12: AUDITS

24 CFR § 1000.544

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

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

Yes No

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

If No, an audit is not required.