

Committee: Community Services
Date: 05-29-2012 Committee Date: 06-11-2011

Author: David Southerland
Sponsor: T. Glory-Jordan, F. Fishinghawk, F. Hargis, J. Byrd,
J. Fullbright, C. Hoskin Jr., D. Lay, D. Walkingstick
C. Snell

RESOLUTION NO. 69-12

COUNCIL OF THE CHEROKEE NATION

A RESOLUTION APPROVING AND AUTHORIZING THE SUBMISSION OF THE FISCAL YEAR 2013 INDIAN HOUSING PLAN TO THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

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

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

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

WHEREAS, the Cherokee Nation must submit an Indian Housing Plan in a form prescribed by the United States Department of Housing and Urban Development to receive its Fiscal Year 2013 housing funding allocation;

WHEREAS, the proposed 2013 Indian Housing Plan is attached and is based on an estimated amount provided by the federal government;

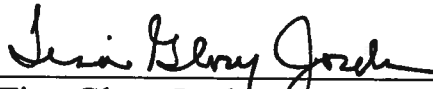
WHEREAS, the proposed Indian Housing Plan meets the Cherokee Nation priorities and fulfills its requirements for approval.

BE IT RESOLVED BY THE CHEROKEE NATION, that the attached Indian Housing Plan and the electronic version from which it was copied are approved as the Cherokee Nation Fiscal Year 2013 Indian Housing Plan for submission to the United States Department of Housing and Urban Development; and

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

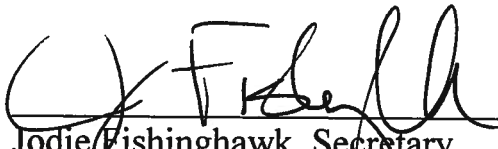
CERTIFICATION

The foregoing resolution was adopted by the Council of the Cherokee Nation at a duly called meeting on the 16th day of July, 2012, having 17 members present, constituting a quorum, by the vote of 17 yea; 0 nay; 0 abstaining.



Tina Glory Jordan, Speaker
Council of the Cherokee Nation

ATTEST:



Jodie Fishinhawk, Secretary
Council of the Cherokee Nation

Approved and signed by the Principal Chief this _____ day of _____, 2012.

Bill John Baker, Principal Chief
Cherokee Nation

ATTEST:

Charles Head, Secretary of State
Cherokee Nation

Cherokee Nation Act/Resolution Proposal Form

Act Resolution

<u>ADMINISTRATIVE CLEARANCE</u>	
Dept/Program:	
Signature/Initial	Date
Group Leader: 	
Signature/Initial	Date
Finance (if needed): 	
Signature/Initial	Date
Government Resources:	
Signature/Initial	Date
Administration Approval: 	
Signature/Initial	Date

TITLE:

DEPARTMENT CONTACT: David Southerland

RESOLUTION PRESENTER: David Southerland

COUNCIL SPONSOR: Speaker Jordan, Councilwomen Fishinghawk & Hargis

NARRATIVE:

This Resolution authorizes the submission of the Fiscal Year 2013 Indian Housing Plan to the United States Department of Housing and Urban Development

<u>LEGISLATIVE CLEARANCE:</u>	
Legal & Legislative Coordinator: 	
Signature/Initial	Date
Standing Committee & Date: 	
Chairperson: 	
Signature/Initial	Date
Returned to Presenter: _____	

05-29-12A11:12 RCVD



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CHEROKEE NATION®
P.O. Box 948 • Tahlequah, OK 74465-0948 • 918-453-5000 • cherokee.org

Office of the Chief

Bill John Baker
Principal Chief
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S. Joe Crittenden
Deputy Principal Chief
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July 24, 2012

Tina Glory-Jordan, Speaker
Chuck Hoskin, Jr., Deputy Speaker
Council of the Cherokee Nation
Tahlequah, Oklahoma

07-24-12P04:44 RCVD

Dear Speaker Jordon and Council Members:

I am returning the enactments passed by the Tribal Council at the regular meeting held on July 16, 2012, as required by our Constitution. The Cherokee Constitution (Article VI, Section 10) requires that every enactment approved by the majority of the Council be presented to the Principal Chief before it becomes effective. I am returning the enactments unsigned.

1. Resolution No. 67-12, A Resolution Authorizing the Submission of a Grant Application for Youth Shelter Services by the Department of Children, Youth and Family Services to the U.S. Family and Youth Services Bureau, Runaway and Homeless Youth Program.
2. Resolution No. 68-12, A Resolution Authorizing the Donation of Surplus Equipment to Kenwood Water District.
3. Resolution No. 69-12, A Resolution Approving and Authorizing the Submission of the Fiscal Year 2013 Indian Housing Plan to the U.S. Department of Housing and Urban Development.
4. Resolution No. 70-12, A Resolution Confirming the Nomination of Lynna Carson as a Member of the Cherokee Nation Environmental Protection Commission.
5. Resolution No. 71-12, A Resolution Confirming the Nomination of Linda O'Leary as Registrar for the Cherokee Nation Registration Committee.
6. Resolution No. 72-12, A Resolution Authorizing Cherokee Nation Marshal Service to Donate One (1) 1993 Chevrolet Ambulance to Craig County Emergency Management.

7. Resolution No. 73-12, A Resolution Authorizing the Submission of a Special Grant Application to the Centers for Disease Control and Prevention (CDC) for Funding to Develop and Build Capacity to Implement Interventions.
8. Resolution No. 74-12, A Resolution Authorizing the Submission of a Grant Application to the Department of Health and Human Services, Administration for Children and Families, Office of Child Care for Tribal Maternal, Infant and Early Childhood Home Visiting Grant Program.
9. Resolution No. 75-12, A Resolution Authorizing Cherokee Nation Warehouse to Donate Surplus Office Equipment to Ballu Indian Baptist Church in Mayes County.
10. Resolution No. 76-12, A Resolution Authorizing the Donation of Surplus Office Furniture to the Stilwell Police Department.

APPROVED LEGISLATIVE ACTS

1. Legislative Act 23-12, An Act Amending Legislative Act #11-10 Relating to Creation of Jobs Growth; Adding Language to Assign Seat Designations.
2. Legislative Act 24-12, An Act Relating To and Amending Title 10 of the Cherokee Nation Code Annotated, The Children's Code-Sections 1.2, 25, 27, 28, 29.1, 40.2, 40.3, 40.4, 40.11 and 60.2; and Declaring an Emergency.
3. Legislative Act 25-12, A Legislative Act Amending LA-34-07-Defining Nepotism, and Defining Acceptable Parameters for Employment and Contracting and Amending Title 28, "Ethics", Adding New Sections of the Cherokee Nation Code Annotated.
4. Legislative Act 26-12, An Act Repealing Legislative Act 36-10 and Amending Legislative Act 06-10; Revising Title 26 ("Elections") of the Cherokee Nation Code Annotated; Amending § 5, Adding Provisions for Apportionment; and Declaring an Emergency.
5. Legislative Act 27-12, An Act Amending Legislative Act #20-11 Authorizing the Comprehensive Operating Budget for Fiscal Year 2012-Mod. 10; and Declaring an Emergency.
6. Legislative Act 28-12, An Act Amending Legislative Act #21-11 Authorizing the Comprehensive Capital Budget for Fiscal Year 2012-Mod.4; and Declaring an Emergency.

Sincerely,

Charles R. Heard

for

Bill John Baker
Principal Chief

Cc: Legal & Legislative Coordinator, Council of the Cherokee Nation
Councilors (17), Council of the Cherokee Nation
Secretary of State, Cherokee Nation

For Recipient's Use: 2013

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

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

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

Under the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA) (25 U.S.C. 4101 et seq.), HUD will provide grants, loan guarantees, and technical assistance to Indian tribes and Alaska Native villages for the development and operation of low-income housing in Indian areas. Grants will be made to eligible recipients under the Indian Housing Block Grant (IHBG) program. To be eligible for the grants, recipients must submit an IHP that meets the requirements of the Act.

The recipient is required to submit the IHP to HUD at least 75 days prior to the start of its 12-month program year (NAHASDA § 102(a)(1)). The APR is due no later than 90 days after the end of the recipient's program year (24 CFR § 1000.514).

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

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

FORM COMPLETION OPTIONS: The IHP/APR form may be completed either in hard copy or electronically. Hard copy versions may be completed either by hand or typewriter. Alternatively, the form may be completed electronically as it is a Word document. It is recommended that the form be completed electronically because it is more efficient to complete, submit, and review the form. Furthermore, electronic versions of the form may be submitted to HUD as an email attachment. To document official signatures on the electronic version, you should sign a hard copy of the pages and either fax that signed page or email it as an attachment to your Area Office of Native American Programs. The sections of the IHP that require an official signature are Sections 1 and 8, and Sections 15 and 16, if applicable. For the APR, Section 1 requires an official signature.

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Note: The page numbers in the Table of Contents can update automatically as the IHP or APR is completed. To update the page numbers, right-click anywhere in the table, select "Update Field" and select "update page numbers only."

SECTION 1: COVER PAGE

(1) Grant Number:

(2) Recipient Program Year: 10/1/12-9/30/13

(3) Federal Fiscal Year: 2013

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

(5) Amended Plan (Complete this Section and Section 16)

(6) Annual Performance Report (Complete items 27-30 and proceed to Section 3)

(7) Tribe

(8) TDHE

(9) Name of Recipient: Cherokee Nation

(10) Contact Person: David Southerland

(11) Telephone Number with Area Code: 918-453-5248

(12) Mailing Address: P.O. Box 948

(13) City: Tahlequah

(14) State: OK

(15) Zip Code: 74465-0948

(16) Fax Number with Area Code (if available): N/A

(17) Email Address (if available): david-southerland@cherokee.org

(18) If TDHE, List Tribes Below: N/A

(19) Tax Identification Number: 73-0757033
(20) DUNS Number:
(21) CCR Expiration Date:
(22) IHBG Fiscal Year Formula Amount:
(23) Name of Authorized IHP Submitter: Bill John Baker
(24) Title of Authorized IHP Submitter: Principal Chief
(25) Signature of Authorized IHP Submitter:
(26) IHP Submission Date:
(27) Name of Authorized APR Submitter:
(28) Title of Authorized APR Submitter:
(29) Signature of Authorized APR Submitter:
(30) APR Submission Date:

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

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

ONE YEAR PLAN & ANNUAL PERFORMANCE REPORT

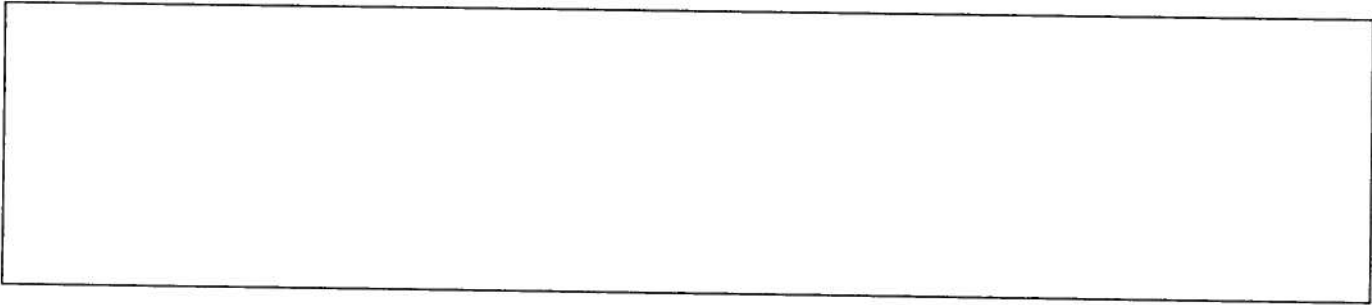
SECTION 2: HOUSING NEEDS (NAHASDA § 102(b)(2)(B))

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

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

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

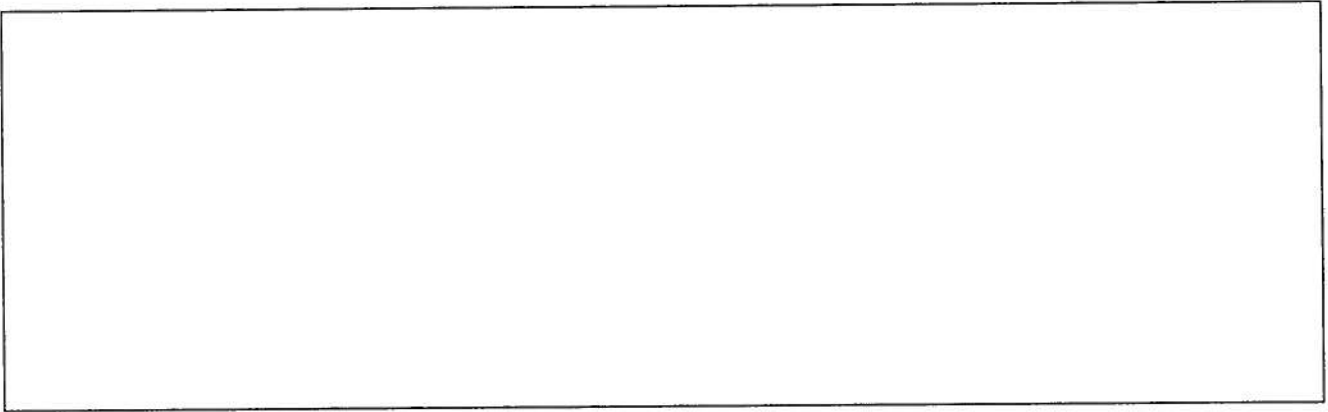
N/A



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

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

(4) Geographic Distribution. *(Describe below how the assistance will be distributed throughout the geographic area and how this geographic distribution is consistent with the needs of low income families. NAHASDA § 102(b)(2)(B)(i)):* The Cherokee Nation utilizes information provided by ONAP/Formula Center as to the amount of funding provided by the formula for family conditions and by area, i.e. county. This information is provided to the various programs which administer funding to use as a guide in the distribution of funding by area. Programs are developed based on the needs found in this data.



SECTION 3: PROGRAM DESCRIPTIONS

Planning and Reporting Program Year Activities

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

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

Eligible Activity	Output Measure	Eligible Activity	Output Measure
(1) Modernization of 1937 Act Housing [202(1)]	Units	(13) Down Payment/Closing Cost Assistance [202(2)]	Units
(2) Operation of 1937 Act Housing [202(1)]	Units	(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units
(3) Acquisition of Rental Housing [202(2)]	Units	(15) Other Homebuyer Assistance Activities [202(2)]	Units
(4) Construction of Rental Housing [202(2)]	Units	(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units
(5) Rehabilitation of Rental Housing [202(2)]	Units	(17) Infrastructure to Support Housing [202(2)]	Dollars
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	(18) Other Housing Services [202(3)]	Households
(7) Development of Emergency Shelters [202(2)]	Households	(19) Tenant Based Rental Assistance [202(3)]	Households
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]	Units
(9) Other Rental Housing Development [202(2)]	Units	(21) Housing Management Services [202(4)]	Households
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	(22) Crime Prevention and Safety [202(5)]	Dollars
(11) New Construction of Homebuyer Units [202(2)]	Units	(23) Model Activities [202(6)]	Dollars
(12) Acquisition of Homebuyer Units [202(2)]	Units	(24) Self-Determination Program [231-235]	Units/Dollars

Outcome May Include:

(1) Reduce over-crowding	(7) Create new affordable rental units
(2) Assist renters to become homeowners	(8) Assist affordable housing for college students
(3) Improve quality of substandard units	(9) Provide accessibility for disabled/elderly persons

(4) Improve quality of existing infrastructure	(10) Improve energy efficiency
(5) Address homelessness	(11) Reduction in crime reports
(6) Assist affordable housing for low income households	(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

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

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

- One way to number your programs is chronologically. For example, you could number your programs 2011-1, 2011-2, 2011-3 etc.
- Or, you may wish to number the programs based on type. For example rental 1, rental 2, homebuyer 1, homebuyer 2 etc. This type of numbering system might be appropriate if you have many programs that last over several years.
- Finally, you may wish to use an outline style of numbering. For example, all programs under your first eligible activity would start with the number 1 and then be consecutively numbered as 1.1, 1.2, 1.3 etc. The programs under the second eligible activity would be numbered as 2.1, 2.2., 2.3 etc.

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

Complete the shaded section of text below to describe your completed program tasks and actual results. Only report on activities completed during the 12-month program year. Financial data should be presented using the same basis of accounting as the Schedule of Expenditures of Federal Awards (SEFA) in the annual OMB Circular A-133 audit. For unit accomplishments, only count units when the unit was completed and occupied during the year. For households, only count the household if it received the assistance during the previous 12-month program year.

NOTE: Remember to complete all the text boxes in Section 3 for each IHBG-funded program. If you are completing an electronic version of this form, you may copy and paste text boxes 1.1 through 1.10 as needed to describe each of your programs. If you are completing this form in hard copy, you may photocopy Section 3 as needed to describe each of your programs.

<p>1.1 Program Name and Unique Identifier:</p> <p style="margin-left: 20px;">1.1 Modernization (Cherokee)</p>
<p>1.2 Program Description (This should be the description of the planned program.):</p> <p style="margin-left: 20px;">Repair Low Rent Units</p>
<p>1.3 Eligible Activity Number (Select one activity from the Eligible Activity list.):</p> <p style="margin-left: 20px;">1</p>

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

3: Improve quality of units

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

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

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

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

Provide modernization to Low Rent units.

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

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

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
236	236				

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

1.1 Program Name and Unique Identifier:
1.2 Modernization (Cherokee)

1.2 Program Description (This should be the description of the planned program.):
Repair Mutual Help units

1.3 Eligible Activity Number (Select one activity from the Eligible Activity list.):
1

1.4 Intended Outcome Number (Select one outcome from the Outcome list.):
3: Improve quality of units

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

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

1.7 Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):
Assistance for major repairs: roofs, H/AC, Water, and Sewer accessibility, etc.

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
150	150				

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

1.1 Program Name and Unique Identifier:

1.3 Delaware Tribe Modernization

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

Repair/Rehab Housing

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

1

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

3: Improve quality of units

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

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

Eligible families living in DT housing stock

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

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

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
47	47				

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

1.1 Program Name and Unique Identifier:
2.1 Low Rent Operations (Cherokee)

1.2 Program Description *(This should be the description of the planned program.):*
To operate the Cherokee Nation Low Rent "1937 Act" Program

1.3 Eligible Activity Number *(Select one activity from the Eligible Activity list.):*
2

1.4 Intended Outcome Number *(Select one outcome from the Outcome list.):*
6: Assist affordable housing for low income households.

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

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

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

Pay all costs of the HACN Low Rent Program

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
	977				

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

1.1 Program Name and Unique Identifier:

2.2 Delaware Tribe Operation of "1937 Act Housing Stock"

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

To operate the DT Low Rent and Mutual Help programs

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

2

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

6: Assist affordable housing for low income households.

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

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

Eligible residents of 1937 Act units

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

Subsidize the 1937 Act programs of the DT as needed

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

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

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
	127				

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

1.1 Program Name and Unique Identifier:

10.1 Land Acquisition

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

Real property will be purchased for residential use.

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

10

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

2: Assist renters to become homeowners

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

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

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

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

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

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

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

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
		75			

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

1.1 Program Name and Unique Identifier:

11.1 New Construction Homeownership Program

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

Assistance provided to New Construction units. Financing will be provided by proceeds of sale funds of the Housing Authority of the Cherokee Nation. Reimbursement will be from a bank loan and program income.

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

11

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

1: Reduce over-crowding

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

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

Cherokee families

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

Approximately \$15,000 for homes needing assistance.

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

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

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

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

1.1 Program Name and Unique Identifier:

11.2 Self-Help New Construction

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

Construction of new home. Program is ending and this will be funding to finish any outstanding work.

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

11

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

6: Assist affordable housing for low income households

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

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

Eligible Native American families.

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 a New Home.

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
3	3				

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

1.1 Program Name and Unique Identifier:

13.1 Mortgage Assistance

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

Provide a down payment and closing cost funds to eligible low-income Native American homebuyers.

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

13

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

2

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

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

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

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

Financial assistance to cover down payment and closing costs not to exceed \$15,000.

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

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

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
255	255				

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

1.1 Program Name and Unique Identifier: 14.1 Title VI Subsidy
1.2 Program Description <i>(This should be the description of the planned program.):</i> Subsidize repayment of Loan Guaranteed under Title VI.
1.3 Eligible Activity Number <i>(Select one activity from the Eligible Activity list.):</i> 14
1.4 Intended Outcome Number <i>(Select one outcome from the Outcome list.):</i> 2
1.5 Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>
1.6 Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i> <p style="text-align: center;">Native American families whose incomes are at 100% or below the National Median Income Guidelines.</p>
1.7 Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i> Lowering of interest rate for homebuyers through Title VI loan guarantee
1.8 APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>

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

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

	271				
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1.10: APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))

1.1 Program Name and Unique Identifier:

15.2 MAP Financial Planning Self Sufficiency

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

Provide credit coaching, household budgeting, and self sufficiency counseling to eligible families in order to increase their credit worthiness and financial stability to secure and maintain affordable housing.

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

15

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

2

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

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

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

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

Confidential one on one review of household income, debt, and credit history. Information gathered is used to develop a financial plan based on family's current needs and goals and to help the family become more financially savvy by increasing their financial knowledge base.

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
	800				

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

<p>1.1 Program Name and Unique Identifier:</p> <p style="padding-left: 20px;">15.3 Individual Development Accounts</p>
<p>1.2 Program Description <i>(This should be the description of the planned program.):</i></p> <p style="padding-left: 20px;">Assist eligible families with removing obstacles to wealth creation to obtain/maintain affordable housing by providing matching funds for participants' contributions to a savings account during a set savings period.</p>
<p>1.3 Eligible Activity Number <i>(Select one activity from the Eligible Activity list.):</i></p> <p style="padding-left: 20px;">15</p>
<p>1.4 Intended Outcome Number <i>(Select one outcome from the Outcome list.):</i></p> <p style="padding-left: 20px;">2</p>
<p>1.5 Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i></p>
<p>1.6 Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as</i></p>

a separate program within this section.):

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

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

Each dollar saved by participants shall be matched anywhere from \$2 to \$5 by the program up to a maximum of \$5,000.

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

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

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
	112				

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

1.1 Program Name and Unique Identifier:

16.1 Homeownership Rehabilitation

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

Rehabilitate, repair, or replace privately owned homes

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

16

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

3

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

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

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

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

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

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

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

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
230	230				

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

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1.1 Program Name and Unique Identifier:

16.2 Self-Help Home Repair

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

Repairs on self help homes that homebuyers have.

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

16

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

3

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

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

Native American families who are at or below 80% of the National median income.

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

Assistance on units needing repairs up to \$10,000.

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

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

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
	30				

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

<p>1.1 Program Name and Unique Identifier:</p> <p style="padding-left: 40px;">16.3 Home Energy Audits</p>
<p>1.2 Program Description (<i>This should be the description of the planned program.</i>):</p> <p style="padding-left: 40px;">Home Energy Audits</p>
<p>1.3 Eligible Activity Number (<i>Select one activity from the Eligible Activity list.</i>):</p> <p style="padding-left: 40px;">18</p>
<p>1.4 Intended Outcome Number (<i>Select one outcome from the Outcome list.</i>):</p> <p style="padding-left: 40px;">3</p>
<p>1.5 Actual Outcome Number (<i>In the APR identify the actual outcome from the Outcome list.</i>):</p>
<p>1.6 Who Will Be Assisted (<i>Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.</i>):</p> <p style="padding-left: 40px;">Families whose incomes are within 80-100% of the median income.</p>
<p>1.7 Types and Level of Assistance (<i>Describe the types and the level of assistance that will be provided to each household, as applicable.</i>):</p>

Test Home For Energy Efficiency

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
	200				

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

1.1 Program Name and Unique Identifier:

16.4 Homeownership Replacement Home Program

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

Replace privately owned homes.

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

16

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

3

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

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

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

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

Replacement of dwellings which cannot be repaired at no payback.

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

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

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
16	16				

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

1.1 Program Name and Unique Identifier:

17.1 Rental Assistance

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

Provide rental assistance payments for low-income Indian families

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

19

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

5

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

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

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

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

Provide monthly rental subsidy to low income Native American families for a maximum of 24 months. Subsidy will not exceed Fair Market Rents.

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
	1471				

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

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1.1 Program Name and Unique Identifier: 17.2 Site Development
1.2 Program Description <i>(This should be the description of the planned program.):</i> Water and Sanitation Assistance to eligible families
1.3 Eligible Activity Number <i>(Select one activity from the Eligible Activity list.):</i> 17
1.4 Intended Outcome Number <i>(Select one outcome from the Outcome list.):</i> 4
1.5 Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>
1.6 Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):</i> Eligible Native American families.
1.7 Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i> Well drilling, hook up to existing water systems, and/or sanitation facilities for new or existing homes.
1.8 APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
85	85				

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

1.1 Program Name and Unique Identifier:

17.3 Temporary Rental Assistance

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

A bridge program to assist eligible families with emergency housing crisis with short term rental assistance.

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

19

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

5

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

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

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

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

Provide short-term rental subsidy to low income Native American families in an emergency situation for a

period of 1-3 months (administrative extension of six months max.) not to exceed Fair Market Rents.

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
	550				

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

1.1 Program Name and Unique Identifier:

18.1 Transitional Housing

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

Provides emergency funds to assist homeless families and to prevent families from losing their homes.

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

18

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

5

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

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

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

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

Provides rental/utility deposits, rental payments, or mortgage payment that will prevent homelessness with a maximum payment of \$500 in a three year period, or assist homeless families/ individuals with the same level of service.

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
	850				

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

1.1 Program Name and Unique Identifier:
18.2 Project-based College Housing Assistance

1.2 Program Description *(This should be the description of the planned program.):*
To provide housing and everything required by the college to attend and live on the campus of Northeastern State University (Tahlequah, OK) and dorm repairs as needed.

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

1.4 Intended Outcome Number *(Select one outcome from the Outcome list.):*
8

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

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

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

1.7 Types and Level of Assistance *(Describe the types and the level of assistance that will be provided to each household, as applicable.):*
Payment of all required expenses and fees for living on the college campus including room, board, and tuition.

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

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

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

	135				
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1.10: APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))

<p>1.1 Program Name and Unique Identifier: 18.3 Delaware Tribe Resident Services</p>
<p>1.2 Program Description <i>(This should be the description of the planned program.):</i> Payment to local Boys and Girls Club so DT youth can participate in its activities.</p>
<p>1.3 Eligible Activity Number <i>(Select one activity from the Eligible Activity list.):</i> 18</p>
<p>1.4 Intended Outcome Number <i>(Select one outcome from the Outcome list.):</i> 11</p>
<p>1.5 Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i></p>
<p>1.6 Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i> School age Low income Native American youth living in HADT housing.</p>
<p>1.7 Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i> HADT youth able to participate in all club activities</p>
<p>1.8 APR: Describe the accomplishments for the APR in the 12-month program year.</p>

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
	338				

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

1.1 Program Name and Unique Identifier:

18.4 Community Youth Resident Service

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

To provide traditional, cultural life skills, leadership, drug elimination, community organization & involvement activities for youth.

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

18

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

12:

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

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

assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):

Low income, NAHASDA resident youth, Native Americans within the Cherokee Nation jurisdictional boundaries.

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

Provide weekly classes teaching culture, art, language and leadership in existing low income housing areas.

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
	1000				

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

1.1 Program Name and Unique Identifier:

18.5 Day Training Resident Service

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

Activities to improve self-sufficiency of housing residents, including; temporary work-based training in specific job skills, life/employment skill training, social services, case management, and employment

assistance.

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

18

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

12

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

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

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

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

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

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

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

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
	117				

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

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1.1 Program Name and Unique Identifier: 18.6 Career Literacy Resident Service
1.2 Program Description <i>(This should be the description of the planned program.):</i> Activities to improve self-sufficiency of eligible housing residents including; instruction in basic skills as needed to improve reading and math levels and in preparation for GED testing.
1.3 Eligible Activity Number <i>(Select one activity from the Eligible Activity list.):</i> 18
1.4 Intended Outcome Number <i>(Select one outcome from the Outcome list.):</i> 12
1.5 Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i>
1.6 Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):</i> NAHASDA eligible housing residents
1.7 Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i> Instruction in basic skills as needed to improve reading and math levels and in preparation for GED testing. Average cost of \$4,250 per participant.
1.8 APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i>

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
	50				

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

1.1 Program Name and Unique Identifier:
18.7 Financial Assistance-Resident Services

1.2 Program Description (*This should be the description of the planned program.*):
Emergency financial assistance to housing residents to prevent them from being evicted.

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

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

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

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

Eligible NAHASDA-assisted housing residents

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

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

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
	350				

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

1.1 Program Name and Unique Identifier:

18.8 Families First Resident Services

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

Provides "in-home" cases manage and practical application training in maintaining a safe, healthy home environment for qualified housing assistant recipients.

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

18

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

12

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

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

Eligible families that are currently residing in HUD housing arrangements.

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

The program will provide case management. Hands-on training on how to maintain safe and healthy housing shall be provided throughout the year, or as needed, to each family.

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
	60				

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

1.1 Program Name and Unique Identifier:

18.9 Resident Adult Services

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

Provide cultural and educational activities to residents of Housing Authority properties.

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

18

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

11

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

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

Residents of Housing Authority properties.

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

Provide cultural and educational activities.

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
	500				

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

1.1 Program Name and Unique Identifier:

19.1 Housing Management of Cherokee Programs

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

Management of the Mortgage Assistance, Rental Assistance, IHBG Units, Title VI, and Insurance programs.

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

20

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

12

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

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

IHBG programs: MAP, RAP, Title VI, Insurance, and Homeownership/Rental Units.

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

Operating costs to programs at a level so they can be efficient and effective.

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
	0				

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

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1.1 Program Name and Unique Identifier:

19.2 Delaware Tribe Housing Management

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

Management of DT IHBG units.

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

20

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

12

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

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

assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):

IHBG assisted units

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

Management of IHBG program to be efficient and effective.

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
	18				

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

1.1 Program Name and Unique Identifier:

19.3 One-Stop Application Centers

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

One location in Collinsville, OK for the convenience of housing applicants within the large jurisdictional area of the Cherokee Nation.

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

20

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

12

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

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

Low income Native Americans in need of affordable housing.

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

Information, referrals, and application processing as needed for applicants.

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

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
	700				

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

<p>1.1 Program Name and Unique Identifier:</p> <p>20.1 Law Enforcement</p>
<p>1.2 Program Description <i>(This should be the description of the planned program.):</i></p> <p>Provide law enforcement to selected IHBG-assisted dwellings and crime and drug prevention activities to eligible residents.</p>
<p>1.3 Eligible Activity Number <i>(Select one activity from the Eligible Activity list.):</i></p> <p>22</p>
<p>1.4 Intended Outcome Number <i>(Select one outcome from the Outcome list.):</i></p> <p>11</p>
<p>1.5 Actual Outcome Number <i>(In the APR identify the actual outcome from the Outcome list.):</i></p>
<p>1.6 Who Will Be Assisted <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i></p> <p>Eligible families living in NAHASDA-assisted units.</p>
<p>1.7 Types and Level of Assistance <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i></p> <p>Increase frequency of law enforcement patrols to approximately 923 IHBG-assisted units and drug reduction/crime prevention activities in selected areas.</p>
<p>1.8 APR: <i>Describe the accomplishments for the APR in the 12-month program year.</i></p>

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	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
	923				

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

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

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

The Housing Authority of the Cherokee Nation and the Delaware Tribe enforce the MHO Agreements for those units. The Low Rent units for each are subsidized with IHBG funds for management, operations, and modernization/rehabilitation to the extent necessary to maintain decent, safe, and sanitary housing.

- (2) **Demolition and Disposition** (NAHASDA § 102(b)(2)(A)(iv)(I-III), 24 CFR 1000.134) *(Describe any planned demolition or disposition of 1937 Act housing units. Be certain to include the timetable for any planned demolition or disposition and any other information required by HUD with respect to the demolition or disposition.):*

The following activity was approved in the 2012 Indian Housing Plan. The work will be completed in FY 2013.

Project 4501 is located at Pryor, Oklahoma. 4501 consist of 25 single family low rent apartments. These units were at one time used as Army Barracks. The useful life on these 25 units has expired. We will demolish these 25 units as they become empty and/or as we are able to relocate existing tenants.

These 25 units will be rebuilt at locations to be determined upon approval of this Indian Housing Plan. Priority locations will be places we do not currently have rental units. The timetable to begin new construction is when we have budget authority to spend funds. We plan to be substantially complete by the end of FY 2012.

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SECTION 5: BUDGETS

(1) **Planned Grant-Based Budget for Eligible Programs** (In the table below show how you plan to spend the total amount of the Fiscal Year’s formula allocation using either the estimated allocation amount or the final formula allocation. This table should include only activities planned to be implemented with IHBG funds only. Do not include program income or funding from any other source.)

Eligible Activity	Planned IHBG Budget
(1) Indian Housing Assistance	\$300,000
(2) Development	\$9,000,000
(3) Housing Services	\$10,000,000
(4) Housing Management Services	\$4,000,000
(5) Crime Prevention and Safety Activities	\$1,000,000
(6) Model Activities	\$0
(7) Planning and Administration	\$1,871,552
TOTAL	\$26,171,552

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

SOURCE	IHP						APR				
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A + B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C minus D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F + G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H minus I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds	41,754,760	26,171,552	67,926,312	41,684,010	26,242,302						
2. IHBG Program Income	6,156,697	3,000,000	9,156,697	5,657,928	3,498,769						
3. Title VI											
4. Title VI Program Income		1,239,900	1,239,900	1,239,900							
5. 1937 Act Operating Reserves											
6. Carry Over 1937 Act Funds											
LEVERAGED FUNDS											
7. ICDBG Funds											
8. Other Federal Funds											
9. LIHTC											
10. Non-Federal Funds											
TOTAL	47,911,457	30,411,452	78,322,909	48,581,838	29,741,071						

Notes:

- 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).
- Total of Column D should match the total of Column N from the Uses Table on the following page.
- Total of Column I should match the Total of Column Q from the Uses Table on the following page.
- For the IHP, describe any estimated leverage in Line 4 below (Estimated Sources or Uses of Funding). For the APR, describe actual leverage in Line 5 below (APR).

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

PROGRAM NAME (tie to program names in Section 3 above)	Unique Identifier	IHP				APR		
		(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L + M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)	
1.1 Modernization (Cherokee)	1	3,827,200		3,827,200				
1.2 Modernization (Cherokee)	1	1,000,000		1,000,000				
1.3 DT Modernization	1	458,000		458,000				
2.1 Low Rent Operations (Cherokee)	2	3,000,000		3,000,000				
2.2 DT Operation of "1937 Act Housing Stock"	2	315,000		315,000				
10.1 Land Acquisition	10	10,500	800,000	810,500				
11.1 New Construction Homeownership Program	11	0	4,000,000	4,000,000				
11.2 Self-Help Construction	11	333,600		333,600				
13.1 Mortgage Assistance	13	3,969,000		3,969,000				
14.1 Title VI Subsidy	14	1,000,000	1,239,900	2,239,900				
15.2 MAP Financial Planning Self Sufficiency	15	615,000		615,000				
15.3 Individual Development Accounts	15	454,400		454,400				
16.1 Homeownership Rehabilitation	16	7,704,000		7,704,000				
16.2 Self-Help Home Repair	16	300,000		300,000				
16.3 Home Energy Audits	16		175,000	175,000				
16.4 Homeownership Replacement Home Program	16	1,341,100		1,341,100				
17.1 Rental Assistance	19	4,000,000		4,000,000				

17.2 Site Development	17			500,000			
17.3 Temporary Rental Assistance	19	500,000		500,000			
18.1 Transitional Housing	18	627,600		627,600			
18.2 Project-based College Housing Assistance	18	603,300		603,300			
18.3 DT Resident Services	18	79,567		79,567			
18.4 Community Youth Resident Service	18	230,000		230,000			
18.5 Day Training Resident Service	18	475,000		475,000			
18.6 Career Literacy Resident Service	18	425,000		425,000			
18.7 Financial Assistance-Resident Services	18	243,200		243,200			
18.8 Families First Resident Services	18	161,200		161,200			
18.9 Resident Adult Services	18	420,000		420,000			
19.1 Housing Management of Cherokee Programs	20	4,588,975	87,415	4,676,390			
19.2 DT Housing Management	20	160,000		160,000			
19.3 One-Stop Application Centers	20	60,200		60,200			
20.1 Law Enforcement	22	1,190,604		1,190,604			
Planning and Administration		3,591,564	95,513	3,687,077			
Loan repayment – describe in 4 and 5 below.							
TOTAL		41,684,010	6,897,828	48,581,838			

Notes:

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

(4) Estimated Sources or Uses of Funding (NAHASDA § 102(b)(2)(C)). *(Provide any additional information about the estimated sources or uses of funding, including leverage (if any). You must provide the relevant information for any planned loan repayment listed in the Uses Table on the previous page. This planned loan repayment can be associated with Title VI or with private or tribal funding that is used for an eligible activity described in an IHP that has been determined to be in compliance by HUD. The text must describe which specific loan is planned to be repaid and the NAHASDA-eligible activity and program associated with this loan):* The Cherokee Nation is currently repaying a loan that is guaranteed through Title VI. the not number is 9470110031. The guarantee note number is TVI-404-000025. This loan was used to construct or acquire homes for the purpose of giving Native American families an opportunity of homeownership through a low interest mortgage. We will use the program income, which is identified in the Estimated Sources of Income Table, along with the block grant amount identified in the Uses of Funding Table to keep the loan current. We estimate the balance of the loan to be \$12,039,002.00 on October 1, 2012.

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

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

SECTION 6: OTHER SUBMISSION ITEMS

- (1) Useful Life/Affordability Period(s)** (NAHASDA § 205, 24 CFR § 1000.142) (*Identify the useful life of each housing unit to be constructed, acquired, or rehabilitated with IHBG funds in the 12 month period. Exclude Mutual Help units.*)

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

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

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

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

These items were approved in the FY 2012 IHP. They will be completed in FY 2013.

1. Additional office space is needed for the operation of the Home Rehabilitation Program. The Cherokee Nation would like to utilize \$200,000 to construct additional office space.
2. The Cherokee Nation Environmental Programs utilizes office space at 205 and 206 East Allen Road in Tahlequah, OK. A need for additional parking has been a problem since the occupancy of the office space. The Cherokee Nation would like to utilize \$150,000 to purchase land adjacent to the offices that will be used for additional parking.

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

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

Does the Tribe have a preference policy? Yes No

If yes, describe the policy. Cherokee Nation citizens receive preference for all services. the Delaware Tribe provides preference for Delaware citizens/members.

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

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

If yes, describe why the additional funds are needed for Planning and Administration. N/A

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

Did you expend more than 20% of your current grant for Planning and Administration? Yes No

If yes, did you receive HUD approval to exceed the 20% cap on Planning and Administration costs? Yes No

If you did not receive approval for spending more than 20% of your current grant on planning and administration costs, describe the reason(s) for exceeding the 20% cap. (See Section 6, Line 5 of the Guidance for information on carry-over of unspent planning and administration expenses.)

(6) Expanded Formula Area – Verification of Substantial Housing Services (24 CFR § 1000.302(3))

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

Yes No If no, proceed to Section 7.

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

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

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

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

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

SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE
(NAHASDA § 102(b)(2)(D))

By signing the IHP, you certify that you have all required policies and procedures in place in order to operate any planned IHBG programs.

(1) In accordance with applicable statutes, the recipient certifies that 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) To be eligible for minimum funding 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) The recipient 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.

Yes No Not Applicable and

(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 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 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 on behalf of the Tribe without prior review by the Tribe.

(4) Tribe:	Cherokee Nation
(5) Authorized Official's Name and Title:	Bill John Baker, Principal Chief
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	

SECTION 9: TRIBAL WAGE RATE CERTIFICATION
(NAHASDA §§ 102(b)(2)(D)(vi) and 104(b))

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

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

(4) List the activities using tribally determined wage rates:

SECTION 10: SELF-MONITORING

(NAHASDA § 403(b), 24 CFR § 1000.502)

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

Yes No

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

Yes No Not Applicable

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

Yes No

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

SECTION 11: INSPECTIONS
 (NAHASDA § 403(b))

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

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

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

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

(3) If no, why not:

SECTION 12: AUDITS

This section is used to indicate whether an audit is required, based on a review of your financial records.

Did you expend less than \$500,000 in total Federal awards during the previous fiscal year ended?

Yes No

If Yes, an audit is not required. If No, an audit is required to be submitted to the Federal Audit Clearinghouse and your Area Office of Native American Programs.

SECTION 13: PUBLIC ACCOUNTABILITY

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

Check one: Yes No

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

Check one: Yes No Not Applicable

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

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

SECTION 14: JOBS SUPPORTED BY NAHASDA
(NAHASDA § 404(b))

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

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

(3) Narrative (optional):

SECTION 15: IHP WAIVER REQUESTS
(NAHASDA § 101(b)(2))

THIS SECTION IS ONLY REQUIRED IF THE RECIPIENT IS REQUESTING A WAIVER OF AN IHP SECTION OR A WAIVER OF THE IHP SUBMISSION DUE DATE. A waiver is valid for a period not to exceed 90 days. Fill out the form below if you are requesting a waiver of one or more sections of the IHP. **NOTE:** This is NOT a waiver of the IHBG program requirements but rather a request to waive some of the IHP submission items.

(1) List below the sections of the IHP where you are requesting a waiver and/or a waiver of the IHP due date.
(List the requested waiver sections by name and section number): N/A

(2) Describe the reasons that you are requesting this waiver *(Describe completely why you are unable to complete a particular section of the IHP or could not submit the IHP by the required due date.):*

(3) Describe the actions you will take in order to ensure that you are able to submit a complete IHP in the future and/or submit the IHP by the required due date. *(This section should completely describe the procedural, staffing or technical corrections that you will make in order to submit a complete IHP in the future and/or submit the IHP by the required due date.):*

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

SECTION 16: IHP AMENDMENTS
(24 CFR § 1000.232)

Use this section for IHP amendments only.

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

Once HUD determines the IHP amendment to be in compliance, the recipient should add the IHP amendment to Section 3 of the previously approved IHP and replace the previous Uses of Funding table (Section 5, Line 3) with the amended Uses of Funding table.

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

Complete the shaded section of text below to describe your completed program tasks and actual results. Only report on activities completed during the 12-month program year. Financial data should be presented using the same basis of accounting as the Schedule of Expenditures of Federal Awards (SEFA) in the annual OMB Circular A-133 audit. For unit accomplishments, only count units when the unit was completed and occupied during the year. For households, only count the household if it received the assistance during the previous 12-month program year.

(1) Program Name and Unique Identifier:
(2) Program Description <i>(This should adequately describe the new program that is planned.):</i>
(3) Eligible Activity Number <i>(Select one activity from the Eligible Activities list in Section 3.):</i>
(4) Intended Outcome Number <i>(Select one Outcome from the Outcome list in Section 3.):</i>
(5) Actual Outcome Number <i>(Select one Outcome from the Outcome list in Section 3.):</i>
(6) Who Will Be Assisted <i>(This should adequately describe the types of households who will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median income should be included as a <u>separate</u> Program within this Section.):</i>

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

(8). APR: (Describe the accomplishments for the APR in the 12-month program year.):

(9). Planned and Actual Outputs for 12-Month Program Year

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

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

(12) Recipient:	
(13) Authorized Official's Name and Title:	
(14) Authorized Official's Signature:	
(15) Date (MM/DD/YYYY):	