

SECTION 1: COVER PAGE

(1) Grant Number:

55IT4005780

(2) Recipient Program Year:

10/1 - 9/30

(3) Federal Fiscal Year:

2018

- ☐ (4) Initial Plan (Complete this Section then proceed to Section 2)
- ☐ (5) Amended Plan (Complete this Section and Section 8 if applicable)
- ☒ (6) Annual Performance Report (Complete items 27-30 and proceed to Section 3)
- ☒ (7) Tribe
- ☐ (8) TDHE

(9) Name of Recipient:

Cherokee Nation

(10) Contact Person:

Gary J. Cooper

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

(918) 456-5482

(12) Mailing Address:

PO Box 1007

(13) City:

Tahlequah

(14) State:

Oklahoma

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74465

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

(918) 458-5018

(17) Email Address (if available):

gary.cooper@hacn.org

(18) If TDHE, List Tribes Below:

(19) Tax Identification Number:

73-0757033

(20) DUNS Number:

077345494

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

03/20/2018

(22) IHBG Fiscal Year Formula Amount:

\$30,082,547

(23) Name of Authorized IHP Submitter:

Bill John Baker

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

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

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

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 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 offers a wide range of housing

(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):

All programs are made available to citizens throughout the tribal jurisdiction. Participants are selected from a waiting list according to the time and date of their application

SECTION 3: PROGRAM DESCRIPTIONS

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

Planning and Reporting Program Year Activities

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

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

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

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

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

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

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

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

Eligible Activity	Output Measure	Output Completion
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit
(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed
(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding table only)

(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection
Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding table only)
(25) Reserve Accounts [202(9)]	N/A	N/A

Outcome May Include:

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

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

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

- One way to number your programs is chronologically. For example, you could number your programs 2011-1, 2011-2, 2011-3 etc.
- Or, you may wish to number the programs based on type. For example rental 1, rental 2, homebuyer1, homebuyer 2 etc. This type of numbering system might be appropriate if you have many programs that last over several years.
- Finally, you may wish to use an outline style of numbering. For example, all programs under your first eligible activity would start with the number 1 and then be consecutively numbered as 1.1, 1.2, 1.3 etc.

APR: REPORTING ON PROGRAM YEAR PROGRESS

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

1.1. Program Name and Unique Identifier:

1.1 Modernization

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

Modernization and repair of Low Rent units

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

(1) Modernization of 1937 Act Housing [202(1)]

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

(3) Improve quality of substandard units

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

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

(3) Improve quality of substandard units

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

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

Native American families with incomes 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.):

Maintain rental units in a standard condition to ensure their viability into the future.

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

Replaced tiles, soffit siding, exterior doors, installment of HVAC and water heaters.

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

200

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

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

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

224

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

N/A

2.1. Program Name and Unique Identifier:

1.2 Modernization Homeownership

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

Modernize Mutual-Help Units under management of the Housing Authority

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

(1) Modernization of 1937 Act Housing [202(1)]

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

(3) Improve quality of substandard units

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

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

(3) Improve quality of substandard units

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

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

Mutual-Help homebuyers who have not yet paid off their home.

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

Minor or substantial rehab to endure the units are decent, safe, and sanitary.

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

Continued to replace various systems, including roofs, HVAC, water heaters, smoke detectors and storm doors.

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

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

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

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

100

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

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

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

53

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

Program was not able to meet goal due to changes in process of determination on how to code repairs. New staff has been added to the program so that we can meet our goals.

3.1. Program Name and Unique Identifier:

2.1 Low Rent Operations

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

Operating the 1937 Act Low Rent Program

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

(2) Operation of 1937 Act Housing [202(1)]

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

(6) Assist affordable housing for low income households

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

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

(6) Assist affordable housing for low income households

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

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

Native American families with incomes at or below 80% of the national median income.

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

Covering expenses associated with operating the Low Rent program.

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

Operated the low rent program, provided maintenance services and insurance for all units.

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

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

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

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

944

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

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

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

944

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

N/A

4.1. Program Name and Unique Identifier:

4.1 Construct Rental Housing

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

Construction of rental units

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

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

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

(7) Create new affordable rental units

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

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

(7) Create new affordable rental units

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

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

Native American families with incomes at or below 80% of the national median income.

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

Construction of new rental units to replace those demolished at Pryor, OK

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

The demo was finally completed after dealing with a contractor who would not finish the job.

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

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

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

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

25

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

APR: Actual
Number of
Households
Served in
Program Year

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

25

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

N/A

5.1. Program Name and Unique Identifier:

5.1 Rent to Own Modernization

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

Modernization or renovation of homeownership units in various rent to own programs.

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

(5) Rehabilitation of Rental Housing [202(2)]

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

(3) Improve quality of substandard units

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

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

(3) Improve quality of substandard units

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

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

Native American families with incomes at or below 80% of the national median income.

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

Expenses to cover required costs for mod or rehab of rent to own units operated under various homeownership programs.

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

Replaced, repaired or rehabbed various systems, including roofs, septic systems, waterlines, electric, HVAC, and ADA bathrooms if required.

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

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

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

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

35

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

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

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

12

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

We instituted a practice to require the family to repay the assistance; as a result, we get fewer requests for this program.

6.1. Program Name and Unique Identifier:

13.1 Mortgage Assistance

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

Provide down payment and closing costs for qualifying families.

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

(13) Down Payment/Closing Cost Assistance [202(2)]

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

(2) Assist renters to become homeowners

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

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

(2) Assist renters to become homeowners

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

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

Native American families with incomes at or below 80% of the national median income.

6.7. 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 \$20,000

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

Provided necessary funds for down payments and closing costs.

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
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153

APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
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102

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

A policy change was implemented in FY18 requiring at least 8 months self sufficiency counseling for all MAP recipients which slowed down the timeframe for receiving MAP funds. This change delayed closing for some, but it also decreased the number of MAP applications received.

7.1. Program Name and Unique Identifier:

15.1 MAP Financial Planning Self-Sufficiency

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

Provide credit coaching, household budgeting, self-sufficiency counseling, and foreclosure prevention counseling to eligible families to increase their financial stability, credit worthiness, and assist them with securing and maintaining affordable housing.

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

(18) Other Housing Services [202(3)]

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

(2) Assist renters to become homeowners

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

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

(2) Assist renters to become homeowners

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

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

Native American households with incomes at or below 80% of the national median income.

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

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

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

Provided services as described in 7.2 above.

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

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

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

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

550

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

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

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

532

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

A policy change was implemented in FY18 requiring at least 8 months self sufficiency counseling for all MAP recipients which slowed down the timeframe for receiving MAP funds. This change delayed closing for some, but it also decreased the number of MAP applications received.

8.1. Program Name and Unique Identifier:

15.2 Individual Development Accounts

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

Assist eligible families to remove obstacles to wealth creation and to obtain/maintain affordable housing by providing matching funds with participant contributions to a savings account during a set savings period.

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

(15) Other Homebuyer Assistance Activities [202(2)]

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

(2) Assist renters to become homeowners

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

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

(2) Assist renters to become homeowners

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

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

Native Americans with incomes at or below 80% of the national median income.

8.7. 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 will be matched with \$2-\$5, up to maximum of \$5000

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

Assisted eligible families with creating a saving account.

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

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

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

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

121

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

136

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

N/A

9.1. Program Name and Unique Identifier:

16.1 Homeownership Rehabilitation

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

Rehabilitate or repair homes privately owned by tribal members

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

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

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

(3) Improve quality of substandard units

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

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

(3) Improve quality of substandard units

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

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

Native American families with incomes at or below 80% of the national median income.

9.7. 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 unit with minor repairs not to exceed \$20,000; tribal funds may be used for smaller emergency jobs.

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

Provided rehabilitation or repair of homes privately owned by tribal members.

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
400		
APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
206		

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

Program has completed 206 and has 46 in progress; however due to less referrals received for homeownership rehabilitation, our intended goal was not met.

10.1. Program Name and Unique Identifier:

16.2 Homeownership Replacement Home Program

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

Replace privately owned homes when rehab is not a viable option

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

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

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

(3) Improve quality of substandard units

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

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

(3) Improve quality of substandard units

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

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

Native American families with incomes at or below 80% of the national median income.

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

Replace privately owned homes that cannot be brought back up to standards through the rehab program. No payback is required of the family.

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

Replaced privately owned homes for eligible families.

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

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

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

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

14

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

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

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

13

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

13 replacement homes were completed, two are under construction at this time.

11.1. Program Name and Unique Identifier:

17.1 Rental Assistance

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

Provide rental assistance for qualifying families.

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

(17) Tenant Based Rental Assistance [202(3)]

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

(5) Address homelessness

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

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

(5) Address homelessness

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

11.6 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 must be included as a separate program within this section.):

Native American families with incomes at or below 80% of the national median income.

11.7. 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

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

Program has continued to provide rental assistance payments for low-income Indian families.

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

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

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

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

1511

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

APR: Actual
Number of
Households
Served in
Program Year

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

1541

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

N/A

12.1. Program Name and Unique Identifier:

17.2 Temporary Rental Assistance

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

A bridge program providing short-term rental assistance to eligible families who experience an emergency housing need.

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

(17) Tenant Based Rental Assistance [202(3)]

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

(5) Address homelessness

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

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

(5) Address homelessness

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

12.6 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 must be included as a separate program within this section.):*

Native American families with incomes at or below 80% of the national median income guidelines.

12.7. 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 eligible families in an emergency situation for a period of 1-3 months (administrative approval of a max. of 6 months). Subsidy will not exceed fair market rents.

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

Continued to assist eligible families with emergency/temporary rental assistance.

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

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

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

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

350

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

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

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

157

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

All eligible applicants were assisted on this program. We have seen a reduced need for this type of service and did account for that in next year's IHP.

13.1. Program Name and Unique Identifier:

18.1 Transitional Housing

13.2. 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

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

(18) Other Housing Services [202(3)]

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

(5) Address homelessness

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

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

(5) Address homelessness

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

13.6 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 must be included as a separate program within this section.):

Native American families with incomes at or below 80% of the national median income

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

Rent/utility deposits and rental or mortgage payments to prevent homelessness or assist homeless families or individuals.

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

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

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

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

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

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

2610

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

APR: Actual
Number of
Households
Served in
Program Year

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

2614

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

N/A

14.1. Program Name and Unique Identifier:

18.2 Project-based College Housing Assistance

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

Provide housing assistance required by the college to attend and live on the campus of Northeastern State University, Rogers State University, or Conners State College.

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

(18) Other Housing Services [202(3)]

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

(8) Assist affordable housing for college students

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

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

(8) Assist affordable housing for college students

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

14.6 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 must be included as a separate program within this section.):*

Native American families with incomes at or below 80% of the national median income.

14.7. 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 for living on the college campus.

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

Program has continued to provide housing to eligible college students on our area campuses.

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

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

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

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

88

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

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

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

51

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

Program is being phased out as current students graduate or do not reapply for the program.

15.1. Program Name and Unique Identifier:

18.3 Home Energy Audits

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

Conduct energy audits on residential units to identify inefficiencies within the unit that lead to energy loss.

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

(18) Other Housing Services [202(3)]

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

(10) Improve energy efficiency

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

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

(10) Improve energy efficiency

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

15.6 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 must be included as a separate program within this section.):

Native American families with incomes at or below 80% of the national median income.

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

Test homes for energy efficiency utilizing non-federal funds.

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

Provided energy audits on selected properties to test their efficiency.

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

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

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

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

200

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

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

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

95

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

There was a temporary breakdown in communication this past year between the Home Energy Audit program and the housing programs that it serves. Since this time we have established another route of communication that will alleviate these types of events in the future, and should increase the number of homes being tested.

16.1. Program Name and Unique Identifier:

18.4 Community Youth Resident Service

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

Provide traditional activities, cultural life skills, leadership and drug elimination education, community organization, and involvement activities for youth.

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

(18) Other Housing Services [202(3)]

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

(11) Reduction in crime reports

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

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

(11) Reduction in crime reports

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

16.6 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 must be included as a separate program within this section.):*

NAHASDA eligible youth within the Cherokee Nation jurisdictional boundaries.

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

Provide monthly classes teaching culture, art, language, and leadership in existing low rent housing areas.

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

Has provided activities for youth residing in Native communities.

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

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

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

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

1250

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

APR: Actual
Number of
Households
Served in
Program Year

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

2212

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

N/A/

17.1. Program Name and Unique Identifier:

18.5 Career Literacy Resident Service

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

Activities to improve self-sufficiency of eligible housing residents including: instruction in basic skills as needed to improve reading and math levels and in preparation for GED testing, vocational training, life/employment skills training, assessment, testing, and employment activities.

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

(18) Other Housing Services [202(3)]

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

(2) Assist renters to become homeowners

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

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

(2) Assist renters to become homeowners

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

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

NAHASDA eligible housing residents.

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

Instruction in basic skills, provision of GED instruction, vocational training, career counseling, and job placement.

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

Provided activities to housing residents.

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

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

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

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

492

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

APR: Actual
Number of
Households
Served in
Program Year

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

255

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

Program provides services to residents using a combination of NAHASDA funds along with other federal and tribal funds, and there has been a decrease in Tribal funding for this and other funded vocational programs, so the number of individuals assisted has decreased.

18.1. Program Name and Unique Identifier:

18.6 Financial Assistance-Resident Services

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

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

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

(18) Other Housing Services [202(3)]

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

(5) Address homelessness

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

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

(5) Address homelessness

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

18.6 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 must be included as a separate program within this section.):

Eligible NAHASDA assisted housing residents.

18.7. 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 and rent and utility deposits to prevent homelessness for person in Low Rent or other assisted housing.

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

Program has continued to provide emergency financial assistance to housing residents.

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

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

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

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

775

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

APR: Actual
Number of
Households
Served in
Program Year

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

507

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

Planned goal was not met due to individuals deciding to seek housing from private landlords rather than residential services. Some residential areas have waiting list and applicants prefer not to be on a waiting list.

19.1. Program Name and Unique Identifier:

18.7 Families First Resident Services

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

Provides start-up household items to low income families whose children are being returned to the home from the foster care system. Provide case management and hands-on training to maintain safe, healthy housing.

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

(18) Other Housing Services [202(3)]

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

(5) Address homelessness

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

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

(5) Address homelessness

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

19.6 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 must be included as a separate program within this section.):*

Eligible families currently residing in assisted housing.

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

Ensure that the home is safe and healthy environment for children, with in-home, hands-on training on how to maintain the home. Includes case management, rental assistance, credit enhancement, temporary housing, mortgage assistance, vouchers, etc.

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

Has provided training to qualified housing recipients to help maintain a safe and healthy home.

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

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

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

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

55

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

APR: Actual
Number of
Households
Served in
Program Year

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

57

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

N/A

20.1. Program Name and Unique Identifier:

18.8 Resident Adult Services

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

Provide cultural and educational activities to residents of Housing Authority properties

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

(18) Other Housing Services [202(3)]

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

(11) Reduction in crime reports

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

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

(11) Reduction in crime reports

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

20.6 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 must be included as a separate program within this section.):

Residents of Housing Authority properties.

20.7. 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

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

To continue to provide activities to Housing Authority residents.

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

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

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

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

300

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

APR: Actual
Number of
Households
Served in
Program Year

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

723

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

N/A

21.1. Program Name and Unique Identifier:

19.1 Housing Management of Cherokee Programs

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

Management of NAHASDA units and programs.

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

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

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

(6) Assist affordable housing for low income households

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

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

(6) Assist affordable housing for low income households

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

21.6 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 must be included as a separate program within this section.):

MAP, RAP, Title VI, Homeownership and Rental units and insurance programs

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

Operating costs for assisting applicants, tenants, and homebuyers.

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

Operated and managed IHBG assisted programs.

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

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

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

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

2847

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

APR: Actual
Number of
Households
Served in
Program Year

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

4036

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

N/A

22.1. Program Name and Unique Identifier:

19.2 One-Stop Application Centers

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

Application center located in a centralized location within the large jurisdictional area of the Cherokee Nation for the convenience of housing applicants

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

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

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

(6) Assist affordable housing for low income households

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

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

(6) Assist affordable housing for low income households

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

22.6 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 must be included as a separate program within this section.):*

Low income Native Americans in need of affordable housing.

22.7. 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

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

Maintained our centralized application office for the convenience of housing applicants.

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

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

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

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

200

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

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

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

0

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

The One Stop Application Center, AU 3566059 did not have a budget in 2018. The funds were combined with AU 3566049, Self Sufficiency Counseling and the field office was closed with the NAHASDA budget cuts. The employee who previously staffed the One Stop Application Center was moved to the Tahlequah office as a cost savings measure.

23.1. Program Name and Unique Identifier:

24.1 Infrastructure - Tahlequah Office

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

Improve Infrastructure at the Tahlequah Housing Office

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

(24) Infrastructure to Support Housing [202(2)]

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

(4) Improve quality of existing infrastructure

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

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

(4) Improve quality of existing infrastructure

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

23.6 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 must be included as a separate program within this section.):

Low income housing applicants and tenants requesting and receiving assistance.

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

Develop a a storage facility for required record retention; improve offices to ensure energy efficiency.

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

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

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

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

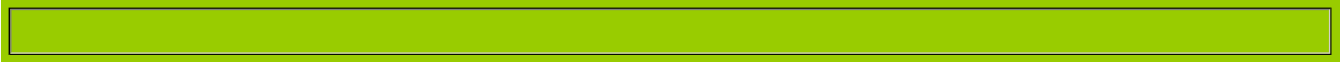
Planned Number of **Acres** To Be Purchased in Year Under this Program

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

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

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

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



24.1. Program Name and Unique Identifier:

24.3 Individual Water and Sewer

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

Water and sanitation assistance to eligible families.

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

(24) Infrastructure to Support Housing [202(2)]

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

(4) Improve quality of existing infrastructure

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

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

(4) Improve quality of existing infrastructure

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

24.6 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 must be included as a separate program within this section.):

Eligible Native American families

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

Well drilling, connecting to existing water systems and/or sanitation facilities for new or existing homes.

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

Provided water and sanitation services for eligible families

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

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

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

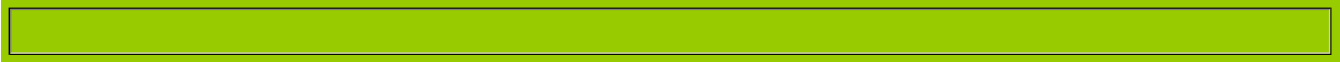
Planned Number of **Acres** To Be Purchased in Year Under this Program

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

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

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

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



25.1. Program Name and Unique Identifier:

Indian Community Development Block Grant (ICDBG)

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

Rehabilitation of existing privately owned homes.

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

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

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

(3) Improve quality of substandard units

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

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

(3) Improve quality of substandard units

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

25.6 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 must be included as a separate program within this section.):

Tribal members who are low income and also elderly, handicapped, or disabled.

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

Rehab activities will average \$28,000 per home.

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

Provided rehab for privately owned homes.

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

Planned Number of Units to be Completed in Year Under this Program	Planned Number of Households To Be Served in Year Under this Program	Planned Number of Acres To Be Purchased in Year Under this Program
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40

APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
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25.10: APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))

26.1. Program Name and Unique Identifier:

HUD-VASH Supportive Housing Demonstration Project

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

Provide rental assistance for qualifying Native American veterans

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

(17) Tenant Based Rental Assistance [202(3)]

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

(5) Address homelessness

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

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

(5) Address homelessness

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

26.6 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 must be included as a separate program within this section.):*

Native American veterans who are homeless or are at risk of becoming homeless, whose incomes do not exceed 80% of the median income, and who are referred to the Housing Authority by the local Veteran's Affairs Medical Center.

26.7. 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 monthly rental subsidy to qualifying families based on fair market rents to ensure that the participant's rent does not exceed 30% of their monthly adjusted income.

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

Provided rental assistance to veterans referred by the VAMC.

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

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

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

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

20

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

APR: Actual
Number of
Households
Served in
Program Year

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

25

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

N/A

27.1. Program Name and Unique Identifier:

ICDBG Matching Funds

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

Matching funds for the Cherokee Nation's ICDBG application to provide storm shelters

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

(22) Model Activities [202(6)]

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

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

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

The storm shelters will help protect the staff and children attending the Head Start programs from dangerous weather and tornadoes that are common to this part of the state.

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

(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

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

N/A

27.6 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 must be included as a separate program within this section.):

Those described in the Cherokee Nation's ICDBG application.

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

\$266,667 in matching funds for the Cherokee Nation ICDBG application.

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

Six storm shelters have been bid out, awarded and construction has begun on two. Redbird has been completed, Cherry Tree is at 80% completion and a third one has the equipment on site to begin building.

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

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

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

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

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

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

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

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

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

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

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

The Housing Authority of the Cherokee Nation enforces the homebuyer and lease agreements for these units. The units are subsidized with IHBG funds for management, operations, and modernization or rehab to the extent necessary to maintain them in a decent, safe, and sanitary condition.

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

N/A

SECTION 5: BUDGETS
NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds	\$20,769,233	\$30,082,547	\$50,851,780	\$31,694,985	\$19,156,795	\$17,192,848	\$31,856,007	\$49,048,855	\$27,099,458	\$21,949,397	
2. IHBG Program Income	\$2,504,405	\$5,437,415	\$7,941,820	\$5,286,670	\$2,655,150	\$1,050,041	\$540,788	\$1,590,829	\$974,190	\$616,639	
3. Title VI			\$0		\$0	\$0	\$0	\$0	\$0	\$0	
4. Title VI Program Income	\$350,000	\$1,750,000	\$2,100,000		\$2,100,000	\$254,542	\$1,421,113	\$1,675,655	\$1,675,655	\$0	
5. 1937 Act Operating Reserves					\$0					\$0	
6. Carry Over 1937 Act Funds					\$0					\$0	
LEVERAGED FUNDS											
7. ICDBG Funds	\$769,842		\$769,842	\$500,000	\$269,842	\$269,842		\$269,842	\$40,000	\$229,842	
8. Other Federal Funds	\$191,765		\$191,765	\$5,280	\$186,485	\$178,176	\$0	\$178,176	\$63,890	\$114,286	

9. LIHTC			\$0		\$0			\$0		\$0	
10. Non-Federal Funds			\$0		\$0		\$0	\$0	\$0	\$0	
TOTAL	\$24,585,245	\$37,269,962	\$61,855,207	\$37,486,935	\$24,368,272	\$18,945,449	\$33,817,908	\$52,763,357	\$29,853,193	\$22,910,164	\$0
TOTAL Columns C & H, 2 through 10			\$11,003,427					\$3,714,502			

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

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

PROGRAM NAME	IHP			APR		
	(L)	(M)	(N)	(O)	(P)	(Q)
	Prior and current year IHBG (only) funds to be expended in 12-month program year	Total all other funds to be expended in 12-month program year	Total funds to be expended in 12-month program year (L+M)	Total IHBG (only) funds expended in 12-month program year	Total all other funds expended in 12-month program year	Total funds expended in 12-month program year (O+P)
1.1 Modernization	\$2,770,908	\$1,500,000	\$4,270,908	\$1,646,526		\$1,646,526
1.2 Modernization Homeownership	\$718,938	\$200,000	\$918,938	\$633,595		\$633,595
2.1 Low Rent Operations	\$2,995,577		\$2,995,577	\$3,455,576		\$3,455,576

4.1 Construct Rental Housing		\$2,000,000	\$2,000,000			\$0
5.1 Rent to Own Modernization	\$23,965	\$350,000	\$373,965		\$137,665	\$137,665
13.1 Mortgage Assistance	\$2,995,577		\$2,995,577	\$2,426,584		\$2,426,584
15.1 MAP Financial Planning Self-Sufficiency	\$446,341		\$446,341	\$501,492		\$501,492
15.2 Individual Development Accounts	\$898,673		\$898,673	\$310,385		\$310,385
16.1 Homeownership Rehabilitation	\$5,694,591		\$5,694,591	\$5,947,163		\$5,947,163
16.2 Homeownership Replacement Home Program	\$1,003,518		\$1,003,518	\$940,438		\$940,438
17.1 Rental Assistance	\$4,200,000		\$4,200,000	\$2,937,069		\$2,937,069
17.2 Temporary Rental Assistance	\$299,558		\$299,558	\$123,420		\$123,420

18.1 Transitional Housing	\$1,048,452		\$1,048,452	\$1,300,527		\$1,300,527
18.2 Project-based College Housing Assistance	\$437,354		\$437,354	\$167,211		\$167,211
18.3 Home Energy Audits		\$199,255	\$199,255		\$170,211	\$170,211
18.4 Community Youth Resident Service	\$127,065		\$127,065	\$182,758		\$182,758
18.5 Career Literacy Resident Service	\$308,544		\$308,544	\$270,854		\$270,854
18.6 Financial Assistance-Resident Services	\$374,447		\$374,447	\$359,229		\$359,229
18.7 Families First Resident Services	\$74,889		\$74,889	\$148,214		\$148,214
18.8 Resident Adult Services	\$129,343		\$129,343	\$166,814		\$166,814
19.1 Housing Management of Cherokee Programs	\$3,954,161	\$87,415	\$4,041,576	\$3,914,792	\$87,274	\$4,002,066

19.2 One-Stop Application Centers	\$29,956		\$29,956	\$0	\$0	\$0
24.1 Infrastructure - Tahlequah Office		\$250,000	\$250,000	\$0	\$0	\$0
24.3 Individual Water and Sewer		\$100,000	\$100,000	\$0		\$0
Indian Community Development Block Grant (ICDBG)		\$500,000	\$500,000		\$40,000	\$40,000
HUD-VASH Supportive Housing Demonstration Project		\$5,280	\$5,280		\$63,890	\$63,890
ICDBG Matching Funds	\$266,667		\$266,667			\$0
Planning and Administration	\$2,396,461	\$600,000	\$2,996,461	\$1,412,278	\$579,036	\$1,991,314
Loan repayment - describe in 3 & 4 below	\$500,000		\$500,000		\$1,930,192	\$1,930,192
TOTAL	\$31,694,985	\$5,791,950	\$37,486,935	\$26,844,924	\$3,008,268	\$29,853,193

Notes:

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

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

The Cherokee Nation is currently repaying a loan that is guaranteed through Title VI of NAHASDA. The note number is 9470110031. The guarantee note number is TVI-404-000025. This loan was used to construct or acquire homes with low interest mortgages. We will keep the loan current using the program income listed as an estimated source of funds, along with the block grant amount identified in the uses of funds table. We estimate the balance of the loan to be \$465,026.61 on October 1, 2018. Any amounts paid in full by homebuyers will be applied to the principal of the loan.

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

SECTION 6: OTHER SUBMISSION ITEMS

[102(b)(2)(C)(ii)], [201(b)(5)], [202(6)], [205(a)(2)], [209], 24 CFR §§ 1000.108, 1000.120, 1000.142, 1000.238, 1000.302

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

The Useful Life of each assisted housing unit will be determined by the amount of IHBG funds invested as follows:

IHBG Funds Invested	Affordability Period
Up to \$7500	6 months
\$7501-\$15,000	2.5 years
\$15,001-\$25,000	5 years
\$25,001-\$40,000	10 years
Over \$40,000	15 years
New Construction	20 years

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

(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 in all housing programs, contracting, and employment.

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

Do you intend to exceed your allowable spending cap for Planning and Administration?

Yes ☐

No ☒

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

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

Did you exceed your spending cap for Planning and Administration?

Yes ☐

No ☒

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

Yes ☐

No ☐

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

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(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.

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

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

SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

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

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

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

Yes ☒ No ☐

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

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

Yes ☐ No ☐ Not Applicable ☒

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

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

Yes ☒ No ☐ Not Applicable ☐

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

Yes ☒ No ☐ Not Applicable ☐

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

Yes ☒ No ☐ Not Applicable ☐

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

Yes ☒ No ☐ Not Applicable ☐

SECTION 8: IHP TRIBAL CERTIFICATION
NAHASDA § 102(c)

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

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

- (1) The recognized tribal government of the grant beneficiary certifies that:
- (2) ☐ It had an opportunity to review the IHP or IHP amendment and has authorized the submission of the IHP by the TDHE; or
- (3) ☐ It has delegated to such TDHE the authority to submit an IHP or IHP amendment on behalf of the Tribe without prior review by the Tribe.

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

SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

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

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

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

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SECTION 10: SELF-MONITORING

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

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

Yes ☒ No ☐

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

Yes ☒ No ☐ Not Applicable ☐

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

Yes ☒ No ☐

(4) **Self-Monitoring Results.** *(Describe the results of the monitoring activities, including corrective actions planned or taken.):*

The Cherokee Nation (CN) Evaluation and Compliance (E&C) Department conducted the annual Self-Monitoring Assessment on the CN for FY 2018. E&C also performed subrecipient monitoring of the Housing Authority of the Cherokee Nation (HACN), as part of the subrecipient monitoring process.

The CN FY 2018 review included:

- (a) Site 9 visits for Mortgage Assistance Program.
- (b) Examined 15 procurement files.
- (c) Examined program participant files: 9 files for Mortgage Assistance, 21 files for Resident, 22 files for Elder and 36 files for Transitional programs.
- (d) Examined 9 ERR's.
- (e) Reviewed Single Audit (A-133) for date filing compliance, There were no current year direct findings and the audit received an unmodified opinion.
- (f) Reviewed Administrative Cost Rule expenditures. The calculated planning and administration percentages were 10.13% and 7.42%, respectively.

The HACN FY 2018 review included:

- (g) 19 site visits for Modernization, and 21 Rehabilitation programs
- (h) Examined 31 Procurement and 19 Modernization files
- (i) Examined program participant files for the following programs:
 - Mutual Help – 29
 - Low Rent – 20
 - Rental Assistance – 32
 - Rural Rental – 5
 - Temporary Housing – 10
 - Housing Rehabilitation – 21

Observation 1: Discrepancy Between Policies and IHP

The policy for Housing Rehabilitation, which also includes replacement homes, allows for participants at or below 50% of the national median income limit to be served by the program. The corresponding sections of the IHP (9.6 & 10.6) state that Native American families at or below 80% of the national median income limit are to be served.

Corrective Action: The program will be asked to better describe in the IHP who can be served.

Observation 2: Incomplete Documentation of Eligibility in Participant Files

During the review of Rental Assistance and Housing Rehabilitation program files, instances were noted where income and household information documentation was missing, or where the information utilized to calculate income and other household eligibility criteria was obtained nearly two years prior to the participant receiving services.

Corrective Action: HACN management should provide written guidance to staff regarding collection of appropriate documentation of eligibility and detail timelines for how long certain documentation remains valid.

* The full results of the assessment have not been released at the time of completion of this section. Once the results have been communicated to the programs, responsible parties and completion dates will be agreed upon. Follow-up reviews will be conducted to ensure the corrective actions have been completed and results will be addressed in subsequent self-monitoring reports.

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				
Activity		Total Number of Units (Inventory)	Units in standard condition	Units needing rehabilitation	Units needing to be replaced	Total number of units inspected
(a)		(b)	(c)	(d)	(e)	(f)
1	1937 Housing Act Units:					
	a. Rental	980	980			980
	b. Homeownership	447	440			440
	c. Other					0
1937 Act Subtotal		1,427	1,420	0	0	1,420
2	NAHASDA assisted units:					
	a. Rental					0
	b. Homeownership	503	495			495
	c. Rental Assistance					0
	d. Other					0
NAHASDA Subtotal		503	495	0	0	495
Total		1,930	1,915	0	0	1,915

(2) Did you comply with your inspection policy:

Yes ☒

No ☐

(3) If no, why not:

SECTION 12: AUDITS

24 CFR § 1000.544

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

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

Yes ☒

No ☐

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

If No, an audit is not required.

SECTION 13: PUBLIC AVAILABILITY

NAHASDA § 408, 24 CFR § 1000.518

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

Yes ☒ No ☐

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

Yes ☐ No ☐ Not Applicable ☒

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

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

The APR was made available to the public during the week of 12/17/2018 in these five locations: Housing Authority of the Cherokee Nation's main office, along with the area offices in Jay, Claremore, and Sallisaw. It was also posted in the Cherokee First office in the tribe's main complex.

No comments were received.

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	293
(2) Number of Temporary Jobs Supported	

(3) Narrative (optional):
N/A

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):*

(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):