

SECTION 1: COVER PAGE

(1) Grant Number:

20BV4005780

(2) Recipient Program Year:

10/1 - 9/30

(3) Federal Fiscal Year:

2023



(4) IHBG-CARES/IHBG-ARP



(5) Initial Plan (Complete this Section then proceed to Section 2) or an Amended IHP



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



(7) Tribe



(8) TDHE

(9) Name of Recipient:

Cherokee Nation

(10) Contact Person:

Jerri A. Killer

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

(918) 456-5482

(12) Mailing Address:

PO Box 1007

(13) City:

Tahlequah

(14) State:

Oklahoma

(15) Zip Code (99999 or 99999-9999):

74465

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

(918) 456-5018

(17) Email Address (if available):

jerri.killer@hacn.org

(18) If TDHE, List Tribes Below:

(19) Tax Identification Number:

73-0757033

(20) UEI Number:

TBAHL1WANLF3

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

08/10/2024

(22) IHBG-CARES Amount:


\$9,387,252

Date Started Preparing for COVID-19

03/02/2020

(23) Name of Authorized IHP Submitter:

ERNA F. REEVES

(24) Title of Authorized IHP Submitter:	Deputy Executive Director
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	12/29/2020
(27) Name of Authorized APR Submitter:	Jerri A. Killer
(28) Title of Authorized APR Submitter:	Sr. Deputy Executive Director
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	12/21/2023

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

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

APR: REPORTING ON PROGRAM YEAR PROGRESS

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

		Program Descriptions
1.1. Program Name and Unique Identifier:	Unique Identifier	COVID-19 Respond
COVID-19 Respond - 2 - 3561975 HM		
1.2. Program Description	(This should be the description of the planned program.):	
Housing Management CARES Act		
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.):	
(19) Housing Management Services [202(4)]		

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.):

(6) Assist affordable housing for low income households

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.):

(6) Assist affordable housing for low income households

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

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

Participants in programs funded under the CARES Act

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

Assist eligible low income families continuing to be impacted by COVID-19 with maintaining homeowners insurance for owner occupied units; renovate existing vacant units to relieve overcrowded conditions for eligible families to move into; including utilizing shelter-in-place if needed; repair or clean NAHASDA operated units for persons infected with the virus or other health risks; provide additional operating costs for assisting applicants, tenants, and homebuyers.

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.

The program renovated and provided vacant units to eligible families to move into to relieve overcrowded conditions. Assisted families with maintaining homeowners insurance along with additional operating costs for applicant, tenant, and homebuyer assistance. HACN served 505 households this program year, for a total of 3211 since implementation.

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

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

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

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

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

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

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

505

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:

Unique Identifier

COVID-19 Respond

COVID-19 Respond - 3 - 3561976 RAP

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

Rental Assistance Program (RAP) CARES Act

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.):

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

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.):

(5) Address homelessness

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.):

(5) Address homelessness

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

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

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

2.7. 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 impacted by COVID-19, including temporary increase of rental subsidy for existing families who have been impacted; increasing the number of families able to be assisted with rental subsidy. Rental assistance subsidy will not exceed fair market rent.

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.

Program was able to provide Native American families that were impacted by COVID-19 with monthly rental subsidy, including families already in the program who also received a temporary increase of rental subsidy. ## families were served this program year. All funds for this activity have been expended, with 282 households served this program year and a total of 2968 served since implementation.

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

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

APR: Actual
Number of
Households
Served in
Program Year

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

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

3.1. Program Name and Unique Identifier:

Unique Identifier

COVID-19 Respond

COVID-19 Respond - 4 - 3561955 TAP

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

Temporary Rental Assistance Program (TAP) CARES Act

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.):

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

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.):

(5) Address homelessness

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.):

(5) Address homelessness

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

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

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

3.7. 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 to respond to and prevent the spread of COVID-19. Provide rental assistance subsidy for a maximum of 6 months for eligible families who have been impacted by COVID-19 to be able to maintain current housing or obtain new housing to relieve overcrowding and the spread of COVID-19. Subsidy will not exceed fair market rents.

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.

All funding for this activity has been expended in prior years, serving 1611 families.

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

0

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

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

N/A, fully expended.

4.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 1 - 3561960 Transitional

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

Transitional Emergency Housing CARES Act

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.):

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

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.):

(5) Address homelessness

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.):

(5) Address homelessness

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

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

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.):

Provide assistance with security and/or utility deposits; assist with delinquent rental or mortgage payments to prevent homelessness; assist homeless families or individuals in response to needs resulting from the COVID-19 crisis.

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.

Low-income Indian households were provided assistance with deposits, rental, or mortgage payments to prevent homelessness resulting from the COVID-19 crisis. All funds were expended in prior years, serving 3566 families.

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

0

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

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

N/A - The funds budgeted for this activity were expended in prior program years.

SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
IHBG-CARES Funds	\$2,261,328	\$0	\$2,261,328		\$2,261,328	\$2,261,328		\$2,261,328	\$859,203	\$1,402,125	\$1,402,125

TOTAL	\$2,261,328	\$0	\$2,261,328	\$0	\$2,261,328	\$2,261,328	\$0	\$2,261,328	\$859,203	\$1,402,125
TOTAL Columns C & H, 2 through 10		\$0	\$2,261,328				\$0			\$1,402,125

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.

<div>(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)</div>										
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PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG CARES (only) funds to be expended in 12- month program year	(M) Total all other funds to be expended in 12- month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG CARES (only) funds expended in 12- month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12- month program year (O+P)
COVID-19 Respond - 2 - 3561975 HM			\$0	\$797,883		\$797,883
COVID-19 Respond - 3 - 3561976 RAP			\$0	\$61,320		\$61,320
COVID-19 Respond - 4 - 3561955 TAP			\$0	\$0		\$0

COVID-19 Respond - 1 - 3561960 Transitional						
Planning and Administration						
TOTAL	\$0	\$0	\$0	\$859,203	\$0	\$859,203

Notes:

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

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

N/A

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

N/A

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 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.