

## SECTION 1: COVER PAGE

(1) Grant Number: 21AH4007240

(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:

Muscogee (Creek) Nation

(10) Contact Person:

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(18) If TDHE, List Tribes Below:

(19) Tax Identification Number:

73-0932018

(20) UEI Number:

KDYABRXCN245

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

02/16/2022

(22) IHBG-CARES Amount:


\$11,054,813

Date Started Preparing for COVID-19

03/13/2020

(23) Name of Authorized IHP Submitter:

David Hill

(24) Title of Authorized IHP Submitter:	Principal Chief
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	
(27) Name of Authorized APR Submitter:	Jeff Fife
(28) Title of Authorized APR Submitter:	Chief of Staff
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	01-31-24

**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 Prevention

COVID-19 Prevention - 1 - 1.1 Rental Rehab (Sunrise Trail)

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

Based on the complete inspection of the rental units purchased with Cares IHBG funds, the units require renovation throughout the property in order to provide decent, safe, and healthy living environment for tenants. The rental property will accommodate those on the waiting list in overcrowding situations in need of housing, and to reduce or prevent homelessness to reduce the spread of COVID-19.

**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.):

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

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

(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.):

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

Low-income Native Americans with preference given to Muscogee (Creek) citizens.

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

The level of assistance will be determined by the condition of each unit as determined by the completed inspection.

**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 apartment complex has 3 buildings. Building #1 will have 16 units completed when utilities are connected.

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

Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program
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48

APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year
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0

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

The project has gone according to plan. Project lacks utilities, due to supplies and materials was delayed. There will be 16 units complete once electric is connected.



**2.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 2 - 2.1 New Construction of Alternative Housing

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

New construction of alternative housing to provide for those who have been displaced, are homeless, living in overcrowding, and substandard conditions. The alternative housing program will limit the exposure to COVID-19 by creating adequate housing space and improved air quality for those in need of shelter.

**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.):

(18) Other Housing Services [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.):

(1) Reduce over-crowding

**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.):

(1) Reduce over-crowding

**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

Low-income Native Americans with preference given to Muscogee (Creek) citizens.

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

Dependent upon current and future material pricing increases, the amount of assistance for each unit will fluctuate. Currently, the estimate for each home is at \$120,000 but may change due to supply chain shortages due to COVID-19 and other weather emergencies within the U.S.

**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.

Assisted with developing ADA homes for elderly Muscogee (Creek) residents who reside within the boundaries. A total of 14 participants have been approved. Six homes will be new construction, one will receive a manufactured cottage, and seven will receive modular homes.

**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

16

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

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

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

0

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

Five homes was awarded to a contractor to be built. The contractor was delayed due the weather and working on other projects.

**3.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 3 - 3.1 Environmental Services

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

To assist with anticipated costs associated with environmental compliance due to additional housing projects as a result of the increased funding provided by the ARP-IHBG.

**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.):

(18) Other Housing Services [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.):

(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):

By providing environmental compliance for additional projects funded by the ARP-IHBG, the outcome will provide families with safe and decent housing to minimize the risk of COVID-19.

**3.5 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.):

By providing environment compliance for additional projects funded by the ARP-IHBG, the outcome will provide families with safe and decent housing to minimize the risk of COVID-19.

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

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

Low-income Native Americans with preference given to Muscogee (Creek) citizens.

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

The environmental compliance services will be provided for IHBG activities to ensure NAHASDA environmental compliance.

**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.

Environmental assessments was provided for the projects under this grant, but used other funding for the assessments. Funding will be utilized during the FY 2024 until all funds have been exhausted.

**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

150

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))*

There were 0 households served but other funding was utilized for the environmental assessments. Funding will be utilized during the FY 2024.



**Program Descriptions**

**4.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 4 - 4.1 Rental Purchase

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

Purchase rental units to provide safe and decent housing to those on the waiting list, overcrowding situations, and to reduce or prevent homelessness to minimize the spread of COVID-19.

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

(3) Acquisition 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.):

(1) Reduce over-crowding

**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.):

(1) Reduce over-crowding

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

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

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

Low-income Native Americans with preference given to Muscogee (Creek) citizens.

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

The level of assistance will be based on the purchase price of the rental units.

**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.

Property was purchased in Sapulpa which consist of eight duplexes. The eight duplexes consist of 16 units with an office and small garage for maintenance. The duplexes will assist 16 Native American families with a safe and healthy environment.



**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

46

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

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

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

16

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

Purchased 8 duplexes located in Sapulpa. This project has been completed on time. Over estimated on the number of unit that would be purchased. This project is complete.

**5.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 1 - 5.1 Temporary Shelter Emergency Assistance - Low-Income

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

Provide temporary shelter emergency assistance to recipients who are in need of a temporary place to stay to protect the community from the vulnerability of COVID-19.

**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.):

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

**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.):

(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):

Provide assistance to recipients affected by COVID-19 who require temporary shelter, isolation or quarantine facilities to reduce the spread of COVID-19.

**5.5 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.):

Provide assistance to recipients affected by COVID-19 who require temporary shelter, isolation or quarantine facilities to reduce the spread of COVID-19.

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

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

Low-income Native Americans with preference given to Muscogee (Creek) citizens.

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

Contingent upon the recipients need. Each applicant's level of assistance will be based on the policy limitations.

**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.

There were 0 low-income families who required temporary shelter, therefore no accomplishments for the 12 months.

**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

70

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

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

Due to 0 low-income Native American families needing emergency assistance, families were provided assistance through other federal funded programs to prevent COVID-19.

**6.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2 - 6.1 Temporary Shelter Emergency Assistance - Non-low income

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

Provide temporary shelter emergency assistance to recipients who are in need of a temporary place to stay to protect the community from the vulnerability of COVID-19.

**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.):

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

**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.):

(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):

Provide assistance to recipients affected by COVID-19 who require temporary shelter, isolation or quarantine facilities to reduce the spread of COVID-19.

**6.5 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.):

Provide assistance to recipients affected by COVID-19 who require temporary shelter, isolation or quarantine facilities to reduce the spread of COVID-19.

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

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

Non-low income Native Americans with preference given to Muscogee (Creek) citizens.

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

Contingent upon the recipients need. Each applicant's level of assistance is based on the policy limitation.

**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.

There were no non-low income families assisted.



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

Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program
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60

APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year
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0

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

Due to 0 non-low income Native American families needing emergency assistance, families were provided assistance through other federal funded programs to prevent COVID-19.

**Program Descriptions**

**7.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 5 - 7.1 Furniture, Household items, and utilities for Rental Units - Low-income

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

Purchase furniture, household items, and provide utilities for two rental units to quarantine those who have been exposed, or tested positive for COVID-19. The furnished units will assist those in need of isolation or quarantine to prevent the spread of COVID-19 as recommended by the CDC.

**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.):

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

**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.):

(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):

Provide assistance to low-income Native American families affected by COVID-19 who require isolation or quarantine living quarters for the spread of COVID-19.

**7.5 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.):

Provide assistance to low-income Native American families affected by COVID-19 who require isolation or quarantine living quarters for the spread of COVID-19.

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

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

Low-income Native Americans with preference given to Muscogee (Creek) citizens.

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

No specific types and level determinable for this activity, but the unit will assist low-income Muscogee (Creek) families.

**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.

Served 5 low-income households during the 12 month program year. Paid utilities and sanitized and cleaned the apartment. Furniture and household goods were purchased for one rental unit during the previous 12 months to be utilized for isolation or quarantine to prevent the spread of COVID-19.

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

Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program
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20

APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year
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5

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

**8.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Preparation

COVID-19 Preparation - 1 - 8.1 Furniture, Household items, and utilities for rental units - Non-low income

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

Purchase furniture, household items, and provide utilities for two rental units to quarantine those who have been exposed, or tested positive for COVID-19. The furnished units will assist those in need of isolation or quarantine to prevent the spread of COVID-19 as recommended by the CDC.

**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.):

(26) Other COVID-19 Activities Authorized by Waivers or Alternate Requirements

**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.):

(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):

Provide assistance to non-low income Native American families affected by COVID-19 who require isolation or quarantine living quarters for the spread of COVID-19.

**8.5 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.):

Provide assistance to non-low income Native American families affected by COVID-19 who require isolation or quarantine living quarters for the spread of COVID-19.

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

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

Non-low income Native American families with preference given to Muscogee (Creek) citizens.

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

No specific types and level determinable for this activity, but the units will assist non-low income Muscogee (Creek) families.

**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 one non-low income family that was exposed to COVID-19. Provided utilities and cleaning and disinfecting products for sanitizing.



**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

10

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

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

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

1

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

[Redacted area]

**9.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 6 - 9.1 Rental Subsidy Program

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

Provide a rental subsidy program for participants to temporarily assist them in obtaining affordable housing. The rental subsidy program will address the current waiting list, homelessness, substandard housing, and alleviate over-crowding to prevent risk or COVID-19.

**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.):

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

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

(6) Assist affordable housing for low income households

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

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

(6) Assist affordable housing for low income households

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

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

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

Low-income Native Americans with preference given to Muscogee (Creek) citizens.

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

Assistance will be provided to participant up to fair market rent with participants contribution of a minimum of \$50.00.

**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.

Assisted 75 applicants with rental subsidy which addressed the current waiting list, homelessness, substandard housing and alleviate over-crowding to prevent the risk of COVID-19. Rent is costly within the MCN reservation. The program exceeded the planned number of households to be served.

**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

50

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

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

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

75

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

NA

**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		\$11,054,813	\$11,054,813	\$11,054,813	\$0	\$11,020,693	\$0	\$11,020,693	\$4,124,274	\$6,896,419	\$0



TOTAL	\$0	\$11,054,813	\$11,054,813	\$11,054,813	\$0	\$11,020,693	\$4,124,274	\$6,896,419	\$0
TOTAL Columns C & H, 2 through 10	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**Notes:**

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

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

PROGRAM NAME	IHP			APR			Total funds expended in 12-month program year (O+P)
	(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		
COVID-19 Prevention - 1 - 1.1 Rental Rehab (Sunrise Trail)	\$3,000,000	\$3,000,000	\$3,000,000	\$1,391,374	\$1,391,374	\$1,391,374	
COVID-19 Prevention - 2 - 2.1 New Construction of Alternative Housing	\$2,094,813	\$2,094,813	\$2,094,813	\$658,973	\$658,973	\$658,973	
COVID-19 Prevention - 3 - 3.1 Environmental Services	\$50,000	\$50,000	\$50,000	\$0	\$0	\$0	

COVID-19 Prevention - 4 - 4.1 Rental Purchase	\$4,500,000	\$4,500,000	\$1,611,208	\$1,611,208
COVID-19 Respond - 1 - 5.1 Temporary Shelter Emergency Assistance - Low-income	\$170,000	\$170,000	\$0	\$0
COVID-19 Respond - 2 - 6.1 Temporary Shelter Emergency Assistance - Non-low income	\$130,000	\$130,000	\$0	\$0
COVID-19 Prevention - 5 - 7.1 Furniture, Household items, and utilities for Rental Units - Low-income	\$15,000	\$15,000	\$1,590	\$1,590
COVID-19 Preparation - 1 - 8.1 Furniture, Household items, and utilities for rental units - Non-low income	\$15,000	\$15,000	\$1,590	\$1,590
COVID-19 Prevention - 6 - 9.1 Rental Subsidy Program	\$1,080,000	\$1,080,000	\$459,540	\$459,540
Planning and Administration		\$0		\$0
<b>TOTAL</b>	\$11,054,813	\$11,054,813	\$4,124,274	\$4,124,274

**Notes:**

- Total of Column L cannot exceed the IHBG funds from Column C, Row 1 from the Sources of Funding table in Line 1 above.
- Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Sources of Funding table in Line 1 above.
- 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.**
- Total of Column P cannot exceed total of Column H, Rows 2-10 of the Sources of Funding table in Line 1 above.**
- 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):

NA

**(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.):

NA

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

## SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

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

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

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

## SECTION 12: AUDITS

24 CFR § 1000.544

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

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

Yes  No

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

If No, an audit is not required.