

SECTION 1: COVER PAGE

(1) Grant Number: 20BV4007240

(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:

David Hill

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(12) Mailing Address:

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(13) City:

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74447

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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):

03/03/2021

(22) IHBG-CARES Amount:


\$4,975,248

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 Install Drop Boxes

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

Install drop boxes that will be utilized for payments and correspondence for all activities in the Housing Department to help prevent personal contact. Boxes will be installed at the five rental apartments and other housing departments within the housing building.

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.):

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

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.):

(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):

Will assist residents, staff, and visitors impacted by COVID-19 by preventing personal contact.

1.5 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.):

Assist residents, staff, and visitors impacted by COVID-19 by preventing personal contact.

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

Current residents, staff, and visitors that need housing assistance can utilize the drop box for payments and correspondence.

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

Will provide housing assistance by utilizing the drop box by preventing personal contact.

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.

Drop boxes were installed at the five (5) MCN rental properties and the MCN Housing building. The drop boxes are utilized everyday through out the year by clients, participants, and homeowners.

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 |
|---|---|---|
| | 3000 | |
| 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 |
| | 1500 | |

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

The drop boxes are utilized everyday through out the year to prevent personal contact. Pay by phone and an on-line payment has been set up on the MCN Housing web page for the tenants and home buyers to utilize. Therefore, the

drop boxes were not used by tenants and homeowners that prefer to pay by phone or on-line. This activity has exceeded the planned households served and is now complete.

2.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 1 - 2.1 Renovation of Rental Property and Housing Building

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

Will renovate the offices for rental property in Okmulgee, Okemah, and Eufaula, and the housing building with barriers and sneeze guards to respond to COVID-19 by eliminating direct contact to be utilized by residents, non-residents, and staff.

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.):

(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):

Assist residents, non-residents, and staff with protection from direct contact.

2.5 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):

Assist residents, non-residents, and staff with protection from direct contact.

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 Indian Households, non-residents, and staff.

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

Assistance is to provide low-income households and staff protection by practicing social distancing.

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.

All barriers and sneeze guards have been installed. A half wall was constructed for the main lobby of the housing building to control the visitors coming into the offices. This will help with over crowding in the offices to prevent the spread of COVID-19. This activity is complete.

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

4000

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

2000

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

Over the years and this past year, we have served the 4,000 households. This activity is complete.

Program Descriptions

3.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Preparation

COVID-19 Preparation - 1 - 3.1 Procurement of computers and related supplies.

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

Purchasing computers, hot spot boosters, and related supplies to allow housing staff to telework from home.

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):

Purchasing of computers and related supplies will allow required staff to telework.

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.):

Purchasing computers and related supplies that allow required staff to telework at home.

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

Staff will be able to continue assisting low-income households with housing activities.

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

Staff will continue to assist low-income households.

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.

Have completed the installation of the Housing Data System Doorways software. Assistance to the low-income households still continues by using computers purchased to telework at home and by home visits and receiving information by telephone or email.

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

2000

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

1900

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

The installation for the HDS Doorways software for the housing department has been completed. Working with Doorways on minor issues with the system. This activity is complete.

Program Descriptions

4.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 2 - 4.1 Procurement of Personal Protective Equipment (PPE) and cleaning supplies.

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

Procurement of PPE and cleaning supplies to be utilized by the residents, staff, and operations.

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.):

(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):

Procurement of PPE and cleaning supplies to prevent the spread of COVID-19.

4.5 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.):

Procurement of PPE and cleaning supplies to prevent the spread of COVID-19.

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

Current residents, participant, and staff that utilize the housing activities.

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

Products purchased will be to the extent possible for cleaning and sanitizing the housing facilities.

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.

Personal protective equipment and supplies was purchased to assist with sanitizing the rental units and MCN Housing building.

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 |
|---|---|---|

1000

| | | |
|--|--|--|
| 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 |
|--|--|--|

1200

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

This is an on-going project with PPE materials and supplies purchased and provided to rental tenants, housing residents, and staff. The buildings are open to citizens. They are cleaned and sanitized through out the week.

Program Descriptions

5.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2 - 5.1 Rental Acquisition

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

Procurement of rental property to address overcrowding by providing rental units to minimize the risk of community spread 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.):

(3) Acquisition 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.):

(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 rental units for low-income participants to prevent 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):

Acquisition rental property to assist overcrowded low-income participants to prevent 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 participants with Muscogee (Creek) preference.

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

Families on the waiting list that are in an overcrowded situation to help minimize the risk of community spread of COVID-19.

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.

Acquisition rental property in Okmulgee and Coweta to assist fifty-six (56) overcrowded low-income participants to minimize the risk of community spread of COVID-19. This activity is complete.

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 |
|---|---|---|

18

| | | |
|--|--|--|
| 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 |
|--|--|--|

56

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

NA

6.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 3 - 6.1 Construction of Housing Annex and Payment Center.

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

Will construct a building for an office for the staff of the Elder's Rental units with a drive up payment window for collection of payments for homeownership and rental units to prevent the spread 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):

Construction of a building with offices and a drive up payment window.

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):

Construction of a building with offices and a drive up payment window.

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

Homeowners and residents of low-income households.

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

Social distancing by eliminating direct contact to prevent the spread of COVID-19 for residents and staff.

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.

The request for proposal was written and advertised for bids. After bids were received, the contract was awarded. The Notice to Proceed was issued in July. By the end of September the design was at 90% complete.

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

3000

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

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

There was no construction started by the end of September 2023. The construction will begin and be completed this coming year. The steps from the request for proposal written and to Notice to proceed and the design of building is timely.

Program Descriptions

7.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 3 - 7.1 Rental Assistance/Social Service

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

Provide rental assistance, emergency housing, utilities, and deposits to eligible families due to loss of jobs and/or stay at home requirements relating COVID-19. Payments will be made to property owners/landlords, utility companies, and hotel/motel for eligible families that are not part of the current traditional NAHASDA program.

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.):

(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):

Assist low-income Native American clients to stay in or move into affordable housing to minimize 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):

Assist low-income Native American clients to stay in or move into affordable housing to minimize 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 that need safe shelter to minimize the spread of COVID-19.

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

Assistance to low-income households that are impacted by the COVID-19. Specific amounts and level of assistance will vary by family for this activity.

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.

Assisted 36 low-income Native Americans with safe affordable housing and utilities to minimize the spread of COVID-19.

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 |
|---|---|---|

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 |
|--|--|--|

36

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

The U.S. Treasury funding for Emergency Rental Assistance Program was utilized more frequently. Currently, the Social Services program is assisting clients with rental assistance and utilities utilizing the IHBG-CARES funding. The program will exhaust funding for this activity this coming fiscal year.

Program Descriptions

8.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 4 - 8.1 Mortgage Payment Assistance/Social Service

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

Provide immediate financial relief to occupants who are impacted by COVID-19 stay at home requirements and loss of jobs. Assistance for mortgage payments and utilities are to prevent foreclosure for eligible families to minimize the risk of community spread of COVID-19. Payments will be made to mortgage lenders for eligible families that are not part of the current traditional NAHASDA program.

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.):

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

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):

Assist low-income Native American clients with mortgage payments and utilities to prevent foreclosure due to loss of job relating to 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.):

Assist low-income Native American clients with mortgage payments and utilities to prevent foreclosure due to lost of job relating to 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

Low-income Native Americans eligible families that are impacted by COVID-19.

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

Assistance to low-income households that are impacted by COVID-19. Specific amounts and level of assistance will vary by family situation for this activity.

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 11 households that were impacted by COVID-19 with mortgage payments and utilities to prevent foreclosure during this current program year.

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 |
|---|---|---|

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 |
|--|--|--|

11

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

Native American families applied for U.S. Treasury funding to assist with mortgage assistance. Currently, the IHBG-CARES funding assisted 11 households. The funding will be exhausted for this program this coming year.

9.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 4 - 9.1 Administrative functions to prevent, prepare for and respond to COVID-19.

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

To cover cost of paying staff salaries who must shelter in place or prohibited from interacting with other employees, residents, and the public due to 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.):

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

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.):

(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):

To prevent, prepare for and respond to COVID-19.

9.5 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):

To prevent, prepare for and respond to COVID-19.

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

Employees will be assisted by eliminating direct contact to low income households, residents, and the public to prevent the spread of COVID-19.

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

Employees that may have to shelter in place or eliminate direct contact shall be provided a salary.

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 nine(9) employees in the previous years. Therefore, this activity did eliminate direct contact and all employees are back at work. This activity is complete.

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

9

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

9

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 | \$0 | \$4,975,248 | \$4,975,248 | \$4,975,248 | \$0 | \$1,320,135 | \$0 | \$1,320,135 | \$157,227 | \$1,162,908 | \$0 |

| | | | | | | | | | | |
|-----------------------------------|-----|-------------|-------------|-----|-------------|-----|-------------|-----------|-------------|-----|
| TOTAL | \$0 | \$4,975,248 | \$4,975,248 | \$0 | \$1,320,135 | \$0 | \$1,320,135 | \$157,227 | \$1,162,908 | \$0 |
| TOTAL Columns C & H, 2 through 10 | | | \$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 | | | (Q) |
|---|--|---|---|---|---|---|-----|
| | (L) | (M) | (N) | (O) | (P) | (Q) | |
| | Prior and current year IHBG CARES (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 CARES (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) | |
| COVID-19 Prevention - 1 - 1.1 Install Drop Boxes | \$25,000 | \$25,000 | \$25,000 | | | \$0 | |
| COVID-19 Respond - 1 - 2.1 Renovation of Rental Property and Housing Building | \$13,000 | \$13,000 | \$13,000 | | | \$0 | |
| COVID-19 Preparation - 1 - 3.1 Procurement of computers and related supplies. | \$61,690 | \$61,690 | \$61,690 | \$15,600 | | \$15,600 | |

| | | | |
|--|--------------------|------------|------------------|
| COVID-19 Prevention - 2 - 4.1 Procurement of Personal Protective Equipment (PPE) and cleaning supplies. | \$201,645 | \$57,193 | \$57,193 |
| COVID-19 Respond - 2 - 5.1 Rental Acquisition | \$3,322,248 | \$0 | \$0 |
| COVID-19 Prevention - 3 - 6.1 Construction of Housing Annex and Payment Center. | \$1,046,536 | \$14,900 | \$14,900 |
| COVID-19 Respond - 3 - 7.1 Rental Assistance/ Social Service | \$147,995 | \$41,255 | \$41,255 |
| COVID-19 Respond - 4 - 8.1 Mortgage Payment Assistance/Social Service | \$100,000 | \$28,280 | \$28,280 |
| COVID-19 Prevention - 4 - 9.1 Administrative functions to prevent, prepare for and respond to COVID-19. | \$57,134 | \$0 | \$0 |
| Planning and Administration | \$0 | \$0 | \$0 |
| TOTAL | \$4,975,248 | \$0 | \$157,227 |

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):

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 100.328, 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: | NA |
| (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.