

Section 1: Cover Page

- (1) Grant Number: 55IT4005780
- (2) Recipient Program Year: 10-1-2023 - 9-30-2024
- (3) Federal Fiscal Year: 2024
- (4) ☐ Initial Plan (Complete this Section then proceed to Section 2)
- (5) ☐ Amended Plan (Complete this Section and Section 8 if applicable)
- (6) ☒ Annual Performance Report (Complete items 27-30 and proceed to Section 3)
- (7) ☒ Tribe
- (8) ☐ TDHE
- (9) **Name of Recipient:** Cherokee Nation
- (10) **Contact Person:** Jerri A. Killer
- (11) **Telephone Number with Area Code** (999) 999-9999: 918-456-5482
- (12) **Mailing Address:** 1500 Hensley Drive
- (13) **City:** Tahlequah
- (14) **State:** OK
- (15) **Zip Code** (99999 or 99999-9999): 74464
- (16) **Fax Number with Area Code** (999) 999-9999: 918-458-5018
- (17) **Email Address** jerri.killer@hacn.org
- (18) **If TDHE, List Tribes Below:**
- (19) **Tax Identification Number:** 730757033
- (20) **UEI Number:** TBAHL1WANLF3
- (21) **CCR/SAM Expiration Date** (MM/DD/YYYY): 01/07/2025
- (22) **IHBG Fiscal Year Formula Amount:** \$37,119,015
- (23) **Name of Authorized IHP Submitter:** Jerri A. Killer
- (24) **Title of Authorized IHP Submitter:** Senior Deputy Executive Director
- (25) **Signature of Authorized IHP Submitter:**
- (26) **IHP Submission Date** (MM/DD/YYYY): 09/09/2024
- (27) **Name of Authorized APR Submitter:** Jerri Ann Killer
- (28) **Title of Authorized APR Submitter:** Senior Deputy Executive Director
- (29) **Signature of Authorized APR Submitter:**
- (30) **APR Submission Date** (MM/DD/YYYY):

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

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

ONE YEAR PLAN ANNUAL PERFORMANCE REPORT

Section 2: Housing Needs

NAHASDA § 102(b)(2)(B)

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

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

(2) Other Needs. (Describe the “Other” needs below. Note: this text is optional for all needs except “Other.”):
N/A

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

The Cherokee Nation offers a wide range of housing assistance and services. Families demonstrating the ability to become homebuyers are provided mortgage assistance and homebuyer counseling. Rental assistance, rental apartments, and homeless assistance target lower income families. The Rehab program addresses overcrowding, substandard units, and handicap needs. The Housing Authority also offers assistance to homeless veterans through the HUD-VASH Program.

(4) Geographic Distribution. Describe below how the assistance will be distributed throughout the geographic area and how this geographic distribution is consistent with the needs of low income families. *NAHASDA § 102(b)(2)(B)(i)*:

All programs are made available to citizens throughout the Cherokee Nation reservation. Participants are selected from waiting list according to the time and date of their application.

Section 3: Program Descriptions

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

Planning and Reporting Program Year Activities

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

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

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

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

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

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

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

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

Eligible Activity	Output Measure	Output Completion
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit
(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed
(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA- Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection

Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding table only)
(25) Reserve Accounts [202(9)]	N/A	N/A

Outcome May Include

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

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

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

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

APR: REPORTING ON PROGRAM YEAR PROGRESS

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

1.1. Program Name and Unique Identifier: **3552800:HUD-VASH Supportive Housing**

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

Provide rental assistance for qualifying Native American veterans

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.):*

(17) Tenant Based Rental Assistance [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.):*

(5) Address homelessness

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.):*

(5) Address homelessness

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

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

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

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

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

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 continues to serve Native American veterans who are homeless or at the risk of becoming homeless. The program provided monthly rental subsidy to qualifying families and ensured that the participants rent does not exceed 30% of their monthly adjusted income.

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

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 20	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 18	APR: Actual Number of Acres Purchased in Program Year: 0

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

Housing Authority of the Cherokee Nation has little control over the utilization of this program, as we are only able to provide financial assistance to the individuals referred to HACN by the Veterans Administration. Limited referrals from the VA have resulted in the underutilization of the program.

1.1. Program Name and Unique Identifier: 3564007:Construct Rental Housing - Mige Glory

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

Construct 7 rental units at the Mige Glory Addition in Tahlequah, OK utilizing program income. This is in partnership with the Department of Defense's Innovative Readiness Program. Members from various branches of the military will provide the labor to construct these homes.

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.):*

(4) Construction 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.):*

(7) Create new affordable rental 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.):*

(7) Create new affordable rental units

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

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

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

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

Provide rental units for qualifying veterans, with payments based on income.

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.):*

Program provided rental units for qualifying veterans.

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

Planned Number of Units to be Completed in Year Under this Program: 7	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 7	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 3564025:Operating New Construction Program

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

Utilize program income for operation of the new construction program. In addition, utilize homebuyer payments in new construction to pay bank notes. This is basically a pass through of program income as we are subsidizing new construction units with either program income or IHBG funds.

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.):*

(15) Other Homebuyer Assistance Activities [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.):*

(2) Assist renters to become homeowners

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.):*

(2) Assist renters to become homeowners

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

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

Native American families whose income exceeds 80% of the national median.

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

Operating expenses such as salaries and overhead for the new construction department. Collect homebuyer payments and pay our monthly payments to the lender.

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.):*

We will continue to utilize the program income for operation costs of the new construction program, along with utilizing homebuyer payments in new construction to pay bank notes.

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

Planned Number of Units to be Completed in Year Under this Program: 820	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 3564029:Mortgage Assistance Program for Non-Low Income Families

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

Provide down payment and closing costs for families with incomes at 80-100% of the national median and families over 100% of median, with HUD approval.

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.):*

(13) Down Payment/Closing Cost Assistance [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.):*

(2) Assist renters to become homeowners

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.):*

(2) Assist renters to become homeowners

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

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

Families who were low income at the time they entered the MAP program, but after the self-sufficiency counseling period had income that exceeded 80% of the national median.

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

MAP provides up to \$20,000 in down payment and closing costs. This activity will use program income to cover the amounts that are not allowable under 24 CFR 1000.110(d)(2) when a family is not low income at the time assistance is provided to ensure they receive the full benefit.

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.):*

Program will continue to provide up to \$20,000 in down payment and closing costs. This particular program uses program income to cover the amounts that are not allowable when a family is not low income at time assistance is provided.

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

Planned Number of Units to be Completed in Year Under this Program: 5	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 10	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 3564030:Minor Emergency Repair

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

Providing housing assistance and handicap accessibility in emergency situations when IHBG funding cannot be used for various reasons.

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.):*

(16) Rehabilitation Assistance to Existing Homeowners [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.):*

(9) Provide accessibility for disabled/elderly persons

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.):*

(9) Provide accessibility for disabled/elderly persons

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

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

Low income Cherokee families facing emergency situations, such as no water, heat, or electricity; handicap ramps or accessibility; those who do not qualify for assistance under IHBG programs.

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

Assistance will not exceed \$20,000 in accordance with our minor repair policy.

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.):*

Program will continue to serve low-income Cherokee families that do not qualify for assistance under IHBG programs that are facing emergency situations.

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

Planned Number of Units to be Completed in Year Under this Program: 38	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 17	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

Due to supply and demand, necessary materials to complete emergencies were delayed or out of stock. Difficulty finding contractors that will do the work.

1.1. Program Name and Unique Identifier: 3564043:Tribal Emergency Program

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

Using the Cherokee Nation's IHBG program income to address elder tribal emergencies, driveway repairs, storm shelters, and weatherization. The program may also assist families that do not qualify for other HACN programs.

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.):*

(16) Rehabilitation Assistance to Existing Homeowners [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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

This program serves elderly, disabled, handicapped, and income eligible Cherokee families to keep the home accessible and in decent, safe, and sanitary condition.

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

Assistance will vary but will not exceed our minor repair limit of \$20,000.

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.):*

Program will continue to serve elderly, disabled, handicapped and income eligible Cherokee families to keep their home accessible and in decent, safe, and sanitary condition.

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

Planned Number of Units to be Completed in Year Under this Program: 50	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 31	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

Due to the utilization of the American Rescue Plan Act funding, HACN did not need to access all of the funding that was budgeted for the program.

1.1. Program Name and Unique Identifier: 3564058:Home Energy Audits/Indoor Air Quality Assessments

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

The program works to improve the overall health of the indoor environment by assessing indoor air quality, lead-based paint, radon, asbestos, and weatherization. Assessments are performed in the home along with education and recommendations for the homeowner/requesting party.

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.):*

(10) Improve energy efficiency

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.):*

(10) Improve energy efficiency

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

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

Native American families with incomes at or below 80% of the national median income that reside within the reservation boundary.

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

Conduct energy audits and perform indoor air quality assessments. Upon completing these tasks, a report with the findings and recommendations on how to address any issues will be completed and forwarded to the participant. If warranted, a follow-up inspection can be performed to determine the effectiveness of the participants actions.

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.):*

Program will continue conducting energy audits and perform indoor air quality assessments.

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

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 150	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 247	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 3566000:Low Rent Modernization

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

Modernization and repair of Low Rent Units

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

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

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

(3) Improve quality of substandard units

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

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

(3) Improve quality of substandard units

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

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

Native American Families with incomes at or below 80% of the National Median Income.

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

Perform modernization or repairs to 1937 Act Low Rent units, as needed, to ensure properties remain in good condition.

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.):*

Program will continue performing modernization or repairs to 1937 Act Low rent units, as needed, to ensure their viability into the future.

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

Planned Number of Units to be Completed in Year Under this Program: 200	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 223	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 3566001:Homeownership Modernization

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

Modernize Mutual-Help units under the Housing Authority of Cherokee Nation's management.

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

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

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

(3) Improve quality of substandard units

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

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

(3) Improve quality of substandard units

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

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

Mutual-Help tenants

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

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

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.):*

Program will continue performing minor or substantial rehab to ensure the units are decent, safe and sanitary.

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

Planned Number of Units to be Completed in Year Under this Program: 35	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 11	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

Utilization of the American Rescue Plan Act funding, HACN did not need to access all of the funding that was budgeted for this program.

1.1. Program Name and Unique Identifier: 3566003:Low Rent Operations

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

Operation of the 1937 Act Low Rent Program

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.):*

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

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

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

Native American families with incomes at or below 80% of the National Median Income.

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

Expenses associated with operation and maintenance of the Low Rent program

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 Low Rent program will continue to utilize these expenses for the operation and maintenance of the program.

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

Planned Number of Units to be Completed in Year Under this Program: 944	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 1079	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 3566005:Rent to Own Modernization

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

Modernization or renovation of homeownership units in HACN rent to own programs

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

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

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

Expenses related to the cost of modernization and rehabilitation of homes in HACN's rent to own housing programs.

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 Rent to Own Modernization program will continue to utilize these funds for the cost of modernization and rehabilitation of homes within the Housing Authority of the Cherokee Nation housing programs.

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

Planned Number of Units to be Completed in Year Under this Program: 10	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

Utilization of the American Rescue Plan Act funding to provide modernization and rehabilitation to additional lease to own tenants.

1.1. Program Name and Unique Identifier: 3566007:Construct Rental Housing - Birdtail

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

Rebuilding of 16 Low Rents on Birdtail Addition (45-02). Demolition completed in 2021 program year. Infrastructure will also be part of this project.

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.):*

(4) Construction 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.):*

(7) Create new affordable rental 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.):*

(7) Create new affordable rental units

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

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

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

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

New rental units will be constructed on the Birdtail project site; original units have been demolished. Housing Authority of the Cherokee Nation requested a one-year extension, which was granted.

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.):*

Groundbreaking was completed in November of 2022. Construction was completed in FY23.

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

Planned Number of Units to be Completed in Year Under this Program: 16	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 16	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 3566021:Homeownership Replacement Home Program

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

Replace privately owned homes when rehab is not a viable option

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.):*

(16) Rehabilitation Assistance to Existing Homeowners [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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

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

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

Replace privately owned homes that cannot be brought back up to standards through the rehab program. The cost is based on the size of the home, and current construction costs.

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.):*

Three privately owned homes were replaced due to rehabilitation of the homes was not feasible.

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

Planned Number of Units to be Completed in Year Under this Program: 5	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 3	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

Due to lack of contractors with our jurisdiction and shortage of materials, the replacement home program was not able to meet its goal. Other homes are under construction but not yet completed.

1.1. Program Name and Unique Identifier: 3566024:New Construction for Low-Income Families

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

To utilize the Indian Housing Block Grant (IHBG) and program income for development and construction costs for families at or below 80% of the national median.

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.):*

(11) New Construction of Homebuyer Units [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.):*

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

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

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

Provide new construction homeownership units to Native American families with incomes at or below 80% of the national median income.

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.):*

This program will continue to provide approximately \$30,000 per family to cover the difference between the HUD Section 184 loan amount and the actual construction costs.

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

Planned Number of Units to be Completed in Year Under this Program: 5	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: 12	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

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

1.1. Program Name and Unique Identifier: 3566026:New Construction Rental Subsidy

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

Provide monthly rental subsidy for rent to own units in West Siloam, AR, Roland, OK, and Vian, OK.

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.):*

(15) Other Homebuyer Assistance Activities [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.):*

(1) Reduce over-crowding

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.):*

(1) Reduce over-crowding

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

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

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

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

Cherokee Nation Businesses built 82 rent to own (homeownership) projects and sold them to the HACN a few years back. To cover the actual construction cost, we have had to charge higher rents for these units than for any of our other homebuyer programs. Given the higher monthly payment, it is difficult to keep these units occupied. HACN will provide a monthly rental subsidy, similar to project based rental assistance, to make these homes more affordable for our qualifying low income families.

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.):*

Housing Authority of the Cherokee Nation will provide a monthly rental subsidy, similar to project based rental assistance, to make these homes more affordable for our qualifying low-income families.

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

Planned Number of Units to be Completed in Year Under this Program: 82	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 58	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

Subsidy is provided to residents of HACN properties that are at or below 80% of NMI in select housing additions. Less than anticipated household met income guidelines during this program year.

1.1. Program Name and Unique Identifier: 3566029:Mortgage Assistance/Self Sufficiency Solutions

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

The Self-sufficiency counseling program tied to homeownership sustainability. Households work with a coach for a period of six to sixty months to identify and overcome barriers to sustainable homeownership and attainment of non-predatory mortgage. Financial assistance is provided to eligible participants for down payment and closing costs.

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.):*

(13) Down Payment/Closing Cost Assistance [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.):*

(2) Assist renters to become homeowners

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.):*

(2) Assist renters to become homeowners

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

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

* Households whose income at the time of application is at or below 80% of the NMI as established by NAHASDA* Households whose income is between 80.01% and 100% NMI and who actively participated in self sufficiency counseling at least 61 months may be eligible for a prorated amount of financial assistance.* Households located within Cherokee Nation's jurisdictional boundaries* Households wherein the property is used as the primary residence for the family.* Households wherein the owner of the property is a member of a federally recognized tribe with Cherokee citizens receiving preference.* First time home buyers.

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

Households receive up to \$25,000 to be used toward the down payment and closing costs of their primary residence.

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.):*

Households will continue to receive up to \$20,000 to be used toward the down payment and closing costs of their primary residence.

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

Planned Number of Units to be Completed in Year Under this Program: 125	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 84	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

84 households received mortgage assistance. With elevated home prices and escalating interest rates, it is difficult for low-income families to find and purchase housing.

1.1. Program Name and Unique Identifier: 3566044:Homeownership Rehab

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

Rehabilitate or repair homes privately owned by tribal members

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.):*

(16) Rehabilitation Assistance to Existing Homeowners [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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

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

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

Rehab assistance at an average of \$20,000 for minor repairs and major repairs not to exceed \$50,000.

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 Homeownership Rehab program will continue to rehabilitate or repair homes owned by tribal members.

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

Planned Number of Units to be Completed in Year Under this Program: 200	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 145	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

Other funding sources such as the American Rescue Plan Act (ARPA) was utilized to rehabilitate and repair homes.

1.1. Program Name and Unique Identifier: 3566048:Youth Resident Services

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

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

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.):*

(11) Reduction in crime reports

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.):*

(11) Reduction in crime reports

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

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

NAHASDA eligible youth within the Cherokee Nation reservation.

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

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

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.):*

Housing Authority of the Cherokee Nation will continue focusing on youth programs in FY25.

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

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 500	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 198	APR: Actual Number of Acres Purchased in Program Year: 0

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

Several factors throughout this program year have resulted in numbers being below the planned number. Program staff moved office locations, so there were a couple of weeks that they could not hold events. Some of our community rooms have been under renovations throughout the year so events were not held in certain areas.

1.1. Program Name and Unique Identifier: 3566049:Commerce

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

Work with low-income individuals to offer financial coaching and foreclosure prevention counseling for a period of 6 to 60 months to identify and overcome obstacles associated with family self-sufficiency, attainment of a non-predatory mortgage and the sustainability of a mortgage (including foreclosure prevention services). Financial assistance is provided to eligible participants for down payment and closing cost assistance at closing, post self-sufficiency counseling.

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.):*

(15) Other Homebuyer Assistance Activities [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.):*

(2) Assist renters to become homeowners

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.):*

(2) Assist renters to become homeowners

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

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

Households whose income at the time of application is at or below 80% of the NMI as established by NAHASDA. Households whose income is between 80.01% and 100% NMI may be eligible for a prorated amount of financial assistance. Households located within Cherokee Nations reservation. Households wherein the property is used as the primary residence for the family. Households wherein the owner of the property is a member of a federally recognized tribe with Cherokee citizens receiving preference. First time home buyers

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

Households receive up to \$20,000 to be used toward the down payment and closing costs of their primary residence if they are Mortgage Assistance Program eligible and/ or we will assist buyers with lending capital to keep them out of foreclosure. We also have a full-time financial coach that will work with clients to help understand financial stability and sustainability.

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 Commerce program households will continue to receive financial coaching and foreclosure prevention counseling for a period of 6 to 60 months. They will also provide up to \$20,000 to be used toward the down payment and closing costs of their primary residence.

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

Planned Number of Units to be Completed in Year Under this Program: 150	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 175	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 3566051:Career Literacy Resident Services

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

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

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.):*

(2) Assist renters to become homeowners

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.):*

(2) Assist renters to become homeowners

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

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

Any citizen, low-income household within the reservation who are in need of assistance with GED/SHE, basic skills, vocational training, or other employment activities.

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

Service is individualized according to specific client needs. Currently there are 330 residents receiving GED services. The Department has seen 42 GED graduates this year move on to successful employment opportunities.

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.):*

Career Serves / Adult Education served 488 students with GED/HSE services with 77 graduates for FY24. All Cherokee citizens residing with the Cherokee Reservation who is in need of assistance with GED/HSA, basic career skills, vocational Training, or other employment activities are served.

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

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 350	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 488	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 3566056:Adult Resident Services

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

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

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

(11) Reduction in crime reports

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.):*

(11) Reduction in crime reports

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

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

Adult residents of Housing Authority properties.

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

Staff will involve residents with cultural and educational activities and provide information about programs and services available to residents.

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.):*

Program will continue to involve adult residents with cultural and educational activities and provide information about programs and services available to residents.

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

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 750	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 698	APR: Actual Number of Acres Purchased in Program Year: 0

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

Several factors throughout this program year have resulted in numbers being below the planned number. Program staff moved office locations, so there were a couple of weeks that they could not hold events. Some of our community rooms have been under renovations throughout the year so events were not held in certain areas. Weather always plays a factor if adult residents show up for events.

1.1. Program Name and Unique Identifier: 3566060:Transitional Housing

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

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

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

(5) Address homelessness

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.):*

(5) Address homelessness

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

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

Native American families with incomes that fall within the 60% of poverty level.

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

Recipients will receive up to \$1500 with additional approval to assist with rent, utilities, or any other expenses to keep them from being or becoming homeless.

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 Transitional Housing program will continue to assist Native American families with rent/utility deposits and rental or mortgage payments to prevent homelessness.

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

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 1048	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 1462	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 3566063:Financial Assistance Resident Services

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

Emergency financial assistance to homeless families and also housing residents to prevent them from being evicted.

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.):*

(5) Address homelessness

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.):*

(5) Address homelessness

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

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

Eligible NAHASDA assisted housing residents.

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

Recipients will receive up to \$1,500 with additional approval to assist with rent, utilities, or other expenses to keep them from being or becoming homeless.

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 Financial Assistance for Resident Services program will continue to provide rental payments, along with rent and utility deposits to prevent homelessness for persons in low-rent or other assisted housing.

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

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 375	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 284	APR: Actual Number of Acres Purchased in Program Year: 0

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

The number of planned households within the Financial Assistance Resident Services program was based on an average dollar amount of assistance we anticipated per household. Due to increasing costs of living the assistance requested per household was more than the average amount that was planned for.

1.1. Program Name and Unique Identifier: 3566066:Families First Resident Services

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

Provides household supplies to families who live in low rent subsidized housing who are involved in the child welfare system to prevent children from being removed from their homes and/or to assist in assuring reunification efforts are successful. Provide case management and hands-on training to maintain safe, healthy housing.

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.):*

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

Eligible families currently residing in assisted housing.

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

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

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.):*

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

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

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 55	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 72	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 3566069:Individual Development Accounts/ iSave

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

iSave is a matched savings program for low to moderate income households used to incentivize savings and building equity in the participant's primary residence. Matching funds may only be used on a home owned by the participant or leased from the Housing Authority of Cherokee Nation. Funds are disbursed for projects after the participant has saved their own money for at least six months and participated in financial education. Matching funds may be used for projects that increase the value of the primary residence.

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.):*

(15) Other Homebuyer Assistance Activities [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.):*

(4) Improve quality of existing infrastructure

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.):*

(4) Improve quality of existing infrastructure

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

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

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

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

Households receive up to \$3 for every \$1 saved up to \$1,000 in savings for a maximum of \$3,000 in matching funds to be used for home improvements.

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.):*

With the Individual Development Accounts/iSave program households will continue to receive up to \$3.00 for every \$1.00 saved up to \$1,000 in savings, and up to \$3,000 in matching funds.

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

Planned Number of Units to be Completed in Year Under this Program: 55	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 16	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

There are currently 61 citizens on the iSave program. Some of them are not ready to use their funds, due to not having enough savings as of yet. Communication efforts explaining this program will be more forth coming in FY25, as it realized that not a lot of citizens are aware that this program exists.

1.1. Program Name and Unique Identifier: 3566075:Housing Management of Cherokee Programs

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

Management of NAHASDA units and programs.

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

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

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

Operating costs related to providing assistance to HACN 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.):*

Program will continue to utilize funds for operating costs for assisting applicants, tenants, and homebuyers.

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

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 2847	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 8212	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 3566076:Rental Assistance

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

Provide rental assistance for qualifying families

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.):*

(17) Tenant Based Rental Assistance [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.):*

(5) Address homelessness

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.):*

(5) Address homelessness

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

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

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

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

Provide monthly rental subsidy to low income Native American families. Subsidy will not exceed fair market rents.

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.):*

Program will continue to provide monthly rental subsidy to low-income Native American families. Subsidy will not exceed fair market rents.

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

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 1471	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 2186	APR: Actual Number of Acres Purchased in Program Year: 0

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

1.1. Program Name and Unique Identifier: 3566099:ICDBG Matching Funds 2019

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

Provide matching funds for the Cherokee Nation 2019 ICDBG program. These combined funds will be used to remodel/expand the Head Start facility currently housed in the community building at our low rent project (45-16) in Pryor, OK.

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.):*

(22) Model Activities [202(6)]

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):*

Provide early childhood education for eligible children.

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

(2) Assist renters to become homeowners (5) Address homelessness

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

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

Families who qualify for assistance according to the Head Start program guidelines.

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

The Cherokee Nation (\$900,000) will construct a community building, which will house the Early Head Start program. The building will create more usable space for existing students and provide greater classroom capacity for new students. The project will include building a parking lot, a large storm shelter, a large kitchen, and a fence for the playground.

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.):*

ICDBG grant funds were utilized first during FY24. FY25 we will utilize matching funds.

No accomplishments for this project.

ICDBG Grant funds were utilized first during FY24. FY25 we will utilize matching funds.

No accomplishments for this project.

ICDBG grant funds were utilized first during FY24. FY25 we will utilize matching funds.

No accomplishments for this project.

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

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

n/a

n/a

n/a

n/a

1.1. Program Name and Unique Identifier: 3566099:ICDBG Matching Funds 2021

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

Provide matching funds for the Cherokee Nation 2021 ICDBG program.

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.):*

(22) Model Activities [202(6)]

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):*

These combined funds will be used to replace or install playground equipment at approximately 18 Low Rent Projects and to renovate approximately 13 community spaces on various Low Rent Projects.

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

(2) Assist renters to become homeowners (5) Address homelessness

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

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

Families residing on 1937 Act Low Rent Projects.

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 Cherokee Nation will propose to utilize ICDBG funds (\$1,000,000) along with \$333,334 in matching IHBG funds to complete these projects.

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.):*

ICDBG grant funds were utilized first during FY24. FY25 we will utilize matching funds.

No accomplishments for this project.

ICDBG Grant funds were utilized first during FY24. FY25 we will utilize matching funds.

No accomplishments for this project.

ICDBG grant funds were utilized first during FY24. FY25 we will utilize matching funds.

No accomplishments for this project.

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

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

n/a

n/a

n/a

n/a

1.1. Program Name and Unique Identifier: 3566099:IHBG Competitive Grant Match

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

Providing matching funds for the construction of 39 homeownership units.

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

(11) New Construction of Homebuyer Units [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.):*

(2) Assist renters to become homeowners

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.):*

(2) Assist renters to become homeowners (5) Address homelessness

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

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

Low-income Native American families who qualify for the program.

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 HACN pledged \$1,244,167 in IHBG funds as a match, along with donating land valued at \$422,500. The total for this activity will be \$6,666,667, including the \$5,000,000 competitive grant funds, which will be reported separately. All of the land value is shown in the 2022 IHP.

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.):*

ICDBG grant funds were utilized first during FY24. FY25 we will utilize matching funds.

No accomplishments for this project.

ICDBG Grant funds were utilized first during FY24. FY25 we will utilize matching funds.

No accomplishments for this project.

ICDBG grant funds were utilized first during FY24. FY25 we will utilize matching funds.

No accomplishments for this project.

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

Planned Number of Units to be Completed in Year Under this Program: 0	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

n/a

n/a

n/a

n/a

1.1. Program Name and Unique Identifier: 3566099:2023 ICDBG Matching Funds

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

HACN plans to partner with Green Country Habitat for Humanity on a housing construction project in North Tulsa, OK. The project is in the early planning stages, so work has not started on the site to date.

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.):*

(4) Construction 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.):*

(5) Address homelessness

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.):*

(2) Assist renters to become homeowners (5) Address homelessness

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

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

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

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

HACN will construct 10 rental or homebuyer units, which may include duplexes or 4-plexes. Cherokee Nation is applying for \$2m in ICDBG funds, which will be matched with \$360,000 in IHBG funding, to be administered by the HACN.

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.):*

ICDBG grant funds were utilized first during FY24. FY25 we will utilize matching funds.

No accomplishments for this project.

ICDBG Grant funds were utilized first during FY24. FY25 we will utilize matching funds.

No accomplishments for this project.

ICDBG grant funds were utilized first during FY24. FY25 we will utilize matching funds.

No accomplishments for this project.

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

Planned Number of Units to be Completed in Year Under this Program: 0	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: 0	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

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

n/a

n/a

n/a

n/a

Section 4: Maintaining 1937 Act Units, Demolition, and Disposition

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

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

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

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

n/a

Section 5: Budgets

NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP				
	(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)
1. IHBG Funds	\$44,322,578.98	\$30,000,000.00	\$74,322,578.98	\$39,476,732.00	\$34,845,846.98
2. IHBG Program Income	\$16,989,615.00	\$9,734,255.00	\$26,723,870.00	\$9,066,990.00	\$17,656,880.00
3. Title VI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Title VI Program Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. 1937 Act Operating Reserves	\$0.00		\$0.00	\$0.00	\$0.00
6. Carry Over 1937 Act Funds	\$0.00		\$0.00	\$0.00	\$0.00
7. ICDBG Funds	\$0.00	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	\$0.00
8. Other Federal Funds	\$1,065,350.00	\$194,405.00	\$1,259,755.00	\$1,065,350.00	\$194,405.00
9. LIHTC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. Non-Federal Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$62,377,543.98	\$41,928,660.00	\$104,306,203.98	\$51,609,072.00	\$52,697,131.98
TOTAL Columns C and H(2 through 10)			\$29,983,625.00		

SOURCE	APR					
	(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 to be expended during 12-month program year	(J) Actual unexpended funds remaining at end of program year (H-I)	(K) Actual unexpended funds obligated but not expended at end of 12- month program year
1. IHBG Funds	\$44,767,014.83	\$49,249,604.00	\$94,016,618.83	\$31,472,088.05	\$62,544,530.78	
2. IHBG Program Income	\$17,840,938.43	\$12,167,575.94	\$30,008,514.37	\$7,265,363.41	\$22,743,150.96	
3. Title VI			\$0.00		\$0.00	
4. Title VI Program Income			\$0.00		\$0.00	
5. 1937 Act Operating Reserves			\$0.00		\$0.00	
6. Carry Over 1937 Act Funds			\$0.00		\$0.00	
7. ICDBG Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
8. Other Federal Funds	\$578,151.97	\$496,574.05	\$1,074,726.02	\$158,904.71	\$915,821.31	
9. LIHTC			\$0.00		\$0.00	
10. Non-Federal Funds			\$0.00		\$0.00	
Total	\$63,186,105.23	\$61,913,753.99	\$125,099,859.22	\$38,896,356.17	\$86,203,503.05	
TOTAL Columns C and H(2 through 10)			\$31,083,240.39			

Notes:

- For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). **For the APR, fill in columns F, G, H, I, J, and K (shaded columns).**
- Total of Column D should match the total of Column N from the **Uses of Funding** table below.
- 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 **Uses of Funding table below.**

(2) Uses of Funding(*NAHASDA § 102(b)(2)(C)(ii)*) (Note that the budget should not exceed the total funds on hand (Column C) and insert as many rows as needed to include all the programs identified in Section 3.

Actual expenditures in the APR section are for the 12-month program year.)

PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)
3552800: HUD-VASH Supportive Housing	\$0.00	\$165,350.00	\$165,350.00	\$127,534.00		\$127,534.00
3564007: Construct Rental Housing - Mige Glory	\$0.00	\$550,000.00	\$550,000.00		\$533,936.33	\$533,936.33
3564025: Operating New Construction Program	\$0.00	\$5,400,000.00	\$5,400,000.00	\$0.00	\$5,150,040.20	\$5,150,040.20
3564029: Mortgage Assistance Program for Non-Low Income Families	\$0.00	\$250,000.00	\$250,000.00	\$0.00	\$225,000.00	\$225,000.00
3564030: Minor Emergency Repair	\$0.00	\$387,735.00	\$387,735.00	\$0.00	\$21,567.59	\$21,567.59
3564043: Tribal Emergency Program	\$0.00	\$880,000.00	\$880,000.00	\$0.00	\$237,670.94	\$237,670.94
3564058: Home Energy Audits/ Indoor Air Quality Assessments	\$0.00	\$199,255.00	\$199,255.00	\$0.00	\$122,881.08	\$122,881.08
3566000: Low Rent Modernization	\$1,970,908.00	\$0.00	\$1,970,908.00	\$1,956,221.14	\$0.00	\$1,956,221.14
3566001: Homeownership Modernization	\$600,000.00	\$0.00	\$600,000.00	\$435,223.86	\$0.00	\$435,223.86
3566003: Low Rent Operations	\$3,500,000.00	\$0.00	\$3,500,000.00	\$3,437,169.45	\$0.00	\$3,437,169.45
3566005: Rent to Own Modernization	\$23,965.00	\$350,000.00	\$373,965.00	\$0.00	\$157,267.52	\$157,267.52
3566007: Construct Rental Housing - Birdtail	\$1,500,000.00	\$0.00	\$1,500,000.00	\$1,500,000.00		\$1,500,000.00
3566021: Homeownership Replacement Home Program	\$1,003,518.00	\$0.00	\$1,003,518.00	\$347,835.90	\$0.00	\$347,835.90
3566024: New Construction for Low-Income Families	\$1,300,000.00	\$0.00	\$1,300,000.00	\$65,000.00	\$0.00	\$65,000.00
3566026: New Construction Rental Subsidy	\$250,000.00	\$0.00	\$250,000.00	\$103,778.00	\$0.00	\$103,778.00
3566029: Mortgage Assistance/Self Sufficiency Solutions	\$3,796,025.00	\$0.00	\$3,796,025.00	\$2,764,208.68	\$0.00	\$2,764,208.68
3566044: Homeownership Rehab	\$6,013,529.00	\$0.00	\$6,013,529.00	\$5,508,259.46	\$0.00	\$5,508,259.46
3566048: Youth Resident Services	\$206,487.00	\$50,000.00	\$256,487.00	\$113,069.07	\$11,311.82	\$124,380.89
3566049: Commerce	\$159,000.00	\$0.00	\$159,000.00	\$154,643.23	\$0.00	\$154,643.23
3566051: Career Literacy Resident Services	\$308,544.00	\$0.00	\$308,544.00	\$98,273.95	\$0.00	\$98,273.95
3566056: Adult Resident Services	\$201,862.00	\$0.00	\$201,862.00	\$94,325.04	\$0.00	\$94,325.04
3566060: Transitional Housing	\$1,048,452.00	\$0.00	\$1,048,452.00	\$1,523,626.42	\$0.00	\$1,523,626.42
3566063: Financial Assistance Resident Services	\$374,447.00	\$0.00	\$374,447.00	\$222,028.19	\$0.00	\$222,028.19
3566066: Families First Resident Services	\$185,606.00	\$0.00	\$185,606.00	\$176,124.10	\$0.00	\$176,124.10
3566069: Individual Development Accounts/ iSave	\$600,000.00	\$0.00	\$600,000.00	\$42,777.99	\$0.00	\$42,777.99
3566075: Housing Management of Cherokee Programs	\$4,526,600.00	\$500,000.00	\$5,026,600.00	\$4,058,470.39	\$200,000.00	\$4,258,470.39
3566076: Rental Assistance	\$5,000,000.00	\$0.00	\$5,000,000.00	\$4,157,469.09	\$0.00	\$4,157,469.09
3566099: ICDBG Matching Funds 2019	\$300,000.00	\$900,000.00	\$1,200,000.00	\$0.00	\$0.00	\$0.00
3566099: ICDBG Matching Funds 2021	\$333,334.00	\$0.00	\$333,334.00	\$0.00	\$0.00	\$0.00

3566099: IHBG Competitive Grant Match	\$1,244,167.00	\$0.00	\$1,244,167.00	\$0.00	\$0.00	\$0.00
3566099: 2023 ICDBG Matching Funds	\$360,000.00	\$2,000,000.00	\$2,360,000.00	\$0.00	\$0.00	\$0.00
Loan repayment - describe in 3 & 4 below	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Planning and Administration	\$4,670,288.00	\$500,000.00	\$5,170,288.00	\$4,467,524.69	\$604,099.23	\$5,071,623.92
TOTAL	\$39,476,732.00	\$12,132,340.00	\$51,609,072.00	\$31,353,562.65	\$7,263,774.71	\$38,617,337.36

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.):

Section 6: Other Submission Items

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

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

The Useful life of each assisted housing until will be determined by the amount of IHBG funds invested as follows: Assistance Amount Useful Life Emergencies up to \$5000 6 months Minor Repairs \$5,000 to \$10,000 2 years. Minor Repairs \$10,001 to \$20,000 3 years Rehab \$20,001 or higher 5 years New Construction 20 years.

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

We have budgeted matching funds in the amount of \$300,000 for the proposed ICDBG Cherokee Nation activity. The tribe has received ICDBG funding in the amount of \$900,000 to renovate/expand the Head Start facility at our low rent project in Pryor, OK. The program is housed in the Community Building on Project 45-16. We have also budgeted \$333,334 as matching funds for the 2021 ICDBG application. These funds will be utilized to replace or install playground equipment at approximately 18 Low Rent Projects and to renovate approximately 13 community spaces on various Low Rent Projects.

(3) Tribal and Other Indian Preference(NAHASDA § 201(b)(5), 24 CFR § 1000.120) If preference will be given to tribal members or other Indian families, the preference policy must be described. This information may be provided here or in the program description section of the 1-year plan.

Does the Tribe have a preference policy?:**Yes**

If yes, describe the policy.**Cherokee Nation citizens receive preference in all housing programs, contracting, and employment.**

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

Do you intend to exceed your allowable spending cap for Planning and Administration? **No**

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

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

Did you exceed your spending cap for Planning and Administration? **No**

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

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

(6) Expanded Formula Area - Verification of Substantial Housing Services (24 CFR § 1200.302(3)) If your tribe has an expanded formula area (i.e., an area that was justified based on housing services provided rather than the list of areas defined in 24 CFR § 1200.302 Formula Area (1)), the tribe must demonstrate that it is continuing to provide substantial housing services to that expanded formula area. Does the tribe have an expanded formula area? **No**

If no, proceed to Section 7.

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

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

Expanded Formula Area:

Geographic area that has been added to the Tribe's formula area and the documented number of Tribal members residing there :

All AIAN Households - IHBG Funds : **\$0.00**

AIAN Households with Incomes 80% or Less of Median Income - IHBG Funds : **\$0.00**

All AIAN Households - Funds from Other Sources : **\$0.00**

AIAN Households with Incomes 80% or Less of Median Income - Funds from Other Sources : **\$0.00**

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

All AIAN Households - IHBG Funds : **\$0.00**

AIAN Households with Incomes 80% or Less of Median Income - IHBG Funds : **\$0.00**

All AIAN Households - Funds from Other Sources :**\$0.00**

AIAN Households with Incomes 80% or Less of Median Income - Funds from Other Sources : **\$0.00**

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**

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

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

(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: **Yes**

(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 10: Self-Monitoring

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

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

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

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

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

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

The Cherokee Nation (CN) Evaluation and Compliance (EC) Department conducted the annual Self-Monitoring Assessment on the CN for 2024. EC also performed subrecipient monitoring of the Housing Authority of the Cherokee Nation (HACN), as part of the subrecipient monitoring process.

Three instances of non-compliance requiring a corrective action plan were noted in the previous year's self-monitoring review for the CN. These issues were considered resolved during the course of this year's review.

One instance of non-compliance was noted during the current year's self-monitoring review for the CN. The Speaker Services Transitional Housing program policy limited the scope of individuals served to Cherokee Language Speakers. This program is funded through program income which is derived from interest earned. The program not maintaining eligibility for all NAHASDA eligible participants would deem this program's expenditures not allowable. The CN is currently clarifying the conditions of this observation and developing an appropriate corrective action. This issue should reach resolution by the time of the next APR filing period.

No instances of non-compliance requiring a corrective action plan were noted in the HACN review for 2024.

The CN 2024 review included:

(a) Examined 14 procurement files.

(b) Examined program participant files: 21 files for Residential and Transitional programs.

(c) Policies were reviewed for public availability and regulatory compliance.

(d) Staff was interviewed for a more thorough understanding of operations.

(e) Reviewed Single Audit (A-133) for date filing compliance. The audit received an unmodified opinion.

(f) Reviewed Administrative Cost Rule expenditures. The calculated planning and administration percentages were 9.87% of total grant expenditures and 8.44% of the annual grant amount.

The HACN 2024 review included:

(a) 1 site visit for Modernization, 2 for Rehabilitation programs, and 1 for Mortgage Assistance Programs

(b) Examined 5 Procurement and 1 Modernization files

(c) Examined program participant files for the following programs:

· Mutual Help – 2

· Low Rent – 4

· Rental Assistance – 5

· Rural Rental – 5

· Housing Rehabilitation – 2

· Mortgage Assistance – 1

· IDA/iSave – 1

· MAP/SSC – 3

(d) Policies were reviewed for public availability and regulatory compliance

(e) Staff were interviewed for a more thorough understanding of operations

(f) Review previous year APR for compliance with filing date and disclosure

(g) Evaluated IHP/APR performance

(h) Examined 4 ERR's

(i) Reviewed Single Audit (A-133) for date filing compliance

(j) Evaluated the program's initial and recurring inspections

Note: The number of samples selected was consistent with HUD Program Guidance 2012-03.

Unit Inspections: There were a total of 3433 units to be inspected for FY2023. As of September 30, 2023, 95% of unit inspections had been completed. There were 17 units needing rehabilitation and 17 units needing to be replaced. The remaining 189 units were scheduled for inspections in the coming months.

A limited review of the IHP was completed to assist in assessing actual performance related to the goals and objectives set forth in the IHP. This limited review was performed to get a clearer picture of program performance on the whole. Further discussion with management indicated the programs continued to be severely impacted by the COVID 19 pandemic, which was still ongoing during this time. The operation has gone to great lengths to maintain essential services to participants through this unprecedented event; however, the unforeseen delays caused by this event have caused some programs to be unable to meet their initial goals. Management will continue to complete as much work as possible with the resources they have available in the coming months.

The FY 2023 IHP limited review included:

- Six (6) of the 34 activities were not reviewed for this comparison.

- Seventeen (17) of the 28 activities reviewed for FY2023 had expended more than than 50% of the budgeted amount listed in the IHP.

- Six (6) of the 28 activities reviewed for FY2023 had not expended more than 25% of their budgeted funds at the time of review.

- Fourteen (14) of the 28 activities reviewed had achieved a 100% or greater percentage of units/households served as compared to the amount listed in the IHP.

Section 11: Inspections

NAHASDA § 403(b)

(1) Inspection of Units Self-Monitoring Results. (Use the table below to record the results of recurring inspections of assisted housing.)

Activity (A)	Total Number of Units (B)	Units in Standard Condition (C)	Units Needing Rehabilitation (D)	Units Needing to be Replaced (E)	Total Number of Units Inspected (F=C+D+E)
1937 Housing Act Units:					
a. Rental	966	966	0	0	966
b. Homeownership	127	124	3	0	127
c. Other	0	0	0	0	0
1937 Act Subtotal:	1093	1090	3	0	1093
NAHASDA Associated Units:					
a. Rental	0	0	0	0	0
b. Homeownership	498	494	4	0	498
c. Rental Assistance	0	0	0	0	0
d. Other	0	0	0	0	0
NAHASDA Act Subtotal:	498	494	4	0	498
Total:	1591	1584	7	0	1591

(2) Did you comply with your inspection policy: **Yes**

(3) If no, why not:

Section 12: Audits

24 CFR § 1000.544

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

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

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.

Audit Due Date : **06/30/2025**

Section 13: Public Availability

NAHASDA § 408, 24 CFR § 1000.518

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

(2) If you are a TDHE, did you submit this APR to the Tribe(s) (24 CFR § 1000.512): **Not Applicable**

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

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

The APR was made available to the public during the week of December 16th thru the 20th in these locations: Housing Authority of the Cherokee Nation's main office in Tahlequah, OK., along with the area offices in Jay, Claremore, and Sallisaw. It was posted in the Cherokee First office located at the tribe's main complex and was also posted on the HACN and Cherokee Nation websites. No comments were received.

Section 14: Jobs Supported by NAHASDA

NAHASDA § 404(b)

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

Indian Housing Block Grant Assistance (IHBG)	
(1) Indian Housing Block Grant Assistance (IHBG)	291
(2) Number of Temporary Jobs Supported	0

(3) Narrative (optional):

Section 15: IHP Waiver Requests

NAHASDA § 101(b)(2)

THIS SECTION IS ONLY REQUIRED IF THE RECIPIENT IS REQUESTING A WAIVER OF AN IHP SECTION OR A WAIVER OF THE IHP SUBMISSION DUE DATE.

A waiver is valid for a period not to exceed 90 days Fill out the form below if you are requesting a waiver of one or more sections of the IHP. **NOTE** :This is NOT a waiver of the IHBG program requirements but rather a request to waive some of the IHP submission items.

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

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

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

(4) Recipient: **Cherokee Nation**

(5) Authorized Official's Name and Title:

(6) Authorized Official's Signature:

(7) Date (MM/DD/YYYY):