

SECTION 1: COVER PAGE

(1) Grant Number: 21AH4015820

(2) Recipient Program Year: 10/1 - 9/30

(3) Federal Fiscal Year: 2021

- (4) IHBG-CARES/IHBG-ARP
- (5) Initial Plan (Complete this Section then proceed to Section 2) or an Amended IHP
- (6) Annual Performance Report (Complete items 27-30 and proceed to Section 3)
- (7) Tribe
- (8) TDHE

(9) Name of Recipient:

United Keetoowah Band of Cherokee Indians in Oklahoma

(10) Contact Person:

Nancy McCause, Housing Director

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(18) If TDHE, List Tribes Below:

(19) Tax Identification Number:

73-1237070

(20) DUNS Number:

806049185

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

01/26/2022

(22) IHBG-CARES/ARP Amount:

\$781,865

Date Started Preparing for COVID-19

03/18/2020

(23) Name of Authorized IHP Submitter:

Joe Bunch

(24) Title of Authorized IHP Submitter:	Chief, United Keetoowah Band
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	
(27) Name of Authorized APR Submitter:	Joe Bunch
(28) Title of Authorized APR Submitter:	Chief, United Keetoowah Band
(29) Signature of Authorized APR Submitter:	<i>Joe Bunch</i>
(30) APR Submission Date (MM/DD/YYYY):	12/30/21

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

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

APR: REPORTING ON PROGRAM YEAR PROGRESS

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

Program Descriptions

1.1. Program Name and Unique Identifier:

Unique Identifier	COVID-19 Prevention
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COVID-19 Prevention - 1 - CARES Packages

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

The UKB Housing Department (UKBHD) will be acquiring and distributing "CARES" packages consisting of Personal Protective Equipment (masks, gloves, etc.), health supplies (thermometers, tissues, hand soap, etc.) and cleaning supplies (disinfectant, bleach, spray bottles, wipes, etc.) to current residents of and assisted by the Tribal housing program as well as two metal storage containers to store purchased goods and products to help combat COVID-19. Supplies can be replenished as necessary via a direct request to HA staff.

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

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

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

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

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

Assist residents of affordable housing who are impacted by COVID-19 with various Cleaning products, Health supplies and Protective Equipment to help stop the spread of the Covid-19 virus.

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

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

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

Provide cleaning products, health supplies and PPE to residents of affordable housing to prevent COVID 19

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

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

Current residents of and participants in the Tribal housing 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.):

Families will receive PPE, educational material, health supplies, and cleaning supplies to help them prepare for and prevent the spread of Covid-19.

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.

There has been no accomplishments in this program for this fiscal year.

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

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

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

N/A

2.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 2 - Sanitation Services

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

The UKBHD will provide basic cleaning and specialized sanitizing services to families affected by COVID-19.

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

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

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

(3) Improve quality of substandard units

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

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

(3) Improve quality of substandard units

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

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

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

Current residents of and participants in the Tribal housing program.

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

Basic cleaning and specialized sanitizing services ranging from:

- 2-\$500.00
- 2-\$1000.00
- 2-\$2500.00
- 2-\$3500.00

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

There has been no accomplishments in this program

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

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

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

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

8

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

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

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

0

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

N/A

3.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 3 - Dumpster Services

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

The UKBHD plans to rent/lease mobile dumpsters to help in cleaning for current residents and those assisted by the Tribal housing program.

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

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

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

(3) Improve quality of substandard units

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

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

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

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

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

Current residents and those assisted by the Tribal housing program.

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

Dumpsters will be provided for tribal members that have a need to eliminate non sanitary conditions inside and outside the home in an effort to prevent the spread of Covid-19.

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

There has been no activity in this program

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

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

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

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

10

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

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

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

0

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

N/A

4.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 1 - Mortgage Assistance

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

This program will assist low income Tribal members and families who have been financially impacted by Covid-19. The assistance is structured as follows:
 *MORTGAGE: For eligible members/families who are home buyers who are delinquent, the Housing Department will make up to three direct payments, up to \$1,500 per month to the mortgage companies/lenders.

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

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

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

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

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

Assist residents of affordable housing who are impacted by COVID-19 with various housing services.

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

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

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

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

Low income Tribal members and families who have been financially impacted by Covid-19.

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

This program will assist Low income Tribal members and families who have been financially impacted by Covid-19. The assistance is structured as follows:
 *MORTGAGE: For eligible members/families who are home buyers who are delinquent, the Housing Department will make up to three (3) direct payments, up to \$1,500 to the mortgage companies/lenders.

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

There has been no accomplishments for this fiscal year

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

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

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

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

5

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

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

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

0

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

N/A

5.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2 - Acquisition

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

The UKBHD will purchase affordable housing to alleviate over crowding. The unit will allow for maximum separation and minimal shared facilities.

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

(12) Acquisition of Homebuyer Units [202(2)]

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

(6) Assist affordable housing for low income households

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

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

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

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

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

Current residents of and participants in the Tribal housing program.

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

Acquire affordable housing for Homeowner Assistance up to \$140,000.00 for 1 low income Indian Household.

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

There has been no accomplishments for this program

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

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

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

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

1

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

Completed

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

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

0

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

N/A

6.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 3 - Acquisition of Furnishings/Washers and Dryers

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

The UKBHD plans to purchase household essentials for the conversion of a 11 unit complex designated for elders living in over crowded or substandard housing to include but not limited to the following: beds, refrigerator, stove, couch/hideaway bed, microwave, washer/dryer, heater and hot water tanks.

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

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

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

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

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

Assist residents of affordable housing who require isolation or quarantine due to COVID-19.

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

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

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

purchase household essentials for the conversion of a 11 unit complex

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

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

Tribal Elders who live in over crowding and substandard housing.

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

11 Conversion units will be furnished with household essentials. These 11 units will house low-income tribal elders who are currently living in substandard or over crowded housing and require isolation or safe social distancing in an effort to prevent, prepare and respond to Covid-19.

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

The housing department purchased furniture, stoves, refrigerators, microwaves for 11 unit complex

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

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

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

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

11

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

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

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

11

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

N/A

7.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 4 - Lawn Mower and Tractor

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

Lawnmower and Tractor for use in the upkeep of IHBG assisted properties that are owned and operated by the tribe/TDHE yards mowed, helping prevent vermin and insects in the spread and prevention of Covid-19.

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

(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]

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

(3) Improve quality of substandard units

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

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

(3) Improve quality of substandard units

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

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

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

Low-Income Tribal Families and tribal members.

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

Assist residents of affordable housing who require isolation or quarantine due to COVID-19, with the purchase of a commercial type lawn mower and trailer to transport the mower with at a price of \$15,000.00.

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

The Housing Department purchased a commercial lawn mower and trailer to assist residents during isolation or quarantine.

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

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

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

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

10

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

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

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

10

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

N/A

8.1. Program Name and Unique Identifier:

Unique Identifier	COVID-19 Prevention
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COVID-19 Prevention - 5 - Purchase Mobile homes for replacement of substandard housing units.

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

The UKBHD will purchase Mobile Homes to replace substandard housing for Low-income families that live in overcrowded housing conditions that exceed the normal scope of work for rehab and repair. The program is to ensure low-income families are stably housed in a healthy and safe environment preventing the spread of Covid-19.

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

(12) Acquisition of Homebuyer Units [202(2)]

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

(1) Reduce over-crowding

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

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

(1) Reduce over-crowding

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

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

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

low income tribal families and or tribal members.

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

The UKBHD will purchase, deliver and set up 3 mobile homes to replace houses that are overcrowded and are in substandard condition that exceed the normal scope of work for rehab and repair at \$210,000.00 total.

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

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

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

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

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

3

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

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

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

0

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

There has been no activity in this program

Program Descriptions

9.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 4 - Repair and rehab of Covid-19 apartments

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

Repair and rehab existing units owned by the UKBHD for use as Covid-19 shelter

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

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

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

(7) Create new affordable rental units

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

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

(7) Create new affordable rental units

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

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

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

Low-income elder residents of and participants in the Tribal housing program.

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

Repair and renovation of an 11 unit apartment complex owned by the UKBHD in an amount not to exceed \$150,000.00

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

The Housing Department repaired and rehabbed an 11-unit complex to house UKB elders

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

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

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

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

11

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

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

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

11

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

N/A

Program Descriptions

10.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 5 - Acquisition of Washers and Dryers

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

This UKBHD will purchase 5 washers and 5 dryers to be given to Tribal Elders who are homeowners to assist with the washing of clothing, bedding and other related items in response to Covid-19.

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

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

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

(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 Tribal Elders who are homeowners with the tools necessary to keep clean clothes and bedding as well as other related items.

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

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

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

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

Low-income Tribal Elders who are homeowners.

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

5 Elder households to receive a washer/dryer only at a cost of \$1300.00 per household.

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

There has been no accomplishments in this program

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

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

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

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

5

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

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

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

0

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

N/A

SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
IHBG-CARES/ARP Funds		\$781,865	\$781,865	\$781,865	\$0	\$781,865	\$0	\$781,865	\$152,778	\$629,087	\$629,087

TOTAL	\$0	\$781,865	\$781,865	\$781,865	\$0	\$781,865	\$0	\$781,865	\$152,778	\$629,087	\$629,087
TOTAL Columns C & H, 2 through 10			\$0					\$0			

Notes:

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

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

PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG CARES/ARP (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)	(L) Total IHBG CARES/ARP (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12- month program year (O+P)
COVID-19 Prevention - 1 - CARES Packages	\$34,000		\$34,000	\$0		\$0
COVID-19 Prevention - 2 - Sanitation Services	\$14,000		\$14,000	\$0		\$0
COVID-19 Prevention - 3 - Dumpster Services	\$10,000		\$10,000	\$0		\$0

COVID-19 Respond - 1 - Mortgage Assistance	\$22,500		\$22,500	\$0		\$0
COVID-19 Respond - 2 - Acquisition	\$140,000		\$140,000	\$0		\$0
COVID-19 Respond - 3 - Acquisition of Furnishings/Washers and Dryers	\$23,500		\$23,500	\$37,366		\$37,366
COVID-19 Prevention - 4 - Lawn Mower and Tractor	\$15,000		\$15,000	\$16,824		\$16,824
COVID-19 Prevention - 5 - Purchase Mobile homes for replacement of substandard housing units.	\$210,000		\$210,000	\$0		\$0
COVID-19 Respond - 4 - Repair and rehab of Covid-19 apartments	\$150,000		\$150,000	\$98,588		\$98,588
COVID-19 Respond - 5 - Acquisition of Washers and Dryers	\$6,500		\$6,500			\$0
Planning and Administration	\$156,365		\$156,365			\$0
TOTAL	\$781,865	\$0	\$781,865	\$152,778	\$0	\$152,778

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):

IHBG-CARES-ARP

(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 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

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

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

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

Yes No

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

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

Yes No Not Applicable

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

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

Yes No Not Applicable

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

Yes No Not Applicable

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

Yes No Not Applicable

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

Yes No Not Applicable

SECTION 8: IHP TRIBAL CERTIFICATION

NAHASDA § 102(c)

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

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

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

(4) Tribe:	United Keetoowah Band of Cherokee Indians in Oklahoma
(5) Authorized Official's Name and Title:	Joe Bunch Chief, United Keetoowah Band
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	

SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

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

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

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

SECTION 12: AUDITS

24 CFR § 1000.544

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

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

Yes No

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

If No, an audit is not required.