

SECTION 1: COVER PAGE

(1) Grant Number: 20BV4015820

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

(3) Federal Fiscal Year: 2021

- IHBG-CARES
- (4) 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): 01/28/2021

(22) IHBG-CARES Amount: \$374,211

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 providing a variety of COVID-19 related housing services. The UKBHD will be distributing "CARES" packages that contain educational materials and general information on how to limit exposure to COVID-19 and manage shelter in place situations, Personal Protective Equipment (masks, gloves, etc.), health supplies (thermometers, tissues, hand soap, etc.), cleaning supplies (disinfectant, bleach, spray bottles, wipes, etc.), and non-perishable food items to current residents of and assisted by the Tribal housing 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.):

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

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 housing services.

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.):

The Housing Department assisted residents of affordable housing who were impacted by COVID-19 with various housing services.

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 an allocation of PPE, educational material, groceries, health supplies, and cleaning supplies to help them prepare for and protect their families from 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.

The Housing Department distributed 214 boxes of groceries and PPE to families and communities throughout the tribal jurisdiction area.

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
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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
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214

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 - Temporary Shelter via Hotels/Motels

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

The UKBHD will assist tribal members who are considered essential employees such as first responders and medical personnel, and those who need to self-quarantine to help prevent the spread of the COVID-19 to their families.

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.):

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

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

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

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

Assist tribal members considered essential employees who are impacted by COVID-19 with temporary housing services.

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

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

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

The Housing Department assisted tribal members who are considered essential employees with temporary housing services.

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

Essential employees such as medical personnel, first responders, and those who are at high-risk of being exposed to COVID-19.

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

There is no cap amount for this activity. Various levels of assistance to assist essential employee households while preparing for COVID-19 situations, no specific types and level determinable for this activity.

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.

The Housing Department assisted twelve (12) families of tribal members/essential employees affected by COVID with temporary housing services.

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

2

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

12

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 - Sanitation Services

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

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

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.):

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

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

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

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

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

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

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

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

The Housing Department assisted residents of affordable housing who were impacted by COVID with sanitization services.

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 of and participants in 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.):

Basic cleaning/sanitizing services ranging from \$1,000 - \$1,200 for each eligible household.

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.

The Housing Department provided sanitization services to the homes of various members who were impacted by COVID.

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

3

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

There were three (3) eligible applications for this program.

4.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Preparation

COVID-19 Preparation - 1 - Storage/Trailers

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

The UKBHD plans to purchase two mobile trailers to help with delivering of goods and products to tribal members throughout our service area and one metal storage container to store purchased goods and products to help combat COVID-19.

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

(22) Model Activities [202(6)]

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.):

(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.):

The Housing Department purchased two (2) mobile trailers and one (1) metal storage container to assist in the transportation of COVID supplies.

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

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

Current residents of and participants in the Tribal housing program.

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

Various levels of assistance to assist households while preparing for COVID-19 situations, no specific types and level determinable for this activity.

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.

The Housing Department purchased two (2) mobile trailers and one (1) metal storage container in order to store COVID supplies and to assist with the distribution of COVID supplies to families affected by COVID.

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

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

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

Completed in Fiscal Year 2020

5.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 1 - Rent/Mortgage Assistance

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

This temporary program will assist families for the months of March, April, May, and June 2020. It was implemented to provide immediate financial relief to occupants who are no longer able to work due to mandatory COVID-19 related stay at home requirements. The assistance is structured as follows:
 *RENT: For eligible families renting from third parties, the Housing Department will make one-time direct payments up to \$1,000 to the property owners/landlords.
 *MORTGAGE: For eligible families who are homebuyers, the Housing Department will make one-time direct payments up to \$1,500 to the mortgage companies/lenders.

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.):

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

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

(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.):

(6) Assist affordable housing for low income households

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

Third party landlords and mortgage companies will receive assistance on behalf of eligible 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.):

The Housing Department will contribute a one-time assistance to qualified low income households impacted by the COVID-19 situation.
 The assistance is structured as follows:
 *RENT: For eligible families renting from third parties, the Housing Department will make one-time direct payments up to \$1,000 to the property owners/landlords. (Qty: 25 households)
 *MORTGAGE: For eligible families who are homebuyers, the Housing Department will make one-time direct payments up to \$1,500 to the mortgage companies/lenders. (Qty: 10 households)

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.

The Housing Department assisted 23 families with emergency rental assistance and 8 families with Emergency Mortgage Assistance.

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

35

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

31

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

N/A

Program Descriptions

6.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2 - Homeowners Assistance

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

This temporary program will assist families for the months of March, April, and May 2020. It was implemented to provide immediate financial relief to occupants who are no longer able to work due to mandatory COVID-19 related stay at home requirements. The assistance is structured as follows:
*Current participants in this program will not be required to pay their 30% contribution, instead the UKBHD will continue the operation of the NAHASDA program.

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.):

(6) Assist affordable housing for low income households

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

6.5 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):

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

Current residents of and participants in the Tribal housing program.

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

Specific amounts and level of assistance will vary by family situation for this activity.

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 assisted 13 homeowners who were affected by COVID-19 with emergency mortgage assistance.

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

15

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

13

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

This was completed in Fiscal Year 2020

7.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Preparation

COVID-19 Preparation - 2 - Rehabilitation/Conversion of Unit

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

The UKBHD will rehabilitate one vacant unit to convert for use as an isolation/quarantine facility. The unit will be modified to allow for maximum separation and minimal shared facilities.

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.):

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

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

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

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

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

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

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

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

Rehabbed one vacant unit to be used as quarantine or isolation due to COVID-19.

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

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

Current residents of and participants in the Tribal housing program.

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

No set levels of assistance per household but facility will assist low income households who require a location where they can be isolated/quarantined and receive assistance as required.

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 rehabbed a vacant unit/house to use for quarantine and/or isolation purposes for families or individuals affected by COVID 19.

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

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

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

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

1

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

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

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

1

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

This was completed in Fiscal Year 2020

8.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Preparation

COVID-19 Preparation - 3 - Acquisition to be used as Isolation/Quarantine Facility

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

The UKBHD plans to purchase one new unit for use as an isolation/quarantine facility. The unit will be modified to allow for maximum separation and minimal shared facilities.

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.):

(3) Acquisition of Rental Housing [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.):

(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.

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

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

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

The Housing Department acquired a new unit to be used as an isolation/quarantine facility.

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

Current residents of and participants in the Tribal housing program.

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

Not to exceed \$90,000. The unit will assist low income households who require a location where they can be isolated/quarantined and receive assistance as required.

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.

The Housing Department purchased a unit/house to use for isolation/quarantine purposes for families or individuals who are affected by COVID-19.

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

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

1

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

N/A

9.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 5 - Acquisition of Household Essentials

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

The UKBHD plans to purchase household essentials for the conversion unit and new acquisition to include but not limited to the following: beds, refrigerator, stove, couch/hideaway bed, microwave, washer and dryer.

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

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

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

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

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

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

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

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

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

The Housing Department has purchased household essentials for conversion of the vacant unit.

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

Current 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.):

1 Acquisition - household essentials
1 Conversion - household essentials

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 has purchased furniture and household essentials for the conversion unit. The household essentials for the acquisition will be completed during the FY22.

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

2

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

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

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

1

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

New acquisition was being rehabbed.

10.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 5 - Technology

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

Assist tribal employees who are teleworking, as well as, assist eligible tribal members who have school age children in the home with their internet/wi-fi connection. The households need access to the internet for employees to telework and school work for the children as a result of the attempt to prevent the spread of COVID-19 virus.

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.):

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

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):

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

10.5 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.):

Assisted residents of affordable housing with technology expenses.

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

Employees and current residents of and participants in the Tribal housing program.

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

Tribes will assist with current internet/wifi bills as a result of having to shelter in place. Any payment will be made to the company and not the individual. No set levels of assistance per household but will assist low income households who require a location where they can be isolated/quarantined and receive assistance as required.

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.

The Housing Department assisted families affected by COVID who required isolation and quarantine with technology equipment and assistance with payment of wifi and internet bills.

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

50

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

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

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

44

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

N/A

Program Descriptions

11.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 6 - Transportation

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

The UKBHD plans to assist essential department employees who use their personal vehicle to assist tribal members with applications and/or other housing services.

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

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

11.4. 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.

11.5 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):

Assisted tribal members with applications and other housing services.

11.6 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

Essential employees who use their personal vehicle to visit tribal members during this pandemic.

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

The Tribe will assist tribal employees with mileage for those who used their personal vehicles to conduct work during the shelter in place. Must maintain a mileage log. Rates for mileage calculation are based on GSA rates for 2020. No set levels of assistance per household. Amount of assistance varies.

11.8. 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.

Staff members of the Housing Department used their personal vehicles to take applications and ppe to affected families who were unable to find other means of transportation.

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

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

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

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

50

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

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

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

2

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

There were two (2) housing employees who delivered applications and ppe supplies.

Program Descriptions

12.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 4 - Temporary Shelter via Hotels/Motels (Non-Indian)

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

The UKBHD will assist non-Indians who are considered essential employees such as first responders and medical personnel, and those who need to self-quarantine to help prevent the spread of the COVID-19 to their families.

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

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

12.4. 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 temporary housing services.

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

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

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

Assist non-Indian essential employees with temporary shelter.

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

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

Non-Indian essential employees such as medical personnel, first responders, and those who are at high-risk.

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

There is no cap amount for this activity. Various levels of assistance to assist essential employee households while preparing for COVID-19 situations, no specific types and level determinable for this activity.

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

There were no eligible applicants for this program.

12.9: 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

2

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

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

Did not receive any applications or requests for this program.

13.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 7 - Hazard Pay

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

The Tribe will pay hazard pay to the front line maintenance and inspection staff who go to tribal members homes to do repairs, possibly exposing themselves to the COVID-19.

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

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

13.4. 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):

Maintain normal operations that were impacted by COVID-19.

13.5 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 hazard pay to front line workers who are at risk of exposure to COVID-19

13.6 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

Essential employees who are at high risk of being exposed to the COVID-19 virus during home visits.

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

Hazard pay is not to exceed 25% of daily pay rate for the at risk employees who assist with emergency repairs, maintenance personnel, delivering/picking up supplies for tribal members, etc.

13.8. 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 provided hazard pay to eleven (11) front line workers who were at high risk to COVID-19 exposure by inspections, assisting with applications, and delivering supplies.

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

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

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

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

9

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

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

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

11

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

N/A

14.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 7 - Acquisition of Washers and Dryers - Elders

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

The UKBHD plans to purchase of 8 washers and 8 dryers to be given to elders and/or essential employees (medical/emergency) who do not currently have a working washer and/or dryer.

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

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

14.4. 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.

14.5 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 washers and/or dryers to elders and/or essential employees that do not have those items.

14.6 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

Residents of and participants in the Tribal housing program.

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

Eligible households will receive a washer/dryer depending on the need. Some may only need a washer or a dryer. Some may need both.

14.8. 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 placed 9 washers and 9 dryers in homes of eligible low income elderly families.

14.9: 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

8

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

This was accomplished in FY20

15.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 8 - Acquisition of Washers and Dryers - Essential

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

The UKBHD plans to purchase of 2 washers and 2 dryers to be given to elders and/or essential employees (medical/emergency) who do not currently have a working washer and/or dryer.

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

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

15.4. 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.

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

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

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

Assist essential employees including non-Indian households with washers/dryers.

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

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

Non-Indian essential employees such as medical personnel, first responders, and those who are at high-risk.

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

Eligible households will receive a washer/dryer depending on the need. Some may only need a washer or a dryer. Some may need both.

15.8. 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 1 washer and 1 dryer in home on one essential employee.

15.9: 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

2

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

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

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

2

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

This was accomplished in FY20

SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
IHBG-CARES Funds	\$0	\$374,211	\$374,211	\$374,211	\$0	\$327,058	\$0	\$327,058	\$184,337	\$142,721	\$142,721

TOTAL	\$0	\$374,211	\$374,211	\$374,211	\$0	\$327,058	\$0	\$327,058	\$184,337	\$142,721	\$142,721
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 (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)
COVID-19 Prevention - 1 - CARES Packages	\$80,000		\$80,000	\$37,156		\$37,156
COVID-19 Prevention - 2 - Temporary Shelter via Hotels/Motels	\$2,500		\$2,500	\$11,135		\$11,135
COVID-19 Prevention - 3 - Sanitation Services	\$10,000		\$10,000	\$2,556		\$2,556

COVID-19 Preparation - 1 - Storage/Trailers	\$13,500
COVID-19 Respond - 1 - Rent/Mortgage Assistance	\$40,000
COVID-19 Respond - 2 - Homeowners Assistance	\$10,000
COVID-19 Preparation - 2 - Rehabilitation/Conversion of Unit	\$10,000
COVID-19 Preparation - 3 - Acquisition to be used as Isolation/Quarantine Facility	\$90,000
COVID-19 Respond - 5 - Acquisition of Household Essentials	\$10,000
COVID-19 Respond - 5 - Technology	\$5,000
COVID-19 Respond - 6 - Transportation	\$2,500
COVID-19 Prevention - 4 - Temporary Shelter via Hotels/Motels (Non-Indian)	\$2,500

\$13,500	\$0
\$40,000	\$36,119
\$10,000	\$0
\$10,000	\$0
\$90,000	\$80,507
\$10,000	\$0
\$5,000	\$5,616
\$2,500	\$300
\$2,500	\$0

\$0
\$36,119
\$0
\$0
\$80,507
\$0
\$5,616
\$300
\$0

COVID-19 Respond - 7 - Hazard Pay	\$13,400		\$13,400	\$10,947		\$10,947
COVID-19 Respond - 7 - Acquisition of Washers and Dryers - Elders	\$8,000		\$8,000			\$0
COVID-19 Respond - 8 - Acquisition of Washers and Dryers - Essential	\$2,000		\$2,000			\$0
Planning and Administration	\$74,811		\$74,811			\$0
TOTAL	\$374,211	\$0	\$374,211	\$184,337	\$0	\$184,337

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):

CARES

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

SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

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

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

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

SECTION 12: AUDITS

24 CFR § 1000.544

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

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

Yes No

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

If No, an audit is not required.