

SECTION 1: COVER PAGE

(1) Grant Number: 21AH4026900

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

(3) Federal Fiscal Year: 2023

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

(9) Name of Recipient:

Housing Authority of the Seminole Nation of Oklahoma

(10) Contact Person:

Tandy Cooper

(11) Telephone Number with Area Code (999) 999-9999 :

(405) 257-6604

(12) Mailing Address:

P.O. Box 1493

(13) City: (14) State: (15) Zip Code (99999 or 99999-9999):

Wewoka Oklahoma 74884

(16) Fax Number with Area Code (if available) (999) 999-9999 :

(405) 257-3961

(17) Email Address (if available):

executivedirector@hasnok.org

(18) If TDHE, List Tribes Below:

Seminole Nation of Oklahoma

(19) Tax Identification Number: 73-0793515

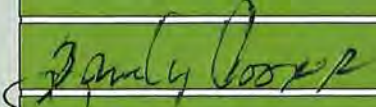
(20) UEI Number: WTN6VX341GZ8

(21) CCR/SAM Expiration Date (MM/DD/YYYY): 12/13/2023

(22) IHBG-CARES/ARP Amount: \$1,184,047

Date Started Preparing for COVID-19 03/20/2020

(23) Name of Authorized IHP Submitter: Tandy Cooper

(24) Title of Authorized IHP Submitter:	Interim Executive Director
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	06/22/2021
(27) Name of Authorized APR Submitter:	Tandy Cooper
(28) Title of Authorized APR Submitter:	Interim Executive Director
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	12/29/2023

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 Respond
-------------------	------------------

COVID-19 Respond - 1 - Food Pantry

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

A Food Pantry will be developed at two sites to assist families beyond what they received from the Tribe's food and nutrition program or SNAP. Historically, families are with food by the last week of the month. The Food Pantry will complement other existing food programs. The Food Pantry is a drive-through/outdoors for the safety of participants and 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.):

(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):

The outcome intended, is to respond to and prevent Covid-19 by providing needed food to maintain healthy lifestyles.

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.):

Responded to prevent Covid-19 by providing food to maintain healthy lifestyles.

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

Primarily low-income families will be served. Limited non-low Income Indian families, not to exceed 10% will all so be served.

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

All current, new, and prospective Indian families will be provided food assistance through the administration of HASNOK'S Food Pantry.

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.

Healthy food items were purchased and provided via food pantries and/or vouchers to housing tenants on a quarterly basis.

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
---------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------------------------------------------------------

180

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
--------------------------------------------------------------	----------------------------------------------------------------	--------------------------------------------------------------

196

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

2.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2 - Utility Assistance(80-100%)

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

Utility assistance will be provided to current HASNOK tenants and homeowners who don't qualify for utility assistance provided by other programs.

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):

Utility assistance will be provided to current HASNOK tenants/homeowners to support keeping utilities on so families can maintain a healthy, safe, and sanitary environment during the Covid-19 pandemic.

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.):

Utility assistance was provided to current HASNOK tenants/homeowners to maintain a healthy, safe and sanitary environmental during the Covid-19 pandemic.

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 HASNOK tenants/homeowners who do not qualify for other assistance because they are no longer low-income will be assisted during the covid-19 pandemic.

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

Utility assistance (water, electric, propane) not to exceed \$300.00 per month during the Covid-19 pandemic.

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.

During the last year non-low income tenants were provided \$300/month for utilities. Non-low income tenants don't qualify for LIHEAP, SNAP, or other resources that could help keep them healthy and safe, we were able to provide that much needed assistance.

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

26

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

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

13 tenants dropped from being non-low income this last year

3.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 3 - Internet Service to Homeowners

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

Internet services will be made available for rural cluster sites which have little or no Internet access. This program will provide for the set-up, connection, and Internet service itself to low-income tenants/homeowners in rural Seminole County.

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):

Our rural tenants/homeowners will have access to the Internet that has not been available in the past. They will be able to conduct virtual medical appointments, home school, and telework.

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

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

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

The free service depleted in September 2022. Because we have purchased and provided tenants with equipment, service will still be available for a charge of (\$45) beginning October 2022. During the fourth quarter of FY 2023.

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 and future low-income household in our cluster sites will have Internet access

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

Internet equipment, initial set-up and Internet service provided to our rural cluster sites at a low monthly cost.

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.

Two towers were erected, hardware was installed into each home, service is purchased and provided to rural tenants for a low monthly cost.

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

65

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

47

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

Only 47 families continued receiving Internet service at a cost of \$45 per month

Program Descriptions

4.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 4 - Purchase and Distribution of PPE, Disinfecting supplies, and other Health/sanitation items.

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

This program is to purchase and distribution of PPE, disinfecting supplies and other Health/sanitation items to encourage tenants (especially the elderly and other high risk households) to shelter in place or social distance.

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.):

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

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):

To prevent the spread of covid-19 virus

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):

Prevention of the spread of the Covid-19 virus

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

All existing and any new low-rent tenants, especially the elderly and disabled.

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

PPE, disinfecting supplies and other Health/Sanitation items were distributed to tenants, especially the elderly/ disabled, and other high risk households, on a regular basis.

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.

First aid kits that included sanitizing alcohol, hand sanitizer, thermometers, bandages, basket of bleach, masks, Lysol and other disinfecting Supplies was distributed to help tenants prevent Covid -19.

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

150

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

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

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

194

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

[Redacted area]

5.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 5 - Operations of 1937 Act Housing

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

Operations, oversight, and maintenance of 1937Act units. Includes purchasing, procurement, contract management, and maintenance, as well as, tenants accounts receivables while working during the covid-19 pandemic.

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.):

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

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

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

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

Accountability will be insured through purchase/procurement policy, oversight and management of contracts, financial management, and maintenance of 1937 units.

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

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

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

Continued staffing and financial management throughout the Covid-19 pandemic.

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 and prospective tenants residing in 1937 act units, will be assisted/supported

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

Tenants will be assisted throu the overall operations associated with maintaining the 1937 act units

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 HASNOK never shut down during the pandemic. Financial, procurement, accounting duties continued to be provided for the continued operation of the HASNOK.

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

40

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

258

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

6.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 6- Housing Management Services

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

Housing Management Services during the Covid-19 pandemic will provide Work orders for Maintenance, convey stock, conduct interim recertifications, reporting, tenant selection, file maintenance, rental assistance, and other affordable housing projects. Tenants will be contacted on a weekly basis, given information, education and informed of HASNOK activities and encouraged to social distance.

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.):

(19) Housing Management Services [202(4)]

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):

In addition to standard Housing Management Services, staff are exposed to hazardous situations to provide needed support to tenants during a scary and unusual time.

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.):

Housing management staff continued to serve tenants throughout the Covid-19 pandemic

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

All HASNOK tenants and low-income Indian applicants will be assisted.

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

Standard Housing Management Services will be provided, including: General oversight of existing stock, tenant selection, rental assistance, inspections, and administrative/management services.

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.

Applications were accepted, recertifications were processed, payments were taken/accounts credited, work orders processed, and limited inspections completed.

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

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

258

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

Program Descriptions

7.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 7 - Operation and Maintenance of NAHASDA-Assisted Units

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

Operation and maintenance of NAHASDA units during the Covid-19 pandemic.

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

Current and future tenants residing in NAHASDA units will be assisted.

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

Assistance will be provided by the Maintenance and Development Departments for essential home repairs to maintain the necessary health and safety standards during the Covid-19 pandemic.

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.

One hundred seventy-nine (179) work orders were completed for NAHASDA tenants, safely even during the Covid-19 pandemic.

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

150

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

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

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

180

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

8.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 8 - Development - New Construction

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

Construction of two homeownership units for eligible low-income families who meet the NAHASDA guidelines. Applicants must meet income guidelines, selection criteria, and comply with HASNOK housing program policies.

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.):

(11) New Construction 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 families who meet the selection criteria of the HASNOK policies with preference given to Seminole Tribal Members will be assisted.

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

Homeownership units will be built that will provide safe, secure, and affordable housing for low-income families and reduce over-crowding.

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.

Two homeownership units are under development, they were completed in December 2022.

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

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

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

9.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Preparation

COVID-19 Preparation - 9 - Warm/Cooked Food Delivery for Elderly/Disabled

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

Food will be prepared and delivered to elderly and disabled HASNOK tenants.

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.):

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

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

(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):

Cooked food/meals will be provided to HASNOK tenants, especially those most vulnerable to acquiring Covid-19, to assist with maintaining a healthy lifestyle.

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.):

Provided cooked meals for elderly tenants on Fridays when the food program was not available.

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 HASNOK participants will be served, primarily low-income elderly and disabled families.

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

Warm, cooked food will be made available to all current elderly and/or disabled, low-income HASNOK families on a regular basis.

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.

Nutritious meals were very appreciated by the elders. An average of 100 meals were served every other Friday each month.

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

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

507

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

Program Descriptions

10.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 10 - Temporary Energy, Heating, and Cooling

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

Services will be provided to assist homeowners and tenants to maintain healthy and safe environments. Oklahoma is susceptible to extreme weather, power outages, and lack of necessary heating and cooling depending on the season. This program will provide for generators, heaters, and air conditioners which can be provided to families in need.

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.):

(6) Assist affordable housing for low income households

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

10.5 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):

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

Current HASNOK participants and other low-income families will receive assistance.

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

Low-income households in need of power, heating, or cooling will receive assistance to maintain their health and safety in critical times of excessive heat, cold, or power outages.

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 generators, air conditioners, and heaters that were previously bought are still being used today to help keep low-income households cool and warm during the extreme seasons in order to keep their homes healthy and safe.

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

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

12

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

11.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Preparation

COVID-19 Preparation - 11 - Boys and Girls Club Development and other Healthy Activities

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

Boys and Girls Club development and other healthy activities is designed to provide healthy emotional, social, and physical activities to help keep people healthy. The activities is designed to provide healthy emotional, social, and physical activities to help keep people healthy. The activities will include both classroom and outdoor activities including sports.

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.):

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

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):

Youth and other residents will engage in activities that will reduce or eliminate the use of drugs.

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.):

Healthy activities for youth to promote intellectual, emotional, social and physical gain.

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

Current and future low income household (youth and others) will be assisted.

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

Current and future low income household (youth and others) will have an opportunity to stay or become healthy by participating in healthy activities on a regular basis

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.

Attendance has increased so much that there has been additional employees added along with more space being used. Youth are learning, making new connections and overall doing well emotionally and health wise.

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

204

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

[Redacted area]

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	\$0	\$1,184,047	\$1,184,047	\$1,184,047	\$0	\$1,184,047	\$0	\$1,184,047	\$1,065,081	\$118,966	

TOTAL	\$0	\$1,184,047	\$1,184,047	\$1,184,047	\$1,184,047	\$0	\$1,184,047	\$0	\$1,184,047	\$1,065,081	\$118,966	\$0
TOTAL Columns C & H, 2 through 10	\$0	\$1,184,047	\$1,184,047	\$1,184,047	\$1,184,047	\$0	\$1,184,047	\$0	\$1,184,047	\$0	\$0	\$0

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

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

PROGRAM NAME	IHP			APR			(Q) Total funds expended in 12-month program year (O+P)
	(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)	(O) Total IHBG CARES/ARP (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year		
COVID-19 Respond - 1 - Food Pantry	\$96,000	\$96,000	\$96,000	\$60,140	\$60,140	\$60,140	
COVID-19 Respond - 2 - Utility Assistance(80-100%)	\$108,000	\$108,000	\$108,000	\$111,463	\$111,463	\$111,463	
COVID-19 Respond - 3 - Internet Service to Homeowners	\$39,000	\$39,000	\$39,000	\$42,072	\$42,072	\$42,072	

COVID-19 Prevention - 4 - Purchase and Distribution of PPE, Disinfecting supplies, and other Health/sanitation	\$45,000	\$21,990	\$21,990	\$21,990
COVID-19 Respond - 5 - Operations of 1937 Act Housing	\$24,960	\$44,667	\$44,667	\$44,667
COVID-19 Respond - 6 - Housing Management Services	\$31,200	\$34,341	\$34,341	\$34,341
COVID-19 Respond - 7 - Operation and Maintenance of NAHASDA-Assisted Units	\$31,200	\$26,107	\$26,107	\$26,107
COVID-19 Respond - 8 - Development - New Construction	\$347,160	\$351,200	\$351,200	\$351,200
COVID-19 Preparation - 9 - Warm/Cooked Food Delivery for Elderly/ Disabled	\$50,000	\$36,546	\$36,546	\$36,546
COVID-19 Prevention - 10 - Temporary Energy, Heating, and Cooling	\$10,000	\$8,314	\$8,314	\$8,314
COVID-19 Preparation - 11 - Boys and Girls Club Development and other Healthy Activities	\$164,718	\$285,792	\$285,792	\$285,792
Planning and Administration	\$236,809	\$42,450	\$42,450	\$42,450
TOTAL	\$1,184,047	\$1,065,081	\$0	\$1,065,081

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):

There is no loan repayment planned. All uses of funding are associated with Covid-19 prevention, preparation, and response.

(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:	Seminole Nation of Oklahoma
(5) Authorized Official's Name and Title:	Lewis Johnson, Principal Chief
(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.