SECTION 1: COVER PAGE (1) Grant Number: (2) Recipient Program Year: (3) Federal Fiscal Year: IHBG-CARES (4) Initial Plan (Complete	Instructions Help Files 20BV4026900 10/1 - 9/30 2022 te this Section then proceed to Sec	Release Date: 4/15/2020 Export to XML Import XML apr_id			
(6) Annual Performance	e Report (Complete items 27-30 ar	nd proceed to Section 3)			
(7) Tribe					
(8) TDHE					
(9) Name of Recipient:					
Housing Authority of the Seminole	Nation of Oklahoma				
(10) Contact Person:					
Rebecca Stone	• • (000) 000				
(11) Telephone Number with A (405) 257-6604	irea Code (999) 999-9999 :				
<u> </u>					
(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 Co	de (if available) (999) 999-9999 :	•			
(405) 257-3961					
(17) Email Address (if available	e):				
executivedirector@hasnok.org					
(18) If TDHE, List Tribes Below:					
Seminole Nation of Oklahoma					
(19) Tax Identification Number	:	73-0793515			
(20) DUNS Number:	082565235				
(21) CCR/SAM Expiration Date	12/13/2023				
(22) IHBG-CARES Amount:	\$530,362				
Date Started Preparing for CC	03/02/2020				
(23) Name of Authorized IHP S	Rebecca Stone				

(24) Title of Authorized IHP Submitter:	Executive Director
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY):	
(27) Name of Authorized APR Submitter:	Rebecca Stone
(28) Title of Authorized APR Submitter:	Executive Director
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	

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

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

Section 3 - Navigation

Go	COVID-19Reimbursement - 1 - To Prevent, Prepare For and Respond to Covid-19
Go	COVID-19Prevention - 1 - Purchasing & distribution of water, supplies, materials, and PPE
Go	COVID-19Respond - 1 - Food Pantry
Go	COVID-19Respond - 2 - Community Gardens
Go	COVID-19Respond - 3 - Internet Service to Homeowners
Go	COVID-19Respond - 4 - Operations of 1937Act Housing
Go	COVID-19Respond - 5 - Housing Management Services
Go	COVID-19Respond - 6 -Rental Assistance (Security Deposits) for Tiny Homes
Go	COVID-19Respond - 7 - Rental Assistance (Security Deposits) for Tiny Homes (80 - 100%)
Go	COVID-19Respond - 8 - Operations and Maintenance of NAHASDA-Assisted Units
Go	COVID-19Respond - 9 - Utility Assistance

APR: REPORTING ON PROGRAM YEAR PROGRESS

supplies, and PPEwere purchased for staff and tenants.

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-19Reimbursement
COVID-19Reimbursement - 1 - To Pr	event,Prepare For a	nd Respond to Covid-19
1.2. Program Description (This program.):	should be the desc	cription of the planned
		lan for the prevention, preparation, and response of the lished, laptops and cell phones were purchased.
involving housing units as the output	it measure (excludi I housing in one ac	om the Eligible Activity list. For any activity ing operations and maintenance), do not tivity, so that when housing units are meownership or rental.):
(26) Other COVID-19Activities Authori	zed by Waivers or Alt	ternateRequirements
		ne from the Outcome list. Each program applies, create a separate program for
(12) Other – must provide description	in boxes 1.4 (IHP) and	d 1.5 (APR) below
Describe Other Intended Outcome	e (Only if you seled	cted "Other" above):
To prevent, prepare for and to respon	d to Covid-19.	
1.5 Actual Outcome Number (In	the APR identify th	ne actual outcome from the Outcome list.):
(12) Other – must provide description	in boxes 1.4 (IHP) and	d 1.5 (APR) below
Describe Other Actual Outcome	(Only if you selecte	ed "Other" above.):
Preventing, preparing for, and respon	nding to Covid.	
1.6 Who Will Be Assisted (Desc	cribe the types of ho	ouseholds that will be assisted under the program.): Indian Households Non-Indian Households
Current and future low-income familie	es residing in 1937A	ct and NAHASDA-assisted units will beassisted.
1.7. Types and Level of Assistand to each household, as applicable.):	,	types and the level of assistance that will be provided
Current and future tenants will beass	isted through operat	tions, and individual assistance provided.
•		PR in the 12-month program year. In accordance with planation of cost overruns or high unit costs.
A VPN wasset up for staff to telework.	. Cell phones, laptops	s, monitors, and hot spots were purchased. Cleaning

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

190

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

Number of
Households
Served in

Program Year

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

200

1.10: APR:

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

Add Program

			Program Descriptions	
2.1. Program Name and Unique Identifier:	Unique Identifier	COVID-19Prevention		
COVID-19Prevention - 1 - Purchasin	g & distribution of wa	ater, supplies, materials, a	nd PPE	
2.2. Program Description (This program.):	should be the des	cription of the planned		
This program is for the purchase alencourage tenants (especially the c			· · · · · · · · · · · · · · · · · · ·	
2.3. Eligible Activity Number (Some of the control of the combine homeownership and rentated of the APR they are corrected in	ut measure (exclud Il housing in one ac	ing operations and main tivity, so that when hous	tenance), do not sing units are	
(26) Other COVID-19Activities Authori	ized by Waivers or Al	ternateRequirements		
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) an	d 1.5 (APR) below		
Describe Other Intended Outcom	e (Only if you sele	cted "Other" above):		
Prevent thespread of the Covid-19 vi	rus.			
2.5 Actual Outcome Number (In	the APR identify tl	ne actual outcome from	the Outcome list.):	
(12) Other – must provide description	in boxes 1.4 (IHP) an	d 1.5 (APR) below		
Describe Other Actual Outcome	(Only if you selected	ed "Other" above.):	-	
Prevented thespread of Covid by proencouraging sheltering in place.	oviding supplies ava	ilable to tenants. Delivere	d supplies to elderly tenants	
2.6 Who Will Be Assisted (Desc	cribe the types of he		ssisted under the program.): Ion-Indian Households	
2.7. Types and Level of Assistando each household, as applicable.).	•	types and the level of as	ssistance that will be provided	

All existing and any new low-rent elderly, disabled, or at-risk tenants.

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.

In our small rural county acquiring necessities when there was a rush on water, toilet paper and cleaning supplies made it difficult on many of our tenants without the means to travel to get what they needed, especially our elders. We wereable to help provide those items and allow them to shelter in place.

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

75

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

Number of
Households
Served in

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

Program Year

1.10: APR:

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

Many elderly and disabled tenants were provided with the necessary PPE and disinfecting supplies, last year and with the previous activity. There was a lull in 2022 and no need for resident supplies.

Add Program

3.1. Program Name and Unique Identifier:	Unique Identifier	COVID-19Respond
COVID-19Respond - 1 - Food Pantry		
3.2. Program Description (This program.):	should be the desc	cription of the planned
	storically, families a	families beyond what they receive from the tribe's food re without food by the last week of the month. The food
involving housing units as the output	it measure (excludi I housing in one ac	om the Eligible Activity list. For any activity ing operations and maintenance), do not tivity, so that when housing units are meownership or rental.):
	(Select one outcon	ternateRequirements ne from the Outcome list. Each program applies, create a separate program for
(12) Other – must provide description	in boxes 1.4 (IHP) and	d 1.5 (APR) below
Describe Other Intended Outcom	e (Only if you seled	cted "Other" above):
The outcome include the prevention	of Covid19 by respo	nding to the need for food to maintain healthy lifestyles.
3.5 Actual Outcome Number (In	the APR identify the	ne actual outcome from the Outcome list.):
(12) Other – must provide description		<u> </u>
Describe Other Actual Outcome	(Only if you selected	ed "Other" above.):
A food pantry was developed that pr	ovided needed food	to help familiesstay healthy.
3.6 Who Will Be Assisted (Desc	cribe the types of ho	ouseholds that will be assisted under the program.): Indian Households Indian Households
Primarily low-income Indian families v	will beserved; non-lo	ow income Indian families not to exceed 10% will beserved.C
3.7. Types and Level of Assistand to each household, as applicable.):	•	types and the level of assistance that will be provided
All current, new, and prospective Indi HASNOK's food pantry.	an families will be pro	ovided food assistance through theadministration of
		PR in the 12-month program year. In accordance with planation of cost overruns or high unit costs.
Drive-through food pantries were org was lessneed for food assistance. Ass		eeded food with as little contact as possible. In 2022, there vided in the first quarter.

Program Descriptions

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 APR: Actual in Program Year Number of

Number of
Households
Served in
Program Year

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

1.10: APR:

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

202

Add Program

			Program Descriptions	
4.1. Program Name and Unique Identifier:	Unique Identifier	COVID-19Respond		
COVID-19Respond - 2 - Community	Gardens			
4.2. Program Description (This orogram.):	should be the desc	cription of the planned		
Community gardens will be maintain homeownership sites. The purpose sense of community. The gardens interact in crowds at grocery stores	will be to grow freswill provide fresh pr	sh produce, increase her roduce for families to alle	althier lifestyles, and and build a eviate the need for families to	
4.3. Eligible Activity Number (S involving housing units as the output combine homeownership and rentate reported in the APR they are corrected.	ut measure (excludi I housing in one act	tivity, so that when hous	tenance), do not sing units are	
(26) Other COVID-19Activities Authori	zed by Waivers or Alf	ternateRequirements		
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	d 1.5 (APR) below		
Describe Other Intended Outcom	e (Only if you seled	cted "Other" above):		
The gardens will help provide fresh to Ultimately, the gardens will provide for grocery stores. This social distancing to the grocery stores.	resh produce for fam will help reduce thes	ilies to alleviate the need f pread of Covid-19.	for families to interact in crowds at	
,	•	ne actual outcome from	the Outcome list.):	
(12) Other – must provide description	· · ·			
Describe Other Actual Outcome	(Only if you selecte	d "Other" above.):		
The community gardens allowed ten interact with crowds at the groceryst				
•	_		ssisted under the program.):	
Low-income Indian Households	Non-low income In	dian Households N	on-Indian Households	

Low-income tenantsand homeowners, both current and prospective will beassisted.

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

The low-income tenantsand homeowners will be provided education and experience with horticulture. They will grow and harvest their own food. They will increase/improve a healthy lifestyle. And they will cooperate and build a bettersense of community with their neighbors whilesocial distancing and preventing thespread of Covid-19.

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.

Raised gardens were developed that will be of continued use. Fresh vegetables will help tenants eat healthier diets. Last year growing their own food helped social distancing and preventing thespread of Covid.

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

75

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

Number of
Households
Served in

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

Program Year

1.10: APR:

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

No funds were expended for the community gardens in 2022. The structures for the raised gardens were used with IHBGARP funding to support community gardens this year.

Add Program

			Program Descriptions		
5.1. Program Name and Unique Identifier:	Unique Identifier	COVID-19Respond			
COVID-19Respond - 3 - Internet Service to Homeowners					
5.2. Program Description (This program.):	should be the desc	cription of the planned			
Internet service will be made availar program will provide for the set-up be able to provide internet service to	and connection of t	he necessary routers, dish	nes/antennas and software to		
5.3. Eligible Activity Number (S involving housing units as the output combine homeownership and rental reported in the APR they are correct.	ut measure (excludi I housing in one ac	tivity, so that when housin	nance), do not		
(26) Other COVID-19Activities Authori	zed by Waivers or Alt	ternateRequirements			
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	d 1.5 (APR) below			
Describe Other Intended Outcom	e (Only if you seled	cted "Other" above):			
Our rural tenants/homeowners will havirtual medical appointments, telewo	ork from home, and h	ome school.			
,	•	ne actual outcome from the	e Outcome list.):		
(12) Other – must provide description		· · · · · ·			
Describe Other Actual Outcome (Only if you selected "Other" above.):					
Tenants/homeowners have been provided theantenna and routers necessary to access the internet.					
5.6 Who Will Be Assisted (Desc	cribe the types of ho	ouseholds that will be assi dian Households	sted under the program.): I-Indian Households		
Current and future eligible low-incom	ne Indian houesholds	will beable to have interne	t access.		
5.7. Types and Level of Assistand to each household, as applicable.):	•	ypes and the level of assis	stance that will be provided		

Receivers and routers to access internet will be provided to the homes along with the initial internet set-up. Each household will be limited to receiving internet service for six months without charge.

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.

Hardware has been purchased. It iscurrently being installed and addressesset-up for internet accessibility.

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

73

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

Households
Served in
Program Year

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

1.10: APR:

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

HASNOK developed it's own internet service and provided internet to remote clustersite tenants. Funding was only available the first quarter. After that time, internet was provided via IHBGARP fundning.

Add Program

			Program Descriptions
6.1. Program Name and Unique Identifier:	Unique Identifier	COVID-19Respond	
COVID-19Respond - 4 - Operations of	of 1937Act Housing		
5.2. Program Description (This orogram.):	s should be the desc	cription of the planned	
Operations, oversight, and mainter management, and maintenance, as Covid 19 Pandemic.		•	· ·
5.3. Eligible Activity Number (Sinvolving housing units as the outposombine homeownership and rentate ported in the APR they are corrected.)	ut measure (excludi al housing in one ac	ctivity, so that when hous	tenance), do not sing units are
(2) Operation of 1937 Act Housing [20	2(1)]		
5.4. Intended Outcome Number can have only one outcome. If more each outcome.):	•		. •
(12) Other – must provide description	in boxes 1.4 (IHP) and	d 1.5 (APR) below	
Describe Other Intended Outcom	e (Only if you seled	cted "Other" above):	
Accountability will be ensured throumaintenance of units.	gh purchase/procure	ement policy, oversight and	d management of contracts, and
6.5 Actual Outcome Number (In	the APR identify th	he actual outcome from	the Outcome list.):
(12) Other – must provide description	in boxes 1.4 (IHP) an	id 1.5 (APR) below	
Describe Other Actual Outcome	(Only if you selected	ed "Other" above.):	
Accountability of the operations of 1	937Act Housing.		
,	cribe the types of ho		ssisted under the program.): Ion-Indian Households
Current and future tenants residing in	n 1937Act units who	are low-income families w	vill beassisted.
S 7 Types and I eyel of Assistant	Ce (Describe the	types and the level of as	esistance that will be provided

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

Tenants will beassisted through the overall financial operations associated with maintaining the 1937 Act units.

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.

Finance and Maintenance staff who have continued to work daily during the pandemic, have been provided board approved hazard pay for both on-site and teleworking. Staff has continued to procure, provide contract management, and necessary maintenance.

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

52

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

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

39

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

Funds were limited for this activity for 2022. After depleted, the activity was continued as an activity with IHBARP funding.

Add Program

Remove Program

			Program Descriptions	
7.1. Program Name and Unique Identifier:	Unique Identifier	COVID-19Respond		
COVID-19Respond - 5 - Housing Man	nagement Services			
7.2. Program Description (This program.):	should be the desc	cription of the planned		
Housing Management Services dur conveying stock, interim recertificat other affordable housing projects. T support encouraging social distance	ions, reporting, ten They contact tenant	ant selections, file mainte	enance, rental assistance, and	
7.3. Eligible Activity Number (So involving housing units as the output combine homeownership and rentated reported in the APR they are correct	it measure (excludi I housing in one ac	tivity, so that when housir	enance), do not	
(19) Housing Management Services [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.):				
(12) Other – must provide description	in boxes 1.4 (IHP) and	d 1.5 (APR) below		
Describe Other Intended Outcome	e (Only if you seled	cted "Other" above):		
In addition to general Housing Managunusual time for our tenants.	gement Services, staft	f also provides needed supp	port to tenants during ascary and	
7.5 Actual Outcome Number (In	the APR identify th	ne actual outcome from th	ne Outcome list.):	
(12) Other – must provide description	, ,	· · · ·		
Describe Other Actual Outcome	(Only if you selecte	ed "Other" above.):		
Housing Management staff have development throughout the pandemic.	eloped innovativeso	olutionsand continued to p	rovide support to tenants	
7.6 Who Will Be Assisted (Desc	ribe the types of ho		isted under the program.): n-Indian Households	
All HASNOK tenantsand low-income	<mark>Indian applicants wil</mark>	l beassisted.		
7.7. Types and Level of Assistand to each household, as applicable.):	,	ypes and the level of ass	istance that will be provided	
A variety of Housing Management Se assistance, administrative/managem		general oversight of existin	g stock, tenant selection, rental	

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

All Housing Management staff have been provided cell phones, iPads, and/or laptopsand hot spots to beable to continue providing qualityservices to tenants. To provide the quality and safety added activities, the BOCapproved hazard pay for staff that is being paid from this funding.

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 APR: Actual in Program Year Number of

Number of
Households
Served in
Program Year

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

40. 455

1.10: APR:

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

224

Housing Management continued to provide service in Covid-19 conditions in 2022.

Add Program

8.1. Program Name and Unique Identifier:	Unique Identifier	COVID-19Respond
COVID-19Respond - 6 -Rental Assist	tance (Security Depos	sits) for Tiny Homes
8.2. Program Description (This program.):	should be the desc	cription of the planned
Rental assistance will be provided tiny home additions.	in the form of depos	sits for low-income elderly/near elderly moving into new
involving housing units as the outpu	ut measure (excludi I housing in one ac	om the Eligible Activity list. For any activity ng operations and maintenance), do not tivity, so that when housing units are neownership or rental.):
(17) Tenant Based Rental Assistance [2	202(3)]	
		ne from the Outcome list. Each program applies, create a separate program for
(6) Assist affordable housing for low in	come households	
Describe Other Intended Outcom	e (Only if you seled	cted "Other" above):
8.5 Actual Outcome Number (In	the APR identify th	ne actual outcome from the Outcome list.):
(12) Other – must provide description	in boxes 1.4 (IHP) an	d 1.5 (APR) below
Describe Other Actual Outcome	(Only if you selected	d "Other" above.):
The goal was to assist affordable hou	sing for low-income	households, but there was no outcome.
8.6 Who Will Be Assisted (Desc	cribe the types of ho	ouseholds that will be assisted under the program.): dian Households Non-Indian Households
Rental assistance in the form of securi Preference will be given to Seminole		ovided for eligible low-income Indian applicants.
8.7. Types and Level of Assistand to each household, as applicable.):	•	ypes and the level of assistance that will be provided
Thesecurity deposit in theamount of process.	\$200 will be provide	d for theapplicant to beable to expedite the move-in
•		R in the 12-month program year. In accordance with planation of cost overruns or high unit costs.

Program Descriptions

Seventeen participants were assisted with deposits on new rentals in FY2022.

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

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

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

18

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

Number of
Households
Served in

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

Program Year

1.10: APR:

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

Not all tiny home tenants qualified for low-income assistance, but 17 did.

Add Program

			Program Descriptions
9.1. Program Name and Unique Identifier:	Unique Identifier	COVID-19Respond	
COVID-19Respond - 7 - Rental Assist	ance (Security Depos	sits) for Tiny Homes (80 - 10	0%)
9.2. Program Description (This program.):	should be the desc	cription of the planned	
Rental assistance will be provided i moving into new tiny home addition		sits for non low-income el	derly/near elderly (80 - 100%)
9.3. Eligible Activity Number (Sinvolving housing units as the output combine homeownership and rental reported in the APR they are correct.)	ut measure (excludi I housing in one ac	tivity, so that when housing	enance), do not
(17) Tenant Based Rental Assistance [2	(02(3)]		
9.4. Intended Outcome Number can have only one outcome. If more each outcome.):			
(6) Assist affordable housing for low in	come households		
Describe Other Intended Outcome	e (Only if you seled	cted "Other" above):	
9.5 Actual Outcome Number (In	the APR identify th	ne actual outcome from th	ne Outcome list.):
(12) Other – must provide description	in boxes 1.4 (IHP) an	d 1.5 (APR) below	
Describe Other Actual Outcome	(Only if you selecte	ed "Other" above.):	
The outcome should have been to as	sist affordable housi	ng for low-income househo	olds; it was not accomplished.
,	cribe the types of ho $ imes$ Non-low income In		isted under the program.): n-Indian Households
Rental assistance in the form of securi 100%). Preference will be given to Securi			-income Indian applicants (80 -
9.7. Types and Level of Assistanc to each household, as applicable.):	•	ypes and the level of ass	istance that will be provided
Thesecurity deposit in theamount of process.	\$180 will be provide	d for theapplicant to beab	le to expedite the move-in
9.8. APR: Describe the accomplis	shments for the AP	R in the 12-month progra	m year. In accordance with

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24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

One non-low income tiny home tenant wasassisted with rental deposit.

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 APR: Actual in Program Year Number of

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

1.10: APR:

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

There was only one non-low income applicant for this assistance.

Add Program

Program Descriptions 10.1. Program Name and COVID-19Respond Unique Identifier **Unique Identifier:** COVID-19Respond - 8 - Operations and Maintenance of NAHASDA-Assisted Units **10.2. Program Description** (This should be the description of the planned program.): Operations and maintenance of NAHASDA units during the Covid 19 Pandemic. 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.): (20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)] 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.): (3) Improve quality of substandard units **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.): (3) Improve quality of substandard units **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 and future tenants residing in NAHASDA units will beassisted. 10.7. 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 Department or contractors for essential home repairs for necessary health and safety items during the Covid 19Pandemic. 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.

Operations and maintenance of NAHASDA-Assisted Units included maintenance provided by Maintenance staff or contractors for work orders requested for essential home repairs to maintain tenants health and safety during the

pandemic.

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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

115

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

d APR: Actual
Number of
Households
Served in

Program Year

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

5

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

Only five units wereable to receive maintenance before funds were depleted.

Add Program

			Program Descriptions
11.1. Program Name and Unique Identifier:	Unique Identifier	COVID-19Respond	
COVID-19Respond - 9 - Utility Assista	ance		
11.2. Program Description (This program.):	should be the desc	cription of the planned	
Utility assistance will be provided to	current low-rent te	enants and homeowners.	
11.3. Eligible Activity Number (Sinvolving housing units as the output combine homeownership and rentate reported in the APR they are corrected.	it measure (excludi I housing in one ac	ng operations and maint tivity, so that when housi	enance), do not
(26) Other COVID-19Activities Authori	zed by Waivers or Al	ternateRequirements	
11.4. Intended Outcome Number can have only one outcome. If more each outcome.):	•		. •
(12) Other – must provide description	in boxes 1.4 (IHP) and	d 1.5 (APR) below	
Describe Other Intended Outcome	e (Only if you seled	cted "Other" above):	
Tenants/homeowners will have utilitie Pandemic.	es to maintain a heal	thy, safe, and sanitary envi	ronment during the Covid 19
11.5 Actual Outcome Number (In	the APR identify the	he actual outcome from t	he Outcome list.):
Describe Other Actual Outcome	(Only if you selected	ed "Other" above.):	
11.6 Who Will Be Assisted (Desc	ribe the types of ho	ouseholds that will be ass	sisted under the program.):
Low-income Indian Households [Non-low income In	ndian Households No	on-Indian Households
Current and future low-income Indiar	n families will beassis	sted during the Pandemic.	
11.7. Types and Level of Assistanto each household, as applicable.):		types and the level of ass	sistance that will be provided
Utility assistance (water or electric) no 19Pandemic.	t to exceed \$200 per	month will be provided up	o to three times during the Covid
11.8. APR: Describe the accompliance of the compliance of the complete			•
Only one person wasassisted with thi	s funding this year, v	vith a water and electric bil	l.

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

190

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

APR: Actual
Number of
Households
Served in

Program Year

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

1.10: APR:

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

Only one tenant was assisted with water and electric in 2022. The Treasury ERAP funding was used to assist tenants with utilities.

Add Program

SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

(1) Sources of Funding (NAHASDA § 102(b)(2)(C)(i), (404(b)) (Complete the <u>non-shaded</u> 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.)

	IHP				APR						
SOURCE	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)
	Estimated	Estimated	Estimated	Estimated	Estimated	Actual	Actual	Actual total	Actual funds	Actual	Actual
	amount on	amount to	total sources	funds to be	unexpended	amount on	amount	sources of	expended	unexpended	unexpended
	hand at	be received	of funds	expended	funds	hand at	received	funding	during 12-	funds	funds
	beginning of	during 12-	(A+B)	during 12-	remaining at	beginning of	during 12-	(F+G)	month	remaining at	obligated but
	program	month		month	end of	program	month		program	end of 12-	not expended
	year	program		program	program	year	program		year	month	at end of 12-
		year		year	year (C-D)		year			program year	month
										(H - I)	program year
IHBG-CARES Funds	\$0	\$530,362	\$530,362	\$530,362	\$0	\$76,353	\$0	\$76,353	\$76,353	\$0	

TOTAL	\$0	\$530,362	\$530,362	\$530,362	\$0	\$76,353	\$0	\$76,353	\$76,353	\$0	\$0
TOTAL Columns C & H, 2 through 10			\$0					\$0			
Mataa			1					1			

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

		IHP			APR	
PROGRAM NAME	(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 Reimbursement - 1 - To Prevent, Prepare For and Respond to Covid-19	\$61,130		\$61,130	\$68,058		\$68,058
COVID-19 Prevention - 1 - Purchasing & distribution of water, supplies, materials, and PPE	\$30,000		\$30,000	\$0		\$0
COVID-19 Respond - 1 - Food Pantry	\$92,000		\$92,000	\$2,871		\$2,871

COVID-19 Respond - 2 - Community Gardens						
	\$8,000		\$8,000	\$0		\$0
COVID-19 Respond - 3 - Internet Service to Homeowners	\$45,000		\$45,000	\$3,286		\$3,286
COVID-19 Respond - 4 - Operations of 1937 Act Housing	\$31,200		\$31,200	\$764		\$764
COVID-19 Respond - 5 - Housing Management Services	\$30,000		\$30,000	\$475		\$475
COVID-19 Respond - 6 - Rental Assistance (Security Deposits) for Tiny Homes	\$3,600		\$3,600	\$0		\$0
COVID-19 Respond - 7 - Rental Assistance (Security Deposits) for Tiny Homes (80 - 100%)	\$360		\$360	\$0		\$0
COVID-19 Respond - 8 - Operations and Maintenance of NAHASDA-Assisted Units	\$69,000		\$69,000	\$515		\$515
COVID-19 Respond - 9 - Utility Assistance	\$54,000		\$54,000	\$177		\$177
Planning and Administration	\$106,072		\$106,072	\$207		\$207
TOTAL	\$530,362	\$0	\$530,362	\$76,353	\$0	\$76,353

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 areassociated with COVID 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 the lit will comply with Title II of the Civil Rights Act of 1968 in carrying title is applicable, and other applicable federal statutes.	g out th	his Act, t	o the extent tha	at such
(2) In accordance with 24 CFR 1000.328, the recipient receiving lescertifies that:			000 under FC	\S
There are households within its jurisdiction at or below 80 percent	nt of me	edian ind	come.	
Yes		No 🔘	Not Applicable	•
(3) The following certifications will only apply where applicable bate a. It will maintain adequate insurance coverage for housing units the assisted with grant amounts provided under NAHASDA, in complimate the established by HUD; Yes	that ar liance	re owned with such	d and operated h requirements Not Applicable	as
 Policies are in effect and are available for review by HUD and the admission, and occupancy of families for housing assisted with gr NAHASDA; 		_		ility,
Yes	es 💿	No 🔘	Not Applicable	0
c. Policies are in effect and are available for review by HUD and the including the methods by which such rents or homebuyer payment assisted with grant amounts provided under NAHASDA; and	•	_	•	•
d. Policies are in effect and are available for review by HUD and the management and maintenance of housing assisted with grant am	•	_	•	SDA.

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:	Greg P. Chilcoat Chief
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	05/21/2020

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 maintenanc activities. The Tribe has appropriate laws and regulations in place in order for it to determine and distribute prevailing wages.
(2) Vou will use Davis-Bacon or HUD determined wage rates when required for IHBG-assisted construction 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?



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.



Section 3.2 - Program Description

The program description summarizes each program that will be funded with IHBGresources during the 12-month program year. At a minimum, the recipient must describe what specific type of projects will be developed under the planned program.

• In writing the program description, the recipient should determine how it wants to describe the planned activities that will benefit eligible families.

For example, assume that the recipient haschosen the eligibleactivity of "Tenant Based Rental Assistance" and an intended outcome that will "Assist Affordable Housing for CollegeStudents." The program description might then highlight that the recipient's program is designed to assist college-bound, eligible Native Americans to pay their rent whileattending any university in the state. It might highlight that this program is designed to assist tribal members who wish to become certified teachers or medical professionals, because these professions are needed within the tribal community. Thesection might also state that the assistance is to be used to pay rent in private-market rental units in the areassurrounding the educational institution. The description might go on to say that the purpose of the program is to enable low-income tribal members to better afford higher education in professional fields that are important to the tribe's continued well-being.

- If a recipient intends to provide housing assistance to families whose incomes fall within 80 to 100 percent of the median income, this planned activity should be included as a separate program.
- If a recipient wants to track two types of outcomes for a program it must identify each program separately. For example a recipient may have a program description of Tenant Based Rental Assistance for both College Housing Students and other Rental Assistance. If the recipient wants to track outcome (6) Assist affordable housing for low income households and outcome (8) Assist affordable housing for collegestudents, it must have two programs for Tenant Based Rental Housing.
- If a recipient chooses to establish and maintain aReserve Account for planning and administrative expenses, the recipient should include a program for this eligible activity in its annual IHP. The program description should identify the actual amount of funds set aside to establish or maintain the Reserve Account. The recipient must also ensure that the maximum amount of reserves, whether in one or more accounts, that a recipient may have available at any one time is calculated in accordance with 24CFR§ 1000.239 and Program Guidance 2014-10R (Reserve Accounts for Administration and Planning). In Line 1.2, the recipient must describe how it determined the allowable reserve amount. NOTE: Planned or actual expenditures from a Reserve Account should be included in the allowable spending cap for planning and administrative expenses.

The One-Year Plan program descriptions should include any program that will receive IHBG resources during the upcoming 12-month program year, even if some of the program tasks will take longer than 12 months to complete.

- •For example, assume the recipient is going to run a program that will construct 20 new rental units. However, during the coming program year the recipient will only acquire the land and develop the plansand specifications.
- •Even though the units will not be completed during the 12-month program year, the program must still be described in the IHP, and the IHP must still be determined to be compliant by HUD before the recipient can spend IHBG funds on these tasks.

In many cases, the recipient may be funding programs on an on-going basisyear after year.

- •For example, some recipients have an on-going program to modernize their 1937Act rental units. In these instances, the activity should be listed in each One-Year Plan over the entire period of the program.
- In some cases, the program will stay the same year to year. The recipient can copy the program/activity description from one IHP to the next year's IHP.
- However, the recipient should be careful to update the budget (Section 5) and planned outputs table (Line 1.9) to reflect the actual volume of work anticipated in the coming program year.

?Help

Section 3.3 - Eligible Activity Number

Select one activity from the Eligible Activities list for each identified program. Select the eligible activity that best fits the program. Otherwise, the recipient may wish to establish separate programs or change the eligible activity in asubsequent year. For example: a housing construction program could be done in a phased approach and each phase would be aseparate program. Land acquisition and site preparation could a program and the project's housing construction could be another program. This approach makes it easier to plan and track a complex, multi-year project such as housing construction. Write the eligible activity number in the space provided and then write the text of the eligible activity in the space next to the number.

Eligible Activity Number: (4) Construction of Rental Housing

Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR the units are correctly identified as homeownership or rental. Combining homeownership and rental will cause the APR to be incorrect. However, for Eligible Activities 2 and 20 (Operations and Maintenance activities), include both homeownership and rental units in one program activity.)

Each of the eligible activities has aspecific, measurable output. These output measures include the number of housing units constructed, rehabilitated, or acquired; number of acres of land purchased for the development of rental or homeownership units; number of households served with various services and assistance; and the number of dollars spent on crime prevention and safety, Model Activities, and infrastructure (roads, water/sewer, and utilities) to support housing.

Eligible activities and associated output measures may include those listed below. (Citations reference sections in NAHASDA):

Eligible Activity - Output Measure

- (1) Modernization of 1937Act Housing [202(1)] Units
- (2) Operation of 1937Act Housing [202(1)] Units
- (3) Acquisition of Rental Housing [202(2)] Units
- (4) Construction of Rental Housing [202(2)]- Units
- (5) Rehabilitation of Rental Housing [202(2)] Units
- (6) Acquisition of Land for Rental Housing Development [202(2)] Acres
- (7) Development of EmergencyShelters [202(2)] Households
- (8) Conversion of Other Structures to Affordable Housing [202(2)] Units
- (9) OtherRental Housing Development [202(2)] Units
- (10) Acquisition of Land for Homebuyer Unit Development [202(2)] Acres
- (11) New Construction of Homebuyer Units [202(2)] Units
- (12) Acquisition of Homebuyer Units [202(2)] Units
- (13) Down Payment/Closing Cost Assistance [202(2)] Units
- (14) Lending Subsidies for Homebuyers (Loan) [202(2)] Units
- (15) Other Homebuyer Assistance Activities [202(2)] Units
- (16) Rehabilitation Assistance to Existing Homeowners [202(2)] Units
- (17) Tenant Based Rental Assistance [202(3)] Households
- (18) Other Housing Services [202(3)] Households
- (19) Housing Management Services [202(4)] Households
- (20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)] Units
- (21) Crime Prevention and Safety [202(5)] Dollars
- (22) Model Activities [202(6)] Dollars
- (23) Expired, No longer available. N/A
- (24) Infrastructure to Support Housing [202(2)] Dollars
- (25) Reserve Accounts [202(9)] N/A



Section 3.4 - Intended Outcome Number

Intended Outcome Number. Intended outcomes are the impacts that the recipient hopes to achieve through the implementation of theactivities described in the IHP. There are 11 common outcomes and one 'other' outcome listed in the IHP/ APRform. Intended outcomes may include those listed below.

This line is not applicable to a Reserve Account.

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

Write the intended outcome number(s) in Line 1.4 and then write the text of the intended outcomes in the space next to the number. For example:

Intended Outcome Number: (2) Assist renters to become homeowners

Choose the intended outcome that most closely corresponds with the program description in Line 2. Another option for this line would be to choose one of the "other" activity categories listed in Line 1.3 (Activity Numbers 9, 15, or 18) and use it to describe an intended outcome as described below. If the recipient isstill unsure about how to categorize/describe an outcome for a program the recipient wishes to fund, the recipient should contact the Area ONAP for guidance. If a program meets more than one intended outcome, select the outcome that best matches the program type. An example for describing an intended outcome for an "other" activity category is shown below.

Intended outcome(s)

Number: (18) Other Housing Services

The intended outcome of this program is to provide self-sufficiency classes for residents of affordable housing projects.

If the intended outcome iscategorized as "(12) Other," describe the nature of the outcome in ways that distinguish it from the intended outcomes in the list. In providing the explanation, it may become clear that the "Other" outcome actually fits one of the listed outcomes.

All activities that will use IHBGfunds must be eligible under thestatuteand regulations. The recipient should ensure that any planned "other" intended outcomes are eligible under NAHASDA if it intends to fund them with IHBGresources. If the recipient is unsure about the eligibility of an activity, contact your Area ONAP. It may be necessary to propose a model activity for HUD review and approval.

Section 3.8 - APR

- **APR.** Describe what the recipient wasable to accomplish during the past 12-month period as a result of expending IHBG resources. If the recipient wishes to report on programs funded by othersources, it may doso. As noted above, programs that are partially funded by IHBGresources must be planned and reported. The recipient should be specific enough about the actual tasks and accomplishments so that the HUD reviewer can understand how IHBGresources were spent.
- •For example, the recipient might report that it was able to complete all its IHPactivities because it constructed 10 new homes using IHBGfunds and all passed final inspection, rehabilitated 3 homes using IHBGprogram income, and/or completed the planning phase of a 13-unit subdivision using a Title VI loan.
- Another example might be that the recipient reports it was able to initiate a housing rehabilitation program by completing the installation of new roofs on all identified units; however, it was unable to complete interior renovations on the units because of unanticipated plumbing repairs. Therefore, the recipient could not complete its rehabilitation program.

If the recipient established aReserve Account during the reporting period, it must be described as an accomplishment. Also, any expenditures from the Reserve Account during the reporting period must be described as an accomplishment.

Provide an analysisand explanation of cost overruns or high unit costs, in accordance with 24CFR1000.512(b)(3). HUD publishes total development costs periodically. For current and prior total development cost limits, visit: http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/ih/regs/notices. Specifically, NoticesPIH 2014-16and 2010-47provide, respectively, the current cost limits and additional information about total development costs.

Section 3.9 - Planned and Actual Outputs

Planned and Actual Outputs for 12-Month Program Year. The tablestarting on the following page identifies the basis for which an output isconsidered completed and can be counted. Refer to this table when estimating the planned number of outputs and reporting on the actual number of outputs for each activity. On the IHPside of Line 1.9, the recipient must estimate the number of IHBG-assisted units to be completed, households to be served, and/or acres to be purchased for IHBG-assisted housing development for each planned activity during the upcoming 12-month program year.

NOTE: If the planned output is dollars spent (i.e., Crime Prevention and Safety, Model Activities, or Infrastructure to Support Housing), skip Line 1.9 and enter these planned expenditures in Column Land Column M, if applicable, of the Uses of Funding Table in Section 5.

- In completing thissection of the IHPfor activities related to unit construction, rehabilitation, or acquisition, the recipient should estimate the number IHBG-assisted units that will be completed during upcoming the 12-month program year. If the recipient estimates that the construction/rehab/acquisition will be started in the coming 12 months but will be completed in a future program year, that unit should not be listed on Line 1.9 (Planned and Actual Outputs for the 12-Month Program Year).
- The recipient should enter the number of IHBG-assisted units ONLY. When estimating the number of IHBG-assisted units to be completed, identify whole units only. For example, if a project includes 5 units and half the project is IHBG-assisted, the number of IHBG-assisted units would be 3 rather than 2.5.
- •For assistance to households, the recipient should estimate the total number of households that will beassisted by that particular activity during the upcoming 12-month program year. In some cases, these households may also beassisted by other programs offered by the recipient and listed in the IHP. Each program should be counted separately and the recipient is not required to deduct the number of households assisted under more than one program.
- This line is not applicable to a Reserve Account.

On the APRside of Line 1.9, enter theactual number of IHBG-assisted units completed, households assisted, and/or acres purchased for IHBG-assisted housing development during the 12-month program year. Use thesame guidelines described in the bulleted itemsabove when defining theactual number of outputs. NOTE: If theactual output is dollarsspent (i.e., Crime Prevention and Safety, Model Activities, Self-Determination Program, or Infrastructure to Support Housing), skip Line 1.9 and enter theseactual expenditures in Column O and Column P, if applicable, of the Uses of Funding Table in Section 5.

Accuracy in reporting actual outputs is very important. If there are any questions, please contact your Area ONAP for assistance. For the IHP and APR, rely on the table below to determine how and when to count outputs of eligible activities. The first column lists all eligible activities, these cond column identifies the output measure for each eligible activity, and the third column identifies when to consider an output as completed for each eligible activity.



Section 5(1) - IHP



Sources of Funding. For the IHP, this table identifies the estimated or anticipated sources of funding for the upcoming 12-month program year. The table is intended to cover all of the funds to be expended on IHBG-assisted activities during the One-Year Plan period. As noted above, the recipient is not required to list othersources of leveraged funds (Rows7-10) unless those funds will be combined with IHBG in a project.

The Sources of Funding table must include the amounts of private loans or tribal loans that will be used for NAHASDA-eligible activities, which will later be reimbursed with IHBGfunds. For example, assume that a tribe lends \$100,000 for the acquisition of land that will be used to develop affordable housing for low-income Native American families. At a later time, the recipient will use its IHBGgrant to repay this loan. The \$100,000 of assistance must be listed as a source of funds in the chart as "non-federal funds." The recipient is cautioned that all such transactions must follow all applicable NAHASDA and other federal rules, such a senvironmental review, labor standards, relocation/acquisition, etc.

For the IHP, fill Columns A,B,C,D, and E, as described below.

Column A (Estimated Amount on Hand at Beginning of Program Year): This columnshould show the amount of fundsalready sitting in an account for the recipient (whether at U.S. Treasury, in a local investment account, or cash on hand). This includes all "carry over" IHBG funds from previous years. The recipient is required to include all sources that will be used to leverage projects or programs with IHBG resources. In addition, the recipient is required to include program income, 1937Act program funds that remain with the TDHE or tribe and have not yet been spent, as well as remaining 1937Act reserves, both of which must be used for eligible affordable housing activities. The types of leveraged non-IHBG funds include:

- "ICDBG," the Indian Community Development Block Grant isacompetitive grant program available to tribes and administered by HUD;
- "Other Federal Program Funds" might include funds from the U.S. Department of Agriculture, Indian Health Service, Bureau of Indian Affairs or any other federal agency;
- "LIHTC," the Low Income Housing TaxCredit is an IRS program that works through stateagencies and provides developers with tax credits in return for funding affordable housing; and
- "Non-Federal Funds" could be any other type of funds that will be used for projects or programs in combination with IHBGresources, including tribal contributions, tribal loans, private funds, non-program income, or assistance from nonprofits.
- Note: Estimated, expected leveraged funding must be described in Line 3.

Column B (Estimated Amount to be Received During 12-Month Program Year): This columnshould show the new funding to be received, including the total of the new IHBGgrant for the FFYand any funds that are expected to be received at any point during the 12 months (including program income), if those funds are associated with a program or activity outlined in the plan.

Column C (Estimated Total Sources of Funds): This columnshould show the sum of the funds on hand from Column A and the new funds received from Column B.

Column D (Estimated Funds to be Expended During 12-Month Program Year): This column should show the amount of funds from Column C that the recipient anticipates expending during the upcoming 12-month program year. The amount in Column D must never exceed the amount in Column C. The amount in Column D should be directly related to the 12-month activities listed in the One-Year Plan. Note: The total for Column D should match the total of Column N in Line 2 (Uses of Funding table).

ColumnE(Estimated Unexpended Funds Remaining at the End of the Program Year): This column should show the amount of funds that the recipient anticipates will be left over at the end of the 12-month program year. The calculation is based on the amount of available funds and the amount budgeted to be spent, or the amount in Column Cminus the amount in Column D.

With HUD approval, the recipient is permitted to draw down IHBGfunds and invest those funds for a maximum five-year period in asecure, approved type of investment. (For additional information, see Notice PIH2010-33, extended by Notice PIH2011-43.) The Estimated Sources of Funding table does not have a separate row for IHBGinvestments as a source of funds. For the purposes of the IHP, invested IHBGfunds are treated exactly the same as if the IHBGfunds were in the recipient's LOCCS account.

Hypothetical Example: Assume that a recipient has \$200,000 of IHBGfunds currently in an investment account, it has another \$250,000 of existing IHBG assistance in itsLOCCS account at HUD and it anticipates receiving another \$800,000 in IHBG grant funds during the year. It intends to expend \$100,000 of the existing investments in the next program year and it will invest another \$300,000 during the program year. In total, the recipient plans to expend \$700,000 on eligible affordable housing activities during its program year, of which \$100,000 will come from the investment account and \$600,000 will come from itsLOCCS account.

- The decision to invest an additional \$300,000 of IHBGfunds would have no effect on Column A. The estimated amount of IHBGon hand at the beginning of the year would be \$450,000 (\$250,000 in LOCCS and \$200,000 in investments), regardless of whether these funds are in LOCCS, or in an approved investment.
- •The amount of funds expected to be received during the program year at Column B, Row 1 would be the \$800,000 in new IHBG grants. Any interest anticipated or actually earned on the investments during the program year would be reported on the Row 2 for "IHBG Program Income."
- Thus, the estimated total sources of IHBGfunds at Column Cwould be \$1,250,000 (\$800,000 plus \$450,000).
- In Column D the recipient would indicate the \$700,000 IHBG funds it intends to expend on eligible activities during the program year, regardlessof whether the fundsare drawn from LOCCS or from an investment account.
- In this example, the IHBGcarryover would be \$550,000 (\$1,250,000 \$700,000). Of this amount, the recipient would know that \$400,000 is in an investment account (\$200,000 originally invested, minus \$100,000 of investments withdrawn, plus \$300,000 of new investments) and \$150,000 will remain in itsLOCCSaccount (\$1,250,000 total available, minus \$700,000 expended, minus \$400,000 in investments), but this would not beseparately listed in theSources of Funding table. In ColumnE, if the recipient plans to leave funds in an approved investment and plans that those funds will remain at the end of the program year, or if the recipient plans to add new investments during the year, then those would be indicated together with the other IHBGfunds as a part of the estimated unexpended funds, in ColumnE.
- •Regardlessof the decisions regarding investments, the recipient's IHPmust clearly indicate how the \$700,000 will be used during the upcoming 12-month program year.

Section 5(1) - APR



Sources of Funding. For the APR, the recipient reports on the actual sources of funding received and expended during the program year. Fill ColumnsF,G,H,I,J, and K.

NOTE: Funds used for Title VI loan repayments should not be included in the Sources of Funding table; rather, Title VI loan repayments should be shown on the Loan Repayment line in the Uses of Funding table.

Column F (Actual Amount on Hand at Beginning of Program Year): This columnshould show the amount of funds actually onhand at the beginning of the program year covered by the APR. Examples of "funds on hand" would be funds undisbursed from the recipient's LOCCS account, funds that are in the recipient's bank account, or any funds that are available to the recipient that have not yet been expended. In addition, "funds on hand" includes any IHBG amounts invested pursuant to 24CFR 1000.58.

Column G(Actual Amount Received During 12-Month Program Year): This columnshould show the funds that were actually received under a grant agreement or other firm commitment during the previous 12-month program year. The recipient must report on any funds received that were used in conjunction with IHBGresources. Describe actual leveraged funding received in Line 4.

Note that the IHBGprogram income was an estimate in the IHP; for the APRit should be an accurate accounting of the entire amount of program income received in the previous 12-month program year. Thus, the recipient must track the receipt and expenditure of program income throughout the years of that it can provide an accurate accounting of the total amount received in Row 2. It is not sufficient to only report on the program income "on hand" at the end of the program year. Rather, the recipient must account for all program income earned throughout the year, including that program income that has already been disbursed for an activity.

Column H (Actual Total Sources of Funding): This columnshould show the total amount of actual funding available during the previous 12-month program year or the sum of Columns Fand G.

Column I (Actual Funds Expended During 12-Month Program Year): This columnshould show the actual funds expended during the previous 12-month program year. The amount should include any funds actually drawn down from LOCCS or other accounts, but not commitments or obligations for which funds have not yet been spent. Do not include IHBG deposits to HUD-approved investment accounts. Note: The total of Column Ishould match the total of Column Q in Line 2 (Uses of Funding table)

Column J (Actual Unexpended FundsRemaining at the End of the Program Year): This columnshould show the amount of unspent funds based on the amount of funds actually available less the amount spent during the program year, or the amount in Column H minus the amount in Column I.

Column K (Actual Unexpended FundsObligated but not Expended at End of 12-Month Program Year): This columnshould show the amount of funds that have been obligated by the recipient through a signed contract or other legally binding agreement but have not yet been expended in the previous 12-month program year. For a definition of fund obligation, see Notice PIH 2000-26 (TDHEs) at http://www.hud.gov/offices/pih/publications/notices/00/pih2000-26.pdf. This notice provides recipients with guidance regarding what constitutes an obligation of grant funds. NOTE:Effective January 2, 2013, the IHBGregulations no longer include the two-year, 90 percent fund obligation requirement. However, the recipient must continue to report in Column K theamount of funds that have been obligated but not expended.

NOTE: Funds used for Title VI loan repayments should not be included in the Sources of Funding table; rather, Title VI loan repayments should be shown on the Loan Repayment line in the Uses of Funding tab

Section 5(2) - IHP



Usesof Funding. For the IHP, this tableshows how theanticipated fundsare planned to be used during the upcoming 12-month program year. The table is organized by the programs identified by the recipient in Section 3. Each intended program name and unique identifier from Section 3, Line 1.1 should appear as a row on this table. For the IHP, enter each program name and associated unique identifier (Line 1.1.) from Section 3 (Program Descriptions) and fill ColumnsL, M, and N, as described below.

- It is not acceptable to show a use of funds that does not correspond to a planned one-year program.
- If the Area ONAP cannot readily tie a planned use of funds to a stated one-year program, HUD will notify the recipient that the IHP must be revised prior to a determination that the IHP is in compliance with NAHASDA.
- •For the purposes of the Uses of Funding table, IHBG(only) refers to the grant amount. Any IHBGprogram income, Title VI funds, or Title VI program income should be included with "All Other Funds" in Column M.
- SeeSection 6, Line 4 for information on calculating planning and administrative expenses.

If the recipient plans to usesome of its IHBGfunds during the upcoming 12-month program year to repay an existing Title VI loan or a private loan, then that planned repayment must be listed on the LoanRepayment row at the bottom of the Uses of Funding table. If the recipient lists a loan repayment, it must describe at Line 3 the associated loan and the eligible activity the loan repayment supports. The recipient must ensure that all IHBG and other federal requirements were followed at the time that the project was initially funded. The recipient should not repay any loan with IHBG resources if the program was not previously listed in an IHP that HUD determined to be in compliance with NAHASDA.

Column L(Prior and Current Year IHBG(Only) Funds to be Expended in 12-Month Program Year): This columnshould show the cumulative, previous FFY allocations of IHBG funds plus the current year IHBG funds that are dedicated to the planned activities. The total in Column L must not exceed the IHBG funds from Columns A and B, Row 1 in Line 2 (Estimated Sources of Funding table). The recipient's planning and administrative expenses cannot exceed the planning and administrative spending cap without HUD approval.

Column M (Total All Other Funds to be Expended in the 12-Month Program Year): This columnshould show the planned expenditure of other, non-IHBG funds during the upcoming 12-month period. The total of Column M must not exceed the total from Column C, Rows 2-10 in Line 1 (Sources of Funding table).

Column N(Total Funds to be Expended in 12-Month Program Year): This column should show the sum of the IHBG-budgeted expenditures and the non-IHBG budgeted expenditures over the upcoming 12-month program year, or Column L plus Column M. The total of Column Nshould equal the total of Column D in Line 1 (Sources of Funding table).

Section 5(2) - APR

Return

Uses of Funding. For the APR, the recipient reports on the actual expenditures during the program year by program. This section should only include actual funds expended, not commitments or planned draws. It would not include amounts drawn down and placed in investments.

If the recipient is showing actual expenditures for a program or eligible activity that was not included in the IHP found in compliance by HUD, it must submit an amended IHP before the APR can be accepted.

For the APR, the recipient will report on theactual uses of funding received during the previous 12-month program year. Fill ColumnsO,P, and Q. NOTE:For the purposes of the Uses of Funding table, IHBG(only) refers to the grant amount. Any IHBG program income, Title VI funds, or Title VI program income should be included with "All Other Funds" in Column P.

Column O(Total IHBG(Only) Funds Expended in 12-Month Program Year): This columnshould show the IHBG funds that were expended in the previous 12-month program year. If the recipient borrowed and repaid a loan or a portion of a loan in the same year using IHBG funds, show the repayment of the principal amount in the IHBG program line in the Uses of Funding table and report loan interest payments and loan expenses in the Loan Repayment line in the Uses of Funding table.

The Administrative and Planning spending cap must be based either on the actual expenditures incurred during the 12-month period or the actual grant award amount, and not on the amount shown in the IHP. These expenditures should be reported on the Planning and Administration row.

The total amount of IHBG funds expended cannot exceed the total amount in Column H, Row 1 of Line 1 (Sources of Funding table).

Column P(Total All Other Funds Expended in 12-Month Program Year): This column should show all other funds that were expended in the previous 12-month program year. Other funds include any program income, Title VI, and all non-IHBG funds used to leverage IHBG projects, such as any LIHTC or ICDBG funds in an IHBG-funded project. The total of Column Pcannot exceed the total of Column H,Rows 2-10 in Line 1 (Sources of Funding table).

Column Q(Total Funds Expended in 12-Month Program Year): This column should show the total funds expended during the previous 12-month program year. It is the sum of Column O and Column P. The total for Column Q should equal the total of Column I in Line 1 (Sources of Funding table).



Section 6(1) - Useful Life/Affordability Period(s)



Useful Life/Affordability Period(s). Sections 205(a)(2) and 209 of NAHASDA and 24CFR§ 1000.142 require that housing units that areassisted with IHBGresources remain affordable to low-income families over a period known as the "useful life" of the unit. Each recipient must determine the useful life timeframe for the units that will be assisted with IHBGresources during the One-Year Plan period. The useful life provisions apply to all housing units assisted with IHBGresources except for Mutual Help homes developed under the U.S. Housing Act of 1937(see 24CFR§ 1000.145). SeeRecipient Guidance 2013-06(R) for further information on useful life and binding commitments.

Theaffordability period should be the remaining useful life of the property, asapproved by HUD, or the longest feasible period of time consistent with sound economics and the purposes of NAHASDA, asapproved by HUD. In determining a property's affordability period or useful life, a recipient could use a tiered schedulesimilar to that used in HUD's HOME program to determine theaffordability period. This would specify a number of years during which the housing must remain affordable, dependent upon theamount of IHBGresources being invested in the property per occurrence. For example:

New construction or acquisition of newly constructed housing....20 years

The dollar ranges and/or the corresponding number of years may differ from those shown above depending upon local conditions. The recipient may choose to assign a longer affordability period in order to ensure the availability of a larger continuing affordable housing supply for low-income families.

If the recipient chooses to usesome other method of assigning theaffordability period, the IHPshould describe how the method provides for an affordability period with appropriate consideration given to any unique local conditions. In setting a useful life, a specific number of yearsshould be given for theaffordability period, not a range of years (e.g., 30 to 40 years) or a general statement. The designated affordability period should in no way be contingent upon the continuation of IHBGresources.

A description of the recipient's plan or system for determining the useful life of the housing it assists with IHBGresources must be provided in the IHP. A record of the current, specific useful life for HUD-assisted housing units should be maintained in the recipient's files and available for review.

Section 6(2) - Model Housing and Over-Income Activities

Return

Model Housing and Over-Income Activities. A Model Activity is one that is related to affordable housing, but is not specifically described aseligible in NAHASDA. (See NAHASDASection 202(6), and 24CFR§ 1000.108.) Line 2 is only applicable if the recipient intends to fund a Model Activity or if it wishes to serve Native American households whose incomes exceed 100 percent of the median income or anticipates expending more than 10 percent of its IHBGto serve families whose incomes fall between 80 percent and 100 percent of the median.

The recipient must get HUD approval if it wants to serve households above 100 percent of median or if it wants to spend more than 10 percent of its IHBG funds to assist households at between 80 percent and 100 percent of median income.

If the recipient wishes to implement a Model Activity under Section 202(6) of NAHASDA, or if it wishes to serve non-low-income households (as identified in Section 201(b) of NAHASDA and 24CFR§ 1000.108), those activities may be described in Line 2 or as as eparate submission. If the recipient has not already included acompleted Section 3 with the Model Activity request the recipient must complete the IHP portions of Section 3 (Program Descriptions) for each approved Model Activity by submitting an IHP amendment. The amended IHP, including the approved model activity, must be used when submitting the APR.

Any proposed Model Activity must be approved by HUD before incurring any expenses and beginning any work on that activity.

•For more information on Model Activities, refer to Recipient Guidance 2013-09at http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/ih/codetalk/nahasda/guidance

•For additional information on assisting non-low-income households, refer to PIHNotice 2014-02at: http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/ih/regs/notices



Section 6(4) - Anticipated Planning and Admin Expenses



NAHASDASection 102(b)(2)(C)(ii) and 24CFR§ 1000.238 specify spending caps for administrative and planning expenses, as shown below. HUD will publish an upcoming guidance that will provide further information on spending caps. See PIHNotice 2002-29 for further information on IHBG administrative and planning expenses requirements.

Annual IHBGGrant or IHBGExpenditure Amount

(whichever is greater, and includeany planned or actual expenditures from the Reserve Account amount)

\$500,000 or Less.....30% Cap

More than \$500,000...... 20%Cap

HUD recommends that a recipient consistently apply either theannual grant amount or annual expenditure amount in calculating thespending cap. A recipient may request HUD approval to exceed the 20 or 30 percent spending cap.

Recipients that receive in excess of \$500,000 may use up to 20 percent of the annual expenditures of grant funds or up to 20 percent of the annual grant amount, whichever is greater. The 20 percent cap also would apply to a recipient that receives IHBG funds on behalf of one or more beneficiaries if each beneficiary qualifies for the 20 percent spending cap.

Recipients that receive or expend \$500,000 or lessmay use up to 30 percent of the annual expenditures of grant funds or up to 30 percent of the annual grant amount, whichever is greater. The 30 percent cap also would apply to a recipient that receives IHBG funds on behalf of one or more beneficiaries if each beneficiary qualifies for the 30 percent spending cap.

If a recipient receives IHBG funds on behalf of one or more beneficiaries and there is a blend of spending cap maximum samong the beneficiaries, the recipient must describe if the estimated spending cap was based on a flat percentage or, if the percentage was higher for some beneficiary allocations than for others. If a different percentage was applied to each beneficiary, identify the percentage applied to each beneficiary allocation.

If the recipient applies the same percentage cap to all its beneficiary grant allocations, the recipient should state the grant amount or expenditure amount, the cap percentage applied, and the actual dollar amount of the cap.

If the recipient applies a different cap percentage for each beneficiary, the following information must be provided:

- 1) Name of each beneficiary
- 2) Amount of each beneficiary allocation
- 3) Applicable percentage cap for each beneficiary allocation
- 4) Actual dollar amount of each cap
- 5) Combined cap dollar amount

The calculation for the budgeted administrative and planning expense must be included on Line 4 in Section 6 of the IHP.

A recipient may use IHBGfunds for expenses related to the planning and administration of affordable housing activities funded with non-IHBGfunds. The total amount of IHBGfundsspent on planning and administration for both IHBGand non-IHBGfunded activities may not exceed the recipient's allowable spending cap, except with HUDapproval. The use of IHBGfunds for planning and administration of activities funded with non-IHBGfunds must comply with the IHBGrestrictions on using funds for planning and administration, in addition to any requirement on administrative and planning expenses imposed by the non-IHBGfunds (not including non-IHBGspending limits).

The following isan example of a recipient's calculation of the maximum planning and administrative expenses when multiple grant beneficiaries are included in the grant.



Section 6(6) - Expanded Formula Area - Verification ...



ExpandedFormula Area – Verification of Substantial HousingServices. This section is only required if the recipient expanded its Formula Area after Federal Fiscal Year 2003 in accordance with 24CFR§ 1000.302 Formula Area (2).

The recipient must annually demonstrate that it providesSubstantial Housing Services in that expanded formula area. If the recipient wasapproved for expansion after Federal Fiscal Year 2003 but before May 21, 2007, the effective date of the regulations, then it must demonstrate compliance in accordance with the provision 24CFR§ 1000.302Substantial Housing Services (1). If the recipient wasapproved for an expansion on or after May 21, 2007, it must demonstrate compliance in accordance with the provision (24CFR§ 1000.302Substantial Housing Services (1) or (2)) in which it was originally approved. If the recipient cannot demonstrate compliance with the provision under which it was initially approved, then the recipient must resubmit aFormula Area expansion request to the IHBGFormulaCustomer Service Center for consideration.

In this section of the IHP, the recipient must list its expanded Formula Area name. For example, if an expansion of the Formula Area has been approved by HUD to include fee simple land in two counties, this box must indicate the name of each the county.

If the recipient wasapproved in accordance with 24CFR§ 1000.302Substantial Housing Services (1), then the recipient must then indicate theamount of IHBGfunds and funds from othersources that the recipient plans to spend in that expanded area during the upcoming 12-month program year for all American Indian and Alaska Native (AIAN) households and for only those AIAN households with incomes 80 percent of median income or lower. In this case, the recipient does not need to report the number of tribal members residing within each Formula Area expansion.

If the recipient wasapproved in accordance with 24CFR§ 1000.302Substantial Housing Services (2), the recipient must only indicate IHBGfunds planned for that timeframe and those income categories. Furthermore, the recipient must annually document the number of tribal members residing within each Formula Area expansion.