SECTION 1: COVER PAGE

(1) Grant Number: 20BV4026900

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

(3) Federal Fiscal Year: 2020

☑ IHBG-CARES

☐ **(4)** Initial Plan (Complete this Section then proceed to Section 2) or an Amended IHP

☑ **(6)** Annual Performance Report (Complete items 27-30 and proceed to Section 3)

☐ **(7)** Tribe

☐ **(8)** TDHE

(9) Name of Recipient:

Housing Authority of the Seminole Nation of Oklahoma

(10) Contact Person:

Rebecca Stone

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

(405) 257-6604

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(14) State: Oklahoma

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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 (MM/DD/YYYY): 01/21/2021

(22) IHBG-CARES Amount: $530,362

Date Started Preparing for COVID-19: 03/02/2020

(23) Name of Authorized IHP Submitter: 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.

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 Reimbursement

COVID-19 Reimbursement - 1 - To Prevent, Prepare For and Respond to Covid-19

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

The HASNOK began March 2, developing an action plan for the prevention, preparation, and response of the spread of Covid-19. A VPN for teleworking was established, laptops and cell phones were purchased. Disinfectants, PPE,

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):

To prevent, prepare for and to respond to Covid-19.

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.):

Preventing, prepared for, and responding to Covid.

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

Current and future low-income families residing in 1937 Act and NAHASDA-assisted units will be assisted.

1.7. 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 tenants will be assisted through operations, and individual assistance provided.

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.*

A VPN was set up for staff to telework. Cell phones and laptops were purchased. Cleaning supplies, and PPE were purchased for staff and tenants.

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
	190	

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
	200	

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

Program Descriptions

2.1. Program Name and Unique Identifier:

Unique Identifier	COVID-19 Prevention

COVID-19 Prevention - 1 - Purchasing & distribution of water, supplies, materials, and PPE

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

This program is for the purchase and distribution of necessary equipment, supplies, materials, and PPE to encourage tenants (especially the elderly and other high risk households) to shelter in place.

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):

Prevent the spread of the Covid-19 virus.

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.):

Prevented the spread of Covid by providing supplies available to tenants. Delivered supplies to elderly tenants encouraging sheltering in place.

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

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

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 were able to help provide those items and allow them to shelter in place.

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
	75	

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
	940	

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

Program Descriptions

3.1. Program Name and Unique Identifier:

Unique Identifier	COVID-19 Respond

COVID-19 Respond - 1 - Food Pantry

3.2. 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 receive from the tribe's food and nutrition program or SNAP. Historically, families are without food by the last week of the month. The food pantry will complement other existing food programs.

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):

The outcome include the prevention of Covid19 by responding to the need for food to maintain healthy lifestyles.

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.):

A food pantry was developed that provided needed food to help families stay healthy.

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

Primarily low-income Indian families will be served; non-low income Indian families not to exceed 10% will be served.C

3.7. 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.

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.*

Drive-through food pantries were organized to provide needed food with as little contact as possible.

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
	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
	202	

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

Program Descriptions

4.1. Program Name and Unique Identifier: Unique Identifier: COVID-19 Respond

COVID-19 Respond - 2 - Community Gardens

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

Community gardens will be maintained at four cluster sites: a low-rent site, elderly low-rent site, and two homeownership sites. The purpose will be to grow fresh produce, increase healthier lifestyles, and and build a sense of community. The gardens will provide fresh produce for families to alleviate the need for families to interact in crowds at grocery stores (social distance), which will help to reduce the spread of Covid-19.

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

(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):

The gardens will help provide fresh food for tenants, increase healthy lifestyles, and build a sense of community. Ultimately, the gardens will provide fresh produce for families to alleviate the need for families to interact in crowds at grocery stores. This social distancing will help reduce the spread of Covid-19.

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

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

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

The community gardens allowed tenants to get outside, grow healthy food, and ultimately prevent the need to interact with crowds at the grocery store as much. Added social distancing helped reduce the spread of Covid.

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

Low-income tenants and homeowners, both current and prospective will be assisted.

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 tenants and 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 better sense of community with their neighbors while social distancing and preventing the spread 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 helped tenants eat healthier diets. Growing their own food helped social distancing and preventing the spread of Covid.

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

Planned Number of **Units** to be Completed in Year Under this Program	Planned Number of **Households** To Be Served in Year Under this Program	Planned Number of **Acres** To Be Purchased in Year Under this Program
	75	

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
	77	

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

Program Descriptions

5.1. Program Name and Unique Identifier:

Unique Identifier	COVID-19 Respond

COVID-19 Respond - 3 - Internet Service to Homeowners

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

Internet service will be made available for rural cluster sites who currently have little or no internet access. The program will provide for the set-up and connection of the necessary routers, dishes/antennas and software to be able to provide internet service to the low-income tenants/homeowners in rural Seminole County.

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.):

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

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):

Our rural tenants/homeowners will have access to internet that they don't currently have. They will be able to conduct virtual medical appointments, telework from home, and home school.

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.):

Tenants/homeowners have been provided the antenna and routers necessary to access the internet.

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 future eligible low-income Indian houesholds will be able to have internet access.

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

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 is currently being installed and addresses set-up for internet accessibility.

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
	73	

APR: Actual Number of **Units** Completed in Program Year	APR: Actual Number of **Households** Served in Program Year	APR: Actual Number of **Acres** Purchased in Program Year
	0	

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

Although hardware was purchased. We attempted to establish a contract with AT&T on two different occasions to set-up the internet service needed to provide out to our tenants/homeowners. The contract negotiation and receiving hardware took months each time, and to no avail. Service to our remote locations was not available without a substantial investment, which we could not afford. We finally changed the plan and looked for alternative service opportunites which we are moving forward with.

Program Descriptions

6.1. Program Name and Unique Identifier:

Unique Identifier: COVID-19 Respond

COVID-19 Respond - 4 - Operations of 1937 Act Housing

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

Operations, oversight, and maintenance of 1937 Act units. Includes purchases, procurement, contract management, and maintenance, as well as, tenants accounts receivable while working remotely during the Covid 19 Pandemic.

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.):

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

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):

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

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.):

Accountability of the operations of 1937 Act Housing.

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

Current and future tenants residing in 1937 Act units who are low-income families 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.):*

Tenants will be assisted 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 managment, and necessary maintenance.

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
52		

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
141		

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 - 5 - Housing Management Services

7.2. 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, conveying stock, interim recertifications, reporting, tenant selections, file maintenance, rental assistance, and other affordable housing projects. They contact tenants on a weekly basis, provide information, education, and support encouraging social distancing.

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.):

(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 1.5 (APR) below

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

In addition to general Housing Management Services, staff also provides needed support to tenants during a scary and unusual time for our tenants.

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

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

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

Housing Management staff have developed innovative solutions and continued to provide support to tenants throughout the pandemic.

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

All HASNOK tenants and low-income Indian applicants 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.):*

A variety of Housing Management Services are provided: general oversight of existing stock, tenant selection, rental assistance, administrative/management services.

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.*

All Housing Management staff have been provided cell phones, iPads, and/or laptops and hot spots to be able to continue providing quality services to tenants. To provide the quality and safety added activities, the BOC approved hazard pay for staff that is being paid from this funding.

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
	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
	340	

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

Program Descriptions

8.1. Program Name and Unique Identifier:

Unique Identifier	COVID-19 Respond

COVID-19 Respond - 6 - Rental Assistance (Security Deposits) for Tiny Homes

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

Rental assistance will be provided in the form of deposits for low-income elderly/near elderly moving into new tiny home additions.

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.):

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

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.):

(6) Assist affordable housing for low income households

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.):

(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 goal was to assist affordable housing for low-income households, but there was no outcome.

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

Rental assistance in the form of security deposits will be provided for eligible low-income Indian applicants. Preference will be given to Seminole tribal members.

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

The security deposit in the amount of $200 will be provided for the applicant to be able to expedite the move-in process.

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.*

There were no accomplishments in this program by September 30.

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
	18	

APR: Actual Number of **Units** Completed in Program Year	APR: Actual Number of **Households** Served in Program Year	APR: Actual Number of **Acres** Purchased in Program Year
	0	

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

The Tiny Homes were slated to be completed by July. Due to infrastructure issues and weather, they were not completed until after September. Deposits were not able to be paid until after the fiscal year.

Program Descriptions

9.1. Program Name and Unique Identifier: Unique Identifier: COVID-19 Respond

COVID-19 Respond - 7 - Rental Assistance (Security Deposits) for Tiny Homes (80 - 100%)

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

Rental assistance will be provided in the form of deposits for non low-income elderly/near elderly (80 - 100%) moving into new tiny home additions.

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.):

(17) Tenant Based Rental Assistance [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.):

(6) Assist affordable housing for low income households

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

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

(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 outcome should have been to assist affordable housing for low-income households; it was not accomplished.

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

Rental assistance in the form of security deposits will be provided for eligible non low-income Indian applicants (80 - 100%). Preference will be given to Seminole tribal members.

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

The security deposit in the amount of $180 will be provided for the applicant to be able to expedite the move-in process.

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.*

There were no accomplishments for this program by September 30.

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

Planned Number of **Units** to be Completed in Year Under this Program	Planned Number of **Households** To Be Served in Year Under this Program	Planned Number of **Acres** To Be Purchased in Year Under this Program
	2	

APR: Actual Number of **Units** Completed in Program Year	APR: Actual Number of **Households** Served in Program Year	APR: Actual Number of **Acres** Purchased in Program Year
	0	

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

The Tiny Homes were slated to be completed by July. Due to infrastructure issues and weather, they were not completed until after September. Deposits were not able to be paid until after the fiscal year.

Program Descriptions

10.1. Program Name and Unique Identifier: Unique Identifier: COVID-19 Respond

COVID-19 Respond - 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 be assisted.

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 19 Pandemic.

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.

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
115		

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
143		

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

Program Descriptions

11.1. Program Name and Unique Identifier:

Unique Identifier: COVID-19 Respond

COVID-19 Respond - 9 - Utility Assistance

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

Utility assistance will be provided to current low-rent tenants and homeowners.

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

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

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

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

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

Tenants/homeowners will have utilities to maintain a healthy, safe, and sanitary environment during the Covid 19 Pandemic.

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

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

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 Indian families will be assisted during the Pandemic.

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

Utility assistance (water or electric) not to exceed $200 per month will be provided up to three times during the Covid 19 Pandemic.

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.*

Water bills were paid for all HASNOK participants during the months of July and August.

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
	190	

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
	401	

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

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.)***

	IHP					APR					
SOURCE	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
IHBG-CARES Funds	$0	$530,362	$530,362	$530,362	$0		$530,362	$530,362	$207,824	$322,538	

TOTAL	$0	$530,362	$530,362	$530,362	$0	$0	$530,362	$530,362	$207,824	$322,538	$0
TOTAL Columns C & H, 2 through 10			$0					$0			

Notes:

a. For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). **For the APR, fill in columns F, G, H, I, J, and K (shaded columns).**

b. Total of Column D should match the total of Column N from the **Uses of Funding table below.**

c. Total of Column I should match the Total of Column Q from the Uses of Funding table below.

d. For the IHP, describe any estimated leverage in Line 3 below (Estimated Sources or Uses of Funding). For the APR, describe actual leverage in Line 4 below.

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

	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	$29,156		$29,156
COVID-19 Prevention - 1 - Purchasing & distribution of water, supplies, materials, and PPE	$30,000		$30,000	$14,870		$14,870
COVID-19 Respond - 1 - Food Pantry	$92,000		$92,000	$11,511		$11,511

COVID-19 Respond - 2 - Community Gardens	$8,000		$8,000	$4,002		$4,002
COVID-19 Respond - 3 - Internet Service to Homeowners	$45,000		$45,000	$36,239		$36,239
COVID-19 Respond - 4 - Operations of 1937 Act Housing	$31,200		$31,200	$20,253		$20,253
COVID-19 Respond - 5 - Housing Management Services	$30,000		$30,000	$18,149		$18,149
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	$16,984		$16,984
COVID-19 Respond - 9 - Utility Assistance	$54,000		$54,000	$47,165		$47,165
Planning and Administration	$106,072		$106,072	$9,495		$9,495
TOTAL	$530,362	$0	$530,362	$207,824	$0	$207,824

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 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:	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 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.