

# Section 1: Cover Page

- (1) Grant Number: 55IT4005780
- (2) Recipient Program Year: 10/1/2024 - 9/30/2025
- (3) Federal Fiscal Year: 2025
- (4) ☐ Initial Plan (Complete this Section then proceed to Section 2)
- (5) ☐ Amended Plan (Complete this Section and Section 8 if applicable)
- (6) ☒ Annual Performance Report (Complete items 27-30 and proceed to Section 3)
- (7) ☒ Tribe
- (8) ☐ TDHE
- (9) **Name of Recipient:** Cherokee Nation
- (10) **Contact Person:** Jerri A. Killer
- (11) **Telephone Number with Area Code** (999) 999-9999: 918-456-5482
- (12) **Mailing Address:** 17675 S. Muskogee Ave.
- (13) **City:** Tahlequah
- (14) **State:** OK
- (15) **Zip Code** (99999 or 99999-9999): 74454
- (16) **Fax Number with Area Code** (999) 999-9999: 918-458-5018
- (17) **Email Address** jerri.killer@hacn.org
- (18) **If TDHE, List Tribes Below:**
- (19) **Tax Identification Number:** 730757033
- (20) **UEI Number:** TBAHL1WANLF3
- (21) **CCR/SAM Expiration Date** (MM/DD/YYYY): 01/06/2026
- (22) **IHBG Fiscal Year Formula Amount:** \$50,466,026
- (23) **Name of Authorized IHP Submitter:** Jerri A. Killer
- (24) **Title of Authorized IHP Submitter:** Senior Deputy Executive Director
- (25) **Signature of Authorized IHP Submitter:**
- (26) **IHP Submission Date** (MM/DD/YYYY): 02/10/2025
- (27) **Name of Authorized APR Submitter:**
- (28) **Title of Authorized APR Submitter:**
- (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.

## ONE YEAR PLAN ANNUAL PERFORMANCE REPORT

### Section 2: Housing Needs

NAHASDA § 102(b)(2)(B)

**(1) Type of Need:** Check the appropriate box(es) below to describe the estimated types of housing needs and the need for other assistance for low-income Indian families (column B) and all Indian families (column C) inside and outside the jurisdiction.

	Check All That Apply	
(A) Type of Need	(B) Low-Income Indian Families	(C) All Indian Families
(1) Overcrowded Households	X	
(2) Renters Who Wish to Become Owners	X	X
(3) Substandard Units Needing Rehabilitation	X	X
(4) Homeless Households	X	
(5) Households Needing Affordable Rental Units	X	X
(6) College Student Housing	X	
(7) Disabled Households Needing Accessibility	X	X
(8) Units Needing Energy Efficiency Upgrades	X	
(9) Infrastructure to Support Housing	X	X
(10) Other (specify below)		

**(2) Other Needs.** (Describe the “Other” needs below. Note: this text is optional for all needs except “Other.”):

The Cherokee Nation offers a wide range of housing assistance and services. Families demonstrating the ability to become homebuyers are provided mortgage assistance and homebuyer counseling. Rental assistance, rental apartments, and homeless assistance target lower income families. The Rehab program addresses overcrowding, substandard units, and handicap needs. The Housing Authority also offers assistance to homeless veterans through the HUD-VASH Program.

**(3) Planned Program Benefits.** (Describe below how your planned programs and activities will address the needs of low income families identified above. Also describe how your planned programs will address the various types of housing assistance needs NAHASDA § 102(b)(2)(B)):

All programs are made available to citizens throughout the Cherokee Nation reservation. Participants are selected from waiting list according to the time and date of their application.

**(4) Geographic Distribution.** Describe below how the assistance will be distributed throughout the geographic area and how this geographic distribution is consistent with the needs of low income families. NAHASDA § 102(b)(2)(B)(i):

All programs are made available to citizens throughout the Cherokee Nation reservation. Participants are selected from waiting list according to the time and date of their application.

## Section 3: Program Descriptions

[102(b)(2)(A)], [233(a)], [235(c)], [404(b)], 24 CFR §1000.512(b)(2)

### Planning and Reporting Program Year Activities

In this section, the recipient must provide a description of its planned eligible activities, and intended outcomes and outputs for the One-Year IHP. The recipient can select any combination of activities eligible under NAHASDA and intended outcomes and outputs that are based on local needs and priorities. There is no maximum or minimum number of eligible activities or intended outcomes and outputs. Rather, the One-Year IHP should include a sufficient number of eligible activities and intended outcomes to fully describe any tasks that the recipient intends to fund in whole or in part with IHBG resources during the coming program year.

Subtitle B of NAHASDA authorizes recipients to establish a program for self-determined housing activities involving construction, acquisition, rehabilitation, or infrastructure relating to housing activities or housing that will benefit the low-income households served by the Indian tribe. A recipient may use up to 20 percent of its annual allocation, but not more than \$2 Million, for this program. Section 233(a) of NAHASDA requires a recipient to include its planned self-determination program activities in the IHP, and Section 235(c) requires the recipient to report the expenditures, outputs, and outcomes for its self-determination program in the APR. For more information, see PIH Notice 2010-35 (Demonstration Program - Self-Determined Housing Activities for Tribal Governments) at [https://www.hud.gov/sites/documents/DOC\\_8814.PDF](https://www.hud.gov/sites/documents/DOC_8814.PDF).

The One-Year IHP is not required to include eligible activities or intended outcomes and outputs that will not receive IHBG resources. For example, the recipient may be planning to apply for Low Income Housing Tax Credits (LIHTC) from its state. If those tax credit projects will not receive IHBG resources, they are not required to be described in the IHP. However, the recipient may wish to include nonIHBG activities in the IHP to provide tribal members with a more complete picture of housing activities.

If an activity will receive partial funding from an IHBG resource, it must be described in the IHP.

For example, if the recipient uses IHBG-funded staff persons to manage, inspect, or maintain an LIHTC-funded rental project, that project would be considered an IHBG-assisted project and the related activities must be described in the IHP.

Planning and Administrative expenses and loan repayments should not be identified as programs in the IHP. That is why there are dedicated rows in the Uses of Funding budget for these expenses. Instead, describe anticipated planning and administrative expenses in Section 6, Line 4 of the IHP, and describe actual planning and administration expenses in Section 6, Line 5 of the APR. Report the planned and actual amount of planning and administrative expenses in the dedicated row of the Uses of Funding budget (Section 5, Line 2). Please note that Reserve Accounts to support planning and administration is an eligible activity and should be identified as a program in the IHP, and any planned or actual expenditure from the Reserve Account would be reported by its program name in the Uses of Funding table.

For the IHP, complete the **unshaded** sections to describe the planned activities, outcomes and outputs in the coming 12-month program year. The recipient must complete Lines 1.1 through 1.4, Lines 1.6 and 1.7, and Line 1.9 for each eligible activity or program planned for the One-Year IHP. For the APR, complete the shaded sections to describe actual accomplishments, outcomes, and outputs for the previous 12-month program year. In particular, complete Lines 1.5, 1.8, 1.9, and 1.10 for each program included in the IHP.



**Eligible Activity May Include** (citations below all reference sections in NAHASDA)

<b>Eligible Activity</b>	<b>Output Measure</b>	<b>Output Completion</b>
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit
(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed
(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA- Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection

Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding table only)
(25) Reserve Accounts [202(9)]	N/A	N/A

**Outcome May Include**

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

**IHP: PLANNED PROGRAM YEAR ACTIVITIES**(NAHASDA § 102(b)(2)(A))

For each planned activity, complete all the non-shaded sections below. It is recommended that for each program name you assign a unique identifier to help distinguish individual programs. This unique number can be any number of your choosing, but it should be simple and clear so that you and HUD can track tasks and results under the program and collect appropriate file documentation tied to this program.

- One way to number your programs is chronologically. For example, you could number your programs 2011-1, 2011-2, 2011-3 etc.
- Or, you may wish to number the programs based on type. For example rental 1, rental 2, homebuyer1, homebuyer 2 etc. This type of numbering system might be appropriate if you have many programs that last over several years.
- Finally, you may wish to use an outline style of numbering. For example, all programs under your first eligible activity would start with the number 1 and then be consecutively numbered as 1.1, 1.2, 1.3 etc.

## 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))

### 1.1. Program Name and Unique Identifier: **3552800:HUD-VASH Supportive Housing**

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

Provide rental assistance for qualifying Native American veterans

### 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.):*

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

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

(5) Address homelessness

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

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

(5) Address homelessness

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

### 1.6. Who Will Be Assisted*(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Native American veterans who are homeless or are at risk of becoming homeless, whose incomes do not exceed 80% of the median income, and who are referred to the Housing Authority by the local Veteran's Affairs Medical Center.

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

The program will provide monthly rental subsidy to qualifying families based on fair market rents to ensure that the participant's rent does not exceed 30% of their monthly adjusted income.

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

The program continues to serve Native American veterans who are homeless or at the risk of becoming homeless. The program provided monthly rental subsidy to qualifying families and ensured that the participants rent does not exceed 30% of their monthly adjusted income.

### 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: 20	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 27	APR: Actual Number of Acres Purchased in Program Year: 0

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

**1.1. Program Name and Unique Identifier: 3564007:Construct Rental Housing - Mige Glory**

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

Construct 7 rental units at the Mige Glory Addition in Tahlequah, OK utilizing program income. This is in partnership with the Department of Defense's Innovative Readiness Program. Members from various branches of the military will provide the labor to construct these homes.

**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.):*

(4) Construction of Rental Housing [202(2)]

**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.):*

(7) Create new affordable rental units

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

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

(7) Create new affordable rental units

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

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Native American veterans with incomes at or below 80% of the national median income.

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

Provide rental units for qualifying veterans, with payments based on income.

**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.):*

Program provided rental units for qualifying veterans.

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

Planned Number of Units to be Completed in Year Under this Program: 7	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 7	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

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**1.1. Program Name and Unique Identifier: 3564025:Operating New Construction Program**

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

Utilize program income for operation of the new construction program. In addition, utilize homebuyer payments in new construction to pay bank notes. This is basically a pass through of program income as we are subsidizing new construction units with either program income or IHBG funds.

**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.):*

(15) Other Homebuyer Assistance Activities [202(2)]

**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.):*

(2) Assist renters to become homeowners

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

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

(2) Assist renters to become homeowners

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

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Native American families whose income exceeds 80% of the national median.

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

Operating expenses such as salaries and overhead for the new construction department. Collect homebuyer payments and pay our monthly payments to the lender.

**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.):*

We will continue to utilize the program income for operation costs of the new construction program, along with utilizing homebuyer payments in new construction to pay bank notes.

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

Planned Number of Units to be Completed in Year Under this Program: 820	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 820	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

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**1.1. Program Name and Unique Identifier: 3564029:Mortgage Assistance Program for Non-Low Income Families**

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

Provide down payment and closing costs for home buyers who were low income at the time they entered the Mortgage Assistance Program but after self-sufficiency counseling and at the time of home purchase have income that exceeds 80% of the national median income.

**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.):*

(13) Down Payment/Closing Cost Assistance [202(2)]

**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.):*

(2) Assist renters to become homeowners

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

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

(2) Assist renters to become homeowners

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

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Households who were low income at the time they entered the Mortgage Assistance Program, but after the self-sufficiency counseling period have income exceeding 80% of the national median.

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

Up to \$25,000 in down payment and closing cost assistance for eligible households. This activity will use program income to cover the amounts that are not allowable under 24 CFR 1000.110(d)(2) when a family is not low income at the time assistance is 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.):*

Program will continue to provide up to \$20,000 in down payment assistance and closing costs. This particular program uses program income to cover the amounts that are not allowable when a family is not low income at the time assistance is provided

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

Planned Number of Units to be Completed in Year Under this Program: 10	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 17	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

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**1.1. Program Name and Unique Identifier: 3564030:Minor Emergency Repair**

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

Providing housing assistance and handicap accessibility in emergency situations when IHBG funding cannot be used for various reasons.

**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.):*

(16) Rehabilitation Assistance to Existing Homeowners [202(2)]

**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.):*

(9) Provide accessibility for disabled/elderly persons

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

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

(9) Provide accessibility for disabled/elderly persons

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

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low income Cherokee families facing emergency situations, such as no water, heat, or electricity; handicap ramps or accessibility; those who do not qualify for assistance under IHBG programs.

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

Assistance will not exceed \$20,000 in accordance with our minor repair policy.

**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.):*

Program will continue to serve low-income Cherokee families that do not qualify for assistance under IHBG programs that are facing emergency situations.

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

Planned Number of Units to be Completed in Year Under this Program: 50	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 24	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

Program has access to tribal funds; therefore, those were used to fund the client's requests.

**1.1. Program Name and Unique Identifier: 3564043:Tribal Emergency Program**

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

Using the Cherokee Nation's IHBG program income to address elder tribal emergencies, driveway repairs, storm shelters, and weatherization. The program may also assist families that do not qualify for other HACN programs.

**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.):*

(16) Rehabilitation Assistance to Existing Homeowners [202(2)]

**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.):*

(3) Improve quality of substandard units

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

**1.5 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):*

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

This program serves elderly, disabled, handicapped, and income eligible Cherokee families to keep the home accessible and in decent, safe, and sanitary condition.

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

Assistance will vary but will not exceed our minor repair limit of \$20,000.

**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.):*

Program will continue to serve elderly, disabled, handicapped and income eligible Cherokee families to keep their homes accessible and in decent, safe, and sanitary condition.

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

Planned Number of Units to be Completed in Year Under this Program: 250	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 98	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

Due to utilization of tribal funds, HACN did not need to access all of the funding that was budgeted for the program.



**1.1. Program Name and Unique Identifier: 3564058:Home Energy Audits/Indoor Air Quality Assessments**

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

The program works to improve the overall health of the indoor environment by assessing hazards pertaining to indoor air quality, lead-based paint, radon, asbestos, and weatherization. Assessments are performed in the home along with education and recommendations for the homeowner/requesting party.

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

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

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

(10) Improve energy efficiency

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

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

(10) Improve energy efficiency

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

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Income eligible tribal citizens residing within the reservation boundary.

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

Assessments are performed along with education and recommendations for the homeowner/requesting party. A written report is developed based on observations and data collected. Follow up assessments are offered to determine the impact of the repairs or recommended changes made.

**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.):*

Program will continue conducting energy audits and perform indoor air quality assessments. Each assessment includes in-home evaluations along with recommendations.

**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: 150	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 484	APR: Actual Number of Acres Purchased in Program Year: 0

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

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**1.1. Program Name and Unique Identifier: 3566000:Low Rent Modernization**

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

Modernization and repair of Low Rent Units

**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.):*

(1) Modernization of 1937 Act Housing [202(1)]

**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.):*

(3) Improve quality of substandard units

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

**1.5 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):*

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Native American Families with incomes at or below 80% of the National Median Income.

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

Perform modernization or repairs to 1937 Act Low Rent units, as needed, to ensure properties remain in good condition.

**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.):*

Program will continue to perform modernization and or repairs to the 1937 Act Low Rent units, as needed, to ensure properties remain in good condition.

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

Planned Number of Units to be Completed in Year Under this Program: 300	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

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**1.1. Program Name and Unique Identifier: 3566001:Homeownership Modernization**

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

Modernize Mutual-Help units under the Housing Authority of Cherokee Nation's management.

**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.):*

(1) Modernization of 1937 Act Housing [202(1)]

**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.):*

(3) Improve quality of substandard units

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

**1.5 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):*

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Mutual-Help tenants

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

Minor or substantial rehab to ensure the units are decent, safe, and sanitary

**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.):*

Program will continue to perform minor or substantial rehab to ensure the units are decent, safe and sanitary.

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

Planned Number of Units to be Completed in Year Under this Program: 50	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

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**1.1. Program Name and Unique Identifier: 3566003:Low Rent Operations**

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

Operation of the 1937 Act Low Rent Program

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

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

**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.):*

(6) Assist affordable housing for low income households

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

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

(6) Assist affordable housing for low income households

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

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Native American families with incomes at or below 80% of the National Median Income.

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

Expenses associated with operation and maintenance of the Low Rent program

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

The Low Rent program utilized these funds for the operation and maintenance of the program. Operation and maintenance includes but not limited to property maintenance of Low Rent sites, insurance, PILOT, preventative maintenance of apartments, works orders submitted by tenants, renovations, and any other expenses associated with operating a Low Rent program.

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

Planned Number of Units to be Completed in Year Under this Program: 966	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 1003	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

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**1.1. Program Name and Unique Identifier: 3566005:Rent to Own Modernization**

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

Modernization or renovation of homeownership units in HACN rent to own programs

**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.):*

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

**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.):*

(3) Improve quality of substandard units

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

**1.5 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):*

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Native American families with incomes at or below 80% of the national median income.

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

Expenses related to the cost of modernization and rehabilitation of homes in HACN's rent to own housing programs.

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

The Rent to Own Modernization program will continue to utilize these funds for the cost of modernization and rehabilitation of homes within the Housing Authority of the Cherokee Nation housing programs.

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

Planned Number of Units to be Completed in Year Under this Program: 30	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

Due to the utilization of program income, no IHBG funds were used.

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**1.1. Program Name and Unique Identifier: 3566021:Homeownership Replacement Home Program**

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

Replace privately owned homes when rehab is not a viable option

**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.):*

(16) Rehabilitation Assistance to Existing Homeowners [202(2)]

**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.):*

(3) Improve quality of substandard units

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

**1.5 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):*

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Native American families with incomes at or below 80% of the national median income.

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

Replace privately owned homes that cannot be brought back up to standards through the Rehab Program. The cost is based on the size of the home, and current construction costs.

**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.):*

Completed 5 replacement homes.

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

Planned Number of Units to be Completed in Year Under this Program: 5	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 5	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

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**1.1. Program Name and Unique Identifier: 3566024:New Construction for Low-Income Families**

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

To utilize the Indian Housing Block Grant (IHBG) for development and construction costs for families at or below 80% of the national median.

**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.):*

(15) Other Homebuyer Assistance Activities [202(2)]

**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.):*

(2) Assist renters to become homeowners

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

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

(2) Assist renters to become homeowners

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

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Native American families with incomes at or below 80% of the national median income.

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

Development and construction costs.

**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.):*

This program will continue to provide new construction homeownership units for Native American families with incomes at or below 80% of the national median.

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

Planned Number of Units to be Completed in Year Under this Program: 16	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

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**1.1. Program Name and Unique Identifier: 3566026:New Construction Rental Subsidy**

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

Provide monthly rental subsidy for rent to own units.

**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.):*

(15) Other Homebuyer Assistance Activities [202(2)]

**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.):*

(1) Reduce over-crowding

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

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

(1) Reduce over-crowding

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

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Native American families with incomes at or below 80% of the national median income.

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

Cherokee Nation Businesses built 82 rent to own (homeownership) projects and sold them to the HACN a few years back. To cover the actual construction cost, we have had to charge higher rents for these units than for any of our other homebuyer programs. Given the higher monthly payment, it is difficult to keep these units occupied. HACN will provide a monthly rental subsidy, similar to project based rental assistance, to make these homes more affordable for our qualifying low income families.

**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.):*

Program was able to provide rental subsidy to 73 qualifying low-income households this year.

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

Planned Number of Units to be Completed in Year Under this Program: 82	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 73	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

Given the higher monthly payment, it is difficult to keep these units occupied. Therefore, we were only able to occupy 73 of the 82 units for FY25.



**1.1. Program Name and Unique Identifier: 3566029:Mortgage Assistance/Self Sufficiency Solutions**

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

Self-sufficiency counseling program tied to homeownership sustainability. Households work with a coach for a period of six to sixty months to identify and overcome barriers to sustainable homeownership and attainment of non-predatory mortgage. Financial assistance is provided to eligible participants for down payment and closing costs at the time of home purchase.

**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.):*

(13) Down Payment/Closing Cost Assistance [202(2)]

**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.):*

(2) Assist renters to become homeowners

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

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

(2) Assist renters to become homeowners

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

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

First time Native American home buyers whose income is at or below 80% NMI purchasing a home inside Cherokee Nation's reservation.

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

Assistance provided includes classroom style financial education, individualized credit coaching, foreclosure prevention counseling and up to \$25,000 per household for the down payment and closing costs of their primary residence.

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

The Self Sufficiency Mortgage Assistance Program. assisted 378 families with the closing on their homes this program year using down payment assistance.

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

Planned Number of Units to be Completed in Year Under this Program: 300	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 378	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

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**1.1. Program Name and Unique Identifier: 3566044:Homeownership Rehab**

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

Restore a substandard home to decent, safe and sanitary conditions, remediate health and safety hazards, such as water, septic/sewer, electrical, plumbing, HVAC, roof, energy conservation, termite treatment, cabinets, floor covering, handicap accessible, smoke alarms, carbon monoxide detectors, relocation assistance, asbestos testing, lead base paint testing, interim control and abatement.

**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.):*

(16) Rehabilitation Assistance to Existing Homeowners [202(2)]

**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.):*

(3) Improve quality of substandard units

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

**1.5 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):*

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Native American families with incomes at or below 80% of the national median income.

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

Rehab assistance at an average of \$20,000 for minor repairs and major repairs not to exceed \$50,000.

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

The Homeownership Rehab program was able to assist 243 privately owned homes with minor and major repairs to ensure decent, safe and sanitary housing for eligible, low-income Cherokee families. These repairs included foundation repairs, electrical upgrades, roof repairs, roof replacements, pest control, water leak repairs, hot water tank repairs and replacements. HVAC repairs and replacements, ADA bathroom remodels, plumbing repairs, window replacements, appliance replacements, sewer replacements, and tree removal.

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

Planned Number of Units to be Completed in Year Under this Program: 200	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 243	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

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**1.1. Program Name and Unique Identifier: 3566048:Youth Resident Services**

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

Provide traditional activities, cultural life skills, leadership and drug elimination education, community organization, and involvement activities for youth.

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

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

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

(11) Reduction in crime reports

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

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

(11) Reduction in crime reports

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

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

NAHASDA eligible youth within the Cherokee Nation reservation.

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

Provide monthly classes teaching culture, art, language and leadership in existing low rent housing areas.

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

The Youth Resident Services program will continue to provide classes teaching culture, art, language and leadership in existing low rent housing areas.

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

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

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**1.1. Program Name and Unique Identifier: 3566049:Commerce**

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

Commerce Services seeks to equip residents of the Cherokee Nation reservation with the tools necessary for achieving financial stability and success by offering comprehensive financial education programs. This initiative aims to holistically provide financial security to Cherokee citizens by teaching essential skills to make informed financial decisions and improve their overall financial well-being. By offering comprehensive financial education programs, Commerce Services seeks to equip residents of the Cherokee Nation reservation with the tools necessary for achieving financial stability and success to overcome obstacles associated with family self-sufficiency, attainment of a non-predatory mortgage, and the sustainability of a mortgage (including foreclosure prevention services).

**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.):*

(15) Other Homebuyer Assistance Activities [202(2)]

**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.):*

(2) Assist renters to become homeowners

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

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

(2) Assist renters to become homeowners

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

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

- Households whose income at the time of application is at or below 80% of the NMI as established by NAHASDA
- Households whose income is between 80.01% and 100% NMI may be eligible for a prorated amount of financial assistance
- Households located within Cherokee Nation's reservation
- Households wherein the property is used as the primary residence for the family
- Households wherein the owner of the property is a member of a federally recognized tribe with Cherokee citizens receiving preference
- First time home buyers

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

1)Commerce Services will deliver financial education to individuals and families residing within the Cherokee Nation reservation through a combination of classroom instruction and personalized one-on-one sessions.

**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.):*

Commerce Services helped 293 Cherokee citizens build stronger financial futures through one-on-one support with budgeting and credit coaching, as well as classroom style financial training. This year Commerce Services partnered with a new program called Bridges to Hope, allowing the program to offer financial education as part of the participants' overall training.

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

Planned Number of Units to be Completed in Year Under this Program: 125	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 293	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

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**1.1. Program Name and Unique Identifier: 3566051:Career Literacy Resident Services**

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

Cherokee Nation Career Services' Career Development Unit provides tutoring, classroom, and one to one instruction with a goal of improving reading and math skills so participants can successfully pass the GED/HiSet exams and ultimately obtain employment or vocational training.

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

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

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

(2) Assist renters to become homeowners

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

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

(2) Assist renters to become homeowners

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

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Any citizen, residing within the Cherokee Reservation who is in need of assistance with GED/HSE, basic career skills, vocational training, or other employment activities.

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

Service is individualized according to specific client needs. Currently there are 505 residents receiving GED services. The department has set a goal of 125 GED graduates in 2025.

**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.):*

Career Services provided services to 393 clients in the areas of Vocational Training, Tribal Training, ReEntry Services, On the Job Training, Direct Placement Services, GED, Work Experience and Youth Program Services.

**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: 520	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 393	APR: Actual Number of Acres Purchased in Program Year: 0

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

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**1.1. Program Name and Unique Identifier: 3566056:Adult Resident Services**

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

Provide cultural and educational activities to residents of Housing Authority properties.

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

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

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

(11) Reduction in crime reports

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

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

(11) Reduction in crime reports

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

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Adult residents of Housing Authority properties.

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

Staff will involve residents with cultural and educational activities and provide information about programs and services available to residents.

**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.):*

Staff will continue to involve residents with cultural and educational activities and provide information about programs and services available to residents.

**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: 750	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 857	APR: Actual Number of Acres Purchased in Program Year: 0

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

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**1.1. Program Name and Unique Identifier: 3566060:Transitional Housing**

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

To provide emergency funds to assist homeless families and to prevent families from losing their homes.

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

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

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

(5) Address homelessness

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

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

(5) Address homelessness

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

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Native American families with incomes that fall within the 60% of poverty level.

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

For rent, utilities or any kind of expense to keep them from being or becoming homeless.

**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.):*

Program provided rent, utilities or any kind of expense to keep participants from being or becoming homeless.

**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: 1048	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 1091	APR: Actual Number of Acres Purchased in Program Year: 0

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

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**1.1. Program Name and Unique Identifier: 3566063:Financial Assistance Resident Services**

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

To provide emergency funds to assist homeless families and to prevent families from losing their homes.

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

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

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

(5) Address homelessness

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

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

(5) Address homelessness

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

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Eligible NAHASDA assisted housing residents.

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

Recipients will receive up to \$1,500 with additional approval to assist with rent, utilities, or other expenses to keep them from being or becoming homeless.

**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.):*

Program will continue to provide recipients up to \$1500 with additional approval to assist with rent, utilities, or other expenses to keep them from being or becoming homeless.

**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: 375	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 254	APR: Actual Number of Acres Purchased in Program Year: 0

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

Budget was not as expected therefore other sources of funding were utilized.

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**1.1. Program Name and Unique Identifier: 3566066:Families First Resident Services**

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

Household supplies are provided to families who are involved in the child welfare system to prevent children from being removed from their homes and/or to assist in assuring reunification efforts are successful.

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

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

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

(6) Assist affordable housing for low income households

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

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

(6) Assist affordable housing for low income households

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

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Biological parents, guardians and the children in the home who are involved in the child welfare system through Cherokee Nation Indian Child Welfare.

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

Items that are provided are to assist in eliminating any health and/or safety issues for children residing in the home. Vast amounts of cleaning supplies and equipment as well as hygiene items are provided. Household items such as bedding, dishes, bath towels, heating/cooling equipment, etc. The dollar amount varies for families depending on circumstances such as, number of individuals in the household, condition of the home and income of the family.

**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.):*

Indian Child Welfare provides assistance so that the families involved in the child welfare system have a safe and healthy environment for the family to reside in. Indian Child Welfare provides in home hands-on services to assist the families in setting up the home, organizing, and maintaining properly. Indian Child Welfare staff remain active and, in the home, until court involvement is no longer needed.

**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: 55	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 82	APR: Actual Number of Acres Purchased in Program Year: 0

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

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**1.1. Program Name and Unique Identifier: 3566069:Individual Development Accounts/ iSave**

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

iSave is a matched savings program for low to moderate income households used to incentivize savings and building equity in the participant's primary residence. Matching funds may only be used on a home owned by the participant or leased from the Housing Authority of Cherokee Nation. Funds are disbursed for projects after the participant has saved their own money for at least six months and participated in financial education. Matching funds may be used for projects that increase the value of the primary residence.

**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.):*

(15) Other Homebuyer Assistance Activities [202(2)]

**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.):*

(4) Improve quality of existing infrastructure

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

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

(4) Improve quality of existing infrastructure

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

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Native American with incomes at or below 80% of the national median income.

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

Households receive up to \$3 for every \$1 saved up to \$1,000 in savings for a maximum of \$3,000 in matching funds to be used for home improvements.

**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.):*

During the 1 to 3 years that the participants are in the program iSave will continue to provide households with up to \$3 for every \$1 saved up to \$1000 in savings for a maximum of \$3,000 in matching funds to be used for home improvements. Once the participant has saved the minimum requirement their pay out is released. In FY25 not all of the 58 participants have saved the minimum requirement, Therefore, only a small percentage of the budget was utilized.

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

Planned Number of Units to be Completed in Year Under this Program: 55	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 58	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

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**1.1. Program Name and Unique Identifier: 3566075:Housing Management of Cherokee Programs**

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

Management of NAHASDA units and programs.

**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.):*

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

**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.):*

(6) Assist affordable housing for low income households

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

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

(6) Assist affordable housing for low income households

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

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

MAP, RAP, Title VI, Homeownership and Rental units, and insurance programs.

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

Operating costs related to providing assistance to HACN applicants, tenants and homebuyers.

**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.):*

Program will continue to utilize funds for the operating costs related to providing assistance to HACN applicants, tenants and homebuyers.

**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: 3200	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 8302	APR: Actual Number of Acres Purchased in Program Year: 0

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

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**1.1. Program Name and Unique Identifier: 3566076:Rental Assistance**

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

Provide rental assistance for qualifying families

**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.):*

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

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

(5) Address homelessness

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

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

(5) Address homelessness

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

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Native American families with incomes at or below 80% of the national median income.

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

Provide monthly rental subsidy to low income Native American families. Subsidy will not exceed fair market rents.

**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.):*

Program will continue to provide monthly rental subsidy to low income Native American families. Subsidy will not exceed fair market rents.

**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: 2058	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 1957	APR: Actual Number of Acres Purchased in Program Year: 0

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

Due to the change in the Rental Assistance program policy, we no longer process elder, disabled, or handicapped applicants immediately. This caused a delay in the application process (not sure what to put here)?????

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**1.1. Program Name and Unique Identifier: 3566099:ICDBG Matching Funds 2019**

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

Provide matching funds for the Cherokee Nation 2019 ICDBG program. These combined funds will be used to remodel/expand the Head Start facility currently housed in the community building at our low rent project (45-16) in Pryor, OK.

**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.):*

(22) Model Activities [202(6)]

**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):*

Provide early childhood education for eligible children.

**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 (2) Assist renters to become homeowners

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

???

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Families who qualify for assistance according to the Head Start program guidelines.

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

The Cherokee Nation (\$900,000) will construct a community building, which will house the Early Head Start program. The building will create more usable space for existing students and provide greater classroom capacity for new students. The project will include building a parking lot, a large storm shelter, a large kitchen, and a fence for the playground.

**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.):*

???

???

n/a

??

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

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

---

**1.1. Program Name and Unique Identifier: 3566099:ICDBG Matching Funds 2020**

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

Provide matching funds for the Cherokee Nation 2020 ICDBG program.

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

(22) Model Activities [202(6)]

**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):*

These combined funds will be used to replace or install playground equipment at approximately 18 Low Rent Projects and to renovate approximately 13 community spaces on various Low Rent Projects.

**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 (2) Assist renters to become homeowners

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

???

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Families residing on 1937 Act Low Rent Projects.

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

The Cherokee Nation will propose to utilize ICDBG funds (\$1,000,000) along with \$333,334 in matching IHBG funds to complete these projects.

**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.):*

???

???

n/a

??

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

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

---

**1.1. Program Name and Unique Identifier: 3566099:IHBG Competitive Grant Match**

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

Providing matching funds for the construction of 39 homeownership units.

**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.):*

(11) New Construction of Homebuyer Units [202(2)]

**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.):*

(2) Assist renters to become homeowners

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

**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 (2) Assist renters to become homeowners

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

???

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Low-income Native American families who qualify for the program.

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

The HACN pledged \$1,244,167 in IHBG funds as a match, along with donating land valued at \$422,500. The total for this activity will be \$6,666,667, including the \$5,000,000 competitive grant funds, which will be reported separately. All of the land value is shown in the 2022 IHP.

**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.):*

???

???

n/a

??

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

Planned Number of Units to be Completed in Year Under this Program: 36	Planned Number of Households To Be Served in Year Under this Program: 0	Planned Number of Acres To Be Purchased in Year Under this Program: 0
APR: Actual Number of Units Completed in Program Year: 0	APR: Actual Number of Households Served in Program Year: 0	APR: Actual Number of Acres Purchased in Program Year: 0

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

---

**1.1. Program Name and Unique Identifier: 3566099:2024 ICDBG Matching Funds**

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

HACN plans to partner with Green Country Habitat for Humanity on a housing construction project in North Tulsa, OK. The project is in the early planning stages, so work has not started on the site to date.

**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.):*

(4) Construction of Rental Housing [202(2)]

**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.):*

(5) Address homelessness

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

**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 (2) Assist renters to become homeowners

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

???

**1.6. Who Will Be Assisted***(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):*

Native Americans with incomes at or below 80% of the national median income.

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

HACN will construct 10 rental or homebuyer units, which may include duplexes or 4-plexes. Cherokee Nation is applying for \$2 million in ICDBG funds, which will be matched with \$360,000 in IHBG funding, to be administered by the Housing Authority of the Cherokee Nation.

**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.):*

???

???

n/a

??

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

Planned Number of Units to be Completed in Year Under this Program: 10	Planned Number of Households To Be Served in Year Under this Program:	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year: 10	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

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

---



## Section 4: Maintaining 1937 Act Units, Demolition, and Disposition

NAHASDA §§ 102(b)(2)(A)(v), 102(b)(2)(A)(iv)(I-III)

**(1) Maintaining 1937 Act Units**(NAHASDA § 102(b)(2)(A)(v))(Describe specifically how you will maintain and operate your 1937 Act housing units in order to ensure that these units will remain viable.)

The Housing Authority of the Cherokee Nation enforces the homebuyer and lease agreements for these units. The units are subsidized with IHBG funds for management, operations, and modernization or rehab to the extent necessary to maintain them in a decent, safe, and sanitary condition.

**(2) Demolition and Disposition**(NAHASDA § 102(b)(2)(A)(iv)(I-III), 24 CFR 1000.134)Describe any planned demolition or sale of 1937 Act or NAHASDA-assisted housing units. If the recipient is planning on demolition or disposition of 1937 Act or NAHASDA-assisted housing units, be certain to include the timetable for any planned demolition or disposition and any other information that is required by HUD with respect to the demolition or disposition:

n/a

## Section 5: Budgets

NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP				
	(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)
1. IHBG Funds	\$44,322,578.98	\$30,000,000.00	\$74,322,578.98	\$48,744,462.00	\$25,578,116.98
2. IHBG Program Income	\$17,066,686.22	\$3,734,255.00	\$20,800,941.22	\$8,074,216.00	\$12,726,725.22
3. Title VI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Title VI Program Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. 1937 Act Operating Reserves	\$0.00		\$0.00	\$0.00	\$0.00
6. Carry Over 1937 Act Funds	\$0.00		\$0.00	\$0.00	\$0.00
7. ICDBG Funds	\$0.00	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	\$0.00
8. Other Federal Funds	\$2,904,077.00	\$222,576.00	\$3,126,653.00	\$1,065,350.00	\$2,061,303.00
9. LIHTC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. Non-Federal Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$64,293,342.20	\$35,956,831.00	\$100,250,173.20	\$59,884,028.00	\$40,366,145.20
TOTAL Columns C and H( 2 through 10 )			\$25,927,594.22		

SOURCE	APR					
	(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 to be expended during 12-month program year	(J) Actual unexpended funds remaining at end of program year (H-I)	(K) Actual unexpended funds obligated but not expended at end of 12- month program year
1. IHBG Funds	\$65,336,728.99	\$50,466,026.00	\$115,802,754.99	\$33,064,044.67	\$82,738,710.32	
2. IHBG Program Income	\$23,588,549.96	\$12,848,465.16	\$36,437,015.12	\$8,510,043.37	\$27,926,971.75	
3. Title VI			\$0.00		\$0.00	
4. Title VI Program Income			\$0.00		\$0.00	
5. 1937 Act Operating Reserves			\$0.00		\$0.00	
6. Carry Over 1937 Act Funds			\$0.00		\$0.00	
7. ICDBG Funds			\$0.00		\$0.00	
8. Other Federal Funds			\$0.00		\$0.00	
9. LIHTC			\$0.00		\$0.00	
10. Non-Federal Funds			\$0.00		\$0.00	
Total	\$88,925,278.95	\$63,314,491.16	\$152,239,770.11	\$41,574,088.04	\$110,665,682.07	
TOTAL Columns C and H( 2 through 10 )			\$36,437,015.12			

### Notes:

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

**(2) Uses of Funding**(*NAHASDA § 102(b)(2)(C)(ii)*) (Note that the budget should not exceed the total funds on hand (Column C) and insert as many rows as needed to include all the programs identified in Section 3.

**Actual expenditures in the APR section are for the 12-month program year.)**

PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG (only) funds to be expended in 12- month program year	(M) Total all other funds to be expended in 12- month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12- month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12- month program year (O+P)
3552800: HUD-VASH Supportive Housing	\$0.00	\$222,576.00	\$222,576.00	\$181,442.00	\$0.00	\$181,442.00
3564007: Construct Rental Housing - Mige Glory	\$0.00	\$500,000.00	\$500,000.00	\$0.00	\$151,079.39	\$151,079.39
3564025: Operating New Construction Program	\$0.00	\$5,400,000.00	\$5,400,000.00	\$0.00	\$4,901,310.61	\$4,901,310.61
3564029: Mortgage Assistance Program for Non-Low Income Families	\$0.00	\$250,000.00	\$250,000.00	\$0.00	\$390,000.00	\$390,000.00
3564030: Minor Emergency Repair	\$0.00	\$387,735.00	\$387,735.00	\$0.00	\$201,272.99	\$201,272.99
3564043: Tribal Emergency Program	\$0.00	\$880,000.00	\$880,000.00	\$0.00	\$462,096.47	\$462,096.47
3564058: Home Energy Audits/ Indoor Air Quality Assessments	\$0.00	\$199,255.00	\$199,255.00	\$0.00	\$109,508.89	\$109,508.89
3566000: Low Rent Modernization	\$3,000,000.00	\$0.00	\$3,000,000.00	\$1,575,080.65	\$0.00	\$1,575,080.65
3566001: Homeownership Modernization	\$600,000.00	\$0.00	\$600,000.00	\$480,522.56	\$0.00	\$480,522.56
3566003: Low Rent Operations	\$3,500,000.00	\$0.00	\$3,500,000.00	\$3,049,589.63		\$3,049,589.63
3566005: Rent to Own Modernization	\$500,000.00	\$350,000.00	\$850,000.00	\$0.00	\$92,132.61	\$92,132.61
3566021: Homeownership Replacement Home Program	\$1,003,518.00	\$0.00	\$1,003,518.00	\$816,700.93	\$0.00	\$816,700.93
3566024: New Construction for Low-Income Families	\$4,000,000.00	\$0.00	\$4,000,000.00	\$1,713,340.95	\$0.00	\$1,713,340.95
3566026: New Construction Rental Subsidy	\$250,000.00	\$0.00	\$250,000.00	\$114,550.00	\$0.00	\$114,550.00
3566029: Mortgage Assistance/Self Sufficiency Solutions	\$4,196,025.00	\$0.00	\$4,196,025.00	\$2,486,750.53	\$0.00	\$2,486,750.53
3566044: Homeownership Rehab	\$8,000,000.00	\$0.00	\$8,000,000.00	\$6,783,166.23	\$0.00	\$6,783,166.23
3566048: Youth Resident Services	\$206,487.00	\$50,000.00	\$256,487.00	\$100,824.65	\$1,804.96	\$102,629.61
3566049: Commerce	\$159,000.00	\$0.00	\$159,000.00	\$134,290.38	\$0.00	\$134,290.38
3566051: Career Literacy Resident Services	\$308,544.00	\$0.00	\$308,544.00	\$172,213.31	\$0.00	\$172,213.31
3566056: Adult Resident Services	\$201,862.00	\$0.00	\$201,862.00	\$76,420.29	\$0.00	\$76,420.29
3566060: Transitional Housing	\$1,048,452.00	\$0.00	\$1,048,452.00	\$1,277,507.87	\$0.00	\$1,277,507.87
3566063: Financial Assistance Resident Services	\$374,447.00	\$0.00	\$374,447.00	\$229,568.36	\$0.00	\$229,568.36
3566066: Families First Resident Services	\$185,606.00	\$0.00	\$185,606.00	\$205,225.73	\$0.00	\$205,225.73
3566069: Individual Development Accounts/ iSave	\$600,000.00	\$0.00	\$600,000.00	\$79,458.37	\$0.00	\$79,458.37
3566075: Housing Management of Cherokee Programs	\$5,926,600.00	\$1,500,000.00	\$7,426,600.00	\$4,735,120.37	\$1,492,280.06	\$6,227,400.43
3566076: Rental Assistance	\$7,000,000.00	\$0.00	\$7,000,000.00	\$3,982,002.00	\$0.00	\$3,982,002.00
3566099: ICDBG Matching Funds 2019	\$300,000.00	\$900,000.00	\$1,200,000.00	\$0.00	\$0.00	\$0.00
3566099: ICDBG Matching Funds 2020	\$333,334.00	\$0.00	\$333,334.00	\$0.00	\$0.00	\$0.00
3566099: IHBG Competitive Grant Match	\$1,244,167.00	\$0.00	\$1,244,167.00	\$0.00	\$0.00	\$0.00

<b>3566099: 2024 ICDBG Matching Funds</b>	\$360,000.00	\$0.00	\$360,000.00	\$0.00	\$0.00	\$0.00
<b>Loan repayment - describe in 3 &amp; 4 below</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Planning and Administration</b>	\$5,446,420.00	\$500,000.00	\$5,946,420.00	\$4,838,260.00	\$708,557.39	\$5,546,817.39
<b>TOTAL</b>	\$48,744,462.00	\$11,139,566.00	\$59,884,028.00	\$33,032,034.81	\$8,510,043.37	\$41,542,078.18

**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):  
**n/a**

**(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 6: Other Submission Items

[102(b)(2)(C)(ii)], [201(b)(5)], [202(6)], [205(a)(2)], [209], 24 CFR §§ 1000.108, 1000.120, 1000.142, 1000.238, 1000.302

**(1) Useful Life/Affordability Period(s)** (*NAHASDA § 205, 24 CFR § 1000.142*) (Describe your plan or system for determining the useful life/affordability period of the housing it assists with IHBG and/or Title VI funds must be provided in the IHP. A record of the current, specific useful life/affordability period for housing units assisted with IHBG and/or Title VI funds (excluding Mutual Help) must be maintained in the recipient's files and available for review for the useful life/affordability period.):

**The Useful life of each assisted housing unit will be determined by the amount of IHBG funds invested as follows: Assistance Amount Useful Life Emergencies up to \$5,000 6 months. Minor Repairs \$5,000 to \$10,000 2 years. Minor Repairs \$10,001 to \$20,000 3 years. Rehab \$20,001 or higher 5 years. New Construction 20 years.**

**2) Model Housing and Over-Income Activities**(*NAHASDA § 202(6), 24 CFR § 1000.108*) (If you wish to undertake a model housing activity or wish to serve non-low-income households during the 12-month program year, those activities may be described here, in the program description section of the 1-year plan, or as a separate submission.):

**We have budgeted matching funds in the amount of \$300,000 for the proposed ICDBG Cherokee Nation activity. The tribe has received ICDBG funding in the amount of \$900,000 to renovate/expand the Head Start facility at our low rent project in Pryor, OK. The program is housed in the Community Building on Project 45-16. We have also budgeted \$333,334 as matching funds for the 2022 ICDBG application. These funds will be utilized to replace or install playground equipment at approximately 18 Low Rent Projects and to renovate approximately 13 community spaces on various Low Rent Projects.**

**(3) Tribal and Other Indian Preference**(*NAHASDA § 201(b)(5), 24 CFR § 1000.120*) If preference will be given to tribal members or other Indian families, the preference policy must be described. This information may be provided here or in the program description section of the 1-year plan.

Does the Tribe have a preference policy?:**Yes**

If yes, describe the policy.**Cherokee Nation citizens receive preference in all housing programs, contracting, and employment.**

**(4) Anticipated Planning and Administration Expenses** (*NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238*)

Do you intend to exceed your allowable spending cap for Planning and Administration? **No**

If yes, describe why the additional funds are needed for Planning and Administration. For a recipient administering funds from multiple grant beneficiaries with a mix of grant or expenditure amounts, for each beneficiary state the grant amount or expenditure amount, the cap percentage applied, and the actual dollar amount of the cap.

**(5) Actual Planning and Administration Expenses**(*NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238*)

Did you exceed your spending cap for Planning and Administration? **No**

If yes, did you receive HUD approval to exceed the cap on Planning and Administration costs?

If you did not receive approval for exceeding your spending cap on planning and administration costs, describe the reason(s) for exceeding the cap. (See Section 6, Line 5 of the Guidance for information on carry-over of unspent planning and administration expenses.)

**(6) Expanded Formula Area - Verification of Substantial Housing Services** (*24 CFR § 1200.302(3)*) If your tribe has an expanded formula area (i.e., an area that was justified based on housing services provided rather than the list of areas defined in 24 CFR § 1200.302 Formula Area (1)), the tribe must demonstrate that it is continuing to provide substantial housing services to that expanded formula area. Does the tribe have an expanded formula area? **No**

**If no, proceed to Section 7.**

If yes, list each separate geographic area that has been added to the Tribe's formula area and the documented number of Tribal members residing there.

For each separate formula area expansion, list the budgeted amount of IHBG and other funds to be provided to all American Indian and Alaska Native (AIAN) households and to only those AIAN households with incomes 80% of median income or lower during the recipient's 12-month program year:

# 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**

**(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: **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**
- 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**
- 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: **Yes**
- 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**

## 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

(3) ☐ It has delegated to such TDHE the authority to submit an IHP or IHP amendment on behalf of the Tribe without prior review by the Tribe

(4) Tribe:

(5) Authorized Official's Name and Title:

(6) Authorized Official's Signature:

(7) Date (MM/DD/YYYY):

## Section 9: Tribal Wage Rate Certification

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

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

(1) ☐ You will use tribally determined wage rates when required for IHBG-assisted construction or maintenance activities. The Tribe has appropriate laws and regulations in place in order for it to determine and distribute prevailing wages.

(2) ☒ You will use Davis-Bacon or HUD determined wage rates when required for IHBG-assisted construction or maintenance activities.

(3) ☐ You will use Davis-Bacon and/or HUD determined wage rates when required for IHBG-assisted construction except for the activities described below.

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



## Section 10: Self-Monitoring

NAHASDA § 403(b), 24 CFR §§ 1000.26, 85.37, 85.40

(1) Do you have a procedure and/or policy for self-monitoring? **Yes**

(2) Pursuant to 24 CFR § 1000.502(b) where the recipient is a TDHE, did the TDHE provide periodic progress reports including the self-monitoring report, Annual Performance Report, and audit reports to the Tribe? **Yes**

(3) Did you conduct self-monitoring, including monitoring sub-recipients? **Yes**

(4) Self-Monitoring Results. *(Describe the results of the monitoring activities, including corrective actions planned or taken.):*

**The Cherokee Nation (CN) Evaluation and Compliance (EC) Department conducted the annual Self-Monitoring Assessment on the CN for FY 2024. EC also performed subrecipient monitoring of the Housing Authority of the Cherokee Nation (HACN), as part of the subrecipient monitoring process.**

**One instance of non-compliance requiring a corrective action plan was noted during the self-monitoring review. There was an understanding that Davis-Bacon wage rate compliance was being documented and ensured by CN Career Services TERO department, and it was determined through interviews this was not the case. HACN has begun to implement some processes internally to ensure all projects they undertake properly document compliance with the necessary requirements. CN TERO management, HACN management, and any other relevant parties are going to determine roles and responsibilities for ensuring compliance with Davis-Bacon wage rate compliance moving forward. EC will follow up on this issue by December 31, 2025.**

**The CN FY2024 review included:**

**(a)Examined 12 procurement files.**

**(b)Examined program participant files: 29 files for Residential and Transitional programs.**

**(c)Policies were reviewed for public availability and regulatory compliance.**

**(d)Staff was interviewed for a more thorough understanding of operations.**

**(e)Reviewed Single Audit (A-133) for date filing compliance. The audit received an unmodified opinion.**

**(f)Reviewed Administrative Cost Rule expenditures. The calculated planning and administration percentages were 14.88% of total grant expenditures and 13.1% of the annual grant amount.**

**The HACN 2024 review included:**

**(a)8 site visits for Modernization, 6 for Rehabilitation programs, and 8 for Mortgage Assistance Programs**

**(b)Examined 29 Procurement and 8 Modernization files**

**(c)Examined program participant files for the following programs:**

·Mutual Help – 12

·Low Rent – 31

·Rental Assistance – 24

·Rural Rental – 25

·Housing Rehabilitation – 6

·Mortgage Assistance – 8

·MAP/SSC – 11

·College Housing Assistance – 14

·NCHOP – 2

·Temporary Assistance – 8

·VASH – 3

**(d)Policies were reviewed for public availability and regulatory compliance**

**(e)Staff were interviewed for a more thorough understanding of operations**

**(f)Review previous year APR for compliance with filing date and disclosure**

**(g)Evaluated IHP/APR performance**

**(h)Examined 4 ERR's**

**(i)Reviewed Single Audit (A-133) for date filing compliance**

**(j)Evaluated the program's initial and recurring inspections**

***Note: The number of samples selected was consistent with HUD Program Guidance 2012-03.***

**Unit Inspections:** For FY2024, HACN completed inspections for all housing units under its management. While HUD previously required inspection data to be reported by program type, this is no longer necessary. As of September 30, 2024, 100% of units had been inspected. All inspections were completed in accordance with internal timelines and standards. A limited review of activities listed in the approved IHP was conducted to assess CN's performance in fulfilling the grant's goals and objectives. This was achieved by comparing activities planned number of units or households as applicable, budgeted amounts in the IHP to expenditures, and lists of participants served provided by CN and HACN programs. This was not a comprehensive review of program performance but allowed a sense of programmatic performance. The FY 2024 IHP limited review included:

- Seventeen (17) of the 31 activities reviewed for FY 2024 had expended more than 50% of the budgeted amount listed in the IHP.
- Seven (7) of the 31 activities reviewed for FY 2024 did not expend more than 25% of their budgeted funds at the time of review. Of those, four expended ICDBG funding first and were set to spend their matching funds next FY. The remaining three were subject to difficulties related to supplies, contractors, or participant readiness.
- Fourteen (14) of the 31 activities reviewed had achieved a 100% or greater percentage of units/households served as compared to the amount listed in the IHP.

# Section 11: Inspections

NAHASDA § 403(b)

**(1) Inspection of Units** Self-Monitoring Results. (Use the table below to record the results of recurring inspections of assisted housing.)

Activity (A)	Total Number of Units (B)	Units in Standard Condition (C)	Units Needing Rehabilitation (D)	Units Needing to be Replaced (E)	Total Number of Units Inspected (F=C+D+E)
<b>1937 Housing Act Units:</b>					
a. Rental	1014	1013	1	0	1014
b. Homeownership	120	113	4	0	117
c. Other	0	0	0	0	0
<b>1937 Act Subtotal:</b>	1134	1126	5	0	1131
<b>NAHASDA Associated Units:</b>					
a. Rental	0	0	0	0	0
b. Homeownership	455	425	9	0	434
c. Rental Assistance	0	0	0	0	0
d. Other	0	0	0	0	0
<b>NAHASDA Act Subtotal:</b>	455	425	9	0	434
<b>Total:</b>	1589	1551	14	0	1565

**(2)** Did you comply with your inspection policy: **No**

**(3)** If no, why not:

**Missed inspections are due to a new inspector covering our largest county that we serve. While trying to learn the program policies, inspection expectations and scheduling the inspector wasn't able to fulfill his tasks within the FY25 deadline. Since October 1st thirteen of the missed inspections are now completed.**

## 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**

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.

Audit Due Date : **06/30/2026**

## Section 13: Public Availability

*NAHASDA § 408, 24 CFR § 1000.518*

(1) Did you make this APR available to the citizens in your jurisdiction before it was submitted to HUD (24 CFR § 1000.518): **Yes**

(2) If you are a TDHE, did you submit this APR to the Tribe(s) (24 CFR § 1000.512): **Not Applicable**

(3) If you answered “No” to question #1 and/or #2, provide an explanation as to why not and indicate when you will do so.

(4) Summarize any comments received from the Tribe(s) and/or the citizens (NAHASDA § 404(d)).

**The APR was made available to the public during the week of December 15th thru the 19th in these locations; Housing Authority of the Cherokee Nation's main office in Tahlequah, OK., along with the area offices in Jay, Catoosa, and Sallisaw. It was posted in the Cherokee First office located at the tribe's main complex and was also posted on the HACN and Cherokee Nation's websites. No comments were received.**

## Section 14: Jobs Supported by NAHASDA

NAHASDA § 404(b)

Use the table below to record the number of jobs supported with IHBG funds each year.

Indian Housing Block Grant Assistance (IHBG)	
(1) Indian Housing Block Grant Assistance (IHBG)	288
(2) Number of Temporary Jobs Supported	0

(3) Narrative (optional):

## Section 15: IHP Waiver Requests

NAHASDA § 101(b)(2)

THIS SECTION IS ONLY REQUIRED IF THE RECIPIENT IS REQUESTING A WAIVER OF AN IHP SECTION OR A WAIVER OF THE IHP SUBMISSION DUE DATE.

A waiver is valid for a period not to exceed 90 days Fill out the form below if you are requesting a waiver of one or more sections of the IHP. **NOTE** :This is NOT a waiver of the IHBG program requirements but rather a request to waive some of the IHP submission items.

(1) List below the sections of the IHP where you are requesting a waiver and/or a waiver of the IHP due date. ( *List the requested waiver sections by name and section number* ) :

(2) Describe the reasons that you are requesting this waiver ( *Describe completely why you are unable to complete a particular section of the IHP or could not submit the IHP by the required due date.* ) :

(3) Describe the actions you will take in order to ensure that you are able to submit a complete IHP in the future and/or submit the IHP by the required due date. ( *This section should completely describe the procedural, staffing or technical corrections that you will make in order to submit a complete IHP in the future and/or submit the IHP by the required due date.* ):

(4) Recipient: **Cherokee Nation**

(5) Authorized Official's Name and Title:

(6) Authorized Official's Signature:

(7) Date (MM/DD/YYYY):