

## SECTION 1: COVER PAGE

(1) Grant Number: 21AH4004280

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

(3) Federal Fiscal Year: 2021

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

(9) Name of Recipient:

Caddo Nation of Oklahoma

(10) Contact Person:

Amie Stockton

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

(405) 656-2344

(12) Mailing Address:

P.O. Box 487

(13) City:

Binger

(14) State:

Oklahoma

(15) Zip Code (99999 or 99999-9999):

73009

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

(17) Email Address (if available):

astockton@mycaddonation.com

(18) If TDHE, List Tribes Below:

(19) Tax Identification Number:

73-0790605

(20) DUNS Number:

018992057

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

11/04/2021

(22) IHBG-CARES/ARP Amount:

\$361,767

Date Started Preparing for COVID-19

03/18/2020

(23) Name of Authorized IHP Submitter:

Bobby Gonzalez

(24) Title of Authorized IHP Submitter:	
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	
(27) Name of Authorized APR Submitter:	Bobby Gonzalez
(28) Title of Authorized APR Submitter:	Chairman, Caddo Nation
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	

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

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

**APR: REPORTING ON PROGRAM YEAR PROGRESS**

Complete the shaded section of text below to describe your completed program tasks and actual results. Only report on activities completed during the 12-month program year. Financial data should be presented using the same basis of accounting as the Schedule of Expenditures of Federal Awards (SEFA) in the annual audit. For unit accomplishments, only count units when the unit was completed and occupied during the year. For households, only count the household if it received the assistance during the previous 12-month program year. (NAHASDA § 404(b))

**Program Descriptions**

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

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

(20) Operation and Maintenance of NAHASDA-Assisted Units [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.):

(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):

Improve conditions at the Regency Oak laundry room.

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

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

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

This activity is meant to improve the laundry room and provide a safer environment for the elderly tenants.

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

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

This assistance is for residents of the Regency Oak Elderly Apartments. Tenants at the apartments are low-income Native Americans with a preference to Caddo Nation members.

**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 CNDH will upgrade the facility to accomodate elderly 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.

The Caddo Nation only received funding for this program on 9/9/21. The end of the reporting period is 9/30/21, and we did not start the project in the reporting period.

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

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

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

This project is not behind schedule.

**2.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 8 - Food Supplement Program-Regency Oak

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

The CNDH food supplement program will be provided to low income tenants living in Regency Oak Apartments. The food supplement program will provide bi-weekly boxes with food to minimize the need for tenants to travel to grocery stores and items used to promote self food preparation. Staff will deliver food boxes to tenants. Costs included in this program are transportation cost for delivery, costs to hire contract workers, food costs, packaging costs, and food storage related costs for staff and tenants.

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

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

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

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

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

The CNDH food supplement program will be provided to low income tenants living in Halfmoon Circle. The food supplement program will provide bi-weekly boxes with food to minimize the need for tenants to travel to grocery stores. Staff will deliver food boxes to tenants. Costs included in this program are transportation cost for delivery, costs to hire contract workers, food costs, packaging costs, and food storage costs.

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

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

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

This activity is meant to eliminate the need for tenants to travel to grocery stores and risk exposure to the coronavirus.

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

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

Low income Native American families whose resides in our low rent elderly housing.

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

CNDH will provide bi-weekly food boxes for tenants. We will ensure low income families will have access to food and minimize the chance of exposure. Staff will order food, inventory, and deliver.

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

The Caddo Nation only received funding for this program on 9/9/21. The end of the reporting period is 9/30/21, and we did not start the project in the reporting period.

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

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

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

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

13

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

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

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

0

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

This program is not behind schedule.

**3.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 9 - Food Supplement Program-Halfmoon

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

The CNDH food supplement program will be provided to low income tenants living in Halfmoon Circle. The food supplement program will provide bi-weekly boxes with food to minimize the need for tenants to travel to grocery stores and items used to promote self food preparation. Staff will deliver food boxes to tenants. Costs included in this program are transportation cost for delivery, costs to hire contract workers, food costs, packaging costs, and food storage related costs for staff and tenants.

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

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

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

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

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

In order to reduce the risk of spreading COVID-19 and to minimize the chance of exposure, the CNDH will provide food boxes to low income tenants. Additionally, staff will deliver the boxes to the door step of the tenants.

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

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

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

Prevent the spread of Covid-19

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

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

Low income Native American families whose income is low to moderate.

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

CNDH will provide bi-weekly food boxes for tenants. We will ensure low income families will have access to food and minimize the chance of exposure. Staff will order food, inventory, and deliver.

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

The Caddo Nation only received funding for this program on 9/9/21. The end of the reporting period is 9/30/21, and we did not start the project in the reporting period.

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

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

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

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

14

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

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

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

0

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

This project is not behind schedule.

**Program Descriptions**

**4.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 10 - Food Supplement Program-LTO

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

The CNDH food supplement program will be provided to low income tenants living in Lease-To-Own Homes. The food supplement program will provide bi-weekly boxes with food to minimize the need for tenants to travel to grocery stores and items used to promote self food preparation. Staff will deliver food boxes to tenants. Costs included in this program are transportation cost for delivery, costs to hire contract workers, food costs, packaging costs, and food storage related costs for staff and tenants.

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

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

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

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

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

In order to reduce the risk of spreading COVID-19 and to minimize the chance of exposure, the CNDH will provide food boxes to low income tenants. Additionally, staff will deliver the boxes to the door step of the tenants.

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

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

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

Prevent the spread of Covid-19

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

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

Assistance will be provided to low-income households at Lease-To-Own Homes.

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

CNDH will provide bi-weekly food boxes for tenants. We will ensure low income families will have access to food and minimize the chance of exposure. Staff will order food, inventory, and deliver.

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

The Caddo Nation only received funding for this program on 9/9/21. The end of the reporting period is 9/30/21, and we did not start the project in the reporting period.



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

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

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

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

5

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

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

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

0

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

This project is not behind schedule.

**5.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 2 - Rental Collection Boxes

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

The CNDH will pay for the cost of adding a deposit boxes in Anadarko and Gracemont for the purposes of rental collection. The boxes will provide safe way for tenants to turn in rent. This cost of hiring a contractor is included in this activity.

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

(22) Model Activities [202(6)]

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

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

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

Adding deposit boxes to minimize COVID-19 exposure

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

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

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

Provide safety measures for applicants, tenants, and staff.

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

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

Low-Income Native Americans

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

Tenants and Applicants will be able to safely provide documents and rent. Staff will be able to minimize the risk of exposure to COVID-19.

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

The Caddo Nation only received funding for this program on 9/9/21. The end of the reporting period is 9/30/21, and we did not start the project in the reporting period.

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

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

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

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

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

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

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

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

This project is not behind schedule.

**6.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 3 - Rehabilitating CAS Housing

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

This program provides the cost to rehab 3 of 1937 Housing Act properties. Outside entities including construction companies, architectural and engineering entities may be needed to evaluate the condition and correct deficiencies as needed. This project may not be completed within the year due to material shortages from COVID-19.

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

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

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

(3) Improve quality of substandard units

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

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

(3) Improve quality of substandard units

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

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

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

Low-Income Indian Households

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

Rehabbing 1937 Housing Act units to improve quality of unit for move in and reduce overcrowding.

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

The Caddo Nation only received funding for this program on 9/9/21. The end of the reporting period is 9/30/21, and we did not start the project in the reporting period.

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

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

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

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

3

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

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

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

0

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

This project is not behind schedule.

**Program Descriptions**

**7.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 4 - Rehabbing NAHSDA Unit

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

The CNDH will Rehab 2 Lease-To-Own unit. Outside entities including construction companies, architectural and engineering entities may be needed to evaluate the condition and correct deficiencies as needed. This project may not be completed within the year due to material shortages from COVID-19.

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

(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]

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

(3) Improve quality of substandard units

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

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

(3) Improve quality of substandard units

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

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

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

Low-Income Indian Households

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

Rehabbing NAHASDA unit to improve quality of unit for move in and reduce overcrowding.

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

The Caddo Nation only received funding for this program on 9/9/21. The end of the reporting period is 9/30/21, and we did not start the project in the reporting period.

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

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

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

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

2

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

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

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

0

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

This project is not behind schedule.

**8.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 5 - Purchasing PPE Supplies

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

This program provides for the cost to subsidize the ongoing threat spreading Covid-19 among tenants and staff. Funding includes the cost of cleaning supplies such as disinfectants, sanitizers, waste disposal supplies, and other supplies used to disinfect homes of residents, common areas, and housing related public facilities and other public spaces. Additionally, it may include the purchase of supplies used to promote the safety of residents and Tribal housing staff including gloves, surgical masks, and goggles, hand hygiene products, soap, paper towels, hand sanitizer, hand wipes, and tissues, thermometers, video doorbells with features to hear and speak to people from your device, and more.

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

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

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

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

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

Assist in the upkeep of CAS Housing by providing allowable public health services to tenants.

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

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

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

Prevent the spread of Covid-19

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

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

Low income Native American families whose income is low to moderate.

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

Caddo Housing will provide assistance to residents through addressing public health needs to prevent the spread of COVID-19. This includes providing cleaning materials for tenants, contracting out necessary disinfecting determined on a case by case basis, transportation cost for staff to get and deliver supplies, and providing materials that will promote the health and safety of the community.

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

The Caddo Nation only received funding for this program on 9/9/21. The end of the reporting period is 9/30/21, and we did not start the project in the reporting period.



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

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

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

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

14

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

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

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

0

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

This project is not behind schedule.

**9.1. Program Name and Unique Identifier:**

Unique Identifier	COVID-19 Respond
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COVID-19 Respond - 5 - Operation & Maintenance of Regency Oak

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

This program provides for the cost to subsidize the ongoing operations and maintenance of the tribes multifamily complex (16 units) known as Regency Oak. The operation and maintenance of our units include the staff training and development, policy revision, collection activities, procurement and maintenance of equipment, annual audits and maintain all insurances. Maintenance includes routine and non-routine maintenance of units and grounds keeping, unit inspections, leasing management functions (waiting list management, selections, evictions, counseling and training), Administrative/Program oversight, and financial management/rent collection. COVID-19 Specific Operating Cost-Contractual services for moving to online application processing, online work orders, and tenant management. Cost of reworking policies and procedures to account for the changes caused by the pandemic. Paying for printing & reproduction costs for sinage related to quarantining, posters promoting health & safety, and notices to the tenants. With rising construction costs, maintenance workers need additional tools to complete repairs that cannot be contracted out.

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

(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]

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

(3) Improve quality of substandard units

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

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

(3) Improve quality of substandard units

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

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

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

Low-income Native families whose income is low to moderate.

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

The CNDH will provide assistance to residents through addressing work orders, interim changes, transfers, moveins, and other services needed on a case-by-case basis. Annual re-certifications will be conducted on all participants. Annual inspections and preventative maintenance services will be performed on all units whether occupied or vacant. Interior and exterior maintenance will be performed by Housing Maintenance Department Staff. The Maintenance Department will provide labor, materials and contract cost to maintain units.

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

The Caddo Nation only received funding for this program on 9/9/21. The end of the reporting period is 9/30/21, and we did not start the project in the reporting period.

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

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

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

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

16

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

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

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

0

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

This project is not behind schedule.

**10.1. Program Name and Unique Identifier:**

Unique Identifier	COVID-19 Respond
-------------------	------------------

COVID-19 Respond - 6 - Operation & Maintenance of Halfmoon

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

This program provides for the cost to subsidize the ongoing operations and maintenance of the tribes affordable family rental houses (20 units) known as Halfmoon. The operation and maintenance of our units include the staff training and development, policy revision, collection activities, procurement and maintenance of equipment, annual audits and maintain all insurances. Maintenance includes routine and non-routine maintenance of units and grounds keeping, unit inspections, leasing management functions (waiting list management, selections, evictions, counseling and training), Administrative/Program oversight, and financial management/rent collection. COVID-19 Specific Operating Cost-Contractual services for moving to online application processing, online work orders, and tenant management. Cost of reworking policies and procedures to account for the changes caused by the pandemic. Paying for printing & reproduction costs for signage related to quarantining, posters promoting health & safety, and notices to the tenants. With rising construction costs, maintenance workers need additional tools to complete repairs that cannot be contracted out.

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

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

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

(3) Improve quality of substandard units

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

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

(3) Improve quality of substandard units

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

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

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

Low-income Native families whose income is low to moderate.

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

The CNDH will provide assistance to residents through addressing work orders, interim changes, transfers, moveins, and other services needed on a case-by-case basis. Annual re-certifications will be conducted on all participants. Annual inspections and preventative maintenance services will be performed on all units whether occupied or vacant. Interior and exterior maintenance will be performed by Housing Maintenance Department Staff. The Maintenance Department will provide labor, materials and contract cost to maintain units.

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

The Caddo Nation only received funding for this program on 9/9/21. The end of the reporting period is 9/30/21, and we did not start the project in the reporting period.

**10.9: Planned and Actual Outputs for 12 Month Program Year**

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

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

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

20

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

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

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

0

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

This project is not behind schedule.

**11.1. Program Name and Unique Identifier:**

Unique Identifier	COVID-19 Respond
-------------------	------------------

COVID-19 Respond - 7 - Operation & Maintenance of Lease-To-Own

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

This program provides for the cost to subsidize the ongoing operations and maintenance of the tribes 11 units known as Lease-To-Own. The operation and maintenance of our units include the staff training and development, policy revision, collection activities, procurement and maintenance of equipment, annual audits and maintain all insurances. Maintenance includes routine and non-routine maintenance of units and grounds keeping, unit inspections, leasing management functions (waiting list management, selections, evictions, counseling and training), Administrative/Program oversight, and financial management/rent collection. COVID-19 Specific Operating Cost-Contractual services for moving to online application processing, online work orders, and tenant management. Cost of reworking policies and procedures to account for the changes caused by the pandemic. Paying for printing & reproduction costs for signage related to quarantining, posters promoting health & safety, and notices to the tenants. With rising construction costs, maintenance workers need additional tools to complete repairs that cannot be contracted out.

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

(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]

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

(3) Improve quality of substandard units

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

**11.5 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.):

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

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

Low-income Native families whose income is low to moderate.

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

The CNDH will provide assistance to residents through addressing work orders, interim changes, transfers, moveins, and other services needed on a case-by-case basis. Annual re-certifications will be conducted on all participants. Annual inspections and preventative maintenance services will be performed on all units whether occupied or vacant. Interior and exterior maintenance will be performed by Housing Maintenance Department Staff. The Maintenance Department will provide labor, materials and contract cost to maintain units.

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

The Caddo Nation only received funding for this program on 9/9/21. The end of the reporting period is 9/30/21, and we did not start the project in the reporting period.

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

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

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

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

11

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

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

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

0

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

This project is not behind schedule.

**12.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Respond

COVID-19 Respond - 8 - Acquisition of a home for quarantine

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

The CNDH will initiate the acquisition of new rental housing on a tribally owned lot in Caddo jurisdiction. The tribe will act as the property owner and developer, but will contract out the electrical and plumbing hookups, surveyor for easements, contractors for gravel work, and placement of the pre-manufactured homes on the lot. The house will be available as a quarantine unit. This activity may not be completed in a year and is a multi-year project. It requires the tribe to petition the city for rezoning. The house will serve as a quarantine space for individuals that have tested positive for COVID-19. Additional costs may include providing furnishings for the house.

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

(3) Acquisition of Rental Housing [202(2)]

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

(1) Reduce over-crowding

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

**12.5 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.):

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

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

Low-income, moderate, and non-low income Native families

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

This house will serve as a quarantine house for individuals who have contracted COVID-19 and need remove themselves from their current household. The Caddo Nation will contact cleaning services after every stay. After the conclusion of the pandemic, the house will be available as part of the Caddo Affordable Rental Housing Program.

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

The Caddo Nation only received funding for this program on 9/9/21. The end of the reporting period is 9/30/21, and we did not start the project in the reporting period.



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

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

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

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

1

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

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

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

0

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

This project is not behind schedule.

**13.1. Program Name and Unique Identifier:**

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 11 - HVAC Replacement Halfmoon

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

This activity will replace 15 HVAC units at Halfmoon Circle. Replacement of the units to assist with ventillation of the homes at Halfmoon Circle. Additionally, the CNDH will upgrade filters. Since running your HVAC system filters the air as it is circulated, it can help reduce airborne contaminants, including viruses, indoors.

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

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

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

(3) Improve quality of substandard units

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

**13.5 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.):

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

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

Low-income, moderate, and non-low income Native familes

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

15 units at Halfmoon Circle will have HVAC units replaced.

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

The Caddo Nation only received funding for this program on 9/9/21. The end of the reporting period is 9/30/21, and we did not start the project in the reporting period.

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

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

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

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

15

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

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

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

0

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

This project is not behind schedule.

**SECTION 5: BUDGETS**

NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
IHBG-CARES/ARP Funds	\$0	\$361,767	\$361,767	\$361,767	\$0	\$0	\$0	\$0	\$0	\$0	\$0

<b>TOTAL</b>	\$0	\$361,767	\$361,767	\$361,767	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL Columns C &amp; H, 2 through 10</b>			\$0				\$0				

**Notes:**

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

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

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

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

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

PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG CARES/ARP (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(L) Total IHBG CARES/ARP (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)
COVID-19 Prevention - 1 - Regency Oak Laundry Facility	\$40,000		\$40,000	\$0		\$0
COVID-19 Prevention - 8 - Food Supplement Program-Regency Oak	\$6,800		\$6,800	\$0		\$0
COVID-19 Prevention - 9 - Food Supplement Program-Halfmoon	\$8,500		\$8,500	\$0		\$0

COVID-19 Prevention - 10 - Food Supplement Program-LTO	\$4,680	\$4,680	\$0	\$0
COVID-19 Prevention - 2 - Rental Collection Boxes	\$15,000	\$15,000	\$0	\$0
COVID-19 Prevention - 3 - Rehabilitating CAS Housing	\$20,000	\$20,000	\$0	\$0
COVID-19 Prevention - 4 - Rehabbing NAHSDA Unit	\$42,510	\$42,510	\$0	\$0
COVID-19 Prevention - 5 - Purchasing PPE Supplies	\$8,424	\$8,424	\$0	\$0
COVID-19 Respond - 5 - Operation & Maintenance of Regency Oak	\$9,420	\$9,420	\$0	\$0
COVID-19 Respond - 6 - Operation & Maintenance of Halfmoon	\$10,120	\$10,120	\$0	\$0
COVID-19 Respond - 7 - Operation & Maintenance of Lease-To-Own	\$3,960	\$3,960	\$0	\$0
COVID-19 Respond - 8 - Acquisition of a home for quarantine	\$80,000	\$80,000	\$0	\$0

COVID-19 Prevention - 11 - HVAC Replacement Halfmoon	\$40,000		\$40,000	\$0		\$0
Planning and Administration	\$72,353		\$72,353	\$0		\$0
<b>TOTAL</b>	\$361,767	\$0	\$361,767	\$0	\$0	\$0

**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):

NA

**(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.):

NA

## SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

By signing the IHP, the recipient certifies its compliance with Title II of the Civil Rights Act of 1968 (25 USC Part 1301 et seq.), and ensures that the recipient has all appropriate policies and procedures in place to operate its planned programs. The recipient should not assert that it has the appropriate policies and procedures in place if these documents do not exist in its files, as this will be one of the items verified during any HUD monitoring review.

**(1) In accordance with applicable statutes, the recipient certifies that:**

It will comply with Title II of the Civil Rights Act of 1968 in carrying out this Act, to the extent that such title is applicable, and other applicable federal statutes.

Yes  No

**(2) In accordance with 24 CFR 100.328, the recipient receiving less than \$200,000 under FCAS certifies that:**

There are households within its jurisdiction at or below 80 percent of median income.

Yes  No  Not Applicable

**(3) The following certifications will only apply where applicable based on program activities.**

a. It will maintain adequate insurance coverage for housing units that are owned and operated or assisted with grant amounts provided under NAHASDA, in compliance with such requirements as may be established by HUD;

Yes  No  Not Applicable

b. Policies are in effect and are available for review by HUD and the public governing the eligibility, admission, and occupancy of families for housing assisted with grant amounts provided under NAHASDA;

Yes  No  Not Applicable

c. Policies are in effect and are available for review by HUD and the public governing rents charged, including the methods by which such rents or homebuyer payments are determined, for housing assisted with grant amounts provided under NAHASDA; and

Yes  No  Not Applicable

d. Policies are in effect and are available for review by HUD and the public governing the management and maintenance of housing assisted with grant amounts provided under NAHASDA.

Yes  No  Not Applicable



**SECTION 8: IHP TRIBAL CERTIFICATION**  
*NAHASDA § 102(c)*

This certification is used when a Tribally Designated Housing Entity (TDHE) prepares the IHP or IHP amendment on behalf of a tribe.

This certification must be executed by the recognized tribal government covered under the IHP.

- (1) The recognized tribal government of the grant beneficiary certifies that:
- (2)  It had an opportunity to review the IHP or IHP amendment and has authorized the submission of the IHP by the TDHE; or
- (3)  It has delegated to such TDHE the authority to submit an IHP or IHP amendment on behalf of the Tribe without prior review by the Tribe.

<b>(4)</b> Tribe:	Caddo Nation of Oklahoma
<b>(5)</b> Authorized Official's Name and Title:	Bobby Gonzalez, Chairman
<b>(6)</b> Authorized Official's Signature:	
<b>(7)</b> Date (MM/DD/YYYY):	

## SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

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

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

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

--

## SECTION 12: AUDITS

24 CFR § 1000.544

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

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

Yes  No

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

If No, an audit is not required.