

## SECTION 1: COVER PAGE

(1) Grant Number: 20BV4004280

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

(3) Federal Fiscal Year: 2020

IHBG-CARES

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

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

(7) Tribe

(8) TDHE

(9) Name of Recipient:

Caddo Nation of Oklahoma

(10) Contact Person:

Amie Stockton

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

(405) 656-2344

(12) Mailing Address:

PO 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 :

(405) 656-0961

(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):

12/16/2020

(22) IHBG-CARES Amount:

\$172,487

Date Started Preparing for COVID-19

03/18/2020

(23) Name of Authorized IHP Submitter:

Tamara Francis

(24) Title of Authorized IHP Submitter:	Chairman, Caddo Nation
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	05/04/2020
(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	COVID-19 Respond
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COVID-19 Respond - 1 - 2020-1 Food Pantry and Delivery Service Regency Oak
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**1.2. Program Description** (This should be the description of the planned program.):

Food Pantry and Delivery Services will be provided to low income tenants that are considered at risk and live in Regency Oak Apartments. The food pantry will provide groceries to tenants that have limited access to food resources and provide a delivery service to minimize the risk of exposure to tenants.
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**1.3. Eligible Activity Number** (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

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

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

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

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

Responding to Covid-19. In order to reduce the risk of spreading the virus the Caddo Housing will purchase food and deliver groceries to tenants residing in Regency Oak Apartments which house elderly low income individuals. Staff will provide door step deliveries to residents.

**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.):

Responding to Covid-19 by providing the ability for tenants to stay home and safe inside to prevent exposure.

**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 will be provided to low income Indian families residing in Regency Oak.

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

We will ensure low income families will have access to food and stop the spread of covid-19 by providing a temporary food pantry and delivery service. Staff will shop for food, inventory, and bag items for delivery. Additionally, staff will drive to each household to deliver food on the residents doorstep. Services will be available once weekly for four months.

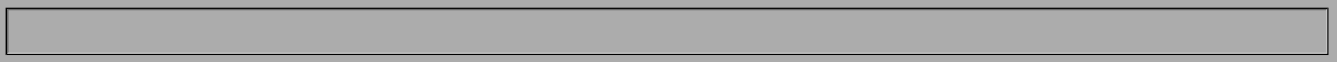
**1.8. APR:** Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

The CNDH provided tenants living in Regency Oak with food preparation appliances. This was purchased to encourage elderly tenants to minimize the risk of exposure to the elderly.

**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
	16	
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
	11	

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



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

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2 - 2020-2 Food Pantry and Delivery Service LTO

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

Food Pantry and Delivery Services will be provided to low income tenants that are considered at risk and live in Affordable Homeownership or Lease to own residences. The food pantry will provide groceries to tenants that have limited access to food resources and provide a delivery service to minimize the risk of exposure to 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):

Responding to Covid-19. In order to reduce the risk of spreading the virus the Caddo Housing will purchase food and deliver groceries to tenants residing in our lease to own homes. Staff will provide door step deliveries to residents.

**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.):

Responding to Covid-19 by providing the ability for tenants to stay home and safe inside to prevent exposure.

**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

This assistance will be provided to low income Indian families residing in our Affordable Homeownership or Lease to own homes.

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

We will ensure low income families will have access to food and stop the spread of covid-19 by providing a temporary food pantry and delivery service. Staff will shop for food, inventory, and bag items for delivery. Additionally, staff will drive to each household to deliver food on the residents doorstep. Services will be available once weekly for four months.

**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 CNDH provided tenants living in Lease to Own homes with food preparation appliances. This was purchased to encourage tenants to minimize the risk of exposure to the Coronavirus.

**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

8

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

6

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

**Program Descriptions**

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

Unique Identifier COVID-19 Respond

COVID-19 Respond - 3 - 2020-3 Food Pantry and Delivery Service Halfmoon

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

Food Pantry and Delivery Services will be provided to low income tenants that are considered at risk and live in Halfmoon Circle. The food pantry will provide groceries to tenants that have limited access to food resources and provide a delivery service to minimize the risk of exposure to tenants. Services will be available once weekly for four months.

**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):

Responding to Covid-19. In order to reduce the risk of spreading the virus the Caddo Housing will purchase food and deliver groceries to tenants residing in our lease to own homes. Staff will provide door step deliveries to residents.

**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.):

Responding to Covid-19 by providing the ability for tenants to stay home and safe inside to prevent exposure.

**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

This assistance will be provided to low income Indian families residing in our low rent homes.

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

We will ensure low income families will have access to food and stop the spread of covid-19 by providing a temporary food pantry and delivery service. Staff will shop for food, inventory, and bag items for delivery. Additionally, staff will drive to each household to deliver food on the residents doorstep.

**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 CNDH provided tenants living in Halfmoon homes with food preparation appliances. This was purchased to encourage tenants to minimize the risk of exposure to the Coronavirus.

**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

18

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

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

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

13

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

[Empty rectangular box for explanation]



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

Unique Identifier COVID-19 Respond

COVID-19 Respond - 5 - 2020-4 Emergency Housing Assistance

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

This program is intended to assist eligible low income Native Americans with housing related assistance as a result of COVID-19. The program may provide rental assistance, utility assistance, mortgage payments, and homelessness prevention. Homeless or families at risk of homelessness may receive assistance covering rent, mortgage, utility deposits or utility bills.

**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.):

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

**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.):

(5) Address homelessness

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

**4.5 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.):

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

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

Low income families whose income is low to moderate and live in the of Caddo, Oklahoma, Canadian, Cleveland, Grady, and Custer Counties in Oklahoma

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

The Caddo Emergency Housing Assistance Program for COVID-19 Assistance will provide help to Caddo Tribal members residing in Caddo, Oklahoma, Canadian, Cleveland, Grady, and Custer Counties in Oklahoma. Emergency Assistance provides up to \$2,500. Consideration will be given to individuals who fill out applications and will last until funds are depleted. Payments will be made to provide for temporary housing, rental payments, rental deposits, utility deposits and utility bills, and mortgage payments.

**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.

This program was expended during the prior year.

**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

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

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

[Empty text box for explanation]

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

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 1 - 2020-5 Operation and Maintenance of CAS Housing -COVID-19

**5.2. 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. The operation and maintenance of our 20 1937 Housing Act properties include transportation cost of staff to perform operation and maintenance functions, 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, and more.

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

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

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

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

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

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

**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.):

The CNDH Provided supplies to keep tenants from our Halfmoon houses safe.

**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 American families whose income is low to moderate.

**5.7. 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.

**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 CNDH had two teanant cleaning supply giveaways. The first provided cleaning sprays, wipes, sanitizer, thermometers, masks, gloves, tissue, paper towels, toilet paper, trash bags, tote bags, hand soap, and laundry soap. The last giveaway, the CNDH provided vacuums, wet mops, trash cans, air purifiers, tissue, toilet paper, paper towels, dish and laundry soap, cleaning spray, masks, face shields, gloves, trash bags, disposable mop pads, sanitizer, cleaning sprays, wipes, hand soap, and Pinesol.

**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

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

13

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

[Empty text box for explanation]

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

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 2 - 2020-6 Operation and Maintenance of NAHASDA Units-COVID 19

**6.2. 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. The operation and maintenance of our 16 NAHADA Units at Regency Oak Apartments include transportation cost of staff to perform operation and maintenance functions, 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, and more.

**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.):

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

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

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

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

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

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

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

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

The CNDH Provided supplies to keep tenants from our Regency Apartments safe.

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

**6.7. 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.

**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 CNDH had two teanant cleaning supply giveaways. The first provided cleaning sprays, wipes, sanitizer, thermometers, masks, gloves, tissue, paper towels, toilet paper, trash bags, tote bags, hand soap, and laundry soap. The last giveaway, the CNDH provided vacuums, wet mops, trash cans, air purifiers, tissue, toilet paper, paper towels, dish and laundry soap, cleaning spray, masks, face shields, gloves, trash bags, disposable mop pads, sanitizer, cleaning sprays, wipes, hand soap, and Pinesol.

**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

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

12

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

[Empty box for APR explanation]

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

Unique Identifier COVID-19 Prevention

COVID-19 Prevention - 3 - 2020-7 Maintenance of NAHSDA Units-Lease to Own-COVID 19

**7.2. 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. The operation and maintenance of our 8 filled NAHADA Units (Lease-To-Own) include transportation cost of staff to perform operation and maintenance functions, 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, and more.

**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.):

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

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

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

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

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

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

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

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

The CNDH Provided supplies to keep tenants from our Regency Apartments safe.

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

**7.7. 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.

**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 CNDH had two teanant cleaning supply giveaways. The first provided cleaning sprays, wipes, sanitizer, thermometers, masks, gloves, tissue, paper towels, toilet paper, trash bags, tote bags, hand soap, and laundry soap. The last giveaway, the CNDH provided vacuums, wet mops, trash cans, air purifiers, tissue, toilet paper, paper towels, dish and laundry soap, cleaning spray, masks, face shields, gloves, trash bags, disposable mop pads, sanitizer, cleaning sprays, wipes, hand soap, and Pinesol.

**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

8

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

6

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

[Empty rectangular box for APR explanation]



**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 Funds	\$0	\$172,487	\$172,487	\$172,487	\$0	\$116,304	\$0	\$116,304	\$84,231	\$32,073	

<b>TOTAL</b>	\$0	\$172,487	\$172,487	\$172,487	\$0	\$116,304	\$0	\$116,304	\$84,231	\$32,073	\$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 (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)
COVID-19 Respond - 1 - 2020-1 Food Pantry and Delivery Service Regency Oak	\$10,920		\$10,920	\$11,453		\$11,453
COVID-19 Respond - 2 - 2020-2 Food Pantry and Delivery Service LTO	\$5,460		\$5,460	\$5,726		\$5,726
COVID-19 Respond - 3 - 2020-3 Food Pantry and Delivery Service Halfmoon	\$11,620		\$11,620	\$12,187		\$12,187

COVID-19 Respond - 5 - 2020-4 Emergency Housing Assistance	\$50,000		\$50,000	\$17,906		\$17,906
COVID-19 Prevention - 1 - 2020-5 Operation and Maintenance of CAS Housing -COVID-19	\$26,753		\$26,753	\$14,660		\$14,660
COVID-19 Prevention - 2 - 2020-6 Operation and Maintenance of NAHASDA Units-COVID 19	\$20,670		\$20,670	\$11,329		\$11,329
COVID-19 Prevention - 3 - 2020-7 Maintenance of NAHASDA Units-Lease to Own-COVID 19	\$12,585		\$12,585	\$6,896		\$6,896
Planning and Administration	\$34,479		\$34,479	\$4,073		\$4,073
<b>TOTAL</b>	\$172,487	\$0	\$172,487	\$84,231	\$0	\$84,231

**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.

(4) Tribe:	Caddo Nation of Oklahoma
(5) Authorized Official's Name and Title:	Tamara Francis, Chairman
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	05/04/2020

## SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

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

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

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

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## 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.