

# ONE YEAR PLAN & ANNUAL PERFORMANCE REPORT

## SECTION 2: HOUSING NEEDS

NAHASDA § 102(b)(2)(B)

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

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

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

- A) Land for housing activities
- B) Elderly Assisted Living Facility
- C) Crime and Safety Program
- D) Community Center/Housing Office

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

- A) To provide eligible families housing near economic and educational areas
- B) To construct a housing facility for qualified Tribal Elders to be near Tribal Health facility
- C) To create a department within the Housing Authority to address crime and safety in Housing Authority homes
- D) To construct a facility for the youth and elders of the existing units located in Tribal Jurisdiction to utilize for health and sports activities and Housing Authority offices to be located for maintenance and security

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

To provide assistance within the Sac and Fox Nation Tribal jurisdiction.

## SECTION 3: PROGRAM DESCRIPTIONS

[102(b)(2)(A)], [233(a)], [235(c)], [404(b)], 24 CFR §1000.512(b)(2) and (3)

### Planning and Reporting Program Year Activities

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

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

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

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

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

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

With regard to loan repayments made with IHBG funds, describe planned loan repayments in Section 5, Line 4 of the IHP, and describe actual loan repayments in Section 5, Line 5 of the APR. Report the planned and actual amount of loan repayments in the dedicated row of the Uses of

Funding budget (Section 5, Line 2), except as noted in the following instructions for Column O in the Uses of Funding table. Column O should show the IHBG funds that were expended in the previous 12-month program year. If the recipient borrowed and repaid a loan or a portion of a loan in the same year using IHBG funds, show the repayment of the principal amount in the IHBG program line in the Uses of Funding table and report loan interest payments and loan expenses in the Loan Repayment line in the Uses of Funding table. The Administrative and Planning spending cap must be based on the actual expenditures incurred during the 12-month period, and not on the amount shown in the IHP. These expenditures should be reported on the Planning and Administration row. The total amount of IHBG funds expended cannot exceed the total amount in Column H, Row 1 of Line 1 (Sources of Funding table).

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

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

Eligible Activity	Output Measure	Output Completion
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit

(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed
(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection
Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding table only)
(25) Reserve Accounts [202(9)]	N/A	N/A

**Outcome May Include:**

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

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

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

- One way to number your programs is chronologically. For example, you could number your programs 2011-1,

2011-2, 2011-3 etc.

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

**APR: REPORTING ON PROGRAM YEAR PROGRESS (NAHASDA § 404(b))**

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.

<b>1.1. Program Name and Unique Identifier:</b>	<b>2016-01 Modernization of 1937 Act Units</b>	
<b>1.2. Program Description</b> <i>(This should be the description of the planned program.):</i> Rehab existing 1937 Act Units		
<b>1.3 Eligible Activity Number</b> (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	
<b>1.4 Intended Outcome Number</b> (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	
<b>Describe Other Intended Outcome</b> (Only if you selected "Other" above):		
<b>1.5 Actual Outcome Number</b> (In the APR identify the actual outcome from the Outcome list.):	3	
<b>Describe Other Actual Outcome</b> (Only if you selected "Other" above.):		
<b>1.6 Who Will Be Assisted</b> (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median must be included as a separate program within this section.):  Low income Sac and Fox tribal members/Native American families who are currently residing within these units.		
<b>1.7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>  Improve quality of substandard units to rehab vacant units and bring them up to code.		
<b>1.8. APR:</b> <i>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.</i>		
Rehab existing 1937 Act units at \$128,913 for the year; no overruns.		
<b>1.9: Planned and Actual Outputs for 12-Month Program Year</b>		

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
5		
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
8		

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

N/A

<b>2.1. Program Name and Unique Identifier:</b>	<b>2016-02 Operation (1937 Act Units)</b>	
<b>2.2. Program Description</b> <i>(This should be the description of the planned program.):</i>		
<ul style="list-style-type: none"> <li>-Operate and maintain existing Low Rent and Mutual Help units.</li> <li>-Enforce Mutual Help Occupancy Agreements and Lease Agreements to ensure homebuyers and tenants meet their obligations, including timely payments and maintenance responsibilities.</li> <li>-Maintain occupancy in existing units.</li> </ul>		
<b>2.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. 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.):</i>	2	
<b>2.4. Intended Outcome Number</b> <i>(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.):</i>	3	
<b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above.):</i>		
<b>2.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
3		
<b>Describe Other Actual Outcome</b> <i>(Only if you selected "Other" above.):</i>		
<b>2.6. Who Will Be Assisted</b> <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Low income Sac and Fox tribal members/Native American families who are currently residing within these units.		
<b>2.7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Improve quality of substandard units to rehab the vacant units and bring them up to code. Improve energy efficiency to the vacant units to bring them up to code.		
<b>2.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
<ul style="list-style-type: none"> <li>-Operated and maintained existing Low Rent and Mutual Help units.</li> <li>-Enforced Mutual Help Occupancy Agreements and Lease Agreements to ensure homebuyers and tenants meet their obligations, including timely payments and maintenance responsibilities.</li> <li>-Maintained occupancy in existing units.</li> </ul>		
<b>2.9: Planned and Actual Outputs for 12-Month Program Year</b>		

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
116		
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
116		

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

The housing authority completed rehab on units and brought them up to code; as this will be a continuing project year after year until all units are brought back to standards due to normal wear and tear. Enforced Occupancy Agreements.

3.1. Program Name and Unique Identifier:	2016-03 Rehabilitation of NAHASDA Units	
3.2. Program Description (This should be the description of the planned program.):		
Repair and maintenance of NAHASDA units.		
3.3. Eligible Activity Number (Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):	5	
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.):	3	
Describe Other Intended Outcome (Only if you selected "Other" above.):		
3.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):	3	
Describe Other Actual Outcome (Only if you selected "Other" above.):		
3.6. Who Will Be Assisted (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):		
Low income Sac and Fox tribal members/Native American families who are currently residing within these units. Low income Sac and Fox tribal members/Native American families currently on the waiting lists.		
3.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):		
Improve quality of substandard units to rehab the vacant units and bring them up to code. Improve energy efficiency to the vacant units and bring them up to code.		
3.8. APR: Describe the accomplishments for the APR in the 12-month program year.		
Repaired and maintained NAHASDA units.		
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
130		

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
15		

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

The housing authority completed rehab on units and brought them up to code; as this will be a continuing project year after year until all units are brought back to standards due to normal wear and tear. The amount allocated for this project only covered the 15 units that were rehabbed.

<b>4.1. Program Name and Unique Identifier:</b>		<b>2016-04 Operations of Lease Purchase NAHASDA Units</b>	
<b>4.2. Program Description</b> <i>(This should be the description of the planned program.):</i>			
Operate and maintain existing NAHASDA units. Enforce lease agreements to ensure homebuyers and tenants meet their obligations, including timely payments and maintenance responsibilities.			
<b>4.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. 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.):</i>			20
<b>4.4. Intended Outcome Number</b> <i>(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.):</i>			6
Describe Other Intended Outcome (Only if you selected "Other" above.):			
<b>4.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>			6
Describe Other Actual Outcome (Only if you selected "Other" above.):			
<b>4.6. Who Will Be Assisted</b> <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>			
Low income Sac and Fox tribal members/Native American families who are currently residing within these units.			
<b>4.7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>			
Improve quality of substandard units to rehab the vacant units and bring them up to code. Improve energy efficiency to the vacant units and bring them up to code.			
<b>4.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i>			
Operated and maintained existing NAHASDA unit . Enforced lease agreements to ensure homebuyers and tenants meet their obligations, including timely payments and maintenance responsibilities.			
<b>4.9: Planned and Actual Outputs for 12-Month Program Year</b>			
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	
142			

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
142		

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

N/A

<b>5.1. Program Name and Unique Identifier:</b>	2016-05 Acquisition of Land	
<b>5.2. Program Description</b> <i>(This should be the description of the planned program.):</i>		
Acquire land for future development of housing.		
<b>5.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. 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.):</i>	10	
<b>5.4. Intended Outcome Number</b> <i>(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.):</i>	2	
<b>Describe Other Intended Outcome</b> (Only if you selected "Other" above.):		
<b>5.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>	12	
<b>Describe Other Actual Outcome</b> (Only if you selected "Other" above.):		
Not able to find affordable land that meets environmental. Will continue to look for land in the future.		
<b>5.6. Who Will Be Assisted</b> <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):</i>		
Low income Sac and Fox tribal members/Native American families currently on the waiting lists.		
<b>5.7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Acquire land for future development of single family homeownership units.		
<b>5.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
Not able to find affordable land that meets environmental. Will continue to look for land in the future.		
<b>5.9: Planned and Actual Outputs for 12-Month Program Year</b>		
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
		20.0

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
		0.0

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

Not able to find affordable land that meets environmental. Will continue to look for land in the future.

6.1. Program Name and Unique Identifier:	2016-06 Partial Rehab & Handicap Assistance to Eligible Tribal Elder Homeowners	
6.2. Program Description (This should be the description of the planned program.): Renovation program for Tribal elder homeowners.		
6.3. Eligible Activity Number (Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):	16	
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.):	9	
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.):		
Describe Other Actual Outcome (Only if you selected "Other" above.):		9
6.6. Who Will Be Assisted (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):		
Assistance will be provided to low income Sac and Fox elderly aged 62 or older.		
6.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):		
Improve quality of substandard units by making necessary repairs to needed areas of the home of qualified Tribal members. Assist qualified Tribal Elder Members by installing handicap accessories in needed areas of their home.		
6.8. APR: Describe the accomplishments for the APR in the 12-month program year.		
Renovation program for Tribal elder homeowners.		
6.9: 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
10		

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
5		

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

Not all applications submitted met program requirements.

7.1. Program Name and Unique Identifier:	2016-07 Modernization of Homeownership Units	
7.2. Program Description (This should be the description of the planned program.): Modernization oldest in inventory with no previous work done.		
7.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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	
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	
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.):		
Describe Other Actual Outcome (Only if you selected "Other" above.):		3
7.6. Who Will Be Assisted (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):		
Existing Sac and Fox tribal members/Native American families currently residing in Housing Authority inventory.		
7.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):		
Improve the quality of substandard units to rehab the units and bring them up to code. Improve energy efficiency to the units and bring them up to code.		
7.8. APR: Describe the accomplishments for the APR in the 12-month program year.		
Modernization oldest in inventory with no previous work done.		
7.9: 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
10		

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
5		

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

Work write ups showed more extensive repairs were needed to each individual unit. Project will continue to FY 2017. Funds allocated did not meet planned number of units to be modernized.

8.1. Program Name and Unique Identifier:	2016-08 Tribal Elder Home Insurance	
8.2. Program Description (This should be the description of the planned program.): Provide home insurance to Tribal Elders currently on the Elder Rehab waiting list.		
8.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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	
8.4. Intended Outcome Number (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):	6	
Describe Other Intended Outcome (Only if you selected "Other" above.):		
8.5. Actual Outcome Number (In the APR identify the actual outcome from the Outcome list.):		
Describe Other Actual Outcome (Only if you selected "Other" above.):		6
8.6. Who Will Be Assisted (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):		
Insurance will be provided to Tribal Elders being assisted under Rehab activity.		
8.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):		
Provide annual insurance for Tribal Elders through AMERIND program.		
8.8. APR: Describe the accomplishments for the APR in the 12-month program year.		
Provide home insurance to Tribal Elders currently on the Elder Rehab waiting list.		
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
	10	

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
	10	

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

N/A

<b>9.1. Program Name and Unique Identifier:</b>	2016-09 Crime and Safety	
<b>9.2. Program Description</b> (This should be the description of the planned program.):		
To provide units in inventory law enforcement and assist with home security measures.		
<b>9.3. Eligible Activity Number</b> (Select one activity from the Eligible Activity list. 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.):	21	
<b>9.4. Intended Outcome Number</b> (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):	11	
<b>Describe Other Intended Outcome</b> (Only if you selected "Other" above.):		
<b>9.5. Actual Outcome Number</b> (In the APR identify the actual outcome from the Outcome list.):		
<b>Describe Other Actual Outcome</b> (Only if you selected "Other" above.):		11
<b>9.6. Who Will Be Assisted</b> (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):		
Sac and Fox tribal members/Native American families residing mainly in the Shawnee area.		
<b>9.7. Types and Level of Assistance</b> (Describe the types and the level of assistance that will be provided to each household, as applicable.):		
Certified Police Officer to answer calls from tenants residing in units in inventory. Install video cameras in problem areas of two additions in Shawnee area.		
<b>9.8. APR:</b> Describe the accomplishments for the APR in the 12-month program year.		
Provided law enforcement service to deter crime in residential area under the housing authority maintenance and assisted with home security measures.		
<b>9.9: Planned and Actual Outputs for 12-Month Program Year</b>		
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

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

N/A

<b>10.1. Program Name and Unique Identifier:</b>		<b>2016-10 Roof Replacement (Lease to Purchase)</b>	
<b>10.2. Program Description</b> <i>(This should be the description of the planned program.):</i>			
To evaluate and replace roofs on up to ten (10) oldest homes in current inventory where needed.			
<b>10.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. 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.):</i>			16
<b>10.4. Intended Outcome Number</b> <i>(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.):</i>			3
<b>Describe Other Intended Outcome</b> (Only if you selected "Other" above.):			
<b>10.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>			3
<b>Describe Other Actual Outcome</b> (Only if you selected "Other" above.):			
<b>10.6. Who Will Be Assisted</b> <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>			
Assistance will be provided to the ten oldest Lease to Purchase homes in Housing Authority inventory.			
<b>10.7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>			
Improve quality of substandard Lease to Purchase units by removing and replacing with new energy efficient shingles. Improve energy efficiency to the units and bring them up to code.			
<b>10.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i>			
Completed 12 roof replacements.			
<b>10.9: Planned and Actual Outputs for 12-Month Program Year</b>			
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	
10			

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
12		

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

N/A

11.1. Program Name and Unique Identifier:	2016-11 Apartment Complex	
<b>11.2. Program Description</b> <i>(This should be the description of the planned program.):</i> Construct seventeen (17) 2 bedroom, six (6) 3 bedroom apartments for eligible Tribal Members/Native Americans		
<b>11.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. 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.):</i>	4	
<b>11.4. Intended Outcome Number</b> <i>(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.):</i>	7	
<b>Describe Other Intended Outcome</b> (Only if you selected "Other" above.):		
<b>11.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>	7	
<b>Describe Other Actual Outcome</b> (Only if you selected "Other" above.):		
<b>11.6. Who Will Be Assisted</b> <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i> Sac and Fox tribal members/Native American families currently on the waiting list.		
<b>11.7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i> Provide rental facilities to eligible Sac and Fox tribal members/Native American families based on family composition and size.		
<b>11.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i> Constructed seventeen (17) 2 bedroom, six (6) 3 bedroom apartments for eligible Tribal Members/Native Americans		
<b>11.9: Planned and Actual Outputs for 12-Month Program Year</b>		
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
23		

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
23		

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

N/A

12.1. Program Name and Unique Identifier:	2016-12 Elder Living Center and Tribal Housing Community	
12.2. Program Description (This should be the description of the planned program.):		
To provide infrastructure for planned Elder living center/tribal housing community to be located near Tribal Health Facility in Stroud, OK.		
12.3. Eligible Activity Number (Select one activity from the Eligible Activity list. 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.):	24	
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.):	7	
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.):		
7		
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. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):		
Sac and Fox tribal members/Native American elders currently on the waiting list.		
12.7. Types and Level of Assistance (Describe the types and the level of assistance that will be provided to each household, as applicable.):		
To develop infrastructure for future development of Elder Assisted Living units and Recreation Center.		
12.8. APR: Describe the accomplishments for the APR in the 12-month program year.		
To provide infrastructure for planned Elder living center/tribal housing community to be located near Tribal Health Facility in Stroud, OK.		
12.9: 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

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

Currently working with Sac and Fox Nation to obtain proper documentation for future use.

<b>13.1. Program Name and Unique Identifier:</b>	<b>2016-13 Community Center/Housing Authority Complex (Phase I)</b>	
<b>13.2. Program Description</b> <i>(This should be the description of the planned program.):</i>		
Phase I of II; Pre-Development, A&E, Site Assessment and Analysis, Utilities, Curbs and Gutters, Drive and Parking Lot installation		
<b>13.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. 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.):</i>	22	
<b>13.4. Intended Outcome Number</b> <i>(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.):</i>	12	
<b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above.):</i>		
To provide all planning costs associated with providing infrastructure, utilities, parking and lighting for intended construction of facility. Provide a facility for Sac and Fox tribal elders and youth living in existing units in inventory to utilize for health and educational activities. Housing Authority offices to be located with facility to operate and maintain project.		
<b>13.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>	12	
<b>Describe Other Actual Outcome</b> <i>(Only if you selected "Other" above.):</i>		
Site analysis was completed. Due to change in leadership administration, the project has been terminated.		
<b>13.6. Who Will Be Assisted</b> <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):</i>		
Sac and Fox tribal members/Native American families currently residing in HASFN units (mainly elder and youth).		
<b>13.7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Community group meetings for health, safety and well-being. Youth activities (recreational, educational and cultural). All departments of HASFN to be located at facility for operation and maintenance of facility and daily operations of HA functions.		
<b>13.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
Site analysis was completed and proposed site was on a flood plain area.		
<b>13.9: Planned and Actual Outputs for 12-Month Program Year</b>		

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

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

Site analysis was completed and proposed site was on a flood plain area.

15.1. Program Name and Unique Identifier:	2016-15 Foundation Repairs for Existing Homeownership Units	
<b>15.2. Program Description</b> (This should be the description of the planned program.): Repairs on existing Homeownership units in need of foundation repair due to damage from minor earthquakes happening frequently throughout area.		
<b>15.3. Eligible Activity Number</b> (Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):	15	
<b>15.4. Intended Outcome Number</b> (Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):	4	
Describe Other Intended Outcome (Only if you selected "Other" above.):		
<b>15.5. Actual Outcome Number</b> (In the APR identify the actual outcome from the Outcome list.):	4	
Describe Other Actual Outcome (Only if you selected "Other" above.):		
<b>15.6. Who Will Be Assisted</b> (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.): Assistance will be provided to Sac and Fox tribal members/Native American families currently residing in existing units within our current inventory.		
<b>15.7. Types and Level of Assistance</b> (Describe the types and the level of assistance that will be provided to each household, as applicable.): Foundations that are damaged and cracked by the frequent earthquakes will be replaced by procured contracted companies specializing in this type of repair.		
<b>15.8. APR: Describe the accomplishments for the APR in the 12-month program year.</b> Repaired existing Homeownership units in need of foundation repair due to damage from earthquakes happening frequently throughout area.		
<b>15.9: Planned and Actual Outputs for 12-Month Program Year</b>		
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
8		

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
7		

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

Two houses were deemed "totaled" and beyond repair.

<b>16.1. Program Name and Unique Identifier:</b>	<b>2016-16 Replace Windows and Exterior Doors</b>	
<b>16.2. Program Description</b> <i>(This should be the description of the planned program.):</i>		
Replace windows and exterior doors in NAHASDA Lease to Purchase units in Project 20 & 21		
<b>16.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. 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.):</i>	16	
<b>16.4. Intended Outcome Number</b> <i>(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.):</i>	3	
<b>Describe Other Intended Outcome</b> (Only if you selected "Other" above.):		
<b>16.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
3		
<b>Describe Other Actual Outcome</b> (Only if you selected "Other" above.):		
<b>16.6. Who Will Be Assisted</b> <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):</i>		
Assistance will be provided to low income families living in the homebuyer units (Projects 20 & 21).		
<b>16.7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Improve quality of substandard units to replace substandard windows and doors to bring them up to code. Improve energy efficiency to the units to bring them up to code.		
<b>16.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
Project 20 & 21 (Scattered sites throughout Shawnee, Stroud, and Drumright, OK) had previous work done in FY 2015; Activity was changed to Project 22 (Four Winds Additions - Shawnee, OK), 10 units were served. Activity will be continued in FY 2017.		
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
10		

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

Activity was changed to Project 22 (Four Winds Additions - Shawnee, OK), 10 units were served. Activity will be continued in FY 2017. Not enough funds were allocated for this project;

<b>17.1. Program Name and Unique Identifier:</b>	<b>2016-17 Construction of Homeownership Units- Three (3) bedroom units</b>	
<b>17.2. Program Description</b> <i>(This should be the description of the planned program.):</i> Construct three (3) bedroom single family units.		
<b>17.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. 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.):</i>	11	
<b>17.4. Intended Outcome Number</b> <i>(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.):</i>	2	
<b>Describe Other Intended Outcome</b> (Only if you selected "Other" above.):		
<b>17.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>	2	
<b>Describe Other Actual Outcome</b> (Only if you selected "Other" above.):		
<b>17.6. Who Will Be Assisted</b> <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Low income Sac and Fox tribal members/Native American families currently on waiting list.		
<b>17.7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
Provide affordable housing for low income households.		
<b>17.8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i>		
Completed construction of three (3) bedroom single family units.		
<b>17.9: Planned and Actual Outputs for 12-Month Program Year</b>		
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
3		

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
3		

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

N/A

## SECTION 4: MAINTAINING 1937 ACT UNITS, DEMOLITION, AND DISPOSITION

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

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

Inspect Mutual Help and Low Rent units on an annual basis. Provide routine, preventative maintenance for Low Rent. Maintain adequate home insurance for Mutual Help and Low Rent. Rehab Mutual Help and Low Rent as needed.

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

Duplex Demolition: Located at 321 W. Katy Street in Cushing, OK. Unit was constructed in 1979 and since has had approx. \$75,000 spent on foundation repairs alone. Currently foundation is "sinking" in the middle of the unit and an estimated \$75,000 more would be needed for all necessary repairs, \$35,000 of which, would be for more foundation repairs with no guarantee that it would remedy the problem. Estimated appraisal cost for the unit currently would be approx. \$45,000. It is our professional opinion that demolition would be the best consideration for any further funds to be expended on this unit. Vacant lot would be utilized for future construction of a rental unit.

**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	
1. IHBG Funds	\$3,976,484	\$1,633,129	\$5,609,613	\$4,343,158	\$1,266,455	\$2,943,413	\$1,547,931	\$4,491,344	\$2,324,920	\$2,166,424	\$0	
2. IHBG Program Income	\$934,012	\$307,443	\$1,241,455	\$1,241,455	\$0	\$983,162	\$327,202	\$1,310,363	\$1,310,363	\$0	\$0	
3. Title VI	\$0	\$1,500,000	\$1,500,000	\$1,500,000	\$0	\$0	\$1,250,000	\$1,250,000	\$1,500,000	-\$250,000	\$0	
4. Title VI Program Income	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
5. 1937 Act Operating Reserves	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
6. Carry Over 1937 Act Funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
<b>LEVERAGED FUNDS</b>												
7. ICDBG Funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
8. Other Federal Funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

9. LIHTC	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
10. Non-Federal Funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL	\$4,910,496	\$3,440,572	\$8,351,068	\$7,084,613	\$1,266,455	\$3,926,575	\$3,126,133	\$7,051,707	\$5,135,283	\$1,916,425	\$0	\$0	\$0
TOTAL Columns C & H, 2 through 10			\$2,741,455					\$2,560,363					

**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)(iii)) (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)
2016-01 Modernization of 1937 Act Units	\$161,275	\$0	\$161,275	\$128,913	\$0	\$128,913
2016-02 Operation (1937 Act Units)	\$694,299	\$0	\$694,299	\$607,801	\$0	\$607,801

2016-03 Rehabilitation of NAHASDA Units	\$186,275	\$0	\$186,275	\$176,525	\$0	\$176,525
2016-04 Operations of Lease Purchase NAHASDA Units	\$724,298	\$0	\$724,298	\$585,063	\$0	\$585,063
2016-05 Acquisition of Land	\$100,000	\$0	\$100,000	\$0	\$0	\$0
2016-06 Partial Rehab & Handicap Assistance to Eligible Tribal Elder Homeowners	\$100,000	\$0	\$100,000	\$40,818	\$0	\$40,818
2016-07 Modernization of Homeownership Units	\$200,000	\$0	\$200,000	\$185,585	\$0	\$185,585
2016-08 Tribal Elder Home Insurance	\$20,000	\$0	\$20,000	\$3,942	\$0	\$3,942
2016-09 Crime and Safety	\$110,275	\$0	\$110,275	\$46,886	\$0	\$46,886
2016-10 Roof Replacement (Lease to Purchase)	\$40,000	\$0	\$40,000	\$37,817	\$0	\$37,817

2016-11 Apartment Complex	\$1,000,000	\$1,500,000	\$2,500,000	\$1,009,890	\$1,500,000	\$2,509,890
2016-12 Elder Living Center and Tribal Housing Community	\$60,000	\$0	\$60,000	\$0	\$0	\$0
2016-13 Community Center/Housing Authority Complex (Phase I)	\$750,000	\$0	\$750,000	\$4,950	\$0	\$4,950
2016-14 Emergency Repairs for Existing Homeowners	\$25,000	\$0	\$25,000	\$28,495	\$0	\$28,495
2016-15 Foundation Repairs for Existing Homeownership Units	\$80,000	\$0	\$80,000	\$40,615	\$0	\$40,615
2016-16 Replace Windows and Exterior Doors	\$51,000	\$0	\$0	\$47,342	\$0	\$47,342
2016-17 Construction of Homeownership Units- Three (3) bedroom units	\$400,000	\$0	\$400,000	\$300,469	\$0	\$300,469
Planning and Administration	\$632,191	\$0	\$632,191	\$363,923	\$0	\$363,923
Loan repayment - describe in 3 & 4 below	\$250,000	\$0	\$250,000	\$26,248	\$0	\$26,248
<b>TOTAL</b>	\$5,584,613	\$1,500,000	\$7,084,613	\$3,635,282	\$1,500,000	\$8,119,895

**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):*

A Title VI Loan Guarantee of \$1,500,000.00 for construction of a 23 unit apartment complex located in Shawnee, OK. A payback amount of \$250,000.00 annually will be made to the loan source and budgeted for the next six (6) years to secure the loan amount needed for completion of the project.

**(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.)*

Title VI Loan Guarantee of \$1,500,000.00 was utilized for constructing a 23-unit apartment complex in Shawnee, OK. A payback amount of \$250,000.00 annually will be made to the loan source and budgeted for the next six (6) years to secure the loan amount needed for completion of the project. The housing authority paid \$26,249 in interest for FY 2016.

**SECTION 6: OTHER SUBMISSION ITEMS**

[102(b)(2)(C)(ii)], [201(b)(5)], [202(6)], [205(a)(2)], [209], 24 CFR §§ 1000.108, 1000.120, 1000.142, 1000..

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

The Useful Life of each assisted housing unit will be determined by the amount of the IHBG funds invested (as defined in the IHBG Program Guidance 2005-10) as follows:

IHBG Funds Invested	Affordability Period
under \$5,000	6 months
\$5,001-\$35,000	5 years
\$35,001-\$70,000	10 years
\$70,001 and above	15 years

These provisions shall be assured through binding commitments to ensure that each housing unit will remain affordable for its useful life

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

Construct Community Center/Housing Authority Complex (Phase I)

**(3) Tribal and Other Indian Preference** (NAHASDA § 201(b)(5), 24 CFR § 1000.120)

If preference will be given to tribal members or other Indian families, the preference policy must be described. This information may be provided here or in the program description section of the 1-year plan.

Does the Tribe have a preference policy?

Yes  No

If yes, describe the policy.

First priority will be given to applicants who are enrolled members of the Sac and Fox Nation of Oklahoma. Second priority will be given to applicants who are enrolled in other Indian Tribes, but who also provide documentation from the Sac and Fox Enrollment Office of Sac and Fox Nation descent. Third priority will be given to applicants who are enrolled in other Indian Tribes. Fourth priority will be given to non-Indian applicants.

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

Do you intend to exceed your allowable spending cap for Planning and Administration?

Yes  No

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



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

Yes  No

Did you exceed your spending cap for Planning and Administration?

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

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

**(6) Expanded Formula Area - Verification of Substantial Housing Services (24 CFR § 1000.302(3))** *If your tribe has an expanded formula area (i.e., an area that was justified based on housing services provided rather than the list of areas defined in 24 CFR § 1000.302 Formula Area (1)), the tribe must demonstrate that it is continuing to provide substantial housing services to that expanded formula area. Does the tribe have an expanded formula area?*

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

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

NA

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

Total Expenditures on Affordable Housing Activities for:		
	All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income
<b>IHBG Funds:</b>		
<b>Funds from Other Sources:</b>		

**(7) APR:** If answered "Yes" in Line 6, for each separate formula area, list the actual amount of IHBG and other funds expended for all AIAN households and for only AIAN households with incomes 80% of median income or lower during the recipient's 12-month program year.

Total Expenditures on Affordable Housing Activities for:		
	All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income
<b>IHBG Funds:</b>		
<b>Funds from Other Sources:</b>		

## SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

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

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

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

Yes  No

**(2) In accordance with 24 CFR 1000.328, the recipient receiving less than \$200,000 under FCAS certifies that:**

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

Yes  No  Not Applicable

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

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

Yes  No  Not Applicable

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

Yes  No  Not Applicable

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

Yes  No  Not Applicable

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

Yes  No  Not Applicable

**SECTION 8: IHP TRIBAL CERTIFICATION**

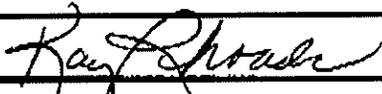
— NAHASDA § 102(c)

This certification is used when a Tribally Designated Housing Entity (TDHE) prepares the IHP or IHP amendment o  
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:	Sac and Fox Nation
(5) Authorized Official's Name and Title:	Kay Rhoads, Principal Chief
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	01-30-2017

## 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:

N/A

**SECTION 10: SELF-MONITORING**

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

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

Yes  No

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

Yes  No  Not Applicable

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

Yes  No

**(4) Self-Monitoring Results.** *(Describe the results of the monitoring activities, including inspections for this program year.)*

Toyebo Professional Services conducted a Self-Monitoring of HASFN, during the month of July 2016. No major deficiencies were noted; however there were six (6) recommendation noted by the monitor. HASFN will work on resolving those items.

# SECTION 11: INSPECTIONS

NAHASDA § 403(b)

(1) Inspection of Units (Use the table below to record the results of recurring inspections of assisted housing.)

Activity		Total Number of Units (Inventory)	Results of Inspections			Total number of units inspected
			Units in standard condition	Units needing rehabilitation	Units needing to be replaced	
(a)		(b)	(c)	(d)	(e)	(f)
1	<b>1937 Housing Act Units:</b>					
	a. Rental	67	67	0	0	67
	b. Homeownership	51	46	5	0	51
	c. Other	0	0	0	0	0
	<b>1937 Act Subtotal</b>	<b>118</b>	<b>113</b>	<b>5</b>	<b>0</b>	<b>118</b>
2	<b>NAHASDA assisted units:</b>					
	a. Rental	30	28	0	2	30
	b. Homeownership	104	104	0	0	104
	c. Rental Assistance	0	0	0	0	0
	d. Other	0	0	0	0	0
	<b>NAHASDA Subtotal</b>	<b>134</b>	<b>132</b>	<b>0</b>	<b>2</b>	<b>134</b>
	<b>Total</b>	<b>252</b>	<b>245</b>	<b>5</b>	<b>2</b>	<b>252</b>

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

(3) If no, why not:

## SECTION 12: AUDITS

24 CFR § 1000.544

This section is used to indicate whether an Office of Management and Budget Circular A-133 audit 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.

## SECTION 13: PUBLIC AVAILABILITY

NAHASDA § 408, 24 CFR § 1000.518

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

Yes  No

(2) If you are a TDHE, did you submit this APR to the Tribe(s) (24 CFR § 1000.512)?

Yes  No  Not Applicable

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

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

The Housing Authority of the Sac and Fox Nation provided public comment from January 24-26, 2017.  
There were no public comments from the citizens of Shawnee , Oklahoma.

## SECTION 14: JOBS SUPPORTED BY NAHASDA

NAHASDA § 404(b)

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

Indian Housing Block Grant Assistance (IHBG)	
(1) Number of Permanent Jobs Supported	34
(2) Number of Temporary Jobs Supported	4

(3) Narrative (optional):  
Four (4) temporary hires were employed through Freedom Personnel of Shawnee in Shawnee, OK