

Section 1: Cover Page

- (1) Grant Number: 55IH4005840
- (2) Recipient Program Year: 1/1/2027 - 12/31/2027
- (3) Federal Fiscal Year: 2027
- (4) ☒ Initial Plan (Complete this Section then proceed to Section 2)
- (5) ☐ Amended Plan (Complete this Section and Section 8 if applicable)
- (6) ☐ Annual Performance Report (Complete items 27-30 and proceed to Section 3)
- (7) ☐ Tribe
- (8) ☒ TDHE
- (9) Name of Recipient: Cheyenne-Arapaho Housing Authority
- (10) Contact Person: Damon Dunbar
- (11) Telephone Number with Area Code (999) 999-9999: 580-331-2400
- (12) Mailing Address: 2100 Dog Patch Road
- (13) City: Clinton
- (14) State: OK
- (15) Zip Code (99999 or 99999-9999): 73601-7452
- (16) Fax Number with Area Code (999) 999-9999: 405-422-8271
- (17) Email Address damon.dunbar@cheyenneandrapaho-nsh.gov
- (18) If TDHE, List Tribes Below:
 - ☒ Cheyenne-Arapaho Tribes
- (19) Tax Identification Number: 730797533
- (20) UEI Number: FC3XPZP9THN1
- (21) CCR/SAM Expiration Date (MM/DD/YYYY): 04/03/2026
- (22) IHBG Fiscal Year Formula Amount: \$4,410,476
- (23) Name of Authorized IHP Submitter: Damon Dunbar
- (24) Title of Authorized IHP Submitter: Damon Dunbar
- (25) Signature of Authorized IHP Submitter: Damon Dunbar
- (26) IHP Submission Date (MM/DD/YYYY): 09/15/2026
- (27) Name of Authorized APR Submitter:
- (28) Title of Authorized APR Submitter:
- (29) Signature of Authorized APR Submitter:
- (30) APR Submission Date (MM/DD/YYYY):

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

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

ONE YEAR PLAN ANNUAL PERFORMANCE REPORT

Section 2: Housing Needs

NAHASDA § 102(b)(2)(B)

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

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

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

There is a great need for more affordable rental. The housing market is too high in cost for those low to moderate income families and even over-income families.

(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)):

1. Maintain a viable housing program utilizing present housing stock under management by following good business management practices, and through routine counseling, inspection, maintenance and modernization activities.
2. Construct or otherwise acquire 10 additional units for rental and homeownership opportunities in accordance with identified needs and available funds.
3. Manage and allocate resources in a manner, which generates positive cash flow and provides for a surplus of income over expenses.
4. Conduct a comprehensive needs assessment to determine future needs.
5. Provide rehabilitation assistance available for substandard homes owned by eligible tribal members in our service area.

6. Provide homeownership opportunities to low-income tribal preference/ Native American families through the development of an affordable housing grant program, loan, guarantees, mortgage financing and other public and private financing systems- Down payment Assistance.
7. Update policies and procedures as necessary to operate new programs or modify existing programs as necessary to insure successful business management.
8. Maintain insurance for current housing stock.
9. Hold community meetings to provide program information and address the concerns of our homebuyers, future homebuyers, and homeowners.
10. Reduce tenant accounts receivable.
11. Assist tribal members in the service area who have succumbed to disasters through fire, or Mother Nature's devastation.
12. Acquire land and/or develop sites with infrastructures to accommodate future housing construction.
13. Research and plan for economic development activities intended to offer employment opportunities for low-income families in our service area.

(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)*:

The geographical area needs are confined to the counties within the service area of the Cheyenne and Arapaho Tribes, an 11-county area in western Oklahoma. The Housing Authority serves tribal members first. There is a substantial need for housing among Tribal members both low and very- low-income. The authority has 9 Current assisted stock rental units, 30 elder rental units in three of the 11 county service areas provided for low-income rental housing.

Section 3: Program Descriptions

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

Planning and Reporting Program Year Activities

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

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

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

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

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

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

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

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

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

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

1.1. Program Name and Unique Identifier: Assist renters to become homeowners:Acquisition

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

The Housing Authority will acquire five homes this year with IHBG funding. The five participants are from the Eligibility, Admissions, and Occupancy waiting list and will abide by Policy requirements, Attend and complete the Housing orientation.

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.):

(12) Acquisition of Homebuyer Units [202(2)]

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

(2) Assist renters to become homeowners

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

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

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

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

Low-income tribal members who qualify through the Homeownership Eligibility, Admissions, and Occupancy Policy; are at the 80% or below median income level. Monthly payments will not exceed 30% of adjusted gross income and completed the Housing orientation.

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

The Housing Authority will assist up to 5 applicants from the Eligibility, Admissions, and Occupancy waiting list up to a maximum of \$180,000 per application with a 25-year binding commitment. Applicants are required to attend and complete the Housing orientation.

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.):

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

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

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

1.1. Program Name and Unique Identifier: Down Payment Assistance - Elder:Elder Low Income- Down Payment Assistance

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

The Housing Authority will provide down payment assistance to two eligible elder tribal member families who meet the low-income eligibility requirements, with household income falling between 80% and 100% of the area median income. Applicants will be selected from the Eligibility, Admissions, and Occupancy waiting list in accordance with the Down Payment/ Closing Cost Assistance Policy. All selected applicants must successfully complete the required housing orientation.

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

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

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

(2) Assist renters to become homeowners

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

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

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

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

Two non-low income tribal applicants that fall between 80-100% median income; who are approved for private institutional funding, and having difficulty obtaining additional funding to complete home purchasing. Participants will need to have a Eligibility, Admissions, and Occupancy application and be put on a waiting list, attend housing orientation. A useful life binding agreement will be signed with lien.

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

Down Payment Assistance applications for 2 tribal members that fall between 80-100% median income. Maximum amount of assistance \$ 20,000.00 per application. Adhere to the Useful Life Binding Agreement Policy. Must complete housing orientation.

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.):*

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

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

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

1.1. Program Name and Unique Identifier: Housing Management Services: Operation & Maintenance of NAHASDA Assisted Units

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

CAHA will provide the necessary services by monitoring routine and annual inspections. Housing staff will monitor collections by enforcing the Eligibility, Admissions, and Occupancy Agreement obligations to avoid evictions by requiring a Housing orientation. Inform the tenants of Policy updates at time of recertification and or counseling due to non-compliance. Policies are continuously update with staff training updates.

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

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

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

(6) Assist affordable housing for low income households

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

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

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

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

Tribal members who are currently being assisted by the Housing Authority. Tribal members who are applicants on the waiting list for additional housing assistance programs.

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

CAHA participants will receive annual/ bi-annual inspections, property maintenance and will report on repairs needed to keep homes in standard condition. The CAHA staff will keep in communication with housing participants on home repairs, routine maintenance, payment status, and housing program activities. Communication will be sent for home inspections and follow-up inspections. If the participants continue to be out of compliance home visits will be conducted by Resident Service staff in order to avoid evictions due to non-compliance of Eligibility, Admissions, and Occupancy Agreement. The Housing orientation will be required and carried out by staff notifying participants of the date and time to attend.

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.):*

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

Planned Number of Units to be Completed in Year Under this Program: 175	Planned Number of Households To Be Served in Year Under this Program:	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

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

1.1. Program Name and Unique Identifier: Housing Management Services:Housing Services

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

The CAHA will promote self-sufficiency in fostering the education of safe, healthy, and affordable housing for tribal families residing within the tribal jurisdiction service area. The program will reach out to communities in the housing service through in-person activities, mail-out, social media, and newspapers to promote self-sufficiency in safe, sanitary housing that is affordable for future generations. The Housing Authority will promote the Housing orientation to target present, past, and future homebuyers, owners, and renters.

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

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

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

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

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

The Housing Authority provides information to all tribal members in the communities of the Cheyenne and Arapaho Tribes service area. Information about programs provided by HUD, real estate in the area, realtors our programs work with, contractors, and service providers. House materials, supplies and tools for housing staff to carry out daily tasks.

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

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

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

Tribal families residing within the tribal jurisdiction service area.

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

The program will reach out to communities in the tribal jurisdiction by hosting 3 community meetings and 2 housing fairs that provide educational materials, and demonstrations to promote self-sufficiency in healthy safe housing that is affordable for future generations. A vehicle will be purchased for transportation of outreach, office expansion for materials and all equipment that, support the staff daily tasks.

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.):*

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

Planned Number of Units to be Completed in Year Under this Program: 225	Planned Number of Households To Be Served in Year Under this Program:	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

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

1.1. Program Name and Unique Identifier: Housing Services:Modernization of 1937 Act Homes

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

CAHA will follow the recommendations of the annual inspections of the conditions that need to be brought to suitable living conditions. The upgrades will include but not limited to HVAC, window and door weatherization, energy efficient upgrades.

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

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

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

(3) Improve quality of substandard units

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

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

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

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

Housing units will be inspected by the housing inspection service, and provide inspection report to determine the modernization needs of housing units. This includes but not limited to HVAC, roofs, doors, floors, and window weatherization, energy-efficient appliances, and electrical and plumbing upgrades. There are 30 1937 Act homes reported in the FCAS and 9 will receive upgrades this year.

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

Annual Inspection, emergency inspections if needed for repairs, maintenance and upgrades for over all preventative repair cost and upgrade energy efficiency of housing unit for safe, healthy, and affordable housing.

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.):*

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

Planned Number of Units to be Completed in Year Under this Program: 9	Planned Number of Households To Be Served in Year Under this Program:	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

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

1.1. Program Name and Unique Identifier: Housing Services:Crime Prevention

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

CAHA will continue to provide security service, security camera surveillance and will purchase home security cameras as a best practice activity. The housing participants need to have access to Wi-Fi and ten households, elderly, children, and disabled families who qualify will receive assistance with Wi-Fi service throughout the year. Jobsite security surveillance equipment and service supplied for home repair projects. The Housing orientation will be required.

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.):*

(21) Crime Prevention and Safety [202(5)]

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

(11) Reduction in crime reports

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

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

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

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

Tribal families residing within the designated tribal service area who are experiencing neighborhood disturbance, violence, vandalism, and/or live in rural areas where emergency response is scarce. Ten households, elderly, children, and disabled families who are income qualified will receive assistance with Wi-Fi service throughout the year. The Housing orientation will be required.

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

The CAHA will continue to provide night security patrol at the ILC, administrative building, and security camera surveillance. Home security cameras will be a part of housing educational events for families who are a homebuyer, renters, and/or owners.

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.):*

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

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

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

1.1. Program Name and Unique Identifier: Housing Services:Operation & Maintenance of 1937 Act Homes

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

The CAHA will inspect units annually for routine preventative maintenance, to keep in compliance with residential lease and Construction and Rehabilitation Housing Quality Standards (CRO) at a minimum. If repairs are needed assistance will be provided to preserve the interior and exterior of the unit. The Housing orientation Required.

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

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

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

(3) Improve quality of substandard units

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

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

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

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

Low to moderate income participants who are housed in the 1937 act mutual help and rental units.

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

The CAHA will provide personnel to manage daily work orders, inspect routine maintenance through inspection reports and communicate payment schedule. The Housing orientation is required.

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.):*

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

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

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

1.1. Program Name and Unique Identifier: Independent Living Center:Independent Living Center Operation & Maintenance

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

The Housing Authority continues to manage and maintain the Independent Living Center (ILC) by performing periodic inspections, re-certification, and maintenance of units in need based on the inspection reports, ground maintenance, and collection of monthly rental payments. Amenities will continue to be provided- laundry, a fully-equipped kitchenette, and the commons area for social gatherings. All utilities are included with the rental payments such as waste, water and electricity. Must complete housing orientation.

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

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

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

(6) Assist affordable housing for low income households

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

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

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

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

27 Low-income to moderate income elders to provide safe healthy living and are affordable for tribal elders who are housed at the ILC.1 unit will be allowed for a non-low-income elder based off of ILC Eligibility, Admission, Occupancy policy.

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

The level of assistance including sliding scale rent-based income, preventative maintenance repairs as needed , and regular inspections and re-certifications required. Must complete housing orientation.

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.):*

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

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

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

1.1. Program Name and Unique Identifier: Model Activity:Future Developement

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

Infrastructure for future development of existing housing property.

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

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

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

(7) Create new affordable rental units

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

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

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

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

Tribal members in need of affordable rental housing and Development of existing housing property for future development of rental housing.

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

Upgrade of infrastructural on existing housing property. Not limited to Electric, water, sewer, and roadways.

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.):*

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

Planned Number of Units to be Completed in Year Under this Program:	Planned Number of Households To Be Served in Year Under this Program: 15	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

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

1.1. Program Name and Unique Identifier: Renters who wish to become homeowners:Down Payment Assistance-Low-Income families

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

The Housing Authority will provide 10 eligible applicants with Down Payment Closing Cost Assistance who are eligible based on the Eligibility, Admissions, and Occupancy Policy waiting list. The Housing orientation is required as part of the eligibility requirements.

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

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

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

(2) Assist renters to become homeowners

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

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

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

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

Low-income 80% or below tribal members who qualify through the Eligibility, Admissions, and Occupancy Policy who apply to obtain outside funding sources for homeownership. The Housing orientation is required.

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

The Housing Authority will assist up to 5 applicants with a maximum of \$20,000 per application. Applicants will have a time and date set for the housing orientation. This is a requirement to be eligible to receive funding.

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.):*

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

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

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

1.1. Program Name and Unique Identifier: Tribal HUDVash Program Based:Tribal HUDVash Program supportive Housing Program

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

Provides housing support for elderly tribal veterans residing in the ILC. Services include rental assistance and operational support for two elders occupying ILC apartment units, as well as two housing units designated for veteran families. All residents are required to complete a housing orientation prior to occupancy.

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.):*

(9) Other Rental Housing Development [202(2)]

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

(5) Address homelessness

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

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

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

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

Tribal Veterans approved through the Veterans Administration office living in the Independent Living Center and housing units.

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

100% percent program-based assistance. Provide rental assistance and operations support for 2 apartment units dedicated to tribal elder veterans. Provide 2 larger housing units for veteran families. Must complete housing orientation. 100% rental subsidy.

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.):*

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

Planned Number of Units to be Completed in Year Under this Program: 4	Planned Number of Households To Be Served in Year Under this Program:	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

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

1.1. Program Name and Unique Identifier: Tribal HUDVash Tenant Bases Program:Tribal HUDVASH Supportive Housing Program

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

This program is designed to assist Native American Veterans who are homeless or at-risk of becoming homeless. The participants are required to be screened by the Veterans Administration to confirm eligibility prior to approval.

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

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

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

(5) Address homelessness

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

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

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

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

Cheyenne and Arapaho- preference and Native American Veterans who are homeless residing within the approved VA service area, and at risk of homelessness will be assisted.

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

26 Eligible veterans will receive a 100% rental subsidy, paid to landlords on a monthly basis.

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.):*

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

Planned Number of Units to be Completed in Year Under this Program:	Planned Number of Households To Be Served in Year Under this Program: 26	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

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

1.1. Program Name and Unique Identifier: Units needing Energy Efficiency upgrades:Other Needs for Low-income homeowners

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

The home energy program, of the housing authority will provide operation and maintenance to tribal members who are connected or are in need of energy efficient upgrades.

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

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

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

(10) Improve energy efficiency

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

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

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

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

Low to moderate income tribal home buyer and/ or owners living within the jurisdiction of the Cheyenne and Arapaho Tribes 11 county service area. Who qualifies for energy efficiency assistance for operations and maintenance of their units.

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

Quarterly inspections of units for warranty coverage and proper care and maintenance. If the amount exceeds \$5,000.00 per the Useful Life binding agreement Policy, A 5-year lien is required. Must complete housing orientation.

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.):*

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

Planned Number of Units to be Completed in Year Under this Program:	Planned Number of Households To Be Served in Year Under this Program: 33	Planned Number of Acres To Be Purchased in Year Under this Program:
APR: Actual Number of Units Completed in Program Year:	APR: Actual Number of Households Served in Program Year:	APR: Actual Number of Acres Purchased in Program Year:

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

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

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

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

Upgrades require to secure the integrity of internal and external structure of housing unit.

(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:

None at this time.

Section 5: Budgets

NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	
1. IHBG Funds	\$0.00	\$4,410,476.00	\$4,410,476.00	\$4,410,476.00	\$0.00	
2. IHBG Program Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
3. Title VI			\$0.00		\$0.00	
4. Title VI Program Income			\$0.00	\$0.00	\$0.00	
5. 1937 Act Operating Reserves			\$0.00		\$0.00	
6. Carry Over 1937 Act Funds			\$0.00		\$0.00	
LEVERAGED FUNDS						
7. ICDBG Funds			\$0.00		\$0.00	
8. Other Federal Funds	\$0.00	\$372,024.00	\$372,024.00	\$372,024.00	\$0.00	
9. LIHTC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10. Non-Federal Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total	\$0.00	\$4,782,500.00	\$4,782,500.00	\$4,782,500.00	\$0.00	
TOTAL Columns C and H(2 through 10)			\$372,024.00			
SOURCE	APR					
	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at the 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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. IHBG Program Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Title VI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Title VI Program Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. 1937 Act Operating Reserves	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
6. Carry Over 1937 Act Funds	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
LEVERAGED FUNDS						
7. ICDBG Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8. Other Federal Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. LIHTC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. Non-Federal Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL Columns C and H(2 through 10)			\$0.00			

Notes:

- For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). For the APR, fill in columns F, G, H, I, J, and K (shaded columns).
- Total of Column D should match the total of Column N from the Uses of Funding table below.

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 Uses of Funding table below.

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

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

PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)
Assist renters to become homeowners: Acquisition	\$900,000.00		\$900,000.00	\$0.00	\$0.00	\$0.00
Down Payment Assistance - Elder: Elder Low Income- Down Payment Assistance	\$40,000.00	\$0.00	\$40,000.00	\$0.00	\$0.00	\$0.00
Housing Management Services: Operation & Maintenance of NAHASDA Assisted Units	\$1,008,380.80		\$1,008,380.80	\$0.00	\$0.00	\$0.00
Housing Management Services: Housing Services	\$300,000.00	\$0.00	\$300,000.00	\$0.00	\$0.00	\$0.00
Housing Services: Modernization of 1937 Act Homes	\$100,000.00		\$100,000.00	\$0.00	\$0.00	\$0.00
Housing Services: Crime Prevention	\$80,000.00		\$80,000.00	\$0.00	\$0.00	\$0.00
Housing Services: Operation & Maintenance of 1937 Act Homes	\$100,000.00		\$100,000.00	\$0.00	\$0.00	\$0.00
Independent Living Center: Independent Living Center Operation & Maintenance	\$250,000.00		\$250,000.00	\$0.00	\$0.00	\$0.00
Model Activity: Future Development	\$500,000.00	\$0.00	\$500,000.00	\$0.00	\$0.00	\$0.00
Renters who wish to become homeowners: Down Payment Assistance- Low-income families	\$100,000.00		\$100,000.00	\$0.00	\$0.00	\$0.00
Tribal HUDVash Program Based: Tribal HUDVash Program supportive Housing Program		\$10,040.00	\$10,040.00	\$0.00	\$0.00	\$0.00
Tribal HUDVash Tenant Bases Program: Tribal HUDVASH Supportive Housing Program		\$361,984.00	\$361,984.00	\$0.00	\$0.00	\$0.00
Units needing Energy Efficiency upgrades: Other Needs for Low-income homeowners	\$150,000.00	\$0.00	\$150,000.00	\$0.00	\$0.00	\$0.00
Loan repayment - describe in 3 & 4 below	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Planning and Administration	\$882,095.20	\$0.00	\$882,095.20	\$0.00	\$0.00	\$0.00
TOTAL	\$4,410,476.00	\$372,024.00	\$4,782,500.00	\$0.00	\$0.00	\$0.00

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):
None at this time.

(4) APR (NAHASDA § 404(b)) (Enter any additional information about the actual sources or uses of funding, including leverage (if any). You must provide the relevant information for any actual loan repayment listed in the Uses of Funding table on the previous page. The text must describe which loan was repaid and the NAHASDA-eligible activity and program associated with this loan.):

Section 6: Other Submission Items

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

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

Policy will be in the attachments section.

(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.):

None at this time.

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

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

If yes, describe the policy.

The tribal preference is cited in the CAHA Eligibility, Admissions, and Occupancy Policy, attachment is uploaded. Indian preference is cited in the Procurement Policy as well.

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

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

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

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

Did you exceed your spending cap for Planning and Administration?

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

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

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

If no, proceed to Section 7.

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

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

Section 7: Indian Housing Plan Certification of Compliance

NAHASDA § 102(b)(2)(D)

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

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

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

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

There are households within its jurisdiction at or below 80 percent of median income: **Yes**

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

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

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

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

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

Section 8: IHP Tribal Certification

NAHASDA § 102(c)

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

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

(1) The recognized tribal government of the grant beneficiary certifies that:

(2) ☐ It had an opportunity to review the IHP or IHP amendment and has authorized the submission of the IHP by the TDHE

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

(4) Tribe: **Cheyenne and Arapaho Tribes**

(5) Authorized Official's Name and Title: **Damon Dunbar, Executive Director**

(6) Authorized Official's Signature: **Damon Dunbar**

(7) Date (MM/DD/YYYY): **2026-09-08**

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:

Procurement Policy Document is uploaded as an attachment.