

TO APPROVE THE
AMERICAN RESCUE PLAN ACT OF 2021 ABBREVIATED INDIAN HOUSING PLAN FOR YEAR FY2021

IN THE TRIBAL COUNCIL OF THE CHOCTAW NATION
RONALD PERRY INTRODUCED THE FOLLOWING COUNCIL BILL

A COUNCIL BILL

TO APPROVE the American Rescue Plan Act of 2021 FY2021 Abbreviated Indian Housing Plan.

WHEREAS, the Housing Authority of the Choctaw Nation of Oklahoma (HACNO), the Tribally Designated Housing Entity (TDHE), has prepared and submitted the American Rescue Plan Act of 2021 (ARP) FY2021 Abbreviated Indian Housing Plan (IHP) for approval. (See Exhibit A);

WHEREAS, the Tribal Council of the Choctaw Nation of Oklahoma (the "Council") must approve the ARP Act of 2021 Abbreviated IHP for FY2021 before it can be submitted to the U.S. Department of Housing and Urban Development (HUD) for funding and implementation of the ARP Act of 2021 FY2021 allocation to Indian Tribes; and


WHEREAS, the Council finds it is in the best interest of the Choctaw Nation of Oklahoma to approve the ARP Act of 2021 Abbreviated IHP for FY2021.


THEREFORE, BE IT ENACTED by the Tribal Council of the Choctaw Nation of Oklahoma that this Bill be cited as approval of the American Rescue Plan Act of 2021, Abbreviated Indian Housing Plan for FY2021.

BE IT FURTHER ENACTED, this Bill be cited as approval to submit this American Rescue Plan Act of 2021, Indian Housing Plan, to the U.S. Department of Housing and Urban Development for compliance approval and funding.

CERTIFICATION

I, the undersigned, as speaker of the Tribal Council of the Choctaw Nation of Oklahoma, do hereby certify that the Tribal Council is composed of twelve (12) seats. Eight (8) members must be present to constitute a quorum. I further certify that twelve (12) members answered roll call and that a quorum was present at the Regular Session of the Tribal Council at Tuskahoma, Oklahoma on June 12, 2021. I further certify that the foregoing Council Bill CB- 67 -21 was adopted at such meeting by the affirmative vote of twelve (12) members, zero (0) negative votes, and zero (0) abstaining.


Thomas Williston, Speaker
Choctaw Nation Tribal Council


Ronald Perry, Secretary
Choctaw Nation Tribal Council


Gary Batten, Chief
Choctaw Nation of Oklahoma

Date 6.16.21

Purpose/Need of Council Bill: This is the submittal of the American Rescue Plan (ARP) Abbreviated Indian Housing Plan (IHP). This grant is to “prevent, prepare for, and /or respond to COVID-19”. The abbreviated IHP is for the grant amount of \$7,144,408. (see attached plan).

Title of Council Bill: To Approve American Rescue Plan Act of 2021 Abbreviated Indian Housing Plan for year FY2021.

Agency: Housing Authority of the Choctaw Nation of Oklahoma; Tribally Designated Housing Entity (TDHE)

Budget: Planned expenditures during FY 2021: \$700,000 due to timing of grant, with a grant amount of \$7,144,408, and will be continued expenses in 2022.

Match Required: None

Request by/Project Director: Mike L. Johnson, Housing OMB Financial Planning, Bobby Yandell, Executive Director, HACNO, Teresa Jackson, SEO

SECTION 1: COVER PAGE

(1) Grant Number:

(2) Recipient Program Year:

(3) Federal Fiscal Year:

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

(9) Name of Recipient:

(10) Contact Person:

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

(12) Mailing Address:

(13) City:

(14) State:

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

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

(17) Email Address (if available):

(18) If TDHE, List Tribes Below:

(19) Tax Identification Number:

(20) DUNS Number:

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

(22) IHBG-CARES/ARP Amount:

Date Started Preparing for COVID-19

(23) Name of Authorized IHP Submitter:

(24) Title of Authorized IHP Submitter:	Executive Director
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	
(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.

APR: REPORTING ON PROGRAM YEAR PROGRESS

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

Program Descriptions

1.1. Program Name and Unique Identifier:

Unique Identifier	COVID-19 Respond
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COVID-19 Respond - 1 - Capital Development 5014999
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1.2. Program Description (This should be the description of the planned program.):

Develop and construct 8 Independent Elder units and 12 Affordable Rental II units within the Choctaw Nation Reservation. All units will be for low income tribal members to prevent vulnerability to the COVID-19 virus and limit Tribal Member exposure to the COVID-19 virus. Expanding the rental unit inventory will minimize the spread of the COVID-19 virus by reducing overcrowding.
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1.3. Eligible Activity Number (Select one activity from the Eligible Activity list. For any activity involving housing units as the output measure (excluding operations and maintenance), do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):

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

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

(1) Reduce over-crowding

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

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

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.):

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

Low income Native Americans with preference given to Choctaw tribal members.

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

Each applicant must be low income with household income at or below 80% of the National Median Income limit. Tribal preference will be given to Choctaw Tribal Members. Independent Elder tenants must be able to pay 15% of their adjusted gross income towards rent. Affordable Rental II tenants must be able to pay 20% of their adjusted gross income towards rent.

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
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20

APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year
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1.10: APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))

Program Descriptions

2.1. Program Name and Unique Identifier:

Unique Identifier COVID-19 Respond

COVID-19 Respond - 2 - Choctaw Home Finance Corporation (CHFC) 5509

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

Choctaw Home Finance Corporation (CHFC), a sub-recipient, to provide direct funding for financing home loan activities to help reduce and prevent homelessness, overcrowding, and reduce vulnerability to Covid-19 by helping provide availability to decent, safe and sanitary housing opportunities.

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

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

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

(6) Assist affordable housing for low income households

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

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

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

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

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

Eligible Native American households within 80% and below the National Median Income Limits.

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

Assist eligible low-income Native American families with direct financing for mortgage lending activities.

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

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

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

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

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

9

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

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

Program Descriptions

3.1. Program Name and Unique Identifier:

Unique Identifier	COVID-19 Respond
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COVID-19 Respond - 3 - Rehabilitation of non-inventory homes 5006

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

Substantial renovation/rehabilitation of non-inventory homes to prevent overcrowding as a result of the Covid-19 pandemic. To ensure these units are livable and in a decent, safe and sanitary condition with preference given to Choctaw Tribal Members.

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

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

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.):

(1) Reduce over-crowding

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.):

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.):

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

Low income Native Americans with preference given to Choctaw Tribal Members

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

Substantial renovation/rehabilitation of 22 non-inventory homes to prevent overcrowding as a result of the Covid-19 pandemic. To ensure these units are livable and in a decent, safe and sanitary condition with preference given to Choctaw Tribal Members.

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

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

22

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

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

SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

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

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
IHBG-CARES/ARP Funds		\$7,144,408	\$7,144,408	\$7,144,408	\$0			\$0		\$0	

TOTAL	\$0	\$7,144,408	\$7,144,408	\$7,144,408	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL Columns C & H, 2 through 10			\$0						\$0		

Notes:

- a. For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). For the APR, fill in columns F, G, H, I, J, and K (shaded columns).
- b. Total of Column D should match the total of Column N from the Uses of Funding table below.
- c. Total of Column I should match the Total of Column Q from the Uses of Funding table below.
- d. For the IHP, describe any estimated leverage in Line 3 below (Estimated Sources or Uses of Funding). For the APR, describe actual leverage in Line 4 below.

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

PROGRAM NAME	IHP				APR				Total funds expended in 12-month program year (O+P)
	(L) Prior and current year IHBG CARES/ARP (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(L) Total IHBG CARES/ARP (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q)	(Q)	(Q)	
COVID-19 Respond - 1 - Capital Development 5014999	\$5,044,408		\$5,044,408						\$0
COVID-19 Respond - 2 - Choctaw Home Finance Corporation (CHFC) 5509	\$1,050,000		\$1,050,000						\$0
COVID-19 Respond - 3 - Rehabilitation of non-inventory homes 5006	\$1,050,000		\$1,050,000						\$0
Planning and Administration			\$0						\$0

\$7,144,408	\$0	\$7,144,408	\$0
TOTAL			\$0

Notes:

- a. Total of Column L cannot exceed the IHBG funds from Column C, Row 1 from the Sources of Funding table in Line 1 above.
- b. Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Sources of Funding table in Line 1 above.
- c. **Total of Column O cannot exceed total IHBG funds received in Column H, Row 1 from the Sources of Funding table in Line 1 above.**
- d. **Total of Column P cannot exceed total of Column H, Rows 2-10 of the Sources of Funding table in Line 1 above.**
- e. **Total of Column Q should equal total of Column I of the Sources of Funding table in Line 1 above.**

(3) Estimated Sources or Uses of Funding (NAHASDA § 102(b)(2)(C)). (Provide any additional information about the estimated sources or uses of funding, including leverage (if any). You must provide the relevant information for any planned loan repayment listed in the Uses of Funding table on the previous page. This planned loan repayment can be associated with Title VI or with private or tribal funding that is used for an eligible activity described in an IHP that has been determined to be in compliance by HUD. The text must describe which specific loan is planned to be repaid and the NAHASDA-eligible activity and program associated with this loan):

None.

(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 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 on behalf of a tribe.

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

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

(4) Tribe:	Choctaw Nation of Oklahoma
(5) Authorized Official's Name and Title:	Gary Batton, Chief
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	

SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

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

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

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

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Exhibit A

THE HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA NAHASDA INDIAN HOUSING PLAN (IHP) SYNOPSIS FOR 2022 (10/1/2021 - 9/30/2022)

Grant Number: 55IH4005960 The Housing Authority of the Choctaw Nation of Oklahoma provides services and distributes assistance throughout the 10 1/2 County Tribal Service Area (TSA) in Southeastern Oklahoma.

Name of Authorized Submitter: Bobby Yandell, Executive Director

IHBG Fiscal Year Formula Amount: **\$10,320,673 (Estimated Award)**

IHBG NAHASDA FUNDS overview

Eligible Program Activity	Est Funds On Hand	Units	House holds	Funds to be Expended (YR)	FY 2022 Estimate	
					Grant Request	2022
Mutual Help-Homeowners Mgmt 5002-1	500,000	182	0	447,306	425,000	
Mutual Help-Homeowners Mgmt 5002-2	693,572	40	0	600,000	525,000	
Mutual Help-Homeowners Mgmt 5002-3	400,000	183	0	327,878	450,000	
Mutual Help-Homeowners Mgmt 5002-4	296,449	15	0	250,000	150,000	
Affordable Rental Housing (37 Act ARH) 5003-1	1,886,826	146	0	578,486	500,000	
Affordable Rental Housing (37 Act ARH) 5003-2	379,719	15	0	117,000	300,000	
MODEL ACTIVITY-BELVIN OFFICE ARH <small>Output measure is dollars</small>	100,000			100,000	0	
Homeowners Rehabilitation Services 5006-1	356,368	0	40	266,308	880,000	
Homeowners Rehabilitation Services 5006-2	897,271	51	0	800,000	520,000	
Homeowners Rehabilitation Services 5006-3	115,000	17	0	115,000	0	
Model Activity 2 -5006022 , maintain NAHASDA prop. Output measure: dollars	28,548			20,000	12,000	
Homeowners Emergency & High Priority Services (HEHP) REHAB	300,000	30	0	95,000	0	
Homeowners Emergency & High Priority Services (HEHP) APPLIANCES	586,467	0	400	480,000	485,000	
Rental Assistance Program (RAP) 5008-1	3,109,225	0	484	3,103,812	1,500,000	
Homeless Emergency Services (HES) 5008-2	44,209	0	125	40,000	40,000	
Homeowners Energy Management Services (HEMS) 5011	676,705	0	175	342,458	338,000	
Connect Home Services 5015-100	412,422	0	280	401,099	350,000	
Independent Elder Rental Housing Units 5016-1	699,314	231	0	149,762	265,554	
Independent Elder Rental Housing Units 5016-2	150,000	10	0	117,000	150,000	
ARH II Rental Housing Units 5023-1	885,075	230	0	891,193	800,000	
ARH II Rental Housing Units 5023-2	100,000	5	0	100,000	100,000	
Choctaw Home Finance Corp. (sub-recipient) 5509-1	720,119	7	0	720,119	720,119	
Planning and Administration 5007	2,653,390			1,835,244	1,810,000	
Grand Total:	15,990,679	1,162	1,504	11,897,665	10,320,673	