# FINAL
# ANNUAL PERFORMANCE REPORTS
# FY 2025
# of
# THE HO-CHUNK NATION/
# HO-CHUNK HOUSING AND COMMUNITY DEVELOPMENT AGENCY

**1116 Monowau Street**
**Tomah, WI 54660**
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Comments are always welcome.
HHCDA requests that you submit any comments on report the email provided.

Submitted to the
**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**
**EASTERN/WOODLANDS**
**OFFICE OF NATIVE AMERICAN PROGRAMS**
March 2026

## SECTION 1: COVER PAGE

(1) Grant Number: 21AH5573180

(2) Recipient Program Year: 1/1 - 12/31

(3) Federal Fiscal Year: 2025

☑ (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:**

Ho-Chunk Housing and Community Development Agency

**(10) Contact Person:**

Lori Pettibone

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

(608) 374-1245

**(12) Mailing Address:**

P.O. Box 730

**(13) City:** Tomah

**(14) State:** Wisconsin

**(15) Zip Code** (99999 or 99999-9999): 54660

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

**(17) Email Address (if available):**

lori.pettibone@ho-chunk.com

**(18) If TDHE, List Tribes Below:**

Ho-Chunk Nation of Wisconsin

**(19) Tax Identification Number:** 39-1979807

**(20) DUNS Number:** 615538006

**(21) CCR/SAM Expiration Date** (MM/DD/YYYY): 11/17/2026

**(22) IHBG-CARES/ARP Amount:** $2,639,454

Date Started Preparing for COVID-19: 03/12/2020

**(23) Name of Authorized IHP Submitter:** Pettibone, Lori

| | |
|---|---|
| **(24) Title of Authorized IHP Submitter:** | Exec. Director, Lori Pettibone |
| **(25) Signature of Authorized IHP Submitter:** | |
| **(26) IHP Submission Date(MM/DD/YYYY) :** | 03/25/2026 |
| **(27) Name of Authorized APR Submitter:** | Lori Pettibone |
| **(28) Title of Authorized APR Submitter:** | Executive Director |
| **(29) Signature of Authorized APR Submitter:** | |
| **(30) APR Submission Date (MM/DD/YYYY):** | 03/25/2026 |

***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 wher 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

COVID-19 Respond - 1 - Purchase of warehouse for Community Resouces

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

HHCDA intends to purchase a warehouse that will be the center/base of operations for community resources that will be distributed to Ho-Chunk Nation low-income renters and other Ho-Chunk Nation households. These resources will be purchased in large quantities and stored at this warehouse. Items that will be stored and later distributed from this facility will include cleaning products such as disinfectants, sanitizers, waste disposal supplies, and other supplies to disinfect homes of residents, common areas, housing related public facilities, and other public spaces like playgrounds; other items such as PPE for HHCDA residents will be stored and distributed from this site. HHCDA will also use this site as a training/broadcasting site hosting WebEx virtual training sessions, working with resident groups to help educate residents on social distancing and other

practices designed to minimize the risk of community spread of COVID 19. HHCDA also intends to use this site to store other essential emergency resources to respond to events related to the covid-19 crisis.

**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.):

(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):

To provide community resources to HCN Tribal members that are in need of basic and essential items during the covid-19 crisis.

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

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

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

To provide community resources to Ho-Chunk Nation tribal members that are in need of basic and essential items during the covid-19 crisis.

**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

HHCDA intends this site will be used to assist low-income residents of HHCDA Communities

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

HHCDA will provide assistance in the form of items needed cleaning products such as disinfectants, sanitizers, waste disposal supplies, and other supplies to disinfect homes of residents and common areas.

**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.*

In 2025, HHCDA Community Resource & Training Center (CRTC) continued to get established to serve low-income families recover from covid19. CRTC provided garden training on-site to low-income families and interested AIAN community members by providing workshops focused on growing food, harvesting and preserving produce. CRTC hired temporary service workers in 2025 to assist with garden expansion and on-site training to more villages.

**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 |
|---|---|---|
| | 600 | |

| 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 |
|---|---|---|
| | 150 | |

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

This program is not behind.

Program Descriptions

**2.1. Program Name and Unique Identifier:** Unique Identifier: COVID-19 Prevention

COVID-19 Prevention - 1 - Software upgrades to HHCDA Information Technology

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

HHCDA intends to upgrade existing property management and application intake software to prevent spreading of the virus through person to person contact during the application, recertification, or tenant updating, with online portals for current tenants or future clients of HHCDA.

**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.):

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

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

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

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

With the use of upgraded software, HHCDA intends to reduce the person to person contact, reducing the risk of spreading the virus.

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

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

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

With the use of upgraded software, HHCDA intends to reduce the person to person contact, reducing the the risk of spreading the virus.

**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

HHCDA will use software to provide program benefits to eligible households.

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

Software provides accurate accounting and tenant management maximizing the utilization of grant funds for the recipients.

**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.***

In 2025, HHCDA made final payment to a software company that created a protected software application. This helped with building a system to manage application files for tenants.

**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 |
|---|---|---|
| | 250 | |

| 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 |
|---|---|---|
| | 200 | |

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

This program is not behind schedule.

Program Descriptions

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

Unique Identifier: COVID-19 Respond

COVID-19 Respond - 2 - Rehabilitation of Chakh Ha Chee Village Units

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

HHCDA intends to rehab 8 rental units in Chakh Ha Chee Village for the purpose of providing emergency housing available for households that are currently living in overcrowded or substandard conditions and are unable to find appropriate housing due to covid-19

**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.):

(5) Rehabilitation of Rental Housing [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.):

(1) Reduce over-crowding

**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

HHCDA will provide assistance to low-income tribal members within our HHCDA formula area.

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

HHCDA intends to establish a budget of $40,000 per unit for rehabilitation costs.

**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.***

In 2025, HHCDA was able to finish basements Chakh Ha Chee Village in Wood County, Wisconsin

### 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 |
|---|---|---|
| 8 | | |

| APR: Actual Number of **Units** Completed in Program Year | APR: Actual Number of **Households** Served in Program Year | APR: Actual Number of **Acres** Purchased in Program Year |
|---|---|---|
| | | |

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

This program is not behind.

Program Descriptions

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

Unique Identifier: COVID-19 Respond

COVID-19 Respond - 3 - Homeless Assistance

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

HHCDA will provide assistance to individuals/households that are experiencing homeless conditions for a period of two weeks.

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

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

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

(5) Address homelessness

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

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

(5) Address homelessness

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

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

HHCDA will assist homeless HCN Tribal Members in all HCN Legislative Districts.

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

HHCDA will provide up to two weeks (14 days) of the cost of hotel stays.

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

HHCDA did not receive and requests for this program so the remaining funds were obligated elsewhere.

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

| Planned Number of **Units** to be Completed in Year Under this Program | Planned Number of **Households** To Be Served in Year Under this Program | Planned Number of **Acres** To Be Purchased in Year Under this Program |
|---|---|---|
| | 30 | |

| APR: Actual Number of **Units** Completed in Program Year | APR: Actual Number of **Households** Served in Program Year | APR: Actual Number of **Acres** Purchased in Program Year |
|---|---|---|
| | 0 | |

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

This program is not behind.

Program Descriptions

**5.1. Program Name and Unique Identifier:** Unique Identifier: COVID-19 Respond

COVID-19 Respond - 4 - Community Resource, Personal Care Products.

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

HHCDA will establish a community resource distribution center that will provide tribal members with various needed personal items and cleaning supplies.

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

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

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

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

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

In 2024 HHCDA Community Resource and Training Center paid for limited term employees to enhance the center with building a fire wood storage and fencing around the Blue Wing village community garden to prevent the deer from accessing the garden. This preventive work is intended to continue to build up essential needs resource for the HHCDA low-income families in need.

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

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

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

In 2025 HHCDA Community Resource and Training Center purchased garden materials and supplies to continue to build up essential needs resource for the HHCDA low-income families in need.

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

HHCDA will provide assistance to Tribal Members within the HHCDA formula counties.

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

HHCDA will provide a monthly supply of items to households.

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

Community Resource and Training Center supplied fresh vegetables and harvested maple sap (syrup) to families facing hardships. They have purchased training supplies items to hold training classes for natural holistic personal care products and continue with self-sufficiency strategic planning in all HHCDA Villages.

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

| Planned Number of **Units** to be Completed in Year Under this Program | Planned Number of **Households** To Be Served in Year Under this Program | Planned Number of **Acres** To Be Purchased in Year Under this Program |
|---|---|---|
| | 500 | |

| 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 |
|---|---|---|
| | 300 | |

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

This program is not behind.

Program Descriptions

**6.1. Program Name and Unique Identifier:** Unique Identifier: COVID-19 Respond

COVID-19 Respond - 5 - Heating Assistance

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

HHCDA intends to provide utility assistance to households having trouble paying heating costs.

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

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

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

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

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

Provision of utility grants to income-eligible families that have been affected economically by a loss of hours or loss of work, or have been laid off, owing to the coronavirus.

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

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

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

Provision of utility grants to income-eligible families that have been affected economically by a loss of hours or loss of work, or have been laid off, owing to the corona-virus.

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

HHCDA will provide assistance to Tribal members in all HCN legislative districts.

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

HHCDA will provide upto $700 per eligible family.

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

This program has been completed and closed out.

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

| Planned Number of **Units** to be Completed in Year Under this Program | Planned Number of **Households** To Be Served in Year Under this Program | Planned Number of **Acres** To Be Purchased in Year Under this Program |
|---|---|---|
| | 500 | |

| APR: Actual Number of **Units** Completed in Program Year | APR: Actual Number of **Households** Served in Program Year | APR: Actual Number of **Acres** Purchased in Program Year |
|---|---|---|
| | 0 | |

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

This program is not behind.

Program Descriptions

**7.1. Program Name and Unique Identifier:** Unique Identifier: COVID-19 Prevention

COVID-19 Prevention - 2 - Property Acquisition in La Crosse, WI.

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

HHCDA intends to purchase an apartment building in La Crosse County, WI to provide emergency housing for relief of overcrowded conditions.

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

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

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

(1) Reduce over-crowding

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

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

(1) Reduce over-crowding

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

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

HHCDA will provide rental housing opportunities to tribal members needing affordable rental housing in HHCDA formula county of La Crosse, WI.

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

Provide unit development of $150,000 per household for four units.

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

This program has been completed and closed out.

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

| Planned Number of **Units** to be Completed in Year Under this Program | Planned Number of **Households** To Be Served in Year Under this Program | Planned Number of **Acres** To Be Purchased in Year Under this Program |
|---|---|---|
| 4 | | |

| APR: Actual Number of **Units** Completed in Program Year | APR: Actual Number of **Households** Served in Program Year | APR: Actual Number of **Acres** Purchased in Program Year |
|---|---|---|
| 0 | | |

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

This program is not behind.

Program Descriptions

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

| Unique Identifier | COVID-19 Prevention |
|---|---|

COVID-19 Prevention - 3 - Rental Unit Construction in Wisconsin Dells

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

HHCDA intends to build two (2) single family homes for to provide emergency housing for relief of overcrowded conditions.

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

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

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

(1) Reduce over-crowding

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

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

(1) Reduce over-crowding

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

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

HHCDA will provide rental housing opportunities to tribal members needing affordable rental housing in HHCDA formula county of Sauk, WI.

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

Provide unit development of each rental unit up to $200,000.

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

This project has been completed and closed out.

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

| Planned Number of **Units** to be Completed in Year Under this Program | Planned Number of **Households** To Be Served in Year Under this Program | Planned Number of **Acres** To Be Purchased in Year Under this Program |
|---|---|---|
| 2 | | |

| APR: Actual Number of **Units** Completed in Program Year | APR: Actual Number of **Households** Served in Program Year | APR: Actual Number of **Acres** Purchased In Program Year |
|---|---|---|
| 0 | | |

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

This program is not behind.

Program Descriptions

**9.1. Program Name and Unique Identifier:** Unique Identifier: COVID-19 Prevention

COVID-19 Prevention - 4 - Down payment assistance

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

HHCDA intends to provide down payment assistance to 1st time home buyer HCN Tribal members who are currently living in overcrowded conditions or in rental housing.

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

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

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

(2) Assist renters to become homeowners

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

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

(2) Assist renters to become homeowners

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

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

HHCDA will provide assistance to first time home buyers that are income eligible with incomes that are 80% or below AMI.

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

HHCDA intends to provide $5,000 dpa grant to low income households.

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

There was little interest in this program, the funds were allocated to other projects.

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

| Planned Number of **Units** to be Completed in Year Under this Program | Planned Number of **Households** To Be Served in Year Under this Program | Planned Number of **Acres** To Be Purchased in Year Under this Program |
|---|---|---|
| 10 | | |

| APR: Actual Number of **Units** Completed in Program Year | APR: Actual Number of **Households** Served in Program Year | APR: Actual Number of **Acres** Purchased in Program Year |
|---|---|---|
| 0 | | |

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

This program is not behind.

Program Descriptions

**10.1. Program Name and Unique Identifier:** Unique Identifier: COVID-19 Respond

COVID-19 Respond - 6 - Administrative Costs

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

HHCDA will use these funds to provide administrative support, including the salaries of employees, the hiring of additional staff will be temporary-to help implement Coivid-19-related activities through the duration of the HHCDA response to the Covid-19 crisis, and other costs associated with providing assistance.

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

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

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

(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):

Providing administrative support to Covid-19 related activities.

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

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

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

Providing administrative support to Covid-19 related activities.

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

Assistance through administrative support of Covid-19-related activities will primarily be provided to individuals and families with incomes 80% or less of the area median income.

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

Covid-19 related administrative costs up to $48,000.

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

In 2025 HHCDA covered travel cost for Community Resource Manager and Garden Manager to attend training. Administrative costs also covered HHCDA audit fees, and accounting fees.

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

| Planned Number of **Units** to be Completed in Year Under this Program | Planned Number of **Households** To Be Served in Year Under this Program | Planned Number of **Acres** To Be Purchased in Year Under this Program |
|---|---|---|
| | 500 | |

| APR: Actual Number of **Units** Completed in Program Year | APR: Actual Number of **Households** Served in Program Year | APR: Actual Number of **Acres** Purchased in Program Year |
|---|---|---|
| | 0 | |

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

This program is not behind.

Program Descriptions

**11.1. Program Name and Unique Identifier:** Unique Identifier: COVID-19 Respond

COVID-19 Respond - 7 - Rental Assistance- move-in expense

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

HHCDA intends to use this program to provide prospective renters with funding for security deposit and 1st months rent or other deposit costs associated with moving into a new lease.

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

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

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

(6) Assist affordable housing for low income households

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

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

(6) Assist affordable housing for low income households

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

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

☒ Low-income Indian Households ☐ Non-low income Indian Households ☐ Non-Indian Households

HHCDA will provide this program to HCN Tribal Members in all HCN Legislative Districts

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

HHCDA will provide up to $2000 per household for this first months assistance.

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

This program has been spent out and closed.

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

| Planned Number of **Units** to be Completed in Year Under this Program | Planned Number of **Households** To Be Served in Year Under this Program | Planned Number of **Acres** To Be Purchased in Year Under this Program |
|---|---|---|
| | 25 | |

| APR: Actual Number of **Units** Completed in Program Year | APR: Actual Number of **Households** Served in Program Year | APR: Actual Number of **Acres** Purchased In Program Year |
|---|---|---|
| | 0 | |

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

This program is not behind.

## 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.)***

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

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| TOTAL | $0 | $0 | $0 | | $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).**

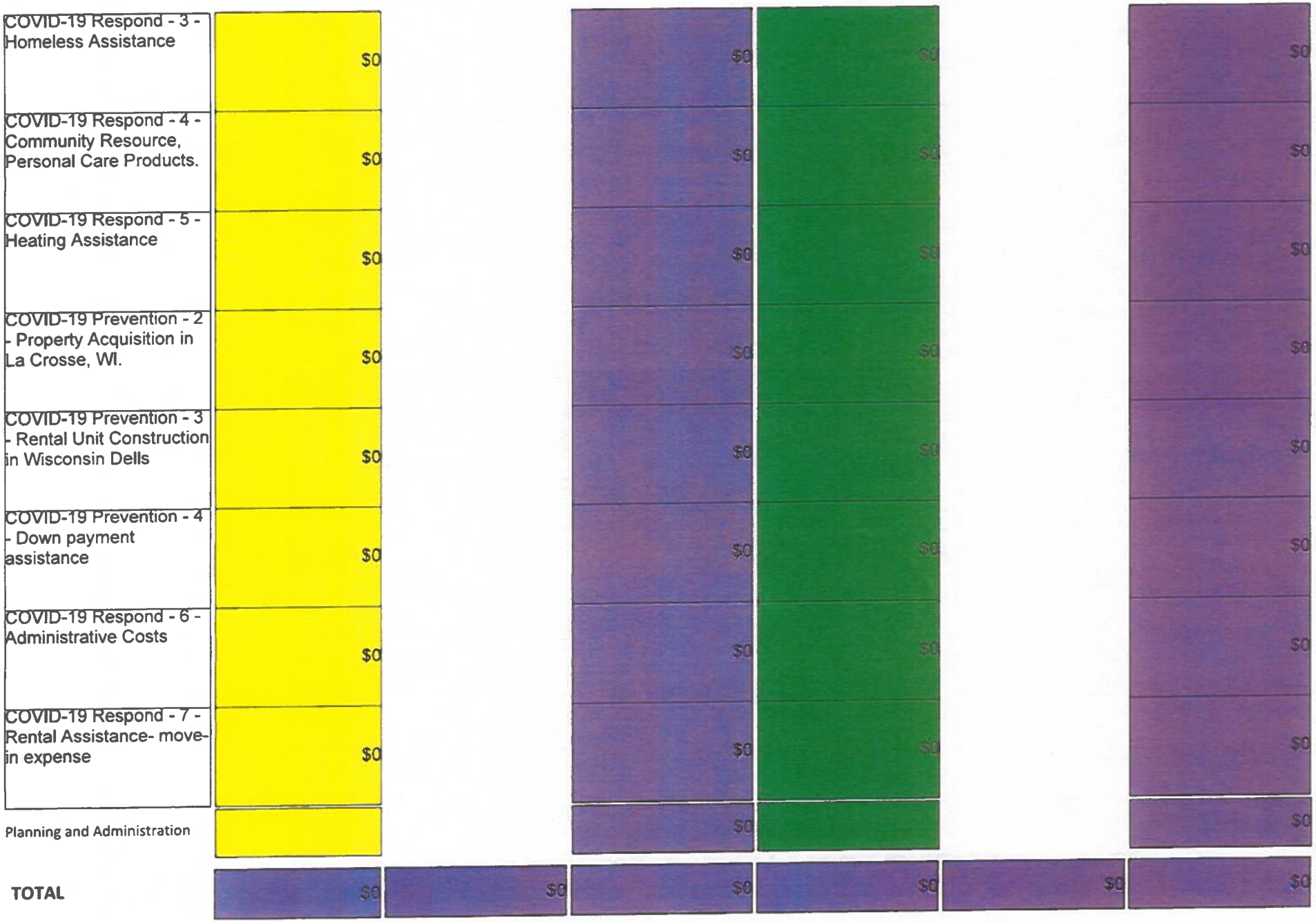
b. Total of Column D should match the total of Column N from the **Uses of Funding table below.**

**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***

| | IHP | | | APR | | |
|---|---|---|---|---|---|---|
| **PROGRAM NAME** | (L) Prior and current year IHBG CARES/ARP (only) funds to be expended in 12- month program year | (M) Total all other funds to be expended in 12-month program year | (N) Total funds to be expended in 12-month program year (L+M) | (L) Total IHBG CARES/ARP (only) funds expended in 12-month program year | (P) Total all other funds expended in 12-month program year | (Q) Total funds expended in 12-month program year (O+P) |
| COVID-19 Respond - 1 - Purchase of warehouse for Community Resouces | $0 | | $0 | $0 | | $0 |
| COVID-19 Prevention - 1 - Software upgrades to HHCDA Information Technology | $0 | | $0 | $0 | | $0 |
| COVID-19 Respond - 2 - Rehabilitation of Chakh Ha Chee Village Units | $0 | | $0 | $0 | | $0 |


COVID-19 Respond - 3 - Homeless Assistance
$0
COVID-19 Respond - 4 - Community Resource, Personal Care Products.
$0
COVID-19 Respond - 5 - Heating Assistance
$0
COVID-19 Prevention - 2 - Property Acquisition in La Crosse, WI.
$0
COVID-19 Prevention - 3 - Rental Unit Construction in Wisconsin Dells
$0
COVID-19 Prevention - 4 - Down payment assistance
$0
COVID-19 Respond - 6 - Administrative Costs
$0
COVID-19 Respond - 7 - Rental Assistance- move-in expense
$0
Planning and Administration
TOTAL
$0
$0
$0
$0
$0
$0

**Notes:**

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

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

No loans are planned to be taken out with CARES Act IHBG Funding.

**(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.):**

N/A

## 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: | Ho-Chunk Nation of Wisconsin |
| **(5)** Authorized Official's Name and Title: | Lori Pettibone, Executive Director |
| **(6)** Authorized Official's Signature: | |
| **(7)** Date (MM/DD/YYYY): | 03/25/2026 |

## SECTION 9: TRIBAL WAGE RATE CERTIFICATION

*NAHASDA §§ 102(b)(2)(D)(vi), 104(b)*

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

**(1)** ☐ You will use tribally determined wage rates when required for IHBG-assisted construction or maintenance activities. The Tribe has appropriate laws and regulations in place in order for it to determine and distribute prevailing wages.

**(2)** ☑ You will use Davis-Bacon or HUD determined wage rates when required for IHBG-assisted construction or maintenance activities.

**(3)** ☐ You will use Davis-Bacon and/or HUD determined wage rates when required for IHBG-assisted construction except for the activities described below.

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

## SECTION 12: AUDITS

*24 CFR § 1000.544*

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

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

Yes ☐ No ☑

**If Yes, an audit is required to be submitted to the Federal Audit Clearinghouse and your Area Office of Native American Programs.**
**If No, an audit is not required.**