

SECTION 1: COVER PAGE

(1) Grant Number: 20BV5313870

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

(3) Federal Fiscal Year: 2020

☒ IHBG-CARES

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

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

☒ (7) Tribe

☐ (8) TDHE

(9) Name of Recipient:

Samish Indian Nation

(10) Contact Person:

Sharon Paskewitz, Housing Director

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

(360) 726-3366

(12) Mailing Address:

P.O. Box 217

(13) City:

Anacortes

(14) State:

Washington

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

98221

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

(360) 899-5193

(17) Email Address (if available):

spaskewitz@samishtribe.nsn.us

(18) If TDHE, List Tribes Below:

(19) Tax Identification Number:

91-0931896

(20) DUNS Number:

091741637

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

03/09/2021

(22) IHBG-CARES Amount:

\$281,241

Date Started Preparing for COVID-19

03/10/2020

(23) Name of Authorized IHP Submitter:

Thomas D. Wooten

(24) Title of Authorized IHP Submitter:	Tribal Chairman
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date(MM/DD/YYYY) :	04/29/2020
(27) Name of Authorized APR Submitter:	Thomas D. Wooten
(28) Title of Authorized APR Submitter:	Tribal Chairman
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date (MM/DD/YYYY):	03-22-2021

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 Prevention
COVID-19 Prevention - 1 - Housing Support Services related to COVID-19		
1.2. Program Description (This should be the description of the planned program.):		
The provision of housing-related services for affordable housing, such as housing counseling in connection with rental or , establishment and support of resident organizations and resident management corporations, energy auditing, activities related to the provision of self-sufficiency and other services, and other services related to assisting owners, tenants, contractors, and other entities, participating or seeking to participate in other housing activities. Additionally, we will provide Medical/dental cost that are not covered through Indian Health Services. This includes medicine, glasses, medical equipment, etc.		