

SAMISH INDIAN NATION: DETERMINATION OF EXEMPTION

41099 COVID19 NAHASDA CARES - Grant Number:

20-BV-53-15020

Time period covered by this Environmental Review:

March 10, 2020 through September 30, 2025

Project Name / Description:

SAMISH NAHASDA: Supportive Services - Other Housing Services (SUB 0018)

Only activities to prevent, prepare for, and/or respond to COVID19 will be undertaken, including maintaining normal operations and eligible affordable housing activities under NAHSADA during the period that our IHBG program is impacted by COVID19.

The Samish Indian Nation Housing Department will provide supportive services such as permanent housing placement, housing search and relocation, short-term payments for rent and utility assistance, first, last and security deposits. Life Skills Education Classes will be provided to housing clients and Samish tribal members. Topics will include: financial management, such as, budgeting and credit development or repair, basic home maintenance, such as weatherization and other classes that will help families obtain and retain their housing.

This project is determined to be Categorically Excluded from NEPA and does not require and RROF (HUD 7015.15) is completed and submitted to HUD under 24 CFR §58.35(b)(2).

Requirements under 24CFR58.6

FLOOD INSURANCE /FLOOD DISASTER PROTECTION ACT

1. Does the project involve the acquisition, construction or rehabilitation of structures, buildings or mobile homes?

- (X) No; flood insurance is not required. The review of this factor is completed.
() Yes; continue.

2. Is the structure or part of the structure located in a FEMA designated Special Flood Hazard Area?

() No. Source Document (FEMA/FIRM floodplain zone designation, map panel number, date or other credible source):

(Factor review completed. Flood insurance is not required.)

() Yes. Source Document (FEMA/FIRM floodplain zone designation, panel number, date):
(Continue review).

3. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?

() Yes [*Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept in the Environmental Review Record.*]
() No

COASTAL BARRIERS RESOURCES ACT

1. Does the project involve any of the following uses of Federal assistance:
- acquisition, construction, repair, improvement or rehabilitation of public facilities;
 - acquisition, construction, repair, improvement or rehabilitation of residential or nonresidential structures;
 - flood insurance for new or substantially improved structures;
 - erosion control or stabilization of inlet, shoreline or inshore areas?

No The review of this factor is completed.

Yes; continue.

2. Is the project in an area along the Atlantic Coast, Gulf of Mexico, or Great Lakes?

No; Cite Source Documentation:

(Factor review completed).

Yes; continue

3. Is the project located in a coastal barrier resource designated on a FEMA map? (See

www.fema.gov/nfip/cobra.shtm).

No; Cite Source Documentation:

(Factor review completed).

Yes - **Federal assistance may not be used in such an area.**

AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES

1. Does the project involve the sale or acquisition of an existing building or structure?

No. The review of this factor is completed.

Yes; continue.

2. Is the building/structure within a Civil Airport's Runway Clear Zone, Approach Protection Zone or a Military Installation's Clear Zone?

No; Cite Source Documentation:

Project complies with 24 CFR 51.303(a)(3). The review of this factor is completed.

Yes; **Disclosure statement must be provided** to buyer and a copy of the signed disclosure statement must be maintained in this Environmental Review Record [24 CFR 51.303(a)(3)].

Completed by: *Sharon Paskewitz*

Sharon Paskewitz, Housing Director

Date: 09-01-2020

Reviewed by: _____

Jenna Burnett, Compliance Officer

Date: _____