

SECTION 1: COVER PAGE

(1) Grant Number: 55IH5312690

(2) Recipient Program Year: 10/1 - 9/30

(3) Federal Fiscal Year: 2017

(4) Initial Plan (Complete this Section then proceed to Section 2)

(5) Amended Plan (Complete this Section, Section 8 if applicable, and Section 16)

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

(7) Tribe

(8) TDHE

(9) Name of Recipient: Quileute Housing Authority		
(10) Contact Person: Jacqueline Peterson		
(11) Telephone Number with Area Code: 360-374-9719		
(12) Mailing Address: PO Box 159		
(13) City: La Push	(14) State: WA	(15) Zip Code: 98350
(16) Fax Number with Area Code (if available): 360-374-9117		
(17) Email Address (if available): jacqueline.peterson@quileutenation.org		
(18) If TDHE, List Tribes Below: Quileute Tribe		
(19) Tax Identification Number:		911148967
(20) DUNS Number:		045771722
(21) CCR/SAM Expiration Date:		June 16, 2017

(22) IHBG Fiscal Year Formula Amount:	\$649,322
(23) Name of Authorized IHP Submitter:	Jacqueline Peterson
(24) Title of Authorized IHP Submitter:	Executive Director
(25) Signature of Authorized IHP Submitter:	Jacqueline Peterson
(26) IHP Submission Date:	July 14, 2016
(27) Name of Authorized APR Submitter:	
(28) Title of Authorized APR Submitter:	
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date:	

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.