



U.S. Department of Housing and Urban Development
Northwest Office of Native American Programs
Federal Office Building
909 First Avenue, Suite 300, OAPI
Seattle, WA 98104-1000

December 28, 2022

SENT VIA ELECTRONIC MAIL

The Honorable Bill Sterud
Tribal Chairman
Puyallup Tribe of Indians
3009 E Portland Ave
Tacoma, WA 98404-4926

Dear Chairman Sterud:

Subject: RROF/FONSI Request- Waller Road
Grant Number: (ICDBG-ARP) 22-RP-53-12680/ (IHBG) 55-IT-53-12680

On December 12, 2022, the Northwest Office of Native American Programs (NwONAP) received The Puyallup Tribe's Request for Release of Funds (RROF) and Certification Form (HUD-7015.15), for awards (ICDBG-ARP) 22-RP-53-12680 and (IHBG) 55-IT-53-12680. The request is for the construction of 6 duplexes on the Waller Road location.

NwONAP received no objections during the prescribed 15-day waiting period that began on December 13, 2022 and ended on December 27, 2022. As a result, the environmental clearance date for this project is established as December 28, 2022.

If you have any questions, or if NwONAP can be of assistance, please contact Amma Cain, Grants Management Specialist, at (206) 220-6160, or by email at Amma.S.Cain@hud.gov; or contact Tepora Malolo, Grants Evaluation Specialist, at (206) 220-5175, or by email at Tepora.M.Malolo@hud.gov.

Sincerely,

A handwritten signature in blue ink that reads "Thomas H. Carney".

Thomas H. Carney
Administrator

cc: Joanne Gutierrez, Housing Director
Enclosure: HUD Form 7015.16

Authority to Use Grant Funds

U.S. Department of Housing
and Urban Development
Office of Community Planning
and Development

To: (name & address of Grant Recipient & name & title of Chief Executive Officer)

Copy To: (name & address of SubRecipient)

We received your Request for Release of Funds and Certification, form HUD-7015.15 on

Your Request was for HUD/State Identification Number

All objections, if received, have been considered. And the minimum waiting period has transpired.
You are hereby authorized to use funds provided to you under the above HUD/State Identification Number.
File this form for proper record keeping, audit, and inspection purposes.

Typed Name of Authorizing Officer

Signature of Authorizing Officer

Date (mm/dd/yyyy)

Title of Authorizing Officer

X

John A. Casey