

PHA Plans

Streamlined Annual Version

U.S. Department of Housing and
Urban Development
Office of Public and Indian
Housing

OMB No. 2577-0226
(exp. 08/31/2009)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined Annual PHA Plan

for Fiscal Year: 2008

PHA Name:

The Housing Authority of the City of Graham, North Carolina
NC059v02

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.

Streamlined Annual PHA Plan Agency Identification

PHA Name: Graham Housing Authority **PHA Number:** NC059

PHA Fiscal Year Beginning: (mm/yyyy) 01/2008

PHA Programs Administered:

Public Housing and Section 8 **Section 8 Only** **Public Housing Only**
Number of public housing units: 170 Number of S8 units: Number of public housing units:
Number of S8 units: 1005

PHA Consortia: (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

PHA Plan Contact Information:

Name: Carlton Black Phone: 1-336-229-7041
TDD: Email (if available): cblack@grahamhousing.com

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

PHA's main administrative office PHA's development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection. Yes No.

If yes, select all that apply:

Main administrative office of the PHA
 PHA development management offices
 Main administrative office of the local, county or State government
 Public library PHA website Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

Main business office of the PHA PHA development management offices
 Other (list below)

Streamlined Annual PHA Plan
Fiscal Year 20
[24 CFR Part 903.12(c)]

Table of Contents
[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

A. PHA PLAN COMPONENTS

- 1. Site-Based Waiting List Policies
903.7(b)(2) Policies on Eligibility, Selection, and Admissions
- 2. Capital Improvement Needs
903.7(g) Statement of Capital Improvements Needed
- 3. Section 8(y) Homeownership
903.7(k)(1)(i) Statement of Homeownership Programs
- 4. Project-Based Voucher Programs
- 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
- 6. Supporting Documents Available for Review
- 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- 8. Capital Fund Program 5-Year Action Plan

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related Regulations; Board Resolution to Accompany the Streamlined Annual Plan identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

Form HUD-50070, Certification for a Drug-Free Workplace;

Form HUD-50071, Certification of Payments to Influence Federal Transactions; and

Form SF-LLL & SF-LLLa, Disclosure of Lobbying Activities.

1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B. **NO**

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4. Yes No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

B. Site-Based Waiting Lists – Coming Year

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

1. How many site-based waiting lists will the PHA operate in the coming year?
2. Yes No: Are any or all of the PHA’s site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?

3. Yes No: May families be on more than one list simultaneously
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- PHA main administrative office
 - All PHA development management offices
 - Management offices at developments with site-based waiting lists
 - At the development to which they would like to apply
 - Other (list below)

2. Capital Improvement Needs

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Capital Fund Program

1. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2. Yes No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

1. Yes No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).
2. Status of HOPE VI revitalization grant(s):

HOPE VI Revitalization Grant Status	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
<input type="checkbox"/>	Revitalization Plan under development
<input type="checkbox"/>	Revitalization Plan submitted, pending approval
<input type="checkbox"/>	Revitalization Plan approved
<input type="checkbox"/>	Activities pursuant to an approved Revitalization Plan underway

3. Yes No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name(s) below:
4. Yes No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:
5. Yes No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to the next component; if “yes”, complete each program description below (copy and complete questions for each program identified.)

2. Program Description:

a. Size of Program

- Yes No: Will the PHA limit the number of families participating in the Section 8 homeownership option?

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?

b. PHA-established eligibility criteria

- Yes No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?
If yes, list criteria:

c. What actions will the PHA undertake to implement the program this year (list)?

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- Demonstrating that it has other relevant experience (list experience below):

4. Use of the Project-Based Voucher Program

Intent to Use Project-Based Assistance

Yes No: Does the PHA plan to “project-base” any tenant-based Section 8 vouchers in the coming year? If the answer is “no,” go to the next component. If yes, answer the following questions. **PHA does not plan to project base any tenant based Section 8 vouchers in the coming year**

1. Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
 - low utilization rate for vouchers due to lack of suitable rental units
 - access to neighborhoods outside of high poverty areas
 - other (describe below):
2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

5. PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

NO CHANGES THIS YEAR

1. Consolidated Plan jurisdiction: (provide name here)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- Other: (list below)

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The 2008 Plan was sent for review to the Division of Community Assistance, Department of Commerce Raleigh, NC and received a completed “*Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan*”

Copy of Executed Statement Attached at End

Copy of Certification of Compliance Attached At End

Originals of all required forms were mailed October 15, 2007 to the Greensboro Office

6. Supporting Documents Available for Review for Streamlined Annual PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
√	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
√	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
√	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
√	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
√	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
√	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
√	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers and Over -Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
√	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
√	Public housing rent determination policies, including the method for setting public housing flat rents. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
√	Schedule of flat rents offered at each public housing development. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
√	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination Ref: Chapter 11
√	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
√	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
√	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
		Sufficiency
√	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
√	Any policies governing any Section 8 special housing types <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance Ref Chapter 20
√	Public housing grievance procedures <input type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
√	Section 8 informal review and hearing procedures. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures Ref Chapter 19
√	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA)	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
√	Public Housing Community Service Policy/Programs <input type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
√	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
√	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
√	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
√	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
√	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: The Housing Authority of the City of Graham, NC		Grant Type and Number Capital Fund Program Grant No: NC19PO5950108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	5,563.00			
3	1408 Management Improvements				
4	1410 Administration	20,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	22,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	196,827.00			
11	1465.1 Dwelling Equipment—Nonexpendable	5,000.00			
12	1470 Nondwelling Structures	15,000.00			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	264,390.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	40,000.00			
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: The Housing Authority of the City of Graham, NC			Grant Type and Number Capital Fund Program Grant No: NC19P05950108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NC 59-1	Fees & Costs:	1430.1	100 units	12,000.00				
NC 59-2	a. Architects fee to		70 units	8,000.00				
	Prepare bid and contract							
	Documents, drawings,							
	Specifications and assist							
	The PHA at bid opening							
	Awarding the contract &							
	To supervise the const.							
	Work on a periodic basis							
	Fee to be negotiated							
NC 59-1	b. Consultant Fees	1430.2		1,000.00				
NC 59-2	Hire Consultant to prepare			1,000.00				
	Agency plan							
	Subtotal			22,000.00				

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: The Housing Authority of the City of Graham, NC			Grant Type and Number Capital Fund Program Grant No: NC19P05950108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Dwelling Structures	1460						
NC 59-1	Replace Floor Tile Phase I		27 units	32,415.00				
NC 59-2			27 units	32,412.00				
NC 59-1	Replace Electrical Systems		30 units	36,000.00				
NC 59-2	Phase I		30 units	36,000.00				
NC 59-1	Enclose Water Heaters		30 units	10,000.00				
NC 59-2	Phase I		30 units	10,000.00				
PHA-Wide	Convert 1 Unit to HC		1 unit	40,000.00				
	Subtotal			196,827.00				
	Dwelling Equipment	1465						
PHA-Wide	Ranges & Refrigerators		5 each	5,000.00				
	Subtotal			5,000.00				
PHA-Wide	Non-Dwelling Equip	1475						
	Furniture & Sec. System		LS	15,000.00				
	Subtotal			15,000.00				
	Grand Total			264,390.00				

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: The Housing Authority of the City of Graham, NC			Grant Type and Number Capital Fund Program No: NC19P05950108 Replacement Housing Factor No:				Federal FY of Grant: 2008
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	09/12/10			09/12/12			
NC 59-1	09/12/10			09/12/12			
NC 59-2	09/12/10			09/12/12			

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: The Housing Authority of the City of Graham, NC		Grant Type and Number Capital Fund Program Grant No: NC19P050107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	22,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	237,390.00			
11	1465.1 Dwelling Equipment—Nonexpendable	5,000.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	264,390.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: The Housing Authority of the City of Graham, NC		Grant Type and Number Capital Fund Program Grant No: NC19P050107 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Fees & Costs							
NC 59-1	a. Architects fee to	1430.1	100 units	14,750.00				
NC 59-2	Prepare bid and contract		70 units	6,000.00				
	Documents, drawings, specs &							
	assist the PHA at bid opening							
	Awarding the contract &							
	To supervise the const.							
	Work on a periodic basis							
	Fee to be negotiated							
	b. Consultant Fees							
NC 59-1	Hire Consultant to prepare	1430.2	100 units	625.00				
NC 59-2	Agency Plan		70 units	625.00				
	Subtotal			22,000.00				

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
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Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Dwelling Structures							
NC 59-1	a. Attic Insulation Phase II	1460	60 units	53,880.00				
	b. Finish Roofing			50,000.00				
NC 59-2	a. Kitchen Cabinets Phase II		70 units	93,510.00				
PHA Wide (Not sure Which unit)	a. Convert 1 unit to HC		1 unit	40,000.00				
	Subtotal			237,390.00				
	Dwelling Equipment	1465						
	Non Expendable							
PHA-Wide	Ranges & Refrigerators		5 each	5,000.00				
	Subtotal			5,000.00				
	Grand Total			264,390.00				

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule**

PHA Name: The Housing Authority of the City of Graham, NC	Grant Type and Number Capital Fund Program No: NC19P05950107 Replacement Housing Factor No:	Federal FY of Grant: 2007
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	09/12/09			09/12/2011			
NC 59-1	09/12/09			09/12/2011			
NC 59-2	09/12/09			09/12/2011			

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: The Housing Authority of the City of Graham, NC		Grant Type and Number Capital Fund Program Grant No: NC19P05950106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) Amended 04/17/07 <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/07 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	35,563.00	35,563.00	35,563.00	31,311.52
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	22,000.00	22,000.00	1,350.00	1,350.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	175,729.00	175,729.00	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	5,000.00	5,000.00	3,650.00	3,285.15
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	20,000.00	20,000.00	0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	258,292.00	258,292.00	40,563.00	35,946.67
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: The Housing Authority of the City Graham, NC			Grant Type and Number Capital Fund Program Grant No: NC19P05950106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Management Improvements							
PHA-Wide	Computer Software	1408	170 units	35,563.00	35,563.00	35,563.00	31,311.52	Obligated
	Subtotal			35,563.00	35,563.00	35,563.00	31,311.52	
	Fees & Costs							
NC 59-1	a. Architects fee to	1430.1	100 units	14,750.00	4,650.00			Windows
NC 59-2	Prepare bid and contract		70 units	6,000.00	6,000.00			
	Documents, drawings, specs & assist the PHA at bid opening							
	Awarding the contract & To supervise the const.							
	Work on a periodic basis							
	Fee to be negotiated							
PHA-Wide	Design of (2) HC Units				10,000.00			HC Units
	b. Consultant Fees							
NC 59-1	Hire Consultant to Agency Plan	1430.2	100 units	625.00	675.00	675.00	675.00	Complete
NC 59-2			70 units	625.00	675.00	675.00	675.00	Stogner
	Subtotal			22,000.00	22,000.00	1,350.00	1,350.00	

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: The Housing Authority of the City Graham, NC		Grant Type and Number Capital Fund Program Grant No: NC19P05950106 Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Dwelling Structures							
NC 59-1	a. Attic Insulation (Phase I)	1460	40 units	6,317.00	6,317.00	0	0	
NC 59-1	b. Kitchen Cabinets (Phase II)	1460	70 units	129,412.00	59,412.00	0	0	
NC 59-2	Complete Window Replacement & Security Screens – the contract Began with 05 CFP	1460	9 buildings		70,000.00			Getting CPC prices
PHA-Wide	Convert 2 units to HC 610 Ray & 726 North	1460	2 units	40,000.00	40,000.00			In Design
	Subtotal			175,729.00	175,729.00			

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: The Housing Authority of the City Graham, NC		Grant Type and Number Capital Fund Program Grant No: NC19P05950106 Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Dwelling Equipment							
	Non-Expendable	1465						
PHA-Wide	Ranges & Refrigerators		5ea	5,000.00	5,000.00	3,650.00	3,285.15	Obligated
	Subtotal			5,000.00	5,000.00	3,650.00	3,285.15	General Electric
PHA-Wide	Non-Dwelling Equip:	1475						
	Purchase New Vehicle			20,000.00	20,000.00	0	0	
	Subtotal			20,000.00	20,000.00			
	Grand Total			250,880.00				

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: The Housing Authority of the City of Graham, NC			Grant Type and Number Capital Fund Program No: NC19P05950106 Replacement Housing Factor No:				Federal FY of Grant: 2006
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	07/18/08			07/18/10			
NC 59-1	07/18/08			07/18/10			
NC 59-2	07/18/08			07/18/10			

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: The Housing Authority of the City of Graham, NC		Grant Type and Number Capital Fund Program Grant No: NC19P05950105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/07 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	21,405.00	21,405.00	21,405.00	17,466.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	246,158.00	246,158.00	228,595.00	216,072.41
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	267,563.00	267,563.00	250,000.00	233,538.41
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: The Housing Authority of the City of Graham, NC			Grant Type and Number Capital Fund Program Grant No: NC19P05950105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Fees & Costs							
NC 59-1	a. Architects fee to	1430.1	100 units	13,580.00	13,580.00	13,580.00	13,580.00	Complete
NC 59-2	Prepare bid and contract		70 units	5,925.00	6,575.00	6,575.00	2,636.00	Obligated
	Documents, drawings, specs &							
	assist the PHA at bid opening							
	Awarding the contract &							
	To supervise the const.							
	Work on a periodic basis							
	Fee to be negotiated							
	b. Consultant Fees							
NC 59-1	Hire Consultant to Agency Plan	1430.2	100 units	950.00	625.00	625.00	625.00	Complete
NC 59-2			70 units	950.00	625.00	625.00	625.00	Complete
	Subtotal			21,405.00	21,405.00	21,405.00	17,466.00	

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: The Housing Authority of the City of Graham, NC		Grant Type and Number Capital Fund Program Grant No: NC19P05950105 Replacement Housing Factor Grant No:				Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Dwelling Structures	1460						
NC 59-1	a. Roofing (Phase 2)		63 units	90,270.00	76,668.41	76,668.41	76,072.41	Complete
NC 59-2			43 units	62,788.00	140,000.00	140,000.00	140,000.00	Complete
	b. Replace Windows & install Sec Screens continue contract in 06		9 buildings		29,489.59	11,926.59		Getting CPC pricing
NC 59-1	b. Kitchen Cabinets (Phase 1)		30 units	56,200.00	0	0	0	Move to Future years
PHA-Wide (Do not know Which unit At this time)	c. Convert 1 unit HC		1 unit	36,900.00	0	0	0	Move to Future Years
	Subtotal			246,158.00	246,158.00	228,595.00	216,072.41	

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: The Housing Authority of the City of Graham, NC			Grant Type and Number Capital Fund Program No: NC19P05950105 Replacement Housing Factor No:				Federal FY of Grant: 2005
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	08/18/07			08/18/09			
NC 59-1	08/18/07			08/18/09			
NC 59-2	08/18/07			08/18/09			

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Capital Fund Program Five-Year Action Plan Part I: Summary					
PHA Name: The Housing Authority of the City of Graham, NC			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:		
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
		FFY Grant: 2009 PHA FY: 2009	FFY Grant: 2010 PHA FY: 2010	FFY Grant: 2011 PHA FY: 2011	FFY Grant: 2012 PHA FY: 2012
NC 59-1	Annual Statement	97,000.00	0	115,590.00	90,000.00
NC 59-2		76,000.00	214,390.00	98,800.00	80,000.00
PHA-Wide		91,390.00	50,000.00	50,000.00	94,390.00
Total		264,390.00	264,390.00	264,390.00	264,390.00
Physical Improv		204,000.00	219,390.00	219,390.00	175,000.00
HA Wide Non-Dwelling Structures & Equipment		15,000.00	0	0	34,390.00
Administration		20,000.00	20,000.00	20,000.00	20,000.00
Other		22,000.00	22,000.00	22,000.00	22,000.00
Operations		3,390.00	3,000.00	3,000.00	3,000.00
Management Improvements					10,000.00
CFP Funds Listed for 5-year planning		264,390.00	264,390.00	264,390.00	264,390.00
Replacement Housing Factor Funds					

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year : 2 FFY Grant: 2009 PHA FY: 2009			Activities for Year: 2 FFY Grant: 2009 PHA FY: 2009		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See				<i>NC 56-1</i>	Site Improvements	
Annual	<i>PHA-Wide</i>	Operations	.3,390.00		Paving, Grading & Landscaping	27,000.00
Statement	<i>PHA- Wide</i>	Administration	20,000.00		Utilities, Drainage (100 units)	
	<i>PHA-Wide</i>	Fees & Costs	22,000.00			
					Dwelling Structures	
	<i>PHA-Wide</i>	Dwelling Structures			Reconfigure bedroom sizes(4units)	20,000.00
		Convert 1 Unit to HC	26,000.00		Entry doors/hardware (100 units)	40,000.00
					Patch/paint units	10,000.00
	<i>PHA-Wide</i>	Dwelling Equipment			Subtotal NC 59-1	97,000.00
		(5) Ranges and (5) Refrigerators	5,000.00	<i>NC 56-2</i>	Site Improvements	
					Paving, Grading & Landscaping	22,000.00
	<i>PHA-Wide</i>	Non-Dwelling Equipment			Utilities, Drainage (70 units)	
		Furniture and Security System	15,000.00			
		Subtotal PHA-Wide	91,390.00		Dwelling Structures	
					Reconfigure bedroom sizes (2 units)	10,000.00
					Entry doors/hardware (70 units)	34,000.00
					Patch/paint units	10,000.00
					Subtotal NC 59-2	76,000.00
Total CFP Estimated Cost			\$264,390.00			\$

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year : 3 FFY Grant: 2010 PHA FY: 2010			Activities for Year: 3 FFY Grant: 2010 PHA FY: 2010		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual	<i>PHA-Wide</i>	Operations	3,000.00	NC 59-2	Dwelling Structures	
Statement	<i>PHA-Wide</i>	Administration	20,000.00		Window & security screens	110,880.00
	<i>PHA-Wide</i>	Fees & Costs	22,000.00		(Phase 1) (35 units)	
					Bathroom Tub Enclosures (57 units)	103,510.00
					Subtotal NC 59-2	214,390.00
	<i>PHA-Wide</i>	Dwelling Equipment				
		(5) Ranges and (5) Refrigerators	5,000.00			
		Subtotal PHA-Wide	50,000.00			
	Total CFP Estimated Cost		\$264,390.00			\$

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year : 5 FFY Grant: 2012 PHA FY: 2012			Activities for Year: 5 FFY Grant: 2012 PHA FY: 2012		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual	<i>PHA-Wide</i>	Operations	3,000.00	NC 59-1	Site Improvements	
Statement	<i>PHA-Wide</i>	Management Improvements	10,000.00		Upgrade Site Utilities	75,000.00
		Purchase Computer Software				
	<i>PHA-Wide</i>	Administration	20,000.00		Dwelling Structures	
	<i>PHA-Wide</i>	Fees & Costs	22,000.00		Replace Wall Furnaces	15,000.00
					Subtotal NC 59-1	90,000.00
	<i>PHA-Wide</i>	Dwelling Equipment		NC 59-2	Dwelling Structures	
		(5) Ranges and (5) Refrigerators	5,000.00		Reroofing 15 buildings	80,000.00
	<i>PHA-Wide</i>	Non-Dwelling Equipment				
		Purchase Vehicle	20,000.00			
		Purchase Computer Hardware	14,390.00			
		Subtotal PHA-Wide	94,390.00		Subtotal NC 59-2	80,000.00
		Total CFP Estimated Cost	\$264,390.00			\$

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

18. The PFA will provide to the Secretary, not later than the beginning of fiscal year 2004, a report on the progress of the PFA in carrying out the program and the results of the program. The report shall include the following information:

19. The PFA will provide to the Secretary, not later than the beginning of fiscal year 2004, a report on the progress of the PFA in carrying out the program and the results of the program. The report shall include the following information:

20. The PFA will provide to the Secretary, not later than the beginning of fiscal year 2004, a report on the progress of the PFA in carrying out the program and the results of the program. The report shall include the following information:

21. The PFA will provide to the Secretary, not later than the beginning of fiscal year 2004, a report on the progress of the PFA in carrying out the program and the results of the program. The report shall include the following information:

22. The PFA will provide to the Secretary, not later than the beginning of fiscal year 2004, a report on the progress of the PFA in carrying out the program and the results of the program. The report shall include the following information:

- 901.01 Housing Needs
- 901.02 Eligibility, Selection, and Allocation Process
- 901.03 Financial Resources
- 901.04 Rent Determination Process
- 901.05 Occupancy and Compliance
- 901.06 The Services of the PFA
- 901.07 Additional Information
 - (a) Progress in meeting the program goals
 - (b) Financial resources and the program's financial status
 - (c) Other information requested by HUD

PFA Name: City of Dallas PFA Number: 120019

Reporting Period (Fiscal Year): 2002

 Director

 Chairman

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Application No. NY 059 Greenwood Apartments Brooklyn, NY

Project Name Greenwood

Accepting liability as the employer under applicable Federal, State, and local laws and regulations, the Employer certifies that the Employer (HCU) certifies the following:

- 1. I certify that the Employer will:
 - (a) Establish a drug-free workplace;
 - (b) Establish a policy of prohibiting employees from using, possessing, or being under the influence of any controlled substance while performing their job duties; and
 - (c) Establishing an ongoing drug-free workplace program after completion.
- 2. I certify that the Employer will:
 - (a) Establish a drug-free workplace;
 - (b) Establish a policy of prohibiting employees from using, possessing, or being under the influence of any controlled substance while performing their job duties; and
 - (c) Establishing an ongoing drug-free workplace program after completion.
- 3. I certify that the Employer will:
 - (a) Establish a drug-free workplace;
 - (b) Establish a policy of prohibiting employees from using, possessing, or being under the influence of any controlled substance while performing their job duties; and
 - (c) Establishing an ongoing drug-free workplace program after completion.

I, the undersigned, certify that the information provided in this statement is true and correct to the best of my knowledge and belief. I understand that providing false information may result in the termination of the contract and the imposition of civil and criminal penalties.

Executed on 10/15/03 at Brooklyn, NY
 By: [Signature]
 Title: [Title]
 For: [Company Name]

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 24 CFR 200.606

Applicable to HUD
2006 Form

<p>1. Type of Federal Action</p> <p>a. contract</p> <p>b. grant</p> <p>c. any other agreement</p> <p>d. loan</p> <p>e. loan guarantee</p> <p>f. loan rollover</p>	<p>2. Nature of Federal Action</p> <p>a. application</p> <p>b. contract</p> <p>c. purchase</p>	<p>3. Request From</p> <p>a. lobbying</p> <p>b. political change</p> <p>For: National Change Corp</p> <p>City: _____ State: _____</p> <p>Date of last report: _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Firm <input type="checkbox"/> Subchapter S <input type="checkbox"/> Trust <input type="checkbox"/> Other</p> <p>(Indicate whether the entity is a 501(c)(3) organization)</p> <p>APRUS 1234 Main St City, State, ZIP</p>	<p>5. If Reporting Entity is Not a Subchapter S, Enter Name and Address of Primary</p>	<p>6. Federal Program Name(s)</p>
<p>7. Federal Action Number, if any</p>	<p>8. Federal Program Name(s)</p>	<p>9. Federal Action Number, if any</p>
<p>10. Name and Address of Lobbying Registrant (Individual, firm, or organization)</p> <p>_____</p>	<p>11. Indicate Reporting Entity (Use "None" if none)</p> <p>a. None</p> <p>b. _____</p>	<p>12. Name and Address of Lobbying Registrant (Individual, firm, or organization)</p> <p>_____</p>
<p>13. Name and Address of Lobbying Registrant (Individual, firm, or organization)</p> <p>_____</p>	<p>14. Name and Address of Lobbying Registrant (Individual, firm, or organization)</p> <p>_____</p>	<p>15. Name and Address of Lobbying Registrant (Individual, firm, or organization)</p> <p>_____</p>
<p>16. Signature of Reporting Entity</p> <p>_____</p>		
<p>17. Signature of Lobbying Registrant</p> <p>_____</p>		
<p>18. Telephone No. _____</p>		
<p>19. Date of Report _____</p>		

PRINT

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

**DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET**

Approved by HUD
12/18/04

Funding Code: NIPASG Legislation Advocacy Public Hearing 1 1

12/18/04

HUD Form 50075-100
Revised 12/04

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

U.S. Department of Housing and Urban Development
Office of Federal and State Housing

Certification by State or Local Official of PHA: Please Consistency with
the Consolidated Plan

I, John P. [Name], [Title], Director, Division of Community [Agency]
certify that the five Year and Annual PHA Plan of the [Agency] is
consistent with the Consolidated Plan of [Agency] prepared
pursuant to 24 CFR Part 51

[Handwritten Signature]
09/10/07
Signed & Typed by Approving State or Local Official

Consolidated Plan
HUD-50075-SA
04/30/2003

1500 SEP 11 2007

7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance & Evaluation Report

