

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Dunn Housing Authority</u> PHA Code: <u>NC 079</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2011</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>143</u> Number of HCV units: _____																										
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:																										
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.																										
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> <u>NA</u>																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. <u>See Attachments</u>																										
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <u>See Attachments</u>																										
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <u>See Attachments</u>																										
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. <u>NA</u>																										
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.																										
9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.																										
10.0	Additional Information. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"																										

<p>11.0</p>	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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Violence Against Women Act

The Dunn Housing Authority in accordance with the Violence Against Women Act passed by Congress and signed by President Bush on January 5, 2006 has adopted in our Admission and Occupancy Policy the following:

“Section G. Terminations Protected By VAWA”

Criminal Activity directly relating to domestic violence, dating or stalking engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control shall not be cause for termination of the tenancy or occupancy rights, if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of that domestic violence, or stalking.

The residents are being advised of the policy.

The Housing Authority is in the process of working with law enforcement agencies as well as the local service agencies for women and children to provide assistance for the following areas.

- a. Law Enforcement: Investigation & Court activity
- b. Social Services Agencies: Assistance with Counseling, Health Care, Child Care assistance and other activities that would be required.

As the program grows it will be revised and enlarged as required.

11.0 Attachments – (a)

PHA Certifications of Compliance with PHA Plans and Related Regulations

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 2011 , hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:


1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses those recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site-based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 FIC/HMS Module in an accurate, complete and timely manner (as specified in PH Notice 2009-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites and an estimate of the period of time (as applicant would likely have to wait to be admitted to units of different sizes and types at each site);
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 503.71(e)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 8 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low- or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

11.0 Attachments – (b)

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA, and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

<u>Dann Housing Authority</u>	<u>NC079</u>
PHA Name	PHA Number/HA Code
<input type="checkbox"/> 5-Year PHA Plan for Fiscal Years 20__ - 20__	
<input checked="" type="checkbox"/> Annual PHA Plan for Fiscal Years 20 <u>11</u> - <u>2015</u>	

I hereby certify that all the information stated herein, as well as any information provided in the accompanying herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3325, 3802)

Name of Authorized Official	Title
Nathaniel Tucker, JR	Chairman, Board of Commissioners
Signature	Date
	10-11-2010

11.0 Attachments – (b)

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Dunn Housing Authority

NC079

PHA Name

PHA Number/HIA Code

I hereby certify that all the information stated herein, as well as any information provided as the accompanying herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Nathaniel Tucker, Jr

Title

Chairman, Board of Commissioners

Signature

Date

10-11-2010

11.0 Attachments – (b)

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Dunn Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibitions.

b. Establishing an on-going drug-free awareness program to inform employees ---

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above. Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check Here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3602)

Name of Authorized Official

Darlene Maynard

Title

Executive Director

Signature

Date

X *Darlene Maynard*

10-8-2010

11.0 Attachments – (c)

OMB Approval No. 2577-0157 (Exp. 3/31/2010)

Certification of Payments to Influence Federal Transactions

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

Applicant Name:

Dunn Housing Authority

Program/Activity Receiving Federal Grant/Funding:

Capital Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Carlene Maynard

Title

Executive Director

Signature

Date (mm/dd/yyyy)



10-8-2010

Printed name (do not write)

form HUD 50071 (3/08)
with Handbook 417.1 (4/05) IS, F405.1, & F405.3

11.0 Attachments – (d & e NA)

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OIG
0046-0013

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Dunn Housing Authority P.O. Box 1028 Dunn, NC 28334 Congressional District, if known: 46	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: US Dept. of Housing & Urban Dev.	7. Federal Program Name/Description: Capital Fund Program CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI)	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. <small>Information required through this form is to be used by the FBI, HUD, and other agencies to identify and track lobbying activities. This information is to be used for the purpose of identifying and tracking lobbying activities. This disclosure is required pursuant to 31 U.S.C. 1352. The information is to be used for the purpose of identifying and tracking lobbying activities. This disclosure is required pursuant to 31 U.S.C. 1352 and not to be used for any other purpose.</small>	Signature: <u><i>Darlene Maynard</i></u> Print Name: <u>Darlene Maynard</u> Title: <u>Executive Director</u> Telephone No.: <u>910-892-5076</u> Date: <u>10-8-2010</u>	
Federal Use Only:	Authorized for Local Reproduction Standard Form LLL (Rev. 7-67)	

11.0 Attachments – (f & g n/a)

Minutes of Meeting With Residents and Discussion of Comments

The Resident Meeting was held on September 07, 2010 at 3:00 p.m. to discuss the Annual Plan. The Executive Director opened the meeting with an overview of the Components of the Plan for the Capital Fund.

The Residents were asked to voice any concerns and to make suggestions involving the renovations as planned for the next five years. Complete Bath Renovations have been completed, which was funded with CFP 2007, CFRG 2009 and CFP 2008. The CFP 2009 is being used with Reserves to build an Adequate Administrative Building and the present Administrative Building will be used for Maintenance which is much needed. With the CFP 2010 funds the replacement of floor tile and base boards is in design and planned for completion with CFP 2011. In 2011 the interior door replacement will begin and completed in 2012. In 2013 we will begin replacing heating systems and attic insulation as needed for energy rating. The heating system replacement and attic insulation should be continue in 2014 and completed in 2015.

Residents are pleased with the bath renovations and agreed that new floor tile and new baseboards are needed, along with interior doors and furnace doors and HVAC replacement.

The Residents mentioned outside storage buildings, blinds instead of shades, dryers and playground equipment. These items will be included in our year 2016.

The Residents indicated they are pleased with the improvements to the units and the work that has been done over the past years with Capital Funds and agreed with the Priorities of the Annual Plan.

11.0 Attachments – (f & g n/a)

**Challenged Elements
2011 Plan
Dunn Housing Authority**

There were no challenged elements of the 2011 Plan by any resident or member of the public.

11.0 Attachments - (f & g n/a)

2011 Annual Plans Resident Mtg
Sunday, September 07, 2010 3:00 pm

<u>Name</u>	<u>Address</u>
Douglas Dugan	611 South Tenth Apt. 1509
Glenn Williams	611 POWELL AVE APT 1519
Kisa Williams	716 E. Canary St. Dunn
Tacqueline Smith	728 CANARY STREET DUNN
Celya Smith	504 W. GARDNER ST. DUNN NC 28334
Kala Jaynes	1019 Caldwell St. Dunn, NC. 28334
Carrie Blue	1005 Caldwell St. DUNN 28334

Residents are agreed we needed
new floor tiles and flooring.

Other items mentioned were outside
storage building for each unit, blinds
instead of shades, furnace done,
and they said they couldn't nail
up Christmas lights on the vinyl
covered porch now, they also
talked about playground equipment
and dryers.

Haleem S. Maynard, Executive Director
Witness: David Peris - Occupancy Insp

11.0 Attachments – (h)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: The Dam Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC 79-50111 Replacement Housing Factor Grant No Date of CFIP: _____		FFY of Grant: 2011 FFY of Grant Approval:	
Type of Grant <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	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	3,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000.00			
10	1460 Dwelling Structures	219,268.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	252,268.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 compliance				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ BIF Funds shall be included here.

11.0 Attachments – (h)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: The Duna Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC79-S0111 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2011 FFY of Grant Approval:	
Type of Grant <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	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ¹	Obligated	Expended
Signature of Executive Director <i>William D. Spurgeon</i>		Date 10/11/2010		Signature of Public Housing Director Date	

11.0 Attachments – (h)

Annual Statement Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages								
PHA Name: The Dunn Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC 7950111 Replacement Housing Factor Grant No.		CFFP (Yes/No):		Federal FY of Grant: 2011		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-Wide	Administration	1410		1,000.00				
	Fees & Costs	1430						
	A/E			19,000.00				
	Consultant to update budgets			750.00				
	Consultant for Lead Testing			5,000.00				
	Total 1430			24,750.00				
	Site Improvements	1450						
	General site work & fencing							
	Total 1450			7,250.00				
	Dwelling Structures	1460						
	Complete Floor Tile & Base Boards (both completed)		63 units	172,703				
	General repairs to units interior And exterior,			5,000.00				
	Begin interior door replacement		16 units	40,000				
	Total 1460			219,268				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

11.0 Attachments – (h)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: The Duun Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC 79-50110 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2010
					FFY of Grant Approval:
Type of Grant: <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: 6/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	3,000.00	3,000.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000.00	25,000.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000.00	10,000.00		
10	1460 Dwell-Ing Structures	199,268.00	214,268.00		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	20,000.00	0		
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	5000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	252,268.00	252,268.00		
21	Amount of line 20 Related to CFF Activities				
22	Amount of line 20 Related to Section 504 compliance				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement


³ PHAs with under 150 units in management may use 100% of CFF Grants for operations

⁴ RHF FFYs shall be included here

11.0 Attachments – (h)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary				
PHA Name: The Dean Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC79-50110 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2010 <hr/> FFY of Grant Approval:
Type of Grant <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: 6/30/2010 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost
		Original	Revised ²	Obligated Expended
Signature of Executive Director		Date		Signature of Public Housing Director
		10/11/2010		

11.0 Attachments – (h)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages								
PHA Name: The Dunn Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC 7950110 Replacement Housing Factor Grant No:		CFPP (Yes/No):		Federal F.Y. of Grant: 2010		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated ¹	Funds Expended ²	
HA-Wide	Administration	1410		3,000.00	3,000.00			
	Fees & Costs	1430						
	A/E			19,000.00	19,000.00			
	Lead Paint Testing Consul.				5,250.00			
	Consultant to update budgets			1,000.00	750.00			
	Total 1430			20,000.00	25,000.00			
	Site Improvements	1450						
	General site work & fencing							
	Total 1450			10,000.00	10,000.00			
	Dwelling Structures	1460						
	Begin Floor Tiles Replacement & Base Boards (baths completed)		80 units	199,268	214,268			
	Total 1460			199,268	214,268			
	Non-Dwelling Structures	1470						
	Rerocof Community Building			20,000	0			Paid for From Reserves
	Total 1470			20,000	0			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report

11.0 Attachments – (h)

Annual Statement/Performance and Evaluation Report:
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Dunn Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19S07950109 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2009 FFY of Grant Approval: _____	
Type of Grant <input 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 checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
3	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	52,800.00		52,800.00	52,800.00
8	1440 Site Acquisition				
9	1450 Site Improvement:				
10	1450 Dwelling Structures	295,120.00		295,120.00	295,120.00
11	1455.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9030 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	327,920.00		327,920.00	327,920.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 compliance				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHP Funds shall be included here

11.0 Attachments – (h)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Dunn Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC15507954109 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: <u>2009</u> FFY of Grant Approval: _____
Type of Grant <input 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 Endings <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
Signature of Executive Director <i>William S. Reynolds</i>		Date <i>10/11/2010</i>		Signature of Public Housing Director Date	

11.0 Attachments – (h)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Dunn Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19S07950109 CFPP (Yes/No): Replacement Housing Factor Grant No:			Federal FY of Grant: 2009			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost:		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
NC079000001	Fees & Costs	1430						
	A/E Design and CA			32,800.00		32,800.00	32,800.00	Complete
	Administrative assistance with Contractor payrolls and reports As needed							Stagner
	Total 1430			32,800.00		32,800.00	32,800.00	
	Dwelling Structures	1460						
	Total bathroom renovations		56 units	295,120.00		295,120.00	295,120.00	Complete
	2 story units will require work on the flooring							Gibraltar
	Combine with CFP 2007 & 08 to Complete all 143 units							
	Total 1460			295,120.00		295,120.00	295,120.00	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report

11.0 Attachments – (h)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: The Dunn Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC 79-50409 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: <u>2009</u>
					FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: ?) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	3,000.00	0	0	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000.00	17,613.00	17,613.00	8,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000.00	0	0	
10	1460 Dwelling Structures	16,642.00	0	0	
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	206,061.00	238,090.00	238,090.00	
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ³				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	255,703.00	255,703.00	255,703.00	8,000.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 compliance				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

11.0 Attachments – (h)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

* RHF Funds shall be included here

Part I: Summary					
PHA Name: Duan Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC7950109 Replacement Housing Factor Grant No: Date of CTFP: _____		FFY of Grant: <u>2009</u> FFY of Grant Approval: _____	
Type of Grant: <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
Signature of Executive Director <i>William S. Reynolds</i>		Date <i>10/10/2010</i>		Signature of Public Housing Director Date	

11.0 Attachments – (h)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part III: Supporting Pages								
PHA Name: The Duna Housing Authority		Grant Type and Number Capital Fund Program Grant No: DC 7950109 Replacement Housing Factor Grant No:		CFFP (Yes/No):		Federal FY of Grant: 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-Wide	Administration	1410		3,000.00	0			
	Fees & Costs	1430						
	A/E			19,000.00	16,863.00	16,863.00	7,868.00	Obligated
	Consultant to update budgets			1,000.00	750.00	750.00	132.00	Obligated
	Total 1430			20,000.00	17,613.00	17,613.00	8,000.00	
	Site Improvements	1450						
	General site work as needed							
	Total 1450			10,000.00	0	0		Moved to 1470
	Dwelling Structures	1460		16,642.00	0	0		
	Interior and exterior renovations Of units as needed							
	Total 1460							
	Non-Dwelling Structures	1470						Obligated
	Build New Administrative Office			206,061.00	238,090.00	238,090.00		Vortex
	Total 1470			206,061.00	238,090.00	238,090.00		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report

11.0 Attachments – (h)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: The Dawn Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC 79-50108 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2008
					FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	3,000.00	0	0	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1420 Fees and Costs	20,000.00	19,750.00	19,750.00	19,750.00
8	1440 Site Acquisition				
9	1450 Site Improvement	30,000.00	0	0	
10	1460 Dwelling Structures	206,061.00	60,754.92	60,754.92	60,754.92
11	1465 1 Dwelling Equipment – Nonexpendable				
12	1470 Non-dwelling Structures		178,556.08	178,556.08	45,642.60
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495 1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18 ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	259,061.00	259,061.000	259,061.00	126,147.52
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 compliance				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of Line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations

⁴ REIP Funds shall be included here

11.0 Attachments – (h)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing For and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: The Dunn Housing Authority	Grant Type and Number Capital Fund Program Grant No: NC79-50108 Replacement Housing Factor Grant No. Date of CFPP: _____	FFY of CFPP 2008 FFY of CFPP
---	--	------------------------------------

Type of Grant:
 Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 6/30/10
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised ²	Obligated	

11.0 Attachments – (h)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages								
PHIA Name: The Dunn Housing Authority		Grant Type and Number: Capital Fund Program Grant No: NC 7950168 Replacement Housing Factor Grant No:		CFPP (Yes/No):		Federal FFY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-Wide	Administration	1410		3,000.00	0	0	0	Moved to 1470
	Fees & Costs	1430						
	A/E			19,000.00	19,000	19,000.00	19,000.00	Complete
	Update Plan			1,000.00	750	750.00	750.00	
	Total 1430			20,000.00	19,750	19,750.00	19,750.00	
	Site Improvements	1450						
	Fencing							Moved to 1470
	Total 1450			30,000.00	0	0	0	
	Dwelling Structures	1460		206,061.00				
	Interior and exterior renovations				0	0	0	Finish in 07
	Site wide plumbing, electrical, Painting and closet doors							
	Bath Renovations				60,754.92	60,754.92	60,754.92	Complete
	Total 1460				60,754.92	60,754.92	60,754.92	
	Non Dwelling Structures	1470						Moved from 2009
	New Administrative Office Construction				178,556.08	178,556.08	45,642.60	
	Total 1470				178,556.08	178,556.08	45,642.60	In Const.

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report.

11.0 Attachments – (i)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2014

Part I: Summary

PIA Name/Number		Dunn Housing Authority		Locality (City/County & State) Dunn/Harris/NC		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015	
	PIA Wide		252,268.00	252,268.00	252,268.00	252,268.00	
B.	Physical Improvements Subtotal	229,268	229,268	229,268	229,268	229,268	
C.	Management Improvements	0	0	0	0	0	
D.	PIA-Wide Non-cwelling Structures and Equipment	0	0	0	0	0	
E.	Administration	3,000	3,000	3,000	3,000	3,000	
F.	Other	20,000	20,000	20,000	20,000	20,000	
G.	Operations	0	0	0	0	0	
H.	Demolition	0	0	0	0	0	
I.	Development	0	0	0	0	0	
J.	Capital Fund Financing – Debt Service	0	0	0	0	0	
K.	Total CFP Funds	252,268	252,268	252,268	252,268	252,268	
L.	Total Non-CFP Funds						
M.	Grand Total		252,268	252,268	252,268	252,268	

11.0 Attachments – (i)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0276
 Expires 4/30/2011

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2011	Work Statement for Year 2012 FFY 2012			Work Statement for Year 2012 FFY 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	Fees & Cost			Fees & Cost		
	A/E		19,000	A/E		19,000
	Consultant		1,000	Consultant		1,000
	Subtotal 1430		20,000	Subtotal 1430		20,000
	Site Improvements			Site Improvements		
	General Site Work & Fencing		10,000	General Site Work & Fencing		10,000
	Subtotal 1450		10,000	Subtotal 1450		10,000
	Dwelling Structures			Dwelling Structures		
	Complete Interior Door Replacement	85 units	209,268	Complete Interior Door Replacement	44 units	150,000
	General repairs to units Interior & exterior		10,000	General repairs to units Interior & exterior		10,000
				Begin Furnace Replacement and Attic Insulation	19 units	59,268
	Subtotal 1460		219,268	Subtotal 1460		219,268.00
	Subtotal of Estimated Cost		\$ 249,268.00	Subtotal of Estimated Cost		\$ 249,268.00

11.0 Attachments – (i)

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year 2014 FFY 2014			Work Statement for Year 2015 FFY 2015		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Fees & Cost			Fees & Cost		
	A/E		19,000	A/E		19,000
	Consultant		1,000	Consultant		1,000
	Subtotal 1430		20,000	Subtotal 1430		20,000
	Site Improvements			Site Improvements		
	General Site Work & Fencing		10,000	General Site Work & Fencing		10,000
	Subtotal 1450		10,000	Subtotal 1450		10,000
	Dwelling Structures			Dwelling Structures		
	Continue Furnace	65 units	214,268	Complete Furnace	59 units	214,268
	Replacement & Attic Insulation			Replacement & Attic Insulation		
	General repairs to units Interior & exterior		5,000	General repairs to units Interior & exterior		5,000
	Subtotal 1460		219,268	Subtotal 1460		219,268
	Subtotal of Estimated Cost		\$ 249,268.00	Subtotal of Estimated Cost		\$ 249,268.00

11.0 Attachments – (i)

Annual Statement Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2011	Work Statement for Year 2012 FFY 2012		Work Statement for Year 2013 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Subpart Statement	Administration	3,000	Administration	3,000
		Subtotal of Estimated Cost	\$ 3,000	Subtotal of Estimated Cost

11.0 Attachments – (i)

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2011	Work Statement for Year 2014 FFY 2014		Work Statement for Year 2015 FFY 2015	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
	Yes			
Approved	Administration	3,000	Administration	3,000
Rejected				
	Subtotal of Estimated Cost	\$ 3,000	Subtotal of Estimated Cost	\$ 3,000