

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>Valdese Housing Authority</u> PHA Code: <u>NC 055000001</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>07/2011</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>121</u> Number of HCV units: _____																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input 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:					
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		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: The mission of the Valdese Housing Authority is to ensure safe, decent and affordable housing; encouraging higher quality family life for eligible residents, create opportunities for resident economic self-sufficiency, establish a drug and crime free environment, assure fiscal integrity in all programs administered without discrimination.																										
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. The Housing Authority recognizes the resident as their ultimate customer. The Authority is continually trying to improve our management and service delivery efforts through oversight, assistance and selective intervention by highly skilled, diagnostic and result-oriented personnel. The Authority has created a problem solving partnership with our residents, the community, and government leadership. Thus our Authority maintains our housing units and common areas in the best possible condition. The Housing Authority has reduced vacancies, continues modernization to apartments and is a high performer																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Addition to Procurement Policy to include Recovery Funds from Stimulus CFRG (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. PHA Plan and all Polices may be viewed at the Office of the Valdese Housing Authority 1402 Lydia Avenue Valdese, NC 28690																										
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> NA																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. See Attachments																										
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. See Attachments																										
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. See Attachments																										
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. NA																										

9.0	<p>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.</p> <p>Demographics for Valdese based on the 2000 census was a population of 4,485 with 1,886 households and 1,180 families residing in Town. The racial make up of the town was 91.53% White, 1.05% African American, 0.22% Native American, 3.99% Asian, 0.07% Pacific Islander, 2.25% from other races and 0.89% from two or more races. Hispanic or Latino of any race were 4.91% of the population. There were 1,992 housing units. The median income for a household in the town was \$30,617, and the median income for a family was \$41,411. Males had median income of \$27,482 versus \$22,429 for females. The per capita income for the town was \$18,965. About 8.3% of families and 11.9% of the population were below the poverty line, including 15.7% of those under age 18 and 11.5% of those age 65 or over. Renters make up 34.17% of the Valdese population. 5.31% of houses and apartments in Valdese are unoccupied. The Valdese Housing Authority has two vacant apartments with one designated as elderly and one designated as family with approximately 26 applicants on waiting list. The two apartments have applicants ready to move in as soon as maintenance turns the units over. There is another Housing Authority (Morganton) in Burke County and several apartment complexes; Village Apartments, Blue Ridge Apartments, Rutherford Square, High Meadows and Agape. Most of these apartments have a set number of apartments designated for rental assistance applicants excluding Agape which is totally rented based on income and only to the Elderly.</p>
9.1	<p>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. The Valdese Housing Authority will recycle units in a timely manner and maintain open communication with local agencies that provide assistance to families in an effort to make our services available to the families in need of housing in the jurisdiction.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(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. The Valdese Housing Authority has continued modernization programs, reduced vacancies, and is a high performer.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Discretionary changes which fundamentally change the mission, goal or objectives of the PHA, substantial deviation from the Five Year Plan, changes in policies, etc will require Housing Authority Board Approval.</p>
11.0	<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> <p>(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)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(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.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

Violence Against Women Act

Additional reporting requirements under section 603 of Title VI, of the Violence Against Women and Department of Justice Reauthorization Act of 2005, amending section 5 (A) of the U. S. Housing Act of 1937.

Goal: The Valdese Housing Authority will provide support to families that are victims of domestic violence, dating violence and stalking in order to enhance their quality of life, increase staff and family awareness and exercise discretion when providing agency services and referral.

Objectives: Provide decent and affordable housing for victims of domestic violence dating violence and stalking; Make referrals to agencies based on tenant's needed; Educate Housing Authority staff and tenants on the seriousness of domestic violence.

Services/Program Activities: Provide training for staff and tenants to increase awareness of domestic violence; Train staff about the specific provisions of VAWA and the policies established of the Housing Authority to comply with the law; Ban abusers from the Valdese Housing Authority property; Stronger encourage victims to participate in counseling programs and report any incidents; With consent of tenant make referrals to appropriate service agencies or law enforcement.

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

**PIIA 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 for 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 Factory) 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 903.15). 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 these 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 these 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 PIC/TMS Module in an accurate, complete and timely manner (as specified in PHH Notice 2006-24);
 - 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 the 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 903.7(a)(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 3 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 155.

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.

Valdese Housing Authority
PHA Name

NU 055
PHA Number/HA Code

x 5-Year PHA Plan for Fiscal Years 20 11 - 20 15

 Annual PHA Plan for Fiscal Years 20 - 20

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. Submission may result in criminal and/or civil penalties. (18 U.S.C. 1024, 1025, 1026, 1027, 51 U.S.C. 5072, 5073)

Name of Authorized Official <u>Paith Kaplan</u>	Title <u>Chairperson</u>
Signature <u>Paith Kaplan</u>	Date <u>3/3/2011</u>

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, or 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.

Valdese Housing Authority

NC 55

PHA Name

PHA Number/HIA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompanying cover sheet, is true and correct. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (42 U.S.C. 1901, 1902, 1912; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Faith Kaplan

Title

Chairperson

Signature

Faith Kaplan

Date

3/3/2011

form HUD-50077-CR (1/2009)
 OMB Approval No. 2577-0226

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Valcuse Housing Authority NC 55

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 prohibition.

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 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

Kyle Warlick

Title

Executive Director

Signature

X 

Date

3/3/2011

Form HUD-30070 (2/98)
ref. Handbook 7417.1, 7475.13, 7488.1 & 3

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Valdese Housing Authority NC 55

Program/Activity Receiving Federal Grant Funding

Capital Funding 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 this 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 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

Kyle Warlick

Title

Executive Director

Signature



Date (mm/dd/yyyy)

3/3/2011

Previous edition is obsolete.

Form HUD-50071 (5/08)
ref. Handbooks 7417.1, 7475.10, 7105.1, & 7480.3

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
6348-0046

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input 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 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: Valdese Housing Authority 1402 Lydia Avenue Valdese, NC 28690 Congressional District, if known: 10th	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 Dep. of HUD	7. Federal Program Name/Description: Capital Funding Program CFDA Number, if applicable: 14.581	
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. Information required through this form is published under 31 U.S.C. section 1352. This disclosure of lobbying activities is a material requirement of the contract. Information published under this section is for public use and is not to be disseminated to the media. This information will be used for public inspection. Any person who falsifies or attempts to falsify information or who knowingly provides false information may be subject to criminal sanctions under applicable laws, including but not limited to 18 U.S.C. 1001.	Signature: <u><i>Kyle Warlick</i></u> Print Name: <u>Kyle Warlick</u> Title: <u>Executive Director</u> Telephone No.: <u>828-874-0098</u> Date: <u>5/26/11</u>	
Federal Use Only:	Authorized for Local Reproduction Standard Form 298 (Rev. 7-97)	

SF-LLL-A

NA

VALDESE HOUSING AUTHORITY

*Kyle Warlick
Post Office Box 310, 1402 Lydia Avenue
Valdese, North Carolina 28656*

Minutes of Public Meeting

The Notice of Public Hearing/Meeting was advertised in the Media General North Carolina Community Newspapers on 1/16/11 thru 1/22/11.

All plans and policies have been made available for review at the Office of the Valdese Housing Authority.

The public meeting was held on March 8, 2011 at 1:00 pm to discuss the Annual Plan. Kyle Warlick the Executive Director opened the meeting with an overview of the Components of the Plan for the Capital Fund 2011.

The meeting gave residents and the public a chance to voice any concerns and to make any suggestions involving the renovations as planned for the next five years.

There were no challenged elements of the 2011 CFP Plan.

VALDESE HOUSING AUTHORITY

*Kyle Worlock
Post Office Box, 310, 1402 Lybia Avenue
Valdese, North Carolina 28603*

Challenged Elements 2011 Plan

There were no challenged elements of the 2011 Plan by residents or members of the Public.



North Carolina
Department of Commerce
Community Investment and Assistance

Beverly Faves Pendue Governor
J. Keith Crisco, Secretary

Henry C. McKoy, Assistant Secretary
Vickie Miller, Director


March 29, 2011

Valdese Housing Authority
Attn: Kyle Warlick
P.O. Box 310
Valdese, NC 28690

Subject: Certificate of Consistency HUD 50077 Form

On February 21, 2011 your agency requested the Community Investment and Assistance to approve activities for your agency in consistent with the State of North Carolina's 2011-2015 Consolidated Plan. Attached is the signed form. If you have any questions, please feel free to contact me at 919-571-4900 ext. 280

Sincerely,


Marcell Vargas, Community Development Specialist

CC: File

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

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

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Vickie Miller the Director of Community Investment certify that the Five Year and
Annual PHA Plan of the Waldose Housing Authority is consistent with the Consolidated Plan of
 State of North Carolina prepared pursuant to 24 CFR Part 91.

 Vickie Miller 3/25/11

Signed: Dated by Appropriate State or Local Official

form HUD-50077-SL (1/2005)
OMB Approval No. 2577-0225

Part I: Summary						
PHA Name: Valdese Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P05550111 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: <u>2011</u> 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	1,000.00				
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)	1,000.00				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	47,000.00				
8	1440 Site Acquisition					
9	1450 Site Improvements	50,000.00				
10	1460 Dwelling Structures	84,014.00				
11	1465.1 Dwelling Equipment—Nonexpendable	2,000.00				
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	2,000.00				
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)	187,014.00				
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					

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


⁴ RHF Funds shall be included here

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

A 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: Valdese Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P05550111 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 Disaster Emergencies <input type="checkbox"/> Revised Annual Statement (revising 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
Signature of Executive Director 		Date 4/3/11		Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Valdese Housing Authority			Grant Type and Number Capital Fund Program Grant No: NC19P05550111 CFFP (Yes/No): Replacement Housing Factor Grant No:			Federal FFY 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	
NC055000001	Operations	1406		1,000.00				
HA Wide	Administration	1410		1,000.00				
	Fees & Costs	1430						
	A/E	1430.1		20,000.00				
	Assist with CFP Budgets & Plan			2,000.00				
	Physical Needs Assessment			10,000.00				
	Lead Based Paint Testing			15,000.00				
	Total 1430			47,000.00				
	Site Improvements	1450						
HA Wide	Tree Trimming/Erosion Control			25,000.00				
	Site work to include; railing repairs, @ Rora Apts, Erosion and drainage @ CC Long and Lydia and landscaping.							
	Total 1450			25,000.00				
	Dwelling Structures	1460						Will use Reserves With CFP To complete
	Begin correcting ceilings with Peeling paint and sagging sheetrock		10 units	59,014.00				
	Begin Replace ceiling heat in 48 units		10 units	50,000.00				
	Total 1460			109,014.00				
	Dwelling Equipment	1465.1						
HA-Wide	Waterheaters, Ranges & Refrigerators			2,000.00				
	Total 1465.1			2,000.00				
	Non-Dwelling Equipment	1475						
HA-Wide	Maint/Office Equipment			2,000.00				
	Total 1475			2,000.00				

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

Part I: Summary						
PHA Name: Valdese Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC 55-50108 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: <u>2008</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: 2) <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					
2	1406 Operations (may not exceed 20% of line 21) ³	1,000.00	0	0	0	
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)	1,000.00	0	0	0	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	13,214.00	13,214.00	13,214.00	13,214.00	
8	1440 Site Acquisition					
9	1450 Site Improvement	12,000.00	12,000.00	12,000.00	12,000.00	
10	1460 Dwelling Structures	162,933.00	164,555.51	164,555.51	164,555.51	
11	1465.1 Dwelling Equipment—Nonexpendable	1,500.00	2,377.49	2,377.49	2,377.49	
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	500.00	0	0	0	
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)	192,147.00	192,147.00	192,147.00	192,147.00	
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					

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Part II: Supporting Pages								
PHA Name: Valdese Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC 55-50108 CFFP (Yes/No): Replacement Housing Factor Grant 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	Operations	1406		1,000.00	0	0	0	Complete
HA-Wide	Administration	1410		1,000.00	0	0	0	Complete
	Fees & Costs	1430						
	Assistance with budgets for plan			714.00	714.00	714.00	714.00	Complete
	A/E			12,500.00	12,500.00	12,500.00	12,500.00	Complete
	Total 1430			13,214.00	13,214.00	13,214.00	13,214.00	
HA-Wide	Site Improvements	1450						
	Misc. tree trimming, erosion control			1,000.00	1,000.00	1,000.00	1,000.00	Complete
	Concrete & paving repairs			11,000.00	11,000.00	11,000.00	11,000.00	Central Builders
	Total 1450			12,000.00	12,000.00	12,000.00	12,000.00	
	Dwelling Structures	1460						
NC 55-1	Remove interior doors & provide new Rora 32 units blding type A,B,C & E			8,000.00	8,000.00	8,000.00	8,000.00	Complete Central
NC 55-2	Remove interior doors & provide new CC Long 21 units blding type A&B			72,000.00	63,705.71	63,705.71	63,705.71	Complete Central
HA-Wide	Replace Alum. Siding on buildings			0	0	0	0	Completed
NC 55-1	Begin Floor Tile Replacement							With 07 & 09 St
	Site 2 Type A, B, C & E Buildings		32 units	82,933.00	92,849.80	92,849.80	92,849.80	Moved from
	Total 1460			162,933.00	164,555.51	164,555.51	164,555.51	2009 CFP And will Combine
HA-Wide	Dwelling Equipment	1465.1						
	Ranges & Refrigerators			1,500.00	2,377.49	2,377.49	2,377.49	
	Total 1465.1			1,500.00	2,377.49	2,377.49	2,377.49	Complete
HA-Wide	Non-Dwelling Equipment	1475						
	Maintenance/Office Equipment			500.00	0			
	Total 1475			500.00	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

Part I: Summary						
PHA Name: Valdese Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P05550109 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: 2) 3/30/11 <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/10 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	1,000.00	1,000.00			
3	1408 Management Improvements	10,000.00	10,000.00	10,000.00		
4	1410 Administration (may not exceed 10% of line 21)	0	0			
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	23,000.00	25,730.00	25,730.00	22,576.00	
8	1440 Site Acquisition					
9	1450 Site Improvements	5,000.00	5,000.00	0		
10	1460 Dwelling Structures	138,821.00	138,821.00	131,160.71	115,312.20	
11	1465.1 Dwelling Equipment—Nonexpendable	2,000.00	2,000.00	00		
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	10,000.00	7,270.00	7,270	2,876.14	
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)	189,821.00	189,821.00	174,160.71	140,764.34	
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					

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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

A. 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: Summary					
PHA Name: Vallejo Housing Authority		Grant Type and Number Capital Fund Program Grant No. DC 20-50009 Replacement Housing Factor Grant No. Date of CFPI:		FFY of Grant: <u>2002</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: <u>2</u>) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <u>12/31/10</u> <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		Date		Signature of Public Housing Director	
		<u>3/3/11</u>			

Part II: Supporting Pages								
PHA Name: Valdese Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC 55-50109 Replacement Housing Factor Grant No:			CFFP (Yes/No):		Federal FFY 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	
NC055000001	Operations	1406		1,000.00	1,000.00			
HA Wide	Management Improv. Software			10,000.00	10,000.00	10,000.00		Obligated
	Administration	1410		0	0			
	Fees & Costs	1430						
	A/E	1430.1		20,000.00	20,000.00	20,000.00	16,846.00	Obligated
	Assist with CFP Budgets & Plan update			2,000.00	1,830.00	1,830.00	1,830.00	Completed
	Energy Audit				3,900.00	3,900.00	3,900.00	Completed
	Total 1430			23,000.00	25,730.00	25,730.00	22,576.00	
	Site Improvements	1450						
HA-Wide	Tree Trimming/Erosion Control			5,000.00	5,000.00			
Rora	Sidewalk Replace/Repair			0	0			
CC Long	Sidewalk Replace/Repair			0	0			
	Total 1450			5,000.00	5,000.00			
	Dwelling Structures	1460						
NC 55-1	Begin floor tile replacement							
	Site 2 Type A,B,C & E Buildings		0	0	0			
	Continue Type D, E, F & H Bldg.		44 units	138,821.00	138,821.00	131,160.71	115,312.20	Complete
	Total 1460			138,821.00	138,821.00	131,160.71	115,312.20	Ceiling & Floor
	Dwelling Equipment	1465.1						
HA-Wide	Waterheaters, Ranges & Refrigerators			2,000.00	0	0		Move to
	Total 1465.1			2,000.00	0	0		operations
HA-Wide	Non-Dwelling Equipment	1475						
	Computer Upgrades			10,000.00	7,270.00	7,270.00	2,876.14	Complete
	Total 1475			10,000.00	7,270.00	7,270.00	2,876.14	

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² To be completed for the Performance and Evaluation Report

Part I: Summary						
PHA Name: Valdese Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19SO5550109 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: 1) <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					
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)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	24,750.00	24,750.00	24,750.00	24,750.00	
8	1440 Site Acquisition					
9	1450 Site Improvement	100,000.00	60,000.00	60,000.00	60,000.00	
10	1460 Dwelling Structures	118,470.00	158,470.00	158,470.00	158,470.00	
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					
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)	243,220.00	243,220.00	243,220.00	243,220.00	
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					

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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					
PIA Name: Valdosta Housing Authority		Grant Type and Number: Capital Fund Program Grant No: NC18805550109 Replacement Housing Factor Grant No: Date of CFIP: _____		FFY of Grants: 2009 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: 12/31/09 <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 		Date 1/20/2010		Signature of Public Housing Director <i>EGR</i> 01/25/10 Date	
					

Part II: Supporting Pages								
PHA Name: Valdese Housing Authority			Grant Type and Number Capital Fund Program Grant No: NC19SO5550109 CFFP (Yes/No): Replacement Housing Factor Grant No:			Federal FFY 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	
NC055000001	Fees & Cost	1430						
	A/E Design & CA	1430.1		24,750.00	24,750.00	24,750.00	24,750.00	Complete
	Total 1430			24,750.00	24,750.00	24,750.00	24,750.00	
	Site Improvements	1450						
Lydia	Continue Sidewalk repair and Replacement of trip hazards			100,000.00	60,000.00	60,000.00	60,000.00	Complete
	Work started with CFP 2007 funds							
	Total 1450			100,000.00	60,000.00	60,000.00	60,000.00	
	Dwelling Structures	1460						
Lydia	Continue replacement of siding on Buildings as funds will allow			118,470.00	51,200.00	51,200.00	51,200.00	Complete
	Total of 16 buildings							Work continues
	Interior door replacement moved from 2008 CFP – complete with 2008				107,270.00	107,270.00	107,270.00	Into CFP 2008
	Total 1460			118,470.00	158,470.00	158,470.00	158,470.00	

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

Part I: Summary						
PHA Name: Valdese Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P05550110 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: <u>2010</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: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/10 <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	1,000.00	1,000.00			
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)	1,000.00	1,000.00			
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	22,000.00	38,000.00	36,000.00	203.00	
8	1440 Site Acquisition					
9	1450 Site Improvements	5,000.00	74,193.00			
10	1460 Dwelling Structures	93,193.00	8,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	2,000.00	2,000.00			
12	1470 Non-dwelling Structures	39,821.00	39,821.00			
13	1475 Non-dwelling Equipment	23,000.00	23,000.00			
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)	187,014.00	187,014.00	36,000.00	203.00	
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					

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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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					
PIHA Name: Vallejo Housing Authority		Grant Type and Number: Capital Fund Program Grant No: NC 55-50110 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: <u>2010</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: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <u>12/31/10</u> <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 		Date <u>3/3/11</u>		Signature of Public Housing Director	
				Date	

Part II: Supporting Pages								
PHA Name: Valdese Housing Authority			Grant Type and Number Capital Fund Program Grant No: NC19P05550110 CFFP (Yes/No): Replacement Housing Factor Grant No:			Federal FFY 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 ¹	Funds Obligated ²	Funds Expended ²	
NC055000001	Operations	1406		1,000.00	1,000.00			
HA Wide	Administration	1410		1,000.00	1,000.00			
	Fees & Costs	1430						
	A/E	1430.1		20,000.00	36,000.00	36,000.00	203.00	Obligated
	Assist with CFP Budgets & Plan			2,000.00	2,000.00			
	Total 1430			22,000.00	38,00.00	36,000.00	203.00	
	Site Improvements	1450						
	Tree Trimming/Erosion Control and			5,000.00	74,193.00			Use Reserves
	Site work to include railing repairs							With CFP to
	Erosion and drainage and landscaping							complete
HA-Wide	Total 1450			5,000.00	74,193.00			
	Dwelling Structures	1460						
	Continue Floor Tile Replacement							
NC 55-1	Type G Bldg Site 1		2 units	93,193.00	8,000.00			Flooring finished
	Total 1460			93,193.00	8,000.00			With 2009
	Dwelling Equipment	1465.1						
HA-Wide	Waterheaters, Ranges & Refrigerators		4	2,000.00	2,000.00			
	Total 1465.1			2,000.00	2,000.00			
HA-Wide	Non-Dwelling Structures	1470						
	Correct settlement problems at Adm Bld			39,821.00	39,821.00			
	Total 1470			39,821.00	39,821.00			
HA-Wide	Non-Dwelling Equipment	1475						
	Maint/Office Equipment			1,000.00	1,000.00			
	Maintenance Vehicle		1	22,000.00	22,000.00			
	Total 1475			23,000.00	23,000.00			

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² To be completed for the Performance and Evaluation Report

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/Number Valdese Housing Authority		Locality (City/County & State) Valdese/Burke/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
	NC055000001		187,014.00	187,014.00	187,014.00	187,014.00
B	Physical Improvements Subtotal	Annual Statement	162,014.00	161,014.00	135,014.00	133,014.00
C.	Management Improvements					10,000
D.	PHA-Wide Non-dwelling Structures and Equipment		1,000	2,000	28,000	20,000
E	ADMINISTRATION		1,000	1,000	1,000	1,000
F.	Other		22,000	22,000	22,000	22,000
G.	Operations		1,000	1,000	1,000	1,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		187,014.00	187,014.00	187,014.00	187,014.00
L.	Total Non-CFP Funds		0	0	0	0.00
M.	Grand Total		187,014.00	187,014.00	187,014.00	187,014.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2011	Work Statement for Year: 2 FFY 2012			Work Statement for Year: 3 FFY 2013		
	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		22,000	A&E		22,000
	Site Improvements			Site Improvements		
	Tree trimming/erosion		5,000	Tree trimming/erosion		5,000
	Dwelling Structures			Dwelling Structures		
	Work on Electrical			Work on Electrical		
	Updates and	60 units		Updates and change	61 units	
	Change out light fixtures		155,014.00	Out light fixtures		155,014.00
	Total 1460		155,014.00	Total 1460		155,014.00
	HA-Wide			HA-Wide		
	Dwelling Equipment		2,000.00	HA-Wide		
				Dwelling Equipment		2,000
	Non-Dwelling Equip			Non-Dwelling Equip		
	Maint/Office Equip		1,000			
				Non-Dwelling Equip		
			1,000	Maint/Office Equip		1,000
	Subtotal of Estimated Cost		\$185,014.00	Subtotal of Estimated Cost		\$185,014.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year: 4 FFY 2014			Work Statement for Year: 5 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		22,000	A&E		22,000
	Site Improvements			Site Improvements		
	Tree trimming/erosion		5,000	Tree trimming/erosion		5,000.00
	Total 1450		5,000.00	Total 1450		5,000.00
	Dwelling Structures			Dwelling Structures		
	Replace Kitchen Cabinets, sinks, Backsplash, etc	21 units	125,014.00	Begin Reroofing Of units	30 units	125,014.00
	Total 1460		125,014.00	Total 1460		125,014.00
	Dwelling Equipment		3,000.00	HA-Wide Dwelling Equipment		3,000
	Non-Dwelling Equip			Non-Dwelling Equip		
	Maint/Office Equip		5,000	Maint/Office Equip		10,000.00
	Mainten. Vehicle		23,000	Computer Hardware		10,000.00
	Total 1475		28,000	Total 1475		20,000.00
	Subtotal of Estimated Cost		\$185,014.00	Subtotal of Estimated Cost		\$175,014.00

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2010	Work Statement for Year: 2 FFY 2011		Work Statement for Year: 3 FFY 2012	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE			VI.	
ANNUAL				
Statement				
	Operations	1,000	Operations	1,000
	Administration	1,000	Administration	1,000
	Sundry		Sundry	
	Subtotal of Estimated Cost	\$ 2000	Subtotal of Estimated Cost	\$ 2,000

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2010	Work Statement for Year: 4 FFY 2013		Work Statement for Year: 5 FFY 2014	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE			VIII.	
ANNUAL Statement				
	Operations	1,000	Operations	1,000
			Management Improvements – Computer Software	10,000
	Administration	1,000	Administration	1,000
	Sundry		Sundry	
	Subtotal of Estimated Cost	\$ 2000	Subtotal of Estimated Cost	\$ 12,000