

**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, Robert L. Evans the Town Mayor certify that the Five Year and
Annual PHA Plan of the Farmville NC Housing Authority is consistent with the Consolidated Plan of
North Carolina prepared pursuant to 24 CFR Part 91.

Robert L. Evans - Mayor 5-10-11

Signed / Dated by Appropriate State or Local Official

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Farmville NC 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 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 Federalagency 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, 3802)

Name of Authorized Official

Wendy Ellis

Title

Executive Director

Signature

X *Wendy Ellis*

Date

5-26-11

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Farmville NC 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 Wendy Ellis	Title Executive Director
Signature 	Date (mm/dd/yyyy) 05/26/11

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

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

1. Type of Federal Action: <input 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 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 type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: 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. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Wendy Ellis</u> Print Name: <u>Wendy Ellis</u> Title: <u>Executive Director</u> Telephone No.: <u>252-753-5347</u> Date: <u>5-26-11</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

**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 10/01/2011, 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 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 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 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH 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(c)(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 135.
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.

Farmville NC Housing Authority

NC076

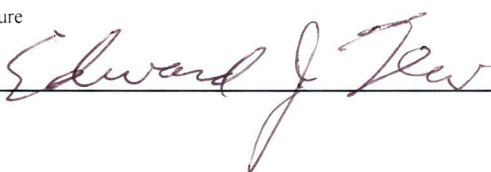
PHA Name

PHA Number/HA Code

 5-Year PHA Plan for Fiscal Years 20 - 20

 X Annual PHA Plan for Fiscal Years 20 11 - 20 12

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 Edward J. Tew	Title Board Chairman
Signature 	Date 5-5-11

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 Commissioner, 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.

Farmville NC Housing Authority

NC076

PHA Name

PHA Number/HA Code

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)

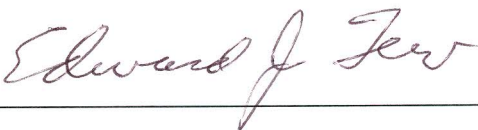
Name of Authorized Official

Edward J. Tew

Title

Board Chairman

Signature



Date

5-5-11

Part I: Summary		
PHA Name: Farmville NC Housing Authority	Grant Type and Number Capital Fund Program Grant No: NC19P07650108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval:

Type of Grant
 Original Annual Statement **Reserve for Disasters/Emergencies** **Revised Annual Statement (revision no:)**
 Performance and Evaluation Report for Period Ending: **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	45,000	58,863.41	58,863.41	58,83.41
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	5,000	5,000.00	5,000.00	5,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	21,500	21,500.00	21,500.00	20,770.39
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000	20,000.00	20,000.00	12,026.15
10	1460 Dwelling Structures	164,183	163,366.70	163,366.70	163,366.70
11	1465.1 Dwelling Equipment—Nonexpendable	20,000	6952.89	6,952.89	6,952.89
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				

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 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

Part I: Summary					
PHA Name: Farmville Nc Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P07650108 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2008 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
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)	275,683	275,683	275,683.00	266,979.54
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
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				
Signature of Executive Director			Signature of Public Housing Director		Date
 Date 05/26/2011					

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 RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Farmville Nc Housing Authority			Grant Type and Number Capital Fund Program Grant No: NC19P07650108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-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	
PHA Wide	OPERATIONS	1406		45,000	58863.41			
PHA Wide	ADMINISTRATIVE	1410		5,000	5000.00			
PHA Wide	FEES AND COSTS Architect's fees to prepare bid and Contract documents, drawing specifications and assist PHA at bid opening, awarding the contract and supervisoion of construction. Fee to be negotiated.	1430		21,500	21,500			
PHA Wide	SITE IMPROVEMENT work on erosion areas as well as mailbox replacements	1450		20,000	20,000			
PHA Wide	DWELLING STUCTURES continue hvac installations	1460		164,183	163,366.70			
PHA Wide	DWELLING EQUIPMENT-NON EXPENDABLE Purchase of stoves and refrigerators			20,000	6952.89			
	TOTAL			275,683	275,683			

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 06/30/2011

Part I: Summary						
Farmville NC Housing Authority NC19P076501-08		Farmville, Pitt County, North Carolina			X- Original 5-Year Plan	Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2008	Work Statement for Year 2 FFY 2009	Work Statement for Year 3 FFY 2010	Work Statement for Year 4 FFY2011	Work Statement for Year 5 FFY 2012
B.	Physical Improvements Subtotal	Annual Statement	163,366.70	163,366.70	163,366.70	163,366.70
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		6,952.89	6,952.89	6,952.89	6,952.89
E.	Administration		5,000	5,000	5,000	5,000
F.	Other		41,500	41,500	41,500	41,500
G.	Operations		58,863.41	58,863.41	58,863.41	58,863.41
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		275,683	275,683	275,683	275,683
L.	Total Non-CFP Funds					
M.	Grand Total		275,683	275,683	275,683	275,683

Capital Fund Program—Five-Year Action Plan

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 (Continuation)						
Farmville NC Housing Authority NC19P076501-08		Farmville, Pitt County, North Carolina				
Development Number and Name	Work Statement for	Work Statement for Year 2 FFY 2009	Work Statement for Year 3 FFY 2010	Work Statement for Year 4 FFY 2011	Work Statement for Year 5 FFY 2012	
	Year 1 FFY 2008					
	Annual Statement					
NC076 /PHA Wide		163,366.70	163,366.70	163,366.70	163,366.70	
Dwelling structures						
NC076/PHA Wide						
Site improvement		20,000	20,000	20,000	20,000	
Equipment/Appliances		6,952.89	6,952.89	6,952.89	6,952.89	
PHA Wide –						
Fees and costs		21,500	21,500	21,500	21,500	
Operations		58,863.41	58,863.41	58,863.41	58,863.41	
Administration		5,000	5,000	5,000	5,000	
Total CFP Funds		275,683	275,683	275,683	275,683	

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2008	Work Statement for Year <u>2009</u> FFY 09/2009			Work Statement for <u>Year:</u> FFY 09/2010		
	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	NC076-PHA Wide			NC076-PHA Wide		
	HVAC Installations		163,366.70	HVAC Installations		163,366.70
	Landscape, Erosion, etc.		20,000	Landscape, Erosion, etc.		20,000
	A&E Fees and Costs		21,500	A&E Fees and Costs		21,500
	Operations		58,863.41	Operations		58,863.41
	Administration		5,000	Administration		5,000
	Equipment/Appliances		6,952.89	Equipment/Appliances		6,952.89
						\$275,683
	Subtotal of Estimated Cost		\$ 275,683	Subtotal of Estimated Cost		

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2008	Work Statement for Year			Work Statement for Year:		
	FFY 09/2011			FFY09/2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual Statement	NC076-PHA Wide			NC076-PHA Wide		
	HVAC Installations		180,721	HVAC Installations		180,721
	Landscape, Erosion, etc.		20,000	Landscape, Erosion, etc.		20,000
	A&E Fees and Costs		21,500	A&E Fees and Costs		21,500
	Operations		45,000	Operations		45,000
	Administration		5,000	Administration		5,000
	Equipment/Appliances		20,000	Equipment/Appliances		20,000
						\$ 275,683
	Subtotal of Estimated Cost		\$275,683	Subtotal of Estimated Cost		\$

Part I: Summary		
PHA Name: Farmville NC Housing Authority	Grant Type and Number Capital Fund Program Grant No: NC19P07650109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 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		
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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	45,000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	5,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	21,500			
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000			
10	1460 Dwelling Structures	163,296			
11	1465.1 Dwelling Equipment—Nonexpendable	20,000			
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				

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 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

Part I: Summary					
PHA Name: Farmville NC Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P07650109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2009 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
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)	274,796			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
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				
Signature of Executive Director			Signature of Public Housing Director		Date
 Wendy E. Ector Date 05/26/2011					

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 RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Farmville NC Housing Authority			Grant Type and Number Capital Fund Program Grant No: NC19P07650109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-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	
PHA Wide	OPERATIONS	1406		45,000				
PHA Wide	ADMINISTRATION	1410		5,000				
PHA Wide	FEES AND COSTS	1430		21,500				
	Architect's fees to prepare bid and contract documents, drawings specifications and assist the PHA at bid opening, awarding the contract, and supervision of construction work. Fee to be negotiated.							
PHA Wide	SITE IMPROVEMENT continue work on eroision areas	1450		20,000				
PHA Wide	DWELLING STRUCTURES continue HVAC installations	1460		163,296				
PHA Wide	DWELLING EQUIPMENT-NON EXPENDABLE Purchase of stoves and refrigerators	1465.1		20,000				
	TOTAL			274,796				

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.

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:		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant:			
Development Number Name/PHA-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	

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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 06/30/2011

Part I: Summary						
Farmville NC Housing Authority NC19P076501-09		Farmville, Pitt County, North Carolina			X- Original 5-Year Plan	Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY2012	Work Statement for Year 5 FFY 2013
B.	Physical Improvements Subtotal	Annual Statement	163,296	163,296	163,296	163,296
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		20,000	20,000	20,000	20,000
E.	Administration		5,000	5,000	5,000	5,000
F.	Other		41,500	41,500	41,500	41,500
G.	Operations		45,000	45,000	45,000	45,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		274,796	274,796	274,796	274,796
L.	Total Non-CFP Funds					
M.	Grand Total		274,796	274,796	274,796	274,796

Part I: Summary (Continuation)						
Farmville NC Housing Authority NC19P076501-09		Farmville, Pitt County, North Carolina				
Development Number and Name	Work Statement for	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013	
	Year 1 FFY 2009					
	Annual Statement					
NC076 /PHA Wide		163, 296	163, 296	163, 296	163, 296	
Dwelling structures						
NC076/PHA Wide						
Site improvement		20,000	20,000	20,000	20,000	
Equipment/Appliances		20,000	20,000	20,000	20,000	
PHA Wide –						
Fees and costs		21,500	21,500	21,500	21,500	
Operations		45,000	45,000	45,000	45,000	
Administration		5,000	5,000	5,000	5,000	
Total CFP Funds		274,796	274,796	274,796	274,796	

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2009	Work Statement for Year <u>2010</u> FFY 09/2010			Work Statement for <u>Year:</u> FFY 09/2011		
	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	NC076-PHA Wide			NC076-PHA Wide		
	HVAC Installations		163,296	HVAC Installations		163,296
	Landscape, Erosion, etc.		20,000	Landscape, Erosion, etc.		20,000
	A&E Fees and Costs		21,500	A&E Fees and Costs		21,500
	Operations		45,000	Operations		45,000
	Administration		5,000	Administration		5,000
	Equipment/Appliances		20,000	Equipment/Appliances		20,000
						\$274,796
	Subtotal of Estimated Cost		\$ 274,796	Subtotal of Estimated Cost		

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2009	Work Statement for Year			Work Statement for Year:		
	FFY 09/2012			FFY09/2013		
	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	NC076-PHA Wide			NC076-PHA Wide		
	HVAC Installations		163,296	HVAC Installations		163,296
	Landscape, Erosion, etc.		20,000	Landscape, Erosion, etc.		20,000
	A&E Fees and Costs		21,500	A&E Fees and Costs		21,500
	Operations		45,000	Operations		45,000
	Administration		5,000	Administration		5,000
	Equipment/Appliances		20,000	Equipment/Appliances		20,000
						\$ 274,796
	Subtotal of Estimated Cost		\$274,796	Subtotal of Estimated Cost		\$

Part I: Summary		
PHA Name: Farmville NC Housing Authority	Grant Type and Number Capital Fund Program Grant No: NC19P07650110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval:


Type of Grant
 Original Annual Statement **Reserve for Disasters/Emergencies** **Revised Annual Statement (revision no:)**
 Performance and Evaluation Report for Period Ending: **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	45,000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	5,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	21,500			
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000			
10	1460 Dwelling Structures	180,721			
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				

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 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

Part I: Summary					
PHA Name: Farmville NC Housing Authority		Grant Type and Number Capital Fund Program Grant No:NC19P07650110 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2010 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
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)	272,221			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
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				
Signature of Executive Director			Signature of Public Housing Director		Date
 Date 05/26/2011					

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 RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Farmville NC Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P07650110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010			
Development Number Name/PHA-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	
PHA Wide	OPERATIONS	1406	n/a	45,000				
PHA Wide	ADMINISTRATION	1410	n/a	5,000				
PHA Wide	FEES AND COSTS	1430	n/a	21,500				
	Architect's fees to prepare bid and contract documents, drawings specifications and assist the PHA at bid opening, awarding the contract, and supervision of construction work. Fee to be negotiated.		n/a					
PHA Wide	SITE IMPROVEMENT continue work on eroision areas	1450	n/a	20,000				
PHA Wide	DWELLING STRUCTURES continue HVAC installations	1460	35	180,721				
	TOTAL		35	272,221				

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.

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:			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant:		
Development Number Name/PHA-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	

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.

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: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Farmville NC Housing Authority					Federal FFY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NC076-PHA Wide	07/15/2012		07/14/2014		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 06/30/2011

Part I: Summary						
Farmville NC Housing Authority NC19P076501-10		Farmville, Pitt County, North Carolina			X- Original 5-Year Plan	Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	180,721	180,721	180,721	180,721
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		5,000	5,000	5,000	5,000
F.	Other		41,500	41,500	41,500	41,500
G.	Operations		45,000	45,000	45,000	45,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		272,221	272,221	272,221	272,221
L.	Total Non-CFP Funds					
M.	Grand Total		272,221	272,221	272,221	272,221

Capital Fund Program—Five-Year Action Plan

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 (Continuation)						
Farmville NC Housing Authority NC19P076501-10		Farmville, Pitt County, North Carolina				
Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014	Annual Statement
NC076 /PHA Wide		180,721	180,721	180,721	180,721	
Dwelling structures						
NC076/PHA Wide						
Site improvement		20,000	20,000	20,000	20,000	
PHA Wide –						
Fees and costs		21,500	21,500	21,500	21,500	
Operations		45,000	45,000	45,000	45,000	
Administration		5,000	5,000	5,000	5,000	
Total CFP Funds		272,221	272,221	272,221	272,221	

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year <u>2011</u> FFY 09/2011			Work Statement for <u>Year:</u> FFY 09/2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual Statement	NC076-PHA Wide			NC076-PHA Wide		
	HVAC Installations		180,721	HVAC Installations		180,721
	Landscape, Cameras, etc.		20,000	Landscape, Cameras, etc.		20,000
	A&E Fees and Costs		21,500	A&E Fees and Costs		21,500
	Operations		45,000	Operations		45,000
	Administration		5,000	Administration		5,000
						\$272,221
	Subtotal of Estimated Cost		\$ 272,221	Subtotal of Estimated Cost		

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year			Work Statement for Year:		
	FFY 09/2013			FFY09/2014		
	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	NC076-PHA Wide			NC076-PHA Wide		
	HVAC Installations		180,721	HVAC Installations		180,721
	Landscape, Cameras, etc.		20,000	Landscape, Cameras, etc.		20,000
	A&E Fees and Costs		21,500	A&E Fees and Costs		21,500
	Operations		45,000	Operations		45,000
	Administration		5,000	Administration		5,000
						\$ 272,221
	Subtotal of Estimated Cost		\$272,221	Subtotal of Estimated Cost		\$

Part I: Summary		
PHA Name: Farmville NC Housing Authority	Grant Type and Number Capital Fund Program Grant No: NC19P07650111 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval:

Type of Grant
 Original Annual Statement **Reserve for Disasters/Emergencies** **Revised Annual Statement (revision no: _____)**
 Performance and Evaluation Report for Period Ending: **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	45,000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	5,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	21,500			
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000			
10	1460 Dwelling Structures	180,721			
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				

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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

Part I: Summary					
PHA Name: Farmville NC Housing Authority		Grant Type and Number Capital Fund Program Grant No:NC19P07650111 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 ²	Obligated	Expended
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)	272,221			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
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				
 Signature of Executive Director Date 05/26/2011			Signature of Public Housing Director Date		

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 RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Farmville NC Housing Authority			Grant Type and Number Capital Fund Program Grant No: NC19P07650111 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011		
Development Number Name/PHA-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	
PHA Wide	OPERATIONS	1406	n/a	45,000				
PHA Wide	ADMINISTRATION	1410	n/a	5,000				
PHA Wide	FEES AND COSTS	1430	n/a	21,500				
	Architect's fees to prepare bid and contract documents, drawings specifications and assist the PHA at bid opening, awarding the contract, and supervision of construction work. Fee to be negotiated.		n/a					
PHA Wide	SITE IMPROVEMENT continue work on eroision areas and or security cameras for property	1450	n/a	20,000				
PHA Wide	DWELLING STRUCTURES continue HVAC installations	1460	35	180,721				
	TOTAL		35	272,221				

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 06/30/2011

Part I: Summary						
Farmville NC Housing Authority NC19P076501-11		Farmville, Pitt County, North Carolina			X- Original 5-Year Plan	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 FFY2014	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	180,721	180,721	180,721	180,721
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		5,000	5,000	5,000	5,000
F.	Other		41,500	41,500	41,500	41,500
G.	Operations		45,000	45,000	45,000	45,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		272,221	272,221	272,221	272,221
L.	Total Non-CFP Funds					
M.	Grand Total		272,221	272,221	272,221	272,221

Capital Fund Program—Five-Year Action Plan

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 (Continuation)						
Farmville NC Housing Authority NC19P076501-11		Farmville, Pitt County, North Carolina				
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	
	Annual Statement					
NC076 /PHA Wide		180,721	180,721	180,721	180,721	
Dwelling structures						
NC076/PHA Wide						
Site improvement		20,000	20,000	20,000	20,000	
PHA Wide –						
Fees and costs		21,500	21,500	21,500	21,500	
Operations		45,000	45,000	45,000	45,000	
Administration		5,000	5,000	5,000	5,000	
Total CFP Funds		272,221	272,221	272,221	272,221	

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2011	Work Statement for Year <u>2012</u> FFY 09/2012			Work Statement for <u>Year:</u> FFY 09/2013		
	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	NC076-PHA Wide			NC076-PHA Wide		
	HVAC Installations		180,721	HVAC Installations		180,721
	Landscape, Cameras, etc.		20,000	Landscape, Cameras, etc.		20,000
	A&E Fees and Costs		21,500	A&E Fees and Costs		21,500
	Operations		45,000	Operations		45,000
	Administration		5,000	Administration		5,000
						\$272,221
	Subtotal of Estimated Cost		\$ 272,221	Subtotal of Estimated Cost		

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year			Work Statement for Year:		
	FFY 09/2014			FFY09/2015		
	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	NC076-PHA Wide			NC076-PHA Wide		
	HVAC Installations		180,721	HVAC Installations		180,721
	Landscape, Cameras, etc.		20,000	Landscape, Cameras, etc.		20,000
	A&E Fees and Costs		21,500	A&E Fees and Costs		21,500
	Operations		45,000	Operations		45,000
	Administration		5,000	Administration		5,000
						\$ 272,221
	Subtotal of Estimated Cost		\$272,221	Subtotal of Estimated Cost		\$

