

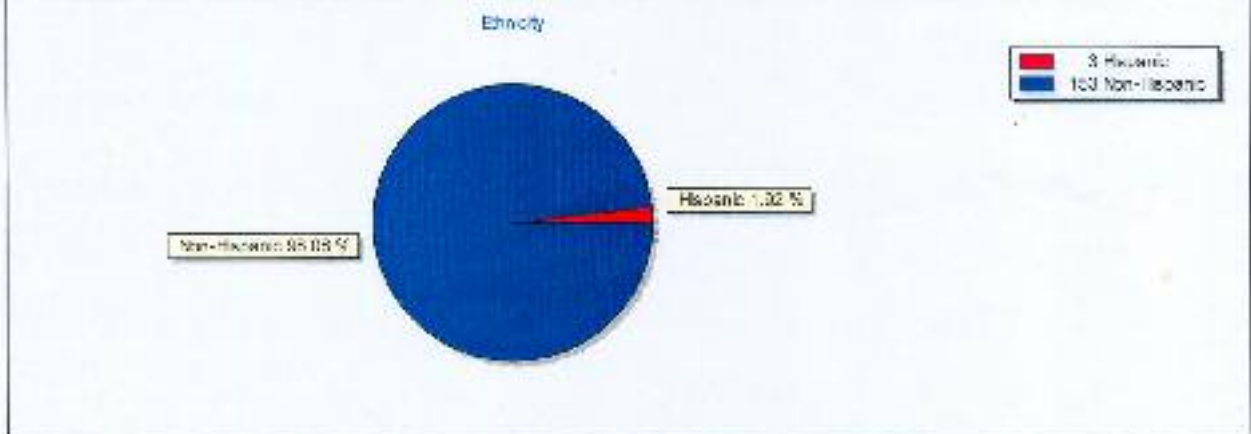
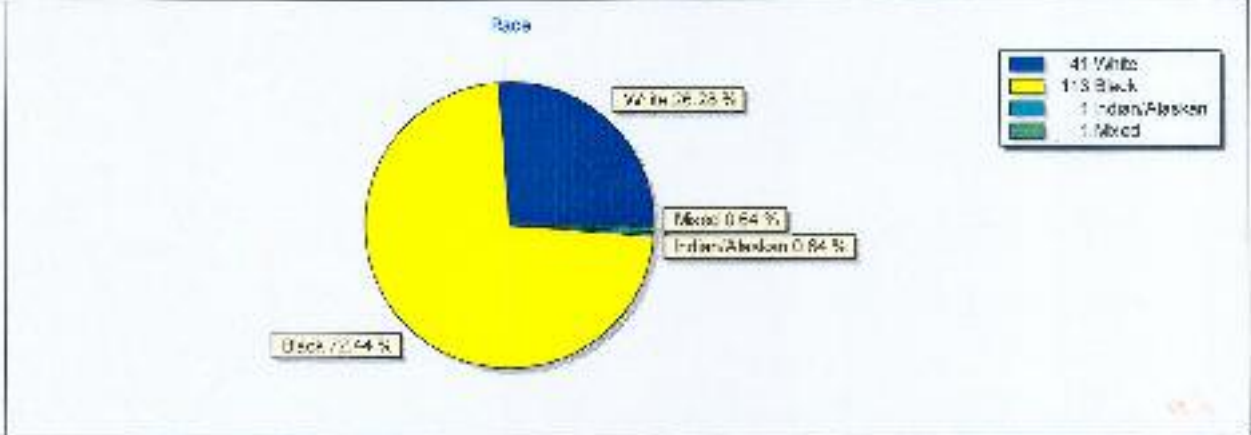
<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Graham Housing Authority</u> PHA Code: <u>NC059000001</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>1/2012</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>170</u> Number of HCV units: <u>1005</u>				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	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:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> 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: <b>The Graham Housing Authority Mission Statement is to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.</b>				
<b>5.2</b>	<b>Goals and Objectives.</b> 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. <b>Increase the availability of descent, safe and affordable housing. Increase customer satisfaction through annual staff training with concentrated effort on quality customer service. Use CFP funds for public housing modernization. Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments. Install video surveillance cameras for security improvements. Promote self-sufficiency and asset development of assisted households. Create partnership with Welfare to work agency to provide assistance with employability. Provide supportive services to increase independence for the elderly or families with disabilities. Ensure equal opportunity and affirmatively further fair housing. Reduce evictions and turnovers and maintain our housing units to provide the best possible living conditions for our residents.</b>  <b>The Graham Housing Authority is a High Performer with a score of 91. We continue modernization projects of our apartments.</b>				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <b>N/A</b> (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. <b>PHA Plan and all policies can be viewed at the office of the Graham Housing Authority, 109 East Hill Street, Graham, NC 27253</b>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable. <b>N/A</b>				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> 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. <b>See Attachments</b>				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> 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. <b>See Attachments</b>				
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <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. <b>N/A</b>				

9.0	<p><b>Housing Needs.</b> 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. <b>Demographics for the City of Graham based on census were 12,833 people, 14.1% was 65 years or over, about 11.9% of families and 14.9% of the population were below the poverty line, including 19.8% of those under 18 and 14.9% of those age 65 or over. The per capita income for the City \$17,865, Median household income for the City \$35,706. The racial composition of the City: 72.88% white, 21.63% black or African American, 10.14% Hispanic or Latino American, .073% Asian American, .044% native American, 3.19% some other race and 1.12% two or more races. Owner-occupied housing units 2,897 (55.8%) Renter –occupied housing units 2,344 (44.72). The Graham Housing Authority presently has 8 vacancies and 640 on the waiting list.</b></p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b> The Graham Housing Authority will recycle units in a timely manner and maintain open communications with local agencies that provide assistance to families in an effort to make our service available.</p>
10.0	<p><b>Additional Information.</b> 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. <b>We are currently meeting or exceeding our previous goals. Our current goals reflect a continuation of previous goals to continually improve the quality of living for our residents.</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification.” <b>Substantial deviation are defined as discretionary in the plans or policies of the HA that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners or as may be required by HUD. Significant amendments or modifications are defined as discretionary in the plans or policies of the HA that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners or as may be required by HUD.</b></p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> 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>

PAC

### Graham Housing Authority Demographic Data Report



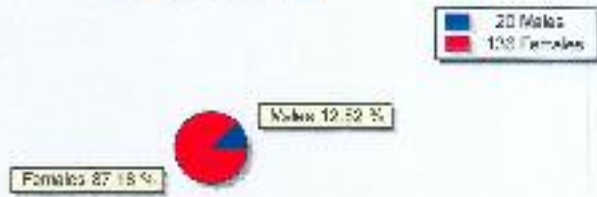
## Graham Housing Authority Demographic Data Report

Number of Family Members = 438  
 Number of Families = 158  
 Average number of members per Family = 2.82  
 Number of Male heads of household = 201 (12,92%)  
 Number of Female heads of household = 136 (87.18%)  
 Number of Couples = 11

NonSingle Families

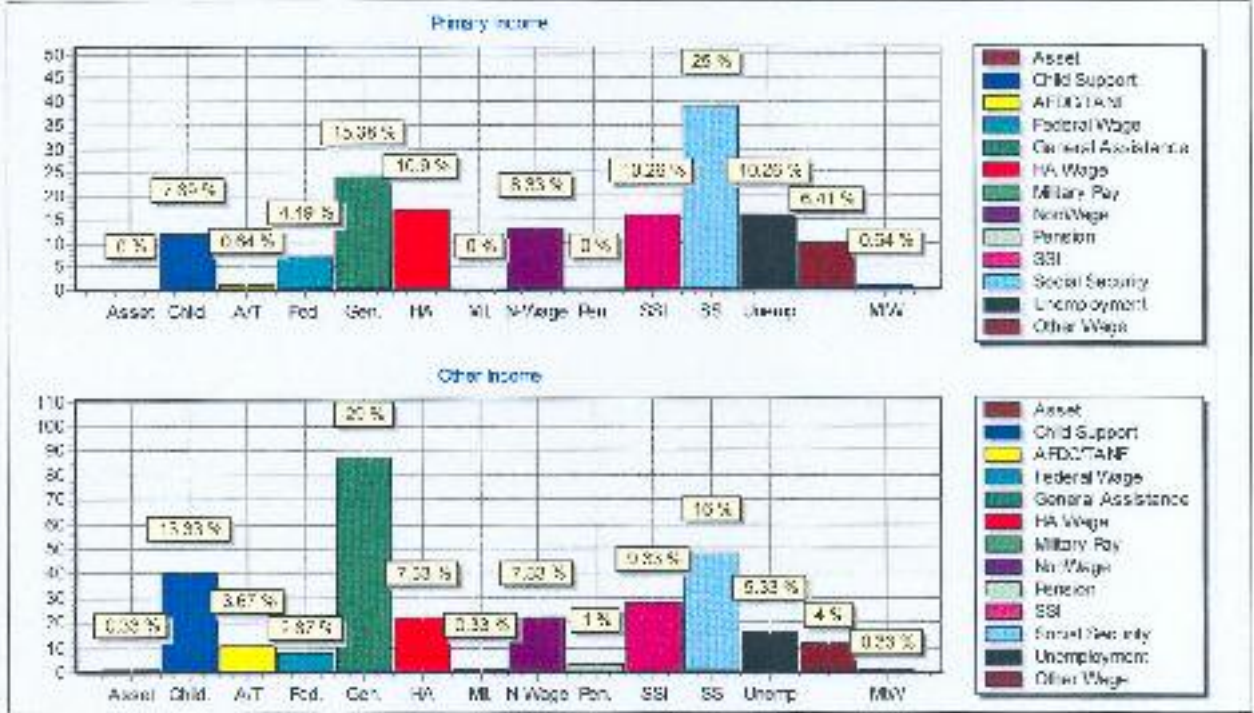


Head of Household Gender



- 01 0.00% Families with primary income from Alms
- 01 0.00% Families with primary income from Own Business
- 121 7.58% Families with primary income from Child Support
- 11 0.70% Families with primary income from AFDC/TANF
- 01 0.00% Families with primary income from Medical Reimbursement
- 71 4.47% Families with primary income from Federal Waiver
- 28115.38% Families with primary income from General Assistance
- 17175.80% Families with primary income from SSI
- 01 0.00% Families with primary income from Indian Trust
- 01 0.00% Families with primary income from Annual Impaired Welfare
- 01 0.00% Families with primary income from Nursing Pay
- 131 8.23% Families with primary income from Pension
- 01 0.00% Families with primary income from Divison
- 16110.13% Families with primary income from SSI
- 39125.00% Families with primary income from Social Security
- 16110.25% Families with primary income from Unemployment
- 101 6.33% Families with primary income from Other Misc
- 71 4.44% Families with primary income from NY Income
- 01 0.00% Families with primary income from Neighbor
- 11 0.70% Families with income from Kasea
- 01 0.00% Families with income from Own Business
- 40125.54% Families with income from Child Support
- 111 7.03% Families with income from AFDC/TANF
- 01 0.00% Families with income from Medical Reimbursement
- 01 0.00% Families with income from Federal Waiver
- 8155.70% Families with income from General Assistance
- 2214.10% Families with income from SA Waive
- 01 0.00% Families with income from Indian Trust
- 01 0.00% Families with income from Annual Impaired Welfare
- 11 0.70% Families with income from Nursing Pay
- 2214.10% Families with income from Pension
- 31 1.92% Families with income from Divison
- 28117.55% Families with income from SSI
- 38124.05% Families with income from Social Security
- 16110.20% Families with income from Unemployment
- 121 7.59% Families with income from Other Misc
- 11 0.70% Families with income from NY Income
- 01 0.00% Families with income from Neighbor
- 100 Families Listed

## Graham Housing Authority Demographic Data Report



## A - Low Rent Waiting List

Graham Housing Authority

Effective Date : 10/4/2011

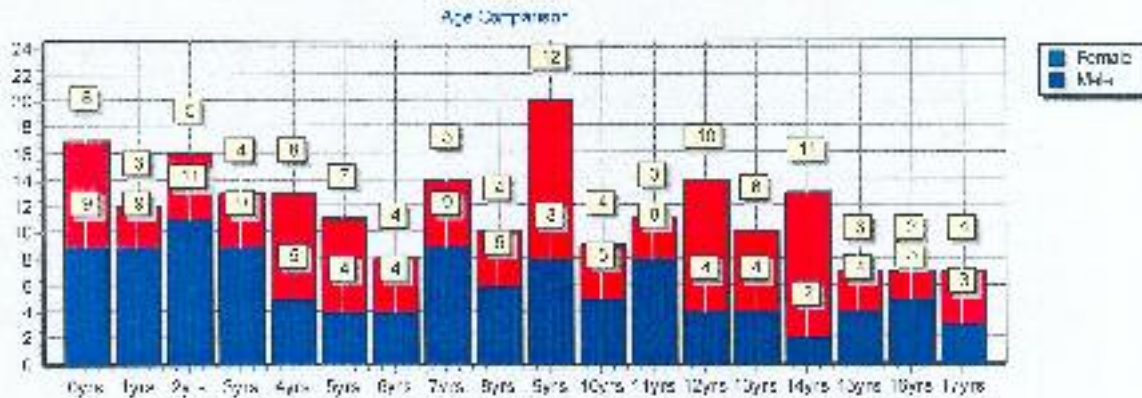
Bedroom Size: ALL

Size	0BR	1BR	2BR	3BR	4BR	5BR	6+BR	TOTAL
Elderly	0	15	0	0	0	0	0	15
Near Elderly	0	0	0	0	0	0	0	0
Hand/Disabled	0	17	1	1	0	0	0	19
Single Fed Disp	0	0	0	0	0	0	0	0
Family	0	376	158	51	4	0	1	586
Hispanic	0	9	4	1	0	0	0	14
White	0	154	52	18	1	0	0	228
Black	0	244	99	33	2	0	1	379
Indian/Alaskan	0	2	3	0	0	0	0	5
Asian	0	4	0	0	0	0	0	4
Pacific Islander	0	0	0	0	0	0	0	0
Mixed	0	3	3	1	0	0	0	7

### Graham Housing Authority Demographic Data Report

	Age	Total	Males	Females
Number of Children Who are =	1	29	18	11
Number of Children Who are =	2	18	11	7
Number of Children Who are =	3	13	9	4
Number of Children Who are =	4	13	5	8
Number of Children Who are =	5	11	4	7
Number of Children Who are =	6	9	4	4
Number of Children Who are =	7	14	5	9
Number of Children Who are =	8	10	6	4
Number of Children Who are =	9	20	8	12
Number of Children Who are =	10	9	5	4
Number of Children Who are =	11	11	8	3
Number of Children Who are =	12	14	4	10
Number of Children Who are =	13	10	4	6
Number of Children Who are =	14	12	2	10
Number of Children Who are =	15	7	4	3
Number of Children Who are =	16	7	5	2
Number of Children Who are =	17	7	3	4
Number of Children Who are =	18	7	0	7
		91	109	108

Average Age = 7



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*THE GRAHAM HOUSING AUTHORITY  
(GHA)  
Violence Against Women Act*

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

*"Terminations Protected by VAWA"*

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

*The residents have been and will be advised of the policy.*

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

- a. Law Enforcement: Investigation & Court activity*
- b. Social Services Agencies: Assistance with Counseling, Health Care, Child Care assistance and other activities that would be required.*
- c. The housing assistance payments contract has been revised to incorporate the Violence Against Women Act.*

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



<b>PHA Certifications of Compliance with PHA Plans and Related Regulations</b>	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011
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**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 X Annual PHA Plan for the PHA fiscal year beginning 2012, 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 submitted a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses those recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will attentively 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 Plans that include a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PHOJMS 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 regulations, as specified in 24 CFR part 906.7(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.

11.0 Attachments – (a)

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.

Graham Housing Authority  
PHA Name

NC 059  
PHA Number/HA Code

     5-Year PHA Plan for Fiscal Years 20     - 20    

  x   Annual PHA Plan for Fiscal Years 2012 - 2016

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, 3; U.S.C. 3729, 3802)

Name of Authorized Official  <b>William Huey</b>	Title  <b>Chairman, Board of Commissioners</b>
Signature  	Date  <b>9-28-2011</b>

**Civil Rights Certification**

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

**Civil Rights Certification**

**Annual Certification and Board Resolution**

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

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

Graham Housing Authority

NC059

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompanying herewith, is true and accurate. Warning: U.S.G.A., prosecutes false claims and statements. Conviction may result in a criminal and the civil penalties. (18 U.S.C. 1001, 1010, 1012, 41 U.S.C. 101, 3022)

Name of Authorized Official	William Huey	Title	Chairman, Board of Commissioners
Signature		Date	9-28-2011

## Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant Name

Graham 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 to 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. (15 U.S.C. 1061, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Tom Lloyd

Title

Executive Director

Signature



Date

9-28-2011

## Certification of Payments to Influence Federal Transactions

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

Applicant Name:

Graham 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 1552, 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.

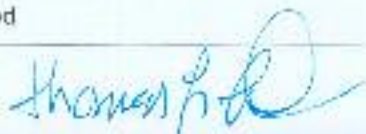
I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**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:

Tom Lloyd

Signature:



Title:

Executive Director

Date (mm/dd/yyyy):

9-28-2011

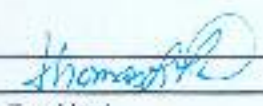
Please verify if obsolete:

Form HUD 50071 (3/99)  
ref. Handbooks 7417.1, 7475.13, 7485.1 & 7485.3

**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  
0348-0046

<b>1. Type of Federal Action:</b> <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	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 0	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b> US Department of Housing & Urban Development	<b>7. Federal Program Name/Description:</b> Capital Fund Program CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<b>11.</b> Information required through this form is authorized by 31 U.S.C. section 1352. The disclosure of lobbying activities is a material violation of law even when no other law is violated by the contractor. This information 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 may be subject to a civil penalty of not less than \$1,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>Tom Lloyd</u> Title: <u>Executive Director</u> Telephone No.: <u>336-229-7041</u> Date: <u>9-28-2011</u>	
<b>Federal Use Only:</b>	Authorized for Local Reproduction Standard Form 133 (Rev. 7-07)	

*September 19, 2011*

***Graham Housing Authority  
Public Hearing***

*A Public Hearing was conducted for the Annual and 5-year plan at 7:30 pm at the offices of the Housing Authority, Graham, NC.*

*The hearing was called to order by Chairman William Huey. A roll call showed a quorum present with Commissioners Carol DiLello, Suzanne Moser and Robert Sykes present. Also present were Tom Lloyd Acting Executive Director, Barry Adams Director of Technical Services, Tina Norris Director of Administration and Finance.*

*Tom Lloyd presented the 5 year summary and Barry Adams reviewed how work items are planned. Tina Norris commented on Rolling years Budgets.*

*They're being no further remarks; the hearing was adjourned.*

\_\_\_\_\_  
*William Huey, Chairman*

\_\_\_\_\_  
*Tom Lloyd, Acting Executive Director*

\_\_\_\_\_  
*Date*

*\* Minutes will be signed at the October 2011 meeting.*

THERE WERE NO CHALLENGED ELEMENTS OF THE PLAN

**THERE WERE NO CHALLENGED ELEMENTS OF THE PLAN**

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: Graham Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P05950112 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2012	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 <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>					
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	22,000.00				
8	1440 Site Acquisition					
9	1450 Site Improvement	10,000.00				
10	1460 Dwelling Structures	165,709.00				
11	1465.1 Dwelling Equipment – Nonexpendable	10,000.00				
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	8,000.00				
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					
18a	150 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)	215,709		0	0	
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					


<sup>1</sup> To be completed for the Performance and Evaluation Report  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
<sup>3</sup> PHAs with under 350 units in management may use 100% of CFP Grants for operations  
<sup>4</sup> RHP Funds shall be included here



11.0 Attachments – (h)

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

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

Part I: Summary					
<b>PIHA Name:</b> Graham Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P05950112 Replacement Housing Factor Grant No: Date of CFFP: _____		<b>FFY of Grant:</b> 2012 <hr/> <b>FFY of Grant Approval:</b> _____	
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	
		Original	Revised *	Obligated	Expended
Signature of Executive Director 		Date 9.29.2011		Signature of Public Housing Director  Date	

11.0 Attachments – (h)

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

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

Part II: Supporting Pages								
PHA Name: Graham Housing Authority			Grant Type and Number Capital Fund Program Grant No: NC19P05950112 CFFP (Yes/No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2012		
Development Number Name-IA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Operations	1406		0				
PHA Wide	Management Improvements	1408		0				
PHA Wide	Administration	1410		0				
	<b>Fees &amp; Costs</b>	<b>1430</b>						
NC 59-1	a. Architect Fees			13,400.00				
NC 59-2	Prepare bid & contract documents Drawings, specs & assist the PHA At bid opening. Awarding the Contract & to supervise the const.			6,000.00				
	b. Consultant Fees							
NC 59-1	Hire Consultant to prepare agency			1,300.00				
NC 59-2	Plan			1,300.00				
	<b>Subtotal</b>			<b>22,000.00</b>				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report

11.0 Attachments – (h)

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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2517-0226  
 Expires 4/30/2011

Part II: Supporting Pages								
PIHA Name: Grnham Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC10P05950112 CFPP (Yes/No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2012			
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Site Improvements	1450						
NC 59-1 & 2	Site Improvements as needed			10,000.00				
	<b>Total</b>			<b>10,000.00</b>				
	Dwelling Structures	1460						
NC 59-1	Replace wall furnaces as needed		16	20,000.00				
	Repair A/C as needed		4	10,000.00				
	Begin Kitchen cabinet and floor Replacement		30	125,709.00				
NC 59-2	Repair A/C as needed		4	10,000.00				
	<b>Total 1460</b>			<b>165,709.00</b>				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report

11.0 Attachments – (h)

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

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

Part II: Supporting Pages								
PHA Name: Graham Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P05950112 CFPP (Yes/No): Replacement Housing Factor Grant No:			Federal FTY of Grant: 2012			
Developmental 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	<b>Dwelling Equipment:</b>	<b>1465</b>						
	Purchase Appliances			10,000.00				
	(10) Ranges and (10) Refrigerators		10 each					
	<b>Total 1465</b>			<b>10,000.00</b>				
PHA Wide	<b>Non-Dwelling Equipment</b>	<b>1475</b>						
	Purchase Computer Hardware		4	8,000.00				
	<b>Total 1475</b>			<b>8,000.00</b>				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report

11.0 Attachments – (h)

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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2575-0226  
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Program					
PHA Name: Graham Housing Authority					Federal FFY of Grant: 2012
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NC 59-1	08/02/2014		08/02/2016		
NC 59-2	08/02/2014		08/02/2016		
PHA Wide	08/02/2014		08/02/2016		

<sup>1</sup> Obligation and expenditure end date can only be revised with HUD approval pursuant to Section 91 of the U.S. Housing Act of 1957, as amended.

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PIHA Name: The Housing Authority of the City of Graham, NC		Grant Type and Number Capital Fund Program Grant No. NC19P050107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: ) 74			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/11		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1450 Fees and Costs	22,000.00	10,791.00	10,791.00	10,791.00
8	1440 Site Acquisition				
9	1450 Site Improvement	53,880.00	98,202.99	98,202.99	92,506.46
10	1460 Dwelling Structures	162,501.07	131,338.48	131,338.48	131,338.48
11	1465 Dwelling Equipment—Nonexpendable	6,008.93	6,008.93	6,008.93	6,008.93
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	20,000.00	17,988.60	17,988.60	17,988.60
14	1480 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1493.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	264,390.00	264,390.00	264,390.00	258,693.47
22	Amount of line 21 Related to LRP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

11.0 Attachments – (h)

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

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

<b>Part I: Summary</b>				
PHA Name: The Graham Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC 59-50107 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: <u>2007</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: 4) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/11 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	Obligated      Expended
Signature of Executive Director 		Date 9-29-2011		Signature of Public Housing Director Date

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: The Housing Authority of the City of Graham, NC		Grant Type and Number Capital Fund Program Grant No. NC19P050107 Replacement Housing Factor Grant No.				Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<b>Fees &amp; Costs</b>							
NC 59-1	a. Architects fee to	1450.1	100 units	14,750.00	8963.00	8963.00	8,963.00	Complete
NC 59-2	Prepare bid and contract Documents, drawings, specs & assist the PHA at bid opening		70 units	6,000.00	578.00	578.00	578.00	Complete
	Awarding the contract & To supervise the const. Work on a periodic basis							
	Fee to be negotiated							
	<b>b. Consultant Fees</b>							
NC 59-1	Hire Consultant to prepare	1430.2	100 units	625.00	625.00	625.00	625.00	Complete
NC 59-2	Agency Plan		70 units	625.00	625.00	625.00	625.00	Complete
	<b>Subtotal</b>			<b>22,000.00</b>	<b>10,791.00</b>	<b>10,791.00</b>	<b>10,791.00</b>	
	<b>Site Improvements</b>	1450						Moved from:
PIIA Wide	Drainage and erosion control			53,880.00	98,262.99	98,262.99	92,566.46	2009
	<b>Subtotal</b>			<b>53,880.00</b>	<b>98,262.99</b>	<b>98,262.99</b>	<b>92,566.46</b>	Obligated



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PIA Name: The Housing Authority of the City of Graham, NC		Grant Type and Number Capital Fund Program Grant No: NC19P050107 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<b>Dwelling Structures</b>							Moved to
NC 59-1	a. Attic Insulation Phase II	1460	60 units	0	0	0	0	1450
	b. Finish Roofing			39,201.07	41,212.47	41,212.47	41,212.47	Complete 08
NC 59-2	a. Kitchen Cabinets Phase II		70 units	0	0	0	0	
	Continue Windows & Screens			83,300.00	83,300.00	83,300.00	83,300.00	Moved from 2010
PHA Wide (Not sure Which unit)	a. Convert 1 unit to TC		1 unit	40,000.00	6,826.01	6,826.01	6,826.01	Moved to 2008
	<b>Subtotal</b>			<b>162,501.07</b>	<b>131,338.48</b>	<b>131,338.48</b>	<b>131,338.48</b>	
	<b>Dwelling Equipment</b>	1465						
	<b>Non Expendable</b>							
PHA-Wide	Ranges & Refrigerators		5 each	6,008.93	6,008.93	6,008.93	6,008.93	Complete
	<b>Subtotal</b>			<b>6,008.93</b>	<b>6,008.93</b>	<b>6,008.93</b>	<b>6,008.93</b>	
PHA-Wide	<b>Non Dwelling Equip.</b>							Moved from
	Purchase Vehicle			20,000.00	17,988.60	17,988.60	17,988.60	Year 2012
	<b>Subtotal</b>			<b>20,000.00</b>	<b>17,988.60</b>	<b>17,988.60</b>	<b>17,988.60</b>	Complete
	<b>Grand Totals</b>			<b>264,390.00</b>	<b>264,390.00</b>	<b>264,390.00</b>	<b>258,693.47</b>	

11.0 Attachments – (h)

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

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

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
<b>PHA Name:</b> The Housing Authority of the City of Graham, NC		<b>Grant Type and Number</b> Capital Fund Program No: NC19918950107 Replacement Housing Factor No:			<b>Federal FY of Grant:</b> 2007		
Development Number Name/TIA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	09/12/09		9/10/09	09/12/2011		7/22/11	
NC 59-1	09/12/09		9/10/09	09/12/2011		7/22/11	
NC 59-2	09/12/09		9/10/09	09/12/2011		7/22/11	

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 1/30/2011

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: The Housing Authority of the City of Graham, NC		Grant Type and Number Capital Fund Program Grant No: NC19PO5050168 Replacement Housing Factor Grant No:		Federal FY of Grant: 2008	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters' Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: '4) 3/4/13/11			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/11		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	0	0		
3	1408 Management Improvements				
4	1410 Administration	20,000.00	0		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1420 Fees and Costs	22,000.00	22,000.00	22,000.00	21,792.50
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	196,827.00	220,648.69	220,648.69	159,827.23
11	1465.1 Dwelling Equipment Nonexpendable	8,729.09	8,729.09	8,729.09	8,729.09
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	14,722.91	10,901.22	10,901.22	10,901.32
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	262,279.00	262,279.00	262,279.00	201,280.34
22	Amount of line 21 Related to LRP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

11.0 Attachments – (h)

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

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

Part I: Summary					
PHA Name The Graham Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC 59-50108 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: 4) 4/13/11 <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/11 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director 		Date 9-29-2011		Signature of Public Housing Director Date	



Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: The Housing Authority of the City of Graham, NC		Grant Type and Number Capital Fund Program Grant No: NC19P08950108 Replacement Housing Factor Grant No:				Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NC 59-1	<b>Fees &amp; Costs:</b>	1430.1	160 units	12,000.00	12,000	12,000.00	12,000.00	Obligated
NC 59-2	a. Architects fee to		70 units	8,000.00	8,000	8,000.00	7,792.50	Obligated
	Prepare bid and contract							
	Documents, drawings,							
	Specifications and assist							
	The PHA at bid opening							
	Awarding the contract &							
	To supervise the const.							
	Work on a periodic basis							
	Fee to be negotiated							
NC 59-1	b. Consultant Fees	1430.2		1,000.00	1,000	1,000	1,000	Obligated
NC 59-2	Hire Consultant to prepare			1,000.00	1,000	1,000	1,000	Obligated
	Agency plan							
	<b>Subtotal</b>			<b>22,000.00</b>	<b>22,000</b>	<b>22,000</b>	<b>21,792.50</b>	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: The Housing Authority of the City of Graham, NC		Grant Type and Number Capital Fund Program Grant No: NC19P05950108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<b>Dwelling Structures</b>	1460						Move to
NC 59-1	Replace Floor Tile Phase I		27 units	0	0			
NC 59-2			27 units	0	0			
NC 59-1	Replace Electrical Systems		30 units	0	0			
NC 59-2	Phase I		30 units	0	0			
NC 59-1	Enclose Water Heaters		30 units	0	0			
NC 59-2	Phase I		30 units	0	0			
	Roofing		14 bldgs	196,827.00	179,099.45	179,099.45	159,857.53	Obligated
NC 59-1	Begin Entry/Screen door				41,549.24	41,549.24		Obligated
PHA-Wide	Convert 1 Unit to HC		1 unit	0	0	0		
	<b>Subtotal</b>			<b>196,827</b>	<b>220,648.69</b>	<b>220,648.69</b>	<b>159,857.53</b>	
	<b>Dwelling Equipment</b>	1465						
PHA-Wide	Ranges & Refrigerators		5 each	8,729.09	8,729.09	8,729.09	8,729.09	Complete
	<b>Subtotal</b>			<b>8,729.09</b>	<b>8,729.09</b>	<b>8,729.09</b>	<b>8,729.09</b>	
PHA-Wide	<b>Non-Dwelling Equip</b>	1475						Moved
	Computer Hardware		LS	14,722.91	10,901.22	10,901.22	10,901.22	FRM 2012
	<b>Subtotal</b>			<b>14,722.91</b>	<b>10,901.22</b>	<b>10,901.22</b>	<b>10,901.22</b>	Complete
	<b>Grand Total</b>			<b>262,279.00</b>	<b>262,279.00</b>	<b>262,279.00</b>	<b>201,280.34</b>	

11.0 Attachments – (h)

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

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: The Housing Authority of the City of Graham, NC		Grant Type and Number Capital Fund Program No: NC19P05950108 Replacement Housing Factor No:			Federal FY of Grant: 2008		
Development Number Name/ILA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	06/12/10		5/31/10	06/12/12			
NC 59-1	06/12/10		5/31/10	06/12/12			
NC 59-2	06/12/10		5/31/10	06/12/12			



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
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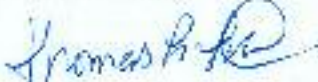
Part I: Summary					
PHA Name: The Graham Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC 59-50109 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2009 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 5) 6/30/11 <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>1</sup>	0	0		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	0	0		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	22,000.00	22,000.00	22,000.00	
8	1440 Site Acquisition				
9	1450 Site Improvement	40,000.00	40,000.00	40,000.00	
10	1460 Dwelling Structures	172,688.00	172,688.00	172,688.00	
11	1465 1 Dwelling Equipment—Nonexpendable	5,000.00	5,000.00	5,000.00	4,196.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	19,164.00	19,164.00	19,164.00	19,164.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495 1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
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)	258,852.00	258,852.00	258,852.00	23,360.00
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				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHP Funds shall be included here.

11.0 Attachments – (h)

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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2512-0026  
 Expires 4/30/2011

<b>Part I: Summary</b>				
PHA Name: The Graham Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC 58-5H109 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: 6) 6/30/11 <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/11 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	Obligated      Expended
Signature of Executive Director 		Date 9-29-2011		Signature of Public Housing Director Date

11.0 Attachments – (h)

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

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

Part II: Supporting Pages								
PIIA Name: The Graham Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC 5950109 Replacement Housing Factor Grant No:			CFRP (Yes/No):		Federal FY of Grant: 2009	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA-Wide	<b>Operations</b>	<b>1406</b>		<b>0</b>	<b>0</b>			
	<b>Subtotal</b>			<b>0</b>	<b>0</b>			
	<b>Administration</b>	<b>1410</b>						
	Clerk of Works			0	0			
	<b>Subtotal</b>			<b>0</b>	<b>0</b>			
	<b>Fees &amp; Costs</b>	<b>1430.1</b>						
NC 59-1	a. Architects fee to prepare bid and contract documents.		100	12,000.00	12,000.00	12,000		Obligated
NC 59-2	Drawings, specifications and Assist the PIIA at bid opening Awarding the contract & to Supervise the construction. Work on a periodic bases, fee To be negotiated		70	8,000.00	8,000.00	8,000		Obligated
NC 59-1	<b>b. Consultant Fees</b>	<b>1430.2</b>		<b>1,000.00</b>	<b>1,000.00</b>	<b>1,000</b>		Obligated
NC 59-2	Hire Consultant to assist in agency Plan			1,000.00	1,000.00	1,000		Obligated
	<b>Subtotal</b>			<b>22,000</b>	<b>22,000</b>	<b>22,000</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report

11.0 Attachments – (h)

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

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

Part II: Supporting Pages								
PHA Name: The Graham Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC 5950109 Replacement Housing Factor Grant No:		CFPP (Yes/No):		Federal FY of Grant: 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	<b>Site Improvements</b>	<b>1450</b>						Completed
NC 59-1	Paving, Grading & Landscape		100	40,000.00	18,523.07	18,523.07		M&M
	Utilities, Drainage, Mulch							
NC 59-2	Paving, Grading & Landscape		70	0	0			
	Utilities, Drainage							
	<b>Subtotal</b>			<b>40,000.00</b>	<b>18,523.07</b>	<b>18,523.07</b>		
	<b>Dwelling Structures</b>	<b>1460</b>						
NC 59-1	Reconfigure Bedroom Sizes		4	0	0			
NC 59-2	Reconfigure Bedroom Sizes		2	0	0			Obligated
NC 59-1	Entry doors/hardware/sec screen		89	61,852	172,688	172,688		CSC
NC 59-2	Entry doors/hardware		70	60,000	0			
NC 59-1	Patch/paint units		6	0	0			
NC 59-2	Patch/paint units		6	0	0			
PHA-Wide	Convert 1 Unit to HC		1	0	0			
PIA Wide	Roofing		<b>20</b>	50,836.00				CSC
	<b>Subtotal</b>			<b>172,688.00</b>	<b>172,688.00</b>	<b>172,688.00</b>		
	<b>0</b>							

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report

11.0 Attachments – (h)

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

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

Part II: Supporting Pages								
PHA Name: The Graham Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC 5950109 Replacement Housing Factor Grant No.			CRFP (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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	<b>Dwelling Equipment</b>	<b>1465</b>						
PHA Wide	Ranges & Refrigerators		5 ea	5,000	5,000	5,000	4196	Obligated
	<b>Subtotal</b>			<b>5,000</b>	<b>5,000</b>	<b>5,000</b>	<b>4196</b>	
	<b>Non-Dwelling Equipment</b>	<b>1475</b>						
PHA Wide	Furniture & Security System		LS	0	0			
	Purchase Vehicle			0	19,164.00	19,164.00	19,164.00	Complete
	<b>Subtotal</b>			<b>0</b>	<b>19,164.00</b>	<b>19,164.00</b>	<b>19,164.00</b>	
	<b>Grand Total</b>			<b>258,852</b>	<b>258,852</b>	<b>258,852</b>	<b>23,360</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report

11.0 Attachments – (h)

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

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: The Graham Housing Authority		Grant Type and Number Capital Fund Program No: NC19P059-50109 Replacement Housing Factor No:			Federal FY of Grant: 2009		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	9/14/11		6/30/11	09/14/13			
NC 59-1	9/14/11		6/30/11	09/14/13			
NC 59-2	9/14/11		6/30/11	09/14/13			

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 6/30/2011


Part I: Summary						
PHA Name: Graham Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P05950110 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2010	FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/11 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	3,000.00	0	0		
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 2 )	30,000.00	0	0		
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	22,000.00	22,000.00	125.00	125.00	
8	1440 Site Acquisition					
9	1450 Site Improvement	25,000.00	25,000.00			
10	1460 Dwelling Structures	181,630.00	204,630.00	24,310.30	13,545.21	
11	1465.1 Dwelling Equipment—Nonexpendable	5,000.00	5,000.00	564.61	564.61	
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 <sup>4</sup>					
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)	256,630.00	256,630.00	25,000.00	14,254.82	
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					

<sup>1</sup> To be completed for the Performance and Evaluation Report  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations  
<sup>4</sup> RHF Funds shall be included here

11.0 Attachments – (h)

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

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

Part I: Summary					
PHA Name: Graham Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P05950110 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2010 FFY of Grant Approval: _____	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/11 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director 		Date 9-29-2011		Signature of Public Housing Director Date	



11.0 Attachments – (h)

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

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**Part II: Supporting Pages**

PHA Name: Graham Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P05950110 CFFP (Yes/No): Replacement Housing Factor Grant No:			Federal FY 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Operations	1406		3,000.00	0			Move to 1460
PHA Wide	Administration	1410						
	Clerk of Works			20,000.00	0			Move to
	Subtotal			20,000.00				1460
	Fees & Costs	1430						
NC 59-1	a. Architect Fees			13,400.00	13,400.00	125.00	125.00	
NC 59-2	Prepare bid & contract documents			6,000.00	6,000.00			
	Drawings, specs & assist the PHA							
	At bid opening. Awarding the							
	Contract & to supervise the const.							
	b. Consultant fees							
NC 59-1	Hire Consultant to prepare agency			1,300.00	1,300.00			
NC 59-2	Plan			1,300.00	1,300.00			
	Subtotal			22,000.00	22,000.00	125.00	125.00	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report

11.0 Attachments – (h)

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

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

Part II: Supporting Pages								
PHA Name: Graham Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19PH5950110 CFFP (Yes/No): Replacement Housing Factor Grant No			Federal FBY of Grant: 2010			
Development Number Name/TA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	<b>Site Improvements</b>	<b>1450</b>						
NC 59-1&2	Playground improvements			10,000	0			
NC 59-2	Repair Sidewalks, etc			15,000	15,000			
	<b>Subtotal</b>			<b>25,000</b>	<b>25,000</b>			
	<b>Dwelling Structures</b>	<b>1460</b>						
NC 59-2	Bath Renovations		70 apts	0	0			Move to 2011
NC 59-1	Begin Kitchen Cabinet Replacement		10 apts	46,630.00	46,630.00			
NC 59-1 & 59-2	Hardware replacements		100 apts	50,000.00	50,000.00			
	Carbon Monoxide Detectors		198	10,000.00	33,000.00	24,310.39	13,545.21	Obligated
	Handicap Conversion		1 unit	25,000.00	25,000.00			
	Continue Roofing		14 apts	50,000.00	50,000.00			
	<b>Subtotal</b>			<b>181,630.00</b>	<b>204,630.00</b>	<b>24,310.39</b>	<b>13,545.21</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report



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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  
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 Expires 4/30/2011

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: The Graham Housing Authority		Grant Type and Number Capital Fund Program No: NC19P059-50110 Replacement Housing Factor No:				Federal FY of Grant: 2010	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	7/14/12			7/14/14			
NC 59-1	7/14/12			7/14/14			
NC 59-2	7/14/12			7/14/14			

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. 2577-0026  
 Expires 4/30/2011

Part I: Summary					
PHA Name: Graham Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC191905950111 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 checked="" type="checkbox"/> Revised Annual Statement (revision no: 01) <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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	3,000.00	0		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	0			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	22,000.00	22,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	35,778.00	35,778		
10	1460 Dwelling Structures	144,931.00	147,931		
11	1465 Dwelling Equipment—Non-expendable	10,000.00	10,000		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1480 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18b	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)	215,709	215,709	0	0
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				

<sup>1</sup> To be completed for the Performance and Evaluation Report  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations  
<sup>4</sup> REIF Funds shall be included here

11.0 Attachments – (h)

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

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

Part I: Summary				
PHA Name: Graham Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P05950111 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 checked="" type="checkbox"/> Revised Annual Statement (revision no: #1) <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 <sup>1</sup>
		Original	Revised <sup>2</sup>	Obligated      Expended
Signature of Executive Director 		Date 9.29.2011		Signature of Public Housing Director Date

11.0 Attachments – (h)

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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2575-0226  
 Expires 4/30/2011

**Part II: Supporting Pages**

<b>PHA Name:</b> Graham Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P05950111 CFPP (Yes/No): Replacement Housing Factor Grant No:			<b>Federal FRY of Grant:</b> 2011			
Development Number Name/LLA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Operations	1406			0			Move to 1460
PHA Wide	Administration	1410						
	Clerk of Works			0				
	<b>Subtotal</b>			<b>0</b>				
	<b>Fees &amp; Costs</b>	1430						
NC 59-1	a. Architect Fees			13,400.00	13,400.00			
NC 59-2	Prepare bid & contract documents			6,000.00	6,000.00			
	Drawings, specs & assist the PHA							
	At bid opening. Awarding the							
	Contract & to supervise the const.							
	<b>b Consultant Fees</b>							
NC 59-1	Hire Consultant to prepare agency			1,300.00	1,300.00			
NC 59-2	Plan			1,300.00	1,300.00			
	<b>Subtotal</b>			<b>22,000.00</b>	<b>22,000.00</b>			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report

11.0 Attachments – (h)

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

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

Part II: Supporting Pages								
PIA Name: Graham Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P05950111 CFPP (Yes/No): Replacement Housing Factor Grant No:			Federal FY of Grant: 2011			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	<b>Site Improvements</b>	<b>1450</b>						
NC 59-1	Replace Sewer Pipes as needed.			25,788.00				
	Begin Individual Water meters							
	And Sewer Cleanouts as needed							
NC 59-2	Continue sidewalk repairs/paving			10,000.00				
	As needed							
	<b>Total 1450</b>			<b>35,778.00</b>				
	<b>Dwelling Structures</b>	<b>1460</b>						
NC 59-1	Install Dryer Connection & Upgrade		100 units	50,000.00				
NC 59-2	Electrical Panels		90 units	40,000.00				
NC 59-1	Replace Kitchen Cabinets		5 units	42,000.00				
NC 59-2	Bath Renovations		5 units	15,926.00				
	<b>Total 1460</b>			<b>147,931.00</b>				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report





11.0 Attachments – (h)

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

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

**Part III: Implementation Schedule for Capital Fund Program**

PHA Name: Graham Housing Authority				Federal FRY of Grant: 2011	
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NC 59-1	08/02/2013		08/02/2013		
NC 59-2	08/02/2013		08/02/2013		
PHA Wide	08/02/2013		08/02/2013		

<sup>1</sup> Obligation and expenditure end date can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1957, as amended.

Capital Fund Program—Five-Year Action Plan

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

<b>Part I: Summary</b>						
PIA Name/Number <b>Graham Housing Authority</b>		Locality (City-County & State) <b>Graham/Alamance/NC</b>			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A. Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016	
NE 59-1		183,709	183,709	0	73,709	
NE 59-2		0	0	183,709	165,000	
PHA Wide		32,000	32,000	32,000	27,000	
<b>Total</b>		<b>215,709</b>	<b>215,709</b>	<b>215,709</b>	<b>215,709</b>	
B. Physical Improvements Sectional	Capital Development	193,709	193,709	193,709	183,709	
C. Management Improvements		0	0	0	0	
D. PHA-Wide Non-dwelling Structures and Equipment						
B. Administration						
F. Other		22,000	22,000	22,000	27,000	
G. Operations						
H. Demolition						
I. Development						
J. Capital Fund Financing – Debt Service						
K. Total CFF Funds		215,709	215,709	215,709	215,709	
L. Total Non-CFF Funds		0	0	0	0	
M. Grand Total		215,709	215,709	215,709	215,709	



