

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: East Providence Housing Authority PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2012</u> PHA Code: RI007				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>419</u> Number of HCV units: <u>445</u>				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the PHA is the same as that of the Department of Housing and Urban Development. To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination. SEE ATTACHMENT A				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. SEE ATTACHMENT A				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: NO CHANGES 5-year plan and Annual Plan: Acquire or build units or developments—Leverage affordable housing resources in the community through the Creation of mixed-financed housing. Working with the City of East Providence to acquire or develop affordable housing units. (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. All information can be obtained at the main office at 99 Goldsmith Avenue, East Providence, RI 02914 SEE ATTACHEMENT L				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> SEE ATTACHMENT M				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. 2011 SEE ATTACHMENT D 2010 SEE ATTACHMENT E				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. 2012 SEE ATTACHMENT B 50075.1 2012 SEE ATTACJEMNT C 50075.2				
8.3	Capital Fund Financing Program (CFFP). <input checked="" 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.				
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. SEE ATTACHMENT P				

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. SEE ATTACHMENT O</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <ul style="list-style-type: none"> (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” SEE ATTACHMENT Q
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) ATTACHMENT F & K (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) ATTACHMENT H (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) ATTACHMENT I (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) ATTACHMENT J (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

ATTACHEMENT (A)

East Providence Housing Authority

5 –Year Plan PHA Fiscal 2012 – 2017

Mission

The mission of the PHA is the same as that of the Department of Housing and Urban Development. To promote adequate and affordable housing, economic opportunity and suitable living environment free from discrimination.

Goals

The goals of the PHA are to continue with previously identified goals and objectives.

- To expand the supply of assisted housing by reducing public housing vacancies and leveraging private and or other public funds and opportunities to create additional housing.
- To improve the quality of assisted housing by continuing to improve public housing management. Our success in this area is demonstrated by our PHAS scores. We continue to achieve scores ranging from 84 to 90. Within this score are ratings that test our management, financial, and physical abilities. We also look to continue with quality voucher management... Our success in this area is demonstrated by a score of 100% for Fiscal Year ending September 30, 2008. This was an increase from the previous 81%. We will also work to continue to improve customer satisfaction and to continue to renovate and modernize our public housing units.
- To increase assisted housing choices by providing voucher mobility and counseling and conducting outreach efforts to potential landlords. We will also continue with the ongoing homeownership program. Between May of 2011 and January 2012, we increased our voucher program by applying for and receiving funds for an additional 208 tenant protection vouchers and 5 traditional vouchers. To date, we have also assisted 16 new homeowners in the purchase of Housing Authority property.
- To create a secure living environment by improving public housing security. In 2011 we installed security cameras in all of our elevators. It is our intent to install security cameras in our parking lots as well this coming year.
- To promote self-sufficiency and asset development of families and individuals by continuing with our tenant based work stipend program. This program has provided stipends and opportunities to approximately 26 tenants. Our FSS Program has been increased to 26 participants.
- To ensure equal opportunity in housing for all Americans by undertaking affirmative measures to ensure to ensure access and to provide a suitable living environment regardless of race, color, religion, national origin, sex, familial status and all varieties of disabilities.

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 8/31/2011

Part I: Summary					
PHA Name: EAST PROVIDENCE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: RI43P00750112 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2012 FFY of Grant Approval: 2012
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	\$54,532.00			
4	1410 Administration (may not exceed 10% of line 21)	\$27,266.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$35,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$155,864.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$164,250.00			
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$436,912.00	\$ 0.00	\$ 0.00	\$ 0.00
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 THERESA M. CORREIA Date 02/29/2012			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: EAST PROVIDENCE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: RI43P00750112 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2012		
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	
RI007000001	HARBORVIEW-WARREN AVENUE							
	ADMISSIONS/SOCIAL SERVICES	1408		\$19,632.00				
	COLLATERALIZE DEBT	9000		\$62,415.00				
RI007000002	CITY VIEW MANOR							
	ADMISSION/SOCIAL SERVICES	1408		\$19,632.00				
	COLLATERALIZE DEBT	9000		\$62,415.00				
RI007000003	SCATTERED SITES-DUPLEXES							
	ADMISSION/SOCIAL SERVICES	1408		\$2,180.00				
RI007000004	GOLDSMITH MANOR							
	PAIN T WALLS CORRIDORS	1460						
	REPLACE HANDRAILS-CORRIDORS							
	REPLACE CARPET & BASE IN CORRIDORS							
	REPLACE OUTLETS & SWITCHES CORRIDORS--TIE IN PORTION TO GENERATOR							
	UPGRADE LAUNDRY ROOM-- FLOORS & PAINT WALLS			\$155,864.00				

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

² To be completed for the Performance and Evaluation Report.

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 8/31/2011

Part II: Supporting Pages								
PHA Name: EAST PROVIDENCE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: RI43P00750112 CFPP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2012			
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	
RI007000004	ADMISSIONS/SOCIAL SERVICES	1408		\$13,088.00				
	COLATERALIZE DEBT	9000		\$39,420.00				
	FEES & COSTS	1430		\$35,000.00				
COCC-PHA WIDE	ADMINASTRATIVE SALARIES	1410		\$27,266.00				
	TOTAL			436,912.00				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: EAST PROVIDENCE HOUSING AUTHORITY				Federal FFY of Grant: 2012	
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	
RI007000001	3/11/2014		3/11/2016		
RI007000002	3/11/2014		3/11/2016		
RI007000003	3/11/2014		3/11/2012		
RI007000004	3/11/2014		3/11/2016		
COCC	3/11/2014		3/11/2016		

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
Expires 4/30/2011

Part I: Summary							
PHA Name/Number		Locality (City/County & State)				<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 <u>FFY 2012</u>	Work Statement for Year 2 <u>FFY 2013</u>	Work Statement for Year 3 <u>FFY 2014</u>	Work Statement for Year 4 <u>FFY 2015</u>	Work Statement for Year 5 <u>FFY 2016</u>	
B.	Physical Improvements Subtotal	Annual Statement	155,864.00	151,114.00	151,864.00	152,864.00	
C.	Management Improvements		54,532.00	54,532.00	54,532.00	54,532.00	
D.	PHA-Wide Non-dwelling Structures and Equipment						
E.	Administration		27,266.00	27,266.00	27,266.00	27,266.00	
F.	Other		35,000.00	35,000.00	35,000.00	35,000.00	
G.	Operations						
H.	Demolition						
I.	Development						
J.	Capital Fund Financing – Debt Service		164,250.00	169,000.00	168,250.00	167,250.00	
K.	Total CFP Funds		436,912.00	436,912.00	436,912.00	436,912.00	
L.	Total Non-CFP Funds						
M.	Grand Total		436,912.00	436,912.00	436,912.00	436,912.00	

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

Work Statement for Year 1 FFY _____	Work Statement for Year 2013 FFY 2013			Work Statement for Year: 2014 FFY 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	RI007000001-HARBOR VIEW-W AVE			RI007000001-HARBOR VIEW-W AVE		
	NONE			CLEAN BLDG EXHAUST SYSTEM		
	RI007000002-CITY VIEW			NEW REAR ENTRANCE VESTIBULE & RAMP ASSEMBLY—RELOCATE		
	REPLACE HANDRAILS ON SIDES OF CORRIDORS			DUMPSTER PICKUP AREA		
	REPLACE CAPRTEING IN COMMON AREAS & CORRIDORS			HYDRAULIC LIFT FOR MAINT RM		
	UPGRADE LAUNDRY ROOM-- DRYING AREA—FLOORS,--PAINT		155,864.00	PAINTING/LIGHTING--REAR ENTRANCE		
				UPGRADE LAUNDRY ROOM-- FLOORING-LIGHTING-WINDOW		
				TREATMENTS-HANDRAILS		
				UPGRADE STAIRWELLS-LIGHTING		
	RI007000003 DUPLEXES			SIGNAGE & GRAPHICS		
	NONE			UNITS—ENCAPSULATE VAT		
				FLOORING, REPLACE TILE WINDOW		
				REPAIR WATER DAMAGED WALLS & CEILINGS		151,114.00
	RI007000004-GOLDSMITH					
	NONE					
				RI007000002-CITY VIEW		
				NONE		
				RI007000003 DUPLEXES		
				NONE		
			RI007000004-GOLDSMITH			
			NONE			
	Subtotal of Estimated Cost		\$155,864.00	Subtotal of Estimated Cost		\$151,114.00

Part II: Supporting Pages – Physical Needs Work Statement(s)							
Work Statement for Year 1 FFY	Work Statement for Year FUTURE FFY			Work Statement for Year: FUTURE			
	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	RI007000003-OLDER DUPLEXES			RI007000003-NEWER DUPLEXES			
	REPLACE FINISH FLOORING			REPLACE KITCHEN CABINETS & COUNTERTOPS			
	REPLACE INTERIOR DOORS & HINGED CLOSET DOORS			REPLACE BATHROOM VANITIES			
	PAINING & PATCHING WALLS			REPLACE/REPAIR TUB SHOWER ENCLOSURES & VALVES			
	REPLACE FENCING			REPLACE FINISH FLOORING			
	LANDSCAPING TREES & SHRUBS			REPLACE CLOSET DOORS WITH HINGED SOLID DOORS			
	RESEED LAWNS			PAINING & PATCHING WALLS			
	PAVEMENT REPAIRS/SEALANTS			CLEAN & REALIGN OF BASEBOARD			
	REPLACE CLOTHES LINES			504 COMPLIANCE ISSUES			
	STORAGE SHEDS			REPLACE HOT WATER TANKS			
	RECYCLING & TRASH BINS			REPAIR VINYL SIDING & TRIMS			
	PAIN BULKHEADS			REPLACE WINDOWS W/DOUBLE HUNG GLASS/ELIMINATE STORMS			
				REPLACE STORM DOORS			
				REPLACE OUTLET & SWITCHES & COVER PLATES			
				REPLACE & ADD FENCING			
				LANDSCAPING TREES & SHRUBS			
				RESEED LAWS			
				PAVEMENT REPAIRS & SEALANTS			
				STORAGE SHEDS			
				TRASH & RECYCLE BINS			
				REPLACE CLOTHES LINES			
				PAIN BULKHEADS			
		Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$

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

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY	Work Statement for Year 2013 FFY 2013		Work Statement for Year: 2014 FFY 2014	
	Development Number/Name	Estimated Cost	Development Number/Name	Estimated Cost
	General Description of Major Work Categories		General Description of Major Work Categories	
See Annual Statement	RI007000001 HARBOR VIEW-W AVE		RI007000001-HARBOR VIEW-W AVE	
	ADMISSIONS/SOCIAL SERVICES	19,632.00	ADMISSIONS/SOCAL SERVICES	19,632.00
	COLLATERALIZATION/DEBT SERVICES	62,415.00	COLLATERALIZATION DEBT SERVICE	64,220.00
			A & E SERVICES	35,000.00
	RI007000002 CITY VIEW		RI007000002 CITY VIEW	
	ADMISSIONS/SOCIAL SERVICES	19,632.00	ADMISSIONS/SOCIAL SERVICES	19,632.00
	COLLATERALIZATION/DEBT SERVICES	62,415.00	COLLATERALIZATION DEBT SERVICE	64,220.00
	A & E SERVICES	35,000.00		
	RI007000003 DUPLEXES		RI007000003 DUPLEXES	
	ADMISSIONS/SOCIAL SERViES	2,180.00,	ADMISSIONS/SOCIAL SERVICES	2,180.00
	RI007000004 GOLDSMITH		RI007000004 GOLDSMITH	
	ADMISSIONS/SOCIAL SERVICE	13,088.00	ADMISSIONS/SOCIAL SERVICES	13,088.00
	COLLATERALIZATION/DEBT SERVICES	39,420.00	COLATERALIZATION DEBT SERVICE	40,560.00
	COCC		COCC	
	ADMINISTRATIVE SALARIES	27,266.00	ADMINISTRATIVE SALARIES	27,266.00
	Subtotal of Estimated Cost	\$281,048.00	Subtotal of Estimated Cost	\$285,798.00

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: East Providence Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43P00750111 Replacement Housing Factor Grant No: Date of CFFP: 2011		FFY of Grant: 2011 FFY of Grant Approval: 2011	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/2012 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	660,000.00		660,000.00	0.00
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	64,850.00		64,850.00	2,153.65
4	1410 Administration (may not exceed 10% of line 21)	32,425.00		32,425.00	12,736.50
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	226,977.00		226,977.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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: East Providence Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43P00750111 Replacement Housing Factor Grant No: Date of CFFP: 2010			FFY of Grant:20101 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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/2012 <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	169,250.00		169,250.00	0.00	
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	493,502.00		493,502.00	14,890.15	
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 THERESA M. CORREIA		Date		Signature of Public Housing Director		
<i>Theresa M. Correia</i>		06/26/2012				

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: East Providence Housing Authority			Grant Type and Number Capital Fund Program Grant No: RI43P00750111 CFFP (Yes/ No): YES 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	
RI007000002	CONTINUATION FROM CFP2010							
CITY VIEW	REPLACE ALL WINDOW W/ENERGY EFFICIENT UNITS							
	POINTING, CAULKING/SEALANTS & WATERPROOFING MASONERY							
	EXTERIOR	1460		226,977.00		226,977.00	0.00	
	PAINT STEEL LINTELS							
	ADMISSIONS/SOCIAL SERVICE COORDINATOR	1408		22,698.00		22,698.00	754.00	3%
	A&E SERVICES/PRINTING ADVERTISING	1430		0.00				
	COLLATERALIZATION/DEBT SERV	1501		67,700.00		67,700.00	0.00	

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² To be completed for the Performance and Evaluation Report.

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

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

Part II: Supporting Pages								
PHA Name: East Providence Housing Authority			Grant Type and Number Capital Fund Program Grant No: RI43P00750111 CFFP (Yes/ No): YES 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	
RI007000001	ADMISSIONS/SOCIAL SERVICE							
HARBOR VIEW/ WARREN AVENUE	COORDINATOR	1408		22,698.00		22,698.00	754.00	3%
	COLLATERALIZATION/DEBT SERV	1501		67,700.00		67,700.00	0.00	
RI007000003	ADMISSIONS/SOCIAL SERVICE							
DUPLEXES	COORDINATOR	1408		3,242.00		3,242.00	107.63	3%
RI007000004	ADMISSIONS/SOCIAL SERVICE							
GOLDSMITH	COORDINATOR	1408		16,212.00		16,212.00	538.00	3%
	COLLATERALIZATION/DEBT SERV	1501		33,850.00		38,850.00	0.00	
COCC	ADMINISTRATIVE SALARIES	1410		32,425.00		32,425.00	12,736.50	39%

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² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: East Providence Housing Authority				Federal FFY of Grant: 2011	
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	
RI007000001	08/13/2013		08/13/2015		
RI007000002	08/13/2013		08/13/2015		
RI007000003	08/13/2013		08/13/2015		
RI007000004	08/13/2013		08/13/2015		
COCC	08/13/2013		08/13/2015		

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.

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: East Providence Housing Authority	Grant Type and Number Capital Fund Program Grant No: RI43P00750110 Replacement Housing Factor Grant No: Date of CFFP: 2010
FFY of Grant: 2010 FFY of Grant Approval: 2010	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/2012 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	71,850.00		71,850.00	71,850.00
4	1410 Administration (may not exceed 10% of line 21)	40,590.00		40,590.00	40,590.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000.00		40,000.00	11,374.99
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	253,464.00		253,464.00	431.94
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: East Providence Housing Authority	Grant Type and Number Capital Fund Program Grant No: RI43P00750110 Replacement Housing Factor Grant No: Date of CFFP: 2010	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 type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/2012 <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	169,000.00		169,000.00	37,000.00
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	574,904.00		574,904.00	178,496.95
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 THERESA M CORREIA <i>Theresa M. Correia</i>		Date 06/26/2012		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: East Providence Housing Authority			Grant Type and Number Capital Fund Program Grant No: RI43P00750110 CFFP (Yes/ No): YES 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	
RI007000002	REPLACE ALL WINDOW W/ENERGY EFFICIENT UNITS							
CITY VIEW	POINTING, CAULKING/SEALANTS & WATERPROOFING MASONERY EXTERIOR							
	PAINT STEEL LINTELS	1460		253,464.00		253,464.00	431.94	1%
	ADMISSIONS/SOCIAL SERVICE COORDINATOR	1408		25,000.00		25,000.00	25,000.00	100%
	A&E SERVICES/PRINTING ADVERTISING	1430		40,000.00		40,000.00	28,625.01	72%
	COLLATERALIZATION/DEBT SERV	1501		67,600.00		67,600.00	14,800.00	22%

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: East Providence Housing Authority			Grant Type and Number Capital Fund Program Grant No: RI43P00750110 CFFP (Yes/ No): YES 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	
RI007000001	ADMISSIONS/SOCIAL SERVICE							
HARBOR VIEW/ WARREN AVENUE	COORDINATOR	1408		25,175.00		25,175.00	25,175.00	100%
	COLLATERALIZATION/DEBT SERV	1501		67,600.00		67,600.00	14,800.00	22%
RI007000003	ADMISSIONS/SOCIAL SERVICE							
DUPLEXES	COORDINATOR	1408		5,000.00		5,000.00	5,000.00	100%
RI007000004	ADMISSIONS/SOCIAL SERVICE							
GOLDSMITH	COORDINATOR	1408		16,675.00		16,675.00	16,675.00	100%
	COLLATERALIZATION/DEBT SERV	1501		33,800.00		33,800.00		
COCC	ADMINISTRATIVE SALARIES	1410		40,590.00		40,590.00	40,590.00	100%

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: East Providence 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	
RI007000001	07/14/2012		04/14/2014		
RI007000002	07/14/2012		04/14/2014		
RI007000003	07/14/2012		04/14/2014		
RI007000004	07/14/2012		04/14/2014		
COCC	07/14/2012		04/14/2014		

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.

**PHA Certifications of Compliance
with PHA Plans and Related**

R e g u l a t i o n s

RESOLUTION 479

**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, 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.

EAST PROVIDENCE HOUSING AUTHORITY

RI007


PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 - 20

Annual PHA Plan for Fiscal Years 2012- 2012

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	Title
Signature	Date
RICHARD SMITH	CHAIRMAN
	06/26/2012

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

East Providence Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program 2012

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

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

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

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

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

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

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

(1) Abide by the terms of the statement; and

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

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

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

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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

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

RI007000001	HARBOR VIEW MANOR	3663 PAWTUCKET AVENUE, RIVERSIDE, RI 02915
RI007000001	WARREN AVE APMTS	182-188 WARREN AVENUE, EAST PROVIDENCE, RI 02914
RI007000002	CITY VIEW MANOR	99 GOLDSMITH AVENUE, EAST PROVIDENCE, RI 02914
RI007000003	SCATTERED SITES DUPLEXES, SCATTERED,	EAST PROVIDENCE, RUMFORD, RIVERSIDE
RI007000004	GOLDSMITH MANOR	115 GOLDSMITH AVENUE, EAST PROVIDENCE, RI 02914

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

THERESA M. CORREIA

Title

EXECUTIVE DIRECTOR

Signature

X *Theresa M. Correia*

Date

06/26/2012

ATTACHMENT H

Certification of Payments to Influence Federal Transactions

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

OMB Approval No. 2577-0157 (Exp. 01/31/2014)

Applicant Name

EAST PROVIDENCE HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

CAPITAL FUND PROGRAM 2012 RI43P00750112

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 sub recipients 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

THERESA M. CORREIA

Title

EXECUTIVE DIRECTOR

Signature



Date (mm/dd/yyyy)

06/26/2012

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 checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> A 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: _____		5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
6. Federal District, if known: 4c 6. Federal Department/Agency: U.S. DEPT OF HOUSING AND URBAN DEVELOPM		7. Federal Program Name/Description: CAPITAL FUND PROGRAM 2012 RI43P00750112 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><i>Theresa M. Correia</i></u> Print Name: <u>THERESA M. CORREIA</u> Title: <u>EXECUTIVE DIRECTOR</u> Telephone No.: <u>401-434-7645</u> X150 Date: <u>06/26/2012</u>
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

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
OMB# 2577-0226
Expires 08/30/2011

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

I, David Bachrach, the Community Development Coordinator, certify that the Five Year and Annual PHA Plan of the East Providence Housing Authority is consistent with the Consolidated Plan of the City of East Providence prepared pursuant to 24 CFR Part 91.

 7/10/12

Signed / Dated by Appropriate State or Local Official

ATTACHMENT K

ATTACHMENT L

VIOLENCE AGAINST WOMEN ACT

The East Providence Housing Authority takes domestic violence issues very seriously. We are in close contact with the Community Police Officer of East Providence when reporting issues regarding current tenants and applicants. We have a seat at the table for the East Providence Protective Services Unit. We will take applicants and referrals from our local CAP agency.

We have adopted in our occupancy policy, a preference for any applicant that is a documented victim of domestic violence. It has been our policy if a tenant has any problems with violence issues, to remove, or relocate family members to insure their safety and that of their household members.

ATTACHMENT M

SUMMARY OF PUBLIC HOUSING HOMEOWNERSHIP PROGRAM

The East Providence Housing Authority to date has sold fifteen duplex houses to working families that qualify under our program. In the coming months we have more sales pending. This will leave ten more homes to be sold out of the original twenty five homes for sale.

Our first sale was in September of 2002, and our last closing was in October 2010. This has had a very positive effect in the neighborhoods of East Providence. Nine of the nine remaining homes have buyers in place, working to improve their credit status.

STRATEGY FOR ADDRESSING NEEDS

Maximize the number of affordable units available to the PHA within its current resources by:

Employ effective maintenance and management policies to minimize the number of public housing units off-line

Reduce turnover time for vacated public housing units.

Reduce time to renovate public housing units.

Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction.

Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required.

Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside the areas of minority and poverty concentration.

Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of the program.

Participate in the Consolidated Plan development process to ensure coordination with broader community strategies

Increase the number of affordable housing units by:

Apply for additional section 8 units should they become available.

Leverage affordable housing resources in the community through the creation of mixed financed housing.

Target available assistance to families at or below 30% and 50% of AMI

Employ admissions preferences aimed at families who are working.

Adopt rent policies to support and encourage work.

Target available assistance to families with disabilities:

Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing

Affirmatively market to local non-profit agencies that assist families with disabilities

Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Affirmatively market to race/ethnicities shown to have disproportionate housing needs

Conduct activities to affirmatively further fair housing

Market the Section 8 program to owners outside of areas of poverty/minority concentrations

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	2568	5	5	3	4	2	2
Income >30% but <=50% of AMI	1440	5	5	3	4	2	2
Income >50% but <80% of AMI	1939	3	5	3	4	2	2
Elderly	1817	5	5	3	5	2	2
Families with Disabilities	1647	5	5	4	5	4	5
White	5072						
Black/African Am	535						
Amer Indian/Alaskan	115						
Asian	89						
Hawaiian/Pacific	0						

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	235		69
Extremely low income <=30% AMI	186	79.1%	
Very low income (>30% but <=50% AMI)	44	18.7%	
Low income (>50% but <80% AMI)	5	2.1%	
Families with children	1	0.0%	
Elderly families	94	40.0%	
Families with Disabilities	140	59.5%	
White	170	72.3%	
Black/African Amer	31	13.1%	
Amer Inc/Alaskan	12	5.1%	
Asian	3	1.2%	
Hawaiian/Pacific Isl	1	.42	

Characteristics by Bedroom Size (Public Housing Only)			
0-1 BR	218	92.76	
2 BR	17	12.29	
3 BR	0	0	
4 BR	0	0	
5 BR			
5+ BR			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	385		53
Extremely low income <=30% AMI	328	85.19	
Very low income (>30% but <=50% AMI)	55	14.28	
Low income (>50% but <80% AMI)	1	.25	
Families with children	144	0	
Elderly families	12	39.58	
Families with Disabilities	27	59.37	
White	255	79.16	
Black/African Amer	100	10.93	
Amer Ind/Alaskan	14	5.72	
Asian	1	.52	
Hawaiian/Pacific IIs	3	1.04	

Substantial Deviation

Significant Amendment or Modification

The East Providence Housing Authority shall define a “substantial deviation” from its five-year plan as a discretionary change in its mission, goals, and objectives which would require formal approval by the Board of Commissioners.

A “significant amendment or modification” to either its five-year plan or one-year plan is any discretionary change in the plan’s non-regulated activities impacting all program participants and requiring formal approval by the Board of Commissioners. Including in such “significant amendment or modification” to the plan may be the following:

- Changes to rent, admissions policies, or organization of the waiting list.
- Additions of non-emergency work items (items not included in the current Annual Statement or 5-year Action Plan) over \$500,000.00 or 20% of the total CFP, whichever is less, or a change in use of replacement reserve funds under the Capital Fund;
- Any change with regard to demolition, disposition and designation of public housing developments, homeownership programs, or conversion activities.