

PHA Plans

Streamlined Annual Version

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

OMB No. 2577-0226
(exp. 06/30/2006)

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 that introduced 5-year and annual PHA Plans. The full PHA plan provides 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 allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 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, Federal Housing Administration, 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. Information in PHA plans is publicly available.

Streamlined Annual PHA Plan

for Fiscal Year: 2007

PHA Name: HOUSING AUTHORITY OF THE CITY OF NEWBERRY

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.

Streamlined Annual PHA Plan Agency Identification

PHA Name: HOUSING AUTHORITY OF THE CITY OF NEWBERRY

PHA Number: SC35

PHA Fiscal Year Beginning: (mm/yyyy) 01/2007

PHA Programs Administered:

Public Housing and Section 8 **Section 8 Only** **Public Housing Only**
Number of public housing units: Number of S8 units: Number of public housing units:
Number of S8 units:

PHA Consortia: (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

PHA Plan Contact Information:

Name: JAN B. PIERSOL Phone: 803-276-1049 EXT 5
TDD: Email (if available): jan_piersol@yahoo.com

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

PHA's main administrative office PHA's development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection. Yes No.

If yes, select all that apply:

Main administrative office of the PHA
 PHA development management offices
 Main administrative office of the local, county or State government
 Public library PHA website Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

Main business office of the PHA PHA development management offices
 Other (list below)

Streamlined Annual PHA Plan
Fiscal Year 2007
[24 CFR Part 903.12(c)]

Table of Contents
[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

A. PHA PLAN COMPONENTS

<input checked="" type="checkbox"/>	1. Site-Based Waiting List Policies	
	903.7(b)(2) Policies on Eligibility, Selection, and Admissions	
<input checked="" type="checkbox"/>	2. Capital Improvement Needs	
	903.7(g) Statement of Capital Improvements Needed	
<input type="checkbox"/>	3. Section 8(y) Homeownership	
	903.7(k)(1)(i) Statement of Homeownership Programs	
<input type="checkbox"/>	4. Project-Based Voucher Programs	
<input checked="" type="checkbox"/>	5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.	
<input checked="" type="checkbox"/>	6. Supporting Documents Available for Review	
<input checked="" type="checkbox"/>	7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report	
<input checked="" type="checkbox"/>	8. Capital Fund Program 5 Year Action Plan	
	ATTACHMENT NO. SC035a01:	
	NHA's Admissions Policy on Deconcentration -----	19
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	The PHA's Certification of Compliance with the PHA Plans and related regulations	20
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B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50076, *PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan* identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment,

approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

Form HUD-50070, *Certification for a Drug-Free Workplace*;

Form HUD-50071, *Certification of Payments to Influence Federal Transactions*; and

Form SF-LLL & SF-LLLa, *Disclosure of Lobbying Activities*.

1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4. Yes No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

B. Site-Based Waiting Lists – Coming Year

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

1. How many site-based waiting lists will the PHA operate in the coming year?
2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?
3. Yes No: May families be on more than one list simultaneously?
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
 - PHA main administrative office
 - All PHA development management offices
 - Management offices at developments with site-based waiting lists
 - At the development to which they would like to apply
 - Other (list below)

2. Capital Improvement Needs

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Capital Fund Program

1. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2. Yes No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

1. Yes No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).

2. Status of HOPE VI revitalization grant(s):

HOPE VI Revitalization Grant Status	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
	<input type="checkbox"/> Revitalization Plan under development
	<input type="checkbox"/> Revitalization Plan submitted, pending approval
	<input type="checkbox"/> Revitalization Plan approved
	<input type="checkbox"/> Activities pursuant to an approved Revitalization Plan underway

3. Yes No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name(s) below:

4. Yes No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:

5. Yes No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

2. Program Description:

a. Size of Program

Yes No: Will the PHA limit the number of families participating in the Section 8 homeownership option?

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?

b. PHA-established eligibility criteria

- Yes No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria:

c. What actions will the PHA undertake to implement the program this year (list)?

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- Demonstrating that it has other relevant experience (list experience below):

4. Use of the Project-Based Voucher Program

Intent to Use Project-Based Assistance

Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

- Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
 - low utilization rate for vouchers due to lack of suitable rental units
 - access to neighborhoods outside of high poverty areas
 - other (describe below):
- Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

5. PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: (provide name here)

NEWBERRY COUNTY

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- Other: (list below)

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The Newberry HA mission statement and goals and objectives fit right in with Newberry County's Consolidated Plan. As for the Annual Plan, it also fits right in with Newberry County's Consolidated Plan in that:

In the Public Housing Program, the NHA has adopted several policies over the last few years that promote and encourage self-sufficiency, such as adding to our deductions for working families, as well as, deferring rent increases for qualified residents that transition from welfare to work. We also established flat rents, based on our existing FMR's and Reasonableness system that has been established through our Section 8 Housing Choice Voucher Program, to assist in keeping rents lower, which will in turn encourage employment and self-sufficiency.

6. Supporting Documents Available for Review for Streamlined Annual PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
X	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input checked="" type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
		Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any policies governing any Section 8 special housing types <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
X	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
X	Other supporting documents (optional) SC35g01 – Resident advisory board (list individually; use as many lines as necessary) Environmental review	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: HOUSING AUTHORITY OF THE CITY OF NEWBERRY			Grant Type and Number Capital Fund Program Grant No: SC16PO3550107 Replacement Housing Factor Grant No:		Federal FY of Grant: 07
<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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	30,000			
3	1408 Management Improvements	20,000			
4	1410 Administration	30,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	349,025			
11	1465.1 Dwelling Equipment—Nonexpendable	24,742			
12	1470 Nondwelling Structures	45,000			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	518,767			
22	Amount of line 21 Related to LBP 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				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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

PHA Name: NEWBERRY HA		Grant Type and Number Capital Fund Program Grant No: SC16PO3550107 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	
PHA WIDE	OPERATIONS	1406		30,000				
	MANAGEMENT IMPROVEMENTS -TRAINING – 10,000 -COMPUTERS – 4,000 -INSPECTOR – 6,000	1408		20,000				
	ADMINISTRATION	1410		30,000				
	A/E FEES	1430		20,000				
SC035-1	CYCLE PAINTING	1460		4,000				
JULIAN E. GRANT HOMES	LANDSCAPE (EROSION CONTROL)	1460		10,000				
	REPLACE STOVES & REFRIGERATORS	1465.1		10,000				
	BACK DOOR LIGHTING	1460		8,300				
	KITCHEN LIGHTING	1460		6,000				
	PAINT & REPAIR FOUNDATION	1460		10,000				
	OFFICE REPAIR	1470		45,000				
SC035-3	CYCLE PAINTING	1460		3,000				
BETHLEHEM GARDENS	LANDSCAPE (EROSION CONTROL)	1460		5,000				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: NEWBERRY HA			Grant Type and Number Capital Fund Program Grant No: SC16PO3550107 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	
	STOVES & REFRIGERATORS	1465.1		8,000				
	FURNACES	1460		42,000				
	FLOORING	1460		70,000				
	VINYLE SIDING REPLACEMENT	1460		50,000				
	PAINT & REPAIR FOUNDATION	1460		5,000				
	REPLACE VENT COVERS HC	1460		6,000				
SC035-4 E. GORDON ABLE	LANDSCAPE (EROSION CONTROL)	1460		5,000				
	CYCLE PAINTING	1460		3,000				
	REPLACE STOVES & REFRIGERATORS	1465.1		6,742				
	PAINT & REPAIR FOUNDATION	1460		5,000				
	A/C @ 3 BR HOUSES	1460		116,725				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule**

PHA Name: NEWBERRY HA		Grant Type and Number Capital Fund Program No: SC16PO3550107 Replacement Housing Factor No:					Federal FY of Grant:
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	
SC35-1 - JULIAN E. GRANT HOMES	3/31/09			6/30/10			
SC35-3 BETHLEHEM GARDENS	3/31/09			6/30/10			
SC35-4 E. GORDON ABLE HOMES	3/31/09			6/30/10			

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name NEWBERRY HA				<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY: 2008	Work Statement for Year 3 FFY Grant: PHA FY: 2009	Work Statement for Year 4 FFY Grant: PHA FY: 2010	Work Statement for Year 5 FFY Grant: PHA FY: 2011
SC35-1,3,4 PHA WIDE	Annual Statement				
OPERATIONS		30,000	35,000	30,000	30,000
MANAGEMENT IMPROVEMENTS		25,000	20,000	20,000	20,000
ADMINISTRATION		35,000	32,000	40,000	40,000
A/E FEES		20,000	20,000	20,000	20,000
EQUIPMENT			14,767	35,000	31,000
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year :08 FFY Grant: PHA FY:			Activities for Year: 09 FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	<i>SC035-1</i> JULIAN E. GRANT HOMES	LANDSCAPE (EROSION CONTROL)	10,000	<i>SC035-1</i> JULIAN E. GRANT HOMES	LANDSCAPE (EROSION CONTROL)	10,000
Annual		CYCLE PAINTING	4,000		CYCLE PAINTING	5,000
Statement		REPLACE STOVES & REFRIGERATORS	8,000		REPLACE STOVES & REFRIGERATORS	8,000
		MISSING SECURITY SCREENS	10,000		TUB SURROUNDS FOR 2&3 BEDROOM	85,000
		A/C 3 BR APARTMENTS	104,000		A/C 2 BR APARTMENTS	265,000
		ROOFS ON HOUSES	125,000			
	SC035-3 BETHLEHEM GARDENS	CYCLE PAINTING	4,000	SC035-3 BETHLEHEM GARDENS	REPLACE STOVES & REFRIGERATORS	4,000
		REPLACE STOVES & REFRIGERATORS	3,000		LANDSCAPE (EROSION CONTROL)	5,000
		LANDSCAPE (EROSION CONTROL)	5,000		CYCLE PAINTING	3,000
		REPLACE HOT WATER HEATERS	4,000			
	SC035-4 E. GORDON ABLE	CYCLE PAINTING	3,000	SC035-4 E. GORDON ABLE	REPLACE STOVES & REFRIGERATORS	4,000
		REPLACE STOVES & REFRIGERATORS	4,000		LANDSCAPE (EROSION CONTROL)	5,000
		LANDSCAPE (EROSION CONTROL)	5,000		CYCLE PAINTING	3,000
		CIRCULAR PUMPS FOR HEAT SYSTEM	4,767			
		A/C 3BR UNITS	115,000			
Total CFP Estimated Cost			\$408,767			\$397,000

8. Capital Fund Program Five-Year Action Plan

SC035-4 E. GORDON ABLE	REPLACE STOVES & REFRIGERATORS	4,000	SC035-4 E. GORDON ABLE	REPLACE STOVES & REFRIGERATORS	4,000
	CYCLE PAINTING	4,000		CYCLE PAINTING	4,000
	LANDSCAPE (EROSION CONTROL)	5,000		LANDSCAPE (EROSION CONTROL)	5,000
	GFI'S	10,000		REPLACE PORCH POST	26,000
	REPLACE RANGE HOODS	4,767		PLAYGROUND EQUIPMENT	20,000
	PEST CONTROL	7,000		REPLACE HOT WATER HEATERS	20,000
	CLOTHES LINES	3,000		CIRCULAR PUMPS HEAT SYSTEM	20,000
				GARBAGE CARTS	3,300
				WASHDOWN SIDING	786
Total CFP Estimated Cost		\$ 373,767			\$377,767

NHA's Admissions Policy on Deconcentration

The NHA's admission policy is designed to provide for deconcentration of poverty and income mixing by bringing higher income tenants into lower income projects and lower income tenants into higher income projects.

Gross annual income is used for income limits at admission and for income-mixing purposes.

Skipping of a family on the waiting list specifically to reach another family with a lower or higher income is not to be considered an adverse action to the family. Such skipping will be uniformly applied until the target threshold is met.

The NHA will gather data and analyze, at least annually, the tenant characteristics of its public housing stock, including information regarding tenant incomes, to assist in the NHA's deconcentration efforts.

The NHA will use the gathered tenant incomes information in its assessment of its public housing developments to determine the appropriate designation to be assigned to the project for the purpose of assisting the NHA in its deconcentration goals.

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the *Standard Annual, Standard 5-Year/Annual, and
Streamlined 5-Year/Annual PHA Plans***

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 ___standard Annual, ___ standard 5-Year/Annual or X streamlined 5-Year/Annual PHA Plan for the PHA fiscal year beginning 2007___, 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 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.
4. 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.
5. The PHA 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.
6. 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.
7. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's MTCS in an accurate, complete and timely manner (as specified in PIH Notice 99-2);
 - 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).
8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
9. 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.
10. 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. The PHA has submitted with the Plan a certification with regard to a drug free workplace required by 24 CFR Part 24, Subpart F.
12. The PHA has submitted with the Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.

13. 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.
14. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
15. The PHA will provide HUD or the responsible entity any documentation that the Department needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58.
16. 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.
17. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
18. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.
19. 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) and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments.).
20. 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.
21. 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.

Housing Authority of the City of Newberry
PHA Name

SC 035
PHA Number/HA Code

Standard PHA Plan for Fiscal Year: 20__

Standard Five-Year PHA Plan for Fiscal Years 20__ - 20__, including Annual Plan for FY 20__

Streamlined Five-Year PHA Plan for Fiscal Years 2007 - 2011, including Annual Plan for FY 2007

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
Tommy Bowers	Board of Director Chairman
Signature	Date
X	

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Program/Activity Receiving Federal Grant Funding

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Name of Authorized Official

Title

Signature

Date

X

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

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

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract (annual plan) <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award (annual plan) <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing (annual plan) <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 _____, <i>if known</i> : Congressional District, if known:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, <i>if applicable</i> : _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
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 reported to the Congress semi-annually and 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: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

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6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, <i>if applicable</i> : _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
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Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

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3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
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HOUSING AUTHORITY OF THE CITY OF NEWBERRY
RESIDENT ADVISORY BOARD

The members of the Newberry Housing Authority's Advisory Board are as follows:

Ms. Lou Coleman
Ms. Sue McClurkin
Ms. Mildred Cooper
Ms. Glenda Johnson
Ms. Bobbie Goins
Ms. Rhonda Cromer
Ms. Kim Folk
Ms. Lois McCauley

PdE Report

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

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 Newberry		Grant Type and Number Capital Fund Program Grant No: SC16PO3550104 Replacement Housing Factor Grant No:			Federal FY of Grant: 1-2004
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <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
1	Total non-CFP Funds				
2	1406 Operations	30,000	30,000		
3	1408 Management Improvements	18,000	18,000		
4	1410 Administration	32,000	32,000		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000	20,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	35,455	40,309		
10	1460 Dwelling Structures	204,577	205,705		
11	1465.1 Dwelling Equipment—Nonexpendable	12,128	12,128		
12	1470 Nondwelling Structures	156,7550	150,773		
13	1475 Nondwelling Equipment	25,000	25,000		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	533,915	533,915		
22	Amount of line 21 Related to LBP 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				

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 JUL 28 2006
 COLUMBIA
 PUBLIC HOUSING


 form HUD-50075-SF (04/30/2003)
 Larry Knightner
 Director

SSP

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

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 Newberry			Grant Type and Number Capital Fund Program Grant No: SC16PO3550104 Replacement Housing Factor Grant No:			Federal FY of Grant: 1/2004		
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	
PHA WIDE	OPERATIONS	1406		30,000	30,000	100%		
	MANAGEMENT IMPROVEMENTS	1408		18,000	18,000	100%		
	ADMINISTRATION	1410		32,000	32,000	100%		
	A/E FEES	1430		20,000	20,000			
	EQUIPMENT	1475		25,000	25,000	100%		
SC35-1 - JULIAN E. GRANT HOMES	AIRCONDITIONING	1460		0	0			
	REPLACE STOVES	1465.1		2,500	2,500	100%		
	REPLACE REFRIGERATORS	1465.1		2,500	2,500	100%		
	REPLACE HOTWATER HEATERS	1460		6,806	6,806	100%		
	REPLACE FLOORS	1460		0	0			
	REPLACE MEDICINE CABINETS	1460		6,715	6,715	100%		
	PEST CONTROL (BAT EXCLUSION)	1460		0	0			
	CYCLE PAINTING	1460		20,000	20,000	97%		
	LANDSCAPE (EROSION CONTROL)	1450		20,000	24,854	98%		
	ROOF (OFFICE, COMM BLDG & SHOP)	1470		122,145	116,163	100%		
	A/C COMMUNITY BLDG	1470		34,610	34,610	100%		
	SECURITY GATE AT SHOP	1450		5,455	5,455	100%		

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

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 Newberry			Grant Type and Number Capital Fund Program Grant No: SC16PO3550104 Replacement Housing Factor Grant No:			Federal FY of Grant: 1/2004		
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	
SC35-3 BETHLEHEM GARDENS	TUB SURROUNDINGS AND SHOWER VALVES	1460		115,245	123,080	100%		
	REPLACE STOVES	1465.1		1,782	1,782	100%		
	REPLACE REFRIGERATORS	1465.1		1,781	1,782	100%		
	REPLACE HOTWATER HEATERS	1460		3,181	2,038	100%		
	REPLACE BLINDS	1460		3,000	1,208	100%		
	REPLACE FLOORING	1460		1,051	1,051	100%		
	GFI RECEPICAL	1460		3,000	1,514	100%		
	PEST CONTROL (BAT EXCLUSION)	1460		5,100	5,528	100%		
	LANDSCAPING (EROSION CONTROL)	1450		5,000	5,000	100%		
	CYCLE PAINTING	1460		10,000	10,000	50%		
SC35-4 E. GORDON ABLE HOMES	AIRCONDITIONING	1460		0	0			
	REPLACE STOVES	1465.1		1,782	1,782	100%		
	REPLACE REFRIGERATORS	1465.1		1,781	1,782	100%		
	REPLACE BLINDS	1460		3,000	1,872	100%		
	GFI RECPTS. IN BATHROOMS	1460		2,156	2,156	100%		
	PEST CONTROL (BAT EXCLUSION)	1460		10,325	10,325	100%		
	LANDSCAPING	1450		5,000	5,000	100%		
	CYCLE PAINTING	1460		10,000	10,000	30%		

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

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 Newberry		Grant Type and Number Capital Fund Program Grant No: SC16PO3550104 Replacement Housing Factor Grant No:			Federal FY of Grant: 1/2004			
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	
	GFI RECPTS. IN KITCHEN	1460		3,000	1,390	100%		
	HOT WATER HEATERS	1460		2,000	2,022	100%		

13. Capital Fund Program Five-Year Action Plan

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 Newberry			Grant Type and Number Capital Fund Program No: SC16PO3550104 Replacement Housing Factor No:			Federal FY of Grant: 1/2004	
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	
SC35-1 - JULIAN E. GRANT HOMES	3-31-06	9/13/06		6-30-07	9/13/08		
SC35-3 BETHLEHEM GARDENS	3-31-06	9/13/06		6-30-07	9/13/08		
SC35-4 E. GORDON ABLE HOMES	3-31-06	9/13/06		6-30-07	9/13/08		

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY OF THE CITY OF NEWBERRY		Grant Type and Number Capital Fund Program Grant No: SC16PO3550105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005			
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	
	MAINTENNANCE SHED	1470		30,000	✓	0%		
	REPLACE SMOKE DETECTORS	1460		6,500	✓	100%		
	REPLACE THERMOSTATS	1460		7,000	✓	0% <i>deems BR</i>		
	GYM A/C	1470		30,000	✓	100%		
	A/C 4 & 5 BDR (32 @ \$5,000)	1460		103,830	✓ <i>del</i>	0%		
SC35-3 BETHLEHEM GARDENS	REPLACE SCREEN DOORS	1460		15,900	✓	0%		
	REPLACE STOVES & REFRIGERATORS	1465.1		4,000	✓	100%		
	CYCLE PAINTING	1460		6,000	✓	25%		
	LANDSCAPE (EROSION CONTROL)	1450		5,000	✓	1%		
	REPLACE SEWERLINE TO MAIN	1470		13,000	✓ <i>del</i>	0%		
	REPLACE SMOKE DETECTORS	1460		1,800	✓	100%		
	REPLACE THERMOSTATS	1460		1,800	✓	0% <i>deems BR</i>		
SC35-4 E. GORDON ABLE HOMES	LANDSCAPE (EROSION CONTROL)	1450		5,000	✓	1%		

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY OF THE CITY OF NEWBERRY			Grant Type and Number Capital Fund Program Grant No: SC16PO3550105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005		
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	
	CYCLE PAINTING	1460		6,000	✓	1%		
	REPLACE STOVES & REFRIGERATORS	1465.1		4,000	✓	99%		
	REPLACE BACKDOOR LIGHTING	1460		1,375	✓	0%		
	REPLACE SMOKE DETECTOR	1460		1,600	✓	100%		
	REPLACE THERMOSTATS	1460		1,650	✓	0% done BR		
	REPLACE SCREEN DOORS	1460		29,150	✓ <i>29,150</i>	0%		

BR = Budget Revision

13. Capital Fund Program Five-Year Action Plan

Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implementation Schedule							
PHA Name: HOUSING AUTHORITY OF THE CITY OF NEWBERRY			Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: SC16PO3550105			Federal FY of Grant: 2005	
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	
SC35-1 - JULIAN E. GRANT HOMES	3-31-07			6-30-08			
		8/17/09					
SC35-3 BETHLEHEM GARDENS	3-31-07	8/17/09		6-30-08			
SC35-4 E. GORDON ABLE HOMES	3-31-07			6-30-08			

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY OF THE CITY OF NEWBERRY		Grant Type and Number Capital Fund Program Grant No: SC16PO3550105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005			
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	
PHA WIDE	OPERATIONS	1406		40,000		100%		
	MANAGEMENT IMPROVEMENTS -TRAINING - 10,000 -COMPUTERS - 9,000 -SOFTWARE /COMP. TECH- 7,000 -INSPECTOR - 6,000	1408		32,000		60%		
	ADMINISTRATION	1410		57,622		99%		
	A/E FEES	1430		20,000		1%		
	EQUIPMENT - VEHICLE REPLACEMENT	1475		30,000	<i>check</i>	79%		
SC35-1 - JULIAN E. GRANT HOMES	PEST CONTROL (BAT EXCLUSION)	1460		29,000	✓	65%		
	REPLACE SCREEN DOORS	1460		0				
	GRADING & LANDSCAPING	1450		20,000	<i>check</i>	1%		
	REPLACE SIDEWALKS	1450		20,000	✓	1%		
	CYCLE PAINTING	1460		10,000	✓	40%		
	PLAYGROUND EQUIPMENT	1475		25,000	✓	0%		
	REPLACE STOVES & REFRIGERATORS	1465.1		8,000	✓	100%		

SC 035101



U. S. Department of Housing and Urban Development

South Carolina State Office
Strom Thurmond Federal Building
1835 Assembly Street
Columbia, South Carolina 29201-2480

March 24, 2006

Ms. Jan Piersol
Executive Director
Newberry Housing Authority
PO Box 737
Newberry, SC 29103

Dear Ms. Piersol:

SUBJECT: FY 2005 Capital Fund Program (CFP)
Modernization Program No. SC16P0350105

This letter is written to inform the Housing Authority that the subject CFP funding may be obligated based on the environmental reviews being completed as required by PIH Notice 2005-22.

The Environmental Reviews were conducted for the following developments:

1. SC35-1: Julian Grant Homes
2. SC35-3: Bethlehem Community
3. SC35-4: E. Gordon Noble Homes

This office encourages the use of Energy Star appliances and equipment where cost effective.

Should you have any questions, please contact Gwendolyn Pueblo, General Engineer at (803) 253-3233.

Very sincerely yours,

For 
Larry Knightner
Director
Public Housing Program Center