

| 1.0 | PHA Information PHA Name: <u>Central Falls Housing Authority</u> PHA Code: <u>RI004</u> 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>10/2009</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------|--------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------|-----|--------|--|--|--|--|--|--------|--|--|--|--|--|--------|--|--|--|--|--|
| 2.0 | Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>327</u> Number of HCV units: <u>553</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.0 | Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.0 | PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:35%;">Participating PHAs</th> <th rowspan="2" style="width:5%;">PHA Code</th> <th rowspan="2" style="width:20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width:20%;">Programs Not in the Consortia</th> <th colspan="2" style="width:20%;">No. of Units in Each Program</th> </tr> <tr> <th style="width:10%;">PH</th> <th style="width:10%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Participating PHAs | PHA Code | Program(s) Included in the Consortia | Programs Not in the Consortia | No. of Units in Each Program | | PH | HCV | PHA 1: | | | | | | PHA 2: | | | | | | PHA 3: | | | | | |
| Participating PHAs | PHA Code | | | | | Program(s) Included in the Consortia | Programs Not in the Consortia | No. of Units in Each Program | | | | | | | | | | | | | | | | | | | |
| | | PH | HCV | | | | | | | | | | | | | | | | | | | | | | | | |
| PHA 1: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHA 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHA 3: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Central Falls Housing Authority is to provide safe, decent and affordable housing, and to establish programs that will educate, enhance and empower all the people in the community we serve. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 phaplans 2009 attachments.doc | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6.0 | PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: see phaplans section attachments submitted ----- See phaplans 2009 attachments.doc (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. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. All elements identified in Section 6.0 including attachments can be reviewed by residents, staff and general public at the Main Administrative Office as well as each development (Wilfrid Manor, Forand Manor) management office. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7.0 | Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.3 | Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 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.</p> |
| 10.0 | <p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. See phaplans 2009 attachments.doc</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" See phaplans 2009 attachments.doc</p> |
| 11.0 | <p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p> |

PHA Name: Central Falls Housing Authority
 PHA Type: Standard
 PHA Fiscal Year Beginning: 10/2009

PHA Code: RI004

5.2 – Goals and Objectives

- Goal – Increase the availability of decent, safe, and affordable housing
 - Reduce public housing vacancies
 - Leverage private and other public funds to create additional housing opportunities (we currently have a 4 unit (3 bedrooms each) attached town house setup for homeownership training along with a two unit ranch house)
 - Acquire/build units or developments (purchased 60,000 sq. ft. parcel with a two story building – 5,200 sq. ft. on each level and are in the process of determining how to develop it).
 - Free up current office and parking spaces used by staff personnel for elderly/disabled residents services
 - Provide additional programming space for tenant services, including health and social services inside each development
 - Develop a Marketing Strategy that may require the development of an Allocation Plan to improve the continuity and occupancy levels of elderly/handicap developments.
- Goal – Improve the quality of assisted housing
 - Improve public housing management (PHAS score)
 - Concentrate efforts to improve specific management functions
 - Renovate/modernize public housing units
- Goal – Increase assisted housing choices
 - Provide Voucher mobility counseling
 - Conduct outreach efforts to potential voucher landlords (this has become a hot issue in this city due to the high number of boarded up properties)
 - Implement public housing site-based waiting lists (we currently have three waiting lists for Public Housing. One list for Wilfrid Manor, one list for Forand/Forand Annex Manor and a combined list for both manors)
- Goal – Provide an improved living environment
 - Implement public housing security improvements (with our 2006 CFP monies we installed a 170 camera CCTV system along with building access improvements at both developments tied together through WIFI capabilities. When responding to an emergency both the police and fire departments can get access to the system)
- Goal – Promote Self-Sufficiency and asset development of families and individuals
 - Increase the number and percentage of employed persons in assisted families (utilizing grants and other partnerships we have over 100 participants receiving job training and employment. We also have 50 participating families currently in our FSS program. Since its inception some 10 years ago the FSS five year program has successfully graduated at least 60 participants families who are completely off assistance, are working and in some cases have bought homes)
 - Provide and attract supportive services to improve participants employability
 - Provide and attract supportive services to increase independence for the elderly or families with disabilities (we have done this through our Resident Services Coordinator as well as staff assistance where possible)
- Goal – Ensure equal opportunity in housing for all individuals
 - Utilize affirmative measures to ensure access to assisted housing regardless of race, color religion, national origin, sex, familial status and disability
 - Utilize affirmative measures to provide a suitable living environment for families/individuals living in assisted housing regardless of race, color religion, national origin, sex, familial status and disability
 - Utilize affirmative measures to ensure accessible housing to persons/families with all varieties of disabilities regardless of unit size requirements

6.0 (a) Element # 2:

| Financial Resources: Planned Sources and Uses | | |
|---------------------------------------------------------------------------------------|-------------------|---------------------|
| Sources | Planned \$ | Planned Uses |
| 1. Federal Grants (FY 2009 grants) | | |
| a) Public Housing Operating Fund | 971,142 | |
| b) Public Housing Capital Fund | 410,048 | |
| c) HOPE VI Revitalization | 0 | |
| d) HOPE VI Demolition | 0 | |
| e) Annual Contributions for Section 8 Tenant-Based Assistance | 4,558,166 | |
| f) Public Housing Drug Elimination Program (including any Technical Assistance funds) | 0 | |
| g) Resident Opportunity and Self-Sufficiency Grants | 70,807 | Hired RSC |
| h) Community Development Block Grant | 0 | |
| i) HOME | 0 | |
| Other Federal Grants (list below) | 0 | |

| Financial Resources: Planned Sources and Uses | | |
|---------------------------------------------------------------------------|------------------|-----------------|
| Sources | Planned \$ | Planned Uses |
| 2. Prior Year Federal Grants (unobligated funds only) (list below) | | |
| RI43P004501-07 | 172,455 | |
| RI42P004501-08 | 363,048 | |
| 3. Public Housing Dwelling Rental Income | 1,144,800 | PH Operations |
| 4. Other income (list below) | | |
| Portables Admin. | 62,825 | HCV Operations |
| Rooftop Antenna Leases | 86,400 | PH Operations |
| Excess Utilities | 25,300 | PH Operations |
| Interest on General Fund | 29,600 | PH Operations |
| 4. Non-federal sources (list below) | | |
| State Dept. of Elderly Affairs | 0 | Security |
| Component Units Revenue | 120,493 | Component Units |
| Total resources | 8,015,370 | |

6.0 (a) Element # 6:

| Designation of Public Housing Activity Description |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. Development name: Wilfrid Manor 1b. Development (project) number: RI 4-1 |
| 2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input checked="" type="checkbox"/> |
| 3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/> |
| 4. Date this designation approved, submitted, or planned for submission: Planned Revised Resubmission October/November 2009 Time Frame |
| 5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan? |
| 6. Number of units affected: 125 7. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development (85% of the non-wheelchair units: 101 Elderly Only) <input type="checkbox"/> Total development |

| Designation of Public Housing Activity Description |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. Development name: Forand Manor & Annex 1b. Development (project) number: RI 4-2 & RI 4-4 |
| 2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input checked="" type="checkbox"/> |
| 3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/> |
| 4. Date this designation approved, submitted, or planned for submission: Planned revised resubmission October/November 2009 Time Frame |
| 5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan |

| |
|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Revision of a previously-approved Designation Plan? |
| 6. Number of units affected: 202 |
| 7. Coverage of action (select one) |
| <input checked="" type="checkbox"/> Part of the development (75% of the non-wheelchair units: 152 elderly Only) |
| <input type="checkbox"/> Total development |

6.0 (a) Element # 7:

PHA Goal: To seek additional funding through ROSS, FSS Grants and other public and private sources to expand programs in meeting the mission of the Central Falls Housing Authority

Objectives: **(Goal Achieved - received 3 year Grant, hired RSC)**

- Hired a resident service coordinator to coordinate health and social services for the elderly and disabled population
- To expand family self sufficiency programming for employment opportunities

6.0 (a) Element # 13:

Violence Against Women Act (VAWA)

The PHA has implemented and instructed the Resident Services Coordinator and the Building Managers in each of the two developments in the proper use of HUD Form 91066 – Certificate of Domestic Violence, Dating Violence or Stalking. In addition we have a designated police officer assigned to our developments. He coordinates with the above mentioned staff members in the reporting, investigating and prosecuting of any violations.

9.1 Strategies

| 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 | 25.9% | 5 | 5 | 5 | 5 | N/A | N/A |
| Income >30% but <=50% of AMI | 29% | 5 | 5 | 5 | 5 | N/A | N/A |
| Income >50% but <80% of AMI | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Elderly | 15% | 5 | 5 | 5 | 5 | N/A | N/A |
| Families with Disabilities | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Race/Ethnicity | N/A | | | | | | |
| Race/Ethnicity | N/A | | | | | | |
| Race/Ethnicity | N/A | | | | | | |
| Race/Ethnicity | N/A | | | | | | |

Source of Information for the above chart – City of Central Falls Consolidated Plan 2007 – We will also take advantage of the 2010 U.S. Census dataset (CHAS – Comprehensive Housing Affordability Strategy) when it becomes available next year.

| Housing Needs of Families on the Waiting List | | | |
|----------------------------------------------------------------------------------------------|---------------|---------------------|-----------------|
| Waiting list type: Public Housing Site-Based waiting list: Forand Manor – List is not closed | | | |
| | # of families | % of total families | Annual Turnover |
| Waiting list total | 56 | | |
| Extremely low income <=30% AMI | 47 | 84% | |
| Very low income (>30% but <=50% AMI) | 7 | 13% | |
| Low income (>50% but <80% AMI) | 2 | 3% | |
| Families with children | 0 | | |
| Elderly families | 20 | 36% | |
| Families with Disabilities | 44 | 79% | |
| Race/ethnic. White | 33 | 59% | |
| Race/ethnic. Hisp. | 17 | 30% | |
| Race/ethnic. Black | 6 | 11% | |
| Race/ethnicity | | | |

| Housing Needs of Families on the Waiting List | | | |
|-------------------------------------------------------|----|-----|--|
| Characteristics by Bedroom Size (Public Housing Only) | | | |
| 0BR | 6 | 11% | |
| 1 BR | 41 | 73% | |
| 2 BR | 9 | 16% | |
| 3 BR | | | |
| 4 BR | | | |
| 5+ BR | | | |

| Housing Needs of Families on the Waiting List | | | |
|-----------------------------------------------------------------------------------------------|---------------|---------------------|-----------------|
| Waiting list type: Public Housing Site-Based waiting list: Wilfrid Manor – List is not closed | | | |
| | # of families | % of total families | Annual Turnover |
| Waiting list total | 59 | | |
| Extremely low income <=30% AMI | 46 | 78% | |
| Very low income (>30% but <=50% AMI) | 11 | 19% | |
| Low income (>50% but <80% AMI) | 2 | 3% | |
| Families with children | 3 | 4% | |
| Elderly families | 24 | 41% | |
| Families with Disabilities | 44 | 71% | |
| Race/ethnic. White | 35 | 59% | |
| Race/ethnic. Black | 6 | 10% | |
| Race/ethnic. Hisp. | 23 | 39% | |
| Race/ethnic. Non-H. | 36 | 61% | |
| Characteristics by Bedroom Size (Public Housing Only) | | | |
| 0BR | 5 | 8% | |
| 1 BR | 45 | 76% | |
| 2 BR | 9 | 15% | |
| 3 BR | | | |
| 4 BR | | | |
| 5+ BR | | | |

Note: Some families from both lists above also sign up for the combined waiting list for both developments which is also not closed.

| Housing Needs of Families on the Waiting List | | | |
|-------------------------------------------------------------------------------------------------------------|---------------|---------------------|-----------------|
| Waiting list type: Section 8 tenant-based assistance – List has been closed for the past twelve (12) months | | | |
| | # of families | % of total families | Annual Turnover |
| Waiting list total | 949 | | |
| Extremely low income <=30% AMI | 825 | 87% | |
| Very low income (>30% but <=50% AMI) | 124 | 13% | |
| Low income (>50% but <80% AMI) | 0 | 0% | |
| Families with children | 627 | 66% | |
| Elderly families | 60 | 6% | |
| Families with Disabilities | 88 | 9% | |
| Race/ethnic. Hisp. | 652 | 68% | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |

| Housing Needs of Families on the Waiting List | | | |
|-------------------------------------------------------|--|--|--|
| Characteristics by Bedroom Size (Public Housing Only) | | | |
| 1BR | | | |
| 2 BR | | | |
| 3 BR | | | |
| 4 BR | | | |
| 5 BR | | | |
| 5+ BR | | | |

Note: The Section 8 Tenant-based assistance waiting list is based on bedroom size needs.

Strategy for addressing needs – using current resources:

- Employ effective strategies/policies to minimize the number of units off-line
- Reduce turnover time for vacated housing units (average time from move out to move in is 30 to 60 days)
- Reduce time to renovate public housing units (average time of less than 30 days from turnover to maintenance to return to leasing and occupancy)
- Maintain/increase Section 8 lease-up rates by establishing payment standards that allow families to rent throughout the jurisdiction
- Ensure access to affordable housing among assisted families, regardless of unit size required
- Ensure access to affordable housing among families with disabilities

10.0 Additional Information

10.0 (a) Progress in Meeting Mission and Goals – See 5.2 Goals and Objectives above

10.0 (b) Significant Amendment and Substantial Deviation/Modification

- Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Central Falls Housing Authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

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 | | Grant Type and Number | | FFY of Grant: 2005 | |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------|----------------------|------------------------------------------|------------|
| PHA Name: Central Falls Housing Authority | | Capital Fund Program Grant No: R143P00450105 | | FFY of Grant Approval: | |
| Date of CFFP: | | Replacement Housing Factor Grant No: | | | |
| Type of Grant | | Reserve for Disasters/Emergencies | | Revised Annual Statement (revision no:) | |
| <input type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: 3/31/09 | | <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 29,012 | 29,012 | 29,012 | 29,012 |
| 3 | 1408 Management Improvements | 10,597 | 10,597 | 10,597 | 5,276.42 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 27,000 | 27,000 | 27,000 | 19,877.57 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 0 | 8,000 | 8,000 | 8,000 |
| 10 | 1460 Dwelling Structures | 323,247 | 290,247 | 290,247 | 272,393.18 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 20,000 | 20,000 | 20,000 | 10,300 |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | 7,000 | 32,000 | 32,000 | 31,263.00 |
| 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 | | FFY of Grant: 2005 FFY of Grant Approval: | |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------|
| PHA Name: Central Falls Housing Authority | Grant Type and Number Capital Fund Program Grant No: RL43P00450105 Replacement Housing Factor Grant No: Date of CFFP: | | |
| Type of Grant | <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/09 <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Summary by Development Account <input type="checkbox"/> Final Performance and Evaluation Report | | |
| Line | Summary by Development Account | Total Estimated Cost | Total Actual Cost ¹ |
| | | Original | Revised ² |
| | | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | 416,856 | 376,122.17 |
| 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 <i>Ann Sullivan, Interim Executive Director</i> | | Signature of Public Housing Director | |
| Date <i>8/24/09</i> | | 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 | | Grant Type and Number | | Federal FFY of Grant: 2005 | | | |
|---------------------------------------------|----------------------------------------------|----------------------------------------------|----------|----------------------------------------------|----------------------|-------------------|----------------|
| PHA Name: Central Falls Housing Authority | | Capital Fund Program Grant No: RI43P00450105 | | Capital Fund Program Grant No: RI43P00450105 | | | |
| Development Number Name/PHA-Wide Activities | | CFFP (Yes/No): | | Replacement Housing Factor Grant No: | | | |
| 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 | | |
| PHA Wide | Operations | 1406 | | 29,012 | 29,012 | 29,012 | Done |
| | Management Improvements | 1408 | | | | | |
| PHA Wide | Staff Training/Computer Software | 1408 | | 10,597 | 10,597 | 5,276.42 | In Process |
| | Fees & Costs | 1430 | | | | | |
| PHA Wide | A & E Fees and Costs | 1430 | | 27,000 | 27,000 | 19,877.57 | In Process |
| | Site Improvements | 1450 | | | | | |
| RI004-2 | Lawn Sprinkler System/New Sod | 1450 | | 0 | 8,000 | 8,000 | Done |
| | Dwelling Structures | 1460 | | | | | |
| RI004-2 | Fire Code Upgrades | 1460 | | 71,995 | 38,995 | 38,995 | Done |
| RI004-4 | Elevator Replacement Upgrade | 1460 | | 251,252 | 251,252 | 233,398.18 | In Process |
| | Dwelling Equipment | 1465 | | | | | |
| RI004-4 | New Refrigerators/Stoves | 1465 | | 20,000 | 20,000 | 10,300 | In Process |
| | Non-Dwelling Equipment | 1475 | | | | | |
| PHA Wide | Computer Hardware Upgrade | 1475 | | 7,000 | 7,000 | 7,000 | Done |
| RI004-2 | New Truck | 1475 | | 0 | 25,000 | 24,263 | In Process |
| | Grand Total | | | 416,856 | 416,856 | 416,856 | 376,122.17 |

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
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| Part I: Summary | | Grant Type and Number | | FFY of Grant: 2006 | |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------|----------------------|------------------------|--------------------------------|
| PHA Name: Central Falls Housing Authority | | Capital Fund Program Grant No: R143P00450106 | | FFY of Grant Approval: | |
| Date of CFFP: | | Replacement Housing Factor Grant No: | | | |
| Type of Grant | | Reserve for Disasters/Emergencies | | | |
| <input type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Revised Annual Statement (revision no:) | | | |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/09 | | Final Performance and Evaluation Report | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Obligated | Total Actual Cost ¹ |
| | | Original | Revised ² | | |
| 1 | Total non-CFFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 19,114 | 50,910 | 50,910 | 49,085.41 |
| 3 | 1408 Management Improvements | 35,000 | 35,000 | 35,000 | 24,578.15 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 10,000 | 10,000 | 10,000 | 10,000 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 27,000 | 27,000 | 27,000 | 27,000 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 270,000 | 270,000 | 270,000 | 270,000 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | 14,698 | 14,698 | 14,698 | 11,883.47 |
| 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 CFFP 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
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| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Part I: Summary | | FFY of Grant: 2006 | |
| PHA Name: Central Falls Housing Authority | Grant Type and Number Capital Fund Program Grant No: R143P00450106 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant Approval: | |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/09 | | <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report | |
| Type of Grant | Summary by Development Account | Total Estimated Cost | Total Actual Cost¹ |
| | | Original | Revised ² |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | Obligated |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | Expended |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | |
| 20 | Amount of Annual Grant: (sum of lines 2 - 19) | 375,812 | 407,608 |
| 21 | Amount of line 20 Related to LBP Activities | | 392,547.03 |
| 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 | 270,000 | 270,000 |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | |
| Signature of Executive Director Mrs. Mary Sullivan, Executive Director | | Signature of Public Housing Director | |
| Date 8/24/09 | | 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.

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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| Part II: Supporting Pages | | Federal FFY of Grant: 2006 | | | | | | |
|---------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|----------------------|---------------------------------|--------------------------------|------------|
| PHA Name: Central Falls Housing Authority | | Grant Type and Number Capital Fund Program Grant No: R143P00450106 CFFP (Yes/ No): Replacement Housing Factor Grant No: | | | | | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | Total Actual Cost | Status of Work | | |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| PHA Wide | Operations | 1406 | | 19,114 | 50,910 | 50,910 | 49,085.41 | In Process |
| PHA Wide | Management Improvements | 1408 | | | | | | |
| PHA Wide | Staff Training/Computer Software | 1408 | | 35,000 | 35,000 | 35,000 | 24,578.15 | In Process |
| PHA Wide | Administration | 1410 | | | | | | |
| PHA Wide | 25% Salary CFP Coordinator | 1410 | | 10,000 | 10,000 | 10,000 | 10,000 | Done |
| PHA Wide | Fees & Cost | 1430 | | | | | | |
| PHA Wide | A & E Fees & Cost | 1430 | | 27,000 | 27,000 | 27,000 | 27,000 | Done |
| PHA Wide | Dwelling Structures | 1460 | | | | | | |
| RI004-1 | CCTV/Building Access Improv. | 1460 | | 90,000 | 90,000 | 90,000 | 90,000 | Done |
| RI004-2 | CCTV/Building Access Improv. | 1460 | | 130,000 | 130,000 | 130,000 | 130,000 | Done |
| RI004-4 | CCTV/Building Access Improv. | 1460 | | 50,000 | 50,000 | 50,000 | 50,000 | Done |
| PHA Wide | Non-Dwelling Equipment | 1475 | | | | | | |
| PHA Wide | Computer Hardware Upgrades | 1475 | | 10,000 | 10,000 | 10,000 | 10,000 | Done |
| PHA Wide | Maint. Equip./Floor Maintenance | 1475 | | 4,698 | 4,698 | 4,698 | 1,883.47 | In Process |
| | Grand Total | | | 375,812 | 407,608 | 407,608 | 392,547.03 | |

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
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| Part I: Summary | | Grant Type and Number | | FFY of Grant: 2007 | |
|--------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------|----------------------|------------------------------------------|--------------------------------|
| PHA Name: Central Falls Housing Authority | | Capital Fund Program Grant No: R143P00450107 | | FFY of Grant Approval: | |
| | | Replacement Housing Factor Grant No: | | | |
| | | Date of CFFP: | | | |
| Type of Grant | | Reserve for Disasters/Emergencies | | Revised Annual Statement (revision no:) | |
| Original Annual Statement | | Final Performance and Evaluation Report | | Final Performance and Evaluation Report | |
| Performance and Evaluation Report for Period Ending: 3/31/09 | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | Revised ¹ | Obligated | Total Actual Cost ¹ |
| | | Original | | | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 33,222 | 33,222 | 13,515 | 13,515 |
| 3 | 1408 Management Improvements | 10,000 | 10,000 | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 11,500 | 11,500 | 11,500 | 11,500 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 52,000 | 52,000 | 52,000 | 45,883.38 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 161,269 | 283,552 | 116,485 | 111,440 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | 14,185 | 14,185 | 3,504 | 3,504 |
| 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
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| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Part I: Summary | | FFY of Grant: 2007 | |
| PHA Name: Central Falls Housing Authority | | FFY of Grant Approval: | |
| Grant Type and Number Capital Fund Program Grant No: RM43P00450107 Replacement Housing Factor Grant No: Date of CFFP: | | | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/09 | | <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report | |
| Summary by Development Account | | Total Estimated Cost | Total Actual Cost ¹ |
| Line | | Original | Revised ² Obligated |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | 122,282 | 0 |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | |
| 20 | Amount of Annual Grant: (sum of lines 2 - 19) | 404,459 | 197,004 |
| 21 | Amount of line 20 Related to LBP Activities | | 185,842.38 |
| 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 | 106,314 | 106,314 |
| Signature of Executive Director <i>Jane Sullivan, Interim Executive Director</i> | | Signature of Public Housing Director | |
| Date <i>8/24/09</i> | | 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 CFF 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

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 Office of Public and Indian Housing
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| Part II: Supporting Pages | | Federal FFY of Grant: 2007 | | | | | |
|---------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|----------------------|---------------------------------|--------------------------------|
| PHA Name: Central Falls Housing Authority | | Grant Type and Number Capital Fund Program Grant No: RI43P00450107 CFFP (Yes/No): Replacement Housing Factor Grant No: | | | | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | Total Actual Cost | Status of Work | |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² |
| PHA Wide | Operations | 1406 | | 33,222 | 33,222 | 13,515 | 13,515 |
| PHA Wide | Management Improvements | 1408 | | | | | |
| PHA Wide | Employee Training | 1408 | | 10,000 | 10,000 | | |
| PHA Wide | Administration | 1410 | | | | | |
| PHA Wide | 25% Salary CFP Coordinator | 1410 | | 11,500 | 11,500 | 11,500 | 11,500 |
| PHA Wide | Fees & Costs | 1430 | | | | | |
| PHA Wide | A & E Fees and Costs | 1430 | | 52,000 | 52,000 | 52,000 | 45,883.38 |
| PHA Wide | Dwelling Structures | 1460 | | | | | |
| RI004-1 | Replace Emer. Generators | 1460 | | 45,000 | 45,000 | | |
| RI004-2 | Replace Emer. Generators | 1460 | | 50,000 | 50,000 | 10,171 | 5,126 |
| RI004-4 | Replace Emer. Generators | 1460 | | 66,269 | 82,238 | | |
| RI004-2 | Replace Domestic Hot Water System | 1460 | | 0 | 106,314 | 106,314 | 106,314 |
| PHA Wide | Non Dwelling Equipment | 1475 | | | | | |
| PHA Wide | Computer Hardware Upgrades | 1475 | | 7,000 | 7,000 | | |
| PHA Wide | Maint. Equip./Floor Maintenance | 1475 | | 7,185 | 7,185 | 3,504 | 3,504 |
| PHA Wide | Collateralization/Debt Service | 1501 | | | | | |
| PHA Wide | New/Rehab Construction | 1501 | | 122,282 | 0 | | |
| | Grand Total | | | 404,459 | 404,459 | 197,004 | 185,842.38 |

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
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| Part I: Summary | | Grant Type and Number | | FFY of Grant: 2008 FFY of Grant Approval: | |
|-------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------|----------|
| PHA Name: Central Falls Housing Authority | | Capital Fund Program Grant No: RI43P00450108 Replacement Housing Factor Grant No: Date of CFFP: | | | |
| Type of Grant | | <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2009 | | <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report | |
| Line | Summary by Development Account | Total Estimated Cost | Obligated | Total Actual Cost ¹ | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ² | 44,717 | 0.00 | | 0.00 |
| 3 | 1408 Management Improvements | 10,000 | 0.00 | | 0.00 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 41,000 | 41,000 | | 41,000 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 27,270 | 0.00 | | 0.00 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 85,000 | 0.00 | | 0.00 |
| 10 | 1460 Dwelling Structures | 185,589 | 0.00 | | 0.00 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | 16,472 | 0.00 | | 0.00 |
| 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
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| Part I: Summary | | FFY of Grant: 2008 FFY of Grant Approval: | | | |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------|----------|
| PHA Name: Central Falls Housing Authority | Grant Type and Number Capital Fund Program Grant No: RL43P00450108 Replacement Housing Factor Grant No: Date of CFFP: | | | | |
| Type of Grant | <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2009 | <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report | Total Actual Cost ¹ | | |
| Line | Summary by Development Account | Total Estimated Cost | Revised ² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2 - 19) | 410,048 | | 41,000 | 41,000 |
| 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 | 154,320 | | | |
| Signature of Executive Director <i>Lynn Sullivan, Interim Executive Director</i> | | Signature of Public Housing Director | | Date 8/24/09 | |

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 CFFP Grants for operations.
⁴ RHF funds shall be included here.

| Part II: Supporting Pages | | Federal FFY of Grant: 2008 | | | | | | |
|---------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: Central Falls Housing Authority | | Grant Type and Number Capital Fund Program Grant No: RI43P00450108 CFFP (Yes/No): Replacement Housing Factor Grant No: | | | | | | |
| 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 | |
| COCC | Administration | 1410 | | 41,000 | | 41,000 | 41,000 | Done |
| RI004000001 | Operations | 1406 | | 20,092 | | 0.00 | 0.00 | |
| RI004000001 | Employee Training | 1408 | | 3,800 | | 0.00 | 0.00 | |
| RI004000001 | Fees & Costs | 1430 | | 10,363 | | 0.00 | 0.00 | Planning |
| RI004000001 | Wilfrid Parking Lot | 1450 | | 85,000 | | 0.00 | 0.00 | Planning |
| RI004000001 | Heating System Upgrade | 1460 | | 75,589 | | 0.00 | 0.00 | |
| RI004000001 | Emergency Pull Cords | 1460 | | 13,783 | | 0.00 | 0.00 | |
| RI004000001 | Computer Upgrades | 1475 | | 4,560 | | 0.00 | 0.00 | |
| RI004000002 | Operations | 1406 | | 27,725 | | 0.00 | 0.00 | In Process |
| RI004000002 | Employee Training | 1408 | | 6,200 | | 0.00 | 0.00 | |
| RI004000002 | Fees & Costs | 1430 | | 16,907 | | 0.00 | 0.00 | Planning |
| RI004000002 | Emergency Generator Upgrade | 1460 | | 50,731 | | 0.00 | 0.00 | In Process |
| RI004000002 | Emergency Pull Cords Upgrade | 1460 | | 22,486 | | 0.00 | 0.00 | |
| RI004000002 | Replace Porch Doors | 1460 | | 23,000 | | 0.00 | 0.00 | |
| RI004000002 | Computer Upgrades | 1475 | | 7,112 | | 0.00 | 0.00 | |
| RI004000002 | Replace Floor Stripper Machine | 1475 | | 1,900 | | 0.00 | 0.00 | |
| | Grand Total | | | 410,048 | | 41,000 | 41,000 | |

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
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| Part I: Summary | | Grant Type and Number Capital Fund Program Grant No: R143S00450109 Replacement Housing Factor Grant No: Date of CFPP: | FFY of Grant: 2009 FFY of Grant Approval: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Type of Grant | | <input type="checkbox"/> Revised Annual Statement (revision no:) | |
| <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2009 | | <input type="checkbox"/> Final Performance and Evaluation Report | |
| Line | Summary by Development Account | Total Estimated Cost | Total Actual Cost ¹ |
| | | Original | Obligated |
| 1 | Total non-CFP Funds | | Expended |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | | |
| 3 | 1408 Management Improvements | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | |
| 5 | 1411 Audit | | |
| 6 | 1415 Liquidated Damages | | |
| 7 | 1430 Fees and Costs | 20,000 | 0.00 |
| 8 | 1440 Site Acquisition | | |
| 9 | 1450 Site Improvement | | |
| 10 | 1460 Dwelling Structures | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 499,039 | 0.00 |
| 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 | | FFY of Grant: 2009 | | FFY of Grant Approval: | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------|----------|
| PHA Name: Central Falls Housing Authority | | Grant Type and Number Capital Fund Program Grant No: R143S00450109 Replacement Housing Factor Grant No: Date of CFFP: | | | |
| Type of Grant | | Total Estimated Cost | | Total Actual Cost ¹ | |
| <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2009 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report | | Original | Revised ² | Obligated | Expended |
| Line | Summary by Development Account | | | | |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2 - 19) | 519,039 | | 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 <i>Hena Marie Sullivan, Interven Educator Dir.</i> | | Signature of Public Housing Director | | Date <i>8/24/09</i> | |

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 CFF 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

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| Part I: Summary | | Grant Type and Number | FFY of Grant: 2009 |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------|
| PHA Name: Central Falls Housing Authority | | Capital Fund Program Grant No: R143P00450109 Replacement Housing Factor Grant No: Date of CFPP: | FFY of Grant Approval: |
| Type of Grant | Reserve for Disasters/Emergencies | | () |
| <input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: | <input type="checkbox"/> | <input type="checkbox"/> Revised Annual Statement (revision no:) | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | <input type="checkbox"/> | <input type="checkbox"/> Final Performance and Evaluation Report | |
| Line | Summary by Development Account | Total Estimated Cost | Total Actual Cost ¹ |
| | | Original | Obligated |
| | | Revised ² | Expended |
| 1 | Total non-CFP Funds | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 50,000 | |
| 3 | 1408 Management Improvements | 10,000 | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 41,000 | |
| 5 | 1411 Audit | | |
| 6 | 1415 Liquidated Damages | | |
| 7 | 1430 Fees and Costs | 27,000 | |
| 8 | 1440 Site Acquisition | | |
| 9 | 1450 Site Improvement | 90,048 | |
| 10 | 1460 Dwelling Structures | 160,000 | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | |
| 12 | 1470 Non-dwelling Structures | | |
| 13 | 1475 Non-dwelling Equipment | 32,000 | |
| 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 | | FFY of Grant: 2009 | |
| PHA Name: Central Falls Housing Authority | Grant Type and Number Capital Fund Program Grant No: RJ43P00450109 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant Approval: | |
| Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report | |
| Line | Summary by Development Account | Total Estimated Cost | Total Actual Cost ¹ |
| | | Original | Revised ² Obligated Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | |
| 20 | Amount of Annual Grant: (sum of lines 2 - 19) | 410,048 | |
| 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 <i>Jana-Marie Sullivan, Interim Executive Director</i> | | Signature of Public Housing Director | Date <i>8/24/09</i> |
| | | | 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 CFF Grants for operations.

⁴ RHF funds shall be included here.

| Part II: Supporting Pages | | Federal FFY of Grant: 2009 | | | | | | |
|---------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: Central Falls Housing Authority | | Grant Type and Number Capital Fund Program Grant No: R143P00450109 CFFP (Yes/No): Replacement Housing Factor Grant No: | | | | | | |
| 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 | |
| COCC | Administration | 1410 | | 41,000 | | | | |
| RI004000001 | Operations | 1406 | | 17,500 | | | | |
| RI004000001 | Employee Training | 1408 | | 3,500 | | | | |
| RI004000001 | Fees & Costs | 1430 | | 9,450 | | | | |
| RI004000001 | Parking Lot Improvements | 1450 | | 90,048 | | | | |
| RI004000001 | Upgrade Computers | 1475 | | 5,000 | | | | |
| RI004000001 | Floor Maintenance Equipment | 1475 | | 4,000 | | | | |
| RI004000002 | Operations | 1406 | | 32,500 | | | | |
| RI004000002 | Employee Training | 1408 | | 6,500 | | | | |
| RI004000002 | Fees & Costs | 1430 | | 17,550 | | | | |
| RI004000002 | Building Envelope Repairs | 1460 | | 50,000 | | | | |
| RI004000002 | Heating System Upgrade | 1460 | | 50,000 | | | | |
| RI004000002 | Apartment Bi-Fold Door Replacement | 1460 | | 60,000 | | | | |
| RI004000002 | Upgrade Computers | 1475 | | 11,000 | | | | |
| RI004000002 | Replace Tractor and Attachments | 1475 | | 12,000 | | | | |
| | Grand Total | | | 410,048 | | | | |

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.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

| Part I: Summary | | Locality (City/County & State) | | | | <input checked="" type="checkbox"/> Original 5-Year Plan | <input type="checkbox"/> Revision No: |
|---------------------------------------------------------------|------------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------|-----------------------------------------------------------------|----------------------------------------------|
| PHA Name/Number Central Falls Housing Authority/RI43P00450109 | | Work Statement for Year 1 FFY <u>2009</u> | Work Statement for Year 2 FFY <u>2010</u> | Work Statement for Year 3 FFY <u>2011</u> | Work Statement for Year 4 FFY <u>2012</u> | Work Statement for Year 5 FFY <u>2013</u> | |
| A. | Development Number and Name | | | | | | |
| B. | Physical Improvements Subtotal | Annual Statement | 115,589 | | | | |
| C. | Management Improvements | | 10,000 | 10,000 | 10,000 | 10,000 | |
| D. | PHA-Wide Non-dwelling Structures and Equipment | | 58,000 | 32,000 | 32,000 | 133,562 | |
| E. | Administration | | 41,000 | 41,000 | 41,000 | 41,000 | |
| F. | Other | | 27,000 | 27,000 | 27,000 | 27,000 | |
| G. | Operations | | 50,000 | 40,848 | 50,000 | 50,000 | |
| H. | Demolition | | | | | | |
| I. | Development | | 108,459 | 259,200 | 250,048 | 148,486 | |
| J. | Capital Fund Financing – Debt Service | | | | | | |
| K. | Total CFP Funds | | | | | | |
| L. | Total Non-CFP Funds | | | | | | |
| M. | Grand Total | | 410,048 | 410,048 | 410,048 | 410,048 | 410,048 |

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part I: Summary (Continuation)

| PHA Name/Number Development Number and Name | Work Statement for Year 1 FFY 2009 | Locality (City/county & State) | | | <input checked="" type="checkbox"/> Original 5-Year Plan Work Statement for Year 4 FFY 2012 | <input type="checkbox"/> Revision No: Work Statement for Year 5 FFY 2013 |
|---------------------------------------------------|---------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| | | Work Statement for Year 2 FFY 2010 | Work Statement for Year 3 FFY 2011 | Work Statement for Year 4 FFY 2012 | | |
| RI004000001 | Annual Statement | 208,409 | 44,950 | 297,998 | 143,200 | |
| RI004000002 | | 160,639 | 324,098 | 71,050 | 225,848 | |
| COCC | | 41,000 | 41,000 | 41,000 | 41,000 | |
| | | | | | | |
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| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| Grand Totals | | 410,048 | 410,048 | 410,048 | 410,048 | |

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Central Falls Housing Authority

Program/Activity Receiving Federal Grant Funding

HUD PHA Plan (Operating Fund/Capital Fund/Section 8 Program)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

William Aunchman, Facilities Director

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

Robert R. Girouard

Title

Executive Director

Signature

x 

Date

7/14/09

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Central Falls Housing Authority

Program/Activity Receiving Federal Grant Funding

HUD PHA Plan (Operating Fund/Capital Fund/Section 8 Program)

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

William Aunchman, Facilities Director

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

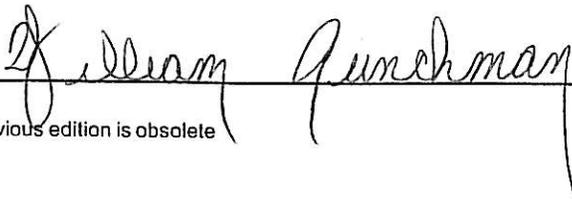
Robert R Girouard

Title

Executive Director

Signature

Date (mm/dd/yyyy)



7/14/09

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 10/1/2009, 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.

Civil Rights Certification

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

Civil Rights Certification

Annual Certification and Board Resolution

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

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

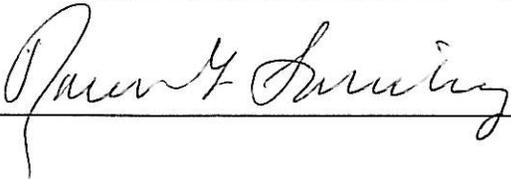
Central Falls Housing Authority

RI004

PHA Name

PHA Number/HA Code

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

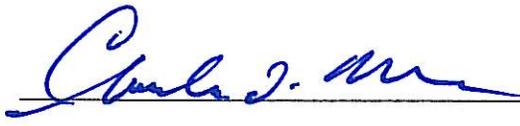
| | | | | | | | |
|-----------------------------|--|-------------------------------------------------------------------------------------|--|-------|--|----------------------------------|--|
| Name of Authorized Official | | Robert G. Salisbury | | Title | | Chairman, Board of Commissioners | |
| Signature | |  | | Date | | 7-13-09 | |

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

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

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

I, Charles Moreau the Mayor of Central Falls certify that the Five Year and
Annual PHA Plan of the Central Falls Housing Authority is consistent with the Consolidated Plan of
the City of Central Falls/State of RI prepared pursuant to 24 CFR Part 91.

 7/15/09

Signed / Dated by Appropriate State or Local Official

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance | 2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | 3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____ |
| 4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 1st District RI | 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: N/A Congressional District, if known: | |
| 6. Federal Department/Agency: | 7. Federal Program Name/Description: CFDA Number, if applicable: _____ N/A | |
| 8. Federal Action Number, if known: N/A | 9. Award Amount, if known: \$ N/A | |
| 10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): N/A | b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): N/A | |
| 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>Robert R. Giroldard</u> Print Name: <u>Robert R. Giroldard</u> Title: <u>Executive Director</u> Telephone No.: <u>(401) 727-9090 ext. 120</u> Date: <u>7/14/09</u> | |
| Federal Use Only: | | Authorized for Local Reproduction Standard Form LLL (Rev. 7-97) |

William Aunchman, Director of Facilities

Central Falls Housing Authority

Annual Plan

Fiscal Year 10/01/2009 – 09/30/2010

Required Attachment: Membership of the Resident Advisory Board or Boards

- 1 List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

The Resident Advisory Board is composed of the following residents of Forand and Wilfrid Manors:

Forand Manor Tenant's

| | |
|-----------------|------------|
| Rita Houle | Apt. # 214 |
| Claire Vilandre | Apt. # A71 |
| Dan Kelley | Apt. # A66 |

Wilfrid Manor Tenant's

| | |
|---------------|------------|
| Mary Ross | Apt. # 511 |
| Millie Jacobs | Apt. # 715 |
| Stella Sweet | Apt. # 303 |

Resident volunteers were solicited to serve on the RAB Board

Fiscal Year 10/01/2009 – 09/30/2010
Minutes
Resident Advisory Board Meeting

The meeting was held on Wednesday, June 24th, 2009 at 1:30 pm in the Forand Manor Community Room. In addition to all resident members, Maurice Brousseau, Special Projects Coordinator; Ron Bachand, Wilfrid Manor Building Manager; William Aunchman, Facilities Director; and Tina Sullivan, Public Housing Administrator; were in attendance.

Items discussed were as follows:

- **History** of previous Cap Fund Construction Projects to date
- Construction Projects, this past year, minimally interrupted tenants lives
- Hot Water Heating System in Forand Manor was replaced
- Stoves and Refrigerators were replaced in the Annex (had a few snags with the stoves but the refrigerators were free (one for one swap energy program from National Grid)
- Equipment and Training for Housing Authority staff and tenants
- **Present** projects include the Building Needs Assessment (used to drive current and future Capital Fund Projects); Generator Upgrades in both Manors; and Washing/Waterproofing and building façade repairs to Forand/Forand Annex/Wilfrid Manors
- Repairs to Wilfrid Manor's front awning
- **Future** projects include fencing at both manors; repairs to the existing parking lot at Wilfrid along with pathways and sidewalks;
- Upgrades to Forand Annex Manor (original 1981) forced hot water heating boilers
- Bifold closet doors in Forand Manor (similar to project done at Wilfrid several years ago)
- Talks ongoing with various groups/companies regarding "Making our buildings more Green"
- Discussed with board the possibility of putting Solar Electric Panels on Wilfrid Manor's roof, Forand's roof is cluttered with income producing cell sites
- Management comments include the successful ROSS Grant (for Resident Services Coordinator); Aimee has been hired for the 3 year position and is doing very well
- Allocation Plan submitted last year was initially denied, several (HUD) concerns had not been met. We are attempting to answer those concerns and resubmit the Allocation Plan in the near future
- Informed the board that Bob Girouard, our Executive Director out on Sick Leave, may be back in early July.
- Tenant issues were discussed. Minor complaints were compiled and proper personnel were informed to facilitate resolution.

CENTRAL FALLS HOUSING AUTHORITY
PUBLIC HEARING

Minutes

Wednesday July 8th, 2009

Although the Public Hearing was published in the local newspaper and posted about the two manors as well as City Hall, only ten residents including one commissioner attended. The meeting was still held.

Call to Order

The meeting was called to order at 2:00 pm.

Public Hearing Report

Maurice Brousseau, Special Projects Coordinator, recapped all the information previously presented to the RAB members at the June 24th, 2009 meeting. Tenants were given a copy of the RAB Meeting Minutes as well as an Excel Spreadsheet of all our existing CFP projects as well as those proposed in our 5 year plan. Included in our discussions, our Unit Allocation Plan (originally submitted in January, 2008 and denied by HUD) and the concerns raised by HUD which we intend to address and plan to resubmit the plan toward the end of this year (2009). We also discussed our Resident Services Coordinator and the progress already made and the possibility of additional services to be offered to our tenants as well as expanding it to include our FSS and Section 8 families.

Public Comments

Tenant issues were discussed and the proper Housing Authority staff informed in order to facilitate any remedies.

Adjourn

The meeting was adjourned at 2:45 p.m.