

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: East Providence Housing Authority PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2009</u> PHA Code: RI007 <input type="checkbox"/> HCV (Section 8)				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>427</u> Number of HCV units: <u>232</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.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the PHA is the same as that of the Department of Housing and Urban Development. To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. SEE ATTACHMENT A				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: 5-year plan and Annual Plan: Acquire or build units or developments—Leverage affordable housing resources in the community through the Creation of mixed-financed housing. Working with the City of East Providence to acquire or develop affordable housing units. (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. All information can be obtained at the main office at 99 Goldsmith Avenue, East Providence, RI 02914 SEE ATTACHMENT L				
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. SEE ATTACHMENT M				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFP financing. 2008 SEE ATTACHMENT D 2007 SEE ATTACHMENT E 2009 AARA SEE ATTACHMENT K				
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. 2009 SEE ATTACHMENT B 50075.1 2009 SEE ATTACHMENT C 50075.2				
8.3	Capital Fund Financing Program (CFFP). <input checked="" type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				

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

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

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

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

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

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

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

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

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

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

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

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

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

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

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

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

ATTACHEMENT (A)

East Providence Housing Authority

5 –Year Plan PHA Fiscal 2009 – 2103

Mission

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

Goals

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

- To expand the supply of assisted housing by reducing public housing vacancies and leveraging private and or other public funds and opportunities to create additional housing.
- To improve the quality of assisted housing by continuing to improve public housing management. **Our success in this area is demonstrated by the increased PHAS score of 90, for Fiscal Year 2007 compared to the previous 88.** To continue with quality voucher management. **Our success in this area is demonstrated by a score of 100% for Fiscal Year ending September 30, 2008. This was an increase from the previous 81%.** We will also work to continue to improve customer satisfaction and to continue to renovate and modernize our public housing units.
- To increase assisted housing choices by providing voucher mobility and counseling and conducting outreach efforts to potential landlords. We will also continue with the ongoing homeownership program. **To date we have assisted 12 new homeowners in the purchase of Housing Authority property.**
- To provide an improved living environment by improving public housing security. **In January, 2009 we installed a new electronic security entry system in each of our three high rise facilities.**
- To promote self-sufficiency and asset development of families and individuals by continuing with our tenant based work stipend program. **This program has provided stipends and opportunities to approximately 26 tenants.**
- To ensure equal opportunity in housing for all Americans by undertaking affirmative measures to ensure to ensure access and to provide a suitable living environment regardless of race, color, religion, national origin, sex, familial status and all varieties of disabilities.

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

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

Part I: Summary						
PHA Name: East Providence Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43P00750109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	168,500.00				
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	549,635.00				
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 PAUL J. TAVARES Date 07/13/2009 				Signature of Public Housing Director _____ Date _____		

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

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

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

Part I: Summary		
PHA Name: East Providence Housing Authority	Grant Type and Number Capital Fund Program Grant No: RI43P00750109 Replacement Housing Factor Grant No: Date of CFFP: 2009	FFY of Grant: FFY of Grant Approval:

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	69,850.00			
4	1410 Administration (may not exceed 10% of line 21)	51,400.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	219,885.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number		Locality (City/County & State)			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 <u>FFY 2009</u>	Work Statement for Year 2 <u>FFY 2010</u>	Work Statement for Year 3 <u>FFY 2011</u>	Work Statement for Year 4 <u>FFY 2012</u>	Work Statement for Year 5 <u>FFY 2013</u>
B.	Physical Improvements Subtotal	Annual Statement	217,385.000	219,960.00	223,135.00	223,135.00
C.	Management Improvements		71,850.00	74,025.00	75,850.00	75,850.00
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		51,400.00	51,400.00	51,400.00	51,400.00
F.	Other		40,000.00	35,000.00	35,000.00	35,000.00
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service		169,000.00	169,250.00	164,250.00	164,250.00
K.	Total CFP Funds		549,635.00	549,635.00	549,635.00	549,635.00
L.	Total Non-CFP Funds					
M.	Grand Total		549,635.00	549,635.00	549,635.00	549,635.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year <u>2010</u> FFY <u>2010</u>			Work Statement for Year: <u>2011</u> FFY <u>2011</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	RI007000001-HARBOR VIEW-W AVE			RI007000001-HARBOR VIEW-W AVE		
See	CLEAN BLDG EXHAUST SYSTEM			NONE		
Annual	REPLACE TRASH CHUTE DOORS/					
Statement	CLEAN VERTICAL CHUTES			RI007000002-CITY VIEW		
	NEW REAR ENTRANCE VESTIBULE & RAMP ASSEMBLY—RELOCATE			REPLACE HANDRAILS ON BOTH SIDES OF CORRIDORS		
	DUMPSTER PICKUP AREA			REPLACE CAPRTEING IN COMMON AREAS & CORRIDORS		
	PAINTING/LIGHTING--REAR ENTRANCE			REPAIR WATER DAMAGED WALLS & CEILINGS—COMMON AREAS & APARTMENTS		
	UPGRADE LAUNDRY ROOM-- FLOORING-LIGHTING-WINDOW			POINTING, CAULKING/SEALANTS & WATERPROOFING MASONERY		
	TREATMENTS-HANDRAILS UPGRADE STAIRWELLS-LIGHTING			PAINT STEEL LINTELS		219,960.00
	SIGNAGE & GRAPHICS HYDRAULIC LIFT FOR MAINT RM UNITS—ENCAPSULATE VAT					
	FLOORING, REPLACE TILE WINDOW REPAIR WATER DAMAGED WALLS & CEILINGS		108,000.00	RI007000003-DUPLEXES NONE		
	RI007000002 CITY VIEW NONE					
	RI007000003 DUPLEXES NONE					
				RI007000004-GOLDSMITH NONE		
	RI007000004 GOLDSMITH MANOR UPGRADE STAIRWAYS—LIGHTS, PAINT RAILINGS REPLACE COMMON AREA					
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year FUTURE FFY _____			Work Statement for Year: _____ FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	RI00700002-CITY VIEW			RI00700003-OLDER DUPLEXES		
See	REPLACE FINISH FLOORING &			KITCHEN LIGHTING & FIXTURES		
Annual	VINYL COVE IN APTMTS			REPLACE ALL OUTLETS/SWITCHES		
Statement	REPAIR KITCHEN CABINETS &			& COVER PLATES		
	HARDWARE			REPLACE BATHROOM FANS &		
	REPAIR & REGROUT BATHROOM			VENTS		
	FLOORS			REPLACE BOILERS & HOT WATER		
	PROVIDE 2 GRAB BARS IN BATHRM			TANKS (2 EACH BLD)		
	REPLACE ENTRANCE DOORS &			504 COMPLIANCE ISSUES		
	HARDWARE APMTS			REFURBISH STAIRWAY & RAILINGS		
	REPLACE EMERGENCY GENERATOR			ADD ADDITIONAL LIGHT FIXTURES		
	REPLACE ROOF			IN STAIRWAYS		
	BALCONY REPAIRS/RESURFACE			CLEANING & REALIGNING OF		
	PAINTING & CLEANING			BASEBOARDS		
	REPLACE ALL COMMON AREA			REPLACE TOILETS W/ENERGY		
	DOORS W/LEVER OR EMERGENCY			SAVING MODELS		
	HARDWARE			REPLACE WINDOWS W/DOUBLE		
	504 COMPLIANCE ISSUES			HUNG GLASS/ELIMINATE STORMS		
	REPLACE CURBING INCLUDING			REPLACE STORM DOORS		
	H/C CUTS & PAVING			REPLACE ENTRANCE DOORS WITH		
	LAWN IRRIGATION SYSTEM			INSULATED METAL		
	RESEED LAWNS			REMOVE ANTENNA RODS/PATCH		
	LANDSCAPING TREES & SHRUBS			REPAIR VINYL SIDING		
	REPLACE & REWIRE OUTSIDE			REPLACE ROOFS		
	LIGHTING			REPLACE KITCHEN CABINETS/		
	CANOPY OVER REAR ENTRANCE			COUNTER TOPS & BATHROOM		
	ADD ADDITIONAL STAIRWAY @			VANITIES		
	SOUTH END OF BUILDING			REPLACE/REPAIR TUB & SHOWER		
	ACQUIRE LAND FOR TEN PARKING			ENCLOSURES & VALVES		

		Subtotal of Estimated Cost		\$			Subtotal of Estimated Cost		\$
Part II: Supporting Pages – Physical Needs Work Statement(s)									
Work Statement for Year 1 FFY	Work Statement for Year FUTURE FFY				Work Statement for Year: FUTURE FFY				
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost		Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost		
See	RI00700003-OLDER DUPLEXES				RI00700003-NEWER DUPLEXES				
Annual Statement	REPLACE FINISH FLOORING				REPLACE KITCHEN CABINETS & COUNTERTOPS				
	REPLACE INTERIOR DOORS & HINGED CLOSET DOORS				REPLACE BATHROOM VANITIES				
	PAINTING & PATCHING WALLS				REPLACE/REPAIR TUB SHOWER ENCLOSURES & VALVES				
	REPLACE FENCING				REPLACE FINISH FLOORING				
	LANDSCAPING TREES & SHRUBS				REPLACE CLOSET DOORS WITH HINGED SOLID DOORS				
	RESEED LAWNS				PAINTING & PATCHING WALLS				
	PAVEMENT REPAIRS/SEALANTS				CLEAN & REALIGN OF BASEBOARD				
	REPLACE CLOTHES LINES				504 COMPLIANCE ISSUES				
	STORAGE SHEDS				REPLACE HOT WATER TANKS				
	RECYCLING & TRASH BINS				REPAIR VINYL SIDING & TRIMS				
	PAINT BULKHEADS				REPLACE WINDOWS W/DOUBLE HUNG GLASS/ELIMINATE STORMS				
					REPLACE STORM DOORS				
					REPLACE OUTLET & SWITCHES & COVER PLATES				
					REPLACE & ADD FENCING				
					LANDSCAPING TREES & SHRUBS				
					RESEED LAWS				
					PAVEMENT REPAIRS & SEALANTS				
					STORAGE SHEDS				
					TRASH & RECYCLE BINS				
					REPLACE CLOTHES LINES				
					PAINT BULKHEADS				
		Subtotal of Estimated Cost		\$			Subtotal of Estimated Cost		\$

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

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914	Grant Type and Number Capital Fund Program Grant No: RI43P00750108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/2009 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	67,850.00		67,850.00	8,458.59
4	1410 Administration	51,400.00		51,400.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	48,500.00		48,500.00	34,495.94
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	214,135.00		214,135.00	0.00
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service	167,750.00		167,750.00	0.00
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	549,635.00		549,635.00	42,954.53
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914		Grant Type and Number Capital Fund Program Grant No: RI43P00750108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
AMP00001	HV/WA							
	ADMISSIONS/SOCIAL SERVICE							
	COORDINATOR	1408		23,765.00		23,765.00	2,960.51	12.%
	COLLATERIZATION OF DEBT	1501		67,100.00		67,100.00		
	TOTAL AMP000001			90,865.00				
AMP00002	CITY VIEW							
	ADMISSIONS/SOCIAL SERVICE							
	COORDINATOR	1408		23,615.00		23,615.00	2,960.51	13.%
	A & E SERVICES							
	PRINTING & ADVERTISING	1430		48,500.00		48,500.00	34,495.94	71%
	COMPLETE ELEVATOR UPGRADE	1460		214,135.00		214,135.00		
	COLLATERIZATION OF DEBT	1501		67,100.00		67,100.00		
	TOTAL AMP000002			353,350.00				

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part II: Supporting Pages

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914		Grant Type and Number Capital Fund Program Grant No: RI43P00750108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
AMP00003	DUPLEXES							
	ADMISSIONS/SOCIAL SERVICE							
	COORDINATOR	1408		4,725.00		4,725.00	507.51	11%
	TOTAL AMP00003			4,725.00				
AMP00004	GOLDSMITH							
	SOCIAL SERVICES							
	COORDINATOR	1408		15,745.00		15,745.00	2,030.06	13%
	COLLATERIZATION OF DEBT	1501		33,550.00		33,550.00		
	TOTAL AMP00004			49,295.00				
COCC	COST CENTER							
	ADMINISTRATIVE SALARIES	1410		51,400.00		51,400.00		
	TOTAL COST CENTER			51,400.00				
	TOTAL ALL			549,635.00				

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

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914	Grant Type and Number Capital Fund Program Grant No: RI43P00750107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending: 03/2009 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	67,850.00	67,850.00	67,850.00	67,850.00
4	1410 Administration	51,400.00	51,400.00	51,400.00	50,295.76
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	48,500.00	23,921.25	23,921.25	23,921.25
8	1440 Site Acquisition				
9	1450 Site Improvement	209,113.00	234,691.75	234,691.75	
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service	167,750.00	166,750.00	166,750.00	43,375.00
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	544,613.00	544,613.00	544,613.00	420,133.76
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	209,113.00	234,691.75		
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914		Grant Type and Number Capital Fund Program Grant No: RI43P00750107 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	AMP00001							
RI43P007001-A HARBOR VIEW	REPAVE PARKING LOT & WALKWAYS TO MEET 504 COMPLIANCE REVIEW	1450		209,113.00	234,691.75	234,691.75	234,691.75	100%
RI43P007001-B WARREN AVE	NONE							
	AMP00002							
RI43P007002 CITY VIEW	NONE							
	AMP00004							
RI43POO7004 GOLDSMITH MANOR	NONE							
RI43P007005 OLD DUPLEXES	AMP00003 NONE							
RI43P007006 NEW DUPLEXES	AMP00003 NONE							
	TOTAL PROJECTS ACCT#1450			209,113.00				

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part II: Supporting Pages

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914		Grant Type and Number Capital Fund Program Grant No: RI43P00750107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MGMT IMPROVEMENT								
HV/WA	AMP00001							
	ADMISSIONS/SOCIAL SERVICE COORDINATOR	1408		23,765.00		23,765.00	23,765.00	100%
CITY VIEW	AMP00002							
	ADMISSIONS/SOCIAL SERVICE COORDINATOR	1408		23,615.00		23,615.00	23,615.00	100%
DUPLEXES	AMP00003							
	ADMISSIONS/SOCIAL SERVICE COORDINATOR	1408		4,725.00		4,725.00	4,725.00	100%
GOLDSMITH	AMP00004							
	ADMISSIONS/SOCIAL SERVICE COORDINATOR	1408		15,745.00		15,745.00	15,745.00	100%
	TOTAL 1408			67,850.00				

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part II: Supporting Pages

PHA Name: EAST PROVIDENCE HOUSING AUTHORITY 99 GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914		Grant Type and Number Capital Fund Program Grant No: RI43P00750107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
ADMINISTRAT								
HV/WA	AMP00001							
	EXEUCTIVE DIRECTOR	1410		15,700.00		15,700.00	15,362.59	98%
	COMPROLLER/BOOKKEEPER	1410		18,795.00		18,795.00	18,390.91	98%
	SUPERVISOR MOD/MAINT	1410		16,905.00		16,905.00	16,541.54	98%
CITY VIEW	AMP00002	1410		0.00				
DUPLEXES	AMP00003	1410		0.00				
GOLDSMITH	AMP00004	1410		0.00				
	SUB-TOTAL 1410			51,400.00				
FEES & COSTS								
HV/WA	AMP00001							
	A & E SERVICES							
	PRINTING & ADVERTISING	1430		48,500.00	23,921.25	23,921.25	23,921.25	100%
CITY VIEW	AMP00002	1430		0.00				
DUPLEXES	AMP00003	1430		0.00				
GOLDSMITH	AMP00004	1430		0.00				
	SUB-TOTAL 1430			48,500.00				
	COLLATERALIZATION DEBT SERV	1501		167,750.00		167,750.00	43,375.00	26%
	SUB-TOTAL OTHER			335,500.00				
	TOTAL ALL			544,613.00				

PHA Certifications of Compliance with PHA Plans and Related Regulations

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

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 X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 10/2009, 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.

13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

EAST PROVIDENCE HOUSING AUTHORITY

RI007

PHA Name

PHA Number/HA Code

- X 5-Year PHA Plan for Fiscal Years 20⁰⁹ - 20¹³
- X Annual PHA Plan for Fiscal Years 20⁰⁹ - 20¹³

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 Paul J. Tavares	Title Executive Director
Signature 	Date 7/13/09

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.

EAST PROVIDENCE HOUSING AUTHORITY

RI007

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

PAUL J. TAVARES

Title

EXECUTIVE DIRECTOR

Signature



Date

7/13/09

ATTACHMENT F

form HUD-50077-CR (1/2009)
OMB Approval No. 2577-0226

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

EAST PROVIDENCE HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

CAPITOL FUND PROGRAM 2009 RI43P00750109

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

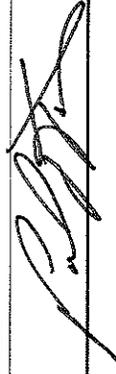
Check here if there are workplaces on file that are not identified on the attached sheets.

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

Name of Authorized Official

PAUL J. TAVARES

Signature



Title

EXECUTIVE DIRECTOR

Date

07/13/09

X

Certification of Payments to Influence Federal Transactions

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

Applicant Name

EAST PROVIDENCE HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

CAPITOL FUND PROGRAM RI43P00750109

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

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

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

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

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

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

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

PAUL J. TAVARES

Title

EXECUTIVE DIRECTOR

Signature



Date (mm/dd/yyyy)

07/13/09

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

ATTACHMENT H

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

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

1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> B b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> B a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> A a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:		5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: N/A	
6. Federal Department/Agency: CONGRESSIONAL DISTRICT, if known: 4c DEPT OF HOUSING AND URBAN DEVELOPMENT		7. Federal Program Name/Description: CAPITOL FUND PROGRAM 2009 RI43P00750109 CFDA Number, if applicable: _____	
8. Federal Action Number, if known:		9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> N/A		b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> 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.			
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	
Signature: 		Date: <u>7/13/05</u>	
Print Name: PAUL J. TAVARES		Telephone No.: 401-434-7645 X150	
Title: EXECUTIVE DIRECTOR			

Part I: Summary	
PHA Name: East Providence Housing Authority	Grant Type and Number Capital Fund Program Grant No: (ARRA) RI43S00750109 Replacement Housing Factor Grant No: Date of CFFP: 03/18/2009
FFY of Grant: 2009 FFY of Grant Approval: 2009	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/2009 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$695,729.00		695,729.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: Summary						
PHA Name: East Providence Housing Authority		Grant Type and Number Capital Fund Program Grant No: (ARRA) RI43S00750109 Replacement Housing Factor Grant No: Date of CFFP: 03/18/2009			FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$695,729.00		695,729.00	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	\$695,729.00		695,729.00	0.00	
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director			Date		Signature of Public Housing Director	
					Date	

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

ATTACHMENT L

VIOLENCE AGAINST WOMEN ACT

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

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

ATTACHMENT M

SUMMARY OF PUBLIC HOUSING HOMEOWNERSHIP PROGRAM

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

Our first sale was in September of 2002, and our last closing was in June of 2009. This has had a very positive effect in the neighborhoods of East Providence. Seven of the ten remaining homes have buyers in place, working to improve their credit status. This leaves three homes for us to fill with potential buyers. One of the three has just been vacated by the original tenant, and after renovations have been completed, we will place a potential homebuyer in that unit.