

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>NOGALES HOUSING AUTHORITY</u> PHA Code: <u>AZ023</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>04/01/2010</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>237</u> Number of HCV units: <u>192</u>				
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
					PH      HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  <p><b>The Nogales Housing Authority's mission is to provide safe, decent and sanitary housing conditions for very low income families and to manage resources efficiently. The NHA is to promote personal, economic and social upward mobility to provide families the opportunity to make the transition from subsidized to non-subsidized housing.</b></p>				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.  <p><b>The Nogales Housing Authority's quantifiable goals and objectives is to continue to promote fair housing and the opportunity for very low income families of all ethnic backgrounds to experience freedom of housing choice. To provide a housing program which maintains quality service and integrity while providing an incentive to private property owners to rent to very low income families. In conventional programs to achieve a healthy mix of incomes by attracting and retaining higher income families and by working towards de-concentration of poverty goals. Encourage self sufficiency of participant families and assist in the expansion of family opportunities which address educational, socio-economic, recreational and other human services needs. Attain and maintain overall a high level of standards and professionalism in day to day management of all program components.</b></p> <p><b>In the last five years the Nogales Housing Authority has utilized Capital Funding Programs to reduce vacancies by improving and modernizing public housing units. In the Voucher program the NHA has improved management by removing the Troubled Housing status and improving the SEMAP score. The NHA continues to partner with other local agencies that provide tenants with higher educational opportunities like GED classes, English classes, Health and Nutrition classes. The NHA continues to encourage tenants and applicants of public housing to participate in Family Self Sufficiency program.</b></p> <p><b>Goals and Objectives for VAWA are listed in the Admin Plan which is attached.</b></p>				

6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p><b>The Nogales Housing Authority has identified the PHA Plan Elements and has developed and implemented internal procedures based on NHA policies in its Agency Plans, Admissions and Continued Occupancy Plan (ACOP) and Administrative Plan including VAWA which have been submitted to the local HUD office as a supplement to the PHA Plan.</b></p> <p><b>A statement of financial resources is included as an attachment to the PHA Plan</b></p> <p>(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.</p> <p><b>The Five (5) Year Plan and the Annual Plan with attachments are available at the office of the Nogales Housing Authority 951 N. Kitchen Street Nogales, Arizona 85621.</b></p>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p><b>The Nogales Housing Authority has a Family Self Sufficiency program that encourages tenants and applicants to participate in homeownership.</b></p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><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.</p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p><b>The Nogales Housing Authority serves 227 Public Housing families and 192 HCV Section 8 families, the housing needs are very high. Santa Cruz County is the second highest unemployed county in Arizona and the residents of this community struggle daily to survive, especially in the times of economic crisis. There are more than enough housing units available but the lack of affordable assistance is very low. The need for elderly and families with disabilities housing is still a high priority in our community. By implementing the point system in our waiting lists, the NHA intends to maximize and extend practicable, to address these needs.</b></p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p><b>The Nogales Housing Authority will continue to address the housing needs in every aspect. The NHA has implemented a Waiting List Point System which enables the housing authority to select applicants from the Waiting List by screening them by point preferences and selecting the most needy applicants in accordance with NHA policies.</b></p>

## **PHA Plan Update**

- (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

**The PHA Admissions & Continued Occupancy Plan was last revised on June 1, 2007.**

- 1. Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures:**

**Eligibility: See Chapter 3 of the Administrative Plan**

**Selection and Admissions Policies and Wait List Procedures: See Chapter 4 of the Admissions & Continued Occupancy Plan.**

- 2. Financial Resources: See attached Budget for PHA 5-Year Plan (attached).**
- 3. Rent Determinations: See Chapter 6, Chapter 7 and Chapter 9 of the Admissions & Continued Occupancy Plan.**
- 4. Operation and Management : See Chapter 1 of the Admissions & Continued Occupancy Plan.**
- 5. Grievance Procedures: See Chapter 14 of the Admissions & Continued Occupancy Plan.**
- 6. Designated Housing for Elderly and Disabled : The NHA has 3 designated public housing sites for the elderly and disabled.**
- 7. Community Service and Self-Sufficiency: See Chapter 11 of the Admissions & Continued Occupancy Plan.**
- 8. Safety and Crime Prevention: The NHA has installed security fencing on all problem sites and security cameras at all public housing sites. Staff has attended safety and crime prevention training in apartment complexes.**
- 9. Pets: See Chapter 10 of Admissions & Continued Occupancy Plan.**
- 10. Civil Rights Certification: The State's current Analysis of Impediments to Fair Housing: See Chapter 2 of Admissions & Continued Occupancy Plan.**
- 11. Fiscal Year Audit: The most recent audit completed was for the FYE March 31, 2009. Copy available upon request.**
- 12. Asset Management: NOT APPLICABLE**
- 13. Violence Against Women Act (VAWA): See attachment to Annual Plan.**

**The VAWA notice is provided at all briefings for new admissions.  
The VAWA notice provided in the landlord packet and tenant lease agreement.**

10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p><b>The Nogales Housing Authority has already implemented various safety measures to ensure that the residents are provided a safe environment. Various Public Housing sites are now well illuminated and security cameras have been installed in some of the troubled sites to protect the properties of the residents and the housing authority. Sanitary issues are constantly addressed by the NHA administration to improve the appearance of the buildings and sites have improved tremendously to accommodate our residents with a decent environment.</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p><b>The NHA's significant amendment plan is to build more low income and elderly units and to acquire leverage funds through other sources that will assist the NHA in making the plan a reality. The NHA does not foresee a change, unless there is lack of funding, lack of resources for funding and the lack of support from local government. This 3 elements will require the NHA to substantially modify its Five (5) year plan.</b></p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. 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><b><u>"NO COMMENTS FROM THE RESIDENT ADVISORY BOARD".</u></b></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> <p><b>The Nogales Housing Authority continues to comply with all "VAWA" requirements. (Policy attached to Plan)</b></p>



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: **Nogales Housing Authority**

Grant Type and Number: **Capital Fund Program Grant No: AZ20P023501-06**

Replacement Housing Factor Grant No: **1495.1**

Date of CFFP: **1499**

FY of Grant: **2006**

FY of Grant Approval: **2006**

Line	Type of Grant	Original	Total Estimated Cost		Total Actual Cost <sup>1</sup>
			Revised <sup>2</sup>	Obligated	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	69,450.	36,017.38	36,017.38	26,920.44
4	1410 Administration (may not exceed 10% of line 21)	34,725.	30,890.48	30,890.48	30,890.48
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000.	2,500.	2,500.	1,500.00
8	1440 Site Acquisition				
9	1450 Site Improvement	80,000.	121,776.98	121,776.98	76,776.98
10	1460 Dwelling Structures	158,335.	166,325.16	166,325.16	80,402.48
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 <sup>4</sup>				

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

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

PHIA Name: Nogales Housing Authority	Grant Type and Number Capital Fund Program Grant No: A220P023501-06 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2006 FFY of Grant Approval: 2006
--	---	---

Type of Grant

Original Annual Statement  Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending:

Line Summary by Development Account

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHIA				
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)				
21	Amount of line 20 Related to LBP Activities	357,510.	357,510.	357,510.	216,490.38
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				

Signature of Executive Director



Date 03/09/2010

Signature of Public Housing Director

Date

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

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**

PHIA Name: NOGALES HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No. A220P-023501-07 Replacement Housing Factor Grant No. Date of CFP:	FFY of Grant: 03/31/2007 FFY of Grant Approval:
--------------------------------------	---	--

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	<input type="checkbox"/> Reserve for Disaster/Emergencies	Total Estimated Cost		Total Actual Cost <sup>1</sup>
			Original	Revised <sup>2</sup>	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements		73,080.	73,080.	0.00
4	1410 Administration (may not exceed 10% of line 21)		36,540.	36,540.	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		2,000.	5,000.	2,387.72
8	1440 Site Acquisition				
9	1450 Site Improvement		112,578.	112,578.	13,300.00
10	1460 Dwelling Structures		79,200.	79,200.	11,206.16
11	1465.1 Dwelling Equipment—Nonependable		22,000.	22,000.	694.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment		40,000.	40,000.	40,000.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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: NOCALES HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: AZ20P023501-07 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant: 03/31/2007 FFY of Grant Approval:
--	---	--

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	
18a	1501 Collateralization or Debt Service paid by the PHA			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment			
19	1502 Contingency (may not exceed 8% of line 20)			
20	Amount of Annual Grant: (sum of lines 2 - 19)	365,398.	365,398.	67,587.88
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 \_\_\_\_\_ Date 09/15/2009 Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFPP Grants for operations.  
<sup>4</sup> 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: **NOGALES HOUSING AUTHORITY**  
 Grant Type and Number: **Capital Fund Program Grant No: AZ20P023501-08**  
 Replacement Housing Factor Grant No: **Replacement Housing Factor Grant No:**  
 Date of CFP: **FFY of Grant: 8/31/2008**  
 FFY of Grant Approval: **FFY of Grant Approval:**

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disaster/Emergencies <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
			Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>1</sup>					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
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 <sup>4</sup>					

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

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

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

<b>Part I: Summary</b>			
PHA Name: NOGALES HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: A220R023501-08 Replacement Housing Factor Grant No: Date of CFFP:	FY of Grant: 03/31/2008 FY of Grant Approval:	

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

Line	Summary by Developmental Account	Total Estimated Cost	Revised <sup>2</sup>	Unapplied	Total Actual Cost <sup>1</sup>	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)					
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities	361459.				
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:  Date 06/08/2008 Signature of Public Housing Director: \_\_\_\_\_ Date \_\_\_\_\_

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

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: NOGALES HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: A220P023501-09 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant: 03/1/2009 FFY of Grant Approval:
-------------------------------------	--	---

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

Line	Summary by Development Account	Original	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>	
			Revised <sup>2</sup>			Expended	
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>						
3	1408 Management Improvements	76,902.					
4	1410 Administration (may not exceed 10% of line 21)	38,451.					
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	5,000.					
8	1440 Site Acquisition						
9	1450 Site Improvement	155,000.					
10	1460 Dwelling Structures	60,000.					
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment	49,155.					
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

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

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

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

<b>Part I: Summary</b>			
PIHA Name: NOCALES HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: aAZ20P023501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 03/31/2009 FFY of Grant Approval:	

<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <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 <sup>1</sup>
18a	1501 Collateralization or Debt Service paid by the PIHA	Original	Revised <sup>2</sup>
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	Obligated	Expanded
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	384,508.	
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		Date 09/04/2009	Signature of Public Housing Director
			

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

<b>Part I: Summary</b>	<b>PHA Name: NOGALES HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: AZ20P023501-10 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>
------------------------	--	--	---

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Summary by Development Account	Original	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>
				Revised <sup>2</sup>	Final Performance and Evaluation Report		
1		Total non-CFP Funds					
2		1406 Operations (may not exceed 20% of line 21) <sup>3</sup>					
3		1408 Management Improvements	26,902.				
4		1410 Administration (may not exceed 10% of line 21)	25,451.				
5		1411 Audit					
6		1415 Liquidated Damages					
7		1430 Fees and Costs	10,000.				
8		1440 Site Acquisition					
9		1450 Site Improvement	125,000.				
10		1460 Dwelling Structures	198,953.				
11		1465.1 Dwelling Equipment—Nonependable					
12		1470 Non-dwelling Structures					
13		1475 Non-dwelling Equipment					
14		1485 Demolition					
15		1492 Moving to Work Demonstration					
16		1495.1 Relocation Costs					
17		1499 Development Activities <sup>4</sup>					

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

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

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

<b>Part I: Summary</b>				FFY of Grant: 03/31/2010 FFY of Grant Approval: 03/31/2010			
PHA Name: NOGAALES HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: AZ20P023501-10 Replacement Housing Factor Grant No: Date of CFFP:					
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	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	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)		386,306..				
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		Date 01/04/2010		Signature of Public Housing Director		Date	

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

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

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

Part II: Supporting Pages		PHA Name: NOGALES HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: AZ20P023501-10 CFPP (Yes/No): Replacement Housing Factor Grant No:	Federal FFY of Grant: 03/31/2010	Total Estimated Cost		Total Actual Cost		Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
HA-WIDE	MANAGEMENT IMPROVEMENTS	1408	1	26,902.					
HA-WIDE	ADMINISTRATION	1410	1	25,451.					
HA-WIDE	FEES AND COSTS	1430	1	10,000.					
AZ23-1 AZ23-2	SITE IMPROVEMENTS	1450.1	1	55,000.					
AZ23-11 AZ23-12	PAINT SECURITY FENCE WESTERN PLACE AND LAS AMERICAS								
AZ23-1 AZ23-11	SITE IMPROVEMENTS LANDSCAPING ESPERANZA/MCNAB/SIQUIEROS	1450.2	1	70,000.					
AZ23-1	DWELLING STRUCTURES INSTALL KITCHEN WINDOWS AT LELEU BUNGALOW ELDERLY UNITS	1460	1	78,953.					
AZ23-1	PAINT EXTERIOR 146 UNITS	1460	1	120,000.					
	TOTAL.....			386,306.					

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

**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/20011

**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 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014		
B.	Physical Improvements Subtotal		60,000.	50,000.	40,000.	50,000.		
C.	Management Improvements		50,000.	20,000.	30,000.	20,000.		
D.	PHA-Wide Non-dwelling Structures and Equipment		180,000.	150,000.	120,000.	150,000.		
E.	Administration		25,000.	25,000.	25,000.	25,000.		
F.	Other		20,000.	20,000.	20,000.	20,000.		
G.	Operations							
H.	Demolition							
I.	Development							
J.	Capital Fund Financing -- Debt Service							
K.	Total CFP Funds		335,000.	265,000.	235,000.	265,000.		
L.	Total Non-CFP Funds							
M.	Grand Total		335,000.	265,000.	235,000.	265,000.		









## **VIOLENCE AGAINST WOMEN AND DEPARTMENT OF JUSTICE REAUTHORIZATION ACT OF 2005 (VAWA)**

The Nogales Housing Authority has implemented a preference in the waiting list Policy for victims of Domestic Violence.

The Nogales Housing Authority works in partnership with the Domestic Violence Center, Family Guidance Center and the Police Department to verify and sometimes refer clients to the appropriate services. All records are reviewed closely to verify that the applicant is following protocol before we apply the preference.

The Nogales Housing Authority has adopted in the ACOP and ADMIN PLAN policies of Notification Regarding Applicable Provisions of the Violence Against Women Reauthorization Act of 2005 (VAWA).

### **NHA Policy**

The Nogales Housing Authority will provide all participants with notification of their protections and rights under VAWA at the time of admission and at annual reexamination. The notice will explain the protections afforded under the law, inform the participant of NHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The NHA will also include in all assistance termination notices a statement explaining assistance termination protection provided by VAWA.

Also will include all notices of denial in a statement explaining the protection against denial provided by VAWA.

The Nogales Housing Authority will post the following information regarding VAWA in its official and on its Web site. It will also make the information readily available to anyone who request it.

A summary of the rights and protection provided by VAWA to public housing and housing choice voucher program applicants and participants who are or have been victims of domestic violence, dating violence, or stalking.

The definitions of domestic violence, dating violence and stalking provided in VAWA.

A copy of form HUD-50066, Certification of Domestic Violence, Dating Violence or Stalking.

A statement of the Nogales Housing Authority's obligation to keep confidential any information that it receives from a victim unless (a) the NHA has the victim's written permission to release the information, (b) it needs to use the information in an eviction proceeding, or (c) it is compelled by law to release the information included in Exhibits 16-1 and 16-2) of the ACOP and ADMIN Plan.

**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 2010, 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.

NOGALES HOUSING AUTHORITY

PHA Name

AZ023

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 - 2014

Annual PHA Plan for Fiscal Years 2010 - 20

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)

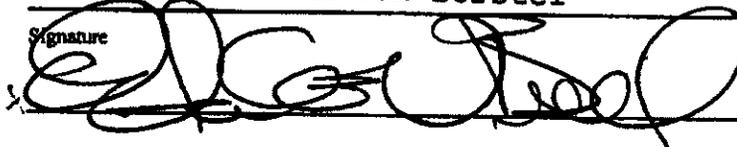
Name of Authorized Official

Octavio Garcia Von-Borstel

Title

Chairman

Signature



Date

12/02/2009

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

NOGALES HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

PUBLIC HOUSING

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.)

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

Hector Bojorquez

Title

Exec. Director

Signature

Date

12-02-2009

**Certification of Payment  
to Influence Federal Transactions**

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

Applicant Name

**NOGALES HOUSING AUTHORITY**

Program/Activity Receiving Federal Grant Funding

**PUBLIC HOUSING**

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

**Hector Bojorquez**

Title

**Executive Director**

Signature



Date (mm/dd/yyyy)

**12-02-2009**

Previous edition is obsolete

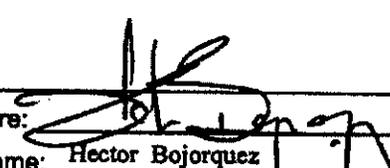
form HUD 50071 (3/98)  
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

# DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB  
0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<b>11.</b> Information 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 Bar 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:  Print Name: <u>Hector Bojorquez</u> Title: <u>Executive Director</u> Telephone No.: <u>(520) 287-4183</u> Date: <u>12/02/2009</u>	
Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		

**Attachment F**

**Resident Advisory Board (RAB) comments**

**“NO COMMENTS FROM THE RESIDENT ADVISORY BOARD”**

**RESIDENT ADVISORY BOARD MEETING**

**11/19/2009**

On November 19, 2009 the Nogales Housing Authority Resident Advisory Board met to review the Annual Plan for the year 2010.

The following are questions and concerns brought to the table during the meeting.

1. **Question:** Security Cameras for the Monte Carlo Public Housing Site, is there any plans to install cameras in the future?

2. **Answer:** The housing authority is in the process of installing additional security cameras on three other public housing sites. Once the Board of Commissioners of the housing authority approve a bid proposal to install the authority will proceed to install the cameras.

3. **Question.** There is also a problem with javelinas coming into the Monte Carlo area, along with stray dogs that spread the garbage all over, is there something the housing is doing to prevent this.

4. **Answer.** The we are trying to get more funds to build a front wall and a security fence in the rear. Hopefully this will detour the animals a bit, but the residents also have to maintain their yards and patios free of garbage and food left in their yards so animals cannot be attracted.

5. **Question.** Is the painting of the buildings still in the plans.

6. **Answer.** The housing authority is still in the process. We have the funds available now, we are just waiting for the weather to warm up a bit to start that project..

7. **Opinions.** Again we need to encourage more residents to get involved with activities with the housing authority. We need to appoint more members to the board. I know some residents are busy, but is very important to keep involved in the progress of the housing authority for our residents.

8. **Comment.** We need to encourage residents from every public housing site to join the board.

---

**RAB President**

**Attachment G**

**CHALLENGED ELEMENTS**

**NO PORTIONS OF THE NOGALES HOUSING AUTHORITY'S PUBLIC HOUSING AGENCY (PHA) PLAN WERE CHALLENGED.**

June 23, 2010

THE NOGALES HOUSING AUTHORITY IS IN THE PROCESS OF SUBMITTING THE PHA FIVE YEAR AND ANNUAL PLAN TO HUD. THE PLAN WILL BE AVAILABLE FOR PUBLIC VIEWING AT THE OFFICE OF THE NOGALES HOUSING AUTHORITY AT 951 N. KITCHEN ST. NOGALES, ARIZONA 85621.

ANY COMMENTS OR OPINIONS ARE WELCOMED AND CAN BE REFERRED TO HECTOR BOJORQUEZ (EXECUTIVE DIRECTOR) OF THE NOGALES HOUSING AUTHORITY.