



|      |  |
|------|--|
| 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b> WHA will continue to provide safe, decent and affordable housing to our residents and our voucher holders. We will work with the Town of Webster in their effort to meet the need of low and lower income residents and applicants</p>   |
| 10.0 | <p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.<br/>Our goal is to apply for funding for the voucher program and expand housing programs.</p> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" We are not making any significant amendments, deviations or modifications to our programs. Significant deviation would mean having an effect on our programs and effect our applicants and recipients.</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. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p> |

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

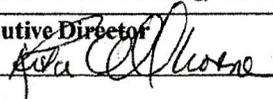
U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

| Part I: Summary   |  |  |                      |                                |  |  |
|---|--|--|----------------------|--------------------------------|--|--|
| PHA Name: Webster Housing Authority   |  | Grant Type and Number<br>Capital Fund Program Grant No: MA06P12350108<br>Replacement Housing Factor Grant No:<br>Date of CFFP: |                      |                                | FFY of Grant: 2008<br>FFY of Grant Approval: |  |
| Type of Grant<br><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report |  |  |                      |                                |  |  |
| Line  | Summary by Development Account                               | 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>3</sup> | 75,571   | 0                    |                                |  |  |
| 3   | 1408 Management Improvements                                 |  |                      |                                |  |  |
| 4   | 1410 Administration (may not exceed 10% of line 21)          |  | 7,013                |                                |  |  |
| 5   | 1411 Audit   |  |                      |                                |  |  |
| 6   | 1415 Liquidated Damages                                      |  |                      |                                |  |  |
| 7   | 1430 Fees and Costs  |  |                      |                                |  |  |
| 8   | 1440 Site Acquisition  |  |                      |                                |  |  |
| 9   | 1450 Site Improvement  |  | 14,300               |                                |  |  |
| 10  | 1460 Dwelling Structures                                     |  | 54,258               |                                |  |  |
| 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>   |  |   |                      |   |          |
|--|--|---|----------------------|---|----------|
| <b>PHA Name:</b><br>Webster Housing Authority  |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: MA06P12350108<br>Replacement Housing Factor Grant No:<br>Date of CFFP: |                      | <b>FFY of Grant:2008</b><br><b>FFY of Grant Approval:</b>           |          |
| <b>Type of Grant</b>   |  |   |                      |   |          |
| <input type="checkbox"/> Original Annual Statement   |  | <input type="checkbox"/> Reserve for Disasters/Emergencies  |                      | <input type="checkbox"/> Revised Annual Statement (revision no: 1 ) |          |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009                           |  | <input type="checkbox"/> Final Performance and Evaluation Report  |                      |   |          |
| 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 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)                           | 75,571  | 75,571               |   |          |
| 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                |   |                      |   |          |
| <b>Signature of Executive Director</b><br> |  | <b>Date</b><br>2/20/10  |                      | <b>Signature of Public Housing Director</b>                         |          |
|  |  |   |                      | <b>Date</b>   |          |

<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.

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

| <b>Part I: Summary</b>   |  |  |                      |  |          |
|--|--|--|----------------------|--|----------|
| PHA Name: Webster Housing Authority  |  | Grant Type and Number<br>Capital Fund Program Grant No: MA06P12350109<br>Replacement Housing Factor Grant No:<br>Date of CFFP: |                      | FFY of Grant: 2009<br>FFY of Grant Approval: |          |
| Type of Grant<br><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report |  |  |                      |  |          |
| Line   | Summary by Development Account                               | 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>3</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  | 4,560  |                      |  |          |
| 8  | 1440 Site Acquisition  |  |                      |  |          |
| 9  | 1450 Site Improvement  | 42,640   |                      |  |          |
| 10   | 1460 Dwelling Structures                                     | 28,137   |                      |  |          |
| 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.

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 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:</b><br>Webster Housing Authority   |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: MA06P12350109<br>Replacement Housing Factor Grant No:<br>Date of CFFP: |                      |   | <b>FFY of Grant:2009</b><br><b>FFY of Grant Approval:</b> |  |
| <b>Type of Grant</b><br><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report |  |   |                      |   |   |  |
| 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 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)                           | 75,337  |                      |   |   |  |
| 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                | 28,137  |                      |   |   |  |
| <b>Signature of Executive Director</b><br>  |  | <b>Date</b><br>2/10/10  |                      | <b>Signature of Public Housing Director</b><br><br> |   |  |
|   |  |   |                      | <b>Date</b>   |   |  |

<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.





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

|                        |  |   |   |
|------------------------|--|---|---|
| <b>Part I: Summary</b> | <b>PHA Name: Webster Housing Authority</b> | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: MA06S12350109<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | <b>FFY of Grant: 2009 ARRA</b><br><b>FFY of Grant Approval:</b> |
|------------------------|--|---|---|

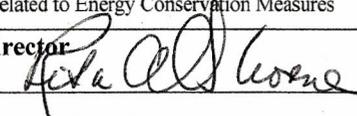
**Type of Grant**  
 **Original Annual Statement**       **Reserve for Disasters/Emergencies**       **Revised Annual Statement (revision no: \_\_\_\_\_)**  
 **Performance and Evaluation Report for Period Ending:**       **Final Performance and Evaluation Report**

| Line | Summary by Development Account                               | Total Estimated Cost |                      | Total Actual Cost <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>3</sup> |                      |                      |                                |          |
| 3    | 1408 Management Improvements                                 |                      |                      |                                |          |
| 4    | 1410 Administration (may not exceed 10% of line 21)          | 9565                 |                      |                                |          |
| 5    | 1411 Audit   |                      |                      |                                |          |
| 6    | 1415 Liquidated Damages                                      |                      |                      |                                |          |
| 7    | 1430 Fees and Costs  |                      |                      |                                |          |
| 8    | 1440 Site Acquisition  |                      |                      |                                |          |
| 9    | 1450 Site Improvement  | 53280                |                      |                                |          |
| 10   | 1460 Dwelling Structures                                     | 32812                |                      |                                |          |
| 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.

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 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:</b><br>Webster Housing Authority   |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: MA06S12350101<br>Replacement Housing Factor Grant No:<br>Date of CFFP: |   |                                | <b>FFY of Grant:2009 ARRA</b><br><b>FFY of Grant Approval:</b> |  |
| <b>Type of Grant</b><br><input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      )<br><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 <sup>1</sup> |  |  |
|   |  | Original  | Revised <sup>2</sup>                        | 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)                           | 95657   |   |                                |  |  |
| 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                       | 53280   |   |                                |  |  |
| 25  | Amount of line 20 Related to Energy Conservation Measures                | 32812   |   |                                |  |  |
| <b>Signature of Executive Director</b><br>  |  | <b>Date</b><br>2/28/10  | <b>Signature of Public Housing Director</b> |                                | <b>Date</b>  |  |

<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.





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 Capital Fund Financing Program

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 Expires 4/30/2011

|                                     |  |  |
|-------------------------------------|--|--|
| <b>Part I: Summary</b>              |  |  |
| PHA Name: Webster Housing Authority | Grant Type and Number<br>Capital Fund Program Grant No: MA06P12350110<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | FFY of Grant: 2010<br>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 <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>3</sup> | 15067                |                      |                                |          |
| 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  | 11770                |                      |                                |          |
| 10   | 1460 Dwelling Structures                                     |                      |                      |                                |          |
| 11   | 1465.1 Dwelling Equipment—Nonexpendable                      |                      |                      |                                |          |
| 12   | 1470 Non-dwelling Structures                                 |                      |                      |                                |          |
| 13   | 1475 Non-dwelling Equipment                                  | 48500                |                      |                                |          |
| 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.

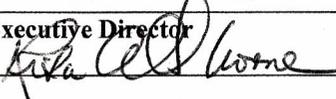
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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.

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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:</b><br>Webster Housing Authority  |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: MA06P12350110<br>Replacement Housing Factor Grant No:<br>Date of CFFP: |                      |   | <b>FFY of Grant:2010</b><br><b>FFY of Grant Approval:</b> |  |
| <b>Type of Grant</b>   |  |   |                      |   |   |  |
| <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 <sup>1</sup>                                    |   |  |
|  |  | Original  | Revised <sup>2</sup> | 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)                           | 75337   |                      |   |   |  |
| 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                |   |                      |   |   |  |
| <b>Signature of Executive Director</b><br> |  | <b>Date</b><br>2/26/10  |                      | <b>Signature of Public Housing Director</b>                       |   |  |
|  |  |   |                      | <b>Date</b>   |   |  |

<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.





**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

| <b>Part I: Summary</b>                    |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| PHA Name/Number Webster Housing Authority |   | Locality (City/County & State) Webster, MA |  |  | <input type="checkbox"/> Original 5-Year Plan  | <input type="checkbox"/> Revision No:          |
| A.  | Development Number and Name Webster Housing Authority MA123 | Work Statement for Year 1<br>FFY _____     | Work Statement for Year 2<br>FFY __2011_____ | Work Statement for Year 3<br>FFY ____2012_____ | Work Statement for Year 4<br>FFY ____2013_____ | Work Statement for Year 5<br>FFY ____2014_____ |
| B.  | Physical Improvements Subtotal                              | Annual Statement                           | 26837  | 75337  | 75337  | 75337  |
| C.  | Management Improvements                                     |  |  |  |  |  |
| D.  | PHA-Wide Non-dwelling Structures and Equipment              |  | 48500  |  |  |  |
| E.  | Administration  |  |  |  |  |  |
| F.  | Other   |  |  |  |  |  |
| G.  | Operations  |  |  |  |  |  |
| H.  | Demolition  |  |  |  |  |  |
| I.  | Development   |  |  |  |  |  |
| J.  | Capital Fund Financing – Debt Service                       |  |  |  |  |  |
| K.  | Total CFP Funds   |  |  |  |  |  |
| L.  | Total Non-CFP Funds   |  |  |  |  |  |
| M.  | Grand Total   |  | 75337  | 75337  | 75337  | 75337  |





| <b>Part III: Supporting Pages – Management Needs Work Statement(s)</b> |   |                |   |                |
|--|---|----------------|---|----------------|
| Work Statement for Year 1 FFY  | Work Statement for Year _____ FFY                                       |                | Work Statement for Year: _____ FFY                                      |                |
|  | Development Number/Name<br>General Description of Major Work Categories | Estimated Cost | Development Number/Name<br>General Description of Major Work Categories | Estimated Cost |
| See Annual Statement   | n/a   |                |   |                |
|  |   |                |   |                |
|  |   |                |   |                |
|  |   |                |   |                |
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|  |   |                |   |                |
|  |   |                |   |                |
|  |   |                |   |                |
|  |   |                |   |                |
|  | Subtotal of Estimated Cost  | \$             | Subtotal of Estimated Cost  | \$             |

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Webster Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing - Housing choice vouchers

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Name of Authorized Official

Title

Signature

*X David J. DePort*

Date

## 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><br><input checked="" type="checkbox"/> a. contract<br><input type="checkbox"/> b. grant<br><input type="checkbox"/> c. cooperative agreement<br><input type="checkbox"/> d. loan<br><input type="checkbox"/> e. loan guarantee<br><input type="checkbox"/> f. loan insurance   | <b>2. Status of Federal Action:</b><br><input checked="" type="checkbox"/> a. bid/offer/application<br><input type="checkbox"/> b. initial award<br><input type="checkbox"/> c. post-award               | <b>3. Report Type:</b><br><input type="checkbox"/> a. initial filing<br><input type="checkbox"/> b. material change<br><b>For Material Change Only:</b><br>year _____ quarter _____<br>date of last report _____ |
| <b>4. Name and Address of Reporting Entity:</b><br><input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee<br>Tier _____, if known:<br><br>Congressional District, if known: 4c  | <b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b><br>Webster Housing Authority<br>10 Golden Heights<br>Webster, MA 01570<br><br>Congressional District, if known: |  |
| <b>6. Federal Department/Agency:</b><br>US Dept. of Housing & Urban Development  | <b>7. Federal Program Name/Description:</b><br><br>CFDA Number, if applicable: _____   |  |
| <b>8. Federal Action Number, if known:</b>   | <b>9. Award Amount, if known:</b><br>\$  |  |
| <b>10. a. Name and Address of Lobbying Registrant</b><br>(if individual, last name, first name, MI):   | <b>b. Individuals Performing Services</b> (including address if different from No. 10a)<br>(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 tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | Signature: <u>David D. [Signature]</u><br>Print Name: _____<br>Title: _____<br>Telephone No.: _____ Date: _____  |  |
| <b>Federal Use Only:</b>   |  | Authorized for Local Reproduction<br>Standard Form LLL (Rev. 7-97)   |

**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.

Webster Housing Authority

MA123

\_\_\_\_\_  
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

Title

Signature

Date

**Webster Housing Authority  
Resident Advisory Board**

Joseph Cleary      Golden Heights II  
Margaret A. Heide Golden Heights II  
Barbara Edwards   Golden Heights II

The Resident Advisory Board are in favor of the proposed renovations in the capital fund budgets. Their greatest concern was that of security and improvements. Their suggestions were:

1. Security lights and cameras
2. Replace siding
3. Install new carpeting as the carpets are over 20 years old
4. Install new fencing to prevent people from jumping over and getting into the development

Attachments

VAWA

The Webster Housing Authority has initiated the provisions of the VAWA.

- ✓ The provisions have been included in the section 8 administrative plan
- ✓ The provisions are included in the admission and continued occupancy plan
- ✓ All tenants have been notified about VAWA

The goal of the Authority is to comply with VAWA by the following actions.

- ✓ Protecting the safety of victims of domestic violence, dating violence, sexual assault, and stalking who reside in public housing
- ✓ Educate the staff and private landlord of the provisions of VAWA