

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Rome Housing Authority</u> PHA Code: <u>NY034</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/01/2010</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>282</u> Number of HCV units: <u>610</u>																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the Rome Housing Authority is to provide safe, decent and affordable housing to eligible people in a professional, efficient and ethical manner.																										
5.2	<p>Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <p><i>We are committed to maintaining the highest standard of professional managerial conduct by achieving high performance status in both PHAS and SEMAP evaluations over the 5 year period. We will invest in additional training with regards to procurement methods for all staff that handles purchasing and/or capital funds. We are committing our Capital Funds over the next 5 years to improving the marketability of our Public Housing units by updating kitchens in all three PHA high-rise facilities. We have previously updated 40 occupied units as a result of the 2009 Capital Fund Grant (ARRA).</i></p> <p><i>We are committed to leveraging private funding to create additional housing opportunities and improve existing housing throughout the community. We will be applying for additional Section 8 Housing Choice Vouchers, Project Based Vouchers, and American Recovery and Reinvestment Act of 2009 (ARRA) funds to convert State Funded housing units to Federalized housing units.</i></p> <p><i>Dwelling unit rehabilitation has continued independently of the apartment conversion. We have successfully remodeled 39 kitchens while occupied. We will continue with this planning for the remaining 229 units. Interior apartment rehabilitation also includes carpet replacement. We have replaced 18 units during our vacancy cycle and will continue with the remaining 81 units as they become available.</i></p> <p><i>Exterior rehabilitation included corridor and public area painting which was completed at all three facilities. In addition, exterior brick veneer repairs were completed on all three high-rises. Preventive maintenance (expansion and control joints) has been included in our 5-year Capital Fund planning.</i></p> <p><i>Improved site accessibility has been completed at all three facilities: handicap ramps installed; curb-cuts added; parking area grades changed to allow egress between buildings to meet ADA requirements. Additional site work is included in our 5-year plan to gain better access to lawn and recreational areas.</i></p>																										
6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Updated Procurement Policy December 8, 2009</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> <table style="width: 100%;"> <tr> <td style="text-align: center;">Central Office 205 St Peter's Ave Rome, NY 13440</td> <td style="text-align: center;">Valentine Apartments 152 Turin Street Rome, NY 13440</td> </tr> </table>	Central Office 205 St Peter's Ave Rome, NY 13440	Valentine Apartments 152 Turin Street Rome, NY 13440																								
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7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>The Rome Housing Authority is currently considering Project Basing the maximum number (currently 122) of Vouchers under its Section 8 Housing Choice Voucher Program, to be located in the City of Rome, New York. The Rome Housing Authority's objective is that by creating Project Based Vouchers it will help to provide affordable units that meet and exceed the Housing Quality Standards for the participants in the City of Rome, New York.</i>																										

8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p><i>The most pressing need for low-income, very low-income and extremely low-income families is the lack of affordability and availability of larger units (3BR +). Elderly families are the exception to the previous statement due to smaller household size and there appears to be adequate availability of units for elderly households. Families with disabilities still have obstacles to total accessibility in the area of rental units. The City of Rome has launched an aggressive awareness campaign in this shortcoming to educate prospective landlords on physical accessibility. Households of various races and ethnic groups find themselves in the same melting pot as other households. The City of Rome as well as the Authority conducts discrimination awareness briefings to these families to provide assistance in their searches for suitable housing as to bedroom sizes and payment standards. Lastly, the need to preserve affordable housing and address the needs of public housing projects is listed in the top priorities in the Consolidated Plan of the City of Rome. By consistently achieving our goals and objectives, the Authority fulfills this goal of the City of Rome.</i></p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p><i>The Rome Housing Authority in our efforts to provide safe, decent and affordable housing to eligible people has entered into a partnership agreement with Omni Housing Development, LLC to address the needs at our New York State Housing Project. We will be applying for additional Section 8 Housing Choice Vouchers, Project Based Vouchers, and American Recovery and Reinvestment Act of 2009 (ARRA) funds to convert up to 90 State Funded housing units to Federalized housing units.</i></p> <p><i>The ongoing commitment by the City of Rome (Weed & Seed, Weatherization Programs, etc.) and this Authority is continuing to encourage, educate and assist prospective landlords to improve rental units and make more units physically accessible.</i></p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. <i>The Authority has successfully addressed the reduction of vacancy days and increasing the voucher inventory. We have also commenced our interior/exterior rehabilitation on all remaining units through the vacancy cycle. In addition, we have maintained high-performer status FFY 2009 in the voucher and public housing programs</i></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” <i>A Significant Amendment and Substantial Deviation/Modification is defined as a discretionary change in the plans or policies of the Authority that fundamentally changes the mission, goals, objectives or plans of the agency and which require formal approval of the Rome Housing Authority Board of Commissioners</i></p> <p>(c) <i>The Rome Housing Authority certifies that the agency will comply with all goals, activities, objectives, policies or programs to support or assist victims of domestic violence, dating violence, sexual assault or stalking pursuant to HUD’s newly released regulations in these areas.</i></p>

<p>11.0</p>	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
<p>12.0</p>	<p>Resident Advisory Board Comments, Recommendations and Decisions November 9, 2009 Rome Housing Authority NY034</p> <p>In attendance at the Resident Advisory Board meeting were five (5) residents from Colonial I, Colonial II and Valentine Apartments. Also in attendance were Modernization Staff and Tenant Relations Assistants.</p> <p><i>Staff reviewed our proposed goals for the next 5 years.</i></p> <ul style="list-style-type: none"> <i>a. Continuation of kitchen remodeling in all three apartment buildings</i> <i>b. Site erosion project for the rear of Colonial I & II</i> <i>c. Exterior building repairs, brick control joints and expansion joint repairs</i> <i>e. Additional interior and exterior security cameras</i> <i>f. General maintenance work</i> <p><i>Reviewed comment and suggestions and status of work from previous RAB.</i></p> <ul style="list-style-type: none"> <i>a. Balcony door hardware loose, not operational, (replaced all hardware with panic hardware).</i> <i>b. Replace missing security camera, (Installed new camera).</i> <p><i>New comments & suggestions</i></p> <ul style="list-style-type: none"> <i>a. Bicycle racks installed in the front of each building. (Comments: Will look at additional racks, bike racks are available in the rear of each building).</i> <i>b. Replace the entrance and lobby ceramic floor tile. (Comments: Will include this as a work item to update all three building entrances).</i> <i>c. Install additional landscaping to make each building more visually appealing. (Comments: will include landscape into our 5 year plan).</i> <i>d. Provide transportation to area events. (Comments: Will Check with local organizations to coordinate transportation to local events).</i> <i>e. Install Gazebo in the rear lawn of Colonial I & II for outdoor gathering with protection from weather. (Comments: Review of landscape planning for the site can investigate feasibility of installing gazebo).</i> <p><i>We have reviewed the RAB recommendations and have incorporated most if not all work items into our agency 5 –year Capital Fund Program.</i></p> <p><i>Advisory Board tenants made comments about “how excellent the staff is here at the Rome Housing Authority”, stating that “everybody is so nice and helpful.” They also were quick to praise the maintenance staff for their timely response to work orders. Another comment made was “how beautiful the new kitchens are in the large one bedroom apartments at Colonial II”.</i></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: Rome Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P034501-10 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2010 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	30000		0	0
3	1408 Management Improvements	25000		0	0
4	1410 Administration (may not exceed 10% of line 21)	35000		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35000		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	24431		0	0
10	1460 Dwelling Structures	200000		0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	35000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)	384431		0	0
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				

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

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Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
Signature of Executive Director <i>James T. Masera (CHAIRMAN)</i>		Date 1/12/2010		Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Rome Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P034501-10 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA - Wide	Operations	1406		30000				
PHA - Wide	Management Improvements	1408		25000				
PHA - Wide	Administration	1410		35000				
PHA - Wide	Fees & Costs	1430		35000				
PHA - Wide	Site Improvement	1450		24431				
PHA - Wide	Apt Int/Ext Rehab	1460		160000				
PHA - Wide	Common Areas Painting/	1460		15000				
PHA - Wide	Exterior Masonry Rehab	1460		25000				
PHA - Wide	Non-Dwelling Equip Replacement	1475		35000				

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Part I: Summary					
PHA Name: Rome Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06S034501-09 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2009 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <u>9/30/2009</u> <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	48170		48170	0
4	1410 Administration (may not exceed 10% of line 21)	48170		48170	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	48170		48170	25274.32
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	337197		337197	104112.96
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)	481707		481707	129387.28
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				

¹ To be completed for the Performance and Evaluation Report.
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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/3/2009 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated Expended
Signature of Executive Director <i>James R. McQuinn (CHAIRMAN)</i>		Date 1/12/2010	Signature of Public Housing Director Date	

Annual Statement/Performance and Evaluation Report
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Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <u>9/30/2009</u> <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	38000		0	0	
3	1408 Management Improvements	38000		0	0	
4	1410 Administration (may not exceed 10% of line 21)	38431		0	0	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	35000		0	0	
8	1440 Site Acquisition					
9	1450 Site Improvement	15000		0	0	
10	1460 Dwelling Structures	220000		0	0	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					
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)	384431		0	0	
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					

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Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated Expended
	Signature of Executive Director <i>James P. Vincenzo (CHAIRMAN)</i>	Date 1/12/10	Signature of Public Housing Director	Date

Part II: Supporting Pages								
PHA Name: Rome Housing Authority			Grant Type and Number Capital Fund Program Grant No: NY06P034501-09 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA - Wide	Operations	1406		38000				
PHA - Wide	Management Improvements	1408		38000				
PHA - Wide	Administration	1410		38431				
PHA - Wide	Fees & Costs	1430		35000				
PHA - Wide	Site Improvement	1450		15000				
PHA - Wide	Apt Int/Ext Rehab	1460		35000				
PHA - Wide	Common Areas Painting/	1460		15000				
PHA - Wide	Carpet Replacement	1460		20000				
PHA - Wide	Roof Replacements	1460		150000				

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Part I: Summary					
PHA Name: Rome Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P034501-08 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2008 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <u>9/30/2009</u> <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	38055		0.00	0.00
3	1408 Management Improvements	38055		38055	38055.00
4	1410 Administration (may not exceed 10% of line 21)	38055		38055	31809.27
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35000		35000	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	31390		31390	3135.00
10	1460 Dwelling Structures	200000		200000	25739.02
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)	380555		342500	98738.29
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				

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

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

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

Part I: Summary				
PHA Name: Rome Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P034501-08 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2008 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated Expended
	Signature of Executive Director <i>Jan P. Mason</i>	Date 4/12/10	Signature of Public Housing Director	Date

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number Rome Housing Authority NY034		Locality (City/County & State) Rome, Oneida, New York			<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 NY06P034501-10	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
	PHA - Wide					
B.	Physical Improvements Subtotal	Annual Statement	259431	259431	259431	224431
C.	Management Improvements		25000	25000	25000	25000
D.	PHA-Wide Non-dwelling Structures and Equipment					35000
E.	Administration		35000	35000	35000	35000
F.	Other		35000	35000	35000	35000
G.	Operations		30000	30000	30000	30000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing -- Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		384431	384431	384431	384431

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

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

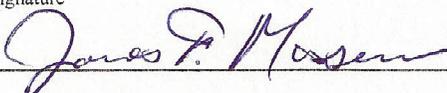
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority 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.

ROME HOUSING AUTHORITY
 PHA Name

NY034
 PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 - 2014
 Annual PHA Plan for Fiscal Years 2010 - 2011

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
JAMES F MASUCCI	CHAIRMAN
Signature	Date
	1/12/10

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

ROME HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

CAPITAL FUND, NY034000102, NY034000005, CAPITAL FUND RECOVERY GRANT (ARRA) FYE03/31

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.)

COLONIAL I APARTMENTS
205 ST PETER'S AVE
ROME, ONEIDA, NY 13440

COLONIAL II APARTMENTS
310 COTTAGE STREET
ROME, ONEIDA, NY 13440

VALENTINE APARTMENTS
152 TURIN STREET
ROME, ONEIDA, NY 13440

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
JAMES F MASUCCI

Title
BOARD CHAIRMAN

Signature
X *James F. Masucci*

Date
1/12/10

**Certification of Payments
to Influence Federal Transactions**

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

Applicant Name

ROME HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

CAPITAL FUND, NY034000102, NY034000005, CAPITAL FUND RECOVERY GRANT (ARRA) FYE03/31

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.

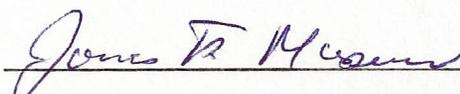
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this 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 JAMES F MASUCCI	Title BOARD CHAIRMAN
Signature 	Date (mm/dd/yyyy) 1/12/2010

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: ^{4c}	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u><i>James F. Masucci</i></u> Print Name: <u>JAMES F MASUCCI</u> Title: <u>BOARD CHAIRMAN</u> Telephone No.: <u>315-337-1090</u> Date: <u>1/12/2010</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

NOT APPLICABLE