

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**

1.0	PHA Information PHA Name: <u>NEWARK HOUSING AUTHORITY</u> PHA Code: <u>NY089</u> PHA Type: <input checked="" type="checkbox"/> Small <input 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>160</u> Number of HCV units: <u>377</u>				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input checked="" type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
					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: SEE ATTACHMENT A				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. SEE ATTACHMENT A				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: N/A (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. NEWARK HOUSING AUTHORITY ADMINISTRATIVE OFFICE 200 DRIVING PARK CIRCLE NEWARK, NY 14513				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</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>N/A</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>N/A</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.</p> <p>N/A</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>N/A</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <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)

ATTACHMENT A
5-YEAR PLAN 4/1/10
MISSION, GOALS, AND STRATEGIES

QUESTION 5.1

Mission

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

QUESTION 5.2

Goals

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

PHA Goal: Expand the supply of assisted housing

Objectives:

Apply for additional rental vouchers if demographics show a continued need.

Work with other agencies on a cooperative basis to address special needs housing issues including emergency housing and assisted living.

PHA Goal: Improve the quality of assisted housing

Objectives:

Improve public housing management: (Improve/maintain PHAS score physical condition)

Improve voucher management: (Maintain high performer status on SEMAP score)

PHA Goal: Increase assisted housing choices

Objectives:

Continue to refer eligible tenants to Home Ownership Programs

HUD Strategic Goal: Improve community quality of life and economic vitality

Implement public housing security improvements:

Entertain cooperative ventures with Village of Newark to administer housing rehabilitation programs and to pursue Small Cities funding for housing purposes.

Apply all regulations pertaining to “Violence Against Women Act “ (VAWA).

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

PHA Goal: Promote self-sufficiency and asset development of assisted households

Provide or attract supportive services to improve assistance to recipients’ employability.

Provide or attract supportive services to increase independence for the elderly or families with disabilities.

Continue to Pursue ROSS Grants and other Self-sufficiency funding if appropriate.

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:

Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.

NHA Strategic Goal: Become a leader in the public housing industry on a local, state, and national level.

Remain active in organizations such as NYSPHADA, PHADA, and NAHRO.

Continue efforts to de-regulate small agencies.

VAWA STATEMENT

The Newark Housing Authority is aware of and following HUD requirements and NHA's public housing and Section 8 Policies relating to VAWA regulations. NHA's policies are included in our public housing Admissions and continued Occupancy Policy and Section 8 Administrative Plan.

**RESIDENT ADVISORY MEETING
HI-RISE
July 17, 2009**

ATTENDEES:

Sandra May
Katie Sherman
Daphne Parcero
Carl Warner

COMMENTS INCLUDED:

- Tenants very appreciative of maintenance staff.
- Discussed upcoming projects including replacement of roof and replacing ceiling tiles.
- The new intercom system is working well
- They all like the upgrades to the first floor.
- Some things they desire: An artificial camera be installed; would like to plant some perennial plants.
- Comments that the exterior doors close slowly and asked if they could speed up the closure. Jim explained this is because of people using walkers, etc.
- Jim reminded tenants to call the office with work orders.

**RESIDENT ADVISORY MEETING
PUBLIC HOUSING FAMILIES
AND
SECTION 8 PARTICIPANTS
July 17, 2009**

No participants for meeting.

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: NEWARK HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No. NY06P08950110	Replacement Housing Factor Grant No:
		Date of CFPP:	FFY of Grant: 2010
			FFY of Grant Approval: 2010

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1	Summary by Development Account					
2	Total non-CFP Funds					
3	1406 Operations (may not exceed 20% of line 21) ³					
4	1408 Management Improvements					
5	1410 Administration (may not exceed 10% of line 21)		24,962.00			
6	1411 Audit					
7	1415 Liquidated Damages					
8	1430 Fees and Costs		20,000.00			
9	1440 Site Acquisition					
10	1450 Site Improvement		8,000.00			
11	1460 Dwelling Structures		188,000.00			
12	1465.1 Dwelling Equipment—Nonexpendable		8,000.00			
13	1470 Non-dwelling Structures					
14	1475 Non-dwelling Equipment		23,500.00			
15	1485 Demolition					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18a	1499 Development Activities ⁴					
18ba	1501 Collateralization or Debt Service paid by the PHA 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)		272,462.00			
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					

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 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
 Expires 4/30/2011

Part I: Summary

PHA Name:		Grant Type and Number Capital Fund Program Grant No:		Replacement Housing Factor Grant No:		FFY of Grant:	
		Date of CRFP:				FFY of Grant Approval:	
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)			
<input type="checkbox"/> Original Annual Statement <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	
Signature of Executive Director		Date		Signature of Public Housing Director		Date	
<i>Jim DeVolder</i>		01/08/2010		<i>Jim DeVolder</i>			

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

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No. NY08P08950109 Replacement Housing Factor Grant No:		FFY of Grant: 2009	
PHA Name: NEWARK HOUSING AUTHORITY		Date of CFP: _____		FFY of Grant Approval: 2009	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009	Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	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		51,294.08			
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)		24,962.00	24,881.80		
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		20,000.00	35,000.00		
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures		161,000.00	59,999.72		
11	1465.1 Dwelling Equipment- Nonexpendable		8,000.00	41,537.40		
12	1470 Non-dwelling Structures			5,685.00		
13	1475 Non-dwelling Equipment		33,500.00	30,420.00		
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)		247,462.00	248,818.00		
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					

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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: NEWARK HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No. NY06P08950109 Date of CFP: _____		Replacement Housing Factor Grant No:		FY of Grant: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/09		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		FY of Grant Approval: 2009	
Line	Summary by Development Account	Original	Total Estimated Cost	Revised?	Obligated	Total Actual Cost ¹	Expended
	Signature of Executive Director <i>Maria W. ...</i>	Date 01/08/2010		Signature of Public Housing Director <i>JIM DEVOLDER</i>			

Part II: Supporting Pages

PHA Name: NEWARK HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NY06P0895019 Replacement Housing Factor Grant No:		CFPP (Yes/ 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	Revised ¹	Funds Obligated ²	Funds Expended ²	Status of Work
	FAMILY HOUSING			Original				
	Replace Refrigerators & Stoves			4,000.00	8,000.00			
	Replace CO Detectors				3,272.40			
	Replace Vehicle			22,500.00	22,500.00			
	Replace Lawn Tractor			11,000.00	7,920.00			
	Repair Tenant Damage			10,000.00	20,000.00			
89-1	Replace Interior Doors			3,000.00	8,000.00			
	Replace Garage Roof				5,685.00			
	Kitchen Renovation			82,500.00				
	Bathroom Renovation			62,500.00				
89-3	Replace Interior Doors			3,000.00	8,000.00			
	Replace Screen Doors				20,000.00			
	SENIOR HOUSING							
	Replace Refrigerators & Stoves			4,000.00	8,000.00			
	Upgrade Fire System				22,265.00			
	Renovate Plumbing System				3,999.72			
Engineering Operations				20,000.00	35,000.00			
COCC	Administration			24,962.00	24,881.80			

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

Part I: Summary

PHA Name: NEWARK HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No. NY06P08950108	Replacement Housing Factor Grant No.:	FY of Grant: 2008
	Date of CFPP: _____		FY of Grant Approval: 2008

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/09	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no.:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Actual Cost ¹	
				Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³		26,074.00	790.14	
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)		22,250.00	24,962.00	24,962.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		20,000.00	20,000.00	23,883.58
8	1440 Site Acquisition				
9	1450 Site Improvement		36,000.00	11,000.00	5,677.00
10	1460 Dwelling Structures		107,750.00	134,750.00	145,439.86
11	1465.1 Dwelling Equipment—Nonexpendable		8,000.00	8,000.00	7,654.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment		33,500.00	24,835.00	27,135.76
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)		227,500.00	249,621.00	235,542.34
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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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.
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Annual Statement/Performance and Evaluation Report
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 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		Grant Type and Number Capital Fund Program Grant No. NY06FP08950108 Replacement Housing Factor Grant No.		FEY of Grant: 2008	
NEWARK HOUSING AUTHORITY		Date of CFPP: _____		FEY of Grant Approval: 2008	
Type of Grant <input 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		Total Estimated Cost		Total Actual Cost ¹	
Line Summary by Development Account Signature of Executive Director <i>Maria Sharma</i>		Original Date 01/08/2010		Revised ² Signature of Public Housing Director	
		Obligated		Expended	

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 II: Supporting Pages

PHA Name: NEWARK HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NY06P08950108		CFPP (Yes/ No):		Federal FFY of Grant: 2008F									
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	
		FAMILY HOUSING													
		Replace Refrigerators & Stoves						4,000.00		4,000.00		3,854.00		3,854.00	
		Replace Lawn Tractor						11,000.00		8,000.00		8,000.00		8,000.00	
		Operations								13,137.00		1,919.08		1,128.94	
89-1		Repair Driveways						8,000.00		8,000.00		3,800.00		3,800.00	
		Replace Interior Doors						3,000.00		4,000.00		4,362.21		5,362.21	
89-3		Blacktop Sidewalks						25,000.00		0					
		Replace Interior Doors						3,000.00		4,000.00		5,611.36		5,611.36	
		Exterior Doors								25,000.00		27,740.99		27,740.99	
		SENIOR HOUSING													
		Seal Parking Lot						3,000.00		3,000.00		1,877.00		1,877.00	
		Replace Closet Doors						80,000.00		80,000.00		22,710.00		22,710.00	
		Upgrade Intercom System						12,750.00		12,750.00		52,889.00		52,889.00	
		Replace Smoke Detectors						3,000.00		0					
		Renovate 1st Floor Hall & Elevators						6,000.00		6,000.00		29,126.30		29,126.30	
		Renovate Heritage Room						3,000.00		3,000.00		3,000.00		3,000.00	
		Replace Refrigerators & Stoves						1,000.00		4,000.00		3,800.00		3,800.00	
		Replace Vehicle						22,500.00		16,835.00		17,329.46		17,329.46	

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

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.

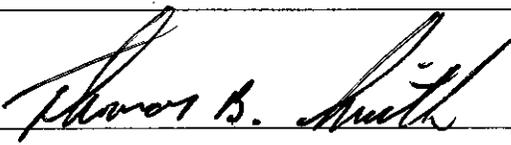
NEWARK HOUSING AUTHORITY

NY089

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		TOM SMITH		Title		VICE CHAIR	
Signature				Date		11/18/2009	

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

NEWARK HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

5-YEAR AGENCY PLAN

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
JIM DE VOLDER

Title
EXECUTIVE DIRECTOR

Signature
X 

Date
01/07/2010

Certification of Payments to Influence Federal Transactions

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

Applicant Name

NEWARK HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

PHA FIVE-YEAR PLAN

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)

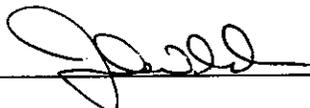
Name of Authorized Official

JIM DE VOLDER

Title

EXECUTIVE DIRECTOR

Signature



Date (mm/dd/yyyy)

01/07/2010

Previous edition is obsolete

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

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/20

Part I: Summary

PHA Name/Number NEWARK HOUSING AUTHORITY		Locality (City/County & State) Newark/Wayne County, 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	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		100,500.00	175,500.00	210,000.00	395,000.00
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		23,500.00	24,500.00	16,500.00	33,000.00
E.	Administration		24,962.00	24,962.00	24,962.00	24,962.00
F.	Other		91,200.00	28,000.00	34,000.00	35,000.00
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing - Debt Service					
K.	Total CFP Funds		240,162.00	252,962.00	285,462.00	487,962.00
L.	Total Non-CFP Funds					
M.	Grand Total		240,162.00	252,962.00	285,462.00	487,962.00

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year 2011-2012 FFY 2011	Work Statement for Year: 2012-2013 FFY 2012	Work Statement for Year: 2012-2013 FFY 2012		
Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
FAMILY HOUSING			FAMILY HOUSING		
Replace Ref. & Stoves		4,000.00	Replace Ref. & Stoves		4,000.00
89-1—Replace Interior Doors		4,000.00	Replace Smoke Detectors		20,000.00
89-1—Replace Basement Windows/Add Vents		17,500.00	89-1—Replace Interior Doors		4,000.00
89-1—Landscape Improvements		15,000.00	89-1—Replace Water Heaters		17,500.00
89-3—Landscape Improvements		15,000.00	89-3—Replace Interior Doors		4,000.00
89-3—Seal Cul-de-Sacs/Repair Storm Sewers/Sidewalks		7,500.00	SENIOR HOUSING		
89-3—Replace Interior Doors		4,000.00	Upgrade Building Main Fire Alarm System		75,000.00
SENIOR HOUSING			Replace trash Compactor		30,000.00
Domestic Hot Water Boilers		20,000.00	Replace Ref. & Stoves		4,000.00
Replace Dryers		3,500.00	COCC		
Replace Carpet Floors 1-7		20,000.00	Administration		24,962.00
Replace Lights		30,000.00	Replace Office Security Blinds		15,000.00
Replace Ref. & Stoves		4,000.00	PHA WIDE		
Seal Parking Lot		2,200.00	Replace Vehicle		24,500.00
COCC			Repair Tenant Damage		10,000.00
Administration		24,962.00	Engineering		20,000.00
Replace Office A/C System		15,000.00			
PHA WIDE					
Replace Vehicle		23,500.00			
Repair Tenant Damage		10,000.00			
Engineering		20,000.00			
Subtotal of Estimated Cost		\$240,162.00	Subtotal of Estimated Cost		\$252,962.00

