

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.

A. GOALS & OBJECTIVES FOR FISCAL YEARS 2010 – 2014:

Strategic Initiative: The St. Johnsville Housing Authority will dedicate itself to be recognized as an industry leader in public housing management

1. Maintain High Performer Status. Most recent PHAS score was 90
2. Complete turnover rate at less than 20 days.
3. Complete resident generated work orders with 20 days and emergency work orders within 24 hours.
4. Maintain 97% occupancy rate.
5. Collect 97% rent due.
6. Comply with all Federal, State, County and Village reporting requirements.
7. Consistently score 90% or above in REAC inspections.

Strategic Initiative. The St. Johnsville Housing Authority will dedicate itself to maintaining fiscal discipline, profitability and continuous growth

1. Ensure competitive bidding is conducted on all contracts.
2. Maintain a financial surplus in each fiscal year.
3. Pursue other revenue sources that are in alignment with our mission and vision.
4. Keep spending at 3% growth per year.

Strategic Initiative. The St. Johnsville Housing Authority will actively promote a culture of “continuous learning” and personal growth for commissioners, employees and residents.

1. Commissioners attend 8 hours of training annually.
2. Employees attend 24 hours of training annually.
3. Provide 3-4 resident training events annually.
4. Manage a robust Section 3 Program.
5. Provide after school programs for reading and computer training.
6. Provide computer and web access for resident training.

Strategic Initiative. The St. Johnsville Housing Authority will develop and implement a clear and consistent long term energy program that promotes energy conservation and efficiency.

1. Implement an energy plan.
2. Implement an energy team.
3. Continue to pursue energy efficient projects.

Strategic Initiative. The St. Johnsville Housing Authority will actively pursue community relationships that promote economic vitality, improve residential services and strengthen brand recognition.

1. Develop one new relationship within the community per year.
2. Encourage commissioner/employee participation with local agencies.

Strategic Initiative. The St. Johnsville Housing Authority will dedicate itself to becoming a viable economic engine by pursuing economic relationships while developing, leveraging and maximizing our talents.

1. Develop one new revenue opportunity annually.
2. Develop and/or partner with a local agency that promotes economic growth and efficiency.

Strategic Goal: Continue compliance with provisions of the Violence Against Women Act (VAWA)

1. Continue to fully comply with the Violence Against Women Act (VAWA). Continue to work with others to prevent offenses covered by VAWA to the degree we can. Details are in **Attachment C**.

B. PROGRESS ON GOALS & OBJECTIVES FOR FISCAL YEARS 2005 – 2009:

The following table reflects the progress we have made in achieving our goals and objectives established for Fiscal Years 2005 – 2009:

GOAL: EXPAND THE SUPPLY OF ASSISTED HOUSING.	
Objective	Progress
Reduce public housing vacancies	Maintain 97% Occupancy

GOAL: IMPROVE THE QUALITY OF ASSISTED HOUSING.	
Objective	Progress
Improve public housing management: (PHAS score)	Improved score to 90%
Improve voucher management: (SEMAP score)	Most recent score was 78%
Increase customer satisfaction:	Initiated open meetings and a more robust Resident Advisory Board.
Renovate or modernize public housing units	Replaced toilets, faucets and vanities.

GOAL: PROVIDE AN IMPROVED LIVING ENVIRONMENT.	
Objective	Progress
Designate developments or buildings for particular resident groups (elderly, persons with disabilities)	Modified one building to better serve disabled.

GOAL: PROMOTE SELF-SUFFICIENCY AND ASSET DEVELOPMENT OF ASSISTED HOUSEHOLDS.	
Objective	Progress
Increase the number and percentage of employed persons in assisted families:	Initiated a robust Section 3 Program.
Provide or attract supportive services to improve assistance recipients' employability:	Executive Director serves on the board of an organization that provides support to disabled and low income families.
Provide or attract supportive services to increase independence for the elderly or families with disabilities.	Executive Director serves on the board of an organization that provides support to disabled and low income families.

GOAL: ENSURE EQUAL OPPORTUNITY AND AFFIRMATIVELY FURTHER FAIR HOUSING	
Objective	Progress
Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:	Developed, implemented and enforced policies that deter discrimination.
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	Developed, implemented and enforced policies that deter discrimination.
Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:	Modified one building to better serve disabled individuals. Implemented a robust Reasonable Accommodation Policy.

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: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p><i>This section not Applicable for small PHAs</i></p>
7.0	<p>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></p> <p><i>This section not Applicable for small PHAs</i></p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>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.</p> <p><i>See page 5</i></p>
8.2	<p>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.</p> <p><i>See page 5</i></p>
8.3	<p>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.</p> <p><i>Not Applicable for St. Johnsville Housing Authority</i></p>
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>This section not Applicable for small PHAs</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>This section not Applicable for small PHAs</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.</p> <p>Progress on the Housing Authority’s goals was already included in Section 5.2</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>Substantial Deviation from the 5-Year Plan:</p> <p>A “Substantial Deviation” from the 5-Year Plan is an overall change in the direction of the Authority pertaining to the Authority’s Goals and Objectives. This includes changing the Authority’s Goals and Objectives.</p> <p>Significant Amendment or Modification to the Annual Plan:</p> <p>A “Significant Amendment or Modification” to the Annual Plan is a change in a policy or policies pertaining to the operation of the Authority. This includes the following:</p> <ul style="list-style-type: none"> • Changes to rent or admissions policies or organization of the waiting list. • Additions of non-emergency work items over \$15,000(items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund. • Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.
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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> <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>See Attachment A</p> <p>(g) Challenged Elements – See Attachment B</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>
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OTHER ATTACHMENTS

- Attachment C** – Violence Against Women Act (VAWA) Statement)
- Attachment D** – Capital Fund Program Annual Statement – FY 2010
- Attachment E** – FY 2009 Capital Fund Program Performance & Evaluation Report
- Attachment F** – FY 2008 Capital Fund Program Performance & Evaluation Report
- Attachment G** – Capital Fund Program Five-Year Action Plan
- Attachment H** – Certifications in support of the Agency Plan

In January, 2010, the Executive Director of Ilion, NY Housing Authority was also appointed as Executive Director of St. Johnsville, NY Housing Authority. The ACOP and Lease in use at Ilion HA have been adopted by St. Johnsville HA, with the appropriate modifications needed for that Housing Authority. Copies of these documents will be submitted to HUD upon request.

Attachment A

St. Johnsville Housing Authority

Five-Year Plan

Fiscal Years 10/01/2010 – 10/01/2014

Comments of the Resident Advisory Board

St. Johnsville Housing Authority met with the Resident Advisory Board (RAB) on June 7, 2010. Attendance included RAB members: Barry Barney, Hazel O'Connor, Don Easley, Aaron Pratt, Rose Marie Louman, Mr. O'Conner and Director McTiernan

Director McTiernan briefed the RAB of on-going projects from CFP Grants 2008/9/ARRA to include:

- a. Bathroom Upgrades
- b. Outside Lighting
- c. Kitchen Upgrades
- d. Flooring

Elements of the PHA Plan Template and the Capital Fund Program grants were discussed. Following are comments made by the RAB members and the Housing Authority's responses:

RAB Comment: Start a community garden at the old playground site.

HA Response: McTiernan noted that this could be accomplished.

RAB Comment: Status of storage areas.

HA Response: Area is being cleaned up and locks are being made for each resident.

RAB Comment: Concerns were raised dangerous bicycle riding and NY State helmet laws.

HA Response: McTiernan stated that the HA will comply with NY State law.

RAB Comments: A member asked about a Reasonable Accommodation Request.

HA Response: McTiernan provided insight into the program and asked the member to see him after the meeting.

RAB Comments: A question was asked about parking on the access road.

HA Response: McTiernan noted that he would coordinate with local officials and will deny access to the road if feasible.

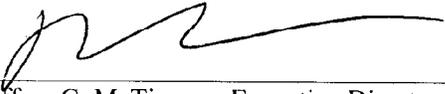
RAB Comments: Members had concerns about residents with multiple pets.

HA Response: McTiernan noted that the HA will enforce the pet policy. He also asked that specific details regarding residents be discussed after the meeting.

RAB Comments: Members raised questions about parking availability.

HA Response: McTiernan noted that he would look at the current policy and begin the planning process for a new policy if needed.

The RAB members agreed with the overall Plan as presented and no further suggestions or changes were offered by them.



Jeffrey C. McTiernan, Executive Director
St. Johnsville Housing Authority
June 16, 2010

Attachment B

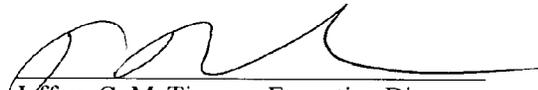
St. Johnsville Housing Authority

Five-Year Plan

Fiscal Years 10/01/2010 – 10/01/2014

Challenged Elements

There were no challenged elements to the Housing Authority's Five-year Plan.



Jeffrey C. McTiernan, Executive Director
St. Johnsville Housing Authority
June 16, 2010

Attachment C

St. Johnsville Housing Authority

Five-Year Plan

Fiscal Years 10/01/2010 – 10/01/2014

Violence Against Women Act Report

A goal of the St. Johnsville Housing Authority is to fully comply with the Violence Against Women Act (VAWA). It is our objective to work with others to prevent offenses covered by VAWA to the degree we can.

St. Johnsville Housing Authority provides or offers the following activities, services, or programs, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking.

Through cooperation with the local domestic violence agency and the St. Johnsville Police Department, any cases of violence as described are referred for assistance. The local domestic violence agency is Catholic Charities.

St. Johnsville Housing Authority provides or offers the following activities, services, or programs that help child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing.

The above listed agency's program staff is aware of our housing programs and makes client referrals to our office. Apparently eligible clients are placed on our waiting list.

For persons already living in a Housing Authority unit who become victims as described, these are referred to police and the local domestic violence agency for assistance. If the management becomes aware of any violator who may be restricted through an order of protection, that person is prohibited from the premises and is considered a trespasser subject to arrest and removal. The Police Department is cooperative and supportive in cases such as this, and willingly responds and enforces the protective orders.

St. Johnsville Housing Authority provides or offers the following activities, services, or programs to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

The same methods as described herein are used, making referrals to the Catholic Charities for counseling and support services, and attempting to enforce orders of protection with the cooperation of Police Department personnel.

St. Johnsville Housing Authority has the following procedures in place to assure applicants, residents and participants are aware of their rights and responsibilities under the Violence Against Women Act:

All residents and participants have been notified of their rights and responsibilities under the Violence Against Women Act.

The orientation for new residents and participants includes information on their rights and responsibilities under the Violence Against Women Act.

The Admissions & Continued Occupancy Policy (ACOP), the Section 8 Administrative Plan and the Residential Dwelling Lease have been revised to include screening and termination language related to the Violence Against Women Act.

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: St. Johnsville	Grant Type and Number Capital Fund Program Grant No: 2010 Date of CFFP: 2010	NY06P09850110 0	Replacement Housing Factor Grant No: 0	FFY of Grant: 2010
				FFY of Grant Approval: 2010

Line	Summary by Development Account	Type of Grant		Performance and Evaluation Report for Period Ending:		Revised Annual Statement and Evaluation Report	
		<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Performance and Evaluation Report	<input type="checkbox"/> Revised Annual Statement (revision no:)	<input type="checkbox"/> Final Performance and Evaluation Report	<input type="checkbox"/> Revised Annual Statement and Evaluation Report
		Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)		6,780.00				
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement		39,039.00				
10	1460 Dwelling Structures		21,365.00				
11	1465.1 Dwelling Equipment - Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						
18a	1501 Collateralization or Debt Service paid by the PHA						
18b	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 line 2 - 19)		67,184.00				
21	Amount of line 20 Related to LBP Activities			0.00		0.00	0.00
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.

Part I: Summary

PHA Name: St. Johnsville		Grant Type and Number Capital Fund Program Grant No: NY06P09830110 Date of CEFF: 2010		Replacement Housing Factor Grant No: 0		FFY of Grant: 2010	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		FFY of Grant Approval: 2010	
Line	Summary by Development Account	Original	Total Estimated Cost	Revised?	Obligated	Total Actual Cost	Expended
	Signature of Executive Director	Date		Signature of Public Housing Director			Date
	<i>[Signature]</i>	6/6/2010					

Part I: Summary	
PHA Name: St. Johnsville	Grant Type and Number Capital Fund Program Grant No: 2009 Date of CFFP: 2009
	NY06P09850109 0
	Replacement Housing Factor Grant No: 0
	FY of Grant: 2009
	FY 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:	Reserve for Disasters/Emergencies 3/31/2010	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)		6,780.00		2,000	2,000
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement		10,000.00		3,150	3,150
10	1460 Dwelling Structures		51,039.00		3,290	3,290
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					
18b	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 line 2 - 19)		67,819.00		8,440.00	8,440.00
21	Amount of line 20 Related to LBP Activities			0.00		
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
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: St. Johnsville	Grant Type and Number Capital Fund Program Grant No: Date of CFFP: 2009	NY06P09850109	Replacement Housing Factor Grant No: 0	FFY of Grant: 2009	FFY of Grant Approval: 2009
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Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2010	<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	Revised ²	Obligated	Total Actual Cost ¹	Expended
Line	Summary by Development Account							
Signature of Executive Director		Date	Signature of Public Housing Director					
		6/6/2010						

Part I: Summary

PHA Name: St. Johnsville	Grant Type and Number Capital Fund Program Grant No: NY06P09850108 Date of CFFP: 2008	Replacement Housing Factor Grant No: 0	FFY of Grant: 2008
		FFY 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: 3/31/2010	Reserve for Disaster/Emergencies	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		44,178.00			
3	1408 Management Improvements		12,622.00		11,626	11,626
4	1410 Administration (may not exceed 10% of line 21)		6,311.00			
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment - Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities 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 line 2 - 19)		63,111.00	0.00	11,626.00	11,626.00
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 RHF funds shall be included here.

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

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

Part I: Summary

PHA Name: St. Johnsville	Grant Type and Number Capital Fund Program Grant No: Date of CHFP:	2008	NY06P09850108	Replacement Housing Factor Grant No: 0	FFY of Grant: 2008	FFY of Grant Approval: 2008
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Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies	3/31/2010	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report
Line Summary by Development Account	Total Estimated Cost	Revised?	Total Actual Cost
Signature of Executive Director	Date	Signature of Public Housing Director	Date

[Handwritten Signature]

6/21/2010

Enter applicable data in the highlighted fields. After entering the data go to Page 1, the tab is at the bottom, you will see that the data you entered here has been prefilled. Also notice that some of the fields have a red mark in the right hand corner, these are comments pertaining to data entry. This is a protected document to ensure that the formula and cell references are not modified.

PHA Name/Number	St Johnsville Housing Authc NY-098
Locality (City/County & State)	St Johnsville, Montgomery, NY
Original	X
Revision	Revision No. FALSE
Development Number and Name	Old Meadow Gardens
Year 1 - FFY	2010 Non-CFP Funds
Year 2 - FFY	2011 Non-CFP Funds
Year 3 - FFY	2012 Non-CFP Funds
Year 4 - FFY	2013 Non-CFP Funds
Year 5 - FFY	2014 Non-CFP Funds

Capital Fund Program - Five Year Action Plan

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

Part I: Summary						
PHA Name/Number St Johnsville Housing Authority/NY		Locality (City/County & State) St Johnsville, Montgomery, NY			<input checked="" type="checkbox"/> Original 5-Year Plan	Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
	Old Meadow Gardens					
B.	Physical Improvements Subtotal	Annual Statement	47,000	32,000	31,000	59,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		10,000	20,000	10,000	
E.	Administration		6,780	6,780	6,780	6,780
F.	Other					
G.	Operations		3,404	8,404	19,404	1,404
H.	Demolition					
I.	Development					
J.	Capital Fund Financing - Debt Service					
K.	Total CFP Funds		67,184	67,184	67,184	67,184
L.	Total Non-CFP Funds	0	0	0	0	0
M.	Grand Total	0	67,184	67,184	67,184	67,184

Capital Fund Program - Five Year Action Plan

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

Part I: Summary (Continuation)						
PHA Name/Number St Johnsville Housing Authority/NY		Locality (City/County & State) St Johnsville, Montgomery, NY			<input checked="" type="checkbox"/> Original 5-Year Plan	Revision No:
Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>	
	Annual Statement					
Old Meadow Gardens		67,184	67,184	67,184	67,184	
		67,184	67,184	67,184	67,184	67,184
	0	0	0	0	0	0
	0	67,184	67,184	67,184	67,184	67,184

Capital Fund Program - Five Year Action Plan

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

Part III: Supporting Pages - Management Needs Work Statement(s)				
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year _____ FFY <u>2010</u>		Work Statement for Year _____ FFY <u>2011</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement				
	Subtotal of Estimated Cost	\$0	Subtotal of Estimated Cost	\$0

Capital Fund Program - Five Year Action Plan

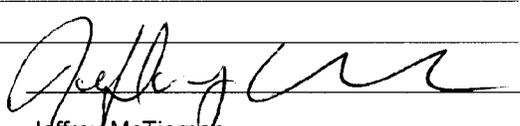
U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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	Subtotal of Estimated Cost	\$0	Subtotal of Estimated Cost	\$0

Disclosure of Lobbying Activities

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse side for Instructions and Public Reporting burden statement)

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"/> b. a. bid/offer/application b. initial award c. post-award	3. Report Type <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only year (yyyy) <u> N/A </u> quarter <u> N/A </u> date of last report (mm/dd/yyyy) <u> N/A </u>
4. Name and Address of Reporting Entity <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: St. Johnsville Housing Authority 10 Old Meadow Road St. Johnsville, NY 13452 Congressional District, if known _____	5. If Reporting Entity in No. 4 is Subawardee, enter Name and Address of Prime N/A Congressional District, if known <u> N/A </u>	
6. Federal Department/Agency Department of Housing and Urban Development	7. Federal Program Name/Description HUD PHA Plan CFDA Number, if applicable <u> N/A </u>	
8. Federal Action Number, if known <p style="text-align: center;">N/A</p>	9. Award Amount, if known \$ N/A	
10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI) N/A	b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI) N/A	
(attach continuation sheet(s) if necessary)		
11. Amount of Payment (check all that apply) \$ <u> N/A </u> <input type="checkbox"/> actual <input type="checkbox"/> planned	13. Type of Payment (check all that apply) <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other (specify) <u> N/A </u>	
12. Form of Payment (check all that apply) <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature <u> N/A </u> value <u> N/A </u>		
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 N/A		
(attach continuation sheet(s) if necessary)		
15. Continuation sheets attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16. Information requested through this form is authorized by Sec.319, Pub. L. 101-121, 103 Stat. 750, as amended by sec. 10; Pub. L. 104-65, Stat. 700 (31 U.S.C. 1352). This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature  Print Name <u> Jeffrey McTiernan </u> Title <u> Executive Director </u> Telephone No. <u> 315 894-2159 </u> Date (mm/dd/yyyy) <u> 6/16/2010 </u>	
Federal Use Only:	Authorized for Local Reproduction Standard Form-LLL (7/97)	

Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient, Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box (es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box (es). Check all boxes that apply. If other, specify nature.
14. Provide specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just the time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a continuation sheet(s) are attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public Reporting Burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please do not return your completed form to the Office of Management and Budget; send it to the address provided by the sponsoring agency.

Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

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Standard Form-LLL (7/97)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

St. Johnsville Housing Authority

Program/Activity Receiving Federal Grant Funding

HUD PHA Plan (Operating Fund/Capital Fund/Section 8 Program)

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)

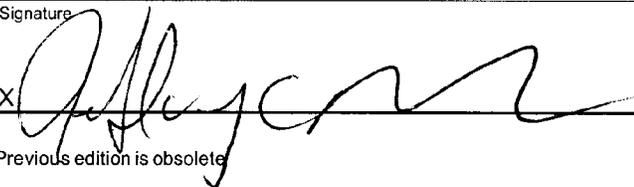
Name of Authorized Official

Jeffrey McTiernan

Title

Executive Director

Signature

X 

Date

6/16/2010

Previous edition is obsolete

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

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

St. Johnsville Housing Authority

Program/Activity Receiving Federal Grant Funding

HUD PHA Plan (Operating Fund/Capital Fund/Section 8 Program)

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.)

10 Old Meadow Road
St. Johnsville, NY 13452

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

Jeffrey McTiernan

Title

Executive Director

Signature

X 

Date

6/16/2010

**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 Annual PHA Plan for the PHA fiscal year beginning 10/1/2010, 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.

St. Johnsville Housing Authority

NY098

PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 10 - 20 14

Annual PHA Plan for Fiscal Years 20 - 20

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

Eleanor Weaver

Name of Authorized Official

Eleanor Weaver

Title

Chairperson

Signature

Date

6/16/2010