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: ____Wayne Metropolitan Housing Authority _____ PHA Code: ___OH036_____

PHA Type: ☐ Small ☒ High Performing ☐ Standard ☐ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY): __01/01/2010__

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: ___224_____ Number of HCV units: ___923_____

3.0 Submission Type

☒ 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia ☐ 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: The mission of the Wayne Metropolitan Housing Authority is to assist low-income families and individuals with safe, decent, and affordable housing opportunities as they strive to improve the quality of their lives. The Housing Authority is committed to operating in an efficient, ethical, and professional manner by adhering to its own Core Values and fostering partnerships with its clients and appropriate community agencies. The Housing Authority complies with applicable laws preventing discrimination.

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.

Goal: Assure adequate supply of assisted housing. Objectives: Encourage landlords to participate in the HCV Program; Leverage private or other public funds to create additional housing opportunities; Acquire or develop units to create additional affordable housing opportunities. Goal: Improve the quality of assisted housing. Objectives: Increase resident / client satisfaction with their housing and how services are provided; Renovate or modernize Public Housing Units; Participate in partnerships to improve the quality of housing stock available to low-income renters. Goal: Increase assisted housing choices. Objectives: Conduct outreach efforts to potential HCV Program landlords; Keep HCV Program payments standards as high as funding permits; Continue to market the HCV Homeownership Program to all Voucher holders.

See 10.0 (a) below for report on progress.

6.0 PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: WMHA's Section 8 Administrative Plan was revised in November of 2008 to adjust HCV Program payment standards only.

(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. PHA Plan and all elements are available at the offices of Wayne Metropolitan Housing Authority at 345 North Market Street, Wooster, Ohio 44691.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. *Include statements related to these programs as applicable.*

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 *Capital Fund Program Annual Statement/Performance and Evaluation Report*, form HUD-50075.1, for each current and open CFP grant and CFFP financing. P&E Report for 501(08) and 501(09) and Initial Budget for 501(10) attached.

8.2 Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan*, 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. 5-Year Action Plan attached.

8.3	**Capital Fund Financing Program (CFFP).** ☒ 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. Copy of original CFFP annual report attached.
9.0	**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.

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: ☒ Public Housing			
	# of families	% of total families	Annual Turnover
Waiting list total	433		63
Extremely low income <=30% AMI	376	87%	
Very low income (>30% but <=50% AMI)	53	12%	
Low income (>50% but <80% AMI)	4	1%	
Families with children	211	49%	
Elderly families	13	3%	
Families with Disabilities	52	12%	
Race/ethnicity-White	370	85%	
Race/ethnicity-Black	42	10%	
Race/ethnicity-Hispanic	3	1%	
Race/ethnicity-Asian/Pacific American Indian	7 11	1% 3%	

Characteristics by Bedroom Size (Public Housing Only)			
1BR and 0 BR	125	70%	
2 BR	26	15%	
3 BR	22	12%	
4 BR	4	2%	
5 BR	1	1%	
5+ BR	0	0%	

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: ☒ Section 8 tenant-based assistance			
	# of families	% of total families	Annual Turnover
Waiting list total	844		129
Extremely low income <=30% AMI	722	86%	
Very low income (>30% but <=50% AMI)	121	14%	
Low income (>50% but <80% AMI)	1	0%	
Families with children	425	50%	
Elderly families	39	5%	
Families with Disabilities	174	21%	
Race/ethnicity-White	729	87%	
Race/ethnicity-Black	87	10%	
Race/ethnicity-Amer Indian	18	2%	
Race/ethnicity-Hispanic Asian Pacific Other	6 4 0	1% 0% 0%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			

9.1	**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.** **Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:** Employing effective maintenance and management policies that have historically experienced very low vacancy rates, and continuing to do those things to assure the vacancy rates stays low. Continuing to strive for the lowest possible turn-around time for vacated public housing units. Continuing to take whatever measures possible to ensure access to affordable housing among families assisted by the Housing Authority regardless of unit size. Continuing keeping HCVP lease up rates as high as possible within the funding available. **Strategy 2. Increase the number of affordable units by:** Applying for additional HCV units whenever available, and pursuing housing resources other than public housing or HCV whenever funding or potential funding sources are available. **Strategy 3. Target available assistance to families with special needs by:** Applying for and maintaining funding for assistance through programs like Family Unification, Shelter Plus Care and Medicaid Waiver programs such as Assisted Living for the elderly population. Continuing to purchase and maintain housing for persons with disabilities live mental retardation and developmental disabilities.

10.0	**Additional Information**. Describe the following, as well as any additional information HUD has requested. (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. Progress on goals and objectives of previous 5-year plan: WMHA has been able to expand the supply of assisted housing to the extent funding is available to provide rental assistance to families. An adequate supply of rental properties has been developed through marketing and building relationships with owners and landlords. WMHA acquired 16 units of Section 8 Project-Based housing from a dissolved non-profit in order to preserve the housing. WMHA has continued to find ways to assist families in all programs to maximize their participation in housing assistance programs. WMHA has continued to administer a HCV Homeownership program and has 28 closings to date and no foreclosure actions on any of the participants after more than five years. WMHA continues to operate Community Housing Improvement Programs under contract with the City of Wooster and with Wayne County. Components of those programs are improving housing opportunities through rehabilitation of rental units and assisting eligible homebuyers with down payment assistance. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" a. Substantial Deviation from the 5-Year Plan Any change that would affect the mission of the Housing Authority, would significantly reduce the number of clients served, or would significantly reduce the funds available to serve clients would be considered a Substantial Deviation from the 5-Year Plan. b. Significant Amendment or Modification to the Annual Plan Any addition or deletion of a major federal award program that would have a drastic affect on the number of clients served or how the Housing Authority serves its clients or any single budget revision to a Capital Fund Program that exceeded 30 percent of the total award would be considered a Significant Amendment or Modification to the Annual Plan.

11.0	**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. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (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, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

Attachments:

oh036b03	Performance & Evaluation Report (form HUD-50075.1) for CFP 501(08)
oh036c03	Performance & Evaluation Report (form HUD-50075.1) for CFP 501(09)
oh036d03	Initial Budget (form HUD-50075.1) for CFP 501(10)
oh036e03	CFP 5-Year Capital Plan (form HUD-50075.2)
oh036f03	Original Annual Report for CFFP
oh036g03	VAWA Statement
oh036h03	Form HUD-50077 PHA Plans Certification w/ scanned signature
oh036i03	Form HUD-50070 Certification of a Drug-Free Workplace w/ scanned signature
oh036j03	Form HUD-50071 Certification of Payments to Influence Federal Transactions w/ scanned signature
oh036k03	Form SF-LLL Disclosure of Lobbying Activities w/ scanned signature
oh036l03	Resident Advisory Board Activity (comments)

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

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

Part I: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
Wayne Metropolitan Housing Authority	Capital Fund Program Grant No: OH12P03650108 Replacement Housing Factor Grant No: Date of CFFP:	2008 FFY of Grant Approval: 2008

Type of Grant

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no. –)

☑ Performance and Evaluation Report for Period Ending 11/25/2009 ☐ Final Performance and Evaluation Report

Line	11/25/2009	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]	30,000.00	30,000.00	30,000.00	30,000.00
3	1408 Management Improvements	5,000.00	5,000.00	5,000.00	3,072.00
4	1410 Administration	27,000.00	27,000.00	27,000.00	14,350.00
5	1411 Audit	-		-	-
6	1415 Liquidated Damages	-		-	-
7	1430 Fees and Costs	5,000.00	7,200.00	5,000.00	
8	1440 Site Acquisition	-		-	-
9	1450 Site Improvement	14,250.00	3,450.00		
10	1460 Dwelling Structures	113,153.00	119,227.68	116,500.49	114,375.02
11	1465.1 Dwelling Equipment - Nonexpendable	4,000.00	4,680.00	3,640.00	3,640.00
12	1470 Non-dwelling Structures	-		-	-
13	1475 Non-dwelling Equipment	7,954.00	9,799.32	8,876.66	5,968.63
14	1485 Demolition	-	-	-	-
15	1492 Moving to Work Demonstration	-	-	-	-
16	1495.1 Relocation Costs	-	-	-	-
17	1499 Development Activities [4]	-	-	-	-

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 and Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

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

Part I: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
Wayne Metropolitan Housing Authority	Capital Fund Program Grant No: OH12P03650108 Replacement Housing Factor Grant No: Date of CFFP:	2008 FFY of Grant Approval: 2008

Type of Grant
☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no. –)
☑ Performance and Evaluation Report for Period Ending 11/25/2009 ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
18a	1501 Collaterization or Debt Service paid by the PHA	90,000.00	90,000.00	90,000.00	88,674.92
18ba	9000 Collaterization 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)	$ 296,357.00	$ 296,357.00	$ 286,017.15	$ 260,080.57
21	Amount of line 20 Related to LBP Activities	-	-	-	-
22	Amount of line 20 Related to Section 504 Compliance		-	-	-
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 Conversation Measures	-	-	-	-

Signature of Executive Director	Date	Signature of Public Housing Director	Date
Stan W Popp	11/25/2009		

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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.

Part II: Supporting Pages

PHA Name:	Grant Type and Number	CFFP: ☐ Yes ☐ No	Federal FY of Grant:
Wayne Metropolitan Housing Authority	Capital Fund Program Grant No: **OH12P03650108** Replacement Housing Factor Grant No:		**2008**

Development Number Name/HA-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	
AMP								
OH0360000-10P								
OH036-001	M08-01							
Madison Hts	Selective Carpet Replacements	1460.00		1,000.00	4,155.00	3,155.04	3,155.04	
	M08-02							
	Selective Appliance Replacement	1465.10		500.00	1,040.00	520.00	520.00	
	M08-03							
	Replace Kitchen Cabinets	1460.00		39,950.00	28,000.00	28,000.00	27,257.16	
	M08-04							
	Seal Parking Lot	1450.00		800.00				
OH036-004								
Northgate	M08-05							
Apartments	Selective Carpet Replacement	1460.00		1,000.00	4,327.00	3,327.40	3,327.40	

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.

Part II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FY of Grant:
Wayne Metropolitan Housing Authority	Capital Fund Program Grant No: OH12P03650108 Replacement Housing Factor Grant No:	2008

CFFP: ☐ Yes ☑ No

Development Number Name/HA-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	
	M08-06							
	Selective Appliance Replacement	1465.10		500.00	1,040.00	520.00	520.00	
	M08-07							
	Seal Parking Lot	1450.00		1,800.00	-			
OH036-005	M08-08							
Rehab	Selective Carpet Replacement	1460.00		1,000.00	-			
	M08-09							
	Selective Appliance Replacement	1465.10		500.00	520.00	520.00	520.00	
OH036-008	M08-10							
Perkins Manor	Selective Carpet Replacement	1460.00		1,000.00	1,313.00	1,000.00	313.50	
	M08-11							
	Selective Appliance Replacement	1465.10		500.00	520.00	520.00	520.00	

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.

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OH12P03650108 Replacement Housing Factor Grant No:	CFFP: ☐ Yes ☐ No	Federal FY of Grant: 2008

Development Number Name/HA-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	
	M08-12							
	Replace Kitchen Cabinets	1460.00		53,203.00	32,986.00	32,986.00	32,291.87	
	M08-13							
	Seal Parking Lot	1450.00		800.00	-			
OH036-009	M08-14							
Hadicapped	Selective Carpet Replacement	1460.00		1,000.00	987.57	987.57	985.57	
Scattered								
Site	M08-15							
	Selective Appliance Replacement	1465.10		500.00	520.00	520.00	520.00	
	M08-16							
	Install Sidewalks @ Orrville sites	1450.00		3,450.00	3,450.00			
OH036-012								
Scattered	M08-17							
Sites	Selective Carpet Replacement	1460.00		1,000.00	565.53	565.53	565.53	

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Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OH12P03650108 Replacement Housing Factor Grant No:	CFFP: ☐ Yes ☑ No	Federal FY of Grant: 2008

Development Number Name/HA-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	
	M08-18							
	Selective Appliance Replacement	1465.10		500.00	520.00	520.00	520.00	
	M08-19							
	Upgrade HVAC/AC @ McCoy Road	1460.00		12,000.00	9,400.00	9,400.00	9,400.00	
	M08-20							
	Seal Parking Lots	1450.00		3,000.00	-			
AMP-WIDE	M08-21							
	Fees and Costs	1430.00		2,500.00	3,600.00	2,500.00		
	M08-22							
	Management Improvements	1408.00		2,500.00	2,500.00	2,500.00	1,536.00	

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.

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OH12P03650108 Replacement Housing Factor Grant No:	CFFP: ☐ Yes ☑ No	Federal FY of Grant: 2008

Development Number Name/HA-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	
	M08-23	1406.00		15,000.00	15,000.00	15,000.00	15,000.00	
	Transfer to Operations							
	M08-24	1475.00		3,977.00	4,899.66	3,977.00	1,068.97	
	Replacement of specific non-							
	dwelling equipment							
Total for		1465.10		1,000.00				
AMP 10P	$76,971.00							
AMP								
OH0360000-11P								
OH036-003	M08-25							
Townview	Selective Carpet Replacement	1460.00		1,000.00	10,700.00	10,285.37	10,285.37	
Terrace								
Apartments								

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.

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OH12P03650108 Replacement Housing Factor Grant No:	CFFP: ☐ Yes ☑ No	Federal FY of Grant: 2008

Development Number Name/HA-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	
	M08-26							
	Selective Appliance Replacment	1465.10		500.00	-			
	M08-27							
	Seal Parking Lot	1450.00		2,500.00	-			
	M08-27A							
	Replace Air Handler	1460.00			21,358.00	21,358.00	21,358.00	
OH036-006	M08-28							
Rittman	Selective Carpet Replacement	1460.00		1,000.00	5,435.58	5,435.58	5,435.58	
Towne								
Manor	M08-29							
	Selective Appliance Replacment	1465.10		500.00	520.00	520.00	520.00	
	M08-30							
	Seal Parking Lot	1450.00		1,900.00	-			

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.

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OH12P03650108 Replacement Housing Factor Grant No:	CFFP: ☐ Yes ☑ No	Federal FY of Grant: 2008

Development Number Name/HA-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	
AMP-WIDE	M08-31							
	Fees and Costs	1430.00		2,500.00	3,600.00	2,500.00		
	M08-32							
	Management Improvements	1408.00		2,500.00	2,500.00	2,500.00	1,536.00	
	M08-33							
	Transfer to Operations	1406.00		15,000.00	15,000.00	15,000.00	15,000.00	
	M08-34							
	Replacment of specific non-	1475.00		3,977.00	4,899.66	4,899.66	4,899.66	
	dwelling equipment							
Total for								
AMP 11P	$102,386							

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.

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority

Grant Type and Number CFFP: ☐ Yes ☑ No
Capital Fund Program Grant No: **OH12P03650108**
Replacement Housing Factor Grant No:

Federal FY of Grant: 2008

Development Number Name/HA-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	
AMP								
OH03600								
9999P	M08-35							
	Administration	1410.00		27,000.00	27,000.00	27,000.00	14,350.00	
	M08-36							
	Debt Retirement-CFFP	1501.00		90,000.00	90,000.00	90,000.00	88,674.92	

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.

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

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

Part I: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
Wayne Metropolitan Housing Authority	Capital Fund Program Grant No: OH12P03650109 Replacement Housing Factor Grant No: Date of CFFP:	2009 FFY of Grant Approval: 2009

Type of Grant

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no. A)

☑ Performance and Evaluation Report for Period Ending 09/30/2009 ☐ 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]	30,000.00	40,000.00	-	-
3	1408 Management Improvements	5,000.00	5,000.00	-	-
4	1410 Administration	27,000.00	31,800.00	-	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	5,000.00	10,000.00	-	-
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	14,250.00	14,250.00	-	-
10	1460 Dwelling Structures	113,153.00	113,153.00	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	4,000.00	4,000.00	-	-
12	1470 Non-dwelling Structures	-	-	-	-
13	1475 Non-dwelling Equipment	7,954.00	10,260.00	-	-
14	1485 Demolition	-	-	-	-
15	1492 Moving to Work Demonstration	-	-	-	-
16	1495.1 Relocation Costs	-	-	-	-
17	1499 Development Activities [4]	-	-	-	-

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.

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

Part I: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
Wayne Metropolitan Housing Authority	Capital Fund Program Grant No: OH12P03650109 Replacement Housing Factor Grant No: Date of CFFP:	2009 FFY of Grant Approval: 2009

Type of Grant
☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no. A)
☑ Performance and Evaluation Report for Period Ending 09/30/2009 ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
18a	1501 Collaterization or Debt Service paid by the PHA	90,000.00	90,000.00	-	-
18ba	9000 Collaterization 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)	$ 296,357.00	$ 318,463.00	$ -	$ -
21	Amount of line 20 Related to LBP Activities	-	-	-	-
22	Amount of line 20 Related to Section 504 Compliance		-	-	-
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 Conversation Measures	-	-	-	-

Signature of Executive Director	Date	Signature of Public Housing Director	Date
[signature]	9/30/2009		

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 II: Supporting Pages

PHA Name:	Grant Type and Number	CFFP: ☐ Yes ☐ No	Federal FY of Grant:
Wayne Metropolitan Housing Authority	Capital Fund Program Grant No: OH12P03650109 Replacement Housing Factor Grant No:		2009

Development Number Name/HA-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	
AMP								
OH0360000-10P								
OH036-001	M09-01							
Madison Hts	Selective Carpet Replacements	1460.00		1,000.00	1,000.00			
	M09-02							
	Selective Appliance Replacement	1465.10		500.00	500.00			
	M09-03							
	Replace Kitchen Cabinets	1460.00		39,950.00	39,950.00			
	M09-04							
	Seal Parking Lots	1450.00		800.00	800.00			
OH036-004	M09-05							
Northgate	Selective Carpet Replacement	1460.00		1,000.00	1,000.00			
Apartments								

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.

Part II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FY of Grant:
Wayne Metropolitan Housing Authority	CFFP: ☐ Yes ☐ No Capital Fund Program Grant No: **OH12P03650109** Replacement Housing Factor Grant No:	**2009**

Development Number Name/HA-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	
	M09-06							
	Selective Appliance Replacement	1465.10		500.00	500.00			
	M-09-07							
	Seal Parking Lot	1450.00		1,800.00	1,800.00			
OH036-005	M09-08							
Rehab	Selective Carpet Replacement	1460.00		1,000.00	1,000.00			
	M09-09							
	Selective Appliance Replacement	1465.10		500.00	500.00			
OH036-008	M09-10							
Perkins Manor	Selective Carpet Replacement	1460.00		1,000.00	1,000.00			
	M09-11							
	Selective Appliance Replacement	1465.10		500.00	500.00			

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.

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OH12P03650109 Replacement Housing Factor Grant No:	CFFP: ☐ Yes ☐ No	Federal FY of Grant: 2009

Development Number Name/HA-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	
	M09-12							
	Replace Kitchen Cabinets	1460.00		53,203.00	53,203.00			
	M09-13							
	Seal Parking Lot	1450.00		800.00	800.00			
OH036-009	M09-14							
Hadicapped	Selective Carpet Replacement	1460.00		1,000.00	1,000.00			
Scattered								
Site	M09-15							
	Selective Appliance Replacement	1465.10		500.00	500.00			
	M09-16							
	Install sidewalks @ 3 locations	1450.00		3,450.00	3,450.00			

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.

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OH12P03650109 Replacement Housing Factor Grant No:	CFFP: ☐ Yes ☐ No	Federal FY of Grant: 2009

Development Number Name/HA-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	
OH036-012	M09-17							
Scattered	Selective Carpet Replacement	1460.00		1,000.00	1,000.00			
Sites								
	M09-18							
	Selective Appliance Replacement	1465.10		500.00	500.00			
	M09-19							
	Upgrade HVAC / AC @ McCoy Road	1460.00		12,000.00	12,000.00			
	M09-20							
	Seal Parking Lots	1450.00		3,000.00	3,000.00			
AMP-WIDE	M09-21							
	Fees and Costs	1430.00		2,500.00	5,000.00			
	M09-22							
	Management Improvements	1408.00		2,500.00	2,500.00			

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.

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OH12P03650109 Replacement Housing Factor Grant No:	CFFP: ☐ Yes ☐ No	Federal FY of Grant: 2009

Development Number Name/HA-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	
	M09-23							
	Transfer to Operations	1406.00		15,000.00	20,000.00			
OH036-001	M09-24							
Madison Hts	Replacment of Specific Non-	1475.00		3,977.00	5,130.00			
	dwelling equipment							
Total for								
AMP 10P	$156,633							
AMP								
OH0360000-11P								
OH036-003	M09-25							
Townview	Selective Carpet Replacement	1460.00		1,000.00	1,000.00			
Terrace								
Apartments	M09-26							
	Selective Appliance Replacement	1465.10		500.00	500.00			

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.

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OH12P03650109 Replacement Housing Factor Grant No:	CFFP: ☐ Yes ☐ No	Federal FY of Grant: 2009

Development Number Name/HA-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	
	M09-27							
	Seal Parking Lot	1450.00		2,500.00	2,500.00			
OH036-006								
Rittman	M09-28							
Towne	Selective Carpet Replacement	1460.00		1,000.00	1,000.00			
Manor								
	M09-29							
	Selective Appliance Replacment	1465.10		500.00	500.00			
	M09-30							
	Seal Parking Lot	1450.00		1,900.00	1,900.00			
AMP-WIDE	M09-31							
	Fees and Costs	1430.00		2,500.00	5,000.00			

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.

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OH12P03650109 Replacement Housing Factor Grant No:	CFFP: ☐ Yes ☐ No	Federal FY of Grant: 2009

Development Number Name/HA-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	
	M09-32							
	Management Improvements	1408.00		2,500.00	2,500.00			
	M09-33							
	Transfer to Operations	1406.00		15,000.00	20,000.00			
	M09-34							
	Replacement of Non-Specific							
	Dwelling Equipment	1475.00		3,977.00	5,130.00			
Total for								
AMP 11P	$40,030							

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.

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OH12P03650109 Replacement Housing Factor Grant No:	CFFP: ☐ Yes ☐ No	Federal FY of Grant: 2009

Development Number Name/HA-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	
AMP								
OH03600								
9999P	M09-35							
	Administration	1410.00		27,000.00	31,800.00			
	M09-36							
	Debt Retirement-CFFP	1501.00		90,000.00	90,000.00			

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.

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

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

Part I: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
Wayne Metropolitan Housing Authority	Capital Fund Program Grant No: OH12P03650110 Replacement Housing Factor Grant No: Date of CFFP:	2010 FFY of Grant Approval: 2010

Type of Grant

☑ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no. –)

☐ Performance and Evaluation Report for Period Ending – ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	30,000.00		-	-
3	1408 Management Improvements	5,000.00		-	-
4	1410 Administration	27,000.00		-	-
5	1411 Audit	-		-	-
6	1415 Liquidated Damages	-		-	-
7	1430 Fees and Costs	5,000.00		-	-
8	1440 Site Acquisition	-		-	-
9	1450 Site Improvement	14,250.00		-	-
10	1460 Dwelling Structures	113,153.00		-	-
11	1465.1 Dwelling Equipment - Nonexpendable	4,000.00		-	-
12	1470 Non-dwelling Structures	-		-	-
13	1475 Non-dwelling Equipment	7,954.00		-	-
14	1485 Demolition	-	-	-	-
15	1492 Moving to Work Demonstration	-	-	-	-
16	1495.1 Relocation Costs	-	-	-	-
17	1499 Development Activities [4]	-	-	-	-

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.

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

Part I: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
Wayne Metropolitan Housing Authority	Capital Fund Program Grant No: OH12P03650110 Replacement Housing Factor Grant No: Date of CFFP:	2010 FFY of Grant Approval: 2010

Type of Grant
☑ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no. –)
☐ Performance and Evaluation Report for Period Ending – ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
18a	1501 Collaterization or Debt Service paid by the PHA	90,000.00		-	-
18ba	9000 Collaterization 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)	$ 296,357.00		$ -	$ -
21	Amount of line 20 Related to LBP Activities	-	-	-	-
22	Amount of line 20 Related to Section 504 Compliance		-	-	-
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 Conversation Measures	-	-	-	-

Signature of Executive Director	Date	Signature of Public Housing Director	Date
[signature]	09/30/2009		

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 II: Supporting Pages

PHA Name:	Grant Type and Number	CFFP: ☐ Yes ☐ No	Federal FY of Grant:
Wayne Metropolitan Housing Authority	Capital Fund Program Grant No: OH12P03650110 Replacement Housing Factor Grant No:		2010

Development Number Name/HA-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	
AMP								
OH0360000-10P								
OH036-001	M10-01							
Madison Hts	Selective Carpet Replacements	1460.00		3,000.00				
	M10-02							
	Selective Appliance Replacement	1465.10		1,000.00				
	M10-03							
	Selective Shed Door Replacement	1460.00		1,000.00				
OH036-004	M10-04							
Northgate	Selective Carpet Replacement	1460.00		3,000.00				
Apartments								
	M10-05							
	Selective Appliance Replacement	1465.10		1,000.00				

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.

Part II: Supporting Pages

PHA Name:	Grant Type and Number	Federal FY of Grant:
Wayne Metropolitan Housing Authority	Capital Fund Program Grant No: OH12P03650110 Replacement Housing Factor Grant No:	2010

CFFP: ☐ Yes ☐ No

Development Number Name/HA-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	
	M10-06							
	Selective Shed Door Replacement	1460.00		1,000.00				
OH036-005	M10-07							
Rehab	Selective Carpet Replacement	1460.00		1,000.00				
	M10-08							
	Selective Appliance Replacement	1465.10		350.00				
	M10-09							
	Exterior Siding @ Palmer & Park	1460.00		16,953.00				
OH036-008	M10-10							
Perkins Manor	Selective Carpet Replacement	1460.00		3,000.00				
	M10-11							
	Selective Appliance Replacement	1465.10		1,000.00				

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.

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OH12P03650110 Replacement Housing Factor Grant No:	CFFP: ☐ Yes ☐ No	Federal FY of Grant: 2010

Development Number Name/HA-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	
	M10-12							
	Selective Shed Door Replacement	1460.00		1,000.00				
OH036-009	M10-13							
Hadicapped	Selective Carpet Replacement	1460.00		3,000.00				
Scattered								
Site	M10-14							
	Selective Appliance Replacement	1465.10		750.00				
	M10-15							
	Selective Shed Door Replacement	1460.00		1,000.00				
OH036-012	M10-16							
Scattered	Selective Carpet Replacement	1460.00		3,000.00				
Sites								
	M10-17							
	Selective Appliance Replacement	1465.10		1,000.00				

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.

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OH12P03650110 Replacement Housing Factor Grant No:	CFFP: ☐ Yes ☐ No	Federal FY of Grant: 2010

Development Number Name/HA-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	
	M10-18							
	Selecttive Shed Door Replacement	1460.00		1,000.00				
AMP-WIDE	M10-19							
	Fees and Costs	1430.00		2,500.00				
	M10-20							
	Management Improvements	1408.00		2,500.00				
	M10-21							
	Transfer to Operations	1406.00		15,000.00				
	M10-22							
	Replacement of Specific Non-	1475.00		13,918.00				
	Dwelling Equipment							
Total for								
AMP 10P	$76,971.00							

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.

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OH12P03650110 Replacement Housing Factor Grant No:	CFFP: ☐ Yes ☐ No	Federal FY of Grant: 2010

Development Number Name/HA-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	
AMP								
OH0360000-11P								
OH036-003	M10-23							
Townview	Selective Carpet Replacement	1460.00		3,000.00				
Terrace								
Apartments								
	M10-24							
	Selective Appliance Replacement	1465.10		1,000.00				
	M10-25							
	Chiller Pump & Control Upgrade	1460.00		21,000.00				
	M10-26							
	Water Heater Replacement	1460.00		3,000.00				

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.

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority

Grant Type and Number CFFP: ☐ Yes ☐ No
Capital Fund Program Grant No: **OH12P03650110**
Replacement Housing Factor Grant No:

Federal FY of Grant: 2010

Development Number Name/HA-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	
OH036-006	M10-27							
Rittman	Selective Carpet Replacement	1450.00		3,000.00				
Towne								
Manor								
	M10-28							
	Selective Appliance Replacment	1465.10		1,000.00				
	M10-29							
	Chiller Pump & Control Upgrade	1460.00		19,468.00				
	M10-30							
	Water Heater Replacement	1450.00		3,000.00				
	M10-31							
	Window Replacement	1460.00		14,000.00				
AMP-WIDE	M10-32							
	Fees and Costs	1430.00		2,500.00				

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.

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OH12P03650110 Replacement Housing Factor Grant No:	CFFP: ☐ Yes ☐ No	Federal FY of Grant: 2010

Development Number Name/HA-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	
	M10-33							
	Management Improvements	1408.00		2,500.00				
	M10-34							
	Transfer to Operations	1406.00		15,000.00				
	M10-35							
	Replacement of Non-Specific							
	Dwelling Equipment	1475.00		13,918.00				
Total for								
AMP 11P	$102,386							

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.

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No: OH12P03650110 Replacement Housing Factor Grant No:	CFFP: ☐ Yes ☐ No	Federal FY of Grant: 2010

Development Number Name/HA-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	
AMP								
OH03600								
9999P	M10-36							
	Administration	1410.00		27,000.00				
	M10-37							
	Debt Retirement-CFFP	1501.00		90,000.00				

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.

Part I: Summary

PHA Name/Number Wayne MHA OH036 | Locality (City/County & State) Wooster, OH | ☑ Original 5-Year Plan | ☐ Revision No: 1

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	Annual Statement	109,800.00	115,000.00	116,000.00	130,600.00
C.	Management Improvements		5,000.00	5,000.00	5,000.00	5,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		$ 29,557.00	$ 24,357.00	$ 23,357.00	$ 8,757.00
E.	Administration		27,000.00	27,000.00	27,000.00	27,000.00
F.	Other		5,000.00	5,000.00	5,000.00	5,000.00
G.	Operations		30,000.00	30,000.00	30,000.00	30,000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing - Debt Service		90,000.00	90,000.00	90,000.00	90,000.00
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		296,357.00	296,357.00	296,357.00	296,357.00

Part I: Summary (Continuation)

PHA Name/Number **Wayne MHA** **OH036** | Locality (City/County & State) **Wooster, OH** | ☐ Original 5-Year Plan ☑ Revision No:1

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
		Annual Statement				
	OH036000010 Northgate Apts		$ 88,579.00	$ 140,679.00	$ 134,929.00	$ 137,379.00
	OH036000011 Townview Terrace		90,778.00	38,678.00	44,428.00	41,978.00
	OH036000099 Central Office CC		117,000.00	117,000.00	117,000.00	117,000.00

Capital Fund Program--Five-Year Action Plan

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

Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011			Work Statement for Year 3 FFY 2012	
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity
See	OH036000010 Northgate			OH036000010 Northgate	
Annual	Carpet Replacements	12	12,000.00	Carpet Replacements	13
Statement	Appliance Replacement	9	4,500.00	Appliance Replacements	10
	Shed door replacements	3	1,500.00	Water Trtmnt Upgrade	12
	Roof Replacements	2	25,000.00	Roof Replacements	2
	Close A/C Openings	30	6,000.00	Window Replacements	20
	Vinyl Porch Trim	1	1,800.00	Shed Door Replacements	12
	Septic Upgrade	1	3,000.00	Septic Upgrade	1
	OH036000011 Townview			OH036000011 Townview	
	Carpet Replacements	3	5,000.00	Carpet Replacements	5
	Appliance Replacement	4	2,000.00	Appliance Replacements	3
	Boiler Replacement	1	18,000.00		
	Resurface Siding	1	15,000.00		
	Common Area Lighting	1	16,000.00		
	Subtotal of Estimated Cost		$109,800.00		

fc

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

Work Statement for Year 1 FFY 2010	Work Statement for Year 4 FFY 2013			Work Statement for Year 5 FFY 2014	
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity
See	OH036000010 Northgate			OH036000010 Northgate	
Annual	Carpet Replacement	6	6,000.00	Carpet Replacements	25
Statement	Appliance Replacement	6	3,000.00	Appliance Replacements	15
	Seal Parking Lots	3	10,250.00	Playground upgrade	2
	Roof Replacements	6	24,000.00	Roof Replacements	2
	Cabinet Replacement	15	45,000.00	Tub/shower replacements	30
	Water Treatment Upgrade	3	9,000.00	Ssiding Replacement	1
	Septic System Upgrade	2	6,000.00		
	OH036000011 Townview			OH036000011 Townview	
	CarpetReplacements	2	2,000.00	Carpet Replacement	14
	Appliance Replacements	2	1,000.00	Appliance Replacements	6
	Seal Parking Lots	2	5,750.00		
	Replace Water Heater	2	4,000.00		
	Subtotal of Estimated Cost		$116,000.00		

Estimated Cost
13,000.00
5,000.00
9,000.00
8,500.00
64,000.00
6,000.00
3,000.00
5,000.00
1,500.00
$115,000.00

Estimated Cost
27,500.00
9,000.00
20,000.00
8,500.00
43,500.00
4,500.00
14,000.00
3,600.00
$130,600.00

Part III: Supporting Pages-Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011			Work Statement for Year 3 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
See	OH036000010 Northgate			OH036000010 Northgate		
Annual	Maintenance Training	2	1,000.00	Maintenance Training	2	1,000.00
Statement						
	Replace Computer	1	1,000.00	Replace computer	2	1,000.00
	works stattions			work stations		
	Upgrade software	1	500.00	Upgrade software	1	500.00
	OH036000011 Townview			OH036000011 Townview		
	Maintenance Training	2	1,000.00	Maintenance Training	2	1,000.00
	Replace Computer	1	1,000.00	Replace Computer	1	1,000.00
	works stattions			works stattions		
	Upgrade software	1	500.00	Upgrade software	1	500.00
	Subtotal of Estimated Cost		$ 5,000.00			$ 5,000.00

Part III: Supporting Pages-Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year 4 FFY 2013			Work Statement for Year 5 FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	OH036000010 Northgate			OH036000010 Northgate		
Annual	Maintenance Training	2	1,000.00	Maintenance Training	2	1,000.00
Statement						
	Replace Computer	1	1,000.00	Replace Computer	1	1,000.00
	works stattions			works stattions		
	Upgrade software	1	500.00	Upgrade software	1	500.00
	OH036000011 Townview			OH036000011 Townview		
	Maintenance Training	2	1,000.00	Maintenance Training	2	1,000.00
	Replace Computer	1	1,000.00	Replace Computer	1	1,000.00
	works stattions			works stattions		
	Upgrade software	1	500.00	Upgrade software	1	500.00
	Subtotal of Estimated Cost		$ 5,000.00			$ 5,000.00

Annual Statement /
Performance and Evaluation Report
Part I: Summary
Capital Funds Program (CFP)

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

HA Name	Capital Funds Project Number	FFY of Approval
WAYNE METROPOLITAN HOUSING AUTHORITY	**CFFP Financing Proceeds**	**2004**

[X] Original Annual Statement [ ] Reserve for Disasters/Emergencies [ ] Revised Annual Statement/Revision Number # [ ] Performance and Evaluation Report for Program Year Ending---------
[x] Final Performance and Evaluation Report

Line No.	Summary by Development Account		Total Estimated Cost		Total Actual Cost (2)	
			Original Revision #	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds					
2	1406	Operations (May not exceed 20% of line 20 for PHAs with 250 or more Units)	$0	$0	$0	$0
3	1408	Management Improvements (May not exceed 20% of line 20)	$0	$0	$0	$0
4	1410	Administration (May not exceed 10% of line 20)	$0	$0	$0	$0
5	1411	Audit	$0	$0	$0	$0
6	1415	Liquidated Damages	$0	$0	$0	$0
7	1430	Fees and Costs	$0	$0	$0	$0
8	1440	Site Acquisition	$545,000	$545,000	$545,000	$545,000
9	1450	Site Improvement	$26,534	$26,534	$26,534	$26,534
10	1460	Dwelling Structures	$0	$0	$0	$0
11	1465.1	Dwelling Equipment - Nonexpendable	$0	$0	$0	$0
12	1470	Nondwelling Structures	$553,466	$553,466	$553,466	$553,466
13	1475	Nondwelling Equipment	$0	$0	$0	$0
14	1485	Demolition	$0	$0	$0	$0
15	1490	Replacement Reserve	$0	$0	$0	$0
16	1492	Moving to Work Demonstration	$0	$0	$0	$0
17	1495.1	Relocation Costs	$0	$0	$0	$0
18	1499	Mod Used for Development Activities	$0	$0	$0	$0
19	1501	Collaterization or Debt Service	$0	$0	$0	$0
20	1502	Contingency (may not exceed 8% of line 20)	$0	$0	$0	$0
21	Amount of CFFP Proceeds (Sum of lines 2 - 19)		$1,125,000.00	$1,125,000.00	$1,125,000.00	$1,125,000.00
22	Amount of line 20 Related to LBP Activities					
23	Amount of line 20 Related to Section 504 Compliance					
24	Amount of line 20 Related to Security					
25	Amount of line 20 Related to Energy Conservation Measures					

(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.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Annual Statement /
Performance and Evaluation Report
Part II: Supporting Pages
Capital Funds Program: Proposed Loan Funds

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
OH12P036-003	**Acquisition & Rehab of Admin Building**							
	1408 Management Improvements	**1408**		**$0.00**	**$0.00**	**$0.00**	**$0.00**	
	1410 Administration	**1410**		**$0.00**	**$0.00**	**$0.00**	**$0.00**	
	1411 Audits	**1411**		**$0.00**	**$0.00**	**$0.00**	**$0.00**	
	1415 Liquidated Damages	**1415**		**$0.00**	**$0.00**	**$0.00**	**$0.00**	
	1430 Fees and Cost	**1430**		**$0.00**	**$0.00**	**0.00**	**0.00**	
	1440 Site Acquisition	**1440**						
	Purchase of Building and Land			$545,000.00	$545,000.00	$545,000.00	$545,000.00	
	Total 1440			**$545,000.00**	**$545,000.00**	**$545,000.00**	**$545,000.00**	
	1450 Site Improvements	**1450**						
	Landscaping			$26,533.51	$26,533.51	$26,533.51	$26,533.51	
	Total 1460			**$26,533.51**	**$26,533.51**	**$26,533.51**	**$26,533.51**	
	1460 Dwelling Structure	**1460**						
	1465 Dwelling Equipment	**1465**						
	1470 Non-Dwelling Structures	**1470**						
	Demo, exterior and general construction			$214,632.40	$214,632.40	$214,632.40	$214,632.40	
	Plumbing			$1,516.80	$1,516.80	$1,516.80	$1,516.80	
	HVAC			$94,813.30	$94,813.30	$94,813.30	$94,813.30	
	Flooring			$34,472.00	$34,472.00	$34,472.00	$34,472.00	
	Electical			$171,004.63	$171,004.63	$171,004.63	$171,004.63	
	Key/Lock hardware and fixture relocations			$6,227.36	$6,227.36	$6,227.36	$6,227.36	
	Painting			$30,800.00	$30,800.00	$30,800.00	$30,800.00	
	Total 1460			**$553,466.49**	**$553,466.49**	**$553,466.49**	**$553,466.49**	
	Total Cost for 036-003			**$1,125,000.00**	**$1,125,000.00**	**$1,125,000.00**	**$1,125,000.00**	

Draft - Version 2.0
Subject to Change without Notice

Annual Statement /
Performance and Evaluation Report
Part III: Implementation Schedule
Capital Fund Program: Proposed Loan Funds

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

OMB Approval No. 2577-0157 (Exp. 3/31/2002)

Development Number / Name	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
OH036-003	08/2004	08/2004	08/2004	12/2004	01/2005	01/2005	

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

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Statement Regarding VAWA

The Wayne Metropolitan Housing Authority adopted revisions to its Public Housing Admissions and Continued Occupancy Policy and its Section 8 Housing Choice Voucher Administrative Plan to address the requirement of the Violence Against Women Act. Those revisions were adopted by Resolution of the Board of Commissioners of the Wayne Metropolitan Housing Authority on September 27, 2006.

The Wayne Metropolitan Housing Authority notified residents of the Public Housing Program and the Section 8 Housing Choice Voucher Program through written mail of the requirements of the Violence Against Women Act in May of 2007, and also incorporated that information in its Housing Choice Voucher briefings and Public Housing lease signing. All staff working with clients of the Public Housing Program and Section 8 Housing Choice Voucher Program were given training and all necessary information regarding the Act. Periodic recurrent training will be scheduled as appropriate.

The Wayne Metropolitan Housing Authority does not offer any "activities, services or programs" that are intended to specifically help child or adult victims of domestic violence, dating violence, or stalking other than that required by law or regulation. The Wayne Metropolitan Housing Authority always makes appropriate referrals when victims of domestic violence, dating violence, or stalking are identified.

The Wayne Metropolitan Housing Authority has a working relationship with Every Woman's House, a local domestic violence shelter, that provides 24-hour services to child and adult victims of domestic violence, dating violence, sexual assault, and bullying. They provide a full range of crisis intervention, treatment, counseling, prevention and support services to individuals and families impacted by domestic violence and/or sexual assault. All services available through Every Woman's House are also available to male victims.

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and Annual PHA Plan for the PHA fiscal year beginning 01/01/2010, 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.

__Wayne Metropolitan Housing Authority__
PHA Name

____OH036_____
PHA Number/HA Code

__X__ 5-Year PHA Plan for Fiscal Years 2010 - 2014

__X__ Annual PHA Plan for Fiscal Years 2010

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
Roger W. Kienzle	Chairman, Board of Commissioners
Signature	Date
	10/21/2009

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Wayne Metropolitan Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Fund and Capital Fund and the Section 8 Housing Choice Voucher 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.)

See attached list.

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

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

Name of Authorized Official	Title
Stan W. Popp	Executive Director
Signature X Stan W Popp	Date 10/21/2009

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

Wayne Metropolitan Housing Authority

DEVELOPMENT SITES

Attachment to Form HUD-50070 (2.)

OH12P036-001 MADISON HEIGHTS (15)
1354, 1353 & 1369 Perkins Avenue
Wooster, Wayne County, OH 44691

OH12P036-003 WOOSTER TOWNVIEW TERRACE (70)
200 South Market Street
Wooster, Wayne County, OH 44691

OH12P036-004 NORTHGATE APARTMENTS (30)
940 Northgate Drive
Wooster, Wayne County, OH 44691

OH12P036-005 REHAB - SCATTERED SITES: (5)
219 Palmer, 515 & 515 1/2 West Liberty
236 Spink Street, 429 Park Street
Wooster, Wayne County, OH 44691

OH12P036-006 RITTMAN TOWNE MANOR (50)
155 East Sunset
Rittman, Wayne County, OH 44270

OH12P036-008 PERKINS MANOR (19)
1180, 1181, & 1197 Perkins Avenue
1701/1703 Normandy & 1636/1640 Secrest Road
Wooster, Wayne County, OH 44691

OH12P036-009 HANDICAP - SCATTERED SITES (15)

673 McKinley Street
966 & 978 Concord Dr.
2143 & 2203 Cleveland Rd
Wooster, Wayne County, OH 44691

13 Wilers Grove
174 Milton Road
69 Strawberry Hill
2 & 10 Pebble Cove
Rittman, Wayne County, OH 44270

822 Beaver Street
834 McGill Street
933 Jefferson
Orrville, Wayne County, OH 44667

325 & 327 N. Prospect
Shreve, Wayne County, OH 44676

OH12P036-012 SCATTERED SITES (20)

3342A-C Mt. Eaton Road
3384A-C Mt. Eaton Road
Orville, Wayne County, OH 44667

237A-B Partridge Street
Apple Creek, Wayne Count, OH 44606

1171A-C Honeytown Road
2080A-C McCoy Road
Wooster, Wayne County, OH 44691

4255A-C Fox Lake Road
4221A-C Fox Lake Road
Smithville, Wayne County OH 44677

TRAINING & CONFERENCE CENTER / MAINTENANCE FACILITY 1273 Lincoln Way West
Wooster, Ohio 44691

ADMINISTRATION BUILDING 345 North Market Street
Wooster, Ohio 44691

;ublichousingprojects_5.lst

OMB Approval No. 2577-0157 (Exp. 3/31/2010)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Wayne Metropolitan Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Fund and Capital Fund and the Section 8 Housing Choice Voucher 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	Title
Stan W. Popp	Executive Director

Signature	Date (mm/dd/yyyy)
Stan W. Popp	10/21/2009

Print Form

Approved by OMB
0348-0046

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure)

1. Type of Federal Action:
[b]
a. contract
b. grant
c. cooperative agreement
d. loan
e. loan guarantee
f. loan insurance

2. Status of Federal Action:
[a]
a. bid/offer/application
b. initial award
c. post-award

3. Report Type:
[a]
a. initial filing
b. material change

For Material change only
year _____ quarter _____
date of last report _____

4. Name and Address of Reporting Entity:
[✓] Prime [ ] Subawardee
Tier____, *if known*

Wayne Metropolitan Housing Authority
345 N. Market Street
Wooster, Ohio 44691

Congressional District, *if known*: 16

5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:

Congressional District, *if known*:

6. Federal Department Agency:

U.S. Department of Housing & Urban Development

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 Entity
(*if individual, last name, first name, MI*):

b. Individuals Performing Services *(including address if different from No. 10a)*
(last name, first name, MI):

(attach Continuation Sheet(s) SF-LLL-A, if necessary)

11. Amount of Payment (check all that apply):

$ _____ [ ] actual [ ] planned

12. Form of Payment (check all that apply):

[ ] a. cash
[ ] b. in-kind; specify: nature _____
value _____

13. Type of Payment (check all that apply):

[ ] a. retainer
[ ] b. one-time fee
[ ] c. commission
[ ] d. contingent fee
[ ] e. deferred
[ ] f. other; specify: _____

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:

None

(attach Continuation Sheet(s) SF-LLL-A, if necessary)

15. Continuation Sheet(s) SF-LLL-A attached: [ ] Yes [✓] No

16. 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 reported to the Congress semi-annually 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: Stan Popp

Print name: Stan W. Popp

Title: Executive Director

Telephone No.: 330-264-2727 **Date:** 10/21/2009

Resident Advisory Board Activity

PHA Annual Plan FY-2009

PHA Five-Year Plan 2010-2014

The Resident Advisory Board for the Wayne Metropolitan Housing Authority met twice in 2009 during development and review of the Annual Plan and the 5-Year Plan as follows:

Monday, April 20, 2009 at 3:30 PM at the offices of the Housing Authority:

All thirteen members were sent a written invitation to participate in the meeting. Three residents attended the general overview and development stage of the Plan. There were no comments relative to the Plan.

Tuesday, October 20, 2009 at 3:30 PM at the offices of the Housing Authority:

Due to attrition, the Resident Advisory Board was down to 10 members. All ten members were sent a written invitation to participate in the meeting. Five residents attended. The Plan was reviewed in its entirety. There were no comments relative to the Plan.