

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: _____ Central Falls Housing Authority _____ PHA Code: <u>RI004</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): _____				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>327</u> Number of HCV units: 523				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	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 Central Falls Housing Authority is to provide safe, decent and affordable housing and to establish programs that will educate, enhance and empower all the people in the community we serve.				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. See PHA Plans 2010 attachments doc.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: See PHA Plans 2010 Attachments.doc (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. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. All elements identified in Section 6.0 including attachments can reviewed by residents, staff and general public at the Main Administrative Office as well as each development (Wilfrid Manor, Forand Manor) management office.				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				
9.0	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.				

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.
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. See PHAPLans 2010 Attachments.doc</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" See PHA Plans 2010 attachments doc.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours 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. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: **1)** Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; **2)** Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and **3)** Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** **1)** A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and **2)** A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: **(1)** A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and **(2)** A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: **1)** A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; **2)** An analysis of the projects or buildings required to be converted; and **3)** A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a 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: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (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.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

PHA Name: Central Falls Housing Authority
 PHA Type: Standard
 PHA Fiscal Year Beginning: 10/2010

PHA Code: RI004

5.2 – Goals and Objectives

- Goal – Increase the availability of decent, safe, and affordable housing
 - Reduce public housing vacancies
 - Leverage private and other public funds to create additional housing opportunities (we currently have a 4 unit (3 bedrooms each) attached town house setup for homeownership training along with a two unit ranch house)
 - Develop a Marketing Strategy that may require the development of an Allocation Plan to improve the continuity and occupancy levels of elderly/handicap developments.
- Goal – Improve the quality of assisted housing
 - Improve public housing management (PHAS score)
 - Concentrate efforts to improve specific management functions
 - Renovate/modernize public housing units
- Goal – Increase assisted housing choices
 - Provide Voucher mobility counseling
 - Conduct outreach efforts to potential voucher landlords (this has become a hot issue in this city due to the high number of boarded up properties)
 - Implement public housing site-based waiting lists (we currently have three waiting lists for Public Housing. One list for Wilfrid Manor, one list for Forand/Forand Annex Manor and a combined list for both manors)
- Goal – Provide an improved living environment
 - Implement public housing security improvements (with our 2006 CFP monies we installed a 170 camera CCTV system along with building access improvements at both developments tied together through WIFI capabilities. When responding to an emergency both the police and fire departments can get access to the system)
- Goal – Promote Self-Sufficiency and asset development of families and individuals
 - Increase the number and percentage of employed persons in assisted families (utilizing grants and other partnerships we have over 100 participants receiving job training and employment. We also have 47 participating families currently in our FSS program. Since its inception some 10 years ago the FSS five year program has successfully graduated at least 60 participants families who are completely off assistance, are working and in some cases have bought homes)
 - Provide and attract supportive services to improve participants employability
 - Provide and attract supportive services to increase independence for the elderly or families with disabilities (we have done this through our Resident Services Coordinator as well as staff assistance where possible)
- Goal – Ensure equal opportunity in housing for all individuals
 - Utilize affirmative measures to ensure access to assisted housing regardless of race, color religion, national origin, sex, familial status and disability
 - Utilize affirmative measures to provide a suitable living environment for families/individuals living in assisted housing regardless of race, color religion, national origin, sex, familial status and disability
 - Utilize affirmative measures to ensure accessible housing to persons/families with all varieties of disabilities regardless of unit size requirements

6.0 (a) Element # 2:

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2009 grants)		
a) Public Housing Operating Fund	971,142	
b) Public Housing Capital Fund	410,048	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	4,558,166	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	0	
g) Resident Opportunity and Self-Sufficiency Grants	70,807	Hired RSC
h) Community Development Block Grant	0	
i) HOME	0	
Other Federal Grants (list below)	0	
2. Prior Year Federal Grants (unobligated funds only) (list below)		
RI43P004501-07	172,455	
RI42P004501-08	363,048	
3. Public Housing Dwelling Rental Income	1,144,800	PH Operations
4. Other income (list below)		
Portables Admin.	62,825	HCV Operations
Rooftop Antenna Leases	86,400	PH Operations
Excess Utilities	25,300	PH Operations

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
Interest on General Fund	29,600	PH Operations
4. Non-federal sources (list below)		
State Dept. of Elderly Affairs	0	Security
Component Units Revenue	120,493	Component Units
Total resources	8,015,370	

6.0 (a) Element # 6:

Designation of Public Housing Activity Description
1a. Development name: Wilfrid Manor 1b. Development (project) number: RI 4-1
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input checked="" type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: Planned Revised Resubmission October/November 2010 Time Frame
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 125 7. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development (85% of the non-wheelchair units: 101 Elderly Only) <input type="checkbox"/> Total development

Designation of Public Housing Activity Description
1a. Development name: Forand Manor & Annex 1b. Development (project) number: RI 4-2 & RI 4-4
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input checked="" type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: Planned revised resubmission October/November 2010 Time Frame
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 202 7. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development (75% of the non-wheelchair units: 152 elderly Only) <input type="checkbox"/> Total development

6.0 (a) Element # 7:

PHA Goal: To seek additional funding through ROSS, FSS Grants and other public and private sources to expand programs in meeting the mission of the Central Falls Housing Authority

Objectives: (Goal Achieved - received 3 year Grant, hired RSC)

- Hired a resident service coordinator to coordinate health and social services for the elderly and disabled population
- To expand family self sufficiency programming for employment opportunities

6.0 (a) Element # 13:

Violence Against Women Act (VAWA)

The PHA has implemented and instructed the Resident Services Coordinator and the Building Managers in each of the two developments in the proper use of HUD Form 91066 – Certificate of Domestic Violence, Dating Violence or Stalking. In addition we have a designated police officer assigned to our developments. He coordinates with the above mentioned staff members in the reporting, investigating and prosecuting of any violations.

9.1 Strategies

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	25.9%	5	5	5	5	N/A	N/A
Income >30% but <=50% of AMI	29%	5	5	5	5	N/A	N/A
Income >50% but <80% of AMI	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Elderly	15%	5	5	5	5	N/A	N/A
Families with Disabilities	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						

Source of Information for the above chart – City of Central Falls Consolidated Plan 2007 – We will also take advantage of the 2010 U.S. Census dataset (CHAS – Comprehensive Housing Affordability Strategy) when it becomes available next year.

Housing Needs of Families on the Waiting List			
Waiting list type: Public Housing Site-Based waiting list: Forand Manor – List is not closed			
	# of families	% of total families	Annual Turnover
Waiting list total	71		
Extremely low income <=30% AMI	65	92%	
Very low income (>30% but <=50% AMI)	5	7%	
Low income (>50% but <80% AMI)	1	1%	
Families with children	16	23%	
Elderly families	3	32%	
Families with Disabilities	32	45%	
Race/ethnic. White	45	63%	
Race/ethnic. Hisp.	35	49%	
Race/ethnic. Black	8	11%	
Race/ethnicity	36	51%	
Characteristics by Bedroom Size (Public Housing Only)			
0BR	3	7	
1 BR	39	43	
2 BR	27	48%	
3 BR			
4 BR			
5+ BR			

Housing Needs of Families on the Waiting List			
Waiting list type: Public Housing Site-Based waiting list: Wilfrid Manor – List is not closed			
	# of families	% of total families	Annual Turnover
Waiting list total	72		
Extremely low income <=30% AMI	61	85%	
Very low income (>30% but <=50% AMI)	8	11%	
Low income (>50% but <80% AMI)	3	4%	
Families with children	10	14%	
Elderly families	34	47%	

Housing Needs of Families on the Waiting List			
Families with Disabilities	28	39%	
Race/ethnic. White	45	63%	
Race/ethnic. Black	11	15%	
Race/ethnic. Hisp.	29	40%	
Race/ethnic. Non-H.	43	60%	
Characteristics by Bedroom Size (Public Housing Only)	4	7%	
0BR	49	60%	
1 BR	19	33%	
2 BR			
3 BR			
4 BR			
5+ BR			

Note: Some families from both lists above also sign up for the combined waiting list for both developments which is also not closed.

Housing Needs of Families on the Waiting List			
Waiting list type: Section 8 tenant-based assistance – List has been closed for the past twelve (12) months			
	# of families	% of total families	Annual Turnover
Waiting list total	608		
Extremely low income <=30% AMI	504	83%%	
Very low income (>30% but <=50% AMI)	104	17%%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	389	64%	
Elderly families	42	7%	
Families with Disabilities	106	17%	
Race/ethnic. Hisp.	430	70.72%	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			

Note: The Section 8 Tenant-based assistance waiting list is based on bedroom size needs.

Strategy for addressing needs – using current resources:

- Employ effective strategies/policies to minimize the number of units off-line
- Reduce turnover time for vacated housing units (average time from move out to move in is 30 to 60 days)
- Reduce time to renovate public housing units (average time of less than 30 days from turnover to maintenance to return to leasing and occupancy)
- Maintain/increase Section 8 lease-up rates by establishing payment standards that allow families to rent throughout the jurisdiction
- Ensure access to affordable housing among assisted families, regardless of unit size required
- Ensure access to affordable housing among families with disabilities

10.0 Additional Information

10.0 (a) Progress in Meeting Mission and Goals – See 5.2 Goals and Objectives above

10.0 (b) Significant Amendment and Substantial Deviation/Modification

- Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Central Falls Housing Authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

Central Falls Housing Authority

Annual Plan

Fiscal Year 10/01/2010 – 09/30/2011

Required Attachment: Membership of the Resident Advisory Board or Boards

- 1 List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)**

The Resident Advisory Board is composed of the following residents of Forand and Wilfrid Manors:

II. FORAND MANOR TENANT'S

Rita Houle	Apt. # 214
Claire Vilandre	Apt. # A71
William Barry	Apt. # A52

III. WILFRID MANOR TENANT'S

Mary Ross	Apt. # 511
Millie Jacobs	Apt. # 715
Stella Sweet	Apt. # 303

Resident volunteers were solicited to serve on the RAB Board

Resident Advisory Board Meeting

The meeting was held on June 9, 2010, at 10:00am in the Forand Manor Community Room. In addition to all residents' members, the following staff were in attendance: Tina Sullivan, Executive Director, Ron Bachand, Development Manager and Bill Aunchman, Maintenance Supervisor.

Items discussed were as follows:

- History of previous Capital Fund Construction Projects to date.
- Construction Projects, this past year, minimally interrupted tenants lives
 - Sealant and washing of exterior buildings
- Upcoming Capital Fund improvements for 2010 through 2014
 - Washing/Caulking Wilfrid/Annex building surfaces
 - Replacing Kitchen in Forand Annex Building
 - Painting Interior Hallway/Common Area Walls
 - Resealing of Tubs in Forand Manor
 - Replacing Trash Chutes
 - Replacing Circular Pumps
 - Concrete work to prevent tripping hazards
 - Ceiling Fans/lights in all developments
- Additional RAB member inputs included questions regarding the feasibility of Solar Water Heaters on the Roof, Solar Electric Collectors on the Roof, Ceiling Fans installed in each apartment (for heating and cooling circulation).
- Other minor tenant/management type complaints were discussed. That information was forwarded to the proper personnel for resolution.

PUBLIC MEETING NOTICE

The Central Falls Housing Authority's Annual Plan is now available for Public Review and Comment.

The Plan is available at the Administrative Office, 30 Washington Street, Central Falls, RI.

A Public Meeting to review comments and changes will be held on July 2, 2010 at 11:00 am in the Conference Room of Forand Manor, 30 Washington Street, Central Falls, RI. Written comments are due to the Authority by July 8, 2010, at the above address attention Tina Sullivan.

If there are any questions, please call 721-6010.

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number RI004		Locality Central Falls, RI			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> 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>
B.	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements		10,000	10,000	10,000	10,000
D.	PHA-Wide Non-dwelling Structures and Equipment		20,000	20,000	22,000	78,312
E.	Administration		41,000	41,000	41,000	41,000
F.	Other		27,000	27,000	27,000	27,000
G.	Operations		40,848	50,000	50,000	50,000
H.	Demolition					
I.	Development		267,742	258,590	256,590	200,278
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		406,590	406,590	406,590	406,590

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary (Continuation)

PHA Name/Number		Locality (City/county & State)		<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> 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>
		Annual Statement				
	Cost Center		81,848	91,000	91,000	91,000
	Wilfrid RI004000001		231,408	155,590	31,000	19,000
	Forand RI004000002		67,334	27,000	22,000	89,568
	Forand Annex RI004000004		26,000	133,000	262,590	207022
	Grand Total		406,590	406,590	406,590	406,590

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2</u> FFY <u>10/1/2010</u>			Work Statement for Year: <u>3</u> FFY <u>10/01/2011</u>		
	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	Cost Ctr-Operations(1406)		40,848	Cost Ctr-Operations (1406)		50,000
Annual	Cost Ctr-Administration (1410)		41,000	Cost Ctr-Administration (1410)		41,000
Statement						
	Wilfrid 4/1 Software /Training (1408)		4,000	Wilfrid 4/1 Software /Training (1408)		4,000
	Wilfrid 4/1 A & E Fees (1430)		10,000	Wilfrid 4/1 A & E Fees (1430)		10,000
	Wilfrid 4/1 Seal/Wash Bldg (1460)		174,408	Wilfrid 4/1 Seal/Wash Bldg (1460)		131,590
	Wilfrid 4/1 Computer Hardware (1475)		5,000	Wilfrid 4/1 Computer Hardware (1475)		5,000
	Wilfrid 4/1 Maint Equip (1475)		5,000	Wilfrid 4/1 Maint Equip (1475)		5,000
	Wilfrid 4/1 Ceiling Fans (1465)		33,000			
	Forand 4/2 Software/ Training (1408)		6,000	Forand 4/2 Software/ Training (1408)		6,000
	Forand 4/2 A & E (1430)		11,000	Forand 4/2 A & E (1430)		11,000
	Forand 4/2 Computer Hardware (1475)		5,000	Forand 4/2 Computer Hardware (1475)		5,000
	Forand 4/2 Maint Equip (1475)		5,000	Forand 4/2 Maint Equip (1475)		5,000
	Forand 4/2 Ceiling Fans (1465)		40,334			
	Forand Ann 4/4 A & E (1430)		6,000	Forand Ann 4/4 A & E (1430)		6,000
	Forand Ann 4/4 Ceiling Fans (1465)		20,000	Forand Ann 4/4 Seal/Wash Bldg (1460)		127,000

Capital Fund Program—Five-Year Action Plan

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

	Subtotal of Estimated Cost	\$406,590	Subtotal of Estimated Cost	\$406,590
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Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY	Work Statement for Year <u>4</u> FFY <u>10/01/2012</u>			Work Statement for Year: <u>5</u> FFY <u>10/01/2013</u>		
	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	Cost Ctr-Oper. (1406)		50,000	Cost Ctr-Oper. (1406)		50,000
Annual	Cost Ctr-Admin. (1410)		41,000	Cost Ctr-Admin. (1410)		41,000
Statement						
	Wilfrid 4/1 Software /Training (1408)		4,000	Wilfrid 4/1 Software /Training (1408)		4,000
	Wilfrid 4/1 A & E Fees (1430)		10,000	Wilfrid 4/1 A & E Fees (1430)		10,000
	Wilfrid 4/1 Computer Hardware (1475)		5,000	Wilfrid 4/1 Computer Hardware (1475)		5,000
	Wilfrid 4/1 Maint Equip (1475)		12,000			
				Forand 4/2 Software/ Training (1408)		6,000
	Forand 4/2 Software/ Training (1408)		6,000	Forand 4/2 A & E (1430)		11,000
	Forand 4/2 A & E (1430)		11,000	Forand 4/2 Refrigerators 148 (1465)		58,312
	Forand 4/2 Computer Hardware (1475)		5,000	Forand 4/2 Computer Hardware (1475)		5,000
				Forand 4/2 Maint Equip (1475)		9,256
	Forand Ann 4/4 A & E (1430)		6,000			
	Forand Ann 4/4 Seal/Wash Bldg (1460)		170,334	Forand Ann 4/4 Seal/Wash Bldg (1460)		6,000
	Forand Ann 4/4 Renovate Apt. Kitchens (1460)		86,256	Forand Ann 4/4 Renovate Apt. Kitchens (1460)		201,022

Capital Fund Program—Five-Year Action Plan

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

	Subtotal of Estimated Cost	406,590	Subtotal of Estimated Cost	406,590
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Part I: Summary		
PHA Name: RI004	Grant Type and Number Capital Fund Program Grant No: RI4300450108 Replacement Housing Factor Grant No: Date of CFFP: 7/1/2010	FFY of Grant: FFY of Grant Approval:

Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:2)
 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	0	0	0	0
3	1408 Management Improvements	10,000	1,050.84	1,050.84	350
4	1410 Administration (may not exceed 10% of line 21)	41000	41000	41,000	41,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	27,270	28,776.12.	28,776.12	16,293.36
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	315,306	335,759	315,306	20,453
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	16,472	3,462.04	3,462.04	3,462.04
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.

Part I: Summary						
PHA Name: RI004		Grant Type and Number Capital Fund Program Grant No: RI4300450108 Replacement Housing Factor Grant No: Date of CFFP: 7/1/2010			FFY of Grant: FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	410,048	410,048	410,048	81,558.40	
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					
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

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: RI004		Grant Type and Number Capital Fund Program Grant No: RI4300450108 CFFP (Yes/ No): yes Replacement Housing Factor Grant No:			Federal FFY of Grant:			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
Cost Center	Administration	1410		41,000	41,000	41,000	41,000	
Cost Center	A & E Fees and Costs	1430		0	11687.50	11687.50	4,125.00	
Wilfrid 4/1	Software/Training	1408		3,800	500	500	360	
Wilfrid 4/1	A & E Fees and Cost	1430		10,363.00	15,038.40	15,038.40	11,361.81	
Wilfrid 4/1	Generator Upgrade	1460		191,364	191,364	191,364	0	
Wilfrid 4/1	Computer Equipment	1475		6,500	0	0	0	
Forand 4/2	Software/Training	1408		6,200	550.84	550.84	0	
Forand 4/2	A & E Fees and Cost	1430		16,907.00	2,050.22	2,050.22	1,741.90	
Forand 4/2	Generator Upgrade	1460		123,942	123,942	123,942	0	
Forand 4/2	Hot Water Street	1460		0	20,453	20,453	20,453	
Forand 4/2	Computer Equipment	1475		7,472	3,462.04	3,462.04	3,462.04	
Forand 4/2	Maintenance Stripping Machine	1475		2,500	0	0	0	

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: RI004	Grant Type and Number Capital Fund Program Grant No: RI43004501010 Replacement Housing Factor Grant No: Date of CFFP: 7/1/2010	FFY of Grant: FFY of Grant Approval:
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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	45,000	0	0	0
3	1408 Management Improvements	10,000	0	0	0
4	1410 Administration (may not exceed 10% of line 21)	39,000	0	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35,000	0	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000	0	0	0
10	1460 Dwelling Structures	222,000	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	35,590	0	0	0
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, 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: RI004		Grant Type and Number Capital Fund Program Grant No: RI43004501010 Replacement Housing Factor Grant No: Date of CFFP: 7/1/2010			FFY of Grant: FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	406,590.00	0	0	0	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

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: RI004		Grant Type and Number Capital Fund Program Grant No: RI43004501010 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:			Federal FFY of Grant:			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
Cost Center	Operations	1406		45,000	0	0	0	
Cost Center	Administration	1410		39,000	0	0	0	
Wilfrid 4/1	Computer Software/training	1408		5,000	0	0	0	
Wilfrid 4/1	A & E - Fees and Costs	1430		12,000	0	0	0	
Wilfrid 4/1	Concrete Work	1450		8,000	0	0	0	
Wilfrid 4/1	Trash Compactors	1460		10,000	0	0	0	
Wilfrid 4/1	Circulator Pumps	1460		43,000	0	0	0	
Wilfrid 4/1	Maintenance Equipment	1475		5,000	0	0	0	
Forand 4/2	Computer Software/training	1408		5,000	0	0	0	
Forand 4/2	A & E Fees and Costs	1430		12,000	0	0	0	
Forand 4/2	Concrete Work	1450		10,000	0	0	0	
Forand 4/2	Trash Compactors	1460		10,000	0	0	0	
Forand 4/2	Reseal Tubs	1460		15,000	0	0	0	
Forand 4/2	New Vehicle	1475		25,590	0	0	0	
Forand 4/2	Computer Hardware	1475		5,000	0	0	0	

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: Central Falls Housing Authority	Grant Type and Number Capital Fund Program Grant No: RI43S00450109 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 3)
 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				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	0.00	19,259	19,259	19,259
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000	15,000	15,000	15,000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	499,039	484,780	484,780	484,780
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				

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: Central Falls Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43S00450109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	519,039	519,039	519,039	519,039	
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					
Signature of Executive Director			Signature of Public Housing Director			
Date			Date			

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: RI004	Grant Type and Number Capital Fund Program Grant No: RI43P00450107 Replacement Housing Factor Grant No: Date of CFFP: 06/01/2010	FFY of Grant: FFY of Grant Approval:

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	33,222.00	33,222.00	32,819.78	32,819.78
3	1408 Management Improvements	10,000.00	10,000.00	10,000.00	0
4	1410 Administration (may not exceed 10% of line 21)	11,500.00	11,500.00	11,500.00	11,500.00
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	52,000	59,726.00	59,726.00	59,713.73
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	283,552.00	277,246.00	277,246.00	125,235.00
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	14,185.00	12,765.00	12,765.00	12,764.85
14	1485 Demolition	0	0		
15	1492 Moving to Work Demonstration	0	0		
16	1495.1 Relocation Costs	0	0		
17	1499 Development Activities ⁴	0	0		

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: RI004	Grant Type and Number Capital Fund Program Grant No: RI43P00450107 Replacement Housing Factor Grant No: Date of CFFP: 06/10/2010	FFY of Grant:2007 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	404,459.00	404,459.00	404,459.00	242,033.36
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				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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: RI004		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant:			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Operations	1406		33,222.00	33,222.00	33,222.00	32,819.78	
PHA Wide	Administration	1410		11,500.00	11,500.00	11,500.00	11,500.00	
Cost Center	Computer Software, Training, Staff Training	1408		4,000.00	4,000.00	4,000.00	0	
Cost Center	A & E Fees and Cost	1430		16,000.00	16,833.77	16,833.77	16,821.50	Done
Cost Center	Computer Hardware	1475		5,000.00	4,020.85	4,020.85	4,020.85	Done
Wilfrid Manor 4-01	Computer Software, Training, Staff Training	1408		2,500.00	2,500.00	2,500.00	0	
Wilfrid Manor 4-01	A & E Fees and Cost	1430		34,000.00	34,226.60	34,226.60	34,226.60	Done
Wilfrid Manor 4-01	Replace Generator	1460		45,000.00	45,000.00	45,000.00	16,071.00	
Wilfrid Manor 4-01	Parking Lot Design	1460		0	1,589.50	1,589.50	1,589.50	Done
Wilfrid Manor 4-01	Maintenance Equipment - Plow	1475		7,185.00	6,890.00	6,890.00	6,890.00	Done
Forand Manor 4-02	Computer Software, Training, Staff Training	1408		3,500.00	3,500.00	3,500.00	0	
Forand Manor 4-02	A & E Fees and Cost	1430		2,000.00	8,665.63	8,665.63	8,665.63	Done
Froand Manor 4-02	Replace Generator	1460		50,000.00	70,553.00	70,553.00	0	
Forand Manor 4-02	Replace Hot Water System	1460		106,314.00	85,861.00	85,861.00	85,861.00	Done
Forand Manor 4-02	Upgrade Security System	1460		0	21,713.50	21,713.50	21,713.50	Done
Forand Manor 4-02	Computer Equipment	1475		2,000.00	1,854.00	1,854.00	1,854.00	Done

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, 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: RI004	Grant Type and Number Capital Fund Program Grant No: RI4300450109 Replacement Housing Factor Grant No: Date of CFFP: 7/1/10	FFY of Grant: FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:2)
 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	66,101	66,101	0	0
3	1408 Management Improvements	10,000	10,400	10,400	10,400
4	1410 Administration (may not exceed 10% of line 21)	40,733	40,733	40,733	40,733
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	27,000	27,000	1,370.29	1,370.29
8	1440 Site Acquisition				
9	1450 Site Improvement	90,048	0	0	0
10	1460 Dwelling Structures	141,452	248,300	0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	32,000	14,800	0	0
14	1485 Demolition	32,000	0	0	0
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.

Part I: Summary						
PHA Name: RI004		Grant Type and Number Capital Fund Program Grant No: RI4300450109 Replacement Housing Factor Grant No: Date of CFFP: 7/1/2010			FFY of Grant: FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	439,334	407,334	52,503.29	52,503.29	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

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: RI004			Grant Type and Number Capital Fund Program Grant No: RI4300450109 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:			Federal FFY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
Cost Center	Operations	1406		66,101.00	66,101	0	0	
Cost Center	Administration	1410		40,733	40,733	40,733	40,733	
Wilfrid 4/1	Software/Training	1408		3,500	3,900	3,900	3,900	
Wilfrid 4/1	A & E Fees and Costs	1430		9,500	9,500	1,370.29	1,370.29	
Wilfrid 4/1	Parking Lot	1450		90,048	0	0	0	
Wilfrid 4/1	Computer Equipment	1475		5,000	5,000	0	0	
Wilfrid 4/1	Maintenance Equipment	1475		4,000	4,000	0	0	
Forand 4/2	Software/Training	1408		6,500	6,500	6,500	6,500	
Forand 4/2	A & E Fees and Costs	1430		17,500	17,500	0	0	
Forand 4/2	Generator Upgrade	1460		141,452	160166	0	0	
Forand 4/2	Computer Equipment	1475		11,000	5,000	0	0	
Forand 4/2	Maintenance Equip - powerwasher	1475		800	800	0	0	
Forand 4/4	Replace Boiler System	1460		0	88,134			

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.

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input checked="" type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Tina Sullivan</u> Print Name: <u>Tina-Marie Sullivan</u> Title: <u>Executive Director</u> Telephone No.: <u>401-727-9090</u> Date: <u>07/12/2010</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Central Falls 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.

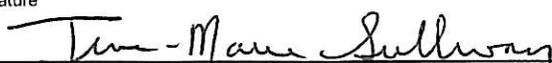
2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet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

Tina-Marie Sullivan, Executive Director

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 Tina-Marie Sullivan	Title Executive Director
Signature X 	Date 07/12/2010

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Central Falls 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)

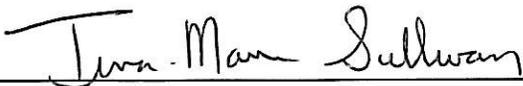
Name of Authorized Official

Tina-Marie Sullivan

Title

Executive Director

Signature



Date (mm/dd/yyyy)

07/12/2010

Civil Rights Certification

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

Civil Rights Certification**Annual Certification and Board Resolution**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Central Falls Housing Authority

RI004

PHA Name

PHA Number/HA Code

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

Name of Authorized Official	Tina Sullivan	Title	Executive Director
Signature			Date 07/12/2010

**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 X Annual PHA Plan for the PHA fiscal year beginning 01/10, 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.

Central Falls Housing Authority
PHA Name

RI 004
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2011 - 2015

1 Annual PHA Plan for Fiscal Years 2010 - 2011

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

Name of Authorized Official	Title
<u>Milad Shabo</u>	<u>Chairman</u>
Signature	Date
<u>Milad Shabo</u>	<u>7/1/10</u>

PHA Name: Central Falls Housing Authority
 PHA Type: Standard
 PHA Fiscal Year Beginning: 10/2010

PHA Code: RI004

5.2 – Goals and Objectives

- Goal – Increase the availability of decent, safe, and affordable housing
 - Reduce public housing vacancies
 - Leverage private and other public funds to create additional housing opportunities (we currently have a 4 unit (3 bedrooms each) attached town house setup for homeownership training along with a two unit ranch house)
 - Develop a Marketing Strategy that may require the development of an Allocation Plan to improve the continuity and occupancy levels of elderly/handicap developments.
- Goal – Improve the quality of assisted housing
 - Improve public housing management (PHAS score)
 - Concentrate efforts to improve specific management functions
 - Renovate/modernize public housing units
- Goal – Increase assisted housing choices
 - Provide Voucher mobility counseling
 - Conduct outreach efforts to potential voucher landlords (this has become a hot issue in this city due to the high number of boarded up properties)
 - Implement public housing site-based waiting lists (we currently have three waiting lists for Public Housing. One list for Wilfrid Manor, one list for Forand/Forand Annex Manor and a combined list for both manors)
- Goal – Provide an improved living environment
 - Implement public housing security improvements (with our 2006 CFP monies we installed a 170 camera CCTV system along with building access improvements at both developments tied together through WIFI capabilities. When responding to an emergency both the police and fire departments can get access to the system)
- Goal – Promote Self-Sufficiency and asset development of families and individuals
 - Increase the number and percentage of employed persons in assisted families (utilizing grants and other partnerships we have over 100 participants receiving job training and employment. We also have 47 participating families currently in our FSS program. Since its inception some 10 years ago the FSS five year program has successfully graduated at least 60 participants families who are completely off assistance, are working and in some cases have bought homes)
 - Provide and attract supportive services to improve participants employability
 - Provide and attract supportive services to increase independence for the elderly or families with disabilities (we have done this through our Resident Services Coordinator as well as staff assistance where possible)
- Goal – Ensure equal opportunity in housing for all individuals
 - Utilize affirmative measures to ensure access to assisted housing regardless of race, color religion, national origin, sex, familial status and disability
 - Utilize affirmative measures to provide a suitable living environment for families/individuals living in assisted housing regardless of race, color religion, national origin, sex, familial status and disability
 - Utilize affirmative measures to ensure accessible housing to persons/families with all varieties of disabilities regardless of unit size requirements

6.0 (a) Element # 2:

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2009 grants)		
a) Public Housing Operating Fund	971,142	
b) Public Housing Capital Fund	410,048	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	4,558,166	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	0	
g) Resident Opportunity and Self-Sufficiency Grants	70,807	Hired RSC
h) Community Development Block Grant	0	
i) HOME	0	
Other Federal Grants (list below)	0	
2. Prior Year Federal Grants (unobligated funds only) (list below)		
RI43P004501-07	172,455	

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
RI42P004501-08	363,048	
3. Public Housing Dwelling Rental Income	1,144,800	PH Operations
4. Other income (list below)		
Portables Admin.	62,825	HCV Operations
Rooftop Antenna Leases	86,400	PH Operations
Excess Utilities	25,300	PH Operations
Interest on General Fund	29,600	PH Operations
4. Non-federal sources (list below)		
State Dept. of Elderly Affairs	0	Security
Component Units Revenue	120,493	Component Units
Total resources	8,015,370	

6.0 (a) Element # 6:

Designation of Public Housing Activity Description
1a. Development name: Wilfrid Manor 1b. Development (project) number: RI 4-1
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input checked="" type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: Planned Revised Resubmission October/November 2010 Time Frame
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 125 7. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development (85% of the non-wheelchair units: 101 Elderly Only) <input type="checkbox"/> Total development

Designation of Public Housing Activity Description
1a. Development name: Forand Manor & Annex 1b. Development (project) number: RI 4-2 & RI 4-4
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input checked="" type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: Planned revised resubmission October/November 2010 Time Frame
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 202 7. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development (75% of the non-wheelchair units: 152 elderly Only)

Total development

6.0 (a) Element # 7:

PHA Goal: To seek additional funding through ROSS, FSS Grants and other public and private sources to expand programs in meeting the mission of the Central Falls Housing Authority

Objectives: (**Goal Achieved - received 3 year Grant, hired RSC**)

- Hired a resident service coordinator to coordinate health and social services for the elderly and disabled population
- To expand family self sufficiency programming for employment opportunities

6.0 (a) Element # 13:

Violence Against Women Act (VAWA)

The PHA has implemented and instructed the Resident Services Coordinator and the Building Managers in each of the two developments in the proper use of HUD Form 91066 – Certificate of Domestic Violence, Dating Violence or Stalking. In addition we have a designated police officer assigned to our developments. He coordinates with the above mentioned staff members in the reporting, investigating and prosecuting of any violations.

9.1 Strategies

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	25.9%	5	5	5	5	N/A	N/A
Income >30% but <=50% of AMI	29%	5	5	5	5	N/A	N/A
Income >50% but <80% of AMI	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Elderly	15%	5	5	5	5	N/A	N/A
Families with Disabilities	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						

Source of Information for the above chart – City of Central Falls Consolidated Plan 2007 – We will also take advantage of the 2010 U.S. Census dataset (CHAS – Comprehensive Housing Affordability Strategy) when it becomes available next year.

Housing Needs of Families on the Waiting List			
Waiting list type: Public Housing Site-Based waiting list: Forand Manor – List is not closed			
	# of families	% of total families	Annual Turnover
Waiting list total	71		
Extremely low income <=30% AMI	65	92%	
Very low income (>30% but <=50% AMI)	5	7%	
Low income (>50% but <80% AMI)	1	1%	
Families with children	16	23%	
Elderly families	3	32%	
Families with Disabilities	32	45%	
Race/ethnic. White	45	63%	
Race/ethnic. Hisp.	35	49%	
Race/ethnic. Black	8	11%	
Race/ethnicity	36	51%	
Characteristics by Bedroom Size (Public Housing Only)			
0BR	3	7	
1 BR	39	43	

Housing Needs of Families on the Waiting List			
2 BR	27	48%	
3 BR			
4 BR			
5+ BR			

Housing Needs of Families on the Waiting List			
Waiting list type: Public Housing Site-Based waiting list: Wilfrid Manor – List is not closed			
	# of families	% of total families	Annual Turnover
Waiting list total	72		
Extremely low income <=30% AMI	61	85%	
Very low income (>30% but <=50% AMI)	8	11%	
Low income (>50% but <80% AMI)	3	4%	
Families with children	10	14%	
Elderly families	34	47%	
Families with Disabilities	28	39%	
Race/ethnic. White	45	63%	
Race/ethnic. Black	11	15%	
Race/ethnic. Hisp.	29	40%	
Race/ethnic. Non-H.	43	60%	
Characteristics by Bedroom Size (Public Housing Only)	4	7%	
0BR	49	60%	
1 BR	19	33%	
2 BR			
3 BR			
4 BR			
5+ BR			

Note: Some families from both lists above also sign up for the combined waiting list for both developments which is also not closed.

Housing Needs of Families on the Waiting List			
Waiting list type: Section 8 tenant-based assistance – List has been closed for the past twelve (12) months			
	# of families	% of total families	Annual Turnover
Waiting list total	608		
Extremely low income <=30% AMI	504	83%	
Very low income (>30% but <=50% AMI)	104	17%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	389	64%	
Elderly families	42	7%	
Families with Disabilities	106	17%	
Race/ethnic. Hisp.	430	70.72%	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			

Housing Needs of Families on the Waiting List			
3 BR			
4 BR			
5 BR			
5+ BR			

Note: The Section 8 Tenant-based assistance waiting list is based on bedroom size needs.

Strategy for addressing needs – using current resources:

- Employ effective strategies/policies to minimize the number of units off-line
- Reduce turnover time for vacated housing units (average time from move out to move in is 30 to 60 days)
- Reduce time to renovate public housing units (average time of less than 30 days from turnover to maintenance to return to leasing and occupancy)
- Maintain/increase Section 8 lease-up rates by establishing payment standards that allow families to rent throughout the jurisdiction
- Ensure access to affordable housing among assisted families, regardless of unit size required
- Ensure access to affordable housing among families with disabilities

10.0 Additional Information

10.0 (a) Progress in Meeting Mission and Goals – See 5.2 Goals and Objectives above

10.0 (b) Significant Amendment and Substantial Deviation/Modification

- Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Central Falls Housing Authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

Central Falls Housing Authority

Annual Plan

Fiscal Year 10/01/2010 – 09/30/2011

Required Attachment: Membership of the Resident Advisory Board or Boards

- 1 List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)**

The Resident Advisory Board is composed of the following residents of Forand and Wilfrid Manors:

Forand Manor Tenant's

Rita Houle	Apt. # 214
Claire Vilandre	Apt. # A71
William Barry	Apt. # A52

Wilfrid Manor Tenant's

Mary Ross	Apt. # 511
Millie Jacobs	Apt. # 715
Stella Sweet	Apt. # 303

Resident volunteers were solicited to serve on the RAB Board

Resident Advisory Board Meeting

The meeting was held on June 9, 2010, at 10:00am in the Forand Manor Community Room. In addition to all residents' members, the following staff were in attendance: Tina Sullivan, Executive Director, Ron Bachand, Development Manager and Bill Aunchman, Maintenance Supervisor.

Items discussed were as follows:

- History of previous Capital Fund Construction Projects to date.
- Construction Projects, this past year, minimally interrupted tenants lives
 - Sealant and washing of exterior buildings
- Upcoming Capital Fund improvements for 2010 through 2014
 - Washing/Caulking Wilfrid/Annex building surfaces
 - Replacing Kitchen in Forand Annex Building
 - Painting Interior Hallway/Common Area Walls
 - Resealing of Tubs in Forand Manor
 - Replacing Trash Chutes
 - Replacing Circular Pumps
 - Concrete work to prevent tripping hazards
 - Ceiling Fans/lights in all developments
- Additional RAB member inputs included questions regarding the feasibility of Solar Water Heaters on the Roof, Solar Electric Collectors on the Roof, Ceiling Fans installed in each apartment (for heating and cooling circulation).
- Other minor tenant/management type complaints were discussed. That information was forwarded to the proper personnel for resolution.

PUBLIC MEETING NOTICE

The Central Falls Housing Authority's Annual Plan is now available for Public Review and Comment.

The Plan is available at the Administrative Office, 30 Washington Street, Central Falls, RI.

A Public Meeting to review comments and changes will be held on July 2, 2010 at 11:00 am in the Conference Room of Forand Manor, 30 Washington Street, Central Falls, RI. Written comments are due to the Authority by July 8, 2010, at the above address attention Tina Sullivan.

If there are any questions, please call 721-6010.