

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: Cumberland Plateau Regional Housing Authority _____ PHA Code: VA 029 _____ PHA Type: Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) <input type="checkbox"/> PHA Fiscal Year Beginning: (MM/YYYY): 04/2010 _____																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 309 Number of HCV units: _____																										
<b>3.0</b>	<b>Submission Type</b> X 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<b>Mission.</b> 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: Recognition of residents as our ultimate customer, improvement of management and service delivery efforts through effective and efficient management of Authority staff, seek problem-solving partnerships with residents, community and governmental leadership, while applying limited Authority resources to the effective and efficient management and operations of our public housing programs.																										
<b>5.2</b>	<b>Goals and Objectives.</b> 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. Provide decent, safe and affordable housing, ensuring equal opportunity in housing for everyone, promoting self-sufficiency and asset development of financially disadvantaged families and individual, improving community quality of life and economic vitality, increase resident participation through resident council and advisory committees, provide timely response to resident request, making available vacated units in a very timely manner, enforcement of the "one strike" policy for residents and applicants, and maintaining our financial stability and thoroughly pursue rent collections. Over the period of the last five year plan the housing authority has made significant gains on the established goals and objectives. Our mission statement has guided our goal attainment and overall improvements have occurred in the effective and efficient management of the Authority. There have been significant improvements in the overall finances of the Authority. This has enabled the Authority to assist with increasing resident participation and additional resources for overall operations improvement. The housing authority as a whole continues to provide decent, safe and affordable housing. With the influx of stimulus funding the authority has had the ability to address backloged capital improvement items. Additional areas of improvement include reduction in turnover vacancies turnaround time and work order completion making public housing available to those in need and providing efficiencies to current residents.																										
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. (A) The Cumberland Plateau Regional Housing Authority has not revised any elements of the PHA Plan since its last Annual Plan submission. (B) The Cumberland Plateau Regional Housing Authority has made available for the residents and general public copies of the 5-Year and Annual Plan at the HA office located at 35 Fox Meadow Lane in Lebanon, the Centennial Heights location in Haysi, and the Graham Manor location in Bluefield.																										
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable. N/A																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> 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.																										
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> 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	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p><b>Housing Needs.</b> 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. As identified by the U.S. Census Bureau, all nine localities of Southwest Virginia have higher poverty levels than the state and most nearly double the state rate. Of the four localities served by the Cumberland Plateau Regional Housing Authority, all four have established housing needs base solely on tenant waiting list totals of one hundred and fifty eight units and seventy six percent being identified as extremely low income and thirty five percent of that total is elderly. Affordable housing is limited in the four county region of Southwest Virginia while supply of housing is increasing, affordability housing remains limited.</p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b> Continue effective maintenance and management policies to minimize the number of public housing units that are off line which include reducing turnover time for vacant units and reduction of time for renovation of public housing units. The current national economic condition would not permit additional public housing units to be developed. The only strategy for increasing the number of affordable housing units is to pursue housing resources other than public housing.</p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. The Authority has made significant progress in meeting the mission and goals of the agency. Overall delivery of services to include improvement in occupancy turnover time, capital improvements, and work order completion have improved. There is a focus on providing service to the residents and strengthening of tenant organizations to include active input for long range capital improvement planning, social functions as a tenant organization, and improved communications with an annual newsletter.</p> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" The PHA's definition of "significant amendment" and "substantial deviation/modification" is a significant change that could potentially require approval by the Board of Directors and one that potentially requires the public notification of the change to include reasoning/directive prompting the change.</p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> 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](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.

## Submit Plan Checklist – PHA Plans

How do you know if your plan is complete? Use the following checklist to ensure the PHA Plan is complete and ready for submission:

<i>Place an “X” or √ in this column for items completed</i>		<b><i>Standard and Troubled 5-Year/ Annual 50075</i></b>	<b><i>High Performers, Section 8 Only 50075</i></b>
<b>X</b>	<b>1.0 PHA Information</b>	X	X
<b>X</b>	<b>C. 5-Year Plan completed (when due)</b>	X	X
<b>X</b>	<b>2.0 Inventory</b>	X	X
<b>X</b>	<b>3.0 Submission Type</b>	X	X
	<b>4.0 PHA Consortia</b>	Optional	Optional
<b>X</b>	<b>5.1 Mission (when 5-Year Plan due)</b>	X	X
<b>X</b>	<b>5.2 Goals and Objectives (when 5- Year Plan due)</b>	X	X
<b>X</b>	<b>6.0 PHA Plan Update</b>	X	X
<b>N/A</b>	<b>7.0</b>		
	HOPE VI	If applicable	If applicable
	Mixed Finance Mod/Development	If applicable	If applicable
	Demo/Disposition	If applicable	If applicable
	Mandatory or Voluntary Conversion	If applicable	If applicable
	Homeownership Programs	If applicable	If applicable
	Project-based Vouchers	If applicable	If applicable
<b>X</b>	<b>8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report</b>	If applicable	If applicable
<b>X</b>	<b>8.2 Capital Fund Five-Year Action Plan</b>	If applicable	If applicable
<b>N/A</b>	<b>8.3 Capital Fund Financing Program (CFFP)</b>	If applicable	If applicable
<b>X</b>	<b>9.0 Housing Needs</b>	X	5-Year Plan Only
<b>X</b>	<b>9.1 Strategy for Addressing Housing Needs</b>	X	5-Year Plan Only
<b>X</b>	<b>10.0 Additional Information</b>	X	5-Year Plan only
<b>X</b>	<b>11.0 Required Submissions, if applicable</b>	X	

	Required <b>Certifications</b> signed and submitted to Local HUD Field Office	
<b>X</b>	<i>Certification of Compliance with PHA Plan and Related Regulations</i> Form HUD-50077	X
<b>X</b>	If applying for Capital Funds: Form HUD-50070, <i>Drug-Free Workplace</i> Form HUD-50071, <i>Payments to Influence Federal Transactions</i> Forms SF-LLL and SF-LLLa, <i>Lobbying Activities</i>	X
<b>X</b>	<b>RAB</b> comments received and addressed	X

**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**

<b>Part I: Summary</b>						
PHA Name/Number Cumberland Plateau Regional Housing Authority VA092		Locality (City/County & State) Lebanon, Virginia			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	201,111	201,111	201,111	201,111
C.	Management Improvements		80,443	80,443	80,443	80,443
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		40,221	40,221	40,221	40,221
F.	Other					
G.	Operations		80,443	80,443	80,443	80,443
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		402,218	402,218	402,218	402,218
L.	Total Non-CFP Funds					
M.	Grand Total		\$402,218	\$402,218	\$402,218	\$402,218

**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 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014	
		Annual Statement					

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2010	Work Statement for Year 2011 FFY 04/2011			Work Statement for Year: 2012 FFY 04/2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	AMP (03) Pocahontas	3 each	1000	AMP (02) Cleveland	20 Units	3,500
Annual	Replace laundry room equipment	<b>Subtotal</b>	1000	Replacement of all door hardware	<b>Subtotal</b>	3,500
Statement						
	AMP (06) Haysi			AMP (03) Pocahontas	34 Units	3,400
	A. Replace appliances	5 pair	4200	Replacement of all door hardware	<b>Subtotal</b>	3,400
	B. Renovate kitchens	73 units	145,911			
		<b>Subtotal</b>	150,111	AMP (04) Richlands	34 Units	3,400
				Replacement of all door hardware	<b>Subtotal</b>	3,400
	AMP (09) Fox Meadows	5units	5000			
	Replace flooring	<b>Subtotal</b>	5000	AMP (05) Town Square	20 Units	10,000
				Replacement of all door hardware	<b>Subtotal</b>	10,000
	HA Wide Non-Dwelling Equipment	1 each	25,000			
	Replace Maintenance Vehicle	<b>Subtotal</b>	25,000	AMP (09) Fox Meadows	100 Units	80,000
				Replacement of all door hardware	<b>Subtotal</b>	80,000
				AMP (10) Graham Manor		
				Replacement of all door hardware	30 Units	3,000
				Replace flooring	1Structure	41,111
					<b>Subtotal</b>	44,111
				HA Wide Non-Dwelling Equipment	309 Units	36,700
				Replacement of Signage	<b>Subtotal</b>	36,700

**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	\$ 181,111	Subtotal of Estimated Cost	\$ 181,111
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<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2010	Work Statement for Year 2013 FFY 04/2013			Work Statement for Year: 2014 FFY 04/2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	AMP (02) Cleveland	4 Units	4,000	AMP (03) Pocahontas	2 Units	7,000
Annual	Replace Kitchen Countertops	<b>Subtotal</b>	4,000	(A) Remodeling to upgrade to handicap	<b>Subtotal</b>	7,000
Statement						
	AMP (03) Pocahontas			AMP (06) Haysi		
	(B) Replacement of Intercom System	34 Units	15,000	Sidewalk repairs	250 LF	5,000
	(C) Resurface Parking lot	1 Unit <b>Subtotal</b>	8,000 23,000		<b>Subtotal</b>	5,000
	AMP (04) Richlands			HA Wide Non-Dwelling Equipment		
	(A) Resurface Parking lot	1 Unit	7,000	Occupied Unit Painting	60 Units	90,000
	(B) Replacement of Intercom System	34 Units	15,000			
		<b>Subtotal</b>	22,000		<b>Subtotal</b>	
	AMP (06) Haysi					
	Office Renovation	2 Units	7,000	Maintenance Facility Expansion	1Unit	30,000
	Resurface Parking lot	4 Units	84,111		<b>Subtotal</b>	30,000
		<b>Subtotal</b>	91,111			
	AMP (09) Fox Meadows					
	Replacement of Kitchen Countertops/Base Cabinets	8 Units	11,000	Central Office Expansion	1Unit	49,111
		<b>Subtotal</b>	16,000		<b>Subtotal</b>	49,111
	AMP (10) Bluefield					

**Capital Fund Program—Five-Year Action Plan**

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

	(A) Replacement of Intercom System	30 Units	15,000			
	(B) Resurface Parking lot	4 Units	10,000			
		<b>Subtotal</b>	25,000			
	Subtotal of Estimated Cost		\$181,111	Subtotal of Estimated Cost		\$181,111





<b>Part I: Summary</b>	
<b>PHA Name: Cumberland Plateau Regional Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: VA362029501-07 Replacement Housing Factor Grant No: Date of CFFP: 04/07
<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval: 2007</b>	

**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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	80,186	80,186	80,186	80,186
3	1408 Management Improvements	80,186	80,186	80,186	80,186
4	1410 Administration (may not exceed 10% of line 21)	40,093	40,093	40,093	40,093
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,000	30,000	30,000	30,000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	112,517	112,517	112,517	112,517
11	1465.1 Dwelling Equipment—Nonexpendable	8,400	8,400	8,400	8,400
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	2,000	2,000	2,000	2,000
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>					
<b>PHA Name:</b> Cumberland Plateau Regional Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: VA362029501-07 Replacement Housing Factor Grant No: Date of CFFP: 04/07	<b>FFY of Grant:2007</b> <b>FFY of Grant Approval: 2007</b>			
<b>Type of Grant</b>					
<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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	400,928	400,928	400,928	400,928
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				
<b>Signature of Executive Director</b>		<b>Date 11/06/09</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Cumberland Plateau Regional Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: VA362029501-07 CFFP (Yes/ No): yes Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2007</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide Housing Operations	Housing Operations	1406	20%	80,186	80,186	80,186	80,186	Completed
	Subtotal			80,186	80,186	80,186	80,186	
HA Wide Management Improvements	A. PM Program	1408	100%	70,186	65,792	65,792	65,792	Completed
	B. Staff Training	1408	4	10,000	14,394	14,394	14,394	Completed
	Subtotal			80,186	80,186	80,186	80,186	
HA Wide Admin Cost	Partial salary and benefits for staff involved with Capital fund	1410	10%	40,093	40,093	40,093	40,093	Completed
	Subtotal			40,093	40,093	40,093	40,093	
HA Wide Fees/Cost	A/E Services	1430	100%	30,000	30,000	30,000	30,000	Completed
	Subtotal			30,000	30,000	30,000	30,000	
VA 29-2 Cleveland	A. Replace windows and roof	1460	20 units	40,000	101,560	101,560	101,560	Completed
	B. Replace laundry room equipment	1475	1 Set	1,000	1,000	1,000	1,000	Completed
	Subtotal			41,000	102,560	102,560	101,560	
VA 29-4 Richlands	A. Replace laundry room equipment	1475	1 Set	1,000	1,000	1,000	1,000	Completed
	Subtotal			1,000	1,000	1,000	1,000	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Cumberland Plateau Regional Housing Authority				<b>Federal FFY of Grant: 2007</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
VA29-2 Cleveland	9/12/09		9/12/11		
VA29-4 Richlands	9/12/09		9/12/11		
VA29-6 Haysi	9/12/09		9/12/11		
VA29-9 Lebanon	9/12/09		9/12/11		
VA29-10 Bluefield	9/12/09		9/12/11		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



<b>Part I: Summary</b>	
<b>PHA Name: Cumberland Plateau Regional Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: VA362029501-08 Replacement Housing Factor Grant No: Date of CFFP: 04/08
<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>	

**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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	80,480	80,480	80,480	80,480
3	1408 Management Improvements	80,480	80,480	80,480	80,480
4	1410 Administration (may not exceed 10% of line 21)	40,240	40,240	41,912	41,912
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000	20,000	20,000	15,876
8	1440 Site Acquisition				
9	1450 Site Improvement	50,740	50,740	0	0
10	1460 Dwelling Structures	122,063	122,063	4,000	4,000
11	1465.1 Dwelling Equipment—Nonexpendable	8,400	8,400	8,400	8,462
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 <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> 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**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Cumberland Plateau Regional Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: VA362029501-08 Replacement Housing Factor Grant No: Date of CFFP: 04/08	<b>FFY of Grant:2008</b> <b>FFY of Grant Approval: 2008</b>			
<b>Type of Grant</b>					
<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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	402,403	402,218	233,600	186,910
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				
<b>Signature of Executive Director</b>		<b>Date 11/06/09</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Cumberland Plateau Regional Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: VA362029501-08 CFFP (Yes/ No): yes Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide Operations	Housing Operations	1406	20%	80,480	80,480	80,480	80,480	Completed
	Subtotal			80,480	80,480	80,480	80,480	
HA Wide Management Improvements	A. PM Program	1408	100%	70,480	70,480	60,380	36,180	45% Complete
	B. Staff Training	1408	5	10,000	10,000	10,000		
	Subtotal			80,480	80,480	70,380	36,180	
HA Wide Administrative Cost	Partial salaries for staff involved in CFP	1410	10%	40,240	40,240	40,240	41,912	Completed
	Subtotal			40,240	40,240	40,240	41,912	
HA Wide Fees/Cost	A/E Fees & Consulting Services	1430	100%	20,000	20,000	20,000	15,876	95% Complete
	Subtotal			20,000	20,000	20,000	15,876	
VA 29-2 Cleveland	Replace Apartment flooring	1460	2 units	5,000		0	0	0% Complete
	Subtotal			5,000		0	0	
VA 29-3 Pocahontas	A. Replace HVAC units	1460	28 units	112,063		0	0	0% Complete
	B. Replace appliances	1465.1	6 pair	4,200		0	0	0% Complete
	Subtotal			116,263		0	0	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Cumberland Plateau Regional Housing Authority				<b>Federal FFY of Grant: 2008</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
VA29-2 Cleveland	3/31/10		3/31/12		
VA29-3 Pocahontas	3/31/10		3/31/12		
VA29-9 Lebanon	3/31/10		3/31/12		
HA Wide	3/31/10		3/31/12		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



<b>Part I: Summary</b>	
<b>PHA Name: Cumberland Plateau Regional Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: VA362029501-09 Replacement Housing Factor Grant No: Date of CFFP: 04/09
<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>	

**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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	80,480	80,443	80,443	0
3	1408 Management Improvements	80,480	80,443	0	0
4	1410 Administration (may not exceed 10% of line 21)	40,240	40,221	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000	20,000	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement		15,000		
10	1460 Dwelling Structures	168,603	154,351	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	12,600	11,760	0	0
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 <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>					
<b>PHA Name:</b> Cumberland Plateau Regional Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: VA362029501-09 Replacement Housing Factor Grant No: Date of CFFP: 04/09	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>			
<b>Type of Grant</b>					
<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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	402,403	402,218	80,443	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				
<b>Signature of Executive Director</b>		<b>Date 11/06/09</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Cumberland Plateau Regional Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: VA362029501-09 CFFP (Yes/ No): yes Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
VA 29-3	A. Replace HVAC Units	1460	6 units	24,000		0	0	
Pocahantas	B. Replace Flooring	1460	4 units	5,000		0	0	
	C. Replace Appliances	1465.1	4 Pair	4,200		0	0	
	Subtotal			33,200				
VA 29-5	A. Resurface parking	1450	5160SF	25,800		0	0	
Honaker	B. Replace flooring	1460	4 units	5,000		0	0	
	C. Replace appliances	1465.1	5 pair	4,200		0	0	
	Subtotal			35,000		0	0	
VA 29-6	A. Replace apt entry doors/hardware	1460	66 ea	26,200		0	0	
Haysi	B. Replace building entry doors	1460	5 bldg	10,800		0	0	
	C. Replace flooring	1460	10 units	10,000		0	0	
	D. Replace appliances	1465.1	10 pair	8,400		0	0	
	Subtotal			55,400				
VA 29-10	Refurbish public corridors	1460	2 floors	53,403		0	0	
Graham Manor	Subtotal			53,403		0	0	
	Grand Total			181,203		0	0	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Cumberland Plateau Regional Housing Authority				<b>Federal FFY of Grant: 2009</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	3/18/11		3/18/13		
AMP (02) Cleveland	3/18/11		3/18/13		
AMP (03) Pocahontas	3/18/11		3/18/13		
AMP (05) Honaker	3/18/11		3/18/13		
AMP (06) Haysi	3/18/11		3/18/13		
AMP (10) Bluefield	3/18/11		3/18/13		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



<b>Part I: Summary</b>	
<b>PHA Name: Cumberland Plateau Regional Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: VA36202950-10 Replacement Housing Factor Grant No: Date of CFFP: 04/10
<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>	

**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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	80,480	80,443	0	0
3	1408 Management Improvements	80,420	80,443	0	0
4	1410 Administration (may not exceed 10% of line 21)	40,240	40,221	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000	20,000	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	168,603	168,603	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	12,600	12,508	0	0
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 <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>					
<b>PHA Name:</b> Cumberland Plateau Regional Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: VA362029501-10 Replacement Housing Factor Grant No: Date of CFFP: 04/10	<b>FFY of Grant:2010</b> <b>FFY of Grant Approval: 2010</b>			
<b>Type of Grant</b>					
<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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	402,403	402,218	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				
<b>Signature of Executive Director</b>		<b>Date 11/06/09</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Cumberland Plateau Regional Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: VA36202950-10 CFFP (Yes/ No): yes Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Amp (06)	A. Replace HVAC Units	1460	52 units	148,603	148,603			
Haysi	B. Replace Appliances	1465.1	10 pair	8,400	8,400			
	Subtotal			157,003	157,003			
AMP (10)	A. Renovate Kitchen	1460	15 units	15,000	15,000			
Graham Manor	B. Replace Flooring	1460	4 units	5,000	5,000			
	C. Replace Appliances	1465.1	10 pair	4,200	4,108			
	Subtotal			24,200	24,108			
	Subtotal of estimated cost			\$181,203	\$181,111			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Cumberland Plateau Regional Housing Authority					<b>Federal FFY of Grant: 2010</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AMP (06) Haysi	3/31/12		3/31/14		
AMP (10) Graham Manor	3/31/12		3/31/14		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



<b>Part I: Summary</b>	<b>PHA Name: Cumberland Plateau Regional Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: VA36S029501-09 Replacement Housing Factor Grant No: Date of CFFP: 03/09	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>
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<b>Type of Grant</b>			
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>	<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>	<input type="checkbox"/> <b>Revised Annual Statement (revision no: _____)</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>	<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>		

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	101,872	30,372	30,372	6,500
4	1410 Administration (may not exceed 10% of line 21)	50,936	50,936	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		71,500	71,500	4,500
8	1440 Site Acquisition				
9	1450 Site Improvement	50,800	50,800	50,800	137,644
10	1460 Dwelling Structures	251,554	251,554	0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	54,200	54,200	0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> 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**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Cumberland Plateau Regional Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: VA36S029501-09 Replacement Housing Factor Grant No: Date of CFFP: 03/09	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>			
<b>Type of Grant</b>					
<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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	509,362	509,362	152,672	148,644
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				
<b>Signature of Executive Director</b>		<b>Date 11/06/09</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Cumberland Plateau Regional Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: VA36S029501-09 CFFP (Yes/ No): yes Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide Housing	Management Improvements	1408	6%	101,872	30,372	30,372	6,500	
HA Wide	Administration	1410	10%	50,936	50,936	0	0	
HA Wide	Fees and Cost	1430			71,500	71,500	4,500	
VA 29-2 Cleveland	(A) Resurface Parking Lot	1450	1 unit	25,000	25,000	25,600	86,822	
	SUBTOTAL				25,000			
VA 29-3 Indian Princess	(A) Patch and Paint Building	1460	1Unit	40,000	40,000	0	0	
	(B) Replacement of Complete HVAC Units	1475	28 Units	24,000	24,000	0	0	
	(C) Replace Appliances	1475	6 Pair	4,200	4,200	0	0	
	(D) Replace Laundry Room Equipment	1475	1 Set	1,000	1,000	0	0	
	SUBTOTAL				69,200			
VA 29-4 Richlands	(A) Patch and Paint Building	1460	1 Unit	40,000	40,000	0	0	
	(B) Replace Roof	1460	1 Unit	30,000	30,000	0	0	
	(C) Replace Appliances	1475	6 Pair	4,200	4,200	0	0	
	SUBTOTAL				74,200			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part II: Supporting Pages</b>								
PHA Name: Cumberland Plateau Regional Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: VA36S029501-09 CFFP (Yes/ No): yes Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
VA 29-5	(A) Resurface Parking Lot	1450	1 Unit	25,800	25,800	25,600	68,822	
Town Square	(B) Replace Appliances	1475	6 Pair	4,200	4,200	0	0	
	Subtotal				30,000			
VA 29-6 Centennial Heights	(A) Replace Entry Doors/Hardware	1460	90 units	26,200	26,200	0	0	
	(B) Replace Building Entry Doors	1460	11 units	10,800	10,800	0	0	
	SUBTOTAL				37,000			
VA 29-9 Fox Meadow	(A) Kitchen Counter Tops	1460	50 Units	50,000	50,000	0	0	
	(B) Replace Appliances	1475	6 Sets	4,200	8,400	0	0	
	(C) Replace Laundry Room Equipment	1475	4 Sets	4,000	4,000	0	0	
	SUBTOTAL				62,400			
VA 29-10 Graham Manor	(A) Refurbish Public Corridors	1460	1 Unit	54,554	54,554	0	0	
	(B) Replace Appliances	1475	10 Pair	4,200	4,200	0	0	
	SUBTOTAL				58,754			
	GRAND TOTAL				509,362	152,672	148,644	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Cumberland Plateau Regional Housing Authority				<b>Federal FFY of Grant: 2009</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
VA29-2 Cleveland	3/18/2010		3/18/2010		
VA29-3Pocahontas	3/18/2010		3/18/2010		
VA29-4 Richlands	3/18/2010		3/18/2010		
VA29-5Honaker	3/18/2010		3/18/2010		
VA29-6 Haysi	3/18/2010		3/18/2010		
VA29-9 Lebanon	3/18/2010		3/18/2010		
VA29-10 Bluefield	3/18/2010		3/18/2010		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



**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) described below, or their authorized officer, hereby certifies that there is no Board of Commissioners' approval or endorsement of the 5-Year and/or Annual PHA Plan by the PHA Board per 24 CFR Part 9811.1. Therefore reference to "the Plan", of which the document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the execution of the Plan and Agreement thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy for any plan incorporating such strategy for the jurisdiction in which the PHA is located.
2. The Plan certifies 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 Impairments 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 Replenishment Program), Annual Statements, three year portion of its last approved Annual Plan, the Capital Fund Program Annual Statement/Annual Statement of Financial Condition and Evaluation Report since its 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 to whom the PHA provides with this Board or Boards in developing the Plan, and considers the recommendations of the Board or Boards (24 CFR 983.13). 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 PHA 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 receive 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 with those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdiction 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. The PHA Plan that include a policy for site based waiting list:
  - The PHA regularly submits applications to HUD's HOME IV HUD-Media to an accurate, complete and timely manner (as specified in PHA Notice 2009-24);
  - The system of site based waiting list provides for full disclosure in 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 of units;
  - Adoption of the 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 ensure the such waiting list is consistent with affordable housing for housing for housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with the applicable laws and regulations, as specified in 24 CFR part 983.7(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 1990 and 24 CFR Part 91, 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 1 of the Housing and Urban Development Act of 1968 (Employment Opportunities for Low-Income Workers) and with its implementing regulations at 24 CFR Part 155.



**Certification for  
a Drug-Free Workplace**

U.S. Department of Housing  
and Urban Development

**Cambridge Planned Regional Housing Authority**

Application No. \_\_\_\_\_

**Capital Fund Program**

Application for Housing Section Grant Funding

Acting on behalf of the above named Applicant as its authorized Officer, 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 for all non-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 others as receiving actual notice of such conviction. Employees of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notices shall include the identification numbers, if any, 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 sites for the performance of work that is connected with the HUD funding of the program(s) listed above. Place of Performance List includes the street address, city, county, State, and zip code. Identify each entry with the Applicant name and address and the program activity receiving grant funding.

Check box  If there are violations or threats of violations with respect to this:

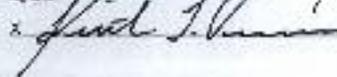
I hereby certify that all the information stated herein, as well as any information provided in the accompanying knowledge-based survey, Working HUD, will accurately represent and state facts. Omitting or any such information is prohibited. (24 U.S.C. 1821-1816, 1818; 24 U.S.C. 3729, 3602)

Name of Authorized Officer

**Keith L. Myers**

Executive Director

Signature



November 6, 2009

Form HUD-4870 (3/98)  
and Handbook 7447-1, 7455-10, 7485-1A, 2

**Certification for  
a Drug-Free Workplace**

Cumberland Plateau Regional Housing Authority

**2. Sites for Work Performance.**

Fox Meadow	Memorial Drive, Lebanon, Russell County, VA, 24266 Capital Fund Program
Centennial Heights	Route 752, Hays, Dickenson County, VA, 24256 Capital Fund Program
Riverview Terrace	Road 676, Rt. 1, Cleveland, Russell County, VA 24225 Capital Fund Program
Fairfax Court	209 Fairfax Ave., Richlands, Tazewell County, VA, 24611-2256 Capital Fund Program
Town Square	Depot Street, Honaker, Russell County, VA 24260 Capital Fund Program
Graham Manor	111 Thayer Street, Bluefield, Tazewell County, VA 24605 Capital Fund Program
Italian Princess	Church Street, Pocahontas, Tazewell County, VA 24635 Capital Fund Program

**Certification of Payments  
to Influence Federal Transactions**

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

Cumberland Plateau Regional Housing Authority

Applicant Name

Capital Fund Program

Program/Act by Receiving Federal Grant Funding

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, the 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 L.L.L., 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 document 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 101, Title 21, 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 statements made herein, to the best of my knowledge and belief, are true and correct. I warrant that I am not a lobbyist or lobbyist-in-waiting. I warrant that I am not a lobbyist-in-waiting.

(18 U.S.C. 201, 202, 203, 204, 205, 206, 207, 208, 209)

Signature of Applicant

Keith A. Viera  
Sponsor



Print name of Applicant

Date

Executive Director  
Cumberland Plateau

November 6, 2009

**Civil Rights Certification**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 10/31/2011

**Civil Rights Certification**

**Annual Certification and Board Resolution**

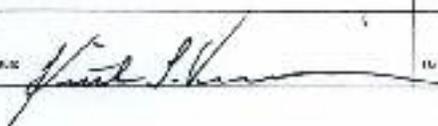
*Being on behalf of the Board of Commissioners of the Public Housing Agency (PHA), I, \_\_\_\_\_, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the Plan for the PHA of which the attached is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the activities of the Plan and representation 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.

Omberland Plains Regional Housing Authority 98892

PHA Name

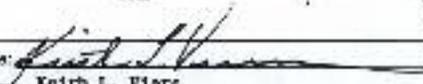
PHA Number/HA Code

<small>I hereby certify that all the data and information provided in this certification is true and correct to the best of my knowledge and belief, and that I am duly authorized to execute this certification on behalf of the PHA. I understand that this certification is subject to audit and review by HUD and the HUD Office of Inspector General. I understand that this certification is subject to the provisions of the Fair Housing Act, the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.</small>	
Name of PHA Official <b>Keith L. Viars</b>	Title <b>Executive Director</b>
Signature 	Date <b>November 6, 2009</b>

**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 21 U.S.C. 1355  
(See reverse for public burden disclosure.)

Approved by OMB  
1250-0046

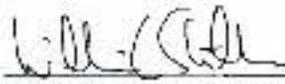
<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. re-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____, quarter _____ date of last report: _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Title: _____, if known  Cumberland Plateau Regional Housing Authority 35 Fox Meadow Drive Lebanon, VA 24266 Congressional District, if known: 4	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  N/A  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>  U. S. Department of HUD	<b>7. Federal Program Name/Description:</b>  Capital Fund Program CFDA Number, if applicable:	
<b>8. Federal Action Number, if known:</b> VA36PS28501-09	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</b>  None	<b>b. Individuals Performing Services (including address, if different from No. 4):</b> (last name, first name, MI)  N/A	
<small>11. Complete reverse side of this form if required by the 21 U.S.C. 1355. This disclosure of lobbying activities is a public record under 21 U.S.C. 1355 and the information will be made available to the public. The information will be made available to the public under 21 U.S.C. 1355. The information will be made available to the public under 21 U.S.C. 1355. The information will be made available to the public under 21 U.S.C. 1355.</small>	Signature:  Print Name: <u>Keith E. Viers</u> Title: <u>Executive Director</u> Telephone No.: <u>(276) 889-4910</u> Date: <u>11/06/09</u>	
<b>Federal Use Only:</b>	Authorized Official Representative (21 CFR 1355.107)	

Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan

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

**Certification by State or Local Official of PHA Plans Consistency with the  
Consolidated Plan**

I, William C. Shelton, Director of the Virginia Department of Housing and Community Development certify that the Five Year and  
Annual PHA Plan of the Chatham County Public Housing Authority is consistent with the Consolidated Plan of  
the Commonwealth of Virginia prepared pursuant to 24 CFR Part 91.

 1-11-18

Signed / Dated by Appropriate State or Local Official