

# Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant Name

Housing Authority of the City of Anacortes

Program/Activity Receiving Federal Grant Funding

## Capital Funds

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

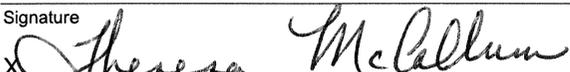
**2. Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each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

Harbor House 719 Q Avenue 50 units, Site I 511 T and 508 6th 14 units, Site II O & 13th 14 units, Site III 22nd and 23rd Street 22 units, 3415 Q Ave 2 units, 34th Street 4 units, 24th Court 2 units, and 24th Street 4 units

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 Theresa McCallum	Title Executive Director
Signature 	Date 2-18-2010

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of the City of Anacortes

Program/Activity Receiving Federal Grant Funding

Capital Funds

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)

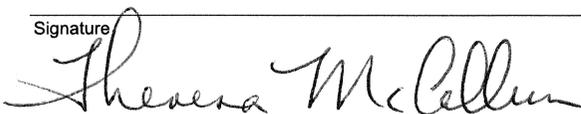
Name of Authorized Official

Theresa McCallum

Title

Executive Director

Signature



Date (mm/dd/yyyy)

2-19-10

## 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.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee 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. post-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 Tier _____, if known:  Congressional District, if known: 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<b>11.</b> 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>Theresa McCallum</u> Print Name: <u>Theresa McCallum</u> Title: <u>Executive Director</u> Telephone No.: <u>360.293.7831</u> Date: <u>2-18-10</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

# PHA 5-Year and Annual Plan

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

OMB No. 2577-0226  
Expires 4/30/2011

1.0	<b>PHA Information</b> PHA Name: <u>HOUSING AUTHORITY OF THE CITY OF ANACORTES</u> PHA Code: <u>WA010</u> PHA Type: <input checked="" 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): <u>04/01/2010</u>				
2.0	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 111 Number of HCV units: _____				
3.0	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	<b>PHA Consortia</b> <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
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	<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: TO PROVIDE HOUSING, PLAN, DEVELOP, MANAGE, RENT, MAINTAIN AND IMPROVE ALL PROPERTIES OWNED BY AHA, AND SERVE THOSE BELOW MED INCOME WITH SAFE, DECENT, AFFORDABLE HOUSING. IT IS ALSO OUR GOAL TO FORM ALLIANCES WITH THOSE AGENCYS WHICH ALSO SERVE THAT POPULATION, SO AS TO COMMUNICATE TO OUR TENANTS AND APPLICANTS WHERE TO RECEIVE ADDITIONAL ASSISTANCE FOR NEEDS OTHER THAN HOUSING.				
5.2	<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. TO CONTINUE TO OPERATE IN A HIGH PERFORMER CATEGORY, BY PROVIDING SAFE, DECENT, AFFORDABLE HOUSING TO THOSE LOW INCOME FAMILIES IN AND AROUND THE ANACORTES AREA. TO COMPLETE THE TOTAL RENOVATION OF THE LAST SITE (14 UNITS, SITE 1) BY STRIVING TO RENOVATE USING AHA'S WAITING LIST AS THE GUIDE FOR UNIT MIX NEEDED, CREATING A SPACE THAT PROMOTES SELF SUFFICIENCY AND AT THE SAME TIME MAKING CERTAIN THAT THE SITE IS RENOVATED TO BE AS ENVIRONMENTALLY ECONOMICAL AS POSSIBLE. THE GOAL IN THE LAST PLAN WAS TO OBTAIN AND DEVELOPE ADDITIONAL UNITS IN THE ANACORTES AREA TO PROVIDE FOR THOSE NOT BEING SERVED, PRIMARILY NON-ELDERLY, NON-DISABLED SINGLE PERSONS. AHA HAS DONE THAT BY PURCHASING AND RENOVATING A HISTORIC BUILDING. AHA ADDED 25 STUDIO AND ONE BEDROOM UNITS TO THE PORTFOLIO AND HAS BEEN ABLE TO ASSIST 25 ADDITIONAL INDIVIDUALS WITH A SAFE, DECENT AFFORDABLE PLACE TO RESIDE. AHA HAS ALSO ACCOMPLISHED A COMPLETE RENOVATION OF THE PUBLIC HOUSING ACOP, BY PURCHASING A TEMPLATE AND ADDING ALL AHA'S POLICIES AND PROCEDURES. AHA IS CONTINUALLY REVISING ALL DOCUMENTS TO KEEP PACE WITH THE EVER CHANGING RULES AND REGULATIONS FROM HUD, AT THE STATE LEVEL, AND FEDERAL LEVEL.				
6.0	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: THE ONLY CHANGES THAT REQUIRE COMMENT ARE: AHA NO LONGER HAS A SECTION 8 PROGRAM, BUT IS WORKING TO PROMOTE THE PROGRAM WITH THE SKAGIT COUNTY HOUSING AUTHORITY. AHA IS NOW A SMOKE FREE HOUSING DEVELOPMENT (IMPLEMENTED BEFORE HUD'S REQUIREMENT). AHA HAS ALSO (THROUGH CAPITAL FUNDS) DONE MINIMAL UPDATES TO THE OFFICE AREA, TO KEEP EMPLOYEES SAFE. (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. HOUSING AUTHORITY OF THE CITY OF ANACORTES OFFICE LOCATED AT 719 Q AVENUE, ANACORTES, WA 98221				
7.0	<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				
8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable. SEE 50075.1, 2008 (4 PAGES), 2009 (4 PAGES), 2009 ARRA (4 PAGES), AND 2010 (4 PAGES)				

8.1	<p><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. SEE SECTION 8.0</p>
8.2	<p><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.</p>
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. <b>BASED ON INFORMATION GATHERED FROM THE WAITING LIST, ANACORTES IS IN NEED OF MORE ONE AND TWO BEDROOM UNITS. OTHER THAN THE HARBOR HOUSE (ELDERLY AND DISABLED) AHA DOES NOT OFFER ANY ONE BEDROOM UNITS TO LOW INCOME PERSONS. THEREFORE IT IS THE GOAL OF AHA TO PROVIDE FOR THAT NEED BY RENOVATING TO ACCOMDATE AND/OR ACQUIRING MORE UNITS.</b></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> AS STATED ABOVE, WE PRIMARILY ADDRESS THE ISSUE OF NEED BY OUR CURRENT AND PAST WAITING LIST WHICH INDICATES THAT SMALLER UNIT SIZES ARE NEEDED. AHA HAS ACQUIRED TWO PROJECTS THROUGH THE USE OF TAX CREDITS IN THE LAST 10 YEARS WHICH ADDED 35 ONE BEDROOM UNITS TO OUR EXISTING STOCK. HOWEVER, THE NEED FOR THE ONE AND TWO BEDROOM UNITS CONTINUES. THE WAIT LIST FOR THOSE UNITS IS TYPICALLY A YEAR OR MORE.</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. AHA'S PRIMARY GOAL FROM THE LAST FIVE YEAR PLAN HAS BEEN MET: AHA CONTINUES TO ADD TO THE STOCK OF UNITS BY ACQUIRING NEW PROJECTS. AHA HAS ALSO MET ITS CAPITAL FUND NEEDS BY COMPLETING NEEDS LISTED IN THE PREVIOUS FIVE YEAR PLAN AND ANNUAL PLANS. SOME OF THE CAPITAL FUND PROJECTS WERE STAFF INITIATED ACCORDING TO OBVIOUS DEFECTS IN THE HOUSING STOCK. WHILE OTHER COMPLETED PROJECTS WERE TENANT SUGGESTIONS WHICH ARE SOLICITED ANNUALLY BY CONTACTING RESIDENTS, AND THE SURROUNDING COMMUNITY.</p> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"  AHA CONSIDERS SIGNIFICANT DEVIATIONS AS ANY CHANGES TO POLICIES THAT AFFECT RESIDENTS IN ANY MANNER, I.E. IMPLEMENTATION OF ALL AHA BUILDINGS TO BE SMOKE FREE (BEFORE HUDS' RULING ON THE MATTER). ALSO, ANY CHANGES TO THE CAPITAL FUNDS PLAN THAT IS NOT LISTED ON THE FIVE YEAR AND /OR ANNUAL PLAN (EXCEPTION BEING ADDITION OF A WORK ITEM FOR A SITE ALREADY DESIGNATED NEEDING RENOVATION/UPGRADING).</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>

## List of Supporting Documents Available for Local Review

(Applicable to All PHA Plan Types)

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

Applicable & On Display	Supporting Document	Applicable Plan Component
X	Form HUD-50077, <i>Standard PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual PHA Plans.</i>	Standard 5-Year and Annual Plans Streamlined 5-Year Plans
X	Form HUD-50076, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual PHA Plan</i> , including required PHA certification and assurances for policy and program changes since last Annual Plan.	Streamlined Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5-Year and Annual Plans 5-Year Streamlined Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5-Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments (AI) to Fair Housing Choice); and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Streamlined Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan (TSAP) and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
x	Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input type="checkbox"/> Check here if included in the Section 8 Administrative Plan.	Annual Plan: Rent Determination
x	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
x	Results of latest Public Housing Assessment System (PHAS) assessment (or other applicable assessment).	Annual Plan: Management and Operations
x	Follow-Up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary).	Annual Plan: Operations and Maintenance and Community Service and Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP).	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Management and Operations

## List of Supporting Documents Available for Local Review

(Applicable to All PHA Plan Types)

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

Applicable & On Display	Supporting Document	Applicable Plan Component
x	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
x	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement/Performance and Evaluation Report (form HUD-52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (form HUD-52825) for any active CIAP grant	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See Notice 99-52 (HA).	
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the U.S. Housing Act of 1937, or Section 33 of the U.S. Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan).	Annual Plan: Homeownership
x	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	
x	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
x	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	
	Most recent self-sufficiency (ED/SS, TOP, or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
x	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	
x	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Consortium agreements and certifications that agreements are in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint PHA Plans for Consortia
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

<b>Part I: Summary</b>					
<b>PHA Name: Housing Authority of the City of Anacortes</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: WA19S01050108 Replacement Housing Factor Grant No: Date of CFFP: 2008			<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:2 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 1-31-09 <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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	40000.00	40000.00	40000.00	40000.00
3	1408 Management Improvements	4000.00	3411.98	3411.98	551.98
4	1410 Administration (may not exceed 10% of line 21)	10616.00	3422.96	3422.96	3422.96
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	500.00	8281.06	8281.06	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	157213.00	157213	0	0
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 <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>						
PHA Name: Housing Authority of the City of Anacortes		Grant Type and Number Capital Fund Program Grant No: WA19S01050109 Replacement Housing Factor Grant No: Date of CFFP: 2009			FFY of Grant: 2009 FFY of Grant Approval: 2009	
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:1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 1-31-2010 <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	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	40000.00	40000.00	40000.00	40000.00	
3	1408 Management Improvements	4000.00	0	0	0	
4	1410 Administration (may not exceed 10% of line 21)	10363.00	0	0	0	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	500.00	14863.00	0	0	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	152400.00	152400.00	0	0	
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 <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> Housing Authority of the City of Anacortes		<b>Grant Type and Number</b> Capital Fund Program Grant No: WA19S01050109 Replacement Housing Factor Grant No: Date of CFFP: 2009		<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 1-31-2010 <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)	207263.00	207263.00	40000.00	40000.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director Theresa McCallum 2-18-2010 			Date	Signature of Public Housing Director _____	
				Date	

<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: Housing Authority of the City of Anacortes			<b>Grant Type and Number</b> Capital Fund Program Grant No: WA01050109 CFFP (Yes/ No): 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>	
10-3	Fees and Costs Adv. and printing, developer hired to run project inc. req and rfb	1430		500.00	14863.00	0	0	
10-3	Dwelling Structure Continue unit rehab of 30yrs old (Site I) including cost of Architect and Engineering Fees	1460	14 units	152400.00	152400.00	0	0	
HA-WIDE	Management Improvement funds needed for developer contract	1408		4000.00	0	0	0	
HA-WIDE	Administration Wages and Benefits for Admin Staff funds moved to fees and costs for developer contract	1410		10363.00	0	0	0	
HA-WIDE	Operations Funding needed due to cutback in operating subsidy	1406		40000.00	40000.00	40000.00	4000.00	complete



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**

<b>PHA Name: Housing Authority of the City of Anacortes</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: WA19S01050109 CFRG Replacement Housing Factor Grant No: ARRA Date of CFFP: 2009	<b>FFY of Grant: 2009</b> <i>ARRA</i> <b>FFY of Grant Approval: 2009</b>
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**Type of Grant**  
 Original Annual Statement      Reserve for Disasters/Emergencies      Revised Annual Statement (revision no:2 )  
 Performance and Evaluation Report for Period Ending: 1-31-2010      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>				
3	1408 Management Improvements	4000.00	0	0	0
4	1410 Administration (may not exceed 10% of line 21)	26876.00	21876.00	21876.00	11684.57
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	7000.00	6836.25	6836.25	562.50
8	1440 Site Acquisition				
9	1450 Site Improvement	100000.00	107400.00	107400.00	1232.58
10	1460 Dwelling Structures	0	132653.75	132653.75	AS OF 2-22-10
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	130890.00	0	0	0
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> Housing Authority of the City of Anacortes		<b>Grant Type and Number</b> Capital Fund Program Grant No: WA19S01050109 Replacement Housing Factor Grant No: Date of CFFP: 2009		<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 1-31-2010 <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)	268766.00	268766.00	268766.00	13479.65
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 Theresa McCallum</b> 02/18/2010 <i>Theresa McCallum</i>			<b>Signature of Public Housing Director</b>		<b>Date</b> 2-18-10

<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: Housing Authority of the City of Anacortes			Grant Type and Number Capital Fund Program Grant No: WA01050109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
10-2	Fees and Costs Adv. and printing and Environ. Reviw	1430		7000.00	6836.25	6836.25	562.5	complete
10-2	Dwelling Structure- Storage units originally designed as separate building, is now attached to the building, attached to each patio	1460		0	132653.75	132653.75	0	contract signed 2-22-10, Contract total is 222,108.00. other grant funds will be used
HA-WIDE	Management Improvement \$\$ Needed for Storage Unit Contract	1408		4000.00	0			
HA-WIDE	Administration Wages and Benefits for Admin Staff	1410		26876.00	21876.00	21876.00	11684.57	
10-2	Replacement and additional lighting around senior building and office . Additonal parking area added to accommodate more senior driving. and relocation of dumpster and garbage area	1450		100000.00	107400.00	107400.00	1232.58	contracts signed and work is 90% complete
10-2	Storage facility for senior/disabled building, funds moved to dwelling structure	1470		130890.00	0			





Annual Statement/Performance and Evaluation Report  
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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: Housing Authority of the City of Anacortes	Grant Type and Number Capital Fund Program Grant No: WA19S01050110 Replacement Housing Factor Grant No: Date of CFFP: 2010	FFY of Grant: 2010 FFY of Grant Approval: 2010
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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 <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>	20000.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	5000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20726.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	161537.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

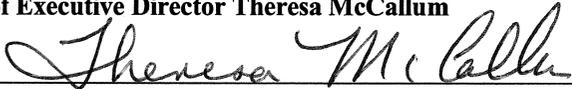
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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  
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**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Anacortes		<b>Grant Type and Number</b> Capital Fund Program Grant No: WA19S01050110 Replacement Housing Factor Grant No: Date of CFFP: 2009		<b>FFY of Grant:2010</b> <b>FFY of Grant Approval: 2010</b>	
<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
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)	207263.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director Theresa McCallum</b> 2-18-2010 		<b>Date</b> 2-18-10	<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.

<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.

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 III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of the City of Anacortes				<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	
HA-WIDE	6-2012		6-2013		
10-3	6-2012		6-2013		

<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>						
PHA Name/Number Housing Authority of the City of Anacortes/WA010		Locality (City/County & State) Anacortes, Skagit County, WA			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	161537.00	20000.00	20000.00	20000.00
C.	Management Improvements		2000.00	2000.00	2000.00	2000.00
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		3000.00	3000.00	3000.00	3000.00
F.	Other fees and costs		20726.00	20726.00	20726.00	20726.00
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		207263.00	207263.00	207263.00	207263.00









## **8. Capital Fund Program Five-Year Action Plan**

### **Attachment A:**

#### **Resident Comments on PHA Update and Capitol Funds Requests -- 2010**

The letter went out calling for interested tenants to form a RAB and to make their annual suggestions. We received some back and the first meeting was a total of three residents. The focus was revising the House Rules for Public Housing. One tenant worked on that and meetings that followed consisted of one tenant.

#### **Site Improvements**

Replace wood chips with rubber mats (Site III)

*Fill holes around Site (Site III)*

Area prepared for Garden Space (Site II and I) Already in operation at Site III four plus years

*Landscape work, trim trees all sites*

Covered area for smokers, including ash can

#### **Harbor House Site Improvements**

Larger Laundry Room

#### **Site I Renovation**

Sound Proofing\*

Additional units smaller in size\*

Sell to Port of Anacortes

Waterless toilets, dual flush toilets

Solar power, environmentally friendly\*

ADA accessibility to upper and lower units\*

Curb appeal\*

Curbs, paving, storm drain system\*

*Bus stop shelter?*

Instant Waterless hot water heaters

Storage built in\*

#### ***AHA Response to Capitol Fund Requests:***

*Those items with a (\*) are currently on AHA's Five year plan in the continuation of renovation.*

*Those italicized items are being considered under Routine Operations or future Capital Funds .*

Items in regular print have either been done under previous capital funds or not in the scope of work for capital funds.

#409

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the  5-Year and/or  Annual PHA Plan for the PHA fiscal year beginning ~~4-1-2010~~ hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low- or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

HOUSING AUTHORITY OF THE CITY OF ANAHCORTES WA010  
 PHA Name PHA Number/HA Code

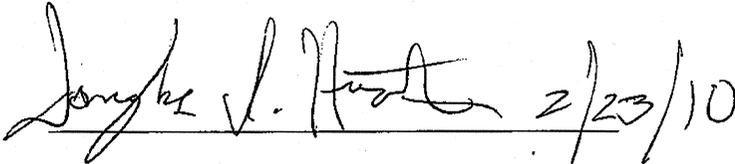
5 5-Year PHA Plan for Fiscal Years 20 10 - 20 14  
0 Annual PHA Plan for Fiscal Years 20 10 - 20 11

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 <i>Theresa McCallum</i>	Title <i>EXECUTIVE DIRECTOR</i>
Signature <i>Theresa McCallum</i>	Date <i>2-18-10</i>

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

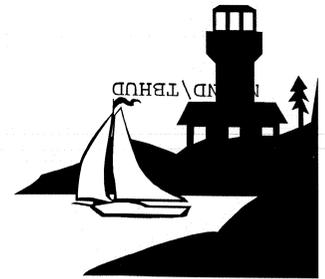
I, Douglas S. Hunter the HOME Program Manager certify  
that the Five Year and Annual PHA Plan of the Housing Authority of the City of Anacort is  
consistent with the Consolidated Plan of State of Washington prepared  
pursuant to 24 CFR Part 91.

 2/23/10

Signed / Dated by Appropriate State or Local Official

Commissioners  
Curtis Payne  
Joyce Anderson  
Verna Berentson  
William Christensen  
Marcia Taylor  
Patrick Flannigan  
Director  
Tee McCallum

**Housing Authority of the City of Anacortes**  
719 Q Avenue  
Anacortes, WA 98221  
Phone: (360)293-7831  
Fax: (360)293-8998  
E-mail: aha@fidalgo.net



## **VAWA (Violence against Women Act) Statement**

Goals, Activities, Policies and/or Programs

Passed by Resolution #397 dated January 15, 2009 as part of the revised Admissions and Continued Occupancy Policy defining the Anacortes Housing Authorities' policies for the operation of the Public Housing Program

### **Policies:**

The Anacortes Housing Authority (AHA) has adopted and implemented all VAWA regulations pertaining to the final rule.

### **Activities:**

The policy is to notify applicants and residents of the rights and regulations under the VAWA policy. AHA has included the VAWA language on all applications, rejection letters, and recertification paperwork.

AHA has a poster in the main office lobby with VAWA language.

The ACOP has been updated to include the VAWA language, and corresponding forms are used for notification, and included in lease documents.

### **Goals:**

AHA will make certain that all those in contact with this agency are well informed of the VAWA and will assist those that are affected under the VAWA by maintaining a list of other agencies providing assistance not offered at AHA, and referring those persons to those agencies.