



**Goals and Objectives.** Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

**\*\*KHA "new/upcoming" 5-Year Plan (FY 2010–2014) Goal and Objections:**

**\*Increase Housing Stock:**

**\*\*KHA will continue to identify and address all viable options and resources within its agency capacity to partner with community agencies to expand its housing stock in providing either transitional or long-term affordable housing for special needs population identified as under-served within its community. Barriers that would impede for KHA to not meet its goals and objectives to expand its housing stock would be major items such as but not limited to insufficient funding and viable community partnership constraints.**

**\*\*KHA "current" 5-Year Plan (FY 2005–2009) Goal and Objectives Progress:**

**\*Increase Affordable Housing Stock:**

**\*\*KHA was unable to meet its goal to expand its housing stock to construct 13-16 Section 8 "Project-Based" units for the special needs population of low-income homeless households. In 2009, KHA had temporarily suspended the project due to the current economy and recession and was unable to secure funding for the project. KHA will continue with the Goal by identifying and securing appropriate funding and community partnerships for this project.**

**\*Increase Customer Satisfaction:**

**\*\*KHA continues to meet its Limited English Proficiency (LEP) Requirements and ensures meaningful access to and participation in its housing programs & services it provides.**

**\*\*KHA has established a "Satellite Office" in Richland, WA to meet established Section 8 tenants who live in City of Richland area(s) and general public service needs when KHA expanded its Section 8 Programs operations into the City of Richland jurisdictional areas when KHA accepted Richland Housing Authority's Section 8 Programs under a Voluntary Transfer, effective November 1, 2009.**

**\*Increase Assisted Housing Choices :**

**\*\*Implement Public Housing or other homeownership programs.**

**KHA has implemented a small Section 8 Homeownership Program (3 Homeownership Vouchers) when KHA accepted Richland Housing Authority's Section 8 Programs under a Voluntary Transfer, effective November 1, 2009.**

**\*Improve Community Quality of Life and Economic Vitality:**

**\*\*KHA continues to designate its Public Housing Program Keewaydin Plaza development for resident groups who are elderly and/or disabled and its Mitchell Manor development (Section 8 "Project-Based") for disabled tenants.**

**\*Promote Self-Sufficiency and asset development of assisted households:**

**\*\*KHA continues to administer its Section 8 Family Self-Sufficiency (FSS) Program, with participants successfully graduating from the program with eligible escrow accounts. Program tenants are informed of available community resources through the delivery of on-site workshops and/or by referral basis by KHA.**

**\*Ensure Equal Opportunity in Housing for all Americans:**

**\*\* KHA continues to meet its Limited English Proficiency (LEP) Requirements and ensures meaningful access to and participation in its housing programs.**

**\*\*KHA has enhanced the number of its Public Housing Program units located in its Keewaydin Plaza development (7 story hi-rise building for elderly/disabled) by increasing the number of ADA accessible units from seven (7) to thirteen (13), converting the entire first floor units to all ADA accessible units. Unit conversion was funded under KHA's annual Capital Fund Program (CFP) allocations.**

**\*Other Goals and Objectives:**

**\*\*KHA's Public Housing Program – Sunnyslope Homes development (multi-family). KHA successfully completed the project of individual metering of utilities for the 124 units in this housing development.**

6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:  <b>**None at this Annual/5-Year Plan Submission Time</b></p> <p>(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.  <b>**Agency Plans are available at the main Administration Office of the PHA (Housing Authority)</b></p>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p><b>**KHA anticipates to Section 8 Project-Base 13-16 units for the special needs population of low-income homeless households. Will continue to seek viable property acquisition in eligible low-income Census Tract in the City of Kennewick, Benton County, and funding sources at this time for the anticipated project. By project-basing vouchers it will meet project funding purposes, will sustain viability for the low-income housing project, and will not impact Housing Authority's (KHA) Section 8 Voucher capacity.</b></p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.  <b>**See Attached Forms to KHA's FY 2010 &amp; 5-Year (FY 2010 – 2014) Agency Plans</b></p>
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.  <b>**See Attached HUD-50075.1 Forms to KHA's FY 2010 &amp; 5-Year (FY 2010 – 2014) Agency Plans - (Performance &amp; Evaluation Reports – P&amp;E FY 2009, P&amp;E FY 2008, P&amp;E FY 2007, P&amp;E FY 2006)</b></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.  <b>**See Attached HUD-5007.2 Form Attached to KHA's FY 2010 &amp; 5-Year (FY 2010-2014) Agency Plans</b></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.    <b>N/A</b></p>

**Housing Needs.** Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

**\*\*Out of the total percent (100%) of KHA's waiting lists for its Public Housing Program & Section 8 Programs the following housing needs are identified (data is derived from combining both program waiting lists together):**

**Income:** 90% "households who are "extremely low income"(30% of Areas Median Income Guidelines),  
9% "households who are "low-income (30% but 50% of Areas Median Income Guidelines)  
1% "households who are "low-income (50% but 80% of Areas Median Income

**Household Composition:** 91% With children  
5% Elderly  
4% With Disabilities

**Race/Ethnicity:** 61% White  
33% Hispanic/Latino  
4% Black/African American  
2% Asian

**Needed Bedroom Size Units:**  
1 Bd = 24%  
2 Bd = 50%  
3 Bd = 20%  
5 Bd = 6%  
6 (+) = No Need Identified

9.0

**KHA's operational jurisdictional areas of City of Kennewick and Richland and surrounding areas, including the entire Tri-Cities areas (Cities of Kennewick, Richland & Pasco, Counties of Benton and Franklin) has a steady 1%-2% vacancy rate and resulting in high and increasing rental market rent, making it very difficult for low-income families to obtain affordable units while competing with individuals/households for same units in the rental market.**

**KHA's Public Housing Program – Current Tenant "Average" Annual Household Incomes:**  
Sunnyslope Homes (Multi-Family Development, 1-4 Bd Units) = \$11,500  
Keewaydin Plaza (7-Story Hi-Rise Bld – Elderly/Disabled Development, 1 Bd Units) = \$9,500

**KHA's Section 8 Program(s) – Current Tenant "Average" Annual Household Income:**  
All Section 8 Program Participants (1-4 Bd Units) = \$13,500

**This data clearly demonstrates KHA's current assisted households are extremely-low income and below, many are disabled, elderly and working poor individuals and households.**

**Based on community data and needs (2010-2014 Tri-Cities Consolidated Plan comprised of the Cities of Kennewick, Richland and Pasco, Benton & Franklin Counties and Tri-Cities January 2009 one-day Homeless Point-In-Time Count) "transitional" and "long-term" affordable housing of the special needs population (i.e. homeless individuals/households and who are mentally/chronically mentally ill and who suffer from drug or alcohol addition, veterans, victims of domestic violence, and elderly, etc.) and households with children is greatly needed and identified as under-served and who are individuals/households who are at or below of being extremely-low income.**

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></p> <ol style="list-style-type: none"> <li>1. KHA has submitted a Request for Proposal (RFP) under the City of Kennewick's HUD Neighborhood Stabilization Program (NSP) to be awarded a single family dwelling (house) for its proposed "Homeless &amp; Transitional Supportive Housing Project", an affordable shared living unit providing up to seven (7) beds strictly allocated to "homeless veterans" who have substance abuse problems and/or Post Traumatic Stress Disorder (PTSD) diagnosis. KHA will partner with the local CBVC, Inc (Columbia Basin Veterans Coalition) as the main service provider who will provide the on-site service components to program participants. Currently, there is no set-a-side bed/units for either transitional or long-term affordable housing for this under-served special needs population of homeless veterans in KHA's operational jurisdiction of City of Kennewick, Richland and Benton County.</li> <li>2. KHA anticipates to Section 8 Project-Base 13-16 units for the special needs population of low-income homeless households. Housing Authority is seeking property for acquisition in eligible low-income Census Tract in the City of Kennewick, Benton County, and funding sources at this time for the anticipated project. By project-basing vouchers it will meet project funding purposes, will sustain viability for the low-income housing project, and will not impact Housing Authority's (KHA) Section 8 Voucher capacity.</li> <li>3. KHA has been able to extended its operational jurisdiction for its Section 8 Program into the City of Richland and all of Benton County, doubling its program size from serving 536 (to) 975 Section 8 "Tenant-Based" Voucher households and 6 (to) 144 Section 8 "Project-Based" households within its current fiscal year.</li> <li>4. KHA will continue to identify and address all viable options and resources within its agency capacity to partner with community agencies to expand its housing stock in providing either transitional or long-term affordable housing for the special needs population that is identified within our communities.</li> </ol>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <ol style="list-style-type: none"> <li>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.  <b>**KHA's current 5-Year Plan (FY 2005-2009) Goal was to expand its housing stock to construct 13-16 units Section 8 "Project-Based" units for the special needs population of low-income homeless households. In 2009, KHA had to temporarily suspend the project due to the current economy recession and unable to secure funding for the project. KHA will continue with the Goal by identifying and securing appropriate funding and community partnerships for this project.</b></li> <li>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"  <b>**The HA hereby defines substantial deviation and significant amendment or modification as any change in policy which significantly and substantially alters the Authority's stated mission and the populations the Authority serves. This would include admissions preferences, demolition or disposition activities and conversion programs. Discretionary or administrative amendments consonant with the Authority's stated overall mission and basic objectives will not be considered substantial deviations or significant amendments.</b></li> </ol>
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> <ol style="list-style-type: none"> <li>(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)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(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.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ol>

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.

**Capital Fund Program—Five-Year Action Plan**  
**KHA FY 2010 2014**

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

**Part I: Summary**

PHA Name/Number:  
**HOUSING AUTHORITY CITY OF KENNEWICK**  
**WA012**

Locality (City/County & State)  
 Kennewick, Benton, WA

Original 5-Year Plan  Revision No:

A.	Development Number and Name WA 12-1 Sunnyslope	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	170,000	170,000	170,000	170,000
C.	Management Improvements		25,000	25,000	25,000	25,000
D.	PHA-Wide Non-dwelling Structures and Equipment		10,000	10,000	10,000	10,000
E.	Administration		50,000	50,000	50,000	50,000
F.	Other		20,000	20,000	20,000	20,000
G.	Operations		30,000	30,000	30,000	30,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$ 305,000	\$ 305,000	\$ 305,000	\$ 305,000
L.	Total Non-CFP Funds					
M.	Grand Total					







Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program  
**CFP FY 2010 Grant**

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 City of Kennewick**  
 Grant Type and Number: **Capital Fund Program Grant No: WA19P01250110**  
 Replacement Housing Factor Grant No:  
 Date of CFP:

FFY of Grant: **2010**  
 FFY of Grant Approval:

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

Line	Summary by Development Account	Original	Total Estimated Cost Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	30,000			
3	1408 Management Improvements	25,000			
4	1410 Administration (may not exceed 10% of line 21)	30,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	190,000			
11	1465.1 Dwelling Equipment—Nonependable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	10,000			
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.

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

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

Part I: Summary

PHA Name: <b>Housing Authority                  City of Kennebec</b>	Grant Type and Number Capital Fund Program Grant No: WA19P01250110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: <b>2010</b> FFY of Grant Approval:
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Type of Grant  Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	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)						
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 <i>Shelley Valone</i>		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 CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages		PHA Name: Housing Authority City of Kennebec		Grant Type and Number Capital Fund Program Grant No: WA19P01250110 CFPP (Yes/No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2010		Status of Work	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost				
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
HA Wide	Operations	1406		30,000					
		1408		25,000					
	Management Improvements								
	Administration	1410		30,000					
12-1 Sunnyslope	Siding Project	1460		190,000					
	ADA Compliance	1460		20,000					
12-4 Keewaydin	ADA Compliance	1460		10,000					

<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.





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

CFP FY 2009

Part I: Summary

PHA Name: WA012  
 HOUSING AUTHORITY  
 CITY OF KENNEWICK

Grant Type and Number  
 Capital Fund Program Grant No: WA19P012501-09  
 Replacement Housing Factor Grant No:  
 Date of CFFP:

FFY of Grant: 2009  
 FFY of Grant Approval: 2009

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

Line	Summary by Development Account	Type of Grant		Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
		<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies						
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 1/2010									
<input type="checkbox"/> Revised Annual Statement (Revision No:1)									
<input checked="" type="checkbox"/> Final Performance and Evaluation Report									
1	Total non-CFP Funds								
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			30,000	59,626	28,870	28,870		
3	1408 Management Improvements			25,000	25,000	12,831	12,831		
4	1410 Administration (may not exceed 10% of line 21)			30,000	29,813	13,068	13,068		
5	1411 Audit			5,000	5,000	0	0		
6	1415 Liquidated Damages								
7	1430 Fees and Costs								
8	1440 Site Acquisition								
9	1450 Site Improvement			185,000	0	0	0		
10	1460 Dwelling Structures			0	177,848	99	99		
11	1465.1 Dwelling Equipment—Nonexpendable			10,000	848	848	848		
12	1470 Non-dwelling Structures			0	0	0	0		
13	1475 Non-dwelling Equipment			15,000	0	0	0		
14	1485 Demolition								
15	1492 Moving to Work Demonstration								
16	1495.1 Relocation Costs			0	0	0	0		
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.

FFY 2009

**Part I: Summary**

PHA Name: <b>WA012 HOUSING AUTHORITY CITY OF KENNEBICK</b>	Grant Type and Number Capital Fund Program Grant No: <b>WA19P012501-09</b> Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: <b>2009</b> FFY of Grant Approval:
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Type of Grant  
 Original Annual Statement  
 Performance and Evaluation Report for Period Ending: **1/2010**  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (Revision No: 2)  
 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)	300,000	298,135	55,716	55,716
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
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 <i>[Signature]</i>	Date <b>04-13-2010</b>	Signature of Public Housing Director	Date
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<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 CFFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

**CFP FY 2009**

**Part II: Supporting Pages**

PHA Name: **WA012** Grant Type and Number: Capital Fund Program Grant No: **WA19P012501-09**  
**HOUSING AUTHORITY CITY OF KENNEWICK** CFFP (Yes/No):  
 Replacement Housing Factor Grant No:

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 1. 10% Admin. Salaries TOTAL	1406		30,000	59,626	28,870	28,870	In Progress
HA Wide	Mgmt. Improvements 1. Staff Training - (HUD changes/compliance), Computer/Software & Equipment TOTAL	1408		25,000	25,000	12,830	12,830	In Progress
HA Wide	Administration 1. 10% Admin. Salaries (ED, Finance Officer, Acct. Asst.) TOTAL	1410		29,813	29,813	13,068	13,068	In Progress
	Audit 1. Audit Fees TOTAL	1411		5,000	5,000	0	0	In Progress
WA 12-1 Sunnyslope	Site Improvements 1. Siding 2. Landscaping/Tree Removal	1450	0	173,500	163,331	99	99	In Process
WA 12-4 Keewaydin	1. Common Area Carpet TOTAL			11,500	0	0	0	Revised/Completed
				180,592	177,848	99	99	

**CFPV 2009**

**Part II: Supporting Pages**

PHA Name:  
**WA012**  
**HOUSING AUTHORITY CITY OF KENNEWICK**

Grant Type and Number  
 Capital Fund Program Grant No: WA19P012501-09  
 CFPP (Yes/No): 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>	
W/A 12-1 Sunnyslope	Dwelling Equipment	1465	6	6,500	550	550	550	In Progress
W/A 12-4 Keewaydin	Appliances/Lt Fixtures		4	3,500	298	298	298	In Progress
	Total	1465		10,000	848	848	848	
W/A 12-1 Sunnyslope	Non Dwelling Equipment	1475	1	15,000	0	0	0	Revised/Completed
W/A 12-4 Keewaydin	Total			15,000	0	0	0	
HA Wide	Non-Dwelling Structures	1475	0					
	Total		0					
W/A 12-1 Sunnyslope	Relocation Costs	1475	1	500	0	0	0	Revised/Completed
W/A 12-4 Keewaydin	Total			500	0	0	0	Revised/Completed

<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

CFP FY 2008

Part I: Summary

PHA Name: <b>WA012</b> <b>HOUSING AUTHORITY</b> <b>CITY OF KENNEWICK</b>	Grant Type and Number Capital Fund Program Grant No: <b>WA19P012501-08</b> Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant: <b>2008</b> FFY of Grant Approval: <b>2008</b>
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Line	Type of Grant	Performance and Evaluation Report for Period Ending: 1/2010		Revised Annual Statement (Revision No: 1 )		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>	29,448	48,896	48,896	48,896		
3	1408 Management Improvements	20,000	20,000	20,000	20,000		
4	1410 Administration (may not exceed 10% of line 21)	29,448	29,448	29,448	29,448		
5	1411 Audit	5,000	5,000	5,000	5,000		
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement	180,592	167,102	124,690	124,690		
10	1460 Dwelling Structures	8,000	4,418	4,418	4,418		
11	1465.1 Dwelling Equipment—Nonexpendable	10,000	10,000	10,000	10,000		
12	1470 Non-dwelling Structures	0	0	0	0		
13	1475 Non-dwelling Equipment	12,000	12,000	12,000	12,000		
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs	500	0	0	0		
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.

**Part I: Summary**

PHA Name: <b>WA012 HOUSING AUTHORITY CITY OF KENNEWICK</b>	Grant Type and Number Capital Fund Program Grant No: <b>WA19P012501-08</b> Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant: <b>2008</b> FFY of Grant Approval: <b>2008</b>
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Type of Grant  
 Original Annual Statement  
 **Revised Annual Statement (Revision No: 2)**  
 Reserve for Disasters/Emergencies  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	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)	296,864	296,864	296,864	254,452	
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	20,592	21,330	21,330	0	
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					

Signature of Executive Director: *[Signature]* Date: **04-13-2010**

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 CFPP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

CFP FY 2008

Part II: Supporting Pages

PHA Name: WA012 HOUSING AUTHORITY CITY OF KENNEWICK		Grant Type and Number Capital Fund Program Grant No: WA19P012501-08 CFPP (Yes/No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2008				Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost			
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Operations 1. 10% Admin. Salaries TOTAL	1406		29,448 29,448	48,896 48,896	48,896 48,896	48,896 48,896	Complete Complete
HA Wide	Mgmt. Improvements 1. Staff Training - (HUD changes/compliance), Computer/Software & Equipment TOTAL	1408		20,000 20,000	20,000 20,000	20,000 20,000	20,000 20,000	Complete
HA Wide	Administration 1. 10% Admin. Salaries (ED, Finance Officer, Acct. Asst.) TOTAL	1410		29,448 29,448	29,448 29,448	29,448 29,448	29,448 29,448	Complete
	Audit 1. Audit Fees TOTAL	1411		5,000 5,000	5,000 5,000	5,000 5,000	5,000 0	Complete
WA 12-1 Sunmyslope	Site Improvements 1. Modify Existing Sidewalks - (2) Curb Ramps - ADA compliance 2 Siding 3. Safety Glass TOTAL	1450	1	20,592 57,549 0	21,330 17,500 3,582	0 0 0	0 0 0	In Progress In Progress In Progress
WA 12-4 Keewaydin	1. Carpet Common Areas 2. Paint Common Areas 3. Renovate units TOTAL		1 1 1 4	11,500 5,500 85,451 180,592	0 0 124,690 167,102	0 0 124,690 124,690	0 0 124,690 124,690	Revised/Complete Revised/Complete 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

CFP FY 2008

Part II: Supporting Pages

PHA Name: WA012  
 HOUSING AUTHORITY CITY OF KENNEWICK

Grant Type and Number  
 Capital Fund Program Grant No: WA19P012501-08  
 CFFP (Yes/No): No  
 Replacement Housing Factor Grant No:

Federal FFY of Grant: 2008

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Revised <sup>1</sup>	Total Actual Cost Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	Status of Work
WA 12-1 Sunnyslope	Dwelling Structures 1. Carpet/Vinyl	1460	3	4,000	773	773	773	Complete/Revised
WA 12-4 Keewaydin	1. Carpet/Vinyl Total		3	4,000 8,000	3,645 4,418	3,645 4,418	3,645 4,418	Completed
WA 12-1 Sunnyslope	Dwelling Equip 1. Appliances	1465	7	6,500	6,500	6,500	6,500	Complete
WA 12-4 Keewaydin	1. Appliances Total		5	3,500 10,000	6,500 10,000	3,500 10,000	3,500 10,000	Complete
HA Wide	Non-Dwelling Structures Total	1470	0					
WA 12-1 Sunnyslope	Non-Dwelling Equipmen 1. Maintenance Vehicle	1475	1	10,000	12,000	12,000	12,000	Complete
WA 12-4 Keewaydin	1. Cement Mixer Total		1	2,000 12,000	0 12,000	0 12,000	0 12,000	Complete/Revised

WA 12-4 Kewaydin	Relocation Costs	1495	5	500	0	0			Revised
	Total			500	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.



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

**CFP N 2007**

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: <b>WA012</b> <b>HOUSING AUTHORITY</b> <b>CITY OF KENNEWICK</b>	Grant Type and Number Capital Fund Program Grant No: WA19P012501-07 Replacement Housing Factor Grant No: Date of CFFP:
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Type of Grant  
 Original Annual Statement  
 Performance and Evaluation Report for Period Ending: 1/2010

Reserve for Disasters/Emergencies  
 Revised Annual Statement (Revision No: 3)  
 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>	29,448	29,448	29,448	29,448
3	1408 Management Improvements	19,000	19,500	19,483	19,483
4	1410 Administration (may not exceed 10% of line 21)	29,448	29,448	28,628	28,628
5	1411 Audit	4,000	4,000	4,000	4,000
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	37,992	53,870	12,099	12,099
10	1460 Dwelling Structures	126,100	107,920	92,003	92,003
11	1465.1 Dwelling Equipment—Nonexpendable	16,300	16,300	16,300	16,300
12	1470 Non-dwelling Structures	22,000	0	0	0
13	1475 Non-dwelling Equipment	9,700	9,700	9,700	9,700
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	500	0	0	0
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  
**CFP FY 2007**

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: **WAO12 HOUSING AUTHORITY CITY OF KENNEWICK**  
 Grant Type and Number: **Capital Fund Program Grant No: WA19P012501-07**  
 Replacement Housing Factor Grant No:  
 Date of CFP:

FFY of Grant: **2007**  
 FFY of Grant Approval: **2007**

Type of Grant

Original Annual Statement

Reserve for Disasters/Emergencies

Performance and Evaluation Report for Period Ending: **1/2010**

Revised Annual Statement (Revision No: 3)  
 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)	294,988	270,186	270,186	210,867
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	29,992	15,590	15,590	15,590
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date <b>04-13-2010</b>		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.

Part II: Supporting Pages  
 PHA Name: **WAO12**  
**HOUSING AUTHORITY CITY OF KENNEWICK**  
 Grant Type and Number: Capital Fund Program Grant No: WA19P012501-07  
 CFPP (Yes/No): No  
 Replacement Housing Factor Grant No:

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 1. 10% Admin. Salaries TOTAL	1406		29,448	29,448	29,448	29,448	Complete
HA Wide	Mgmt. Improvements 1. Staff Training - (HUD changes/compliance), Computer/Software & Equipment TOTAL	1408		19,000	19,483	19,483	19,483	Complete
HA Wide	Administration 1. 10% Admin. Salaries (ED, Finance Officer, Acct. Asst.) TOTAL	1410		29,448	29,448	28,628	28,628	In Progress
	Audit 1. Audit Fees TOTAL	1411		4,000	4,000	4,000	4,000	Complete
WA 12-1 Sunnyslope	Site Improvements 1. Modify Existing Sidewalks - (2) Curb Ramps - ADA compliance-Relocate Mailbox & access area 2. Siding 1. Carpet Common Area TOTAL	1450	1	29,992	27,690	27,690	12,099	In Progress
WA 12-4 Keewaydin			1	8,000	26,180	0	0	In Bid Process
	TOTAL			37,992	53,870	27,690	12,099	Revised/Complete

**Part II: Supporting Pages**

**Expires 4/30/2011**

PHA Name: <b>WAO12 HOUSING AUTHORITY CITY OF KENNEWICK</b>		Grant Type and Number Capital Fund Program Grant No: WA19P012501-07 CFPP (Yes/ No): No Replacement Housing Factor Grant No:		Federal FFY of Grant: <b>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		
WA 12-1 Sunnyslope	Dwelling Structures 1. Unit Venting 2. Carpet/Vinyl	1460	5	37,100	18,127	0	In Progress Complete	
			1	3,000	3,000	3,000		
			2	84,000	27,244	27,244		
WA 12-4 Keewaydin	1. Renovate Kitchens/Baths 2. Carpet/Vinyl 3. DOL Wage Determination 1		2	2,000	2,000	2,000	Complete Complete Complete	
			2	84,000	27,244	27,244		
			2	2,000	2,000	2,000		
	Total			126,100	107,920	89,793	89,793	
WA 12-1 Sunnyslope	Dwelling Equip 1. Appliances	1465	8	7,500	7,500	7,500	Complete	
			10	8,800	8,800	8,800		
WA 12-4 Keewaydin	1. Appliances			8,800	8,800	8,800	Complete	
	Total			16,300	16,300	16,300		
HA Wide	Non-Dwelling Structures	1470	0	0	0	0		
			0	0	0	0		
			0	0	0	0		
HA Wide	Non-Dwelling Equipmen 1. Power Washer 2. Maintenance Vehicle	1475	1	9,700	5,761	5,761	Complete Complete Complete	
			1	0	3,939	3,939		
			1	0	3,939	3,939		
	Total			9,700	9,700	9,700		

WA 12-4 Keewaydin	Relocation Cost	1495	5	500	0	0	0	0	0	Revised
	Total			500	0	0	0	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.





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

**CFPY 2006**

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: <b>WA012</b> <b>HOUSING AUTHORITY</b> <b>CITY OF KENNEWICK</b>	Grant Type and Number Capital Fund Program Grant No: <b>WA19P012501-06</b> Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: <b>2006</b> FFY of Grant Approval: <b>2006</b>
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Type of Grant  
 Original Annual Statement  
 Reserve for Disasters/Emergencies

Performance and Evaluation Report for Period Ending: **1/2010**  
 Revised Annual Statement (Revision No: 3)  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	29,448	29,448	29,448	29,448
3	1408 Management Improvements	7,000	7,000	7,000	7,000
4	1410 Administration (may not exceed 10% of line 21)	29,448	29,448	29,448	29,448
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	19,863	19,863	19,863	19,863
10	1460 Dwelling Structures	172,492	172,492	172,492	172,492
11	1465.1 Dwelling Equipment—Nonexpendable	9,000	10,123	9,653	9,653
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	0	22,000	22,000	22,000
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	500	30	30	30
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

**CFPP 2006**

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: **WA012 HOUSING AUTHORITY CITY OF KENNEWICK**  
 Grant Type and Number: **Capital Fund Program Grant No: WA19P012501-06**  
 Replacement Housing Factor Grant No:  
 Date of CFPP:

FFY of Grant: **2006**  
 FFY of Grant Approval: **2006**

Type of Grant

Original Annual Statement  Reserve for Disasters/Emergencies

Performance and Evaluation Report for Period Ending: **1/2010**

Revised Annual Statement (Revision No: 3)  
 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)	267,751	290,404	289,934	289,934
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	29,992	27,690	27,690	0
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
		04-13-2010			
				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 CFPP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

**Part II: Supporting Pages**

PHA Name: **WA012**  
**HOUSING AUTHORITY CITY OF KENNEWICK**

Grant Type and Number  
 Capital Fund Program Grant No: WA19P012501-06  
 CFPP (Yes/No): No  
 Replacement Housing Factor Grant No:

Federal FFY of Grant: **2006**

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 1. 10% Admin. Salaries	1406		29,448	29,448	29,448	29,448	Complete
	TOTAL			29,448	29,448	29,448	29,448	
HA Wide	Mgmt. Improvements 1. Staff Training - (HUD changes/compliance), Computer/Software & Equipment	1408		7,000	7,000	7,000	7,000	Complete
	TOTAL			7,000	7,000	7,000	7,000	
HA Wide	Administration 1. 10% Admin. Salaries (ED, Finance Officer, Acct. Asst.)	1410		29,448	29,448	29,448	29,448	Complete
	TOTAL			29,448	29,448	29,448	29,448	
	Audit 1. Audit Fees	1411		0	0	0	0	
	TOTAL			0	0	0	0	
WA 12-1 Sunnyslope	Site Improvements 1. Modify Existing Sidewalks - (2) Curb Ramps - ADA compliance-Relocate Mailbox & access area 2. Cabinet	1450	1	3,863	3,863	3,863	3,863	Complete
WA 12-4 Keewaydin	1. Carpet Common Area		1	8,000	6,190	6,190	6,190	Complete
	TOTAL			19,863	19,863	19,863	19,863	Complete

~~FFY 2006~~

**Part II: Supporting Pages**

PHA Name: **WA012 HOUSING AUTHORITY CITY OF KENNEWICK**  
 Grant Type and Number: **Capital Fund Program Grant No: WA19P012501-06**  
 CFFP (Yes/No): **No**  
 Replacement Housing Factor Grant No:

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>	
WA 12-1 Sunnyslope	Dwelling Structures 1. Unit Venting 2. Carpet/Vinyl	1460	5	25,000	0	0	0	Revised/Complete Revised/Complete
			1	3,000	0	0		
			2	142,492	172,492	172,492	172,492	
	Total			172,492	178,682	178,682	178,682	Complete Revised/Complete
WA 12-1 Sunnyslope	Dwelling Equip 1. Appliances	1465	8	7,000	7,653	7,653	7,653	Complete
			10	2,000	2,470	2,000	2,000	
			Total	9,000	10,123	9,653	9,653	
WA 12-4 Keewaydin	1. Appliances	1475	0	0	22,000	22,000	22,000	Complete
			0	0	22,000	22,000		
			Total	0	0	44,000	44,000	
HA Wide	Non-Dwelling Structures	1475	0	0	22,000	22,000	22,000	Complete
			0	0	22,000	22,000		
			Total	0	0	44,000	44,000	
HA Wide	Non-Dwelling Equipment	1475	0	0	0	0	0	Complete
			0	0	0	0		
			Total	0	0	0	0	

WA 12-4 Keewaydin	Relocation Costs	1495	5	500	30	30	0	Complete
	Total			500	30	30	30	

<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.



**HOUSING AUTHORITY CITY OF KENNEWICK**  
**(Kennewick Housing Authority – KHA)**  
**(WA012)**

**FY 2010**  
**AGENCY ANNUAL PLAN**  
**&**  
**5-YEAR AGENCY PLAN (FY 2010 – 2014)**

**“RESIDENT ADVISORY BOARD (RAB) COMMENTS”**

**KHA PLAN NARRATIVE**

**1. KHA Resident Advisory Board (RAB)**

KHA acknowledges its Public Housing Program, Section 8 Housing Choice Voucher Program and Section 8 Project-Based Voucher Programs as its collective Resident Advisory Board (RAB).

**2. Resident Advisory Board (RAB) Comments To KHA’s FY 2010 Agency Annual Plan & 5-Year Agency Plan (FY 2010 – 2014)**

KHA held Tenant Meeting(s) for its Public Housing Program and Section 8 tenants on the following dates to review and receive comments from tenants regarding KHA’s FY 2010 Agency Annual Plan & 5-Year Agency Plan (FY 2010 – 2014)

- Keewaydin Plaza Development (Public Housing Program)  
April 5, 2010 / 6:15 PM – 7:15 PM  
Keewaydin Plaza Community Room  
(9 Tenants attended the Meeting)
- Sunnyslope Homes Development (Public Housing Program)  
April 6, 2010 / 6:15 PM – 7:15 PM  
Sunnyslope Homes Community Center  
(4 Tenants attended the Meeting)
- Section 8 Program & Section 8 Project-Based  
(Mitchell Manor Development & Columbia Park Apartments Development)  
1<sup>st</sup> Tenant Meeting  
April 6, 2010 / 6:15 PM – 7:30 PM  
Sunnyslope Homes Community Center  
(4 Tenants attended the Meeting)  
  
2<sup>nd</sup> Tenant Meeting  
April 7, 2010 / 6:15 PM – 7:30 PM  
KHA Richland Satellite Office  
(9 Tenants attended the Meeting)

KHA distributed copies of its FY 2010 Agency Annual Plan & 5-Year Agency Plan (FY 2010 – 2014) at the scheduled tenant meetings and was also available for review at KHA’s main administration office.

KHA did not receive any comments (verbal or written) regarding any elements or challenged elements to its FY 2010 Agency Annual Plan & 5-Year Agency Plan (FY 2010 – 2014) from its Resident Advisory Board (RAB) from either its Public Housing or Section 8 tenants.

**HOUSING AUTHORITY CITY OF KENNEWICK  
(Kennewick Housing Authority – KHA)  
(WA012)**

**FY 2010  
AGENCY ANNUAL PLAN  
&  
5-YEAR AGENCY PLAN (FY 2010 – 2014)**

**“CHALLENGED ELEMENTS”**

**KHA PLAN NARRATIVE**

**1. Challenged Elements To KHA FY 2010 Agency Annual Plan & 5-Year Agency Annual Plan (FY 2010-2014):**

KHA held a Public Hearing Meeting for the general public on March 25, 2010, 3:00 PM in KHA’s Board Room (KHA Administration Office/Community Room) to review and receive public comments on KHA’s FY 2010 Agency Annual Plan and 5-Year Agency Plan (FY 2010-2014). Not attendees were at the meeting.

KHA received its required Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan (HUD-50077-SL Form) from City of Kennewick Manager, certifying KHA’s FY 2010 Agency Annual Plan and 5-Year Agency Plan (FY 2010-2014) is consistent with the City’s Consolidated Plan/Tri-Cities HOME Consortium Plan, pursuant to 24 CFR Part 91.

KHA did not receive comments (verbal or written) regarding any elements or challenged elements to its FY 2010 Agency Annual Plan and 5-Year Agency Plan (FY 2010-2014) from the general public or the City of Kennewick.

**HOUSING AUTHORITY CITY OF KENNEWICK**  
**(Kennewick Housing Authority – KHA)**  
**(WA012)**

**FY 2010**  
**AGENCY ANNUAL PLAN**  
**&**  
**5-YEAR AGENCY PLAN (FY 2010 – 2014)**

**VIOLENCE AGAINST WOMEN AND DEPARTMENT OF JUSTICE REAUTHORIZATION**  
**ACT OF 2005**  
**(VAWA)**

**KHA PLAN NARRATIVE DESCRIPTION**

**1. Activities, Services, or Programs Provided or Offered By An Agency, Directly or In Partnership With Other Service Providers, To Child or Adult Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking:**

KHA has partnered with the local agency of Domestic Violence Services (DVS) of Benton and Franklin Counties where DVS agency will provide confidential services to KHA tenants on a referral and voluntary basis. Confidential Services are delivered directly through DVS agency. Domestic Violence Services (DVS) and local agency Sexual Assault Response Center (SARC) of Benton and Franklin Counties periodically provides on-site presentations to KHA staff and tenants promoting its services (awareness, prevention, education, etc.).

**2. Activities, Services, or Programs Provided or Offered That Helps Child or Adult Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking To Obtain or Maintain Housing:**

KHA's Public Housing Program Admissions & Continued Occupancy Policy (ACOP) and Section 8 Administrative Plan includes a Waiting List Local Preferences for Victims of Domestic Violence Who Are Homeless (PH Program Resolution #979 – 12/27/08, S8 Program Resolution #980 – 12/27/08).

**3. Activities, Services, or Programs Provided or Offered To Prevent Domestic Violence, Dating Violence, Sexual Assault, and Stalking, or To Enhance Victim Safety In Assisted Families.**

Domestic Violence Services (DVS) and local agency Sexual Assault Response Center (SARC) of Benton and Franklin Counties periodically provides on-site presentations to KHA staff and tenants (through tenant meetings) promoting their services (awareness, prevention, education, etc.) along with available DVS & SARC agency literature readily accessible at KHA administration office for its tenants and the general public.

**4. KHA Procedures For Notifying Tenants Their Rights Under VAWA:**

Written notification of Rights under the VAWA Act is issued to applicants, upon initial leasing and tenant household annual recertifications, Section 8 Landlord/Owners and posted at KHA administration office for tenants and general public viewing notification.

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 07/01/2010 hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

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

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

HOUSING AUTHORITY CITY OF KENNEWICK (KHA)  
 PHA Name

WA012  
 PHA Number/HA Code

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

Annual PHA Plan for Fiscal Years 20 10 - 20     

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

Name of Authorized Official	Title
WENDI VENDEN	BOARD COMMISSIONER - CHAIR
Signature	Date
<i>Wendi Venden</i>	APRIL 13, 2010

**SOLUTION #1047**

**APPROVAL OF KHA'S FY 2010 AGENCY ANNUAL PLAN**  
**&**  
**5-YEAR PLAN (FY 2010-2014)**

**WHEREAS:** KHA's FY 2010 Agency Annual Plan & 5-Year Plan (FY 2010-2014) is in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.

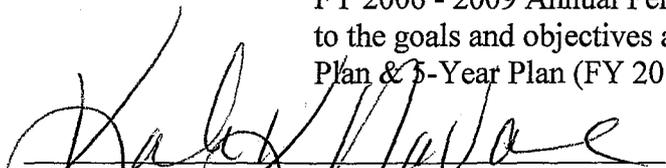
**WHEREAS:** KHA's FY 2010 Agency Annual Plan & 5-Year Plan (FY 2010-2014) is consistent with the City of Kennewick's Consolidated Plan for 2010-2014 and analysis of Impediments to Fair Housing Choices and pursuant to 24 CFR Part 91.

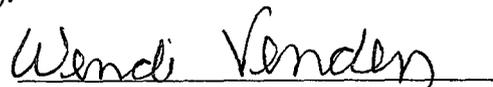
**WHEREAS:** KHA's FY 2010 Agency Annual Plan & 5-Year Plan (FY 2010-2014) includes the Eligibility, Selection, and Admissions Policies from its Public Housing Program Admissions and Continued Occupancy Policy (ACOP), Section 8 Program Administrative Plan, and Capital Fund Program (CFP) FY 2010 Annual Budget, Capital Fund Program (CFP) FY 2009, FY 2008, FY 2007 and FY 2006 Annual Statement Performance & Evaluation (P&E's) Reports.

**WHEREAS:** KHA's FY 2010 Agency Annual Plan & 5-Year Plan (FY 2010-2014) includes Public Housing Program, Section 8 Tenant-Based and Section 8 Project-Based Programs Grievance Procedures.

**WHEREAS:** KHA's FY 2010 Agency Annual Plan & 5-Year Plan (FY 2010-2014) and corresponding policies will be effective July 1, 2010.

**NOW THEREFORE, BE IT RESOLVED,** the Housing Authority City of Kennewick Board of Commissioners has approved Resolution #1047 and will implement KHA's FY 2010 Agency Annual Plan & 5-Year Plan (FY 2010-2014) and Capital Fund Program (CFP) FY 2010 Budget, Capital Fund Program (CFP) FY 2006 - 2009 Annual Performance Evaluation (P&E's) Reports to conform to the goals and objectives as addressed in KHA's FY 2010 Agency Annual Plan & 5-Year Plan (FY 2010-2014).

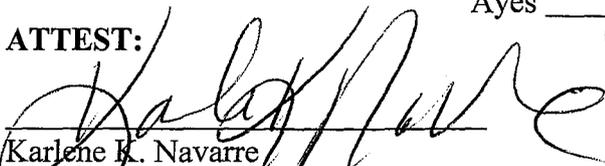
  
Karlene K. Navarre, Secretary/Executive Director

  
Wendi Venden, KHA Board Chair

**CERTIFICATION**

I, Karlene Navarre, do hereby certify that RESOLUTION #1047 was properly introduced, read and adopted on the 13<sup>th</sup> day of April 2010 by the following vote:

Ayes 4 NO 0

**ATTEST:**  
  
Karlene K. Navarre  
Secretary/Executive Director

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

HOUSING AUTHORITY CITY OF KENNEWICK

Program/Activity Receiving Federal Grant Funding

CAPITAL FUND PROGRAM (CFP)

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.)

SUNNYSLOPE HOMES (12-1)  
1915 W. 4TH PLACE  
KENNEWICK, WA 99336  
BENTON COUNTY

KEEWAYDIN PLAZA (12-4)  
6 W. 6TH AVENUE  
KENNEWICK, WA 99336  
BENTON COUNTY

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.

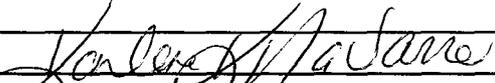
**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official KARLENE K. NAVARRE	Title EXECUTIVE DIRECTOR
Signature 	Date 04/13/2010

# DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB  
0348-0046

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

<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. 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 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> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<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></u> Print Name: <u>KARLENE K. NAVARRE</u> Title: <u>EXECUTIVE DIRECTOR</u> Telephone No.: <u>(509) 586-8576 EXT. 103</u> Date: <u>04-13-2010</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

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

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Approved by OMB  
0348-0046

Reporting Entity: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

NONE

# 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 CITY OF KENNEWICK

Program/Activity Receiving Federal Grant Funding

CAPITAL FUND PROGRAM (CFP)

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

KARLENE K. NAVARRE

Title

EXECUTIVE DIRECTOR

Signature



Date (mm/dd/yyyy)

04/13/2010

**Civil Rights Certification**

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

**Civil Rights Certification**

Board Resolution #1047

**Annual Certification and Board Resolution**

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

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

HOUSING AUTHORITY CITY OF KENNEWICK

WA012

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 PHA Name

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 PHA Number/HA Code

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

Name of Authorized Official

WENDI VENDEN

Title

BOARD COMMISSIONER - CHAIR

Signature

Wendi L. Venden

Date

APRIL 13, 2010

**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, Robert Hammond & Cynthia Johnson the City Manager Kennewick & City Manager Richland certify that the Five Year and Annual PHA Plan of the Housing Authority City of Kennewick is consistent with the Consolidated Plan of the Tri-Cities HOME Consortium prepared pursuant to 24 CFR Part 91.

*Robert R Hammond*  
CITY MANAGER

04-12-2010

*Cynthia Johnson*  
assistant city manager

4-12-2010

Signed / Dated by Appropriate State or Local Official