

1.0	PHA Information PHA Name: <u>Housing Authority of Sunnyside, Washington</u> PHA Code: <u>WA035</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2010</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>140</u> Number of HCV units: <u>0</u>																										
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input checked="" type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:35%;">Participating PHAs</th> <th rowspan="2" style="width:10%;">PHA Code</th> <th rowspan="2" style="width:20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width:20%;">Programs Not in the Consortia</th> <th colspan="2" style="width:15%;">No. of Units in Each Program</th> </tr> <tr> <th style="width:5%;">PH</th> <th style="width:10%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: It is the mission of the Housing Authority of Sunnyside, Washington to assure that the people of the community are sheltered. Sunnyside Housing Authority has a special responsibility to those who experience barriers to housing because of income, disability, or special need. To that end, Sunnyside Housing Authority will continue to apply funds toward capital improvements intended to update and improve the quality of its housing sites and stock, including enhancements for the conservation of energy and water consumption.																										
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. The goals of the Sunnyside Housing Authority are: 1) to increase the opportunities for tenant identification of capital and management needs, through an annual survey of tenant households; 2) to promote energy conservation through physical enhancements to its residential units, resulting in reduced utility consumption; 3) to improve the quality of the living environment in tenant communities through the installation of surveillance systems on all sites. (Please see attached Progress Report.)																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.																										
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.																										
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.																										
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.																										
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.																										
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.																										

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

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: Housing Authority of Sunnyside, Washington	Grant Type and Number Capital Fund Program Grant No: WA19P03550110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval: 2010
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds							
2	1406 Operations (may not exceed 20% of line 21) ³		15,000					
3	1408 Management Improvements							
4	1410 Administration (may not exceed 10% of line 21)		20,200					
5	1411 Audit							
6	1415 Liquidated Damages							
7	1430 Fees and Costs							
8	1440 Site Acquisition							
9	1450 Site Improvement		138,800					
10	1460 Dwelling Structures		11,500					
11	1465.1 Dwelling Equipment—Nonexpendable							
12	1470 Non-dwelling Structures							
13	1475 Non-dwelling Equipment		16,500					
14	1485 Demolition							
15	1492 Moving to Work Demonstration							
16	1495.1 Relocation Costs							
17	1499 Development Activities ⁴							

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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PHA Name: Housing Authority of Sunnyside Washington	Grant Type and Number Capital Fund Program Grant No: WA19P03550110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2010	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	202,000			
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	128,800			
25	Amount of line 20 Related to Energy Conservation Measures	16,500			
Signature of Executive Director		Date	Signature of Public Housing Director		Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary

PHA Name/Number	Housing Authority of	Locality (City/County & State)					<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
		Sunnyside Washington, WA035	Sunnyside, Yakima County, Washington	Work Statement for Year 4	Work Statement for Year 5			
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014		
B.	Physical Improvements Subtotal	Annual Statement	189,850	171,550	186,400	476,600		
C.	Management Improvements							
D.	PHA-Wide Non-dwelling Structures and Equipment							
E.	Administration		20,200	20,200	20,200	47,660		
F.	Other							
G.	Operations			15,000	8,000			
H.	Demolition							
I.	Development							
J.	Capital Fund Financing – Debt Service							
K.	Total CFP Funds		210,050	206,750	214,600	524,260		
L.	Total Non-CFP Funds							
M.	Grand Total	202,000	210,050	206,750	214,600	524,260		

**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 ~~2010~~ 5-Year and/or ~~Annual~~ Annual PHA Plan for the PHA fiscal year beginning 1/1/2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

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

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

Housing Authority of Sunnyside, Washington
PHA Name

WA035
PHA Number/HA Code

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

Annual PHA Plan for Fiscal Years 20 10 - 20 10

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

Name of Authorized Official	Title
<u>KEITH SATTLER</u>	<u>Chairperson</u>
Signature	Date
<u>[Signature]</u>	<u>10/2/09</u>

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of Sunnyside, Washington

Program/Activity Receiving Federal Grant Funding

HUD Capital Fund Program

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

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

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

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

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

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

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

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

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

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

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

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

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the 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.)

- 1500 Federal Way, Sunnyside, Yakima County, Washington 98944
- 1302 South 9th Street, Sunnyside, Yakima County, Washington 98944
- 1311 South 11th Street, Sunnyside, Yakima County, Washington 98944
- 1500 South 6th Street, Sunnyside, Yakima County, Washington 98944
- 1520 South 6th Street, Sunnyside, Yakima County, Washington 98944
- 510 Reeves Way, Sunnyside, Yakima County, Washington 98944
- 427 Cemetery Road, Sunnyside, Yakima County, Washington 98944

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 Ketha Kimbrough	Title Executive Director
Signature X 	Date October 7, 2009

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of Sunnyside, Washington

Program/Activity Receiving Federal Grant Funding

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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.;

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510 Reeves Way, Sunnyside, Yakima County, Washington 98944
427 Cemetery Road, Sunnyside, Yakima County, Washington 98944

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

Ketha Kimbrough

Title

Executive Director

Signature

X 

Date

October 7, 2009

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of Sunnyside, Washington

Program/Activity Receiving Federal Grant Funding

HUD Capital Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

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(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

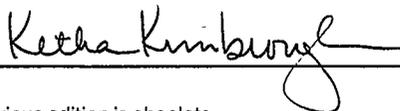
Name of Authorized Official

Ketha Kimbrough

Title

Executive Director

Signature



Date (mm/dd/yyyy)

10/07/2009

**Certification of Payments
to Influence Federal Transactions**

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

Applicant Name

Housing Authority of Sunnyside, Washington

Program/Activity Receiving Federal Grant Funding

HUD Capital Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

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

Name of Authorized Official

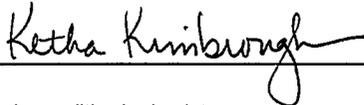
Ketha Kimbrough

Title

Executive Director

Signature

Date (mm/dd/yyyy)



10/07/2009

Civil Rights Certification

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

Civil Rights Certification

Annual Certification and Board Resolution

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

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

Housing Authority of Sunnyside, Washington

WA035

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)			
Name of Authorized Official	Keith Sattler	Title	Chairperson
Signature		Date	10/8/09

Progress Report On The Goals and Objectives
Of The Streamlined 5-Year Plan For Fiscal Years 2005—2009

Goal: Improve the quality of assisted housing.

Objective: Improve public housing management: (PHAS score) Increase score to 94.

The Sunnyside Housing Authority has not managed a score of 94 on its PHAS score. The most recently released PHAS Score from 2006 resulted in a score of 89. The assessment areas for occupancy loss and unit turnaround continue to challenge the Housing Authority to identify feasible solutions.

Objective: Increase customer satisfaction: Annually inform residents of planned improvements to units.

The Housing Authority has utilized a variety of mailings to annually inform tenants of planned improvements to their apartments.

Objective: Concentrate on efforts to improve specific management functions: waiting list management and admissions through revised policies and procedures.

The Sunnyside Housing Authority implemented its revised Tenant Selection and Assignment Plan effective January 1, 2005. The Housing Authority further modified its Admissions and Continued Occupancy Policies in 2007 to clearly establish VAWA-related considerations and methods to be used by occupancy staff in the screening of applicants for tenant suitability, the consideration of circumstances in acting to terminate a tenant's lease, and the notification to applicants and tenants of the protections they enjoy under the Violence Against Women Reauthorization Act of 2005.

Goal: Provide an improved living environment.

Objective: Implement public housing security improvements: Security cameras for parking areas.

The Sunnyside Housing Authority established its first surveillance system for three parking areas located at Paradise Court. The installation of surveillance cameras at the site's remaining parking areas is under contract and scheduled for completion prior to December 31, 2009.

Goal: Ensure equal opportunity and affirmatively further fair housing.

Objective: Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability: Continue to operate Paradise Court units for elderly people and people with disabilities.

The Sunnyside Housing Authority continues to operate 80 units known as Paradise Court for people who are 62 and older, and/or disabled.

RESIDENT ADVISORY BOARD COMMENTS RECEIVED AND ADDRESSED

Resident Advisory Board members were consulted during the Plan's development and prior to the Public Hearing. There were no comments made by the Resident Advisory Board in opposition to the PHA 5-Year and Annual Plan as approved by the Sunnyside Housing Authority's Board of Commissioners on October 7, 2009.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Housing Authority of Sunnyside, Washington

Grant Type and Number
 Capital Fund Program Grant No: WA19PP035501 04
 Replacement Housing Factor Grant No:

Federal FY
 of Grant:
 2004

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 4) 8/27/2008
 Performance and Evaluation Report for Period Ending: 6/30/2009 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	0.00	3,880.30	3,880.30	3,880.30
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	44,320	40,439.70	40,439.70	40,439.70
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	2,280	2,280.00	2,280.00	2,280.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	0	0.00		
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	212,336	212,336.00	212,336.00	212,336.00
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	258,936	258,936.00	258,936.00	258,936.00
22	Amount of line 21 Related to LBP Activities	0	0		
23	Amount of line 21 Related to Section 504 compliance	0	0		
24	Amount of line 21 Related to Security – Soft Costs	0	0		
25	Amount of Line 21 Related to Security – Hard Costs	2,280	2,280.00	2,280.00	2,280.00
26	Amount of line 21 Related to Energy Conservation Measures	0	0		

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Housing Authority of Sunnyside, Washington

Grant Type and Number
 Capital Fund Program Grant No: WA19P035501 05
 Replacement Housing Factor Grant No:

Federal FY
 of Grant:
 2005

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending: 6/30/2009 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	21,840	21,840	431.93	431.93
10	1460 Dwelling Structures	102,700	2,000	2,000	2,000
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	79,627	0		
13	1475 Nondwelling Equipment	13,075	0		
14	1485 Demolition				
15	1490 Replacement Reserve	0	193,402	193,402	92,702.00
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant:(sum of lines 2 – 20)	217,242	217,242	195,833.93	95,133.93
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	21,840	21,840	431.93	431.93
26	Amount of line 21 Related to Energy Conservation Measures	0			

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages**

PHA Name: Housing Authority of Sunnyside, Washington		Grant Type and Number Capital Fund Program Grant No: WA19PP035501 05 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005				Status of Work
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Funds Obligated	Funds Expended		
WA035001	Update residential wiring	1460	40	51,600	0				
	Replace remaining front door locks	1460	4	2,000	2,000	2,000	2,000.00		
	Complete maintenance shop expansion, update	1470	1	65,149	0				
	Replace Community Bldg floor covering, window treatments	1470	1	14,478	0				
	Replace Community Bldg furnishings	1475	1	13,075	0				
	Transfer BLI 1470 & 1475 to 1490 to use w/funds from CFP '04 & '06	1490		0	144,302	144,302	92,702.00		
WA035001 Total				146,302	146,302	146,302	94,702.00		
WA035002	Replace electrical outlets, switches and bathroom fans	1460	60	35,600	0				
	Improve ventilation to prevent mold	1460	60	13,500	0				
	Replacement Reserves	1490		0	49,100	49,100	0		
WA035002 Total				49,100	49,100	49,100	0		
HA-Wide	Install Surveillance System	1450	4	21,840	21,840	431.93	431.93		
				217,242	217,242	195,833.93	95,133.93		

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Housing Authority of Sunnyside, Washington

Grant Type and Number
 Capital Fund Program Grant No: WA 19P035501 06
 Replacement Housing Factor Grant No:

Federal FY
 of Grant:
 2006

Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 5) 02/18/2009
 Performance and Evaluation Report for Period Ending: 6/30/2009 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		4,021	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	46,521	42,500	39,788.06	30,415.87
11	1465.1 Dwelling Equipment—Nonexpendable	0	0		
12	1470 Nondwelling Structures	0	0		
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	156,838	156,838	156,838.00	112,511.57
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 -- 20)	203,359	203,359	196,626.06	142,927.44
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
 Part II: Supporting Pages**

PHA Name: Housing Authority of Sunnyside, Washington		Grant Type and Number Capital Fund Program Grant No: WA 19P035501 06 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised	Funds Obligated	Funds Expended	
WAA035604 WAA035000101	A&E services for electrical CFP improvements Add Covered BBQ area	1430 1470	80 1	0 0	4,021 0	0 0	0 0	
	Transfer BLI 1470 to 1490 for use w/CFP '04 & '05 funds	1490		117,283	117,283	117,283.00	112,511.57	
Subtotal				447,283	449,293	447,283	0	
WAA035602	Replace 6 site Replace screenwalls	1450 1450	6 20- 60	12,500 30,000	12,084.13 30,415.87	9,372.19 30,415.87	0 30,415.87	
Subtotal				38,945	42,500	722.28	722.28	
WAA035603	Update unit wiring, TV hookups Sealcoat & stripe parking lots	1460 1450	40	39,555 4,021	0 0	0 0	0 0	
	Architect & engineering Fee Electrical	1430		0	2,044	0	0	
	Transfer BLI 1460 to 1490 to be used w/ CFP '05 and '07	1490		0	39,555	39,555.00	0	
Subtotal				44,295	44,566	39,555	0	
Total				203,359	203,359	196,626.06	142,927.44	

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		FFY of Grant: 2007	
PHA Name: Housing Authority of Sunnyside, Washington		FFY of Grant Approval: 2007	
Grant Type and Number Capital Fund Program Grant No: WA19P03550107 Replacement Housing Factor Grant No: Date of CFPF:			

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Revised Annual Statement (revision no:1 6/17/2009)		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³		0	5,166	0	0
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)			20,250	0	0
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement		3,280	24,405	3,280	0
10	1460 Dwelling Structures		178,621	112,080	0	0
11	1465.1 Dwelling Equipment—Nonexpendable		21,280	41,280		
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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

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

Part I: Summary		FFY of Grant: 2007	
PHA Name: Housing Authority of Sunnyside Washington	Grant Type and Number Capital Fund Program Grant No: WA19P03550107 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant Approval: 2007	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	203,181	203,181	3,280	0
21	Amount of line 20 Related to LBP Activities	0	0		
22	Amount of line 20 Related to Section 504 Activities	0	0		
23	Amount of line 20 Related to Security - Soft Costs	0	0		
24	Amount of line 20 Related to Security - Hard Costs	0	19,700		
25	Amount of line 20 Related to Energy Conservation Measures	74,240	94,240		
Signature of Executive Director <i>Ketha Kimbrough</i>		Date 10/07/2009	Signature of Public Housing Director		Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFPP Grants for operations.
⁴ RHF funds shall be included here.

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

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

Part I: Summary

PHA Name: Housing Authority of Sunnyside, Washington	Grant Type and Number Capital Fund Program Grant No: WA19P03550108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval: 2008
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		Revised Annual Statement (revision no:) <input type="checkbox"/> Revised Annual Statement and Evaluation Report				
		Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds							
2	1406 Operations (may not exceed 20% of line 21) ³							
3	1408 Management Improvements							
4	1410 Administration (may not exceed 10% of line 21)							
5	1411 Audit							
6	1415 Liquidated Damages							
7	1430 Fees and Costs							
8	1440 Site Acquisition							
9	1450 Site Improvement							
10	1460 Dwelling Structures			204,931				0
11	1465.1 Dwelling Equipment—Nonexpendable							
12	1470 Non-dwelling Structures							
13	1475 Non-dwelling Equipment							
14	1485 Demolition							
15	1492 Moving to Work Demonstration							
16	1495.1 Relocation Costs							
17	1499 Development Activities ⁴							

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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

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

Part I: Summary		FFY of Grant: 2008	
PHA Name: Housing Authority of Sunnyside, Washington	Grant Type and Number Capital Fund Program Grant No: WA19P03550108 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant Approval: 2008	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	204,931		0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures		50,000		
Signature of Executive Director <i>Ketta Kimbrough</i>		Date 10/07/2009	Signature of Public Housing Director		Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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		FFY of Grant: 2009	
PHA Name: Housing Authority of Sunnyside Washington		FFY of Grant Approval: 2009	
Grant Type and Number Capital Fund Program Grant No: WA19S03550109		Date of CFFP:	
Replacement Housing Factor Grant No:			

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)			7,882		0
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement			24,240		0
10	1460 Dwelling Structures			227,280		0
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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

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

Part I: Summary		FFY of Grant: 2009	
PHA Name: Housing Authority of Sunnyside Washington	Grant Type and Number Capital Fund Program Grant No: WA19S03550109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2009	

Line	Type of Grant	Performance and Evaluation Report for Period Ending: 6/30/2009	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)		259,402	0	0	0
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures		142,280	0	0	0
Signature of Executive Director		<i>Ketta Kingburg</i>	Date 10/07/2009	Signature of Public Housing Director		Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.
⁴ RHF funds shall be included here.

