

PHA 5-Year and Annual Plan

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

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

1.0 PHA Information
 PHA Name: NOGALES HOUSING AUTHORITY PHA Code: AZ023
 PHA Type: Small High Performing Standard HCV (Section 8)
 PHA Fiscal Year Beginning: (MM/YYYY): 04/01/2011

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)
 Number of PH units: 227 Number of HCV units: 192

3.0 Submission Type
 5-Year and Annual Plan Annual Plan Only 5-Year Plan Only

4.0 PHA Consortia PHA Consortia: (Check box if submitting a joint Plan and complete table below.)

Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.

5.1 Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:
The Nogales Housing Authority's mission is to provide safe, decent and sanitary housing conditions for very low income families and to manage resources efficiently. The NHA is to promote personal, economic and social upward mobility to provide families the opportunity to make the transition from subsidized to non-subsidized housing.

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 Nogales Housing Authority's quantifiable goals and objectives is to continue to promote fair housing and the opportunity for very low income families of all ethnic backgrounds to experience freedom of housing choice. To provide a housing program which maintains quality service and integrity while providing an incentive to private property owners to rent to very low income families. In conventional programs to achieve a healthy mix of incomes by attracting and retaining higher income families and by working towards de-concentration of poverty goals. Encourage self sufficiency of participant families and assist in the expansion of family opportunities which address educational, socio-economic, recreational and other human services needs. Attain and maintain overall a high level of standards and professionalism in day to day management of all program components.
In the past years the Nogales Housing Authority has utilized Capital Funding Programs to reduce vacancies by improving and modernizing public housing units. In the Voucher program the NHA has improved management by remaining High Performing and continuing to improve. The NHA continues to partner with other local agencies that provide tenants with higher educational opportunities like GED classes, English classes, Health and Nutrition classes, after school activities (Computer Lab) and assisting 4H club kids with educational programs. The NHA continues to encourage tenants and applicants of public housing to participate in Family Self Sufficiency program and in the Section 3 programs available through the U.S. Department of Housing And Urban Development Act of 1968.
Goals and Objectives for VAWA are listed in the Admin Plan which is attached.

6.0	<p>PHA Plan Update:</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: The Nogales Housing Authority has identified the PHA Elements and has developed and implemented internal procedures based on NHA policies in its Agency Plans, Admissions and Continued Occupancy Plan (ACOP) and Administrative Plan including VAWA which have been submitted to the local HUD office as supplement to the PHA Plan. NHA has adopted the most current Fair Market Rents and Payment Standards for Calendar Year 2011. Waiting List Preferences remain the same as previous submission. The PHA's independent audit has been performed, findings have been corrected and reviewed by HUD Field Office audit is closed. (HUD Letter included as an attachment to the PHA Plan) A statement of financial resources is included as an attachment to the PHA Plan.</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. The Annual Plan with attachments are available at the office of the Nogales Housing Authority 951 N. Kitchen Street Nogales, Arizona 85621.</p>
7.0	<p>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></p> <p>The Nogales Housing Authority has a Family Self Sufficiency program that encourages tenants and applicants to participate in homeownership.</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>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.</p>
8.2	<p>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.</p>
8.3	<p>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.</p>
9.0	<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.</p> <p>The Nogales Housing Authority serves 227 Public Housing families and 192 HCV Section 8 families, the housing needs are very high. Santa Cruz County is the second highest unemployed county in Arizona and the residents of this community struggle daily to survive, especially in the times of economic crisis. There are more than enough housing units available but the lack of affordable assistance is very low. The need for elderly and families with disabilities housing is still a high priority in our community. By continuing to implement the point system in our waiting lists, the NHA intends to maximize and extend practicable, to address these needs.</p>
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> <p>The Nogales Housing Authority will continue to address the housing needs in every aspect. The NHA has in place a Waiting List Point System policy which enables the housing authority to select applicants from the Waiting List by screening them by point preferences and selecting the most eligible applicants in accordance with the policy.</p>

Additional Information. Describe the following, as well as any additional information HUD has requested.

- (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.

10.0

The Nogales Housing Authority has already implemented various safety measures through capital funds to ensure that the residents are provided a safe environment. Various Public Housing sites are now well illuminated and security cameras have been installed in almost all of our public housing sites to protect the properties of the residents and the housing authority. Sanitary issues are constantly addressed by the NHA administration to improve the appearance of the buildings and sites have improved tremendously to accommodate our residents with a decent environment. Common areas have greatly improved all parking areas have been enhanced. The NHA continues to target low to very low income families for assisted housing. The PHA has partnered with other agencies in order to address the increasing needs of the unique Enterprise Community by assisting residents into homeownership programs and taking families out of substandard housing. The PHA has also improved the living conditions by modernizing public housing units, reduced vacancies and improved housing management.

- (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

The NHA's significant amendment plan is to build more low income and elderly units and to acquire leverage funds through other sources that will assist the NHA in making the plan a reality. The NHA does not foresee a change, unless there is lack of funding, lack of resources for funding and the lack of support from local government. This 3 elements will require the NHA to substantially modify its Five (5) year plan.

11.0

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.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights)
- (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. 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.

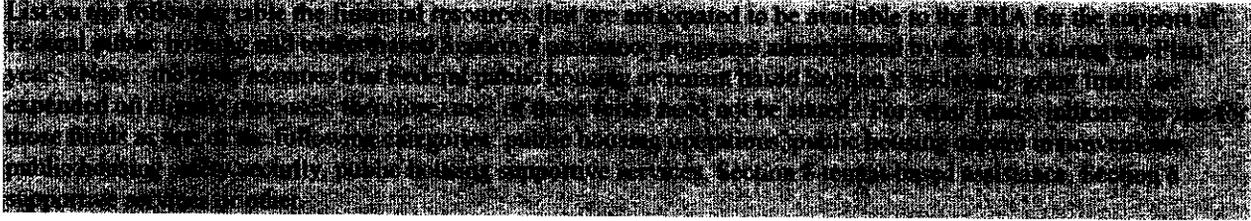
"NO COMMENTS FROM THE RESIDENT ADVISORY BOARD".

- (g) Challenged Elements
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only)
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

The Nogales Housing Authority continues to comply with all "VAWA" requirements. (Policy attached to Plan)

Statement of Financial Resources

[24 CFR Part 903.12 (b), 903.7 (c)]



Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2011 grants)		
a) Public Housing Operating Fund	642,049.	
b) Public Housing Capital Fund	1,081,798.	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	862,301.	
f) Resident Opportunity and Self-Sufficiency Grants		
g) Community Development Block Grant		
h) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)	442,758.	
3. Public Housing Dwelling Rental Income	524,380.	
4. Other income (list below)	1,560.	
4. Non-federal sources (list below)		
Total resources	3,554,846.	



OFFICE OF PUBLIC HOUSING

U.S. Department of Housing and Urban Development

Phoenix Field Office
One North Central, Suite 600
Phoenix, Arizona 85004-4414
www.hud.gov/arizona.html

January 12, 2011

Hector Bojorquez, Executive Director
Nogales Housing Authority
P.O. Box 777
Nogales, AZ 85628

Subject: Nogales Housing Authority – AZ023
Audit Review for Fiscal Year Ending March 31, 2010

Dear Mr. Bojorquez:

We are in receipt of your response and supporting documentation submitted in a letter dated January 7, 2011. The information provided is sufficient to close the FY2010 Single Audit including the finding identified below.

Finding 10–01, Internal Control and Cash Management, Public Housing CFDA #14.850a

Should you have any questions concerning this matter, please contact Pete Koziol, Financial Analyst, via email at pete.e.koziol@hud.gov or phone at (602) 379-7151.

Sincerely,


Barbara A. Gallegos
Program Center Coordinator

NOGALES HSG AUTH
Portfolio

[Menu](#) [Auth](#)
[Log Off](#) [Bottom](#)

[Menu](#) [Program Area](#) [Portfolio](#)

All Grants **CFP**

Program Area	Grant No.	Authorized	Disbursed	Payments in Process	Available Balance
<input type="checkbox"/> Show Zero Balance Grants					
Capital Fund Program					
CFP	AZ20P023501-07	365,398.00	307,235.73	0.00	58,162.27
CFP	AZ20P023501-08	361,459.00	59,113.33	0.00	302,345.67
CFP	AZ20P023501-09	384,508.00	49,524.10	0.00	334,983.90
CFP	AZ20P023501-10	386,306.00	0.00	0.00	386,306.00
CFP Subtotal:		\$1,497,671.00	\$415,873.16	\$0.00	\$1,081,797.84
Operating Fund					
OFND	AZ023-00000108D	591,702.00	589,313.00	0.00	2,389.00
OFND	AZ023-00000111D	144,031.00	52,185.00	0.00	91,846.00
OFND Subtotal:		\$735,733.00	\$641,498.00	\$0.00	\$94,235.00
Portfolio Totals: Grants: 6		\$2,233,404.00	\$1,057,371.16	\$0.00	\$1,176,032.84



[Privacy Statement](#)

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

The Nogales Housing Authority has implemented a preference in the waiting list Policy for victims of Domestic Violence.

The Nogales Housing Authority works in partnership with the Domestic Violence Center, Family Guidance Center and the Police Department to verify and sometimes refer clients to the appropriate services. All records are reviewed closely to verify that the applicant is following protocol before we apply the preference.

The Nogales Housing Authority has adopted in the ACOP and ADMIN PLAN policies of Notification Regarding Applicable Provisions of the Violence Against Women Reauthorization Act of 2005 (VAWA).

NHA Policy

The Nogales Housing Authority will provide all participants with notification of their protections and rights under VAWA at the time of admission and at annual reexamination. The notice will explain the protections afforded under the law, inform the participant of NHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The NHA will also include in all assistance termination notices a statement explaining assistance termination protection provided by VAWA.

Also will include all notices of denial in a statement explaining the protection against denial provided by VAWA.

The Nogales Housing Authority will post the following information regarding VAWA in its official and on its Web site. It will also make the information readily available to anyone who request it.

A summary of the rights and protection provided by VAWA to public housing and housing choice voucher program applicants and participants who are or have been victims of domestic violence, dating violence, or stalking.

The definitions of domestic violence, dating violence and stalking provided in VAWA.

A copy of form HUD-50066, Certification of Domestic Violence, Dating Violence or Stalking.

A statement of the Nogales Housing Authority's obligation to keep confidential any information that it receives from a victim unless (a) the NHA has the victim's written permission to release the information, (b) it needs to use the information in an eviction proceeding, or (c) it is compelled by law to release the information included in Exhibits 16-1 and 16-2) of the ACOP and ADMIN Plan.

**PHA Certifications of Compliance
with PHA Plans and Related
Regulations**

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

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ___ 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 2011, 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.

Nogales Housing Authority
PHA Name

AZ023
PHA Number/HA Code

 5-Year PHA Plan for Fiscal Years 20 - 20

Annual PHA Plan for Fiscal Years 2011 - 2012

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 <u>Arturo Garino</u>	Title <u>MAYOR "CHAIRMAN"</u>
Signature <u>[Handwritten Signature]</u>	Date <u>1/5/2011</u>

RESOLUTION NO. 2011-01-01

A RESOLUTION OF THE BOARD OF COMMISSIONERS OF THE HOUSING AUTHORITY OF THE CITY OF NOGALES APPROVING AND ADOPTING THE ANNUAL PLAN FOR FISCAL YEAR 2011.

WHEREAS. The U.S. Department of Housing and Urban Development (HUD) requires that Public Housing Authorities adopt and submit a PHA Annual Plan and;

WHEREAS, the PHA Annual Plan is necessary for the efficient administration of the Housing Authority and to be in compliance with all PHA Plans and related regulations;

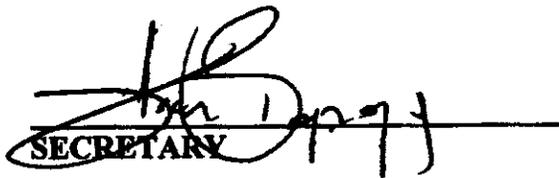
NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF THE HOUSING AUTHORITY OF THE CITY OF NOGALES: That the PHA Annual Plan and Certifications of Compliance attached hereto are hereby approved and adopted as presented.

PASSED AND ADOPTED this 5th day of January 2011.

APPROVED this 5th day of January 2011.


CHAIRMAN

ATTEST:


SECRETARY

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

NOGALES HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

PUBLIC HOUSING (LOW RENT)

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.)

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

Hector Bojorquez

Title

Executive Director

Signature

X

Date

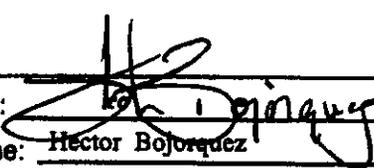
12/09/2010

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input 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	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c	5. If Reporting Entity In No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: <u>Hector Bojorquez</u> Title: <u>Executive Director</u> Telephone No.: <u>(520) 287-4183</u> Date: <u>12-09-2010</u>	
Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		

Certification of Payments to Influence Federal Transactions

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

Applicant Name

NOGALES HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

PUBLIC HOUSING (LOW RENT)

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

Hector Bojorquez

Title

Executive Director

Signature



Date (mm/dd/yyyy)

12/09/2010

Nogales Housing Authority
951 N. Kitchen Street
Nogales, AZ 85621

Low Rent Public Housing Operating Budget				AMP Project Number: AZ023000001			
Asset Management <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				ACC Units: 227	Dwelling Units: 226		
April 1, 2010 through March 31, 2011				Eligible Units: 226	Eligible Unit Months: 2712		
ACC: SF275				Built Date: 1966 1978 1996 1999			
Number of Projects: [1] Number of AMPs: [1]				Last Renovation: 2002			
DUNS: 039690420				Occupancy Type: Mixed			
PHA Code: AZ023				Estimated Occupancy Rate:		98%	
Type of Submission Below				Average Bed Room Size:			
<input checked="" type="checkbox"/> Original				Building Type: One and Two Story			
<input type="checkbox"/> Revision Revision No. []				Anticipated Number of Turnovers:			
				Project Expense Level: 300.77		CY2009	
				Utility Expense Level: 77.65		CY2009	
HUD Field Office Phoenix, AZ				Average Units Occupied 221			
Nogales Housing Authority						Eligible Units	Eligible Unit Months
Authority has a total of 227 units. 1 unit is used as a daycare.						226	2712
						2011	2011
FDS Line Numbers	Acc't No.	Account Description	Total PUM	Total PH & CFP Grants Dollars	PH Budget PUM	PH Budget Dollars	CFP Budget Dollars
		Tenant Revenues	AZ023000001	AZ023000001	AZ023000001	AZ023000001	
11220		Gross Potential Rental Revenue	204.21	553,812	204.21	553,812	
11230		Rental Revenue Loss Due to Vacancy	(4.52)	(12,252)	(4.52)	(12,252)	
70300	3110	Net Tenant Rental Revenue	199.69	541,560	199.69	541,560	
70400	3120	Excess Utilities	0.00	0	0.00	0	
70400	3690	Tenant Revenue - Other	2.88	7,800	2.88	7,800	
70500		Total Tenant Revenue	202.67	549,360	202.67	549,360	
		Operating Subsidy Revenue					
11240		Gross Potential Operating Subsidy from CY2010	187.41	508,243	187.41	508,243	
11250		Subsidy Loss Due to Funding Pro-ration CY2010	(29.98)	(81,319)	(29.98)	(81,319)	
11260		Subsidy Loss Due to Non-Eligible Unit Months CY2010	0.00	0	0.00	0	
70600	8020	Total Subsidy from CY2010	157.42	426,924	157.42	426,924	
11240		Gross Potential Operating Subsidy from CY2011	64.90	176,022	64.90	176,022	
11250		Subsidy Loss Due to Funding Pro-ration CY2011	(10.38)	(28,163)	(10.38)	(28,163)	
11260		Subsidy Loss Due to Non-Eligible Unit Months CY2011	0.00	0	0.00	0	
70600	8020	Total Subsidy from CY2011	54.52	147,859	54.52	147,859	
		Total Subsidy for Request Fiscal Year	211.94	574,783	211.94	574,783	
70610		Total CFP for Operations (All Soft Cost)	19.35	52,481			52,481
70600	8020	Total HUD Receipts	231.29	627,264	211.94	574,783	52,481
		Other Revenue					
70710	3690.2	Management Fee - COCC	0.00	0	0.00	0	
70720	3690.3	Asset Management Fee - COCC	0.00	0	0.00	0	
70730	3690.4	Bookkeeping Fee - COCC	0.00	0	0.00	0	
70800	3690.99	Other Government Grants	0.00	0	0.00	0	
71100	3610	Investment Income - Unrestricted	3.13	8,500	3.13	8,500	
71300	3690.88	Proceeds from disposition of assets held for sale	0.00	0	0.00	0	
71310	3690.87	Cost of sale of assets	0.00	0	0.00	0	
71400	3690.5	Fraud Recovery	0.00	0	0.00	0	
71500	3690.1	Other Revenue	0.58	1,560	0.58	1,560	
71500	3190	Non-Dwelling Revenue	0.44	1,200	0.44	1,200	
71600	3690.88	Gain/Loss on Sale of Fixed Assets	0.00	0	0.00	0	
72000	3610.1	Investment Income - Restricted	0.00	0	0.00	0	
		Total Other Revenues	4.15	11,260	4.15	11,260	0
70000		Total Operating Revenues	438.01	1,187,864	418.66	1,135,403	52,481

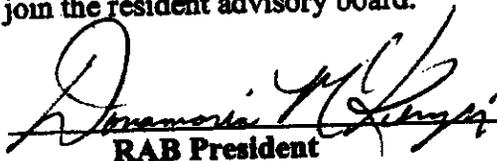
Attachment

RESIDENT ADVISORY BOARD MEETING
12/03/2010

On December 3, 2010 the Nogales Housing Authority Resident Advisory Board met to review the Annual Plan for the year 2011.

The following are questions and concerns brought to the table during the meeting.

1. **Question:** Is there additional funding in the future for more Section 8 vouchers?
2. **Answer:** There is no funding available at this time and we haven't heard if there will be any in the future.
3. **Question:** There is a need for more elderly housing (one bedroom), how can the housing authority address this problem.
4. **Answer:** In the five (5) year plan submitted last year the PHA included the construction of at least ten (10) one bedroom units for the elderly.
5. **Question.** Is the painting of the buildings still in the plans for this year.
6. **Answer.** The housing authority is still in the process. We have the funds available now, we will probably go out to bid in March or April of 2011.
7. **Opinions.** We must keep stressing and encouraging the residents to get more involved with activities of the housing authority. We need more members on the board. It is very important to keep updated with all the programs and regulations of HUD..
8. **Comment.** Again we need to encourage residents from every public housing site and Section 8 also, to join the resident advisory board.


RAB President

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		Grant Type and Number Capital Fund Program Grant No: AZ20P023501-11 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval:	
------------------------	--	--	--	---	--

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	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <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			30,000.			
4	1410 Administration (may not exceed 10% of line 21)			25,000.			
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs			10,000.			
8	1440 Site Acquisition						
9	1450 Site Improvement			60,000.			
10	1460 Dwelling Structures			165,000.			
11	1465.1 Dwelling Equipment—Nonexpendable			45,000.			
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: 2011			
PHA Name: Nogales Housing Authority	Grant Type and Number Capital Fund Program Grant No: AZ20P023501-11 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant Approval:			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	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)	335,000.			
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				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 12/10/2010	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 II: Supporting Pages		PHA Name: NOGALES HOUSING AUTHORITY		Grant Type and Number		Federal FY of Grant: 03/31/2011	
				Capital Fund Program Grant No: AZ20FP023501-11		CFPP (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 ¹	Funds Obligated ²	Funds Expended ²
HA Wide	Management Improvements	1408	1	30,000.			
HA Wide	Administration	1410	1	25,000.			
HA Wide	Fees and Costs	1430	1	10,000.			
AZ23-1	Site Improvements - Wrought Iron Fence at I.O.O.F	1450.1	1	15,000.			
AZ23-1	Site Improvements - Retaining Wall Kitchen Site	1450.2	1	30,000.			
AZ23-1	Site Improvements Landscaping at Esperanza Site	1450.3	1	15,000.			
AZ23-1 & AZ23-2	Dwelling Structures Replace Tile in 80 Units	1460.1	1	90,000.			
AZ23-1 & AZ23-2	Dwelling Structures Repair Interior Walls in 146 Units	1460.2	1	90,000.			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

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

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

Part I: Summary		Grant Type and Number	
PHA Name: NOGALLES HOUSING AUTHORITY		Capital Fund Program Grant No: AZ20P023501-10	
		Replacement Housing Factor Grant No:	
		Date of CFPP:	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:)		Total Actual Cost ¹ Expended
			Original	Final Performance and Evaluation Report Revised ²	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements		26,902.		
4	1410 Administration (may not exceed 10% of line 21)		25,451.		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		10,000.		
8	1440 Site Acquisition				
9	1450 Site Improvement		125,000.		
10	1460 Dwelling Structures		198,953.		
11	1465.1 Dwelling Equipment—Nonependable				
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: 03/31/2010	
PHA Name: NOGALES HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: A220P023501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 03/31/2010	

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

Line	Description	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)	386,306.			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 01/04/2010	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		PHA Name: NOGALES HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: AZ20P023501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 03/31/2009 FFY of Grant Approval:	
------------------------	--	--	--	--	--	--	--

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:1) <input checked="" 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		45,422.00	45,422.00	0	0	
4	1410 Administration (may not exceed 10% of line 21)		38,451.00	38,451.00	38,451.00	0	
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs		5,000.00	5,000.00	5,000.00	251.94	
8	1440 Site Acquisition						
9	1450 Site Improvement		155,000.00	186,480.00	186,480.00	0	
10	1460 Dwelling Structures		60,000.00	60,000.00	60,000.00	0	
11	1465.1 Dwelling Equipment—Nonependable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment		49,155.00	49,155.00	49,155.00	0	
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

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

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

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

Part I: Summary		FFY of Grant: 03/31/2009	
PHA Name: NOGALES HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No.: AAZ20P023501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

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)	384,508.00	384,508.00	384,508.00	251.94
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director 

Date 12/20/2010

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.

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: NOGALES HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: AZ20P023501-08 Replacement Housing Factor Grant No: Date of CFP:		FFY of Grant: 03/31/2008 FFY of Grant Approval:	
------------------------	--	--	--	---	--	--	--

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <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			72292.			
4	1410 Administration (may not exceed 10% of line 21)			36146.			
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs			2000.			
8	1440 Site Acquisition						
9	1450 Site Improvement			39240.			
10	1460 Dwelling Structures			194160			
11	1465 I Dwelling Equipment—Nonexpendable			17621.			
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495 I 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: 03/31/2008	
PHA Name: NOGALES HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: AZ20P023501-08 Replacement Housing Factor Grant No: Date of CFHP:	FFY of Grant Approval:	

<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no: (1)) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Expended
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	361459.	
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Date 06/08/2008	Signature of Public Housing Director
			
Date			Date

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFHP 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: NOGALLES HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: AZ20P023501-07 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 03/31/2007 FFY of Grant Approval:	
------------------------	--	---	--	--	--	--	--

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies	Summary by Development Account	Total Estimated Cost		Obligated	Total Actual Cost ¹	
			Original	Revised ²		Expended	
1		Total non-CFP Funds					
2		1406 Operations (may not exceed 20% of line 21) ³					
3		1408 Management Improvements	73,080.	38,080.00	38,080.00	33,803.16	
4		1410 Administration (may not exceed 10% of line 21)	36,540.	31,540.00	31,540.00	26,035.52	
5		1411 Audit					
6		1415 Liquidated Damages					
7		1430 Fees and Costs	2,000.	4,887.72	4,887.72	4,887.72	
8		1440 Site Acquisition					
9		1450 Site Improvement	112,578.	159,765.31	159,765.31	141,092.81	
10		1460 Dwelling Structures	79,200.	69,124.97	69,124.97	29,274.65	
11		1465.1 Dwelling Equipment—Nonexpendable	22,000.	22,000.00	22,000.00	6,485.29	
12		1470 Non-dwelling Structures					
13		1475 Non-dwelling Equipment	40,000.	40,000.00	40,000.00	40,000.00	
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: 03/31/2007	
PHA Name: NOGALES HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: AZ20P023501-07 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending: Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 3)
 Final Performance and Evaluation Report

Line	Summary by Development Account	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)	365,398.	365,398.	365,398.	281,579.15
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 12/20/2010	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 CFFP 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	Development Number and Name Nogales Housing Authority AZ023	Work Statement for Year 1 FFY <u>2011</u>	Locality (City/County & State)			<input checked="" type="checkbox"/> Original 5-Year Plan Work Statement for Year 4 FFY <u>2014</u>	Revision No: Work Statement for Year 5 FFY <u>2015</u>
			Work Statement for Year 2 FFY <u>2012</u>	Work Statement for Year 3 FFY <u>2013</u>	Work Statement for Year 1 FFY <u>2011</u>		
B.	Physical Improvements Subtotal	Approved Statement	50,000.	40,000.	435,000.	40,000.	
C.	Management Improvements		20,000.	30,000.	5,000.	35,000.	
D.	PHA-Wide Non-dwelling Structures and Equipment		150,000.	120,000.	40,000.	130,000.	
E.	Administration		25,000.	25,000.	20,000.	25,000.	
F.	Other		20,000.	20,000.		20,000.	
G.	Operations						
H.	Demolition						
I.	Development						
J.	Capital Fund Financing – Debt Service						
K.	Total CFP Funds		265,000.	235,000.	500,000.	250,000.	
L.	Total Non-CFP Funds						
M.	Grand Total	335,000.	265,000.	235,000.	500,000.	250,000.	

