

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
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1.0	PHA Information PHA Name: <u>PLYMOUTH HOUSING AUTHORITY</u> PHA Code: <u>NC078</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>1/2011</u>					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>190</u> Number of HCV units: <u>0</u>					
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input 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.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
					PH	HCV
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: NA					
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. NA					
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: NA – No Revisions. (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. Plymouth Housing Authority 306 West Water Street Plymouth, NC 27962					
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable.				N/A	
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.				Attached (2007 – 2011)	

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> <p style="text-align: right;">Attached</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> <p style="text-align: center;"><i>N/A</i></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><i>NA</i></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><i>NA</i></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><i>NA</i></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p><i>NA</i></p>

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) **Attached**
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) **Attached**
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) **Attached**
- (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) **Attached**
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only) **Attached**
- (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.

There were no written comments received.

- (g) Challenged Elements

There were no elements of the PHA Plan that were challenged.

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

ANNUAL STATEMENT/PERFORMANCE AND EVALUATION REPORT
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

Grant Name: Plymouth Housing Authority	Grant Type and Number Capital Fund Program Grant No: NC19P07850107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending: 10/4/2010 Final Performance and Evaluation Report

Line Item	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Funds Obligated	Funds Expended
	Total non-CFP Funds				
	1406 Operations	\$60,400.00	\$60,400.00	\$60,400.00	\$60,400.00
	1408 Management Improvements	\$14,233.00	\$5,770.00	\$5,770.00	\$5,770.00
	1410 Administration				
	1411 Audit				
	1415 Liquidated Damages				
	1430 Fees and Costs	\$13,500.00	\$13,500.00	\$13,500.00	\$13,500.00
	1440 Site Acquisition				
	1450 Site Improvement	\$30,000.00	\$0.00	\$0.00	\$0.00
	1460 Dwelling Structures	\$178,868.00	\$222,331.00	\$222,331.00	\$222,331.00
	1465.1 Dwelling Equipment—Nonexpendable	\$5,000.00	\$0.00	\$0.00	\$0.00
	1470 Nondwelling Structures				
	1475 Nondwelling Equipment				
	1485 Demolition				
	1490 Replacement Reserve				
	1492 Moving to Work Demonstration				
	1495.1 Relocation Costs				
	1499 Development Activities				
	1501 Collateralization or Debt Service				
	1502 Contingency				
	Amount of Annual Grant: (sum of lines 2 – 20)	\$302,001.00	\$302,001.00	\$302,001.00	\$302,001.00
	Amount of line 21 Related to LBP Activities				
	Amount of line 21 Related to Section 504 compliance				
	Amount of line 21 Related to Security – Soft Costs	\$30,000.00	\$0.00		
	Amount of Line 21 Related to Security – Hard Costs				
	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

HA Name: Plymouth Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P07850107 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
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	
	<u>OPERATIONS</u>							
PHA Wide	Operations	1406	190 Units	\$60,400.00	\$60,400.00	\$60,400.00	\$60,400.00	Completed
	SUBTOTAL			\$60,400.00	\$60,400.00	\$60,400.00	\$60,400.00	
	<u>MANAGEMENT IMPROVEMENTS</u>							
PHA Wide	Computer Software	1408	190 Units	\$5,000.00	\$5,770.00	\$5,770.00	\$5,770.00	Completed
PHA Wide	Consulting Fees	1408	190 Units	\$9,233.00	\$0.00	\$0.00	\$0.00	Deferred
	SUBTOTAL			\$14,233.00	\$5,770.00	\$5,770.00	\$5,770.00	
	<u>FEES & COSTS</u>							
PHA Wide	a. Architects fee	1430.1	190 Units	\$13,500.00	\$13,500.00	\$13,500.00	\$13,500.00	Completed
	SUBTOTAL			\$13,500.00	\$13,500.00	\$13,500.00	\$13,500.00	
	<u>SITE IMPROVEMENTS</u>							
NC078-1	Security lighting	1450	26 Units	\$20,000.00	\$0.00	\$0.00	\$0.00	Deferred
NC078-2		1450	26 Units	\$10,000.00	\$0.00	\$0.00	\$0.00	Deferred
	SUBTOTAL			\$30,000.00	\$0.00	\$0.00	\$0.00	
	<u>DWELLING STRUCTURES</u>							
PHA Wide	Kitchen Cabinets (Phase III)	1460	190 Units	\$146,868.00	\$222,331.00	\$222,331.00	\$222,331.00	Completed
PHA Wide	Repair Settlement/Renovate	1460	190 Units	\$32,000.00	\$0.00	\$0.00	\$0.00	Deferred
	SUBTOTAL			\$178,868.00	\$222,331.00	\$222,331.00	\$222,331.00	

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

PHA Name: Plymouth Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P07850107 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
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	
PHA Wide	<u>NON-DWELLING STRUCTURES</u>							
PHA Wide	Convert S&B building to maintenance bldg.	1470	LS	\$0.00	\$0.00	\$0.00	\$0.00	Deferred
	SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	<u>DWELLING EQUIPMENT</u>							
PHA Wide	Appliances	1465		\$5,000.00	\$0.00	\$0.00	\$0.00	Deferred
	SUBTOTAL			\$5,000.00	\$0.00	\$0.00	\$0.00	
	GRAND TOTAL			\$302,001.00	\$302,001.00	\$302,001.00	\$302,001.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

HA Name: Plymouth Housing Authority		Grant Type and Number Capital Fund Program No: NC19P07850107 Replacement Housing Factor No:				Federal FY of Grant: 2007	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	9/12/09			9/12/11		10/4/2010	Per HUD Obligation Start Date: 9/13/07
NC078-1							
NC078-2							

NC078-1 – 140 Units NC078-2 – 50 Units

ANNUAL STATEMENT/PERFORMANCE AND EVALUATION REPORT
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

Grant Name: Plymouth Housing Authority	Grant Type and Number Capital Fund Program Grant No: NC19PO7850108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending: 10/4/2010 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Funds Obligated	Funds Expended
	Total non-CFP Funds				
	1406 Operations	\$63,226.00	\$63,226.00	\$63,226.00	\$63,226.00
	1408 Management Improvements	\$10,000.00	\$0.00	\$0.00	\$0.00
	1410 Administration				
	1411 Audit				
	1415 Liquidated Damages				
	1430 Fees and Costs	\$15,000.00	\$0.00	\$0.00	\$0.00
	1440 Site Acquisition				
	1450 Site Improvement	\$15,500.00	\$0.00	\$0.00	\$0.00
	1460 Dwelling Structures	\$175,000.00	\$223,174.94	\$223,174.94	\$103,379.73
	1465.1 Dwelling Equipment—Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
	1470 Nondwelling Structures	\$26,101.00	\$18,426.06	\$18,426.06	\$18,426.06
	1475 Nondwelling Equipment				
	1485 Demolition				
	1490 Replacement Reserve				
	1492 Moving to Work Demonstration				
	1495.1 Relocation Costs				
	1499 Development Activities				
	1501 Collateralization or Debt Service				
	1502 Contingency				
	Amount of Annual Grant: (sum of lines 2 – 20)	\$304,827.00	\$304,827.00	\$304,827.00	\$185,031.79
	Amount of line 21 Related to LBP Activities				
	Amount of line 21 Related to Section 504 compliance				
	Amount of line 21 Related to Security – Soft Costs				
	Amount of Line 21 Related to Security – Hard Costs				
	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: Plymouth Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19PO7850108 Replacement Housing Factor Grant No:				Federal FY of Grant: 2008		
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	
	OPERATIONS							
PHA Wide	Operations	1406	190 Units	\$63,226.00	\$63,226.00	\$63,226.00	\$63,226.00	Completed
	SUBTOTAL			\$63,226.00	\$63,226.00	\$63,226.00	\$63,226.00	
	MANAGEMENT IMPROVEMENTS							
PHA Wide	Consulting Fees, Training	1408	190 Units	\$10,000.00	\$0.00	\$0.00	\$0.00	
	SUBTOTAL			\$10,000.00	\$0.00	\$0.00	\$0.00	
	FEES & COSTS							
PHA Wide	a. Architects fee	1430	190 Units	\$15,000.00	\$0.00	\$0.00	\$0.00	
	SUBTOTAL			\$15,000.00	\$0.00	\$0.00	\$0.00	
	SITE IMPROVEMENTS							
PHA Wide	Parking, Paving, etc.	1450	10 Units	\$15,500.00	\$0.00	\$0.00	\$0.00	
PHA Wide	Trees/Landscaping	1450		0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	Miscellaneous Site Improvements/Signage	1450		\$0.00	\$0.00	\$0.00	\$0.00	
	SUBTOTAL			\$15,500.00	\$0.00	\$0.00	\$0.00	
	DWELLING STRUCTURES							
PHA Wide	Replace kitchen cabinets (Phase IV - FINAL)	1460	50 Units	\$150,000.00	\$164,950.37	\$88,710.21	\$17,952.05	Completed
PHA Wide	Replace underground water & sewer lines	1460	10 Units	\$25,000.00	\$0.00	\$0.00	\$0.00	
PHA Wide	Bathroom Renovations	1450	190 Units	\$0.00	\$223,174.94	\$223,174.94	\$85,427.68	In Progress
	SUBTOTAL			\$175,000.00	\$164,950.37	\$88,710.21	\$103,379.73	
	DWELLING EQUIPMENT							
PHA Wide	Appliances	1465		\$0.00	\$0.00	\$0.00	\$0.00	
	SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	

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

HA Name: Plymouth Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19PO7850108 Replacement Housing Factor Grant No:				Federal FY of Grant: 2008		
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	
PHA Wide	<u>NON-DWELLING STRUCTURES</u>							
PHA Wide	Replace Maintenance Vehicle	1470		\$26,101.00	\$18,426.06	\$18,426.06	\$18,426.06	Completed
	SUBTOTAL			\$26,101.00	\$18,426.06	\$18,426.06	\$18,426.06	
	GRAND TOTAL			\$304,827.00	\$304,827.00	\$304,827.00	\$185,031.79	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

HA Name: Plymouth Housing Authority		Grant Type and Number Capital Fund Program No: NC19PO7850108 Replacement Housing Factor No:				Federal FY of Grant: 2008	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide:	6/13/10		5/26/2010	6/13/12	6/12/2012		Date Reflected in LOCCS
NC078-1							
NC078-2							

NC078-1 – 140 Units NC078-2 – 50 Units

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: PLYMOUTH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NC19PO7850109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 10/4//2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	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	\$60,765.00		\$60,765.00	\$60,765.00
3	1408 Management Improvements	\$5,000.00	0.00		
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$10,000.00	0.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	\$67,000.00	0.00		
10	1460 Dwelling Structures	\$106,060.00	\$243,060.00	\$243,060.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	\$20,000.00	0.00		
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					
PHA Name: Plymouth Housing Authority	Grant Type and Number Capital Fund Program Grant No: NC19PO7850109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:10/4/2010				<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost¹	
		Original	Revised²	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)	\$303,825.00		\$303,825.00	\$60,765.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director Lisa B. Silverthorne Date 10/7/2010			Signature of Public Housing Director		Date

¹ To be completed for the Performance and Evaluation Report.

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: PLYMOUTH HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: NC19PO7850109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA WIDE	OPERATIONS	1406	190 Units	\$60,765.00		\$60,765.00	\$60,765.00	Completed
PHA WIDE	MANAGEMENT IMPROVEMENTS	1408	190 Units	\$5,000.00	0.00			
PHA WIDE	FEES & COSTS	1430	190 Units	\$10,000.00	0.00			
PHA WIDE	SITE IMPROVEMENTS	1450	190 Units	\$67,000.00	0.00			
PHA WIDE	DWELLING STRUCTURES	1460	190 Units	\$106,060.00	\$243,060.00	\$243,060.00		Bathroom Renovations In Progress
PHA WIDE	NON-DWELLING STRUCTURES	1470	190 Units	\$20,000.00	0.00			
PHA WIDE	NON-DWELLING EQUIPMENT	1475	190 Units	\$35,000.00	0.00			
	GRANT TOTAL			\$303,825.00	\$303,825.00	\$303,825.00	\$60,765.00	

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.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: PLYMOUTH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NC19SO7850109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 CFRG FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 10/4/2010 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	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)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$385,850.00		\$385,850.00	\$385,850.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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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: Plymouth Housing Authority	Grant Type and Number Capital Fund Program Grant No: NC19SO7850109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 CFRG FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 10-4-09		<input type="checkbox"/> Final Performance and Evaluation Report			
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)	\$385,850.00		\$385,850.00	\$385,850.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director Lisa B. Silverthorne Date 10/7/2010			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.

Part II: Supporting Pages								
PHA Name: PLYMOUTH HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: NC19SO7850109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009 CFRG		
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	
PHA WIDE	DWELLING STRUCTURES	1460	190 Units	\$385,850.00		\$385,850.00	\$385,850.00	Bathroom Renovations Continue Utilizing Other CFP Grants

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Part II: Supporting Pages								
PHA Name:		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant:			
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	
	PAGE INTENTIONALLY BLANK							

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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: PLYMOUTH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NC19PO7850110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 10/4/2010 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	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	\$299,633.00		0.00	0.00	
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					
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					

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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: Plymouth Housing Authority	Grant Type and Number Capital Fund Program Grant No: NC19PO7850110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2010 FFY of Grant Approval:			
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:			<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost 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)	\$299,633.00		0.00	0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director Lisa B. Silverthorne Date 10/07/2010			Signature of Public Housing Director		Date

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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: PLYMOUTH HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: NC19PO7850111 Replacement Housing Factor Grant No: Date of CFFP:				FFY of Grant: 2011 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	\$300,000.00				
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					
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					

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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: Plymouth Housing Authority	Grant Type and Number Capital Fund Program Grant No: NC19PO7850111 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2011 FFY of Grant Approval:			
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost 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)	\$300,000.00			
21	Amount of line 20 Related to LBP Activities				
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Signature of Executive Director Lisa B. Silverthorne Date 10/07/2010			Signature of Public Housing Director		Date

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PART I: SUMMARY

PHA Name/Number PLYMOUTH HOUSING AUTHORITY / NC078		Locality (City/County & State) Plymouth, Washington County, North Carolina			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
B	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E	ADMINISTRATION					
F.	Other					
G.	Operations		\$300,000	\$300,000	\$300,000	\$300,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000

