



The New Reidsville Housing Authority

924 Third Avenue, Reidsville, NC 27320

Phone: 336-589-6510 Fax: 336-349-1109

www.reidsvillehousing.org

April 12, 2011

Mr. Michael Williams
Director, Office of Public Housing
Department of Housing and Urban Development
1500 Pinecroft Road, Suite 401, Asheville Building
Greensboro, N. C. 27407-3838

Dear Mr. Williams:

The New Reidsville Housing Authority is submitting the required documentation for funding under Capital Funding FFY 2011.

The following documents are submitted for your information..

- A. Capital Fund Program Statement/Performance and Evaluation Report.
- B. Certification for a Drug-Free Workplace - HUD - 50070.
- C. Disclosure of Lobbying Activities - HUD SF-LLL.
- D. Certification of Payments to Influence Federal Transactions - HUD 50071.
- E. PHA Certifications of Compliance with the PHA Plans and Related Regulations.
- F. HUD 50075 with documentation.

We would appreciate any assistance you may provide in meeting the needs of the Public Housing Community.

If you need additional information, please contact me at (336) 589-6510 Ext 110.

Sincerely,

Mitchell B. Fahrer
Executive Director

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: The New Reidsville Housing Authority PHA Code: NC098 PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing x Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 07/2011 | | | | | | | | | | | | | | |
|------------------------------|---|----------|--------------------------------------|-------------------------------|---|------------------------------|--|----|-----|--------|--|--------|--|--------|--|
| 2.0 | Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 100 Number of HCV units: 220 | | | | | | | | | | | | | | |
| 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 | <table border="1"> <thead> <tr> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </tbody> </table> | No. of Units in Each Program | | PH | HCV | PHA 1: | | PHA 2: | | PHA 3: | |
| 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: | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | |
| 6.0 | PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <ul style="list-style-type: none"> • ACOP (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. Copies of the 5-Year and Annual Plan may be obtained at: The New Reidsville Housing Authority 924 Third Avenue Reidsville, NC 27320, and on the agency's website at www.lrha.org . | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | |
| 8.0 | Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. | | | | | | | | | | | | | | |

| 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. SEE ATTACHED</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 (RIIF) 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>No Consolidation Plan is readily available for the City of Reidsville. The following information comes from US Census Data for the City of Reidsville, and Rockingham County, NC, and waiting list information for The New Reidsville Housing Authority:</p> <p>HOUSING OCCUPANCY Total housing units - 6,477 Occupied housing units - 6,013 92.8% Vacant housing units - 464 7.2%</p> <p>Persons below poverty level, percent, 2008 Rockingham County 16.2% North Carolina 14.6%</p> <p>Average Unemployment rate in Rockingham County in 2009 - 12.9% (Source: www.fdic.gov)</p> <p>Median Household Income - \$31,040 Percent living in Reidsville below the median income - .40% (Source: 2000 US Census Data)</p> <p>At the time of the 2000 census, the per capita income in Reidsville was \$17,414, compared with \$21,587 nationally. (Source: www.epodunk.com)</p> <p>2009 Point-in-Time Homeless Count: Balance of State (Rockingham County)</p> <table border="1" data-bbox="167 1114 1284 1201"> <thead> <tr> <th colspan="5">People in Families With Children</th> <th colspan="5">Single People</th> </tr> <tr> <th>Men</th> <th>Women</th> <th>Children</th> <th>Total Persons</th> <th>Total Households</th> <th>Men</th> <th>Women</th> <th>Total Persons</th> <th>Total Households</th> <th>Total People</th> </tr> </thead> <tbody> <tr> <td>5</td> <td>16</td> <td>27</td> <td>48</td> <td>16</td> <td>110</td> <td>61</td> <td>171</td> <td>171</td> <td>219</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Based on the information provided, Rockingham County has the second highest population of homeless individuals in the state. There is an overwhelming need for permanent housing for homeless individuals. Based on the RHA waiting list, there is a shortage of one and two bedroom units available for rent in city of Reidsville. <p>(Source: North Carolina Coalition to End Homelessness http://www.ncceh.org/)</p> | People in Families With Children | | | | | Single People | | | | | Men | Women | Children | Total Persons | Total Households | Men | Women | Total Persons | Total Households | Total People | 5 | 16 | 27 | 48 | 16 | 110 | 61 | 171 | 171 | 219 |
| People in Families With Children | | | | | Single People | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Men | Women | Children | Total Persons | Total Households | Men | Women | Total Persons | Total Households | Total People | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 16 | 27 | 48 | 16 | 110 | 61 | 171 | 171 | 219 | | | | | | | | | | | | | | | | | | | | | | |
| 9.1 | <p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10.0 | <p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <ul style="list-style-type: none"> The New Reidsville Housing Authority is in the process of obtaining approval to expand its permanent housing available for homeless individuals. With diminishing need for larger housing units as evidenced by the Authority's waiting lists (3, 4, and 5 bedrooms) the Housing Authority is seeking options for possible conversion and remodeling. <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>Significant amendments and substantial deviations are defined as major changes in the plans or policies of the RHA or financial resources that affect the mission, goals, objectives, and plans of the agency and that require the review and approval by the Resident Council and/or formal approval by the Board of Commissioners.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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

| | | | | | |
|---|--|---|----------------------------|--|-----------------|
| Part I: Summary | | Grant Type and Number | | FFY of Grant: FY-2011 | |
| PHA Name: The New Reidsville Housing Authority | | Capital Fund Program Grant No: NC19P098501-11 | | FFY of Grant Approval: | |
| | | Replacement Housing Factor Grant No: | | | |
| | | Date of CFFP: | | | |
| Type of Grant | | <input type="checkbox"/> Reserve for Disasters/Emergencies | | <input type="checkbox"/> Revised Annual Statement (revision no:3) | |
| <input checked="" type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input type="checkbox"/> Final Performance and Evaluation Report | |
| Summary by Development Account | | Total Estimated Cost | | Total Actual Cost¹ | |
| Line | | Original | Revised² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 85,000.00 | | | |
| 3 | 1408 Management Improvements | 5,000.00 | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 5,000.00 | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 2,000.00 | | | |
| 10 | 1460 Dwelling Structures | 51,415.00 | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 2,000.00 | | | |
| 12 | 1470 Non-dwelling Structures | 15,000.00 | | | |
| 13 | 1475 Non-dwelling Equipment | 2,000.00 | | | |
| 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.

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 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: The New Reidsville Housing Authority | Grant Type and Number Capital Fund Program Grant No: NC19P098501-11 Replacement Housing Factor Grant No: Date of CFFP: | 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: 3) <input type="checkbox"/> Summary by Development Account <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | Revised ² | Obligated | Total Actual Cost ¹ | 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) | 167,415.00 | | | | |
| 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 | | Date April 8, 2011 | | Signature of Public Housing Director | | Date |

Mitchell Faber

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| Part II: Supporting Pages | | Federal FFY of Grant: 2011 | | | | | | |
|---|---|--|----------|----------------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: The New Reidsville Housing Authority | | Grant Type and Number | | | | | | |
| | | Capital Fund Program Grant No: NC19P098501-11 | | | | | | |
| | | 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 | |
| NC098-2 | Operations | 1406 | | 85,000 | | | | |
| | MANAGEMENT IMPROVEMENTS (Staff and Board Training) | 1408 | | 5,000 | | | | |
| | ADMINISTRATION Salaries for additional staff | 1410 | | 5,000 | | | | |
| | SITE IMPROVEMENTS Landscaping | 1450 | | 2,000 | | | | |
| | DWELLING STRUCTURES Roofs, floors, tubs and A/C units | 1460 | | 51,415 | | | | |
| | DWELLING EQUIPMENT Ranges and refrigerators | 1465.1 | | 2,000 | | | | |
| | NON-DWELLING STRUCTURES Replace roof of admin building | 1470 | | 15,000 | | | | |
| | NON DWELLING EQUIPMENT Office equipment | 1475 | | 2,000 | | | | |

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² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
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 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 | FFY of Grant: FY-2009 |
|---|--|---|--|
| PHA Name: The New Reidsville Housing Authority | | Capital Fund Program Grant No.: NC Replacement Housing Factor Grant No.: 19P09850109 Date of CFPP: | FFY of Grant Approval: |
| Type of Grant | Type of Grant | | Revised Annual Statement (revision no:) |
| <input type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: | <input type="checkbox"/> Reserve for Disasters/Emergencies | | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | <input type="checkbox"/> Summary by Development Account | | |
| Line | Summary by Development Account | Total Estimated Cost Revised ¹ | Total Actual Cost ¹ Expended |
| | Original | Obligated | |
| 1 | Total non-CFP Funds | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ⁴ | 85,000.00 | 85,000.00 |
| 3 | 1408 Management Improvements | 10,000.00 | 9,000.00 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 3,000.00 | 9,000.00 |
| 5 | 1411 Audit | | 7,375.00 |
| 6 | 1415 Liquidated Damages | | |
| 7 | 1430 Fees and Costs | | |
| 8 | 1440 Site Acquisition | | |
| 9 | 1450 Site Improvement | 15,000.00 | 5,000.00 |
| 10 | 1460 Dwelling Structures | 50,599.00 | 50,599.00 |
| 11 | 1465.1 Dwelling Equipment—Non-expendable | 6,000.00 | 6,000.00 |
| 12 | 1470 Non-dwelling Structures | | 3,596.80 |
| 13 | 1475 Non-dwelling Equipment | | |
| 14 | 1485 Demolition | 5,000.00 | 5,000.00 |
| 15 | 1492 Moving to Work Demonstration | | |
| 16 | 1495.1 Relocation Costs | | |
| 17 | 1499 Development Activities ⁴ | | |

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

| Part I: Summary | | FFY of Grant: 2009 FFY of Grant Approval: | | |
|---|---|--|--------------------------------|------------|
| PHA Name: | Grant Type and Number Capital Fund Program Grant No: 19P09850109 Replacement Housing Factor Grant No: Date of CFP: | | | |
| Type of Grant | <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account | <input checked="" type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report | Total Actual Cost ¹ | |
| Line | Reserve for Disasters/Emergencies | Total Estimated Cost | Revised ² | |
| | | Original | 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) | 169,599.00 | 169,599.00 | 163,846.53 |
| 21 | Amount of line 20 Related to LBP Activities | | | 0.00 |
| 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 | 10,000 | 0.00 | 0.00 |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | |
| Signature of Executive Director <i>Mitchell Johnson</i> | | Signature of Public Housing Director | | Date |
| | | | | 4/12/11 |

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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| | | | | |
|--|---|--|-----------|--|
| Part I: Summary | | Grant Type and Number | | FFY of Grant: 2010 |
| PHA Name: The New Reidsville Housing Authority | | Capital Fund Program Grant No: NC19PO9850110 | | FFY of Grant Approval: |
| | | Replacement Housing Factor Grant No: | | |
| | | Date of CFFP: | | |
| Type of Grant | <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | <input checked="" type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report | | |
| Line | Summary by Development Account | Total Estimated Cost | Obligated | Total Actual Cost ¹ Expended |
| 1 | Total non-CFP Funds | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 85,000 | 95,000 | 0 |
| 3 | 1408 Management Improvements | 10,000 | 4,415 | 1,277.56 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 8,000 | 9,000 | 350.00 |
| 5 | 1411 Audit | | | |
| 6 | 1415 Liquidated Damages | | | |
| 7 | 1430 Fees and Costs | | | |
| 8 | 1440 Site Acquisition | | | |
| 9 | 1450 Site Improvement | 10,000 | 3,000 | 1,233.71 |
| 10 | 1460 Dwelling Structures | 50,000 | 45,000 | 10,371.45 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 3,000 | 6,000 | 0 |
| 12 | 1470 Non-dwelling Structures | 12,000 | 0 | |
| 13 | 1475 Non-dwelling Equipment | 6,000 | 5,000 | 0 |
| 14 | 1485 Demolition | | | |
| 15 | 1492 Moving to Work Demonstration | | | |
| 16 | 1495.1 Relocation Costs | | | |
| 17 | 1499 Development Activities ⁴ | | | |

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 Office of Public and Indian Housing
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 Expires 4/30/2011

| | | | |
|--|--|--|---------------------------------|
| Part I: Summary | | FFY of Grant: 2010 | |
| PHA Name: The New Reidsville Housing Authority | Grant Type and Number Capital Fund Program Grant No: NC19PO9850110 Replacement Housing Factor Grant No: Date of CFFP: | 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 checked="" type="checkbox"/> Revised Annual Statement (revision no:) <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) | 184,000.00 | 167,415 |
| 21 | Amount of line 20 Related to LBP Activities | | 13,232.72 |
| 22 | Amount of line 20 Related to Section 504 Activities | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | |
| Signature of Executive Director <i>Mitchell Foley</i> | | Signature of Public Housing Director | |
| Date 4/12/11 | | Date | |

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⁴ RHF funds shall be included here.

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

MITCHELL FAHRER, EXECUTIVE DIRECTOR

Program/Activity Receiving Federal Grant Funding

THE NEW REIDSVILLE HOUSING AUTHORITY

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.)

THE NEW REIDSVILLE HOUSING AUTHORITY
924 THIRD AVENUE
REIDSVILLE, NC 27320

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)

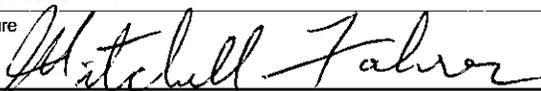
Name of Authorized Official

MITCHELL FAHRER

Title

EXECUTIVE DIRECTOR

Signature

x 

Date

APRIL 12, 2011

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Mitchell Fahrer

Program/Activity Receiving Federal Grant Funding

The New Reidsville Housing Authority

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

Mitchell Fahrer

Title

Executive Director

Signature



Date (mm/dd/yyyy)

04/12/2011

**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 July 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/TMS 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.

The New Reidsville Housing Authority

NC098

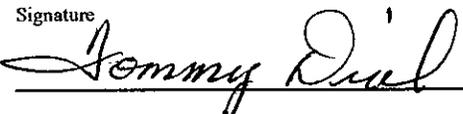
PHA Name

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 Tommy Dial | Title Assistant Chairperson, Board of Commissioners |
| Signature  | Date April 11, 2011 |

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

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

0348-0046

(See reverse for public burden disclosure.)

| | | |
|--|---|--|
| 1. Type of Federal Action: <input checked="" 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 checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: The New Reidsville Housing Authority 924 Third Avenue Reidsville, NC 27320 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: Housing and Urban Development | 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: <u>Mitchell B. Fahrer</u> Print Name: <u>Mitchell B. Fahrer</u> Title: <u>Executive Director</u> Telephone No.: <u>336-589-6510</u> Date: <u>4/12/11</u> | |
| Federal Use Only: | | Authorized for Local Reproduction Standard Form LLL (Rev. 7-97) |



The New Reidsville Housing Authority

2011

Annual Plan

Is now available for review by the public.

Please submit any comments in writing

addressed to the Executive Director

Mitchell Fahrer

Or Email to:

mfahrer@reidsvillehousing.org

Copies are available here in the office

or may be downloaded at www.1rha.org

