

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>Rome Housing Authority</u> PHA Code: <u>NY034</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/01/2011</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>334</u> Number of HCV units: <u>632</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.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <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> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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.																										
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: Updated ACOP for Federalization of 52 units at our Liberty Garden Apartments project. (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. Central Office Valentine Apartments Liberty Garden Apartments 205 St Peter's Ave 152 Turin Street 200 N Levitt Street – Bldg 4 & 6 Rome, NY 13440 Rome, NY 13440 Rome, NY 13440																										
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>The Rome Housing Authority is currently considering Project Basing the maximum number (currently 122) of Vouchers under its Section 8 Housing Choice Voucher Program, to be located in the City of Rome, New York. The Rome Housing Authority's objective is that by creating Project Based Vouchers it will help to provide affordable units that meet and exceed the Housing Quality Standards for the participants in the City of Rome, New York.</i>																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.																										
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.																										
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.																										
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.																										

9.0	<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>The most pressing need for low-income, very low-income and extremely low-income families is the lack of affordability and availability of larger units (3BR +). Elderly families are the exception to the previous statement due to smaller household size and there appears to be adequate availability of units for elderly households. Families with disabilities still have obstacles to total accessibility in the area of rental units. The City of Rome has launched an aggressive awareness campaign in this shortcoming to educate prospective landlords on physical accessibility. Households of various races and ethnic groups find themselves in the same melting pot as other households. The City of Rome as well as the Authority conducts discrimination awareness briefings to these families to provide assistance in their searches for suitable housing as to bedroom sizes and payment standards. Lastly, the need to preserve affordable housing and address the needs of public housing projects is listed in the top priorities in the Consolidated Plan of the City of Rome. By consistently achieving our goals and objectives, the Authority fulfills this goal of the City of Rome.</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>
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. <i>The Authority has successfully addressed the reduction of vacancy days and increasing the voucher inventory. We have also commenced our interior/exterior rehabilitation on all remaining units through the vacancy cycle. In addition, we have maintained high-performer status FFY 2009 in the voucher and public housing programs. We are currently involved with a development partner to substantially rehabilitate our existing state project.</i></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” <i>A Significant Amendment and Substantial Deviation/Modification is defined as a discretionary change in the plans or policies of the Authority that fundamentally changes the mission, goals, objectives or plans of the agency and which require formal approval of the Rome Housing Authority Board of Commissioners</i></p> <p>(c) <i>The Rome Housing Authority certifies that the agency will comply with all goals, activities, objectives, policies or programs to support or assist victims of domestic violence, dating violence, sexual assault or stalking pursuant to HUD’s newly released regulations in these areas.</i></p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

12.0

Resident Advisory Board Comments, Recommendations and Decisions

November 9, 2009
Rome Housing Authority
NY034

In attendance at the Resident Advisory Board meeting were five (5) residents from Colonial I, Colonial II and Valentine Apartments. Also in attendance were Modernization Staff and Tenant Relations Assistants.

Staff reviewed our proposed goals for the next 5 years.

- a. Continuation of kitchen remodeling in all three apartment buildings*
- b. Site erosion project for the rear of Colonial I & II*
- c. Exterior building repairs, brick control joints and expansion joint repairs*
- d. Non-dwelling equipment replacements*
- e. Liberty Garden Apartments PHA units; interior/exterior rehab*

Reviewed comments and suggestions and status of work from previous RAB.

- a. Security cameras; installed and upgraded security cameras in three buildings (Comments: Reporting positive feedback from residents in the facilities).*
- b. Replace the entrance and lobby ceramic floor tile. (Comments: Included as a work item for all building entrances)*
- c. Install Gazebo in the rear lawn of Colonial I & II for outdoor gatherings.(Comments: Review of landscape plan for the site can assess the feasibility of installing gazebo)*

New comments & suggestions

- a. Can snack vending machines be placed in the Community Rooms? (Comments: Private Vendors, but we will inquire)*
- b. Can one or more picnic tables be added behind the Colonial Apartments? (Comments: New tables are on order and will be available next spring)*
- c. Can an additional grill be added, also? (Comments: An order will be placed in the Spring)*
- d. Can the side yard of Colonial I be used as a dog run area or for a bocce court? (Comments: Will review)*
- e. Can anything else be done about controlling the geese population? (Comments: We continue to contract with USDA Wild Life Department to control resident geese. Not much can be done to control migratory birds other than harassment)*
- f. Can the table in the Laundry Room in Colonial II be replaced or repaired?(Comments: Tenants are asked to report any items they feel are in need of repair to the Office and a work order will be issued. Will follow up with work order for this repair)*
- g. Can we have fluorescent lights installed overhead in the living rooms and possibly bedrooms in all buildings? (Comments: Colonial I currently has an overhead fixture in the bedrooms. We will review in conjunction with hard-wiring all smoke detectors)*
- h. What happened with last year's request for a gazebo behind Colonial I and II? (Comments: Due to the Public Housing Program's addition of 52 units at Liberty Garden Apartments, we need to prioritize funds to meet REAC inspection requirements)*

We continue to review the RAB recommendations and will incorporate most if not all work items into our agency plan and 5 –year Capital Fund Program.

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:	
PHA Name:		Capital Fund Program Grant No: NY06P034501-11		2011	
Rome Housing Authority		Replacement Housing Factor Grant No:		FFY of Grant Approval:	
Date of CFFP:					
Type of Grant	Summary by Development Account	Original	Revised ²	Obligated	Expended
<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"/> Summary by Development Account	<input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost	Total Actual Cost ¹		
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	30000			
3	1408 Management Improvements	25000			
4	1410 Administration (may not exceed 10% of line 21)	38000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35000			
8	1440 Site Acquisition				
9	1450 Site Improvement	10000			
10	1460 Dwelling Structures	208405			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	35000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)	381405			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	23405			
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				

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

Part I: Summary		FFY of Grant: 2011	
PHA Name: Rome Housing Authority		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: NY06P034501-11		Replacement Housing Factor Grant No:	
Date of CFFP:			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Summary by Development Account		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Total Estimated Cost	Revised ²	Total Actual Cost ¹
	Original	Obligated	Expended
Signature of Executive Director <i>Tom Bald</i>		Signature of Public Housing Director	
Date 1/12/11		Date	

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: Rome Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P034501-10 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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <u>9/30/10</u>		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Total Actual Cost ¹
		Original	Obligated	Expended
1	Total non-CFP Funds			
2	1406 Operations (may not exceed 20% of line 21) ³	30000	0	0
3	1408 Management Improvements	25000	25000	0
4	1410 Administration (may not exceed 10% of line 21)	35000	35000	6262.81
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs	35000	35000	0
8	1440 Site Acquisition			
9	1450 Site Improvement	21405	0	0
10	1460 Dwelling Structures	200000	0	0
11	1465.1 Dwelling Equipment—Nonexpendable			
12	1470 Non-dwelling Structures			
13	1475 Non-dwelling Equipment	35000		
14	1485 Demolition			
15	1492 Moving to Work Demonstration			
16	1495.1 Relocation Costs			
17	1499 Development Activities ⁴			
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)	381405	0	0
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security – Soft Costs			
24	Amount of line 20 Related to Security – Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures			

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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
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2010	
PHA Name: Rome Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY06P034501-10 Date of CFFP: _____	Replacement Housing Factor Grant No:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/10	<input type="checkbox"/> Reserve for Disasters/Emergencies <input 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 Cost¹
		Original	Revised²
Signature of Executive Director <i>[Signature]</i>	Date 1/12/11	Obligated	Expended
		Signature of Public Housing Director	
		Date	

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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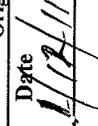
U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		Grant Type and Number		FFY of Grant:	
PHA Name:		Capital Fund Program Grant No: NY08P034501-09		2009	
Rome Housing Authority		Replacement Housing Factor Grant No:		FFY of Grant Approval:	
Date of CFFP:					
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
Original Annual Statement		Final Performance and Evaluation Report		Final Performance and Evaluation Report	
Performance and Evaluation Report for Period Ending: 9/30/10		Total Estimated Cost		Total Actual Cost ¹	
Line	Summary by Development Account	Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	38000		38000.00	38000.00
3	1408 Management Improvements	38000		38000.00	1509.45
4	1410 Administration (may not exceed 10% of line 21)	38431		38431.00	38431.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35000		35000.00	14982.59
8	1440 Site Acquisition				
9	1450 Site Improvement	15000		0.00	0.00
10	1460 Dwelling Structures	220000		206079.25	39251.25
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				
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)	384431		355510.25	132174.29
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				

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

Part I: Summary			
PHA Name: Rome Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06P034501-09 Replacement Housing Factor Grant No: _____ Date of CFFP: _____	
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/10		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
Signature of Executive Director 		Revised ² Signature of Public Housing Director 	Obligated Expended Date

Annual Statement/Performance and Evaluation Report
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PHA Name:		Capital Fund Program Grant No: NY06S034501-09		Date of CFFP:		2009	
Rome Housing Authority		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)		FFY of Grant Approval:	
Type of Grant		Original		Revised ²		Total Actual Cost ¹	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Total Estimated Cost		Total Actual Cost ¹	
Line	Summary by Development Account	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	48170	0	0	0		
4	1410 Administration (may not exceed 10% of line 21)	48170	48170	48170	48170		
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	48170	48170	48170	48170		
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures	337197	281367	281367	281367		
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	0	104000	104000	104000		
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)	481707	481707	481707	481707		
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						

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PHA Name: Rome Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY086034501-09 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 type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report
Line Summary by Development Account	Total Estimated Cost Revised ² Obligated Expended
Signature of Executive Director 	Signature of Public Housing Director Date 1/12/11
	Total Actual Cost ¹ Expended

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U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part I: Summary		Grant Type and Number		Replacement Housing Factor Grant No:		FFY of Grant:	
PHA Name:		Capital Fund Program Grant No: NY06P034501-08		Date of CFFP:		2008	
Rome Housing Authority						FFY of Grant Approval:	
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:2)		Total Actual Cost ¹	
Original Annual Statement		Original		Revised ²		Obligated	
Performance and Evaluation Report for Period Ending:		Total Estimated Cost		Total Estimated Cost		Expended	
Line	Summary by Development Account	Original	Revised ²	Obligated	Total Actual Cost ¹	Expended	
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements	38055	38055.00	38055	38055.00	38055.00	
4	1410 Administration (may not exceed 10% of line 21)	38055	38055.00	38055	38055.00	38055.00	
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	35000	11248.31	11248.31	11248.31	11248.31	
8	1440 Site Acquisition						
9	1450 Site Improvement	31390	9079.00	9079.00	9079.00	9079.00	
10	1460 Dwelling Structures	238055	284117.69	284117.69	284117.69	284117.69	
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						
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)	380555	380555.00	380555.00	380555.00	380555.00	
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						
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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
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2008	
PHA Name: Rome Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY06P034501-08 Date of CFFP: _____	Replacement Housing Factor Grant No:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account	<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:2) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost	Total Actual Cost ¹
Signature of Executive Director 	Original Date 1/12/11	Revised ² Signature of Public Housing Director	Obligated Expended

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 NY034		Locality (City/County & State) Rome, Oneida, New York				<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
Development Number and Name	Work Statement for Year 1 FFY 2011 NY06P034501-11	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	
A. PHA - Wide		253405	218405	253405	253405	
B. Physical Improvements Subtotal	Annual Statement	25000	25000	25000	25000	253405
C. Management Improvements						
D. PHA-Wide Non-dwelling Structures and Equipment		38000	38000	38000	38000	38000
E. Administration		35000	35000	35000	35000	35000
F. Other		30000	30000	30000	30000	30000
G. Operations						
H. Demolition						
I. Development						
J. Capital Fund Financing - Debt Service						
K. Total CFP Funds		381405	381405	381405	381405	381405
L. Total Non-CFP Funds						
M. Grand Total		381405	381405	381405	381405	381405

**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.

ROME HOUSING AUTHORITY
PHA Name

NY034
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20__ - 20__

X 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	Title
JAMES A. BALDWIN	EXECUTIVE DIRECTOR

Signature	Date
	1/11/2011

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

ROME HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

CAPITAL FUND, OPERATING FUND, NY034000005, NY034000006, NY034000102

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.)

COLONIAL I APARTMENTS 205 ST PETER'S AVE ROME, ONEIDA, NY 13440	COLONIAL II APARTMENTS 310 COTTAGE STREET ROME, ONEIDA, NY 13440	VALENTINE APARTMENTS 152 TURIN STREET ROME, ONEIDA, NY 13440	LIBERTY GARDEN APTS 200 N LEVITT STREET ROME, ONEIDA, NY 13440
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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)

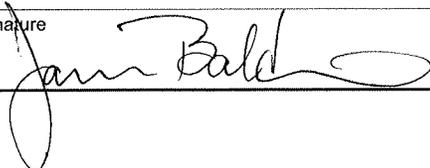
Name of Authorized Official

JAMES A. BALDWIN

Title

EXECUTIVE DIRECTOR

Signature

X 

Date

1/11/2011

Certification of Payments to Influence Federal Transactions

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

Applicant Name

ROME HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

CAPITAL FUND, OPERATING FUND, NY034000005, NY034000006, NY03400102

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)

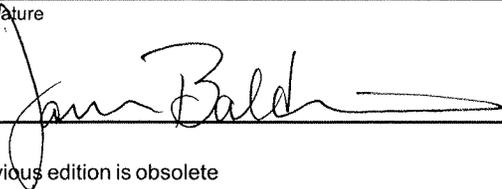
Name of Authorized Official

JAMES A. BALDWIN

Title

EXECUTIVE DIRECTOR

Signature



Date (mm/dd/yyyy)

1/11/2011

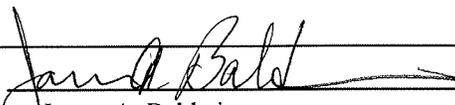
DISCLOSURE OF LOBBYING ACTIVITIES

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 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: <u></u> Print Name: <u>James A. Baldwin</u> Title: <u>Executive Director</u> Telephone No.: <u>315-337-1090</u> Date: <u>1/11/2011</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

NOT APPLICABLE