

# 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	<b>PHA Information</b> PHA Name: Housing Authority of Lincoln County 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: 01/01/2011 PHA Code: OR005				
2.0	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 119 Number of HCV units: 497				
3.0	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	<b>PHA Consortia</b> <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
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	<b>Mission.</b> 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:  To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.				
5.2	<b>Goals and Objectives.</b> 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.  See Attachment A				
6.0	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: ACOP & Administrative Plan changes to comply with regulatory changes only.  (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. PHA Main Office 1039 NW Nye Street, Newport, OR 97365 during regular business hours.				
7.0	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.				
8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> 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	<b>Capital Fund Program Five-Year Action Plan.</b> 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	<b>Capital Fund Financing Program (CFFP).</b> <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	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.				

9.1	<p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>Substantial Deviation from the 5-Year Plan – A change in policy which substantially alters the Authority's stated mission and the persons the Authority serves. This would include admissions preferences and demolition or disposition activities. Discretionary or administrative amendments consistent with the Authority's stated overall mission and basic objectives will not be considered substantial deviations or significant modifications.</p> <p>Significant Amendment or Modification to the Annual Plan – Significant deviations or modifications are defined as changes that alter the Authority's stated mission and the persons the Authority serves. This would include admissions preferences and demolition or disposition activities. Discretionary or administrative amendments consistent with the Authority's stated overall mission and basic objectives will not be considered significant modifications.</p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> 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>

**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 2011 Annual PHA Plan for the PHA fiscal year beginning 01/01/2011, 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.

Housing Authority of Lincoln County  
PHA Name

OR 005  
PHA Number/HA Code

\_\_\_\_\_ 5-Year PHA Plan for Fiscal Years 20\_\_\_\_ - 20\_\_\_\_\_

  X   Annual PHA Plan for Fiscal Years 2011

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    Niesia Chastain 	Title Board Chair
Signature	Date    10/12/2010

# Civil Rights Certification

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

## Civil Rights Certification

### Annual Certification and Board Resolution

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

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

Housing Authority of Lincoln County

OR005

PHA Name

PHA Number/HA Code

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

Name of Authorized Official

Niesa Chastain

Title

Board Chair

Signature



Date 10/12/2010

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of Lincoln County

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Subsidy and Capital Fund

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.)

See Attached

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

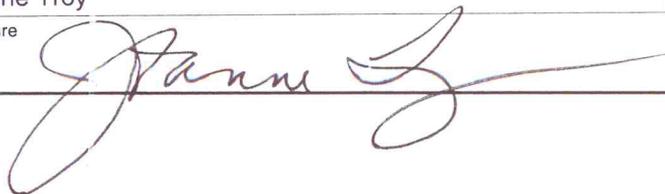
Joanne Troy

Title

Executive Director

Signature

X



Date

10/15/2010

**HOUSING AUTHORITY OF LINCOLN COUNTY  
PUBLIC HOUSING  
DRUG FREE WORKPLACE CERTIFICATION**

**PROJECT NUMBER: OR5001**

1-31 FIRCREST WAY                      TOLEDO                      97391

**PROJECT NUMBER: OR5002**

348 NW 11 <sup>TH</sup> ST	NEWPORT	97365
1118 NW LAKE	NEWPORT	97365
1126 NW LAKE	NEWPORT	97365
1136 NW LAKE	NEWPORT	97365
1150 NW LAKE	NEWPORT	97365
335 NW 12 <sup>TH</sup>	NEWPORT	97365
1135 NW LEE	NEWPORT	97365
1125 NW LEE	NEWPORT	97365
117 NW LEE	NEWPORT	97365
332 NW 11 <sup>TH</sup>	NEWPORT	97365
1118 NW LEE	NEWPORT	97365
1130 NW LEE	NEWPORT	97365
1138 NW LEE	NEWPORT	97365
321 NW 12 <sup>TH</sup>	NEWPORT	97365
305 NW 12 <sup>TH</sup>	NEWPORT	97365
1137 NW NYE	NEWPORT	97365
1129 NW NYE	NEWPORT	97365
1119 NW NYE	NEWPORT	97365
1105 NW NYE	NEWPORT	97365
318 NW 11 <sup>TH</sup>	NEWPORT	97365
1049 NW NYE	NEWPORT	97365
315 NW 11 <sup>TH</sup>	NEWPORT	97365
323 NW 11 <sup>TH</sup>	NEWPORT	97365
336 NW 11 <sup>TH</sup>	NEWPORT	97365
349 NW 11 <sup>TH</sup>	NEWPORT	97365
1038 NW LAKE	NEWPORT	97365
1030 NW LAKE	NEWPORT	97365
1018 NW LAKE	NEWPORT	97365
1014 NW LAKE	NEWPORT	97365
1004 NW LAKE	NEWPORT	97365

**PROJECT NUMBER: OR005**

142 SW HIGH #1	NEWPORT	97365
142 SW HIGH #2	NEWPORT	97365
142 SW HIGH #3	NEWPORT	97365
142 SW HIGH #4	NEWPORT	97365
142 SW HIGH #5	NEWPORT	97365

612 NW 10 <sup>TH</sup> #1	NEWPORT	97365
612 NW 10 <sup>TH</sup> #2	NEWPORT	97365
612 NW 10 <sup>TH</sup> #3	NEWPORT	97365
612 NW 10 <sup>TH</sup> #4	NEWPORT	97365
612 NW 10 <sup>TH</sup> #5	NEWPORT	97365
612 NW 10 <sup>TH</sup> #6	NEWPORT	97365

1021 NW SPRING #7	NEWPORT	97365
1021 NW SPRING#8	NEWPORT	97365
1021 NW SPRING #9	NEWPORT	97365
1021 NW SPRING#10	NEWPORT	97365
1021 NW SPRING #11	NEWPORT	97365
312 NW 10 <sup>TH</sup>	NEWPORT	97365
314 NW 10 <sup>TH</sup>	NEWPORT	97365
316 NW 10 <sup>TH</sup>	NEWPORT	97365
318 NW 10 <sup>TH</sup>	NEWPORT	97365

535 SW 10 <sup>TH</sup> #1	NEWPORT	97365
535 SW 10 <sup>TH</sup> #2	NEWPORT	97365
535 SW 10 <sup>TH</sup> #3	NEWPORT	97365
535 SW 10 <sup>TH</sup> #4	NEWPORT	97365
535 SW 10 <sup>TH</sup> #5	NEWPORT	97365

**PROJECT NUMBER: OR5007**

60 SPRUCE CT	DEPOE BAY	97341
661 MOFFIT RD	WALDPORT	97394
515 1 <sup>ST</sup> ST	OTTER ROCK	97369
3694 JOHNS LOOP	NEOTSU	97364
731 KIMO LANE	WALDPORT	97394
936 LANAI LOOP	SEAL ROCK	97376
12214 NE COOS	NEWPORT	97365
12143 NE COOS	NEWPORT	97365
12242 NE BENTON	NEWPORT	97365
12164 COOS	NEWPORT	97365
215 SE 97 <sup>TH</sup>	SEAL ROCK	97376

PROJECT NUMBER: OR5010

45 SE COOK #1  
45 SE COOK #2  
45 SE COOK #3

DEPOE BAY 97341  
DEPOE BAY 97341  
DEPOE BAY 97341

450 SE COLLINS #1  
450 SE COLLINS#2  
450 SE COLLINS#3

DEPOE BAY 97341  
DEPOE BAY 97341  
DEPOE BAY 97341

PROJECT NUMBER: OR5011

628 NW COTTAGE  
638 NW COTTAGE  
159 NW 55<sup>TH</sup> ST  
181 NW 55<sup>TH</sup> ST.  
28 NW COTTAGE  
952 NW HURBERT  
115 NW COTTAGE  
919 NW NYE  
457 NE 8<sup>TH</sup> ST  
728 AVERY ST

NEWPORT 97365  
NEWPORT 97365

PROJECT NUMBER: OR5013

5832 NW GLADYS  
5834 NW GLADYS  
5842 NW GLADYS  
5844 NW GLADYS

NEWPORT 97365  
NEWPORT 97365  
NEWPORT 97365  
NEWPORT 97365

PROJECT NUMBER: OR5014

734 NW COAST ST  
735 NW HIGH ST  
736 NW COAST ST  
737 NW HIGH ST

NEWPORT 97365  
NEWPORT 97365  
NEWPORT 97365  
NEWPORT 97365

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of Lincoln County

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Subsidy & Capital Fund

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

Joanne Troy

Title

Executive Director

Signature

Date (mm/dd/yyyy)

10/15/2010

Previous edition is obsolete

form HUD 50071 (3/98)  
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

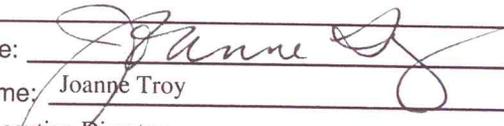
## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <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	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: <sup>4c</sup>	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b> U.S. Department of Housing & Urban Development	<b>7. Federal Program Name/Description:</b> 2011 Agency Annual Plan  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b> n/a	<b>9. Award Amount, if known:</b> \$ n/a	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):  none	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):  none	
<b>11.</b> 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>Joanne Troy</u> Title: <u>Executive Director</u> Telephone No.: <u>541 265-5326</u> Date: <u>10/15/2010</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

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

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

**Part I: Summary**

PHA Name: Housing Authority of Lincoln County	Grant Type and Number Capital Fund Program Grant No: OR16P005501-07 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant: 2007 FFY of Grant Approval: 2007
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: 06/30/2010 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance by Development Account	Original	Total Estimated Cost		Total Actual Cost <sup>1</sup>
			Revised <sup>2</sup>	Obligated	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	115,099		115,099	68,045
3	1408 Management Improvements	29,971		29,971	29,971
4	1410 Administration (may not exceed 10% of line 21)	19,807		19,807	19,807
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	9,310		9,310	9,310
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonependable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	23,887		23,887	23,887
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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<b>Part I: Summary</b>		FFY of Grant: 2007	
PHA Name: Housing Authority of Lincoln County		FFY of Grant Approval:	
Grant Type and Number: Capital Fund Program Grant No: OR16P005501-07		OMB No. 2577-0226	
Replacement Housing Factor Grant No:		Expires 4/30/2011	
Date of CFFP:			

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	198,074		198,074	151,971
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	0	0	0	0
Signature of Executive Director: Joanne Troy		Date: 11/22/2010	Signature of Public Housing Director:		Date:

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

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Part II: Supporting Pages		PHA Name: Housing Authority of Lincoln County		Grant Type and Number		Federal FFY of Grant: 2007		
				Capital Fund Program Grant No: OR16P005501-07				
				CFFP (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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA - Wide	Operations	1406	119	115,099		115,099	68,996	60%
	Management - new computer system, software & training PHA Administration	1408	119	29,971		29,971	29,971	100%
	Computer Hardware	1410	119	19,807		19,807	19,807	100%
		1475	119	23,887		23,887	23,887	100%
OR005000002								
12164 Coos	Window Replacement	1450	3				0	moved to 2008
12143 Coos								
12214 Coos								
South Beach House	Replace septic tank & pump (emergency)	1450	1	9,310		9,310	9,310	100%
Total				198,074		198,074	151,971	

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



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U.S. Department of Housing and Urban Development  
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**Part I: Summary**

PHA Name: Housing Authority of Lincoln County	Grant Type and Number Capital Fund Program Grant No: OR16P005501-08 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant: 2008 FFY of Grant Approval: 2008
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies Performance and Evaluation Report for Period Ending: 6/30/2010	Original	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>	
				Revised <sup>2</sup>	Final Performance and Evaluation Report <input type="checkbox"/> Final Performance and Evaluation Report		Expend	
1	Total non-CFP Funds							
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		144,727			144,727	69,914	
3	1408 Management Improvements							
4	1410 Administration (may not exceed 10% of line 21)		21,330			21,330	21,330	
5	1411 Audit							
6	1415 Liquidated Damages							
7	1430 Fees and Costs							
8	1440 Site Acquisition							
9	1450 Site Improvement							
10	1460 Dwelling Structures		41,943			41,943	31,156	
11	1465.1 Dwelling Equipment—Nonexpendable							
12	1470 Non-dwelling Structures							
13	1475 Non-dwelling Equipment		5,299			5,299	5,299	
14	1485 Demolition							
15	1492 Moving to Work Demonstration							
16	1495.1 Relocation Costs							
17	1499 Development Activities <sup>4</sup>							

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

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<b>Part I: Summary</b>		FFY of Grant: 2008	
PHA Name: Housing Authority of Lincoln County	Grant Type and Number Capital Fund Program Grant No: OR16P005501-08 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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010 <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 Cost <sup>1</sup>
		Original	Revised <sup>2</sup>
		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)	213,299	213,299
21	Amount of line 20 Related to LBP Activities		127,699
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	15,947	0
Signature of Executive Director Joanne Troy 10/15/2010		Date	Signature of Public Housing Director
			Date

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

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Part II: Supporting Pages		PHA Name: Housing Authority of Lincoln County		Grant Type and Number		Federal FFY of Grant: 2008		Status of Work	
				Capital Fund Program Grant No: OR16P005501-08					
				CFPP (Yes/ No):					
				Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
PHA - Wide	Operations	1406	119	144,727		144,727	69,914		
	Administration	1410	119	21,330		21,330	21,330		100%
OR005000001									
Oceanspray FIC	Exterior Painting	1470	1	5,299		5,299	5,299		100%
Firerest Apts	Exterior Painting	1460	10	21,418		21,418	10,633		50%
	roof structure repair & roofing	1460	5	0					
Site A	Replace main electric boxes	1460	2	0		0	0		done in 07
	Exterior Painting	1460	11	4,578		4,578	4,578		100%
OR005000002									
12143 Coos	new windows	1460	1	4,635		4,635	4,635		100%
12214 Coos	new windows	1460	1	5,629		5,629	5,629		100%
12164 Coos	new windows	1460	1	5,683		5,683	5,683		100%
Total				213,299		213,299	127,699		

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



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**Part I: Summary**

PHA Name: Housing Authority of Lincoln County	Grant Type and Number Capital Fund Program Grant No: OR16P005501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies Summary by Development Account	Revised Annual Statement (revision no:05 ) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost <sup>1</sup> Expended
			Original	Revised <sup>2</sup>	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		102,500	102,305	490
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)		20,402	20,402	3,991
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition		4,000	0	
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable		42,801	60,659	60,659
12	1470 Non-dwelling Structures		34,999	21,336	21,336
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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**Part I: Summary**

PHA Name: Housing Authority of Lincoln County	Grant Type and Number Capital Fund Program Grant No: OR16P005501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009
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Line	Type of Grant	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
			Original	Revised <sup>2</sup>	Obligated	Expended
18a		1501 Collateralization or Debt Service paid by the PHA				
18ba		9000 Collateralization or Debt Service paid Via System of Direct Payment				
19		1502 Contingency (may not exceed 8% of line 20)				
20		Amount of Annual Grant:: (sum of lines 2 - 19)	204,702	204,702	169,538	86,476
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	34,999	21,336	21,336	21,336
Signature of Executive Director 			Date 10/15/2010	Signature of Public Housing Director		Date

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





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**Part I: Summary**

PHA Name: Housing Authority of Lincoln County OR005	Grant Type and Number Capital Fund Program Grant No: OR16P005501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010	Summary by Development Account	Revised Annual Statement (revision no:01 ) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost <sup>1</sup>
			Original	Revised <sup>2</sup>	
1		Total non-CFP Funds			
2		1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	104,241		
3		1408 Management Improvements			
4		1410 Administration (may not exceed 10% of line 21)	20,193		
5		1411 Audit			
6		1415 Liquidated Damages			
7		1430 Fees and Costs			
8		1440 Site Acquisition			
9		1450 Site Improvement	64,500		
10		1460 Dwelling Structures	13,000		
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 <sup>4</sup>			

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

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**Part I: Summary**

PHA Name: **Housing Authority of Lincoln County** Grant Type and Number: **Capital Fund Program Grant No: ORI16P005501-10**  
 Replacement Housing Factor Grant No: **Replacement Housing Factor Grant No:**  
 Date of CFFP: \_\_\_\_\_

FFY of Grant: **2010**  
 FFY of Grant Approval: \_\_\_\_\_

Type of Grant:  Original Annual Statement  Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending: **06/30/2010**  Revised Annual Statement (revision no: 01 )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	201,934			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	77,500			
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: *[Signature]* Date: **10/15/2010** Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

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

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**Part II: Supporting Pages**

PHA Name: Housing Authority of Lincoln County		Grant Type and Number Capital Fund Program Grant No: ORI16P005501-10 CFPP (Yes/ No): Replacement Housing Factor Grant No:		Federal FVY of Grant: 2010				
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Operations	1406		104,241				
OR005000001	Administration	1410		20,193				
5001 - Fircrest	Regrade entrance ramps and access routes for community room and two handicapped units to comply with 504 requirements	1450	3	15,000				
	Add handrails to units 26 & 28 to comply with 504 requirements	1460	2	5,000				
5002 - Oceanspray	Regrade entrance ramps at Family Center and PHA office to comply with 504 requirements.	1450	2	6,000				
	Resurface parking lot to address handicapped parking and entrance ramp inclines and slopes to comply with 504 requirements	1450	30	15,000				
5005	Add additional handrails to handicapped units to comply with 504 requirements	1460	2	5,000				
Site B	regrade parking lot and entrance ramp for handicapped unit to comply with 504 requirements	1450	1	10,000				
	Add additional handrails to comply with 504 requirement	1460	1	3,000				

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



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**Part III: Implementation Schedule for Capital Fund Financing Program**  
 PHA Name: Housing Authority of Lincoln County

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FFY of Grant: 2010	Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
PHA - Wide OR005000001	7/14/2012		07/14/2014			
5001 Fircrest	7/14/2012		07/14/2014			
5002 Oceanspray	7/14/2012		07/14/2014			
5005 Site B Site C	7/14/2012		07/14/2014			
5013 - Gladys Street	7/14/2012		07/14/2014			
OR005000002						
5010 - Depoe Bay -Cook St	7/14/2012		07/14/2014			

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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**Part I: Summary**

PHA Name: Housing Authority of Lincoln County OR005	Grant Type and Number Capital Fund Program Grant No: OR16P005501-11 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval:
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Summary by Development Account	Original	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>
					Revised <sup>2</sup>	Final Performance and Evaluation Report <sup>3</sup>		
1	Total non-CFP Funds							
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			107,000				
3	1408 Management Improvements							
4	1410 Administration (may not exceed 10% of line 21)			20,500				
5	1411 Audit							
6	1415 Liquidated Damages							
7	1430 Fees and Costs							
8	1440 Site Acquisition							
9	1450 Site Improvement							
10	1460 Dwelling Structures			77,500				
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 <sup>4</sup>							

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

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**Part I: Summary**

PHA Name: Housing Authority of Lincoln County  
 Grant Type and Number: Capital Fund Program Grant No: OR16P005501-11  
 Replacement Housing Factor Grant No:  
 Date of CFFP:

FFY of Grant: 2011  
 FFY of Grant Approval:

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	205,000			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs	15,000			
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	15,000			
Signature of Executive Director		Date 10/15/2010		Signature of Public Housing Director	
				Date	

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

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**Part II: Supporting Pages**

PHA Name: Housing Authority of Lincoln County		Grant Type and Number Capital Fund Program Grant No: OR16P005501-11 CFPP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2011			
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
PHA Wide	Operations Administration	1406 1410		107,000 20,500			
OR005000001							
5001 - Fircrest	Re do two kitchens to comply with 504 requirements	1460	2	15,000			
5002 - Oceanspray	Update electric heat units New windows	1460 1460	15 10	15,000 15,500			
5005 - Site A	New windows	1460	11	22,000			
Site B	Replace water lines bathroom & kitchen	1460	6	5,000			
Cook Street #3	Remodel ADA bathroom - replace roll in shower	1460	1	5,000			
Total				205,000			

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

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

**Part III: Implementation Schedule for Capital Fund Financing Program**

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FFY of Grant: 2011  Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA - Wide OR005000001	7/14/2013		07/14/2015		
5001 Fircrest	7/14/2013		07/14/2015		
5002 Oceanspray	7/14/2013		07/14/2015		
5005 Site A	7/14/2013		07/14/2015		
Site B	7/14/2013		07/14/2015		
5010 Depoe Bay - Cook St	7/14/2013		07/14/2015		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/20011

**Part I: Summary**

PHA Name/Number Housing Authority of Lincoln County OR 005		Locality (City/County & State) City of Newport/ Lincoln County, OR			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name <b>OR005000001</b> 5001 Fircrest 5002 Oceanspray 5005 Site A,B,C & D Scattered Site Houses 5013 Gladys 5014 Coast & High <b>OR005000002</b> 5010 Collins and Cook	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	Approved Statement	0	4,000	25,000	12,000
C.	Management Improvements		80,000	56,000	80,000	80,000
D.	PHA-Wide Non-dwelling Structures and Equipment		0	0	0	0
E.	Administration		21,000	25,000	0	0
F.	Other		21,000	21,000	22,000	22,000
G.	Operations		107,000	110,000	110,000	110,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing - Debt Service					
K.	Total CFP Funds		208,000	208,000	212,000	212,000
L.	Total Non-CFP Funds		0	0	0	0
M.	Grand Total		208,000	208,000	212,000	212,000

**Part II: Supporting Pages – Physical Needs Work Statement(s)**

Work Statement for Year 1 FFY 2011	Work Statement for Year 2012			Work Statement for Year: 2013		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See 5000001						
5000001						
OR005000001						
5001 - Fircrest						
New retaining wall/ parking	1	5,000	OR005000001			
			5001 - Fircrest windows	8	28,000	
5002-Oceanspray						
New storage doors	20	17,000	5002 - Oceanspray	1	8,000	
New cluster mailbox	2	4,000	Exterior paint office			
5005						
Site A – new windows	11	20,000				
Site C – cluster mail boxes	6	3,000				
Otter Rock House - siding	1	8,000	5014 Coast & High New kitchen counters	4	12,000	
			Sinks, faucets			
626 Cottage Street New roof	1	15,000	Bathroom vanities			
5013 – Gladys			OR005000002			
Replace exterior doors	4	8,000	5010 Collins	4	4,000	
			Replace entrance doors			
	4					
Subtotal of Estimated Cost		\$80,000	Subtotal of Estimated Cost		\$52,000	





