

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: _____ Central Falls Housing Authority _____ PHA Code: <u>RI004</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): 10/01/2011				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>327</u> Number of HCV units: 523				
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<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:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<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:  <b>The Mission of the Central Falls Housing Authority is to provide safe, decent and affordable housing and to establish programs that will educate, enhance and empower all the people in the community we serve.</b>				
<b>5.2</b>	<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. <b>The Central Falls Housing Authority is committed to high standards of public accountability and continuous improvements based on specific goals and objectives designed and implemented through management excellence, professional development and customer satisfaction.</b>  See PHA Plans 2010 attachments doc.				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: See PHA Plans 2010 Attachments. doc (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. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. All elements identified in Section 6.0 including attachments can reviewed by residents, staff and general public at the Main Administrative Office as well as each development (Wilfrid Manor, Forand Manor) management office.				
<b>7.0</b>	<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.				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<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.				
<b>8.2</b>	<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.				
<b>8.3</b>	<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	<p><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.</p>
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> <ul style="list-style-type: none"> <li>(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. See PHAPLans 2010 Attachments.doc</li> <li>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” See PHA Plans 2010 attachments doc.</li> </ul>
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> <ul style="list-style-type: none"> <li>(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)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(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.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

## Instructions form HUD-50075

**Applicability.** This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

### 1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

### 2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

### 3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

### 4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

### 5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

**5.1 Mission.** A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

**5.2 Goals and Objectives.** Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

**6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

#### PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

**7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers**

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: [http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm)  
**Note:** This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

**8.0 Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

**8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

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

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

**8.3 Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

**9.0 Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**9.1 Strategy for Addressing Housing Needs.** Provide a 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: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**10.0 Additional Information.** Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

**11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

PHA Name: Central Falls Housing Authority  
 PHA Type: Standard  
 PHA Fiscal Year Beginning: 10/2010

PHA Code: RI004

**5.2 – Goals and Objectives**

- Goal – Increase the availability of decent, safe, and affordable housing
  - Reduce public housing vacancies
  - Leverage private and other public funds to create additional housing opportunities (we currently have a 4 unit (3 bedrooms each) attached town house setup for homeownership training along with a two unit ranch house)
  - Develop a Marketing Strategy that may require the development of an Allocation Plan to improve the continuity and occupancy levels of elderly/handicap developments.
- Goal – Improve the quality of assisted housing
  - Improve public housing management (PHAS score)
  - Concentrate efforts to improve specific management functions
  - Renovate/modernize public housing units
- Goal – Increase assisted housing choices
  - Implement public housing site-based waiting lists (we currently have three waiting lists for Public Housing. One list for Wilfrid Manor, one list for Forand/Forand Annex Manor and a combined list for both manors)
- Goal – Provide an improved living environment
  - Implement public housing security improvements (with our 2006 CFP monies we installed a 170 camera CCTV system along with building access improvements at both developments tied together through WIFI capabilities. When responding to an emergency both the police and fire departments can get access to the system)
- Goal – Promote Self-Sufficiency and asset development of families and individuals
  - Increase the number and percentage of employed persons in assisted families (utilizing grants and other partnerships we have over 100 participants receiving job training and employment. We also have 47 participating families currently in our FSS program. Since its inception some 10 years ago the FSS five year program has successfully graduated at least 60 participants families who are completely off assistance, are working and in some cases have bought homes)
  - Provide and attract supportive services to improve participants employability
  - Provide and attract supportive services to increase independence for the elderly or families with disabilities (we have done this through our Resident Services Coordinator as well as staff assistance where possible)
- Goal – Ensure equal opportunity in housing for all individuals
  - Utilize affirmative measures to ensure access to assisted housing regardless of race, color religion, national origin, sex, familial status and disability
  - Utilize affirmative measures to provide a suitable living environment for families/individuals living in assisted housing regardless of race, color religion, national origin, sex, familial status and disability
  - Utilize affirmative measures to ensure accessible housing to persons/families with all varieties of disabilities regardless of unit size requirements
  - Provide Voucher mobility counseling
  - Conduct outreach efforts to potential voucher landlords
- Goal –Increase Budget Utilization by employing methods that will improve leasing in Central Falls
  - Maintain Payment Standards according to area market
  - Maintain an up to date available units list on the internet
  - Perform periodic landlord outreach meetings
  - Ensure continuous monitoring of the budget to avoid the pendulum effect.
  - Seek and discourage inflated rents from landlords
- Goal –Improve uniformity in job procedures
  - Review the Section 8 Administration Policy and ACOP
  - Provide more training opportunities for all staff in PH and Section 8
  - Timely dissemination of program regulation changes to all appropriate staff
- Goal –Research availability of grants and funds to landlords for home improvements and weatherization
  - Contact state housing agencies for collaboration of current and future funding availability
  - Connect with local action programs for services available
  - Survey landlords interests and needs
- Goal – Smoke- Free Policy
  - Implement a smoke-free policy
  - Tenants must comply with Authority’s smoke-free regulations
  - Smoke-free policy designated in all areas including dwelling units, common areas, yards, hallways, and parking areas
  - This policy will expressly preclude the use of marijuana, regardless of a valid prescription for such use, and any and all CFHA properties

**6.0 (a) Element # 2:**

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2011 grants)</b>		
a) Public Housing Operating Fund	856,288	
b) Public Housing Capital Fund	406,590	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
e) Annual Contributions for Section 8 Tenant-Based Assistance	4,895,016	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants	70,087	
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
RI43P004501-09	66,101	
RI42P004501-10	208,000	
<b>3. Public Housing Dwelling Rental Income</b>	1,109,976	PH Operations
<b>4. Other income (list below)</b>		
Portables Admin.	14,400	HCV Operations
Rooftop Antenna Leases	125,148	PH Operations
Excess Utilities	20,000	PH Operations
Interest on General Fund	6,000	PH Operations
<b>4. Non-federal sources (list below)</b>		
State Dept. of Elderly Affairs		Security
Component Units Revenue	72,032	Component Units
<b>Total resources</b>		

**6.0 (a) Element # 6:**

Designation of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> <b>Occupancy by only elderly families and families with disabilities</b> <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> <b>Submitted, pending approval</b> <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <b>Planned Revised Resubmission October/November 2010 Time Frame</b>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> <b>New Designation Plan</b> <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) <input type="checkbox"/> <b>Part of the development</b> <input type="checkbox"/> Total development

Designation of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> <b>Occupancy by only elderly families and families with disabilities</b> <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> <b>Submitted, pending approval</b> <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:

Planned revised resubmission October/November 2010 Time Frame	
5. If approved, will this designation constitute a (select one)	
<input type="checkbox"/> <b>New Designation Plan</b>	
<input type="checkbox"/> Revision of a previously-approved Designation Plan?	
6. Number of units affected:	
7. Coverage of action (select one)	
<input type="checkbox"/> <b>Part of the development</b>	
<input type="checkbox"/> Total development	

**6.0 (a) Element # 7:**

PHA Goal: To continue seeking additional funding through ROSS, FSS Grants and other public and private sources to expand programs in meeting the mission of the Central Falls Housing Authority

Objectives: (Goal Achieved - received 3 year Grant, hired RSC)

- Hired a resident service coordinator to coordinate health and social services for the elderly and disabled population
- To expand family self sufficiency programming for employment opportunities

**6.0 (a) Element # 13:**

Violence Against Women Act (VAWA)

The PHA has implemented and instructed the Resident Services Coordinator and the Building Managers in each of the two developments in the proper use of HUD Form 91066 – Certificate of Domestic Violence, Dating Violence or Stalking. In addition we have a designated police officer assigned to our developments. He coordinates with the above mentioned staff members in the reporting, investigating and prosecuting of any violations.

**9.1 Strategies**

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	25.9%	5	5	5	5	N/A	N/A
Income >30% but <=50% of AMI	29%	5	5	5	5	N/A	N/A
Income >50% but <80% of AMI	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Elderly	15%	5	5	5	5	N/A	N/A
Families with Disabilities	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						

Source of Information for the above chart – City of Central Falls Consolidated Plan 2007 – We will also take advantage of the 2010 U.S. Census dataset (CHAS – Comprehensive Housing Affordability Strategy) when it becomes available next year.

Housing Needs of Families on the Waiting List			
Waiting list type: Public Housing Site-Based waiting list: Forand Manor – List is not closed			
	# of families	% of total families	Annual Turnover
Waiting list total	29		
Extremely low income <=30% AMI	25	86%	
Very low income (>30% but <=50% AMI)	3	11%	
Low income (>50% but <80% AMI)	1	3%	
Families with children	2	8%	
Elderly families	7	29%	
Families with Disabilities	15	63%	
Race/ethnic. White	20	69%	
Race/ethnic. Hisp.	5	17%	
Race/ethnic. Black	14	48%	
Race/ethnicity	15	52%	
Characteristics by Bedroom Size (Public Housing Only)			
0BR	5	13%	
1 BR	18	65%	

Housing Needs of Families on the Waiting List			
2 BR	6	22%	
3 BR			
4 BR			
5+ BR			

Housing Needs of Families on the Waiting List			
Waiting list type: Public Housing Site-Based waiting list: Wilfrid Manor – List is not closed			
	# of families	% of total families	Annual Turnover
Waiting list total	35		
Extremely low income <=30% AMI	32	91%	
Very low income (>30% but <=50% AMI)	3	9%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	10	29%	
Elderly families	11	31%	
Families with Disabilities	14	40%	
Race/ethnic. White	26	74%	
Race/ethnic. Black	2	6%	
Race/ethnic. Hisp.	33	66%	
Race/ethnic. Non-H.	12	34%	
Characteristics by Bedroom Size (Public Housing Only)			
0BR	2	6%	
1 BR	19	50%	
2 BR	12	42%	
3 BR	1	1%	
4 BR	1	1%	
5+ BR			

**Note: Some families from both lists above also sign up for the combined waiting list for both developments which is also not closed.**

Housing Needs of Families on the Waiting List			
Waiting list type: Section 8 tenant-based assistance – List has been closed for the past twelve (12) months			
	# of families	% of total families	Annual Turnover
Waiting list total	508		
Extremely low income <=30% AMI	441	87%	
Very low income (>30% but <=50% AMI)	66	13%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	340	67%	
Elderly families	25	5%	
Families with Disabilities	41	8%	
Race/ethnic. Hisp.	35	69%	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	Already completed		
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			

<b>Housing Needs of Families on the Waiting List</b>

**Note: The Section 8 Tenant-based assistance waiting list is based on bedroom size needs.**

Strategy for addressing needs – using current resources:

- Employ effective strategies/policies to minimize the number of units off-line
- Reduce turnover time for vacated housing units (average time from move out to move in is 30 to 60 days)
- Reduce time to renovate public housing units (average time of less than 30 days from turnover to maintenance to return to leasing and occupancy)
- Maintain/increase Section 8 lease-up rates by establishing payment standards that allow families to rent throughout the jurisdiction
- Ensure access to affordable housing among assisted families, regardless of unit size required
- Ensure access to affordable housing among families with disabilities

**10.0 Additional Information**

**10.0 (a) Progress in Meeting Mission and Goals – See 5.2 Goals and Objectives above**

**10.0 (b) Significant Amendment and Substantial Deviation/Modification**

- Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Central Falls Housing Authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

**DRAFT**  
**Central Falls Housing Authority**  
**Smoke-Free Policy**

Approved by the Board of Commissioners \_\_\_\_\_ (date)

As of \_\_\_\_\_ (Date), all Central Falls Housing Authority apartments and buildings will be smoke-free. This means that there will be no smoking in indoor common or private areas of the property. This policy includes tenants as well as guests, maintenance personnel and staff. Smokers may smoke outside 50 feet away from an entrance of a building (per the RI Dept. of Health).

This policy was passed to protect the health of our residents, staff and guests. Secondhand smoke is a Class A carcinogen, which means it is a cancer causing agent and there is no safe exposure level. Secondhand smoke can travel through doorways, windows, wall joints, plumbing spaces and even light fixtures, so secondhand smoke from one unit can adversely affect the health of residents in other units.

**Temporary Exemption:** There shall be a temporary exemption to this non-smoking policy for all smokers who are authorized residents of any Central Falls Housing Authority property as of the date this policy is adopted. Any authorized resident of any Central Falls Housing Authority property as of \_\_\_\_\_ 2011 who smokes must complete a Temporary Smoking Exemption Form, and submit such form to the Central Falls Housing Authority's main office at 30 Washington Street, Central Falls, RI 02863. Provided such exemption form is fully completed and submitted to and approved by the Central Falls Housing Authority Executive Director, the resident may continue to smoke in the resident's apartment only. This exemption will continue only until the date of the resident's next lease renewal, at which time the smoke-free policy will also apply to the resident.

1. **Purpose of No-Smoking Policy.** The parties desire to mitigate (i) the irritation and known health effects of secondhand smoke; (ii) the increased maintenance, cleaning, and redecorating costs from smoking; (iii) the increased risk of fire from smoking; and (iv) the higher costs of fire insurance for a non-smoke-free building;
2. **Definition of Smoking.** The term "smoking" means inhaling, exhaling, breathing, or carrying any lighted cigar, cigarette, or other tobacco product or similar lighted product in any manner or in any form.
3. **Smoke-Free Complex.** Tenant agrees and acknowledges that the premises to be occupied by Tenant and members of Tenant's household have been designated as a smoke-free living environment. Tenant and members of Tenant's household shall not smoke anywhere in the unit rented by Tenant, or the building where the Tenant's dwelling is located or in any of the common areas or adjoining grounds of such building or other parts of the rental community, nor shall Tenant permit any guests or visitors under the control of Tenant to do so. Smoking is only permitted 50 feet away from building entrances.

# DRAFT

## Central Falls Housing Authority Smoke-Free Policy

Approved by the Board of Commissioners \_\_\_\_\_ (Date)

4. **Tenant to Promote No-Smoking Policy and to Alert CFHA of Violations.** Tenant shall inform Tenant's guests of the no-smoking policy. Further, Tenant shall promptly give CFHA a written statement of any incident where tobacco smoke is migrating into the Tenant's unit from sources outside of the Tenant's apartment unit.
5. **CFHA Not a Guarantor of Smoke-Free Environment.** Tenant acknowledges that CFHA adoption of a smoke-free living environment, and the efforts to designate the rental complex as smoke-free, do not make the CFHA or any of its managing agents the guarantor of Tenant's health or of the smoke-free condition of the Tenant's unit and the common areas. However, CFHA shall take reasonable steps to enforce the smoke-free terms of its leases and to make the complex smoke-free. CFHA is not required to take steps in response to smoking unless CFHA knows of said smoking or has been given written notice of said smoking.
6. **Effect of Breach and Right to Terminate Lease.** A breach of this Lease shall give each party all the rights contained herein, as well as the rights in the Lease. A material breach of this Lease shall be a material breach of the lease and grounds for immediate termination of the lease by the CFHA.
7. **Disclaimer by CFHA.** Tenant acknowledges that CFHA's adoption of a smoke-free living environment and the efforts to designate the rental complex as smoke-free do not in any way change the standard of care that the CFHA or managing agent would have to a Tenant household to render buildings and premises designated as smoke-free any sager, more habitable, or improved in terms of air quality standards than any other rental premises. CFHA specifically disclaims any implied or express warranties that the building, common areas, or Tenant's premises will have any higher or improved air quality standards than any other rental property. CFHA cannot and does not warranty or promise that the rental premises or common areas will be free from secondhand smoke. Tenant acknowledges that CFHA's ability to police, monitor, or enforce the agreements of this Lease is dependent in significant part on voluntary compliance by Tenant and Tenant's guests. Tenants with respiratory ailments, allergies, or any other physical or mental condition relating to smoke are put on notice that CFHA does not assume any higher duty of care to enforce this Lease than any other CFHA obligation under the Lease.



# Central Falls Housing Authority

## Annual Plan

Fiscal Year 10/01/2011 – 09/30/2012

### *Required Attachment: Membership of the Resident Advisory Board or Boards*

**List members of the Resident Advisory Board :** Resident volunteers were solicited to serve on the RAB Board

#### **FORAND MANOR TENANT'S**

Rita Houle	Apt. # 214	401-725-7539
Claire Vilandre	Apt. # A71	401-725-7356
Jenny Cardova	Apt. #214	401-721-5516

#### **WILFRID MANOR TENANT'S**

Mary Ross	Apt. # 511	401-726-3396
Stella Sweet	Apt. # 303	401-726-2459
Bob Winders	Apt. # 705	401-723-8079
Mike Riley	Apt. # 608	401-451-7383
Ed Ross	Apt.# 217	
Fran Ross	Apt. #217	

## ***Resident Advisory Board Meeting***

The meeting was held on April 15, 2011, at 2pm in the Forand Manor Community Room. In addition to all residents' members, the following staff were in attendance: Sharon King, Director of Housing, Bill Aunchman, Maintenance Manager and Bridgett Duquette, Finance Manager.

### **RAB Meeting -Agenda 4-15-2011**

#### **HISTORY:**

- **FORAND - Sealing Caulking..Brick work on entire building..COMPLETED**
- **FORAND – New domestic Hot Water - started 2008 and COMPLETED 2009**

#### **PRESENT:**

- **WILFRID, FORAND AND ANNEX – Generator ..nearly complete**
- **ANNEX –New Boiler System**

#### **Near Future – in process of getting quotes:**

- **WILFRID, FORAND AND ANNEX- Concrete work**
- **WILFRID - Parking Lot - complete repair**
- **WILFRID, FORAND AND ANNEX - new trash compactors**
- **WILFRID – new circular pumps**
- **FORAND – reseal tubs**

#### **FUTURE DEPENDING ON HUD FUNDING:**

- **1<sup>ST</sup> PRIORITY – WILFRID AND ANNEX – Wash/paint/ seal exterior**
- **2<sup>nd</sup> PRIORITY – FORAND – new windows**
- **3<sup>rd</sup> PRIORITY – ANNEX – renovate kitchens**
- **WILFRID AND ANNEX –ceiling fans and lights**
- **FORAND – replace refrigerators**

RAB Meeting  
Minutes  
4-15-2011

**Attendance** – CFHA: Sharon King, Bridgette Duquette, Forand: Rita Houle, Claire Vilandre, Jenny Cardoza;  
Wilfrid: Mary Ross, Fran Ross, Ed Ross, Bob Wonder,

- **Passed out public notice** - CFHA availability of Agency Plan
  -
- **Passed out list of committee**..made changes/add
- Went over a list of projects completed, in operation now, projects in process of getting quotes, projects to be done in future based on funding
- **Bill answered specific questions re the projects**- solar power on flat roof of wilfrid, ceiling fans/lights, circular pumps,
- Concerns /request: fencing around Wilfrid to keep out animals and children playing, atm machines in community room, more committee members/post a flyer of the RAB meeting and give to all residents in English and Spanish as well as post on community AMP tvs, want to know if they can buy their own ceiling fans that are not hooked up through electric but only plug in..must be bolted to ceiling however, Bill felt that this would not be a good idea but we would pass it by Tina....

## **PUBLIC NOTICE**

**A DRAFT copy of the Central Falls Housing Authority's (CFHA) Public Housing Agency Plan will be available for public inspection from Monday, April 18, 2011 until Thursday, June 2, 2011 at the Administrative Office of the Authority at 30 Washington Street, between the hours of 9:00 A.M. and 4:00 P.M. This Plan will advise the Department of Housing and Urban Development (HUD), CFHA residents and members of the public, of the Central Falls Housing Authority's mission for serving the needs of low-income and very low-income families, and the Housing Authority's strategy for addressing those needs.**

**You are invited to make comments on the Plan at a Public Hearing to be held on Thursday, June 2, 2011 at 2:00 P.M. in the Forand Manor Community Room, 30 Washington Street, Central Falls, Rhode Island. Written comments may be sent to:**

**Agency Plan Comments  
Central Falls Housing Authority  
30 Washington Street  
Central Falls, Rhode Island 02863**

**Requests for interpreter services for the hearing impaired must be made in writing, to the Authority, at the above address, no later than forty-eight (48) hours prior to the hearing.**

**Central Falls Housing Authority  
Tina Marie Sullivan,  
Executive Director**

**Equal Housing Opportunity**

## **Section 3 Policy**

### **§ 2.27.001 BACKGROUND ON THE SECTION 3 PROGRAM**

Section 3 is a policy mandated by the United States Congress. It refers to the third section of the Housing Act of 1968, as amended by section 915 of the Housing and Community Development Act of 1992. The purpose of section 3 is to “ensure that employment and other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, and consistent with existing Federal, State, and local laws and regulations, be directed toward low-and very low-income persons, particularly those who are recipients of government assistance for housing, and to business concerns which provide economic opportunities to low-and very low- income persons.”

Consistent with 24 CFR Part 135, as a recipient of HUD Public and Indian Housing funding, the Central Falls Housing Authority (CFHA) requires fulfillment of section 3 obligations on all contracts that make use of that assistance. These policies are implemented regardless of the contract amount or whether it is designated as construction. The CFHA works to ensure the provision of employment, training, contracting, and other economic opportunities to its residents and other low income persons. In doing so, the CFHA utilizes section 3 as a means of promoting its mission of offering “supportive services that foster stability and self-sufficiency.”

### **§ 2.27.002 STATEMENT OF PURPOSE**

Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701u) (Section 3) requires the CFHA to ensure that employment and other economic and business opportunities generated by the Department of Housing and Urban Development (HUD) financial assistance, to the greatest extent feasible, are directed to public housing residents and other low-income persons, particularly recipients of government housing assistance, and business concerns that provide economic opportunities to low and very-low income persons.

### **§ 2.27.003 GENERAL POLICY STATEMENT**

It is the policy of the Central Falls Housing Authority (CFHA) to require its contractors to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, sex, national origin, disability, veteran’s or marital status, or economic status and to take affirmative action to ensure that both job applicants and existing employees are given fair and equal treatment.

The CFHA implements this policy through the awarding of contracts to contractors, vendors, and suppliers, to create employment and business opportunities for residents of the CFHA and other qualified low-and very low-income persons.

The policy shall result in a reasonable level of success in the recruitment, employment, and the utilization of CFHA residents and other eligible persons and business by CFHA contractors working on contracts partially or wholly funded with the United States Department of Housing and Urban Development (HUD) monies. The CFHA shall examine and consider a contractor’s or vendor’s potential for success by providing employment and business opportunities to CFHA residents prior to acting on any proposed contract award.

## CENTRAL FALLS HOUSING AUTHORITY – POLICIES AND REGULATIONS

### § 2.27.004 DEFINITIONS

- (A) *Low-income person*: families (including single persons) whose incomes do not exceed 80% of the median income for the area.
- (B) *Very low-income person*: families (including single persons) whose incomes do not exceed 50% of the median family income for the area.
- (C) *Section 3 business concern*: a business entity formed in accordance with State law that is either a) 51% or more owned by section 3 residents, b) employing full-time at least 30% section 3 residents, or c) providing evidence of a commitment to subcontract in excess of 25% of the dollar award of all subcontracts to be awarded to businesses that meet the description of section 3 business concern in sections *a* or *b* of this paragraph.

### § 2.27.005 GOALS OF THE SECTION 3 PROGRAM

The section 3 program seeks to aid section 3 residents to the greatest extent feasible in three ways, listed in order of preference:

- (A) Hiring low- and very low-income worker  
Attempt to hire at least 30% of the aggregate number of full-time new hires by the CFHA and its contractors must be section 3 residents, with a preference for residents at the development where the work is being performed.
- (B) Awarding contracts to section 3 business concerns  
Attempt to award at least 10% of the total dollar amount of all section 3 covered contracts for building trades work for maintenance, repair, modernization or development of public or Indian housing, or for building trades work arising in connection with housing rehabilitation, housing construction, and other public construction, must be awarded to section 3 business concerns.
- (C) Providing other economic opportunities  
If the two goals above cannot be met by the CFHA or its contractor, other training and employment opportunities can be provided to substitute for goals A and B. These are described further in section VII below.

### § 2.27.006 CENTRAL FALLS HOUSING AUTHORITY RESPONSIBILITIES

The CFHA, as the recipient of Public and Indian Housing funding, accepts the responsibility of not only enforcing the section 3 requirements, but also pro-actively facilitating compliance with section 3. The CFHA fulfills this responsibility in the following ways:

- (A) Notifying section 3 residents of opportunities through posting job openings in the office lobby, online website, the resident building where the CFHA Resident Council resides, and in local media;
- (B) Notifying contractors in each pre-bid meeting of the section 3 requirements;

## **Section 3 Policy**

- (C) Incorporating the section 3 clause in all contracts;
- (D) Providing applications for employment at the CFHA front desk and allowing applications to be submitted at same location;
- (E) Providing an employment application to interested section 3 residents (upon admittance to public or section 8 housing) which is kept on file as a resource for the CFHA and contractors when seeking to hire section 3 workers;
- (F) Documenting actions taken to comply with section 3 requirements;
- (G) Reporting annually on its efforts regarding section 3 implementation (see form HUD-60002 Attachment B);
- (H) Refusing to award contracts to businesses or persons in prior violation of section 3 requirements.

### **§ 2.27.007 CONTRACTOR RESPONSIBILITIES**

The 30% hiring goal and 10% contracts awarded goal are the only safe harbors whereby a contractor will have complied with section 3. If the two goals above cannot be met by the contractor, other training and employment opportunities can be provided to substitute for those goals, but documentation should be submitted explaining why those numerical goals could not be met. If a contractor substitutes economic opportunities for its achievement of the numerical goals, their efforts need to be equivalent to those that would be required to meet those goals. The acceptability of these efforts will be determined by the CFHA, or in case of a complaint, by HUD.

Recommended activities to demonstrate these efforts are listed in the appendix to part 135 of the Code of Federal Regulations—24 CFR Part 135 (see Attachment C). Section I of this document applies to fulfilling the first goal of hiring 30% section 3 residents, and section II applies to fulfilling the second goal of awarding 10% of contracts to section 3 business concerns. Examples include distributing or posting flyers advertising positions to be filled, contacting the Central Falls Housing Authority Resident Council about open positions, holding job informational meeting for residents, etc. Contractors must submit with any bid or proposal an action plan describing the implementation of section 3 (see Attachment D). Omission of this document with a bid or proposal makes that contractor non-responsive, and therefore ineligible to be awarded a contract.

### **§ 2.27.008 PREFERENCES AND ELIGIBILITY**

- (A) Regarding the hiring of section 3 residents, preference shall be given to those residents who live in the complex where the covered assistance is expended. Next, section 3 residents from other complexes shall be sought. If no section 3 residents are available from the complexes, the CFHA and the contractors shall give preference to any section 3 resident.

## **CENTRAL FALLS HOUSING AUTHORITY – POLICIES AND REGULATIONS**

- (B)** Regarding the contracting opportunities for section 3 business concerns, preference shall be given to business concerns owned at least 51% by residents of the complex where the covered assistance is expended. Next, section 3 business concerns that are owned at least 51% by residents of other complexes shall be sought. If no section 3 business concern is available from the complexes, the CFHA and the contractors shall give preference to any section 3 business concern.
- (C)** Regarding eligibility, a section 3 resident seeking employment must fulfill the requirements of the sought position and, if asked, must provide evidence of their section 3 status (e.g., receipt of public assistance, tax return). A section 3 business concern seeking to win a contract must fulfill the requirements of the contract and, if asked, provide evidence of their section 3 status.

### **§ 2.27.009 COMPLAINTS AND COMPLIANCE**

Any section 3 resident or business concern that feels that the section 3 regulations were not complied with may file a complaint directly to the Assistant Secretary for Fair Housing and Equal Opportunity at the following address:

Assistant Secretary for Fair Housing and Equal Opportunity  
Department of Housing and Urban Development  
Washington, D.C. 20410

The complaint must be in writing and be received within 180 days from the date of the action upon which the complaint is based. It should include the complainant's name and address, the CFHA or contractor's name and address, and a description of the acts in question. The complainant will receive a response from HUD within 10 days in which further investigation will be explained.

### **§ 2.27.010 ATTACHMENTS**

- (A)** Section 3 Contract Clause
- (B)** HUD Form 60002 – Section 3 Regulations
- (C)** 24 CFR Part 135 – Section 3 Regulations
- (D)** Affirmative Action Plan Implementing Section 3

# **CFHA Policy on Safe and Responsible Driving, Insurability, and Vehicle Usage**

## **PURPOSE**

To provide safe and responsible driving by all Housing Authority (CFHA) employees and guarantee liability protection and insurance coverage in the event of a work related vehicular accident.

## **Insurability**

Driving a vehicle (Personal or Housing Authority owned) is a necessary duty and job requirement for a number of Housing Authority staff positions. Driving on Housing Authority business also involves significant responsibility. This is due to the potential bodily injury and property damage associated with vehicular accidents along with the Authority's potential liability in the event of an accident.

Pursuant to this responsibility and potential liability exposure, insurance carriers have adopted standards as to the type of driver they will insure. The Central Fall Housing Authority's automobile insurance carrier is no different. They have standards defining who is a safe driver and who they will insure. "**The Unacceptable Driver Criteria**" set forth by The Central Falls Housing Authority's current automobile insurance carrier is attached hereto as Exhibit A. The Housing Authority has a legal responsibility to enforce their standards with respect to employees who drive on Authority business so that public safety is promoted, our insurance coverage is maintained and to help guarantee coverage in the event of an accident.

The Central Falls Housing Authority is committed to a Policy of "**Safe and Responsible Driving**". It requires all employees who drive on CFHA business to:

- do so in a safe manner; and
- observe standard safety practices and all traffic laws when driving; and
- possess a driver's license that is current and in good standing; and
- have a driving record that meets the HA's insurance carrier's standards; or
- be able to obtain and maintain at their own cost and expense other insurance coverage acceptable to the Housing Authority.

Pursuant to the above, The Central Falls Housing Authority has established the following basic requirements and practices for implementing this policy and for monitoring compliance. An employee's inability to meet the requirements of or to comply with this policy is grounds for suspension, demotion and/or termination.

## **1. BASIC REQUIREMENTS AND PRACTICES**

- 1.1 An employee whose position requires that he/she have a valid driver's license shall immediately notify their Department Head in the event of any change in their driving record, driver's license status and/or personal automobile insurance coverage (driver's license revocation, suspension restriction, auto insurance cancellation, etc.) which would cause he/she to be in non compliance with this Policy and/or the CFHA automobile insurance carrier's insurability standards.
- 1.2 An applicant for a CFHA position that requires driving on CFHA business must submit to a Department of Motor Vehicle driving record check and evaluation as a condition of employment. If the applicant's DMV record does not meet the CFHA's insurance carrier's standards or is inconsistent with this policy, the applicant will not be offered employment or will have the employment officer withdrawn, in the case where an employment offer has been made pending the DMV record check.

- 1.3 An employee who applies for a promotion or transfer opportunity/position that requires driving on CFHA business (and their current position does not), must also submit to the DMV record check and evaluation as set forth in 1.2 above.
  - 1.4 All employees will be subject to annual DMV driving record check and evaluation as a condition of continued employment. In the event that an annual review of other form of notification reveals that an employee's driving record and license status does not meet the insurability standards set forth by The Central Falls Housing Authority's automobile insurance carrier, the requirements set forth in Section 2 below shall apply.
2. **REQUIREMENTS/OPTIONS FOR NON INSURANCE EMPLOYEES** – An employee who becomes uninsurable, as determined by The Central Falls Housing Authority's automobile insurance carrier, shall immediately cease driving on Housing Authority business until such time that an alternate resolution or decision with respect to continued employment is made and approved by the Executive Director. An uninsurable employee may, at The Housing Authority's option, be offered the following alternate resolutions:
- 2.1 The opportunity to purchase, at the employee's own cost and expense, alternate automobile insurance coverage acceptable to the Housing Authority. Such coverage must name both The Central Falls Housing Authority and the employee as insurance, carry a minimum liability limit of \$1,000,000 and be written by a company that is acceptable to the Housing Authority.
3. **VEHICLE USAGE**-The Executive Director and the Maintenance Supervisor may take a vehicle home and/or drive the company vehicle to and from work. This is due to those employees being on-call at night and on the weekend so that they would be available in the unfortunate event of a call back. If taking the vehicle home, it is to be parked in a secure location and locked when not in use. The vehicle is to be used for business purposes only and not to be used for personal use.
4. **VEHICLE USAGE**-All employees, when driving on Central Falls Housing Authority business, have certain obligation to operate and maintain the vehicle they are driving in a safe and responsible manner. These obligations include, but are not limited to the following:
- For Housing Authority business only: CFHA owned or leased vehicle shall not be used for any purpose other than CFHA business or related activities, unless otherwise authorized by the Executive Director.
  - Observe Traffic Rules: All employees driving on CFHA business shall observe all traffic laws, regulations and courtesies at all times. Traffic fines, parking tickets and/or penalties levied for violations of law and for which the employee is directly responsible shall be paid for by the employee.
  - Valid Driver's License and Insurability: an employee driving on CFHA business must have in his or her possession a valid driver's license and must be insured pursuant to this policy.
  - Seat Belts: CFHA Policy and Rhode Island law requires that all drivers and vehicle occupants wear seat belts when drive or riding in a motor vehicle. The driver is responsible to see that this CFHA policy and Rhode Island law is adhered to at all times.
  - Abuse of Vehicles: CFHA vehicles, other than those specified for such purposes, shall not push stalled vehicles nor be used for other activities that may damage the vehicle.
  - No Smoking: Smoking is not permitted in CFHA owned or leased vehicles at any time.
  - Personal Responsibility: an employee operating a CFHA vehicle in a negligent manner may be held responsible for any damage or harm that is caused by such negligent action.

- Care: any employee who has an assigned CFHA vehicle is responsible for seeing that the vehicle has sufficient oil, water, air, etc when using said vehicle. An employee may be held liable for damage to a CFHA vehicle if their failure to maintain the vehicle was obviously negligent and could have easily been prevented. An employee who has an assigned CFHA vehicle is required to keep their vehicle clean, washed, gassed and serviced on a regular basis. Any problems with respect to an assigned vehicle must be reported to employee's supervisor as soon as problem is noticed.
- Loss of Personal Items: The Central Falls Housing Authority shall not be responsible for loss of or any damage to personal items left in CFHA vehicles.
- Right to Search: The Central Falls Housing Authority has the right to search any CFHA owned or leased vehicle at any time without notice.
- Alcohol: the use of alcohol and controlled substances prior to and during operation of any vehicle is prohibited.
- Driver of Vehicle – no non-employees are allowed to operate CFHA vehicles at any time.

**Failure to comply with the above Vehicle Usage Obligations may result in disciplinary action, including termination and/or revocation of the right to operate an HA vehicle.**

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

<b>Part I: Summary</b>	Grant Type and Number Capital Fund Program Grant No: RA43P00450107 Replacement Housing Factor Grant No: Date of CFPP: 07/01/2011	FY of Grant: 2007 FY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no.3 ) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>	
			Original	Revised <sup>2</sup>		Expended	
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	33,222.00	33,222.00	33,222.00	32,819.78		
3	1408 Management Improvements	10,000.00	10,000.00	10,000.00	5938.48		
4	1410 Administration (may not exceed 10% of line 21)	11,500.00	11,500.00	11,500.00	11,500.00		
5	1411 Audit	0	0	0	0		
6	1415 Liquidated Damages	0	0	0	0		
7	1430 Fees and Costs	52,000	59,726.00	59,726.00	52000.00		
8	1440 Site Acquisition	0	0	0	0		
9	1450 Site Improvement	0	0	0	0		
10	1460 Dwelling Structures	283,552.00	271,397.00	277,246.00	254506.00		
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0		
12	1470 Non-dwelling Structures	0	0	0	0		
13	1475 Non-dwelling Equipment	14,185.00	18614.00	12,765.00	12829.85		
14	1485 Demolition	0	0				
15	1492 Moving to Work Demonstration	0	0				
16	1495.1 Relocation Costs	0	0				
17	1499 Development Activities <sup>4</sup>	0	0				

<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.

Annual Statement/Performance and Evaluation Report  
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 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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<b>Part I: Summary</b>		FFY of Grant: 2007	
PHA Name: R1004	Grant Type and Number Capital Fund Program Grant No: R143P00450107 Replacement Housing Factor Grant No: Date of CFFP: 7/1/2011	FFY of Grant Approval:	

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)	404,459.00	404,459.00	404,459.00	369594.11
21	Amount of line 20 Related to IBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>Jana - Marie Johnson</i>		Date <i>12/8/11</i>	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 CFFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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Part II: Supporting Pages		Grant Type and Number	Federal FFY of Grant:				
PHA Name: RI004		Capital Fund Program Grant No: RI43P00450107					
		CFPP (Yes/ No): yes					
		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	33,222.00	33,222.00	33,222.00	32,819.78	
PHA Wide	Administration	1410	11,500.00	11,500.00	11,500.00	11,500.00	Done
Cost Center	Computer Software, Training, Staff Training	1408	4,000.00	6356.00	4,000.00	6356.00	Done
Cost Center	A & E Fees and Cost	1430	16,000.00	28506.87	18792.27	28506.87	Done
Cost Center	Computer Hardware	1475	5,000.00	4085.85	4021.00	4085.85	Done
Wilfid Manor 4-01	Computer Software, Training, Staff Training	1408	2,500.00	541.50	541.50	541.50	
Wilfid Manor 4-01	A & E Fees and Cost	1430	34,000.00	18099.41	34,226.60	18099.41	
Wilfid Manor 4-01	Replace Generator	1460	45,000.00	45,000.00	45,000.00	45000.00	Done
Wilfid Manor 4-01	Parking Lot Design	1460	0	1,589.50	1,589.50	1,589.50	Done
Wilfid Manor 4-01	Maintenance Equipment - Replace Plow	1475	7,185.00	6,890.00	6,890.00	6,890.00	Done
Forand Manor 4-02	Computer Software, Training, Staff Training	1408	3,500.00	3102.50	3,500.00	2821.98	
Forand Manor 4-02	A & E Fees and Cost	1430	2,000.00	13119.72	8,665.63	5393.72	
Forand Manor 4-02	Replace Generator	1460	50,000.00	72314.00	70,553.00	70553.00	Done
Forand Manor 4-02	Replace Hot Water System	1460	106,314.00	85,861.00	85,861.00	85,861.00	Done
Forand Manor 4-02	Upgrade Security System	1460	0	21,713.50	21,713.50	21,713.50	Done
Forand Manor 4-02	Computer Equipment	1475	2,000.00	1,854.00	1,854.00	1,854.00	Done

<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: RI004	Grant Type and Number Capital Fund Program Grant No: RI4300450108 Replacement Housing Factor Grant No: Date of CFFP: 7/1/2011	FFY of Grant: 2008 FFY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	<input type="checkbox"/> Reserve for Disasters/Emergencies	Revised Annual Statement (revision no:3 ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost <sup>1</sup>
			Original	Revised <sup>2</sup>	
1	Total non-CFP Funds		0	0	0
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		0	0	0
3	1408 Management Improvements		10,000	1,050.84	350
4	1410 Administration (may not exceed 10% of line 21)		41,000	41,000	41,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		27,270	28,776.12.	21213.62
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		315,306	335,759	243780.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment		16,472	3,462.04	3,462.04
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>		<b>FFY of Grant:</b>	
<b>PHA Name:</b> R1004	<b>Grant Type and Number</b> Capital Fund Program Grant No: R14300450108 Replacement Housing Factor Grant No: Date of CFFP: 7/1/2011	<b>FFY of Grant Approval:</b>	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies	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)	410,048	410,048	410,048	309805.66
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				
<b>Signature of Executive Director</b> <i>Uma-Maria Johnson</i>		<b>Date</b> 12/8/11	<b>Signature of Public Housing Director</b>		<b>Date</b>

<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 CFFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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**Part II: Supporting Pages**

PHA Name: RI004		Grant Type and Number Capital Fund Program Grant No: RI4300450108 CFPP (Yes/ No): yes Replacement Housing Factor Grant No:		Federal FFY of Grant:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Cost Center	Administration	1410		41,000	41,000	41,000	41,000	Done
Cost Center	A & E Fees and Costs	1430		0	4125.00	4125.0	4,125.00	
Withid 4/1	Software/Training	1408		3,800	500	500	350.	
Withid 4/1	A & E Fees and Cost	1430		10,363.00	18600.90	18600.90	15038.40	Done
Withid 4/1	Generator Replacement	1460		191,364	148889	191,364	99385.00	
Withid 4/1	Computer Equipment	1475		6,500	0	0	0	
Forand 4/2	Software/Training	1408		6,200	550.84	550.84	0	
Forand 4/2	A & E Fees and Cost	1430		16,907.00	6050.22	6050.22	2050.22	Done
Forand 4/2	Generator Replacement	1460		123,942	166,417	123,942	123942	Done
Forand 4/2	Hot Water Street	1460		0	20,453	20,453	20,453	Done
Forand 4/2	Computer Equipment	1475		7,472	3,462.04	3,462.04	3,462.04	Done
Forand 4/2	Maintenance Stripping Machine	1475		2,500	0	0	0	

<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: 2009	Grant Type and Number Capital Fund Program Grant No: RA4300450109 Replacement Housing Factor Grant No: Date of CFFP: 7/1/2011	FFY of Grant: FFY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Summary by Development Account	Original	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>	
				Revised <sup>2</sup>	Final Performance and Evaluation Report		Expended	
1		Total non-CFF Funds						
2		1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	66,101	0	0	0	0	0
3		1408 Management Improvements	10,000	10,400	10,400	10,400	10,400	10,400
4		1410 Administration (may not exceed 10% of line 21)	40,733	40,733	40,733	40,733	40,733	40,733
5		1411 Audit						
6		1415 Liquidated Damages						
7		1430 Fees and Costs	27,000	27,000	7420.38	7420.38	7420.38	7420.38
8		1440 Site Acquisition						
9		1450 Site Improvement	90,048	0	0	0	0	0
10		1460 Dwelling Structures	141,452	314240.88	248300.00	160562.00	160562.00	160562.00
11		1465.1 Dwelling Equipment—Nonexpendable						
12		1470 Non-dwelling Structures						
13		1475 Non-dwelling Equipment	20800.00	14,960.12	6866.53	6866.53	6866.53	6866.53
14		1485 Demolition	0	0	0	0	0	0
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 CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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<b>Part I: Summary</b>		FFY of Grant:	
PHA Name: RI004	Grant Type and Number Capital Fund Program Grant No: RI4300450109 Replacement Housing Factor Grant No: Date of CFFP: 7/1/2011	FFY of Grant Approval:	

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)	396134.00	407334.00	313719.91	225981.91
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>Jane-Maree Richardson</i>		Date <i>12/5/11</i>	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		Grant Type and Number		Federal FFY of Grant: 2009			
PHA Name: RI004		Capital Fund Program Grant No: RI4300450109					
		CEFP (Yes/ No): Yes					
		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	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Cost Center	Operations	1406		66,101.00	0	0	
Cost Center	Administration	1410		40,733	40,733	40,733	Done
Withfid 4/1	Software/Training	1408		3,500	3,900	3,900	Done
Withfid 4/1	A & E Fees and Costs	1430		9,500	1,370.29	1,370.29	Done
		1450		90,048	0	0	
Withfid 4/1	Computer Equipment	1475		5,000	5,000	1866.53	Done
Withfid 4/1	Maintenance Equipment Stripping Machine	1475		4,000	1824.92	0	
		1460					
Forand 4/2	Software/Training	1408		6,500	6,500	6,500	Done
Forand 4/2	A & E Fees and Costs	1430		17,500	17,500	6050.09	Done
Forand 4/2	Generator Replacement	1460		141,452	117211.00	160166	
Forand 4/2	Computer Equipment	1475		11,000	5,000	5000	Done
Forand 4/2	Maintenance Equip - powerwasher	1475		800	800	0	
Forand 4/4	Replace Boiler System	1460		0	197029.88	88134	Done
Withfid 4/1	Maintenance Equipment Plow	1475		0	2335.20		

<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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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
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<b>Part I: Summary</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: RL43004501010 Replacement Housing Factor Grant No: Date of CFFP: 7/1/2011	<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>	
				Original	Revised <sup>2</sup>		Expended	
1	Total non-CFP Funds							
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			45,000		0		0
3	1408 Management Improvements			10,000	10000	0		0
4	1410 Administration (may not exceed 10% of line 21)			39,000	39000	39000		39000
5	1411 Audit							
6	1415 Liquidated Damages							
7	1430 Fees and Costs			35,000	35000	0		0
8	1440 Site Acquisition							
9	1450 Site Improvement			20,000	20000	0		0
10	1460 Dwelling Structures			222,000	267000	134000		75939.59
11	1465.1 Dwelling Equipment—Nonexpendable			0	0	0		0
12	1470 Non-dwelling Structures							
13	1475 Non-dwelling Equipment			35,590	35590	25590		25590
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>		<b>FFY of Grant:</b>	
<b>PHA Name:</b> R1004	<b>Grant Type and Number</b> Capital Fund Program Grant No: R143004501010 Replacement Housing Factor Grant No: Date of CFFP: 7/1/2011	<b>FFY of Grant Approval:</b>	

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)	406,590.00	406590	198590	140529.59
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				
<b>Signature of Executive Director</b> <i>Jana - Maria Sullivan</i>		<b>Signature of Public Housing Director</b>		<b>Date</b>	
				<i>12/8/11</i>	

<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: RI004		Grant Type and Number Capital Fund Program Grant No: RI43004501010 CFFP (Yes/ No): Yes Replacement Housing Factor Grant No:		Federal FFY of Grant: 2010				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Revised <sup>1</sup>	Total Actual Cost Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	Status of Work
Cost Center	Operations	1406		45000		0	0	
Cost Center	Administration	1410		39,000	39000	0	0	
Wilfid 4/1	Computer Software/training	1408		5,000	5000	0	0	
Wilfid 4/1	A & E - Fees and Costs	1430		12,000	12000	0	0	
Wilfid 4/1	Concrete Work	1450		8,000	8000	0	0	
Wilfid 4/1	Trash Compactors	1460		10,000	10000	0	0	
Wilfid 4/1	Circulator Pumps	1460		43,000	43000	0	0	
Wilfid 4/1	Maintenance Equipment- Plow Equipment	1475		5,000	5000	0	0	
Wilfid 4/1	Wash/Paint/Seal Bldg				61130.51			
Forand 4/2	Computer Software/training	1408		5,000	5000	0	0	
Forand 4/2	A & E Fees and Costs	1430		12,000	12000	0	0	
Forand 4/2	Concrete Work	1450		10,000	10000	0	0	
Forand 4/2	Trash Compactors	1460		10,000	10000	0	0	
Forand 4/2	Reseal Tubs	1460		15,000	15000	0	0	
Forand 4/2	New Vehicle	1475		25,590	25590	0	0	
Forand 4/2	Computer Hardware	1475		5,000	5000	0	0	
				0				

<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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<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: RI43004501011 Replacement Housing Factor Grant No: Date of CFFP: 12/8/11		<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval:</b>	
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Summary by Development Account	Original	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>	
				Revised <sup>2</sup>	Final Performance and Evaluation Report <input checked="" type="checkbox"/> Revised Annual Statement (revision no:2 ) <input type="checkbox"/>		Expended	
1		Total non-CFFP Funds						
2		1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	40848	40,848				
3		1408 Management Improvements	10000	10000				
4		1410 Administration (may not exceed 10% of line 21)	41000	37,584				
5		1411 Audit						
6		1415 Liquidated Damages						
7		1430 Fees and Costs	27000	27000				
8		1440 Site Acquisition						
9		1450 Site Improvement		61994				
10		1460 Dwelling Structures	308590	83824				
11		1465.1 Dwelling Equipment—Nonexpendable		103,334				
12		1470 Non-dwelling Structures	20000	0				
13		1475 Non-dwelling Equipment	0	10,000				
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 CFFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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

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

Part I: Summary

PHA Name: R1004	Grant Type and Number Capital Fund Program Grant No: R143004501011 Replacement Housing Factor Grant No: Date of CFFP: 12/8/11	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: 2 )  
 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)	406,590.00	374,584.00		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>James M. Moore</i>		Date 12/8/11	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.

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

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

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2011				
PHA Name: RI004		Capital Fund Program Grant No: RI43004501011						
		CFFP (Yes/ No): Yes						
		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>	
Cost Center	Operations	1406		40848	40848	0	0	
Cost Center	Administration	1410		41000	37584	0	0	
Wilfid 4/1	A&E Fees	1430		10,000	10000			
Wilfid 4/1	Seal/Wash Bldg	1460		174408	83824	0	0	
Wilfid 4/1	Computer Hardware	1475		5000	5000	0	0	
Wilfid 4/1	Software Training	1408		4000	4000	0	0	
Wilfid 4/1	Maintenance Equipment	1475		5000	0	0	0	
Forand 4/2	A&E Fees	1430		11000	11000	0	0	
Forand 4/2	Computer Hardware	1475		5000	5000	0	0	
Forand 4/2	Maintenance Equipment	1475		5000	0	0	0	
Forand 4/2	Software/Training			6000	6000	0	0	
Forand Annex 4/4	A&E Fees	1430		6000	6000	0	0	
Wilfid	Parking Lot	1450			61994	0	0	
Wilfid 4/1	Ceiling Fans	1465		33,000	38,000	0	0	
Forand 4/2	Ceiling Fans	1465		40,334	45,334	0	0	
Forand Annex 4/4	Ceiling Fans	1465		20,000	20000	0	0	

<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.







## Submit Plan Checklist – PHA Plans

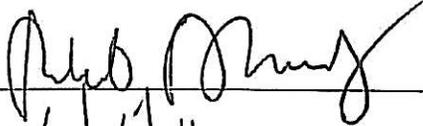
How do you know if your plan is complete? Use the following checklist to ensure the PHA Plan is complete and ready for submission:

<i>Place an "X" or ✓ in this column for items completed</i>		<i>Standard and Troubled 5-Year/ Annual 50075</i>	<i>High Performers, Section 8 Only 50075</i>
✓	<b>1.0 PHA Information</b>	X	X
✓	<b>C. 5-Year Plan completed (when due)</b>	X	X
✓	<b>2.0 Inventory</b>	X	X
✓	<b>3.0 Submission Type</b>	X	X
	<b>4.0 PHA Consortia</b>	Optional	Optional
✓	<b>5.1 Mission (when 5-Year Plan due)</b>	X	X
✓	<b>5.2 Goals and Objectives (when 5-Year Plan due)</b>	X	X
✓	<b>6.0 PHA Plan Update</b>	X	X
	<b>7.0</b>		
	HOPE VI	If applicable	If applicable
	Mixed Finance Mod/Development	If applicable	If applicable
	Demo/Disposition	If applicable	If applicable
	Mandatory or Voluntary Conversion	If applicable	If applicable
	Homeownership Programs	If applicable	If applicable
	Project-based Vouchers	If applicable	If applicable
✓	<b>8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report</b>	If applicable	If applicable
✓	<b>8.2 Capital Fund Five-Year Action Plan</b>	If applicable	If applicable
✓	<b>8.3 Capital Fund Financing Program (CFFP)</b>	If applicable	If applicable
✓	<b>9.0 Housing Needs</b>	X	5-Year Plan Only
✓	<b>9.1 Strategy for Addressing Housing Needs</b>	X	5-Year Plan Only
✓	<b>10.0 Additional Information</b>	X	5-Year Plan only
	<b>11.0 Required Submissions, if applicable</b>	X	

	Required <b>Certifications</b> signed and submitted to Local HUD Field Office	
✓	<i>Certification of Compliance with PHA Plan and Related Regulations</i> Form HUD-50077	X
✓ ✓	If applying for Capital Funds: Form HUD-50070, <i>Drug-Free Workplace</i> Form HUD-50071, <i>Payments to Influence Federal Transactions</i> Forms SF-LLL and SF-LLLa, <i>Lobbying Activities</i>	X
✓	<b>RAB</b> comments received and addressed	X

**Certification of Consistency  
with the Consolidated Plan****U.S. Department of Housing  
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Central Falls Housing AuthorityProject Name: Resident Opportunity and Self Sufficiency Service Coordinators ProgramLocation of the Project: 30 Washington Street  
Central Falls, RI 02863-2842Name of the Federal  
Program to which the  
applicant is applying: Public HousingName of  
Certifying Jurisdiction: Central Falls, RICertifying Official  
of the Jurisdiction  
Name: Robert G. Flanders, Jr.Title: ReceiverSignature: Date: 6/15/11

**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 10/1/2011, 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.

CENTRAL FALLS HOUSING AUTHORITY

RI004

PHA Name

PHA Number/HA Code

X 5-Year PHA Plan for Fiscal Years 20<sup>11</sup> - 20<sup>15</sup>  
 X Annual PHA Plan for Fiscal Years 20<sup>11</sup> - 20<sup>12</sup>

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

Gladys Burns

Title

Vice Chairman

Signature



Date

5/31/11

**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.

Central Falls Housing Authority

RI004

\_\_\_\_\_  
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)

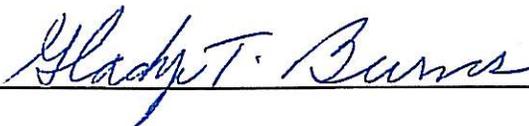
Name of Authorized Official

Gladys Burns

Title

Vice Chairperson

Signature



Date 06/21/2011

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Central Falls Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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.)

Forand Manor, 30 Washington Street, Central Falls, RI 02863  
Wilfrid Manor, 466 Hunt Street, Central Falls, RI 02863

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

Tina-Marie Sullivan

Title

Executive Director

Signature

X

*Tina-Marie Sullivan*

Date

6/21/11

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

Approved by OMB  
0348-0046

<b>1. Type of Federal Action:</b> <input type="checkbox"/> A 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 type="checkbox"/> B a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> A 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 checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:		<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> Housing Authority	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<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>Tina-Marie Sullivan</u> Print Name: <u>Tina-Marie Sullivan</u> Title: <u>Executive Director</u> Telephone No.: <u>401-727-9090</u> Date: <u>1/21/11</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**Certification of Payments  
to Influence Federal Transactions**

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

Applicant Name  
Central Falls Housing Authority

Program/Activity Receiving Federal Grant Funding  
Capital Fund Program

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: Tina-Marie Sullivan  
Title: Executive Director

Signature: *Tina Marie Sullivan*  
Date (mm/dd/yyyy): 6/21/11

## DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB  
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" 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 checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c	<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> US Department of HUD	<b>7. Federal Program Name/Description:</b> Capital Fund Program CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<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>Tina-Marie Sullivan</u> Print Name: <u>Tina-Marie Sullivan</u> Title: <u>Executive Director</u> Telephone No.: <u>401-727-9090</u> Date: <u>6/21/2011</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/2001

**Part I: Summary**

PHA Name/Number	Development Number and Name	Work Statement for Year 1 FFY 2011	Locality (City/County & State)		Original 5-Year Plan		Revision No: 2	
			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 3/6/00/654						
C.	Management Improvements		10,000	10,000	10,000	10,000		
D.	PHA-Wide Non-dwelling Structures and Equipment							
E.	Administration		40,659	40,659	40,659	40,659		
F.	Other		27,000	27,000	27,000	27,000		
G.	Operations		50,000	50,000	50,000	50,000		
H.	Demolition							
I.	Development		278,931	278,931	278,931	278,931		
J.	Capital Fund Financing - Debt Service							
K.	Total CFP Funds							
L.	Total Non-CFP Funds							
M.	Grand Total		406,590	406,590	406,590	406,590	406,590	

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 (Continuation)

PHA Name/Number	Development Number and Name	Work Statement for Year 1 FFY __2011_	Locality (City/county & State)	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_
		Annual Statement					
	Cost Center			90,659	90,659	90,659	90,659
	Wilfrid RI004000001			14,000	14,000	14,000	14,000
	Forand RI004000002			149,334	17,000	75,312	17,000
	Forand Annex RI004000004			152,597	284,931	226,619	284,931
	Grand Total			406,590	406,590	406,590	406,590







