

<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: <u>Housing Authority of Florence</u> PHA Code: <u>SC027</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2011</u>																										
<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>809</u> Number of HCV units: <u>722</u>																										
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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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>Annual Plan – N/A</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>Annual Plan – N/A</b>																										
<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: <b>Revision to the ACOP; Revision to the HCV Administrative Plan; Police in Public Housing; 504 Reasonable Accommodations Policy</b> (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. <b>Agency 5-Year and Annual Plan is available at our Central Office Cost Center, our Church Hill Admin office, our Parkview Plaza Admin office and our Creekside Village Admin Office.</b>																										
<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> <i>Include statements related to these programs as applicable.</i>  <b>SC027-1, Royal Gardens..... We have submitted our application and been approved for Disposition/Demolition of Royal Gardens (all 50 units); We have submitted an application and been approved for a LIHTC to build 36 units (Phase I of McGowan Commons) utilizing both the existing property as well as additional purchased property surrounding the area to be included in the mixed financing venture. We are moving through the steps necessary to do a mixed financed housing community. We have also included demolition/relocation funds in the 5-Year Capital Fund Plan as well as this Annual Plan. We plan to submit PHASE II (McGowan Commons) as early as permissible, and proceed with a PHASE III (McGowan Commons) and possibly a PHASE IV (McGowan Commons) at this same location.</b>  <b>Additionally, Homeownership Programs are not applicable.</b>  <b>We are planning to use approximately 8-15 Project-based Vouchers at McGowan Commons during PHASE I. We plan to use approximately 8 – 20 Project based vouchers at McGowan Commons during PHASE II.</b>  <b>We have been working on the disposition of three vacant lots which are all in 27-20. These have all been approved for demolition and been demolished; we plan to dispose of these properties as soon as we can get approval. We want to include these three in this plan in case we do not get it completed prior to this plan year.</b>																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable. <b>For 8.1 and 8.2 below, See Attachments SC027i01; SC027j01; SC027k01, &amp; SC027l01.</b>																										

8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <b>See 8.0</b>
8.2	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). <b>Large capital items must be included in the Five-Year Action Plan.</b> <b>See 8.0</b>
8.3	<b>Capital Fund Financing Program (CFFP).</b> <input checked="" type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. <b>Annual Plan –N/A</b>

9.1	<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> <b>Annual Plan – N/A</b>
10.0	<b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested. (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. <b>We are a high performer and this is not required in this Annual Plan</b> (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” <b>We are a high performer and this is not required in this Annual Plan</b>

11.0	<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. (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) <b>See Attachment SC027a01</b> (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) <b>See Attachment SC027b01</b> (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) <b>See Attachment SC027c01</b> (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) <b>See Attachment SC027d01</b> (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) <b>See Attachment SC027d01</b> (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. <b>See Attachment SC027e01</b> (g) Challenged Elements, <b>See Attachment SC027f01</b> (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) <b>See 8.0</b> (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) <b>See 8.0</b> <b>(j) VAWA – See Attachment SC027g01</b> <b>(k) Form HUD-50077-CR, Civil Rights Certification. See Attachment SC27h01</b>
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**PHA Certifications of Compliance  
with PHA Plans and Related  
R e g u l a t i o n s**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 06/30/2011

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the \_\_\_ 5-Year and/or\_x\_\_ Annual PHA Plan for the PHA fiscal year beginning October 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 statutory and regulatory requirements.

Housing Authority of Florence

SC027

\_\_\_\_\_  
PHA Name

\_\_\_\_\_  
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 - 20

Annual PHA Plan for Fiscal Years 2011- 2012

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

Name of Authorized Official  Thomas Rogers, Jr.	Title  Chairman
Signature 	Date  6-7-11

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of Florence

Program/Activity Receiving Federal Grant Funding

Capital Funds

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 Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

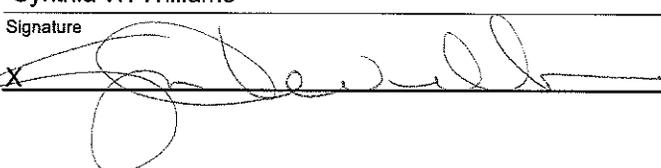
2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

See Attachment

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 <b>Cynthia W. Williams</b>	Title <b>Executive Director</b>
Signature 	Date <b>07-11-11</b>

**HOUSING AUTHORITY OF FLORENCE  
EAST 400 PINE STREET  
FLORENCE, SOUTH CAROLINA 29506**

**2. Sites for Work Performance**

**Central Admin./ Maint.  
400 East Pine Street  
Florence, South Carolina 29506  
(Florence County)**

**Royal Gardens Apartments  
East Coker Street  
Florence, South Carolina 29506  
(Florence County)**

**Churchhill Apartments  
Prout Drive & June Lane  
Florence, South Carolina 29506  
(Florence County)**

**Oakland Place Apartments  
Oakland Ave., Layton St., & Rose St.  
Florence, South Carolina 29506  
(Florence County)**

**Waverly Acres Apartments  
Waverly Avenue  
Florence, South Carolina 29506  
(Florence County)**

**Pine Park Apartments  
Pine Street & Johns Street  
Florence, South Carolina 29506  
(Florence County)**

**Clyde Court Apartments  
Clyde St., Jarrott St., & Gaillard St.  
Florence, South Carolina 29506  
(Florence County)**

**Creekside Village Apartments  
2711 West Palmetto Street  
Florence, South Carolina 29506  
(Florence County)**

**Pine Acres Apartments  
First Ave., Second Ave. & Elm St.  
Pamplico, South Carolina 29583  
(Florence County)**

**Lakota Place Apartments  
Lakota Drive  
Florence, South Carolina 29505  
(Florence County)**

**Scattered Site Houses (160 Units)  
Various Addresses  
Florence, South Carolina 29501  
(Florence County)**

**Bridgeland Apartments  
Davenport Drive & Greene Drive  
Timmons ville, SC 29161  
(Florence County)**

**Parkview Plaza Apartments  
Clements Street  
Florence, South Carolina 29506  
(Florence County)**

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of Florence

Program/Activity Receiving Federal Grant Funding

Capital Fund

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Cynthia W. Williams

Title

Executive Director

Signature



Date (mm/dd/yyyy)

07-11-11

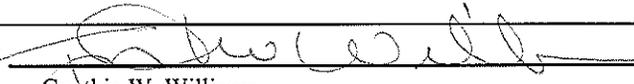
**DISCLOSURE OF LOBBYING ACTIVITIES**

Approved by OMB

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

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Housing Authority of Florence 400 East Pine Street Florence, SC 29506  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>  Public Housing	<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> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<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:  Print Name: <u>Cynthia W. Williams</u> Title: <u>Executive Director</u> Telephone No.: <u>843-669-4163</u> Date: <u>07-11-11</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Attachment SC027e01, Resident Advisory Board Comments  
Housing Authority of Florence

RESIDENT ADVISORY BOARD COMMENTS  
REGARDING THE ANNUAL AGENCY PLAN FOR 2011  
HOUSING AUTHORITY OF FLORENCE

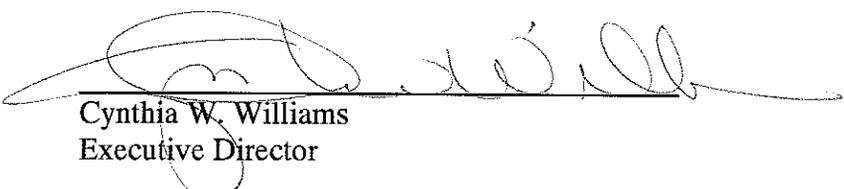
The staff met with the Resident Advisory Board to discuss information pertaining to the 2011 Annual Agency Plan for the period October 1, 2011 through September 30, 2012.

Primary focus was on the Capital Fund line items. These were discussed in detail. There was an additional request for additional bathroom renovations which was considered and has been included in this plan.

The Executive Director went over areas that would be revised for fiscal year beginning October 1, 2011:

- Revisions to the ACOP, HCV Admin Plan, Police in Public Housing Policy, 504 Reasonable Accommodations Policy.
- Capital Fund Plan extensively .

Various comments were made by the board and staff. There were several recommendations/comments for routine maintenance work to be addressed (i.e. water drainage problems, hedging, police response). With the discussion of the proposed work included in the plan, there were no additional items recommended to be considered for inclusion in our Annual Plan.



Cynthia W. Williams  
Executive Director

Attachment SC027f01

Attachment SC027f01, Challenged Elements  
Housing Authority of Florence

HOUSING AUTHORITY OF FLORENCE

ANNUAL AGENCY PLAN

BEGINNING OCTOBER 1, 2011

**CHALLENGED ELEMENTS**

There were NO challenged elements during the Public Hearing nor the Resident Advisory Board Meetings.



Cynthia W. Williams  
Executive Director

## **Attachment SC027g01**

### Housing Authority of Florence

Pursuant to HUD's requirement that our Five-Year and Annual Plan contain information regarding our goals, objectives, policies, or programs that will enable us to serve the needs of child and adult victims of domestic violence, dating violence, sexual assault, or stalking we have including the following:

The following is taken from our ACOP based on The Violence Against Women and Justice Department Reauthorization Act of 2005 that protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

#### **10.4 DOMESTIC VIOLENCE POLICY**

The pervasiveness and seriousness of domestic violence has illuminated it as an issue of national importance. In many instances, victims of domestic violence suffer not only the physical abuse, but also the devastation of being displaced from their homes. As a result, affordable housing issues become a serious consequence of domestic violence.

As a provider of low income affordable housing, the Housing Authority recognizes the need to establish provisions to enable victims of Domestic Violence to attain decent, safe and sanitary housing in an environment and under conditions that would help them to address their housing needs while removing themselves and families member from the abusive situation.

- A. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as serious or repeated violations of the lease or other "good cause" for termination of the assistance, tenancy, or occupancy rights of such a victim.
- B. Criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of domestic violence, dating violence, or stalking.
- C. Notwithstanding any restrictions on admission, occupancy, or terminations of occupancy or assistance, or any Federal, State or local law to the contrary, a PHA, owner or manager may "bifurcate" a lease, or otherwise remove a household member from a lease, without regard to whether a household member is a signatory to the lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others. This action may be taken without evicting, removing, terminating assistance to, or otherwise penalizing the victim of the violence who is also a tenant or lawful occupant. Such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by Federal, State, and local law for the termination of leases or assistance.
- D. Nothing in this section may be construed to limit the authority of a public housing agency, owner, or manager, when notified, to honor court orders addressing rights of access or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members in cases where a family breaks up.
- E. Nothing in this section limits any otherwise available authority of an owner or manager to evict or the public housing agency to terminate assistance to a tenant for any violation of a lease not premised on the act or acts of violence in question against the tenant or a member of the tenant's household, provided that the owner, manager, or public housing agency does not subject an individual who is or has been a victim of domestic violence, dating violence, or stalking to a more demanding standard than other tenants in determining whether to evict or terminate.
- F. Nothing in this section may be construed to limit the authority of an owner or manager to evict, or the public housing agency to terminate assistance, to any tenant if the owner, manager, or public housing agency can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if the tenant is not evicted or terminated from assistance.
- G. Nothing in this section shall be construed to supersede any provision of any Federal, State, or local law that provides greater protection than this section from victims of domestic violence, dating violence, or stalking.

**Civil Rights Certification**

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

**Civil Rights Certification****Annual Certification and Board Resolution**

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

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

Housing Authority of Florence

SC027

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

Thomas E. Rogers, Jr.

Title

Chairman

Signature

*Thomas E. Rogers, Jr.*

Date

7-7-11

**Part I: Summary**

PHA Name:  
 Housing Authority of Florence

Grant Type and Number  
 Capital Fund Program Grant No: SC16P02750110 Replacement Housing Factor Grant No:  
 Date of CFPP \_\_\_\_\_

FFY of Grant:  
 2010  
 FFY of Grant Approval:  
 2010

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$144,000		\$144,000	\$144,000
3	1408 Management Improvements	\$3,000		\$3,000	\$3,000
4	1410 Administration	\$142,982		\$138,500	\$138,500
5	1411 Audit	\$2,000		\$2,000	0
6	1415 Liquidated Damages				0
7	1430 Fees and Costs	\$139,600		\$132,304	\$5,225
8	1440 Site Acquisition				\$795
9	1450 Site Improvement	\$210,000		\$795	\$795
10	1460 Dwelling Structures	\$145,000		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	\$30,000		0	0
12	1470 Non-Dwelling Structures	\$8,500		0	0
13	1475 Non-Dwelling Equipment				0
14	1485 Demolition	\$150,000		0	0
15	1492 Moving to Work Demonstration				0
16	1495.1 Relocation Costs	\$50,000		\$9,622	\$9,622
17	1499 Development Activities				
18a	1501 Collateralization or Debt Service paid by the PHA				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$374,717		\$374,717	0
19	1502 Contingency	\$30,120		0	0
20	Amount of Annual Grant: (sum of lines 2-19)	\$1,429,919		\$804,938	\$301,142
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security—Soft Costs				
24	Amount of line 20 Related to Security—Hard Costs	\$3,000		\$3,000	\$3,000
25	Amount of line 20 Related to Energy Conservation Measures	\$45,000		0	0

**Part I: Summary**

<b>PHA Name:</b> Housing Authority of Florence		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P02750110 Replacement Housing Factor Grant No: _____ Date of CFPP _____		<b>FFY of Grant:</b> 2010	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2011 <input type="checkbox"/> Final Performance and Evaluation Report		<b>FFY of Grant Approval:</b> 2010			
<b>Signature of Executive Director</b>  Cynthia W. Williams		<b>Date</b> April 1, 2011	<b>Signature of Public Housing Director</b> 		
			<b>Date</b> 4/1/2011		

**Part II: Supporting Pages**

PHA Name:		Grant Type and Number		FFY of Grant:				
Housing Authority of Florence		Capital Fund Program Grant No: SC16P02750110 Replacement Housing Factor Grant No:		2010				
		CFPP (Yes/No): No						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Ha Wide Operations	Operations	1406	N/A	\$144,000		\$144,000	\$144,000	Complete
Ha Wide Management	Security Patrols	1408	1 Officer	\$3,000		\$3,000	\$3,000	Complete
Ha Wide Administration	1) IFB/RFP Advertising Costs 2) CFP Management Fee	1410	N/A	\$4,482		0	0	Expend as Needed
		1410	N/A	\$138,500		\$138,500	\$138,500	Complete
Ha Wide Audit	CFP Audit Costs	1411	4 Years	\$2,000		\$2,000	0	Contract Signed
Ha Wide Fees/Costs	1) Annual UPCCS Inspections 2) Reproduction Costs 3) Construction Inspection Costs 4) A&E Services - Waverly Site	1430	1 Firm	\$8,100		\$7,079	0	Contract Signed
		1430	N/A	\$1,500		\$1,075	\$1,075	Expend as Needed
		1430	2 Staff	\$120,000		\$120,000	0	Staff in Place
		1430	1 Firm	\$10,000		\$4,150	\$4,150	Design Phase
27-1 Royal Gardens	1) Demolition 2) Relocation Costs	1485	50 Units	\$150,000		0	0	Preparing IFB
		1495.1	50 Units	\$50,000		\$9,622	\$9,622	Expend as Needed
27-2 Clyde Court	Site Work - Storm Drainage	1450	1 Site	\$55,000		0	0	Planning Stage
27-5 Waverly	Site Work - Sewer Lines	1450	1 Site	\$60,000		0	0	Planning Stage
27-10 Bridgeland	1) Site Work - Erosion Control 2) AMC Storefront Entrance	1450	1 Site	\$70,000		0	0	Planning Stage
		1470	1 Bldg	\$8,500		0	0	Planning Stage
27-11 Parkview	Site Work - Water Lines	1450	1 Site	\$5,000		\$795	\$795	Planning Stage
27-12 Creekside	Site Work - Water Lines	1450	1 Site	\$20,000		0	0	Planning Stage
27-20 Houses	1) Kitchen Renovations 2) Door Weatherstrip	1460	40 Units	\$130,000		0	0	Bid Phase
		1460	157 Units	\$15,000		0	0	Planning Stage
Ha Wide Dwelling Equip.	Appliances	1465	50 Units	\$30,000		0	0	Preparing IFB
Ha Wide Contingency	Contingency	1502	N/A	\$30,120		0	0	Obligate as Needed
Ha Wide Debt Service	CFP Bond Debt Service	9000	N/A	\$374,717		\$374,717	0	Ongoing Expenditure



**Part I: Summary**

PHA Name: **Grant Type and Number**  
 Housing Authority of Florence Capital Fund Program Grant No: SC16P02750109 Replacement Housing Factor Grant No:  
 Date of CFFP \_\_\_\_\_

FFY of Grant:  
 2009  
 FFY of Grant Approval:  
 2009

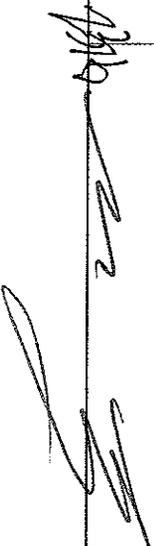
Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 05)  
 Performance and Evaluation Report for Period Ending: 3/31/2011  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Original Total Estimated Cost	Revised	Obligated	Total Actual Cost	Expended
1	Total non-CFP Funds					
2	1406 Operations	\$153,000	\$153,000	\$153,000	\$153,000	\$153,000
3	1408 Management Improvements	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
4	1410 Administration	\$144,355	\$144,355	\$142,667	\$142,667	\$142,667
5	1411 Audit	\$2,000	\$2,000	\$2,000	\$2,000	\$1,000
6	1415 Liquidated Damages					
7	1430 Fees and Costs	\$153,796	\$150,169	\$150,169	\$150,169	\$79,887
8	1440 Site Acquisition					
9	1450 Site Improvement	\$66,571	\$66,571	\$66,571	\$66,571	\$66,571
10	1460 Dwelling Structures	\$538,900	\$544,463	\$374,704	\$374,704	\$260,445
11	1465.1 Dwelling Equipment—Nonexpendable	\$3,000	\$1,064	\$1,064	\$1,064	\$1,064
12	1470 Non-Dwelling Structures	\$1,120	\$1,120	\$1,120	\$1,120	\$1,120
13	1475 Non-Dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities					
18a	1501 Collateralization or Debt Service paid by the PHA					
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$374,717	\$374,717	\$374,717	\$374,717	0
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2-19)	\$1,440,459	\$1,440,459	\$1,269,012	\$1,269,012	\$708,754
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Compliance					
23	Amount of line 20 Related to Security—Soft Costs					
24	Amount of line 20 Related to Security--Hard Costs	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
25	Amount of line 20 Related to Energy Conservation Measures	\$4,045	\$4,045	\$4,045	\$4,045	\$4,045

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**

<b>PHA Name:</b> Housing Authority of Florence		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P02750109 Date of CFPP _____		<b>FFY of Grant:</b> 2009
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2011		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 05) <input type="checkbox"/> Final Performance and Evaluation Report		<b>FFY of Grant Approval:</b> 2009
<b>Signature of Executive Director</b> 		<b>Date</b> April 1, 2011	<b>Signature of Public Housing Director</b> 	
Cynthia W. Williams, Executive Director			Date 	

**Part II: Supporting Pages**

PHA Name:		Grant Type and Number		FFY of Grant:				
Housing Authority of Florence		Capital Fund Program Grant No: SC16P02750109 Replacement Housing Factor Grant No:		2009				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Operations	1406	N/A	\$153,000	\$153,000	\$153,000	\$153,000	Complete
HA Wide Management	Security Patrols	1408	1 Officer	\$3,000	\$3,000	\$3,000	\$3,000	Complete
HA Wide Administration	1) IFB/RFP Advertising Costs 2) CFP Management Fee	1410 1410	N/A N/A	\$3,355 \$141,000	\$3,355 \$141,000	\$1,667 \$141,000	\$1,667 \$141,000	Obligate as Needed Complete
HA Wide Audit	CFP Audit Costs	1411	4 Years	\$2,000	\$2,000	\$2,000	\$1,000	Ongoing Expenditure
HA Wide Fees/Costs	1) Annual UPSC Inspections 2) Energy Audit (5 Year) 3) Reproduction Costs 4) Construction Inspection Costs 5) Soil & Concrete Testing	1430 1430 1430 1430 1430	1 Firm 1 Firm N/A 2 Staff 1 Firm	\$7,483 \$4,045 \$1,500 \$125,768 \$15,000	\$7,474 \$4,045 \$1,691 \$125,768 \$11,191	\$7,474 \$4,045 \$1,691 \$125,768 \$11,191	\$7,474 \$4,045 \$1,691 \$55,486 \$11,191	Complete Complete Complete Ongoing Expenditure Complete
27-3 Church Hill	Refinish Interior Stairs	1460	130 Units	\$130,000	\$106,400	\$106,400	\$105,950	Contract Close-Out
27-4 Oakland	1) Refinish Interior Stairs 2) Electrical Upgrade 3) Appliances	1460 1460 1465	48 Units 12 Units 64 Units	\$48,000 \$3,000 \$3,000	\$39,120 \$2,880 \$1,064	\$39,120 \$2,880 \$1,064	\$35,892 \$2,880 \$1,064	Contract Close-Out Complete Complete
27-5 Waverly	Refinish Interior Stairs	1460	20 Units	\$20,000	\$16,300	\$16,300	\$105	Contract Close-Out
27-11 Parkview	1) Site Work - Parking Lots 2) Fire Alarm System Upgrade	1450 1460	1 Site 1 Bldg	\$66,571 \$50,000	\$66,571 \$28,548	\$66,571 \$28,548	\$66,571 \$28,548	Complete Complete
27-12 Creekside	1) Elevator Upgrade 2) Fire Alarm System Upgrade	1460 1460	1 Bldg 1 Bldg	\$70,000 \$75,000	\$100,354 \$75,044	\$100,354 \$75,044	\$5,968 \$75,044	Construction Phase Complete
27-20 Scattered Site	1) Interior Flooring 2) Bath Renovations	1460 1460	159 Units 40 Units	\$132,900 \$10,000	\$169,759 \$6,058	0 \$6,058	0 \$6,058	Bid Phase Complete
Non-Dwelling Structures	Termite Treatment	1470	1 Bldg	\$1,120	\$1,120	\$1,120	\$1,120	Complete
HA Wide Debt Service	CFP Bond Debt Service	9000	N/A	\$374,717	\$374,717	\$374,717	0	Ongoing Expenditure



**Part I: Summary**

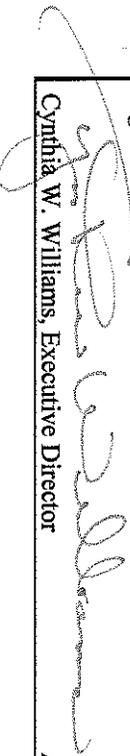
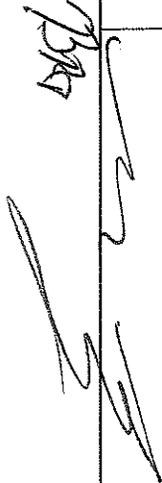
<b>PHA Name:</b> Housing Authority of Florence	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P02750108 Date of CFFP _____	<b>Replacement Housing Factor Grant No:</b>	<b>FFY of Grant:</b> 2008
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2011 <input type="checkbox"/> Final Performance and Evaluation Report			<b>FFY of Grant Approval:</b> 2008

Line No.	Summary by Development Account	Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$140,000		\$140,000	\$140,000
3	1408 Management Improvements	\$8,861		\$8,861	\$8,861
4	1410 Administration	\$140,970		\$140,970	\$140,970
5	1411 Audit	\$1,500		\$1,500	\$1,000
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$139,528		\$139,528	\$139,528
8	1440 Site Acquisition				
9	1450 Site Improvement	\$17,569		\$17,569	\$17,569
10	1460 Dwelling Structures	\$527,967		\$527,967	\$527,967
11	1465.1 Dwelling Equipment—Nonexpendable	\$39,051		\$39,051	\$39,051
12	1470 Non-Dwelling Structures	\$10,250		\$10,250	\$10,250
13	1475 Non-Dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
18a	1501 Collateralization or Debt Service paid by the PHA	\$374,717		\$374,717	\$218,585
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$1,400,413		\$1,400,413	\$1,243,781
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security—Soft Costs				
24	Amount of line 20 Related to Security—Hard Costs	\$8,861		\$8,861	\$8,861
25	Amount of line 20 Related to Energy Conservation Measures	\$96,620		\$96,620	\$96,620

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**

<b>PHA Name:</b> Housing Authority of Florence	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P02750108 Date of CFFP _____	<b>FFY of Grant:</b> 2008 <b>FFY of Grant Approval:</b> 2008
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2011 <input type="checkbox"/> Final Performance and Evaluation Report		
<b>Signature of Executive Director</b>  Cynthia W. Williams, Executive Director	<b>Date</b> April 1, 2011	<b>Signature of Public Housing Director</b>  Date 4/14/11

**Part II: Supporting Pages**

**PHA Name:** Housing Authority of Florence  
**Grant Type and Number:** Capital Fund Program Grant No: SC16P02750108  
 Replacement Housing Factor Grant No:  
**FY of Grant:** 2008  
**CFPP (Yes/No):** No

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Operations	1406	N/A	\$140,000		\$140,000	\$140,000	Complete
HA Wide Management	Security Patrols	1408	1 Officer	\$8,861		\$8,861	\$8,861	Complete
HA Wide Administration	1) IPB/RFP Advertising Costs 2) CFP Management Fee	1410 1410	N/A N/A	\$4,970 \$136,000		\$4,970 \$136,000	\$4,970 \$136,000	Complete Complete
HA Wide Audit	CFP Audit Costs	1411	4 Years	\$1,500		\$1,500	\$1,000	Ongoing Expenditure
HA Wide Fees/Costs	1) Annual UPSC Inspections 2) Construction Inspection Costs 3) Reproduction Costs 4) A&E Services (27-3 Church Hill)	1430 1430 1430 1430	1 Firm 3 Staff N/A 1 Firm	\$7,910 \$125,768 \$1,500 \$4,350		\$7,910 \$125,768 \$1,500 \$4,350	\$7,910 \$125,768 \$1,500 \$4,350	Complete Complete Complete Complete
27-2 Pine Park	Gutters & Downspouts	1460	6 Bldgs	\$8,250		\$8,250	\$8,250	Complete
27-3 Church Hill	Appliances	1465	166 Units	\$39,051		\$39,051	\$39,051	Complete
27-10 Bridgeland	1) Roofing Replacement 2) Gutters & Downspouts	1460 1460	23 Bldgs 23 Bldgs	\$142,505 \$28,000		\$142,505 \$28,000	\$142,505 \$28,000	Complete Complete
27-11 Parkview	1) Site Work - Water Supply 2) Roofing Replacement 3) Gutters & Downspouts 4) Security Storm Doors 5) Office Addition	1450 1460 1460 1460 1470	1 Site 17 Bldgs 17 Bldgs 34 Units 120 SF	\$17,569 \$170,364 \$20,000 \$25,198 \$10,250		\$17,569 \$170,364 \$20,000 \$25,198 \$10,250	\$17,569 \$170,364 \$20,000 \$25,198 \$10,250	Complete Complete Complete Complete Complete
27-20 Scattered Houses	Structural/Foundation Repairs	1460	5 Houses	\$80,029		\$80,029	\$80,029	Complete
27-21 Pine Acres	1) Gutters & Downspouts 2) Security Screen Doors	1460 1460	25 Bldgs 40 Units	\$21,250 \$32,371		\$21,250 \$32,371	\$21,250 \$32,371	Complete Complete
HA Wide Debt Service	CFP Bond Debt Service	9000	N/A	\$374,717		\$374,717	\$218,585	Ongoing Expenditure



**Part I: Summary**

PHA Name: **Housing Authority of Florence** Grant Type and Number: **Capital Fund Program Grant No: SC16P0275011** Replacement Housing Factor Grant No: **\_\_\_\_\_** FFY of Grant: **2011**

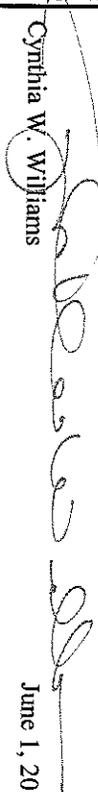
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$144,000			
3	1408 Management Improvements	\$3,000			
4	1410 Administration	\$142,202			
5	1411 Audit	\$2,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$140,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$125,000			
10	1460 Dwelling Structures	\$409,000			
11	1465.1 Dwelling Equipment—Nonexpendable	\$10,000			
12	1470 Non-Dwelling Structures	\$45,000			
13	1475 Non-Dwelling Equipment				
14	1485 Demolition	\$5,000			
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
18a	1501 Collateralization or Debt Service paid by the PHA				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$374,717			
19	1502 Contingency	\$30,000			
20	Amount of Annual Grant: (sum of lines 2-19)	\$1,429,919			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security—Soft Costs				
24	Amount of line 20 Related to Security--Hard Costs	\$3,000			
25	Amount of line 20 Related to Energy Conservation Measures	\$110,000			

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

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

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

**Part I: Summary**

PHA Name: Housing Authority of Florence	Grant Type and Number Capital Fund Program Grant No: SC16P02750111 Replacement Housing Factor Grant No: Date of CHFP	FFY of Grant: 2011 FFY of Grant Approval: 2011
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report		
Signature of Executive Director  Cynthia W. Williams	Date June 1, 2011	Signature of Public Housing Director  Date

**Part II: Supporting Pages**

PHA Name:		Grant Type and Number		FFY of Grant:				
Housing Authority of Florence		Capital Fund Program Grant No: SC16P02750111 Replacement Housing Factor Grant No:		CFPP (Yes/No): No 2011				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Ha Wide Operations	Operations	1406	N/A	\$144,000				
HA Wide Management	Security Patrols	1408	1 Officer	\$3,000				
HA Wide Administration	1) IFB/RFI Advertising Costs 2) CFP Management Fee	1410 1410	N/A N/A	\$5,202 \$137,000				
HA Wide Audit	CFP Audit Costs	1411	4 Years	\$2,000				
HA Wide Fees/Costs	1) Annual UPCS Inspections 2) Reproduction Costs 3) Construction Inspection Costs 4) A&E Services - Bridgeland	1430 1430 1430 1430	1 Firm N/A 2 Staff 1 Firm	\$8,000 \$2,000 \$120,000 \$10,000				
27-1 Royal	Demolition	1485	50 Units	\$5,000				
27-2 Pine/Clyde	Exterior Fascia	1460	7 Bldg	\$25,000				
27-3 Church Hill	1) Exterior Fascia 2) Maintenance Storage Building 3) AMC Building HVAC	1460 1470 1470	45 Bldg 1 Bldg 1 System	\$75,000 \$10,000 \$25,000				
27-4 Oakland	Exterior Fascia	1460	17 Bldg	\$25,000				
27-5 Waverly	Exterior Fascia	1460	6 Bldg	\$9,000				
27-10 Bridgeland	1) Site Work - Sewerage Lift Station 2) Kitchen Cabinets	1450 1460	1 Site 50 Units	\$50,000 \$175,000				
27-11 Parkview	1) Site Work - Water Lines 2) Hall Handrails 3) Maintenance Storage Building	1450 1460 1470	1 Site 2 Halls 1 Bldg	\$75,000 \$50,000 \$10,000				
27-12 Creekside	Hall Handrails	1460	6 Halls	\$50,000				
HA Wide Dwelling Equip.	Appliances	1465	25 Units	\$10,000				
HA Wide Contingency	Contingency	1502	N/A	\$30,000				
HA Wide Debt Service	CFP Bond Debt Service	9000	N/A	\$374,717				

**Part III: Implementation Schedule**

Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA Name: Housing Authority of Florence	Grant Type and Number Capital Fund Program No: SC16P02750111 Replacement Housing Factor No:			CFPP (Yes/No): No			FFY of Grant: 2011
HA Wide Operations	7/14/2013			7/14/2015			
HA Wide Management	7/14/2013			7/14/2015			
HA Wide Administration	7/14/2013			7/14/2015			
HA Wide Audit	7/14/2013			7/14/2015			
HA Wide Fees/Costs	7/14/2013			7/14/2015			
27-1 Royal Gardens	7/14/2013			7/14/2015			
27-2 Pine/Clyde	7/14/2013			7/14/2015			
27-3 Church Hill	7/14/2013			7/14/2015			
27-4 Oakland Place	7/14/2013			7/14/2015			
27-5 Waverly Acres	7/14/2013			7/14/2015			
27-10 Bridgeland	7/14/2013			7/14/2015			
27-11 Parkview	7/14/2013			7/14/2015			
27-12 Creekside	7/14/2013			7/14/2015			
HA Wide Dwelling Equipment	7/14/2013			7/14/2015			
HA Wide Contingency	7/14/2013			7/14/2015			
HA Wide Debt Service	7/14/2013			7/14/2015			











