

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>GEORGETOWN HOUSING AUTHORITY</u> PHA Code: <u>SC028</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2011</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>294</u> Number of HCV units: <u>163</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%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:35%;">Participating PHAs</th> <th rowspan="2" style="width:10%;">PHA Code</th> <th rowspan="2" style="width:20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width:20%;">Programs Not in the Consortia</th> <th colspan="2" style="width:15%;">No. of Units in Each Program</th> </tr> <tr> <th style="width:5%;">PH</th> <th style="width:10%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
<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>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>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:  A response is not required as the Housing Authority of the City of Georgetown, SC is a "qualified public housing agency" under Sections 2701 and 2702 of Title VII of the <i>Housing and Economic Recovery Act of 2008</i> (Pub. L. 110-289, H.R. 3221) and HUD Notice PIH 2008-41(HA).  (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.  The 5-Year and Annual PHA Plan is available for review at the GHA Admin Offices located at 1 Lincoln Street, Georgetown SC.																										
<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>																										
<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.  See Attachment "A"																										
<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.  See Attachment "B"																										
<b>8.3</b>	<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	<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> <p>A response is not required as the Housing Authority of the City of Georgetown, SC is a “qualified public housing agency” under Sections 2701 and 2702 of Title VII of the <i>Housing and Economic Recovery Act of 2008</i> (Pub. L. 110-289, H.R. 3221) and HUD Notice PIH 2008-41(HA).</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> <p>A response is not required as the Housing Authority of the City of Georgetown, SC is a “qualified public housing agency” under Sections 2701 and 2702 of Title VII of the <i>Housing and Economic Recovery Act of 2008</i> (Pub. L. 110-289, H.R. 3221) and HUD Notice PIH 2008-41(HA).</p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>A response is not required as the Housing Authority of the City of Georgetown, SC is a “qualified public housing agency” under Sections 2701 and 2702 of Title VII of the <i>Housing and Economic Recovery Act of 2008</i> (Pub. L. 110-289, H.R. 3221) and HUD Notice PIH 2008-41(HA).</p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

**5-YEAR PLAN FOR FISCAL YEAR 2010  
(HUD LOCAL SUBMISSION)**

**HOUSING AUTHORITY OF THE CITY OF GEORGETOWN, SC**

**INDEX OF ATTACHMENTS**

<b><u>Attachment</u></b>	<b><u>Description</u></b>
Attachment "A"	Section 8.1 and Section 11.0(h) - <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1 <ul style="list-style-type: none"><li>• FY 2008 CFP Report</li><li>• FY 2009 ARRA Report</li><li>• FY 2009 CFP Report</li><li>• FY 2010 CFP Report</li><li>• FY 2011 CFP Report</li></ul>
Attachment "B"	Section 8.2 and Section 11.0(i) - <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2
Attachment "C"	Section 11.0 - <i>Required Certification Submissions to HUD Field Office</i> <ul style="list-style-type: none"><li>a) PHA Certifications of Compliance with the PHA Plans and Related Regulations, form HUD-50077</li><li>b) Certification for a Drug-Free Workplace, form HUD-50070</li><li>c) Certification of Payments to Influence Federal Transactions, form HUD-50071</li><li>d) Disclosure of Lobbying Activities, form SF-LLL</li><li>e) Resident Advisory Board ("RAB") comments</li><li>f) Challenged Elements</li></ul>

**ATTACHMENT "A"**

**Section 8.1 - Capital Fund Program Annual Statement/  
Performance and Evaluation Reports, form HUD-50075.1**

<b>Part I: Summary</b>		
<b>PHA Name:</b> Georgetown Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P028501-08 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:</b> 2008 <b>FFY of Grant Approval:</b> 2008

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: 2 )  
 Performance and Evaluation Report for Period Ending:       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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	97,126.00		97,126.00	97,126.00
3	1408 Management Improvements	58,100.00		58,100.00	12,756.22
4	1410 Administration (may not exceed 10% of line 21)	44,000.00		44,000.00	4,176.78
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	13,140.96		13,140.96	13,140.96
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	79,404.00	99,711.96	40,682.55	40,682.55
11	1465.1 Dwelling Equipment—Nonexpendable	17,000.00	-		
12	1470 Non-dwelling Structures	22,000.00	16,692.04	16,692.04	16,692.04
13	1475 Non-dwelling Equipment	11,000.00		11,000.00	11,000.00
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.

<b>Part I: Summary</b>			
<b>PHA Name:</b> Georgetown Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P028501-08 Date of CFFP:	Replacement Housing Factor Grant No:	<b>FFY of Grant:</b> 2008 <b>FFY of Grant Approval:</b> 2008

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: 2 )  
 Performance and Evaluation Report for Period Ending:       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 PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	143,861.04		143,861.04	143,861.04
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2-19)	485,632.00		485,632.00	339,435.59
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				

<b>Signature of Executive Director</b> 	<b>Date</b> 9-14-10	<b>Signature of Public Housing Director</b>	<b>Date</b>
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<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.

<b>Part II: Summary</b>								
PHA Name: <b>Georgetown Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>SC16P028501-08</b> CFFP (Yes/No) Replacement Housing Factor Grant No:				<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>		
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		97,126.00		97126	97126	
	Afterschool Program							
	Tutor & Equipment							
	Resident & Community Services							
	Management Improvements (SLED & Credit Checks)							
	Drug Elimination & Prevention	1408		58,100.00		12,756.22	12,756.22	
	Fees & Costs	1430		13,140.96		13,140.96	13,140.96	
	Administration	1410		44,000.00		44,000.00	4,176.78	
	Dwelling Structures: re-roofing, cycle painting, util conv. HVAC, replace tile	1460		79,404.00	99,711.96	99,711.96	40,682.55	
	non-dwelling structures: renovation,	1470		22,000.00	16,692.04	16,692.04	16,692.04	
	Dwelling Equipment	1465		17,000.00	-			
	Non-dwelling Equipment	1475		11,000.00		11,000.00	11,000.00	
PHA WIDE Proj. 001., 002, 003	Bond Repayment -HVAC, Upgrade Electric, Ranges, Water Heaters Proj. 001, 002, 003	1501		143,861.00		143,861.00	71,930.52	

<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.



<b>Part I: Summary</b>		
<b>PHA Name:</b> Georgetown Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16S028501-09 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: 2 )  
 Performance and Evaluation Report for Period Ending: 8/31/2010       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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	24,098.00		24,098.00	2,082.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	31,228.00		31,228.00	30,728.00
8	1440 Site Acquisition				
9	1450 Site Improvement	176,872.00		176,872.00	56,872.08
10	1460 Dwelling Structures	382,516.00		382,516.00	
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>						
<b>PHA Name:</b> Georgetown Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16S028501-09 Date of CFFP:			<b>Replacement Housing Factor Grant No:</b>	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: 2 )		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 8/31/2010		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by 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)	614,714.00		614,714.00	89,682.08	
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> 			<b>Signature of Public Housing Director</b>			
<b>Date</b> 9-14-10			<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.

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<b>Part II: Summary</b>								
<b>PHA Name:</b> Georgetown Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16S028501-09 CFFP (Yes/No) Replacement Housing Factor Grant No:				<b>FFY of Grant:</b> 2009	
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	Administration	1410		24,098.00		24,098.00	2,082.00	
PHA WIDE	Fees & Costs	1430		31,228.00		31,228.00	31,228.00	
PHA WIDE	Street lights	1450		120,000.00		120,000.00		
PHA WIDE	Replace major sewer lines	1450		11,472.00		11,472.00	11,472.00	Completed
PHA WIDE	Tree removal and landscaping	1450		39,600.00		39,600.00	39,600.00	Completed
PHA WIDE	Cycle painting(parking, handicap ramps)	1450		5,800.00		5,800.00	5,800.00	Completed
SC28000001	Major interior plumbing repair	1460	180	140,000.00		140,000.00		In Progress
	Insulatoin upgrades	1460	49	104,406.00		104,406.00		In Progress
SC28000002	Replace windows	1460	14	48,170.00		48,170.00		
	Replace sliding glass doors	1460	14	18,000.00		18,000.00		
	Insulation upgrades	1460	49	32,340.00		32,340.00		
	Major interior plumbing repair	1460	49	39,600.00		39,600.00		

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<b>Part I: Summary</b>		
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<b>Type of Grant</b>		
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 )
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 8/31/2010		<input type="checkbox"/> Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line	100,343.00	100,343.00	100,343.00	
3	1408 Management Improvements	54,998.00	54,998.76	54,998.76	
4	1410 Administration (may not exceed 10% of line 21)	50,815.00	50,815.20	50,815.20	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	34,182.00	34,182.00	34,182.00	21,600.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	95,735.00	95,735.00	95,735.00	
11	1465.1 Dwelling Equipment--Nonexpendable	28,217.00	28,217.00	28,217.00	
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
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<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 8/31/2010		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	143,862.00	143,861.04	143,861.04	11,988.42
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2-19)	508,152.00	508,152.00	508,152.00	33,588.42
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				
<b>Signature of Executive Director</b> 			<b>Signature of Public Housing Director</b>  		
<b>Date</b> 9-14-10			<b>Date</b> 		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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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		100,343.00				
	Afterschool Program							
	Tutor & Equipment			10,063.00				
	Resident & Community Services			19,000.00				
	Management Improvements (SLED & Credit Checks)			12,000.00				
	Newsletter/Resident Initiatives	1408		5,935.00				
PHA WIDE	Administration	1410		50,815.00		732.00	732.00	
	Fees & Costs	1430		34,182.00		21,600.00	21,600.00	
	Dwelling Structures	1460		95,735.00				
	Dwelling Equipment	1465.1		28,217.00				
	Bond Repayment							
Proj. 001 - AMP 1	-HVAC, Upgrade Electric, Ranges,							
Proj. 003, 005, 011, 012 - AMP 2	Proj. 001, 002, 003	1501		143,862.00				
Proj. 003 - AMP 2	TOTAL			508,152.00		22,332.00	22,332.00	

<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.



<b>Part I: Summary</b>		
<b>PHA Name:</b> Georgetown Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P028501-10 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: 2 )  
 Performance and Evaluation Report for Period Ending:       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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line)	55,938.00	55,938.00		
3	1408 Management Improvements	25,780.00	25,780.00		
4	1410 Administration (may not exceed 10% of line 21)	50,351.00	50,350.96		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,800.00	30,800.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	29,700.00	29,700.00		
10	1460 Dwelling Structures	159,000.00	159,000.00		
11	1465.1 Dwelling Equipment—Nonexpendable	-	-		
12	1470 Non-dwelling Structures	12,000.00	12,000.00		
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

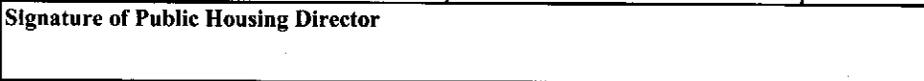
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>		
<b>PHA Name:</b> Georgetown Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P028501-10 Date of CFFP:	<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>
		Replacement Housing Factor Grant No:

**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 PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	143,861.00	143,861.04	143,861.04	
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2-19)	507,430.00	507,430.00	143,861.04	
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				

<b>Signature of Executive Director</b> 	<b>Date</b> 9-14-10	<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 CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Summary</b>								
PHA Name: <b>Georgetown Housing Authority</b>			Grant Type and Number Capital Fund Program Grant No: <b>SC16P028501-10</b> CFFP (Yes/No) Replacement Housing Factor Grant No:				FFY of Grant: <b>2010</b>	
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		55,938.00	55,938.00			
PHA WIDE	Security Monitoring	1408		25,780.00	25,780.00			
PHA WIDE	Drug Elimination & Prevention	1408		-	-			
PHA WIDE	Administration	1410		50,351.00	50,350.96	-		
PHA WIDE	Fees & Costs	1430		30,800.00	30,800.00			
PHA WIDE	Replace appliances	1465.1	15	-	-			
PHA WIDE	Bond Repayment	9000		143,861.00	143,861.04			
Proj. 001 - AMP 1	Signage	1450		13,200.00	13,200.00	-		
Proj. 003 - AMP 2	Signage	1450		8,250.00	8,250.00			
Proj. 005 - AMP 2	Signage	1450		8,250.00	8,250.00			
Proj. 001 - AMP 1	Replace Siding	1460	180	-	-	-		
Proj. 001 - AMP 1	Replace countertops	1460	180	108,000.00	108,000.00			
Proj. 003, 005, 011, 012 - AMP 2	Replace roofs	1460	114	-	-	-		
Proj. 003 - AMP 2	Replace countertops	1460	35	21,000.00	21,000.00			
Proj. 005 - AMP 2	Replace countertops	1460	50	30,000.00	30,000.00	-		
	HVAC upgrades in main office	1470	1	12,000.00	12,000.00			

<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.



<b>Part I: Summary</b>		
<b>PHA Name:</b> Georgetown Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P028501-11 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:</b> 2011 <b>FFY of Grant Approval:</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:       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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line)	51,999.96			
3	1408 Management Improvements	25,780.00			
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	32,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	261,739.00			
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>					
<b>PHA Name:</b> Georgetown Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P028501-11 Date of CFFP:			<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval:</b>
		Replacement Housing Factor Grant No:			
<b>Type of Grant</b> <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					
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 PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	143,861.04			
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2-19)	515,380.00			
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				
Signature of Executive Director		Date		Signature of Public Housing Director	
		9-14-10			

<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.

<b>Part II: Summary</b>								
PHA Name: <b>Georgetown Housing Authority</b>			Grant Type and Number Capital Fund Program Grant No: <b>SC16P028501-11</b> CFFP (Yes/No) Replacement Housing Factor Grant No:				FFY of Grant: <b>2011</b>	
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		51,999.96				
PHA WIDE	Security Monitoring	1408		25,780.00				
PHA WIDE	Administration	1410		-				
PHA WIDE	Fees & Costs	1430		32,000.00				
PHA WIDE	Bond Repayment	9000		143,861.04				
Proj. 005 - AMP 2	Bathroom renovations	1460	50	120,000.00				
Proj. 005 - AMP 2	Replace flooring	1460	50	141,739.00				

<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.



**ATTACHMENT "B"**

**Section 8.2 - Capital Fund Program Five-Year  
Action Plan, form HUD-50075.2**

<b>Part I: Summary</b>						
PHA: Georgetown Housing Authority / SC028		Locality (Georgetown/Georgetown, SC)			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
B.	Physical Improvements Subtotal	Annual Statement	127,672.00	131,502.00	135,447.00	139,510.00
C.	Management Improvements		56,648.00	58,347.00	60,098.00	61,901.00
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		50,814.96	50,814.96	50,814.96	50,814.96
F.	Other		35,207.00	36,264.00	37,351.00	38,472.00
G.	Operations		100,343.00	100,343.00	100,343.00	100,343.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service		143,861.04	143,861.04	143,861.04	143,861.04
K.	Total CFP Funds		514,546.00	521,132.00	527,915.00	534,902.00
L.	Total Non-CFP Funds		0	0	0	0
M.	Grand Total		514,546.00	521,132.00	527,915.00	534,902.00

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2011	Work Statement for Year 2012 FFY 2012			Work Statement for Year: 2013 FFY 2013		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	<b>AMP1: Westside</b>	180		<b>AMP1: Westside</b>	180	
	Physical Improvements		77,880.00	Physical Improvements		80,216.00
	<b>AMP2: Scattered Sites</b>	114		<b>AMP2: Scattered Sites</b>	114	
	Physical Improvements		49,792.00	Physical Improvements		51,286.00
		Subtotal of Estimated Cost		\$ 127,672.00	Subtotal of Estimated Cost	

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2011	Work Statement for Year 2014 FFY 2014			Work Statement for Year: 2015 FFY 2015		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	<b>AMP1: Westside</b>	180		<b>AMP1: Westside</b>	180	
	Physical Improvements		82,623.00	Physical Improvements		85,101.00
	<b>AMP2: Scattered Sites</b>	114		<b>AMP2: Scattered Sites</b>	114	
	Physical Improvements		52,824.00	Physical Improvements		54,409.00
		Subtotal of Estimated Cost		\$ 135,447.00	Subtotal of Estimated Cost	





**ATTACHMENT "C"**

**Section 11.0(a-f) – Required Certification Submissions to HUD Field Office**

**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 January 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.

Housing Authority of the City of Georgetown

SC028

PHA Name

PHA Number/HA Code

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

x Annual PHA Plan for Fiscal Years 20<sup>11</sup> - 20<sup>11</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

Dorothy C. McKenzie

Title

Chair, Board of Commissioners

Signature

*Dorothy C. McKenzie*

Date

07/13/2010

**Civil Rights Certification**

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

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

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

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

Housing Authority of the City of Georgetown

SC028

\_\_\_\_\_  
 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

Dorothy C. McKenzie

Title

Chair, Board of Commissioners

Signature

*Dorothy C. McKenzie*

Date 07/13/2010

# 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 the City of Georgetown

Program/Activity Receiving Federal Grant Funding

Low-Income Public and Other Affordable Housing

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)

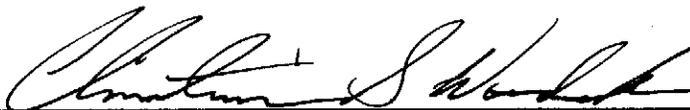
Name of Authorized Official

Christina S. Woodruff

Title

Executive Director

Signature



Date (mm/dd/yyyy)

07/13/2010

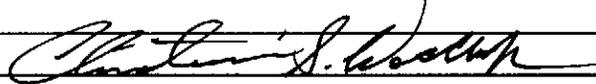
## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  U.S. Department of Housing and Urban Development Washington, D.C.  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>  U.S. Department of Housing and Urban Development	<b>7. Federal Program Name/Description:</b>  Low-Income Public Housing  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):  NONE	<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: Christina S. Woodruff Title: Executive Director Telephone No.: 843-546-9621 x27      Date: 07/13/2010	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of the City of Georgetown

Program/Activity Receiving Federal Grant Funding

Low-Income Public and Other Affordable Housing

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.)

Place of performance are all public housing communities of the Housing Authority of the City of Georgetown, SC designated by HUD as SC028-1 and SC028-2. The Asset Managers for these communities are located at 1 Lincoln Street, Georgetown, SC 29440.

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)

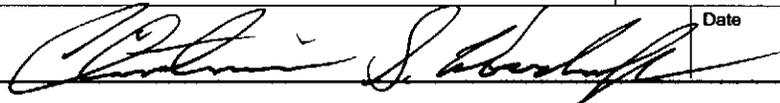
Name of Authorized Official

Christina S. Woodruff

Title

Executive Director

Signature



Date

07/13/2010

X

## **Section 11.0(f) – Resident Advisory Board (“RAB”) Comments**

On August 11, 2010, the Resident Advisory Board (“RAB”) of the Housing Authority of the City of Georgetown (the “Agency”) met to discuss the Agency’s Five-Year Plan, including the activities completed and anticipated as part of the Agency’s participation in the Capital Fund Program. The meeting commenced at 5:00 p.m. at the Drayton Community Center. The following RAB members were present:

Patricia Layer, President

Mrs. Christina S. Woodruff, Executive Director, was also present and recorded the RAB comments.

Mrs. Woodruff provided the RAB and attendees with a summary of the 2011 Annual Plan which stated the GHA mission statement and changes from last year’s plan. It also outlined current and proposed capital improvements by capital grants. She then thoroughly explained the contents of the proposed Annual Plan highlighting the following accomplishments:

1. Increased security
2. Enforcement of lease policy
3. Current and proposed capital improvements
4. Improvements to the community center and after-school programs

During the presentation, Mrs. Woodruff solicited comments from the RAB meeting participants.

Generally, the RAB members expressed appreciation for the accomplishments of the Agency and support for the initiatives and proposed activities set forth in the proposed Annual Plan. The RAB is please with the upgrades that are taking place and are excited about coming improvements.

### **Section 11.0(g) – Challenged Elements**

There were no “challenged elements” to The Housing Authority of the City of Georgetown’s 2011 Annual Plan.

# Annual Plan

## Resident Advisory Board

Wednesday, August 11, 2010

1. Julian Chou 8 McCaffrey C.T

2. Mary Stanley 3 Cribb Ct.

3. Rebecca Hamilton

4. CLENZO ALEXANDER McKnight 4 McCaffrey Court

5. James Lee Justice

6. Sarah Brown 15 Falcon Court

(Res)

7. Patricia L'ayer 15 Manigault

8. Francine Alder

9. D. Brown 37 Rainey Dr

10. Fitzgerald 13

11. Mrs Victoria C Jones 4 A manigault

12. Shirley Alston 15 pate

13. Patricia Gardner

14. Jackson S. Rose

15. Stephanie M. B. A.

16. \_\_\_\_\_

17. \_\_\_\_\_

18. \_\_\_\_\_

19. \_\_\_\_\_

20. \_\_\_\_\_

# 2011 GHA Annual Plan

W

Thank you for reviewing our 2011 Annual Plan. Please sign and date the guest list below.  
Share your thoughts and opinions on the 2011 Annual Plan at our public hearing on:

**Tuesday, September 14, 2010 at 6 p.m.**  
**David H. Drayton Community Center, 1 Lincoln Street, Georgetown**

Name	Date
(SAMPLE) 1. <u>Connie Dennis</u>	<u>7/19/10</u>
2. <u>Mr</u>	
3. <u>Beulah Tonki</u>	<u>7-21-10</u>
4. <u>Jandra McBride</u>	<u>7-21-10</u>
5. <u>Juan McBride</u>	
6. <u>Sherry Bagan</u>	<u>7-21-10</u>
7. <u>[Signature]</u>	<u>7-21-2010</u>
8. <u>[Signature]</u>	<u>7/21/2010</u>
9. <u>Val Anderson</u>	<u>7/21/2010</u>
10. <u>Chante' Spow</u>	<u>7/22/10</u>
11. <u>Stephanie Lee</u>	<u>7-21-10</u>
12. <u>Helen Rudolph</u>	<u>7/22/10</u>
13. <u>BERT SMITH</u>	
14. <u>Hedgette L Jackson</u>	<u>8/30/10</u>
15. <u>Carolyn Lewis</u>	<u>9/1/10</u>
16. _____	
17. _____	
18. _____	
19. _____	
20. _____	

**Annual Plan  
Public Hearing**

**Tuesday, September 14, 2010**

1. \_\_\_\_\_
2. No one showed up.
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
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20. \_\_\_\_\_

**Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan**

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

**Certification by State or Local Official of PHA Plans Consistency with  
the Consolidated Plan**

I, Ed Knight the Authorized Signatory for the SC State Housing Finance and  
Development Authority, certify that the Annual PHA Plan for Fiscal Year 2011 for the  
Georgetown Housing Authority is consistent with the Consolidated Plan of the State of  
South Carolina prepared pursuant to 24 CFR Part 91.



Date:

9-14-10

Signed / Dated by Appropriate State or Local Official

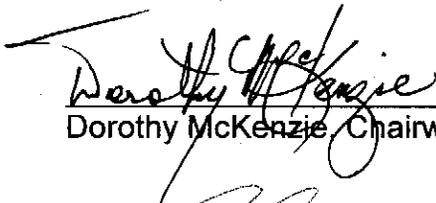
Edwin R. Knight, Deputy Director of  
Administration and Authorized Signatory

RESOLUTION # 2010-10  
APPROVING CHANGES TO ACOP

WHEREAS, the Board of Commissioners of the Housing Authority of the City of Georgetown has duly examined the ACOP changes submitted to them by the Executive Director, and

WHEREAS, aforementioned changes are found to be compliant with the Public Housing regulations of the Department of Housing and Urban Development as well as with all federal, state and local fair housing laws and regulations,

NOW THEREFORE BE IT RESOLVED, by the Board of Commissioners of the Housing Authority of the City of Georgetown that the revised ACOP is approved as submitted.

  
\_\_\_\_\_  
Dorothy McKenzie, Chairwoman

8-17-10  
Date

  
\_\_\_\_\_  
Christina S. Woodruff, Secretary

8-17-10  
Date

RESOLUTION # 2010-11  
APPROVING CHANGES TO THE SECTION 8 ADMIN PLAN

WHEREAS, the Board of Commissioners of the Housing Authority of the City of Georgetown has duly examined the GHA Section 8 Administrative Plan changes submitted to them by the Executive Director, and

WHEREAS, aforementioned changes are found to be compliant with the Section 8 Housing Choice Voucher regulations of the Department of Housing and Urban Development as well as with all federal, state and local fair housing laws and regulations,

NOW THEREFORE BE IT RESOLVED, by the Board of Commissioners of the Housing Authority of the City of Georgetown that the revised Section 8 Administrative Plan is approved as submitted.

  
\_\_\_\_\_  
Dorothy McKenzie, Chairwoman

8-17-10  
Date

  
\_\_\_\_\_  
Christina S. Woodruff, Secretary

8-17-10  
Date