

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Housing Authority of Fort Mill, South Carolina		Grant Type and Number Capital Fund Program Grant No: ARRA SC16S03650109 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant		Revised Annual Statement (revision no: )	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Final Performance and Evaluation Report	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		<input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Revised <sup>1</sup>	Total Actual Cost <sup>1</sup> Expended
		Original	Obligated
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 21)		
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement	4,484.54	0
10	1460 Dwelling Structures	279,771.82	284,256.36
11	1465.1 Dwelling Equipment—Nonexpendable	9,000.00	4,572.64
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.

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		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Housing Authority of Fort Mill	Grant Type and Number Capital Fund Program Grant No: ARRA SC16S03650109 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant			
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		<input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>
		Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	288,829.00	288,829.00
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	288,829.00	288,829.00
25	Amount of line 20 Related to Energy Conservation Measures	175,490.82	179,975.36
<b>Signature of Executive Director L. Thomas Rowe</b>		<b>Signature of Public Housing Director</b>	
<i>L. Thomas Rowe</i>		<i>[Signature]</i>	
<b>Date</b>		<b>Date</b>	
5/10/11			

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

Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name:		Grant Type and Number						
Housing Authority of Fort Mill		Capital Fund Program Grant No: ARRA SC16S3650109						
		CFPP (Yes/No):						
		Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
36-1	Window Replacement with Energy Efficient Windows	1460	46	63,800	60,789.29	60,789.29	60,789.29	Completed
36-1	Upgrade Bathroom lights to an energy efficient light package	1460	20	3,000	3,000.00	3,000.00	3,000.00	Completed
36-2	Upgrade lights in the Elderly Building to energy efficient light package	1460	20	3,000	2,472.93	2,472.93	2,472.93	Completed
36-2	Replace existing floor tile in Elderly units including bathroom	1460	17	37,160	36,690.00	36,690.00	36,690.00	Completed
36-2	Install HVAC system in Hall areas of Elderly Building 14 seer or greater	1460	1	5,500	0	0	0	Completed with H/A Budget Funds
36-4	Window Replacement with Energy Efficient Window	1460	28	28,400	30,704.72	30,704.72	30,704.72	Completed
36-4	Replace ceramic shower surrounds with solid surface & install new tub overlay	1460	28	40,656	40,656.00	40,656.00	40,656.00	Completed
36-4	Install blinds in units for better curb appeal	1465.1	28	5,000	2,589.61	2,589.61	2,589.61	Completed
36-9	Install Blinds in units for better curb appeal	1465.1	20	4,000	1,983.03	1,983.03	1,983.03	Completed
36-4	Gutters/Downspouts all units in Development 36-4	1460	28	38,000	26,935.00	26,935.00	26,935.00	Completed
36-1	Rework Breaker boxes and install dryer connections	1460	45	14,200	6,612.00	6,612.00	6,612.00	Completed
36-9	Replace Hydro-HVAC units to Split Heat Pump system energy efficient	1460	20	46,113	76,396.42	76,396.42	76,396.42	Completed
36-1	Replace Broken Concrete in Drive	1450	20 yds	4,484.54	0	0	0	Completed with H/A Budget Fd



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

Part I: Summary		Grant Type and Number		FFY of Grant: 2010	
PHA Name: Housing Authority of Fort Mill		Capital Fund Program Grant No: SC16P03650110		FFY of Grant Approval: 2010	
Reserve for Disasters/Emergencies		Replacement Housing Factor Grant No:			
Date of CFFP:					
Type of Grant		Revised Annual Statement (revision no: )		Total Actual Cost <sup>1</sup>	
Original Annual Statement		Final Performance and Evaluation Report			
Performance and Evaluation Report for Period Ending: 12/31/2010					
Line	Summary by Development Account	Total Estimated Cost	Obligated	Expended	
		Original	Revised <sup>2</sup>		
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	\$ 30,000	30,000	30,000.00	6,849.74
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit	5,000	1,800	1,800.00	1,800.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,000	- 0 -		
8	1440 Site Acquisition				
9	1450 Site Improvement	19,540	21,092	11,719.41	11,719.41
10	1460 Dwelling Structures	174,200	183,848	177,414.60	142,744.60
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.  
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Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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

<b>Part I: Summary</b>		FFY of Grant: 2010	
PHA Name: Housing Authority of Fort Mill		FFY of Grant Approval: 2010	
Grant Type and Number Capital Fund Program Grant No: SC16P03650110 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Summary by Development Account		Total Estimated Cost	
Line		Original	Revised <sup>2</sup>
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	236,740	236,740
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	20,000	20,000
24	Amount of line 20 Related to Security - Hard Costs	44,200	44,200
25	Amount of line 20 Related to Energy Conservation Measures		
		30,645.13	30,645.13
<b>Signature of Executive Director L. Thomas Rowe</b>		<b>Signature of Public Housing Director</b>	
		<b>Date</b>	<b>Date</b>
		5/10/11	

<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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Part II: Supporting Pages		Federal FFY of Grant: 2010						
PHA Name: Housing Authority of Fort Mill		Grant Type and Number Capital Fund Program Grant No: SC16P03650110 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
36-1	Replace Hot Water Heaters	1460	46	\$20,000	14,460.11	14,460.11	14,460.11	Completed
36-1	Replace light fixtures on porches with more energy efficient lights	1460	46	5,000	1,628.98	1,628.98	1,628.98	Completed
36-9	Storm Door Replacement	1460	48		4,560.62	4,560.62	4,560.62	Installation in Process
36-2	Replace roof shingles on the Senior Bldg.	1460	20	35,000	39,379.52	39,379.52	36,129.52	Completed
36-4	Upgrade light fixtures with energy efficient fixtures/bulbs	1460	28	3,000	3,000.00	991.60	991.60	Partially Completed
36-9	Upgrade light fixtures with energy efficient fixtures/bulbs	1460	20	2,500	708.32	708.32	708.32	Completed
36-9	Replace worn counter tops with solid surface counter tops	1460	20	60,000	52,143.28	52,143.28	52,143.28	Completed
36-9	Replace wall hung sinks with vanity cabinet and sink	1460	20	30,000	13,894.92	13,894.92	13,894.92	Completed
36-9	Landscape work around all units and grounds; repair/cover drainage ditch	1450	20	11,540	11,719.41	11,719.41	11,719.41	Work Continues
36-9	Replace Hot Water Heaters	1460	20	8,700	6,287.10	6,287.10	6,287.10	Completed
36-2	Replace obsolete Fire Alarm/Panic alarm system in building and new door opener	1460	20	10,000	8,525.15	8,525.15	6,450.15	Waiting on Door install
36-9	Replace Kitchen Exhaust Fan Hoods	1460	20		1,640.00	1,640.00	1,640.00	Completed
H/A Wide	Security	1408	142	20,000	20,000.00	20,000.00	3,575.58	Continues
H/A Wide	Mince/Capital Improvement Director Salary Prorated	1408	142	10,000	10,000.00	10,000.00	3,274.16	Continues
H/A Wide	Cycle Painting	1460	30		19,675.00	15,250.00	3,850.00	In Process
H/A Wide	Energy Audit	1411	142	5,000	1,800.00	1,800.00	1,800.00	Completed
H/A Wide	Physical Needs Assessment	1430	142	8,000	0	0	0	C/F 2011
H/A Wide	Replace damaged/broken concrete walks	1450	25 Cubic	8,000	9,372.59			Work to be





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

**C036**

<b>Part I: Summary</b>						
PHA Name/Number <b>Housing Authority of Fort Mill - SC036</b>		Locality (City/County & State) <b>Fort Mill, South Carolina, York County</b>			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: <b>5</b>	
A.	Development Number and Name <b>36-1 – Bozeman Drive</b>	Work Statement for Year 1 FFY <u>2011</u>	Work Statement for Year 2 FFY <u>2012</u>	Work Statement for Year 3 FFY <u>2013</u>	Work Statement for Year 4 FFY <u>2014</u>	Work Statement for Year 5 FFY <u>2015</u>
B.	Physical Improvements Subtotal	Annual Statement	\$146,000	\$-0-	\$100,000	\$230,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		\$146,000	\$-0-	\$100,000	\$230,000

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

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

<b>Part I: Summary</b>						
PHA Name/Number <b>Housing Authority of Fort Mill - SC036</b>		Locality (City/County & State) <b>Fort Mill, South Carolina, York County</b>			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: <b>5</b>	
A.	Development Number and Name <b>36-2 – Bozeman Drive</b>	Work Statement for Year 1 FFY <u>2011</u>	Work Statement for Year 2 FFY <u>2012</u>	Work Statement for Year 3 FFY <u>2013</u>	Work Statement for Year 4 FFY <u>2014</u>	Work Statement for Year 5 FFY <u>2015</u>
B.	Physical Improvements Subtotal	Annual Statement	\$88,000	\$240,000	\$53,000	\$20,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		\$88,000	\$240,000	\$53,000	\$20,000

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

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

<b>Part I: Summary</b>						
PHA Name/Number <b>Housing Authority of Fort Mill - SC036</b>		Locality (City/County & State) <b>Fort Mill, South Carolina, York County</b>			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 5	
A.	Development Number and Name <b>36-4 – Bozeman Drive</b>	Work Statement for Year 1 FFY <u>2011</u>	Work Statement for Year 2 FFY <u>2012</u>	Work Statement for Year 3 FFY <u>2013</u>	Work Statement for Year 4 FFY <u>2014</u>	Work Statement for Year 5 FFY <u>2015</u>
B.	Physical Improvements Subtotal	Annual Statement	\$45,000	\$21,000	\$179,000	\$-0-
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		\$45,000	\$21,000	\$179,000	\$-0-

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

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

<b>Part I: Summary</b>						
PHA Name/Number <b>Housing Authority of Fort Mill - SC036</b>		Locality (City/County & State) <b>Fort Mill, South Carolina, York County</b>			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 5	
A.	Development Number and Name <b>36-9 – Bozeman Drive</b>	Work Statement for Year 1 FFY <b>2011</b>	Work Statement for Year 2 FFY <b>2012</b>	Work Statement for Year 3 FFY <b>2013</b>	Work Statement for Year 4 FFY <b>2014</b>	Work Statement for Year 5 FFY <b>2015</b>
B.	Physical Improvements Subtotal	Annual Statement	\$16,500	\$-0-	\$-0-	\$50,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					750,000
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		\$16,500.00	\$-0-	\$-0-	\$800,000

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

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

<b>Part I: Summary</b>						
PHA Name/Number <b>Housing Authority of Fort Mill - SC036</b>		Locality (City/County & State) <b>Fort Mill, South Carolina, York County</b>			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 5	
A.	Development Number and Name <b>Housing Authority Wide</b>	Work Statement for Year 1 FFY <b>2011</b>	Work Statement for Year 2 FFY <b>2012</b>	Work Statement for Year 3 FFY <b>2013</b>	Work Statement for Year 4 FFY <b>2014</b>	Work Statement for Year 5 FFY <b>2015</b>
B.	Physical Improvements Subtotal	Annual Statement	\$200,000	\$85,000	\$95,000	\$70,000
C.	Management Improvements		16,000	19,000	18,000	23,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other - Security		20,000	22,000	23,000	25,000
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		\$151,000	\$126,000	\$136,000	\$118,000

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
<b>Work Statement for Year 1 FFY <u>2011</u></b>	Work Statement for Year <u>2</u> FFY <u>2012</u>			Work Statement for Year: <u>3</u> FFY <u>2013</u>		
	<b>Development Number/Name General Description of Major Work Categories</b>	<b>Quantity</b>	<b>Estimated Cost</b>	<b>Development Number/Name General Description of Major Work Categories</b>	<b>Quantity</b>	<b>Estimated Cost</b>
Section Annual Statement	<b>36-1 Bozeman Drive</b> Install Gutter & Downspouts	46 Units	\$46,000	<b>36-2 Bozeman Drive</b> Replace Apollo HVAC Systems and hot water heaters	28 Units	\$140,000
	<b>36-1 Bozeman Drive</b> Replace Roof Shingles	27 Buildings	\$100,000	<b>36-2 Bozeman Drive</b> Replace HVAC systems in Senior Building	20 Units	\$100,000
	<b>36-2 Bozeman Drive</b> Replace Hot Water Heaters	20 Units	\$8,000	<b>36-4 Rea Circle</b> Update interior doors and trim	28 units	\$21,000
	<b>36-2 Bozeman Drive</b> Update interior doors and trim	28 Units	\$30,000	<b>H/A Wide</b> Replace deteriorated sewer lines due to roots, etc.	200 feet	\$25,000
	<b>36-2 Bozeman Drive</b> Add additional parking spaces	48 units	\$50,000	<b>H/A Wide</b> Apartment Rehab-replace sheetrock in units with deterioration	20 Units	\$10,000
	<b>36-4 Rea Circle</b> Replace terra-cotta tile on kitchen and living room floors	28 units	\$45,000	<b>H/A Wide</b> Replace damaged/broken concrete on walks and drives throughout the properties	20 cubic yards	\$15,000
	<b>36-9 Anderson Bath-Tub Liners</b>	22 units	\$16,500			
	<b>H/A Wide</b> Toilet Retrofit system for obsolete commodes	142 Units	\$20,000	<b>H/A Wide</b> Upgrade Landscaping	25 Units	\$5,000

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

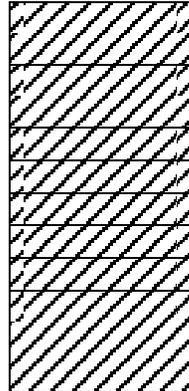
**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011**

	<b>H/A Wide</b> Apartment Rehab- replace sheetrock in units with deterioration	96 units	\$80,000	<b>H/A Wide</b> Cycle Painting	15 Units	\$30,000
	<b>H/A Wide</b> Replace damaged/broken concrete on walks and drives throughout the properties	50 cubic Yards	\$15,000			
	<b>H/A Wide</b> Upgrade Landscaping	50 Units	\$25,000			
	<b>H/A Wide</b> Cycle Painting	30 Units	\$60,000			
		Subtotal of Estimated Cost		\$495,500		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 <u>4</u> FFY <u>2014</u>			Work Statement for Year: <u>5</u> FFY <u>2015</u>		
	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>36-1 Bozeman Drive</b> Replace kitchen cabinets and counter tops	45 Units	\$100,000			
	<b>36-2 Bozeman Drive</b> Replace Ranges and Refrigerators	48 units	\$48,000	<b>36-1 Bozeman</b> Replace HVAC Systems	46 units	\$230,000
	<b>36-2 Bozeman Drive</b> Relocate Dumpsters	48 Units	\$5,000	<b>36-2 Bozeman Drive</b> Upgrade Park	28 units	\$20,000
	<b>36-4 Rea Circle /Scattered Sites</b> Replace Ranges and Refrigerators	28 units	\$27,500	<b>36-9 Anderson Street</b> Build Additional Units	10 Houses	\$750,000
	<b>36-4 Rea Circle /Scattered Sites</b> Install New HVAC Systems	28 Units	\$140,000	<b>36-9 Anderson Street</b> Reface Kitchen Cabinets	20 Units	\$20,000
	<b>36-4 Rea Circle /Scattered Sites</b> Replace Hot Water Heaters	28 Units	\$11,500	<b>36-9 Anderson Street</b> Replace Ranges and Refrigerators	20 Units	\$30,000
	<b>H/A Wide</b> Apartment Rehab- replace sheetrock in units with deterioration	20 units	\$10,000	<b>H/A Wide</b> Apartment Rehab- replace sheetrock in units with deterioration	10 units	\$15,000
	<b>H/A Wide</b> Replace damaged/broken concrete on walks and drives throughout the properties	50 cubic Yards	\$15,000	<b>H/A Wide</b> Replace damaged/broken concrete on walks and drives throughout the properties	50 cubic Yards	\$15,000

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

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

	<b>H/A Wide</b> Upgrade Landscaping	50 Units	\$10,000	<b>H/A Wide</b> Upgrade Landscaping	50 Units	\$10,000	
	<b>H/A Wide</b> Cycle Painting	30 Units	\$60,000	<b>H/A Wide</b> Cycle Painting	15 Units	\$30,000	
	Subtotal of Estimated Cost		\$ 427,000		Subtotal of Estimated Cost		\$ 1,120,000

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY 2011	Work Statement for Year <u>2</u> FFY <u>2012</u>		Work Statement for Year: <u>3</u> FFY <u>2013</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	<b>H/A Wide</b> Computer Hardware and Software Updates	\$5,000	<b>H/A Wide</b> Computer Hardware and Software Updates	\$7,000
	<b>H/A Wide</b> Security	\$20,000	<b>H/A Wide</b> Security	\$22,000
	<b>H/A Wide</b> Mtnce/Capital Improvements Director serves as contractor for all Capital Improvements – Salary Prorated	\$11,000	<b>H/A Wide</b> Mtnce/Capital Improvements Director serves as contractor for all Capital Improvements – Salary Prorated	\$12,000
	Subtotal of Estimated Cost	\$36,000	Subtotal of Estimated Cost	\$41,000



## **Analysis of Resident Comments**

**From Meeting held on 2/18/2011**

### **Rea Circle – Ceiling Fans**

The staff feels ceiling fans in the kitchen would not be feasible, as residents cook, the fans will accumulate grease, dust and dirt and could become a maintenance as well as a fire hazard. Ceiling fans will be considered for the living room areas. New light fixtures for the kitchen will be included as funds are available

### **Curb Cut – 130 Bldg.**

There are presently two curb cuts to the left and right of the center and are therefore adequate to accommodate the needs of the building.

### **Retention Pond Fence**

The area has been assessed and did not find a hole anywhere in the fence area; however did find the locks had been cut on the gate. Lock replaced.

### **Rea Circle Park**

A resident requested a park be put in for the children at Rea Circle. The Town has a park one block away from the development with all types of equipment for children to play on. Due to liability and the few children living at Rea Circle, the cost is prohibited when there is a nice park one block away.

### **Mail Boxes – Sr. Bldg.**

The staff will take this suggestion under consideration. If mailboxes are not an option then maybe a way to keep papers, etc. from falling to the floor would be to knock on the door and personally hand deliver the notices to the residents.

### **Entry Door – 130 Bldg.**

An automatic door opener has been installed on the front entry way, which has eliminated any door closure problems. This was in the works, prior to the meeting.

### **Sink Sprayers**

This will be looked at for the next capital funding project. Staff will investigate to see if the existing sinks and plumbing fixtures will allow for a sprayer; if not, then new plumbing will be required for the sinks.

### **Trash Containers**

Notices have been distributed to the residents regarding the time frame for leaving trash containers by the curb. Staff will monitor more closely and residents will be fined if containers are left out over the time frame.

<b>PHA Certifications of Compliance with PHA Plans and Related Regulations</b>	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011
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**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 7/1/11, 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 Fort Mill**

**SC036**

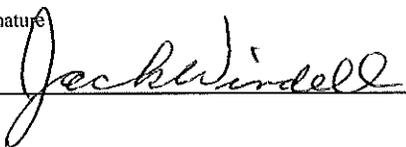
PHA Name

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 <b>Jack Windell</b>	Title <b>Vice-Chairman Board of Commissioners</b>
Signature 	Date <b>April 4, 2011</b>

**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 Fort Mill

SC036

\_\_\_\_\_  
 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)

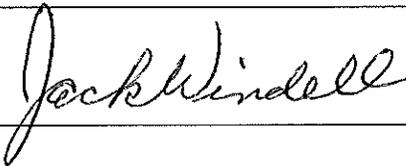
Name of Authorized Official

Jack Windell

Title

Vice Chairman, Board of Commissioners

Signature



Date

04/04/2011

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of Fort Mill

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Subsidy, Capital Funds and Housing Choice Voucher Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the 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.)

- 36-1 & 2 Nature Trail Crossing - Bozeman Drive, Fort Mill, SC - York County
- 36-4 Harris Hills, Rea Circle, Harris Street and Morgan Street, Fort Mill, SC - York County
- 36-9 Anderson Crossing - Anderson Street, Fort Mill, SC - York County

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 L. Thomas Rowe	Title C. E. O.
Signature 	Date April 4, 2011

# 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 Fort Mill

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Subsidy, Capital Funds and the HCV Program

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

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

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

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

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

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

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

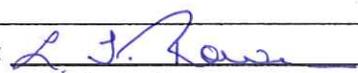
Name of Authorized Official L. Thomas Rowe	Title C. E. O.
Signature 	Date (mm/dd/yyyy) 4/4/2011

## 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 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 Fort Mill 105 Bozeman Drive P. O. Box 220 Fort Mill, SC 29716 Congressional District, if known: 5th	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b> U. S. Department of Housing and Urban Development	<b>7. Federal Program Name/Description:</b> Office of Public Housing - Operating Subsidy, Capital Funds  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b> N/A	<b>9. Award Amount, if known:</b> \$ unknown	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):  N/A	<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: <u></u> Print Name: <u>L. Thomas Rowe</u> Title: <u>Chief Executive Officer</u> Telephone No.: <u>803-431-2787</u> Date: <u>4/4/2011</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

RESIDENT ADVISORY BOARD MEETING 2/18/11 9:00 A.M.

THOSE IN ATTENDANCE: BARBARA BENJAMIN, MARSHA HAMMONDS, TAMMY BURRIS, JAMES KNIGHT, MARLENE BOWEN, BILLIE VOGEL, THOMAS ROWE, CONNIE HOWARD

THOMAS REVIEWED THE ANNUAL PLAN 2012 FOR THE ENTIRE DEVELOPMENT AND THE FIVE YEAR PLAN, IT WAS EXPLAINED THAT WE NEED IDEAS BECAUSE THE DEVELOPMENTS HAVE HAD SO MANY RENOVATIONS IN THE LAST FEW YEARS. IT WAS ALSO EXPLAINED THAT SINCE WE NOW HAVE A GENERAL CONTRACTOR, WHICH HAS SAVED US ENORMOUS AMOUNTS OF MONEY. IN SOME CASES WHERE WE CAN CALL SPECIFIC VENDORS TO DO ITEMS AND IN OTHERS WHERE THE MAINTENANCE STAFF HAS DONE THE UPGRADES.

THE ADDITIONAL IDEAS THAT WERE GIVEN BY THE RESIDENTS

MARLENE BOWEN COMMENTED ABOUT WANTING CEILING FANS IN THE KITCHENS AT REA CIRCLE DUE TO THE HEAT IN THE SUMMER. IT WAS EXPLAINED TO HER THAT WOULD NOT BE DONE BECAUSE EVERYONE DOES NOT KEEP A CLEAN HOUSE AND CEILING FANS COVERED WITH DUST AND GREASE. CEILING FANS WILL BE DISCUSSED FOR THE LIVING ROOMS AT REA CIRCLE.

NEW LIGHT FIXTURES IN THE KITCHENS AT REA CIRCLE WERE ALSO DISCUSSED

CURB CUT IN THE CENTER OF THE SIDEWALK IN FRONT OF THE 130 BUILDING

THE FENCE AROUND THE RETENTION POND HAS HOLES IN THE FENCE THAT HAVE BEEN CUT, NEED REPAIRING

REA CIRCLE SUGGESTED A PARK FOR THE KIDS

SENIOR BUILDING SUGGESTED MAILBOXES ON OR AT THE DOORS, SO MAIL THAT THE HOUSING AUTHORITY DELIVERS WOULD NOT FALL OUT AND BE ON THE FLOOR WHEN THEY OPEN THE DOOR, SOME CANNOT REACH DOWN TO PICK UP

CHECK THE ENTRY DOORS, THEY DO NOT ALWAYS LOCK IN THE SENIOR BUILDING

THE SENIOR BUILDING, SOMEONE IS TURNING THE LIGHTS OFF IN THE LOBBY AND IF SOMEONE COMES IN LATE, IT IS KIND OF SCARY

REA CIRCLE SUGGESTION IS SPRAYERS

REA CIRCLE AND ANDERSON STREET ARE WONDERING ABOUT WHY PEOPLE DO NOT PUT THEIR TRASH CANS AROUND BACK AFTER TRASH DAY – WE WILL FOLLOW UP ON, THIS IS SUPPOSED TO BE DONE AT REA CIRCLE BY FRIDAY AT 3:00 AND ANDERSON STREET BY WEDNESDAY AT 3:00 OR THE HOUSING AUTHORITY CHARGES FOR DOING SO.

CONNIE HOWARD TOOK NOTES

HOUSING AUTHORITY OF FORT MILL

P. O. BOX 220

FORT MILL, SC 29716

**NO  
CHALLENGED  
ELEMENTS**