

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:

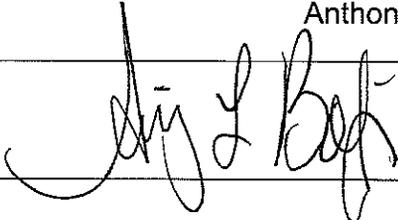
The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further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

Housing Authority of McColl

SC048

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	Title
Anthony Bollinger	Chairman
Signature	Date
	7-6-11

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Housing Authority of McColl

Program/Activity Receiving Federal Grant Funding

Capital Funds

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

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

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

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

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

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

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

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

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

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

East Crest Apartments
205-35 Gilchrist Avenue
McColl, SC 29570
(Marlboro 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

Cynthia W. Williams

Title

Executive Director

Signature

Date

07-11-11

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 McCall

Program/Activity Receiving Federal Grant Funding

Capital Fund

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

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

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

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

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

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

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

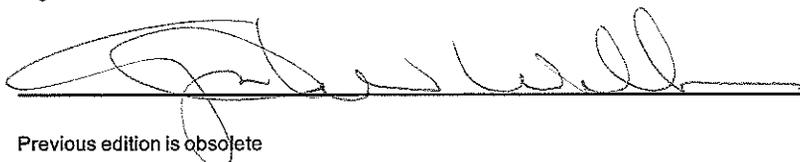
Name of Authorized Official

Cynthia W. Williams

Title

Executive Director

Signature



Date (mm/dd/yyyy)

07-11-11

DISCLOSURE OF LOBBYING ACTIVITIES

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.)

1. Type of Federal Action: <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	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Housing Authority of McColl 205-35 Gilchrist Avenue McColl, SC 29570 Congressional District, if known: 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: Public Housing	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. 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: Cynthia W. Williams Title: Executive Director Telephone No.: 843-669-4163 Date: 7-11-11	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Part I: Summary

PHA Name:
 Housing Authority of McColl

Grant Type and Number
 Capital Fund Program Grant No: SC16P04850109
 Date of CFFP _____

Replacement Housing Factor Grant No:

FFY of Grant:
 2009
 FFY of Grant Approval:
 2009

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 02)
 Performance and Evaluation Report for Period Ending: 3/31/2011 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$1,382	\$1,382	\$1,382	\$1,382
3	1408 Management Improvements	\$1,500	\$1,700	\$1,700	0
4	1410 Administration	\$5,700	\$5,700	\$5,700	\$5,700
5	1411 Audit	\$2,000	\$2,000	\$2,000	\$1,000
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition	\$5,884	\$5,884	\$5,884	\$5,884
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$40,500	\$40,500	\$40,500	\$40,500
11	1465.1 Dwelling Equipment--Nonexpendable	\$3,500	\$3,300	\$3,300	\$3,300
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				
18a	1501 Collateralization or Debt Service paid by the PHA				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$60,466	\$60,466	\$60,466	\$57,766
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security--Soft Costs				
24	Amount of line 20 Related to Security--Hard Costs	\$1,500	\$1,700	\$1,700	0
25	Amount of line 20 Related to Energy Conservation Measures	\$3,670	\$3,470	\$3,470	\$3,470

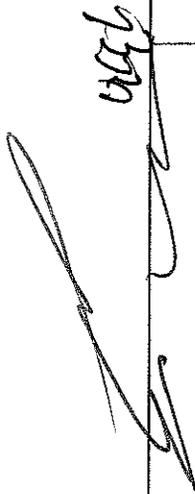
RECEIVED

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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

Part I: Summary

PHA Name: Housing Authority of McCall		Grant Type and Number Capital Fund Program Grant No: SC16P04850109 Date of CFFP _____		FFY of Grant: 2009	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 02)		<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2011 <input type="checkbox"/> Final Performance and Evaluation Report		FFY of Grant Approval: 2009	
Signature of Executive Director  Cynthia W. Williams, Executive Director		Date April 1, 2011		Signature of Public Housing Director 	
		Date 4/12/11			

Part II: Supporting Pages

PHA Name:		Grant Type and Number		FFY of Grant:				
Housing Authority of McCall		Capital Fund Program Grant No: SC16P04850109 Replacement Housing Factor Grant No:		2009				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Operations	1406	N/A	\$1,382	\$1,382	\$1,382	\$1,382	Complete
HA Wide Management	Security Patrols	1408	1 Officer	\$1,500	\$1,700	\$1,700	0	Contract Signed
HA Wide Administration	CFP Management Fee	1410	N/A	\$5,700	\$5,700	\$5,700	\$5,700	Complete
HA Wide Audit	CFP Audit Costs	1411	4 Years	\$2,000	\$2,000	\$2,000	\$1,000	Ongoing Expenditure
HA Wide Fees/Costs	1) Annual UPCCS Inspections	1430	1 Firm	\$314	\$314	\$314	\$314	Complete
	2) Energy Audit (5 Year)	1430	1 Firm	\$170	\$170	\$170	\$170	Complete
	3) Construction Inspection Costs	1430	2 Staff	\$5,400	\$5,400	\$5,400	\$5,400	Complete
48-1 Eastcrest	Roofing	1460	16 Bldgs.	\$40,500	\$40,500	\$40,500	\$40,500	Complete
HA Wide Dwelling Equip.	Appliances	1465	5 Units	\$3,500	\$3,300	\$3,300	\$3,300	Complete

Part I: Summary

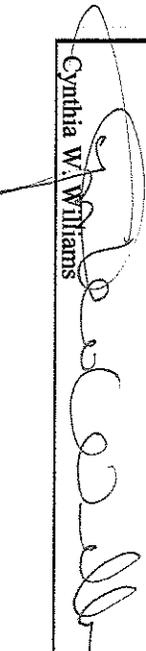
PHA Name: Housing Authority of McColl	Grant Type and Number Capital Fund Program Grant No: SC16P04850110 Date of CFFP _____	FFY of Grant: 2010
Replacement Housing Factor Grant No: SC16P04850110		FFY of Grant Approval: 2010

Line No.	Summary by Development Account	Original	Revised	Obligated	Expended
		Total Estimated Cost		Total Actual Cost	
1	Total non-CFP Funds				
2	1406 Operations	\$4,500		\$4,500	\$4,500
3	1408 Management Improvements	\$1,500		0	0
4	1410 Administration	\$5,920	\$5,920	\$5,200	\$5,200
5	1411 Audit	\$2,000	\$2,000	\$2,000	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$5,750		\$5,697	\$2,112
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$36,130	\$37,683	0	0
11	1465.1 Dwelling Equipment—Nonependable	\$3,500	\$3,500	0	0
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				
18a	1501 Collateralization or Debt Service paid by the PHA				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$59,300	\$59,300	\$17,397	\$11,812
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security—Soft Costs				
24	Amount of line 20 Related to Security—Hard Costs	\$1,500	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	\$3,500	\$3,500	0	0

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

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

Part I: Summary

PHA Name: Housing Authority of McColl		Grant Type and Number Capital Fund Program Grant No: SC16P04850110 Replacement Housing Factor Grant No: Date of CFFP _____		FY of Grant: 2010	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 01) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2011 <input type="checkbox"/> Final Performance and Evaluation Report		FY of Grant Approval: 2010			
Signature of Executive Director  Cynthia W. Williams		Date April 1, 2011	Signature of Public Housing Director 		Date 4/12/11

Part II: Supporting Pages

PHA Name:		Grant Type and Number		FY of Grant:				
Housing Authority of McColl		Capital Fund Program Grant No: SC16P04850110 Replacement Housing Factor Grant No:		CFPP (Yes/No): No 2010				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Operations	1406	N/A	\$4,500	\$4,500	\$4,500	\$4,500	Complete
HA Wide Management	Security Patrols	1408	1 Officer	\$1,500	0	0	0	Delete Work Item
HA Wide Administration	1) IFB/RFP Advertising Costs 2) CFP Management Fee	1410 1410	N/A N/A	\$720 \$5,200	\$720 \$5,200	0 \$5,200	0 \$5,200	Obligate as Needed Complete
HA Wide Audit	CFP Audit Costs	1411	4 Years	\$2,000	\$2,000	\$2,000	0	Contract Signed
HA Wide Fees/Costs	1) Annual UPCCS Inspections 2) Construction Inspection Costs	1430 1430	1 Firm 2 Staff	\$350 \$5,400	\$297 \$5,400	\$297 \$5,400	0 \$2,112	Contract Signed Ongoing Expenditure
48-1 Eastcrest	1) Interior Doors & Hardware 2) CTV Wiring	1460 1460	34 Units 34 Units	\$15,630 \$20,500	\$17,183 \$20,500	0 0	0 0	Preparing IFB Preparing IFB
HA Wide Dwelling Equip.	Appliances	1465	6 Units	\$3,500	\$3,500	0	0	Preparing IFB

Part I: Summary

PHA Name: **Housing Authority of McColl** Grant Type and Number: **Capital Fund Program Grant No: SC16P04850111** Replacement Housing Factor Grant No: **_____** FFY of Grant: **2011**
 Date of CFPP: **_____** Revised Annual Statement (revision no: **_____**) FFY of Grant Approval: **2011**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$4,500			
3	1408 Management Improvements	\$1,500			
4	1410 Administration	\$5,850			
5	1411 Audit	\$2,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$5,750			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$36,200			
11	1465.1 Dwelling Equipment--Nonexpendable	\$3,500			
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				
18a	1501 Collateralization or Debt Service paid by the PHA				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)		\$59,300		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security--Soft Costs				
24	Amount of line 20 Related to Security--Hard Costs		\$1,500		
25	Amount of line 20 Related to Energy Conservation Measures				

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

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

Part I: Summary

PHA Name: Housing Authority of McColl	Grant Type and Number Capital Fund Program Grant No: SC16P04850111 Replacement Housing Factor Grant No: Date of CFFP _____	FY of Grant: 2011 FY of Grant Approval: 2011
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report		
Signature of Executive Director  Cynthia W. Williams	Date June 1, 2011	Signature of Public Housing Director Date

Part II: Supporting Pages

PHA Name:		Grant Type and Number		FFY of Grant:				
Housing Authority of McCall		Capital Fund Program Grant No: SC16P04850111 Replacement Housing Factor Grant No:		2011				
		CFPP (Yes/No): No						
Development Number/PHA-Wide Activities	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Operations	1406	N/A	\$4,500				
HA Wide Management	Security Patrols	1408	1 Officer	\$1,500				
HA Wide Administration	1) IFB/RFP Advertising Costs 2) CFP Management Fee	1410 1410	N/A N/A	\$550 \$5,300				
HA Wide Audit	CFP Audit Costs	1411	4 Years	\$2,000				
HA Wide Fees/Costs	1) Annual UPCCS Inspections 2) Construction Inspection Costs	1430 1430	1 Firm 2 Staff	\$350 \$5,400				
48-1 Eastcrest	Interior Doors & Hardware	1460	34 Units	\$36,200				
HA Wide Dwelling Equip.	Appliances	1465	6 Units	\$3,500				

