

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Housing Authority of Sunnyside, Washington</u> PHA Code: <u>WA035</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>01/01/2011</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>140</u> Number of HCV units: _____																										
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input checked="" 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">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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: It is the mission of the Housing Authority of Sunnyside, Washington to assure that the people of the community are sheltered. Sunnyside Housing Authority has a special responsibility to those who experience barriers to housing because of income, disability, or special need. To that end, Sunnyside Housing Authority will continue to apply funds toward capital improvements intended to update and improve the quality of its housing sites and stock, including enhancements for the conservation of energy and water consumption.																										
<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. The goals of the Sunnyside Housing Authority are: 1) to increase the opportunities for tenant identification of capital and management needs, through an annual survey of tenant households; 2) to promote energy conservation through physical enhancements to its residential units, resulting in reduced utility consumption; 3) to improve the quality of the living environment in tenant communities through the installation of surveillance systems on all sites. (Please see attached Progress Report.)																										
<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: Capital Fund Annual Statement and Five-Year Action Plan (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 Plan may be viewed at the Sunnyside Housing Authority's Administrative Offices, 204 South 13 <sup>th</sup> Street, Sunnyside, Washington.																										
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.																										
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.																										
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.																										
<b>9.0</b>	<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.																										

9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <ul style="list-style-type: none"> <li>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</li> <li>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</li> </ul>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>

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

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

## Instructions form HUD-50075

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

### 1.0 PHA Information

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

### 2.0 Inventory

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

### 3.0 Submission Type

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

### 4.0 PHA Consortia

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

### 5.0 Five-Year Plan

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**9.1 Strategy for Addressing Housing Needs.** Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

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

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

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

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

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

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 Sunnyside, Washington	Grant Type and Number Capital Fund Program Grant No: WA19P03550111 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	Reserve for Disasters/Emergencies <input type="checkbox"/>	Original	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost <sup>1</sup> Expended
				Total Estimated Cost	Obligated	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		31,896			
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)		19,944			
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		3,500			
8	1440 Site Acquisition					
9	1450 Site Improvement		7,000			
10	1460 Dwelling Structures		125,100			
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment		12,000			
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of 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

<b>Part I: Summary</b>		FFY of Grant: 2011	
PHA Name: Housing Authority of Sunnyside, Washington	Grant Type and Number Capital Fund Program Grant No: WA19P03550111 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	199,440			
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	102,600			
Signature of Executive Director <i>Rita Kumbhar</i>		Date 10/13/2010	Signature of Public Housing Director		Date

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.



Capital Fund Program—Five-Year Action Plan

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

Part I: Summary

PHA Name/Number	Sunnyside, WA/WA035	Locality (City/County & State)	Sunnyside, Yakima, WA	<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	217,638		226,524	207,231	750,800
C. Management Improvements					
D. PHA-Wide Non-dwelling Structures and Equipment	5,250				
E. Administration	20,000		20,000	20,000	20,000
F. Other					
G. Operations	15,000		15,000	15,000	15,000
H. Demolition					
I. Development					
J. Capital Fund Financing—Debt Service					
K. Total CFP Funds	257,888		261,524	242,231	785,800
L. Total Non-CFP Funds					
M. Grand Total	199,440	257,888	261,524	242,231	785,800





Resolution 2010-17

**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 2010 5-Year and/or 2011 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 Sunnyside, Washington

WA035

PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 – 2014, Rev 1

Annual PHA Plan for Fiscal Years 20\_\_ - 20\_\_

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  Keith Sattler	Title  Chairperson
Signature  <i>Keith Sattler</i>	Date  10/13/10

# Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant Name

HOUSING AUTHORITY OF SUNNYSIDE, WASHINGTON

Program/Activity Receiving Federal Grant Funding

PUBLIC HOUSING CAPITAL FUND PROGRAM

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

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

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

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

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

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

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

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

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

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

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

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

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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

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

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

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

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

1500 Federal Way, Sunnyside, Yakima County, Washington 98944  
1500 and 1520 South 6th Street, Sunnyside, Yakima County, Washington 98944  
1302 South 9th Street, Sunnyside, Yakima County, Washington 98944  
1311 South 11th Street, Sunnyside, Yakima County, Washington 98944  
427 Cemetery Road, Sunnyside, Yakima County, Washington 98944  
510 Reeves Way, Sunnyside, Yakima County, Washington 98944

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)

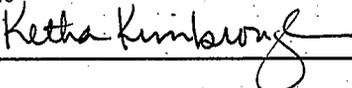
Name of Authorized Official

Ketha Kimbrough

Title

Executive Director

Signature

X 

Date

10/13/2010

**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 SUNNYSIDE, WASHINGTON

Program/Activity Receiving Federal Grant Funding

PUBLIC HOUSING CAPITAL FUND PROGRAM

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

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

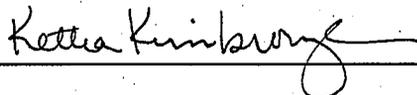
(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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.

(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.

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>KETHA KIMBROUGH</b>	Title <b>EXECUTIVE DIRECTOR</b>
Signature 	Date (mm/dd/yyyy) <b>10/13/2010</b>

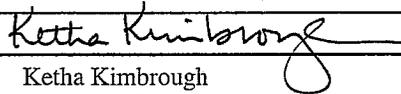
## DISCLOSURE OF LOBBYING ACTIVITIES

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 type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> <input 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:  <p style="text-align: center;"><b>Sunnyside Housing Authority</b>  <b>204 S. 13th Street</b>  <b>Sunnyside, WA 98944</b></p> Congressional District, if known: 4	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  N/A  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>  U.S. Dept. of HUD	<b>7. Federal Program Name/Description:</b>  Capital Fund Program - 2011  CFDA Number, if applicable: 14.872	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b>  \$	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>  N/A	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>  N/A	
<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>Ketha Kimbrough</u> Title: <u>Executive Director</u> Telephone No.: <u>509-837-5454</u> Date: <u>10-06-2010</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

## RESIDENT ADVISORY BOARD COMMENTS

On September 29, 2010, the Sunnyside Housing Authority Resident Advisory Board met for a final review of the PHA Plan Update prior to the October 1, 2010 Public Hearing. The Sunnyside Housing Authority RAB discussed tenant comments received in response to a survey concerning the proposed expenditure of Capital Funds and expressed approval for the 2010 5-Year PHA Plan Update, to include the application for the 2011 Capital Fund Program.

### CHALLENGED ELEMENTS

One commenter suggested that landscaping improvements and yard and parking lighting were not necessary, and that floor coverings should be replaced earlier rather than in the year planned. Another commenter suggested signs for each parking lot as a Capital Fund item and offered suggestions to be considered in relation to the planned weatherization and landscaping work items.

It is the Housing Authority's position that the exterior lighting improvements will be done in a comprehensive way to assure a uniform exterior lighting system while enhancing the performance of the surveillance system cameras. The planned landscaping improvements pertain to well-designed planting areas for each unit. Tenants are currently removing sod to extend their gardens and flowerbeds, causing problems for lawn mowing and maintenance, and the risk of injury to tenants and site visitors as mud and vegetation may accumulate on walkways.

The suggestion for parking lot signs has merit and can be addressed through routine operating funds.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary  
 PHA Name: Housing Authority of Sunnyside, Washington

Grant Type and Number  
 Capital Fund Program Grant No: WA19P035501 04  
 Replacement Housing Factor Grant No:

Federal FY  
 of Grant:  
 2004

Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 4) 8/27/2008  
 Performance and Evaluation Report for Period Ending: 6/30/2010  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost	Original	Revised	Obligated	Total Actual Cost	Expended
1	Total non-CFP Funds						
2	1406 Operations	0.00		3,880.30	3,880.30		3,880.30
3	1408 Management Improvements						
4	1410 Administration						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	44,320		40,439.70	40,439.70		40,439.70
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures	2,280		2,280.00	2,280.00		2,280.00
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Nondwelling Structures	0		0.00	0.00		0.00
13	1475 Nondwelling Equipment						
14	1485 Demolition						
15	1490 Replacement Reserve	212,336		212,336.00	212,336.00		212,336.00
16	1492 Moving to Work Demonstration						
17	1495.1 Relocation Costs						
18	1499 Development Activities						
19	1501 Collateralization or Debt Service						
20	1502 Contingency						
21	Amount of Annual Grant: (sum of lines 2 - 20)	258,936		258,936.00	258,936.00		258,936.00
22	Amount of line 21 Related to LBP Activities	0					
23	Amount of line 21 Related to Section 504 compliance	0					
24	Amount of line 21 Related to Security - Soft Costs	0					
25	Amount of Line 21 Related to Security - Hard Costs	2,280		2,280.00	2,280.00		2,280.00
26	Amount of line 21 Related to Energy Conservation Measures	0		0.00			

**Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
 Part II: Supporting Pages**

PHA Name: Housing Authority of Sunnyside, Washington	Grant Type and Number Capital Fund Program Grant No: WA19P035501 04 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004					
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
		Original	Revised	Funds Obligated	Funds Expended		
WA035001	Architectural and Engineering services for improvements to maintenance shop and community building.	1430		42,350	40,439.70	40,439.70	
	Modify community building to serve as emergency shelter	1470		0	0	0	
	Expand, update maintenance shop	1470		0	0	0	
	Transfer BLI 1470 to 1490 for use w/CFP '05 & '06	1490		212,336	212,336.00	212,336.00	
<b>WA035001 Total</b>				<b>254,686</b>	<b>254,686.00</b>	<b>254,686.00</b>	
WA035002	Architectural & Engineering Electrical	1430		1,970	0.00	0.00	
	Install deadbolts on mechanical room doors	1460	60	2,280	2,280.00	2,280.00	
	Operations	1406		0	1,970.00	1,970.00	
<b>WA035002 Total</b>				<b>4,250</b>	<b>4,250.00</b>	<b>4,250.00</b>	
				<b>258,936</b>	<b>258,936</b>	<b>258,936.00</b>	

*Kara Kimberley, Executive Director 10/13/2010*

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Housing Authority of Sunnyside, Washington

Grant Type and Number  
Capital Fund Program Grant No: WA19P035501 05  
Replacement Housing Factor Grant No:

Federal FY  
of Grant:  
2005

Original Annual Statement  Reserve for Disasters/ Emergencies/  Revised Annual Statement (revision no: 2)  
 Performance and Evaluation Report for Period Ending: 6/30/2010  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				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	21,840	21,840.00	21,840.00	21,840.00
10	1460 Dwelling Structures	102,700	2,000.00	2,000.00	2,000.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	79,627	0.00	0.00	0.00
13	1475 Nondwelling Equipment	13,075	0.00	0.00	0.00
14	1485 Demolition				
15	1490 Replacement Reserve	0	193,402.00	193,402.00	193,402.00
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant:(sum of lines 2 - 20)	217,242	217,242.00	217,242.00	217,242.00
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security - Soft Costs	0			
25	Amount of Line 21 Related to Security - Hard Costs	21,840	21,840.00	21,840.00	21,840.00
26	Amount of line 21 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
 Part II: Supporting Pages**

PHA Name: Housing Authority of Sunnyside, Washington		Grant Type and Number: Capital Fund Program Grant No: WA19P035501 05 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005		Status of Work	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Funds Obligated	Funds Expended
WA035001	Update residential wiring	1460	40	51,600	0.00	0.00	0.00
	Replace remaining front door locks	1460	4	2,000	2,000.00	2,000.00	2,000.00
	Complete maintenance shop expansion, update	1470	1	65,149	0.00	0.00	0.00
	Replace Community Bldg floor covering, window treatments	1470	1	14,478	0.00	0.00	0.00
	Replace Community Bldg furnishings	1475	1	13,075	0.00	0.00	0.00
	Transfer BLI 1470 & 1475 to 1490 to use w/funds from CFP '04 & '06	1490		0	144,302.00	144,302.00	144,302.00
<b>WA035001 Total</b>				<b>146,302</b>	<b>146,302.00</b>	<b>146,302.00</b>	<b>146,302.00</b>
WA035002	Replace electrical outlets, switches and bathroom fans	1460	60	35,600	0.00	0.00	0.00
	Improve ventilation to prevent mold	1460	60	13,500	0.00	0.00	0.00
	Replacement Reserves	1490		0	49,100.00	49,100.00	49,100.00
<b>WA035002 Total</b>				<b>49,100</b>	<b>49,100.00</b>	<b>49,100.00</b>	<b>49,100.00</b>
HA-Wide	Install Surveillance System	1450	4	21,840	21,840.00	21,840.00	21,840.00
				<b>217,242</b>	<b>217,242</b>	<b>217,242.00</b>	<b>217,242.00</b>

*Kotba Kimberlyn, Executive Director*

10/13/2010

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Housing Authority of Sunnyside, Washington

Grant Type and Number  
Capital Fund Program Grant No: WA 19P035501 06  
Replacement Housing Factor Grant No:

Federal  
FY of  
Grant:  
2006

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/ Emergencies				
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010	<input type="checkbox"/> Revised Annual Statement (revision no: 7) 01/20/2010				
	<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	0.00	6,732.94	6,732.94	6,732.94
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0.00	0.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	46,521.00	39,788.06	39,788.06	39,788.06
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	156,838.00	156,838.00	156,838.00	156,838.00
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	203,359.00	203,359.00	203,359.00	203,359.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Housing Authority of Sunnyside, Washington		Grant Type and Number Capital Fund Program Grant No: WA 19P035501 06 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
				Original	Revised	Funds Obligated	Funds Expended
WA035001	Architect & engineering Fee Electrical	1430		0.00	0.00	0.00	0.00
	Add Covered BBQ area to community bldg	1470	1	117,283.00	0.00	0.00	0.00
	Transfer BLI 1470 to 1490 for use w/CFP '04 & '05	1490		0.00	117,283.00	117,283.00	117,283.00
<b>Subtotal</b>				<b>117,283.00</b>	<b>117,283.00</b>	<b>117,283.00</b>	<b>117,283.00</b>
WA035002	Replace site signage at 6 locations	1450	6	9,372.19	9,372.19	9,372.19	9,372.19
	Replace screenwalls at 1500/1520 S.6th	1450	20	30,415.87	30,415.87	30,415.87	30,415.87
<b>Subtotal</b>				<b>39,788.06</b>	<b>39,788.06</b>	<b>39,788.06</b>	<b>39,788.06</b>
WA035003	Update unit wiring, TV hookups	1460	40	0.00	0.00	0.00	0.00
	Sealcoat & stripe parking lots	1450		0.00	0.00	0.00	0.00
	Architect & engineering Fee Electrical	1430		0.00	0.00	0.00	0.00
	Replacement Reserves	1490		39,555.00	39,555.00	39,555.00	39,555.00
	Augment WA03519SS50109 for added parking area	1450	1	6,732.94	0.00	0.00	0.00
	Administration	1410		0.00	6,732.94	6,732.94	6,732.94
<b>Subtotal</b>				<b>46,287.94</b>	<b>46,287.94</b>	<b>46,287.94</b>	<b>46,287.94</b>
<b>Total</b>				<b>203,359.00</b>	<b>203,359.00</b>	<b>203,359.00</b>	<b>203,359.00</b>

*Ketha Kimbark, Executive Director* 10/13/2010

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>		<b>FFY of Grant: 2007</b>	
PHA Name: Housing Authority of Sunnyside, Washington		FFY of Grant Approval: 2007	
Grant Type and Number Capital Fund Program Grant No: WA19P03550107 Replacement Housing Factor Grant No: Date of CFPP:			

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:3 12/16/2009 ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost <sup>1</sup>			
			Summary by Development Account	Original		Total Estimated Cost Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds							
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		118.05	0.00	0.00	0.00		0.00
3	1408 Management Improvements							
4	1410 Administration (may not exceed 10% of line 21)		20,250.00	20,250.00	20,250.00	20,250.00		20,250.00
5	1411 Audit							
6	1415 Liquidated Damages							
7	1430 Fees and Costs							
8	1440 Site Acquisition							
9	1450 Site Improvement		24,405.00	23,333.62	23,333.62	23,333.62		23,333.62
10	1460 Dwelling Structures		109,529.65	110,719.08	110,719.08	110,719.08		110,719.08
11	1465.1 Dwelling Equipment—Nonexpendable		48,878.30	48,878.30	48,878.30	48,878.30		48,878.30
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

<b>Part I: Summary</b>		FFY of Grant: 2007	
PHA Name: Housing Authority of Sunnyside, Washington	Grant Type and Number Capital Fund Program Grant No: WA19P03550107 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant Approval: 2007	

Type of Grant  
 Original Annual Statement  
 Performance and Evaluation Report for Period Ending: 06/30/2010  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no: 3 12/16/2009 )  
 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)	203,181.00	203,181.00	203,181.00	203,181.00
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	19,700.00	18,838.99	18,838.99	18,838.99
25	Amount of line 20 Related to Energy Conservation Measures	102,667.79	102,667.79	102,667.79	102,667.79
Signature of Executive Director <i>Reta Kimbrough</i>		Date 10/13/2010	Signature of Public Housing Director		Date

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages

PHA Name: Housing Authority of Sunnyside, Washington		Grant Type and Number Capital Fund Program Grant No: WA19P03550107		Federal FFY of Grant: 2007	
		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>	
WA035000101	Operations	1406		118.05	0.00	0.00	0.00	
	Administration	1410		20,250.00	20,250.00	20,250.00	20,250.00	
	Surveillance System, 1500 Federal Way	1450	1	19,700.00	18,838.99	18,838.99	18,838.99	
	Install Parking Lot Bumpers (FA)	1450	80	4,705.00	4,494.63	4,494.63	4,494.63	
	Interior Light Fixtures at 1-40	1460	40	20,800.59	20,800.59	20,800.59	20,800.59	
	A/C Screen Walls 1-40	1460	40	11,467.10	12,061.82	12,061.82	12,061.82	
	Water Heaters 1-40	1465.1	40	24,439.15	24,439.15	24,439.15	24,439.15	
	Replace Toilets 1-40	1460	40	6,659.60	6,659.60	6,659.60	6,659.60	
	Replace screen walls at family units	1460	40	0.00	0.00	0.00	0.00	
	Modify carport entries at family units	1460	20	0.00	0.00	0.00	0.00	
	Install A/C Disconnects at Family Units	1460	60	7,506.96	7,506.96	7,506.96	7,506.96	
	Carport Storage Doors at Family Units	1460	60	25,299.00	25,299.00	25,299.00	25,299.00	
	Replace Toilets at Family Units	1460	116	23,357.79	23,357.79	23,357.79	23,357.79	
	Bedroom Light Fixtures at 41-80	1460	40	2,971.51	2,971.51	2,971.51	2,971.51	
	A/C Screen Walls at 41-80	1460	40	11,467.10	12,061.81	12,061.81	12,061.81	
	Water Heaters 41-80	1465.1	40	24,439.15	24,439.15	24,439.15	24,439.15	
	<b>Total</b>			<b>203,181.00</b>	<b>203,181.00</b>	<b>203,181.00</b>	<b>203,181.00</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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 Sunnyside, Washington	Grant Type and Number Capital Fund Program Grant No: WA19FP03550108 Replacement Housing Factor Grant No: Date of CFPF.	FFY of Grant: 2008 FFY of Grant Approval: 2008
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3 04/21/2010 ) <input type="checkbox"/> Final Performance and Evaluation Report	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>					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit	20,493		20,493.00		18,627.68
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	56,678		58,453.31		0.00
10	1460 Dwelling Structures	127,760		125,984.69		15,749.25
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.

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: 2008	
PHA Name: Housing Authority of Sunnyside, Washington	Grant Type and Number Capital Fund Program Grant No: WA19P03550108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2008	

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)	204,931.00	204,931.00	186,537.21	34,376.93
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>Ketha Kimbrough</i>		Date 10/13/2010	Signature of Public Housing Director		Date 6,660.00

<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  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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U.S. Department of Housing and Urban Development  
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Part II: Supporting Pages

PHA Name: Housing Authority of Sunnyside, Washington	Grant Type and Number Capital Fund Program Grant No: WA19P03550108 CFPP (Yes/No): Replacement Housing Factor Grant No:	Federal FFY of Grant: 2008
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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>
WA035000101	Administration	1410		20,493	20,493.00	20,493.00	18,627.68
	Replace kitchen range hoods in 1-40	1460	40	0	0.00		
	Install patio outlets	1460	40	7,800.00	7,800.00	7,800.00	0.00
	Replace patio water faucets	1460	40	19,500.00	19,500.00	22,310.00	0.00
	Replace tub valves, sinks, faucets (1-40)	1460	40	36,800.00	27,653.30	19,950.24	0.00
	Replace toilets with water saver models	1460	40	0	0.00		
	Replace screen walls in Family units-	1460	20	0	0.00		
	Update telecom cable, antennae (Families)	1460	60	21,000.00	21,000.00	33,050.01	0.00
	Replace toilets	1460	114	0	0.00		
	Re-paint unit interiors (41-80)	1460	40	36,000.00	25,300.74	0.00	0.00
	Exterior painting at family sites	1460	11	0	7,429.40	7,429.40	7,198.40
	Replace toilets with water-saver models (41-80)	1460	40	6,660.00	6,660.00	6,660.00	6,659.60
	Replace building entrance covers	1460	9	0	0.00		
	Site electrical replacements	1450	4	0	56,678.00	56,678.00	0.00
	Upgrade irrigation, develop planting areas (1-40)	1450	40	56,678.00	0.00	0.00	0.00
	Duct cleaning to complete furnace install	1460	40	0	10,641.25	10,391.25	1,891.25
	Completion of dog park	1450	1	0	1,775.31	1,775.31	0.00
	Total			204,931.00	204,931.00	186,537.21	34,376.93

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
<sup>2</sup> To be completed for the Performance and Evaluation Report

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>					
PHA Name: Housing Authority of Sunnyside, Washington		Grant Type and Number Capital Fund Program Grant No: WA19S03550109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval: 2009	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Revised Annual Statement (revision no: 2 3/10/2010) <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 3/10/2010) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost <sup>1</sup>
			Total Estimated Cost	Revised <sup>2</sup>	
1	Total non-CFP Funds		Original		Expended
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				
10	1460 Dwelling Structures		34,236.00	34,252.00	27,774.42
11	1465.1 Dwelling Equipment—Nonexpendable		199,226.00	217,268.00	142,790.08
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

<b>Part I: Summary</b>		FFY of Grant: 2009	
PHA Name: Housing Authority of Sunnyside, Washington	Grant Type and Number Capital Fund Program Grant No: WA19S03550109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2009	

Type of Grant  Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement (revision no: 1 Correction )  
 Performance and Evaluation Report for Period Ending: 06/30/2010  Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	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)	259,402.00	259,402.00	259,402.00	178,446.50	
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	124,268.00	124,268.00	124,268.00	117,390.55	
Signature of Executive Director <i>Ketha Embury</i>		Date 10/13/2010	Signature of Public Housing Director		Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.



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 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>		<b>PHA Name:</b> Housing Authority of Sunnyside, Washington		<b>Grant Type and Number</b> Capital Fund Program Grant No: WA19P03550109 Replacement Housing Factor Grant No: Date of CFFP:		<b>FY of Grant: 2009</b> <b>FY of Grant Approval: 2009</b>	
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	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>			172,500.00		172,500.00	17,968.75
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			28,842.00		0.00	0.00
9	1450 Site Improvement						
10	1460 Dwelling Structures						
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.

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 Sunnyside, Washington	Grant Type and Number Capital Fund Program Grant No: WA19P03550109 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant: 2009 FFY of Grant Approval: 2009
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Type of Grant  
 Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending: 06/30/2010  
 Revised Annual Statement (revision no: )  
 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)	201,342.00	172,500.00
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	172,500.00	172,500.00
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director <i>Karla Limbong</i>		Date 10/13/2010	Signature of Public Housing Director
			Date

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.



**Housing Authority of Sunnyside Washington**  
**VAWA Statement**  
**For the 2010 Five-Year and Annual PHA Plan Update**

The Sunnyside Housing Authority is acting in compliance with the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA) to assure that the rights and protections afforded by law are provided to tenants and members of their households who are victims of criminal domestic violence, dating violence, sexual assault and stalking.

The *Sunnyside Housing Authority's Public Housing Admissions and Continued Occupancy Policies* include provisions to assure domestic violence victims the protection intended by Public Law 109-162 to denials of assistance, terminations of tenancy, and notifications to all applicants and tenants concerning protections afforded them under the VAWA Act of 2005.

Sunnyside Housing Authority employees have received training about the protections afforded by VAWA and are sensitive to the circumstances or conditions in which applicants and tenants may need to be apprised of VAWA protections. Victims of domestic abuse are discretely encouraged to contact local law enforcement and/or Lower Valley Crisis and Support Services for assistance.

Informational notices concerning the protections of VAWA are handed to individuals along with application forms for housing. Notices are also provided to tenants at the time of annual rent re-determinations.

**Housing Authority of Sunnyside, Washington**  
**PHA 5-Year Plan Progress Report**

**October 13, 2010**

The goals of the Housing Authority of Sunnyside, as stated in the current PHA 5-Year Plan are: 1) To increase the opportunities for tenant identification of capital and management needs through an annual survey of tenant households; 2) To promote energy conservation through physical enhancements to its residential units, resulting in reduced utility consumption; and 3) To improve the quality of the living environment in tenant communities through the installation of surveillance systems on all sites.

One year from the adoption of the current Five-Year Plan and prior to the adoption of this Plan Update, the Housing Authority surveyed its Public Housing tenants as a means to solicit information from all consumers for needed capital and management needs to be added to the updated Plan. The 5-Year Plan, as updated, continues to address conservation-related physical improvements to all residential units, providing for insulation and duct sealing where permitted by design, tankless water heaters for 60 family units, and the replacement of old appliances, 100 forced-air furnaces and 40 air-conditioners with models meeting the Energy Star criteria. The Plan Update continues to allow for the installation of surveillance systems on all Family sites, while the Housing Authority augments the 1500 Federal Way surveillance system installation with updated and energy-efficient exterior lighting to enhance the system's utility.