

<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>Spokane Housing Authority</u> PHA Code: <u>WA055</u> PHA Type: <input 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>07/01/2011</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>125</u> Number of HCV units: <u>4623</u>				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:  Administration and Continued Occupancy Policy Pet Policy Public Housing Lease Agreement Smoking Policy  (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.  Main Administrative Office – 55 W Mission, Spokane, WA PHA Development Management Office – 108 S Jefferson, Spokane, WA PHA Website – www.spokanehousing.org				

7.0	<p><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></p> <p>(a) <i>Hope VI or Mixed Finance Modernization or Development.</i> Not applicable.</p> <p>(b) <i>Demolition and/or Disposition.</i> There are no approved and/or pending demolition or disposition activities at this time. However, within the next year, we may initiate the feasibility of a New Development that may affect some Public Housing unit disposition activities.</p> <p>(c) <i>Conversion of Public Housing.</i> None. See note above in item 7.0 b.</p> <p>(d) <i>Homeownership.</i> The Section 8 Homeownership Program will continue to be administered.</p> <p>(e) <i>Project-Based Vouchers.</i> Projected number and census tracts:  <ul style="list-style-type: none"> <li>i. 20 Units, Census Tract 35</li> <li>ii. 6 Units, Census Tract 20</li> <li>iii. 9 Units, Census Tract 40</li> <li>iv. 4 Units, Census Tract 20</li> <li>v. 28 Units, Census Tract 24</li> <li>vi. 6 Units, Census Tract 9503</li> </ul> </p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><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.</p>
8.2	<p><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.</p>
8.3	<p><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.</p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The housing needs of low-income, very low-income, and extremely low-income families who reside in SHA jurisdiction, taken directly from and in accordance with the applicable Consolidated Plans are:</p> <ul style="list-style-type: none"> <li>• Additional affordable and/or subsidized units so that families can truly afford the unit and meet basic needs</li> <li>• Fair distribution, and development of affordable housing</li> <li>• Promotion of employer sponsored affordable housing</li> <li>• Use current infrastructure of services and facilities to direct location of new residential developments</li> <li>• Educational resources and programs regarding affordable housing</li> <li>• Socioeconomic integration by including affordable units in all new developments</li> <li>• Support and assistance by local government for private and public low-income and mixed-income developments</li> <li>• Development of 2 bedroom units for smaller families</li> <li>• Development of 1 bedroom and studio units for the 'Baby Boomer' generation who are now downsizing their units</li> <li>• Units for persons with special needs, particularly physically disabled, developmentally disabled, and chronically mentally ill populations</li> <li>• Rehabilitation of existing sub-standard housing to create safe and decent housing units as 65% of housing stock is more than 30 years old</li> <li>• In a 2000 study by Spokane Partnership for Affordable Housing the current need at the time for median income of 30% or below as over 10 thousand units.</li> </ul>

<p>9.1</p>	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p>In the fiscal year 2011, Spokane Housing Authority (SHA) will use all reasonable efforts to provide safe, decent, and affordable housing to extremely low-income, and very low-income residents of Spokane, Stevens, Whitman, Pend Oreille, and Lincoln counties.</p> <ul style="list-style-type: none"> <li>• SHA has housing units under redevelopment/construction.</li> <li>• Provide opportunities for homeownership through Section 8 Homeownership Program.</li> <li>• Continue to seek opportunities to collaborate with for-profit and non-profit developers.</li> <li>• Preserve affordable housing through the purchase of Project Based Developments in the affordable housing market.</li> <li>• Continue to expand the tenant-based Section 8 Housing Choice Voucher Program.</li> <li>• Continue to expand the Section 8 VASH program.</li> <li>• SHA is committed to addressing the need of special needs and senior low-income households using project-based vouchers where client services are provided.</li> <li>• In addition to providing ongoing rental assistance to 4623 HCD families, SHA will continue to assist additional families under several grant-based programs, and the VASH program.</li> <li>• Families seeking housing assistance whom we cannot immediately assist will be referred to a number of other community service organizations to help maximize individual success, including <a href="http://www.onestophousing.org">www.onestophousing.org</a>, Spokane Neighborhood Action Programs, and 211 Resource &amp; Referral Hotline.</li> </ul>
<p>10.0</p>	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>Spokane Housing Authority has made progress in meeting the mission and goals in our 5-Year Plan in 2010 in the following ways:</p> <ul style="list-style-type: none"> <li>• Acquired and redeveloping units of affordable housing, leveraging public and private funds</li> <li>• Completed the construction of 35 units of service-enriched housing using a combination of funding sources including HOME, CDBG, Housing Trust Fund, LIHTC and HTC. This also preserved an historic downtown building. Seven units are reserved for homeless veterans.</li> <li>• Completed items related to the refinancing of a bond property, which provided \$1.5 million in rehabilitation including energy saving measures to replace aluminum windows and sliders with vinyl units and provide new Energy Star appliances on a 207 unit development</li> <li>• Completed purchase and refunding of two properties originally funded with a Tax Credit Investor. The purchase and refinancing provided approximately \$1.0 million to reinvest in capital improvements in the subject properties, thereby extending the long term affordability, sustainability and enhancing the quality of life for the residents.</li> <li>• Homeownership through the Section 8 HCV Homeownership program successfully placed 5 families in their own homes.</li> <li>• Continued to facilitate input from neighbors in predevelopment for potential SHA properties</li> <li>• Public Housing has continued to be marketed through HUD website and more specifically including on the SHA website.</li> <li>• Public Housing screening procedures have been enhanced and updated.</li> <li>• Continued relationship and association with local law enforcement to enhance safety of SHA housing and neighborhoods, including the COPS and SCOPE programs</li> <li>• Crime Free Multi-Family status at all SHA-owned properties has been maintained.</li> <li>• All Property Management staff attends required Fair Housing training annually.</li> <li>• SHA is a member of the Affordable Housing Management Association, the Washington Association of Housing Authorities, of Regional, State, and National Organizations of National Association Housing and Redevelopment Officials; and at a local level is a member of the Spokane Low Income Housing Consortium.</li> <li>• Collaborated with the Veterans Administration to administer vouchers for homeless, disabled veterans. (Veterans Administration Supportive Housing Program)</li> <li>• Complete annual customer service surveys at all SHA owned and managed properties.</li> <li>• Solicit for input from SHA resident groups and community partners.</li> <li>• Use of internet-based screening for initiating tenant application screening process, applications for Public Housing are available online</li> <li>• Agency participates on a committee for the Continuum of Care planning, regional plan for ending homelessness</li> <li>• Partnered with area service providers for service enriched housing <ul style="list-style-type: none"> <li>○ Have worked closely with the local Veterans Administration to utilize VASH Vouchers in SHA owned properties.</li> </ul> </li> <li>• Continue to identify and recruit training and volunteer jobs with SHA.</li> <li>• SHA has continued to assist community residents at SHA properties to develop and enhance resident organizations</li> <li>• Have expanded marketing of SHA owned properties by using internet resources, including SHA website, and reaching out to organizations to educate them about Housing Authorities and SHA.</li> </ul>

	<ul style="list-style-type: none"> <li>• Annually, in April, SHA collaborates with HUD, Northwest Fair Housing Alliance, landlord, realtor and lender associations to provide education regarding ADA and other Fair Housing issues for landlords.</li> <li>• Working with all related Legal Aid Agencies on redesigning our HCV Program Hearing Process.</li> <li>• Host Free Landlord Workshops and quarterly Landlord Brown Bag Lunches.</li> <li>• Developed and updated annually a business plan identifying potential growth and priority areas for SHA and associated staffing and training needs.</li> <li>• Emphasis on customer service training, such as returning phone calls within 24 hours, open during the lunch hour and extended hours of service.</li> <li>• Re-designed and constructed a new-“customer friendly” reception lobby for clients with confidential private cubicles for clients and agency staff meetings—related to case issues.</li> <li>• Developed a resource library and partner with local agencies for free staff training such as customer service and interpersonal skills.</li> <li>• Rebalancing of caseloads, cross training, streamlined processes, and developed procedures and policies for continuity of performance.</li> <li>• SHA has broadened staff participation in local community coalitions and organizations</li> <li>• Spokane Housing Authority evaluated marketing tools for SHA, including the Major name shift back to SHA, including revision of Mission, Values, Vision, Agency slogan and Logo.</li> <li>• SHA continues to support Employee-based activities and promotes department based appreciation programs, including an Annual Staff Recognition Event, and department potlucks, including a variety of Teambuilding and Work Ethics Training.</li> <li>• SHA continues to support enhanced communication both intra and inter Agency as well and with related community partners.</li> <li>• Partnering with health organizations to improve the health of the elderly.</li> </ul> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>SHA considers a “substantial deviation” or “significant amendment or modification” as a discretionary change in the plan or policy of the housing authority that fundamentally alters the mission, goals, objectives or plans of the agency and which will require the formal approval of the Board of Commissioners. Specifically, the following will be considered to constitute a substantial deviation or significant amendment or modification:</p> <ul style="list-style-type: none"> <li>• A material change in the policies regarding the manner in which tenant rent is calculated</li> <li>• A material change in the admissions policies with respect to the selection of applicants from or organization of the waiting list</li> <li>• Any change with regard to demolition or disposition, designation, home ownership programs or conversion activities not previously identified in the agency plan.</li> </ul> <p>An exception to this definition will be made only to the extent that the modification is the result of changes in HUD regulatory requirement; such changes will not be considered a substantial deviation or significant amendment or modification to either the five-year or annual plans.</p>
<p><b>11.0</b></p>	<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>

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the \_\_\_ 5-Year and/or  Annual PHA Plan for the PHA fiscal year beginning 7/1/11, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Spokane Housing Authority  
 PHA Name

WA055  
 PHA Number/HA Code

       5-Year PHA Plan for Fiscal Years 20   - 20  

  X   Annual PHA Plan for Fiscal Years 20 11   - 20 12  

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  Terri Symbol	Title  Board of Commissioner Chair
Signature  <i>Terri Symbol</i>	Date  4-12-11

**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.

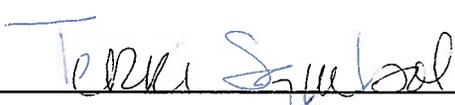
Spokane Housing Authority

WA055

\_\_\_\_\_  
 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		Terri Symbol		Title		Board of Commissioner Chair	
Signature				Date		4-12-11	

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

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

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

I, Michael H. Adolfae the Director of Community Development certify that the Five Year and Annual PHA Plan of the Spokane Housing Authority is consistent with the Consolidated Plan of City of Spokane prepared pursuant to 24 CFR Part 91.

 3/21/11  
Signed / Dated by Appropriate State or Local Official

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

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

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BY:.....

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

I, Christine Barada the Director certify that the Five Year and  
Annual PHA Plan of the Spokane Housing Authority is consistent with the Consolidated Plan of  
Spokane County prepared pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official

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

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

**RECEIVED**  
**APR 05 2011**

BY: .....

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

I, Kathy McClung the Community Development Director certify that the Five Year and Annual PHA Plan of the Spokane Housing Authority is consistent with the Consolidated Plan of City of Spokane Valley prepared pursuant to 24 CFR Part 91.

Kathy McClung 3/25/2011

Signed / Dated by Appropriate State or Local Official

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Spokane Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Funds Grants

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

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

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

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

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

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

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

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

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

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

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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

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

55 W. Mission Ave., Spokane, Spokane, WA, 99201

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

Terri Symbol

Title

Board of Commissioner Chair

Signature

x Terri Symbol

Date

4-12-11

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Spokane Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Funds Grants

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

Terri Symbol

Title

Board of Commissioner Chair

Signature



Date (mm/dd/yyyy)



## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB  
0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Spokane Housing Authority 55 W. Mission Ave. Spokane, WA 99201  Congressional District, if known: 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   Congressional District, if known:	
<b>6. Federal Department/Agency:</b>  Department of Housing and Urban Development	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: <u>Steve A. Cervantes</u> Title: <u>Executive Director</u> Telephone No.: <u>509-252-7125</u> Date: <u>4/11/2011</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

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		Grant Type and Number		FFY of Grant:	
PHA Name:		Capital Fund Program Grant No: WA19P055501-09		2009	
Spokane Housing Authority		Replacement Housing Factor Grant No:		2009	
Type of Grant		Date of CFFP:		FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Final Performance and Evaluation Report		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>
		Original			Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	199,630	115,605	115,605	115,605
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)		19,963	19,963	19,963
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable		62,000	62,000	62,000
12	1470 Non-dwelling Structures		2,062	2,062	2,062
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>				
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)	199,630	199,630	199,630	199,630
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		2,062	2,062	2,062

<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  
 Expires 4/30/2011

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: WA19P055501-09 Replacement Housing Factor Grant No: _____		<b>FFY of Grant:</b> 2009	
PHA Name: Spokane Housing Authority		Date of CFFP: _____		<b>FFY of Grant Approval:</b> 2009	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Total Estimated Cost Revised <sup>2</sup>		Total Actual Cost <sup>1</sup> Expended	
Line Summary by Development Account		Original		Obligated	
Signature of Executive Director		Date 4/18/11		Signature of Public Housing Director	
				Date	









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		Grant Type and Number		FFY of Grant:	
PHA Name:		Capital Fund Program Grant No: WA19P055501-10		2010	
Spokane Housing Authority		Replacement Housing Factor Grant No:		FFY of Grant Approval:	
Date of CFFP:				2010	
Type of Grant		Revised Annual Statement (revision no: )		Total Actual Cost <sup>1</sup>	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	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>	177,982	49,482	49,482	44,497
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	19,776	19,776	4943	4943
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465 1 Dwelling Equipment—Nonexpendable		128,500		
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 <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	197,758	197,758	54,425	49,440
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				

<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  
 Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2010	
PHA Name: Spokane Housing Authority		FFY of Grant Approval: 2010	
Grant Type and Number Capital Fund Program Grant No. WA19P055501-10		Replacement Housing Factor Grant No.	
Date of CFFP			
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/10 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Summary by Development Account		<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>	
Date 2-9-11		Date	
Signature of Executive Director 		Signature of Public Housing Director	
		Obligated	
		Expended	









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		Grant Type and Number		FFY of Grant:	
PHA Name:		Capital Fund Program Grant No: WA19P055501-11		2011	
Spokane Housing Authority		Replacement Housing Factor Grant No:		FFY of Grant Approval:	
Date of CFFP:				2011	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:2 ) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>
1	Total non-CFP Funds				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)	22,200			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	179,808			
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>				
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)	222,008			
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	64,800			

<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  
 Expires 4/30/2011

<b>Part I: Summary</b>	
PHA Name: Spokane Housing Authority	Grant Type and Number Capital Fund Program Grant No. WA19P055501-11 Replacement Housing Factor Grant No: Date of CFFP: _____
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report Total Estimated Cost Revised ? Total Actual Cost <sup>1</sup>
Signature of Executive Director <i>[Handwritten Signature]</i>	Original Date 04-18-11 Signature of Public Housing Director Date
	Obligated Expended









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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/20011

<b>Part I: Summary</b>						
PHA Name/Number	Spokane H.A./WA055	Locality (City/County & State)	Spokane, Wa	<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	199,808	202,260	193,550	286,155
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		22,200	22,473	21,505	31,795
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		222,008	224,733	215,055	317,950
L.	Total Non-CFP Funds					
M.	Grand Total		222,008	224,733	215,055	317,950









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

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY 2010	Work Statement for Year 2013 FFY 2013		Work Statement for Year 2014 FFY 2014	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	none planned at this time		none planned at this time	
	Subtotal of Estimated Cost	\$ 0	Subtotal of Estimated Cost	\$ 0

Annual Plan

WA055 – Spokane Housing Authority

### VAWA Statement

Spokane Housing Authority (SHA) addresses VAWA in the Section 8 Housing Choice Voucher Administrative Plan and the Public Housing Admissions and Continued Occupancy Policy. The responsibility of not terminating families from housing for reasons that fall under the VAWA regulation is particularly addressed.

In addition SHA administers programs, such as Family Unification and vouchers for WFF, at least some of whom the participants have come from domestic violence backgrounds. SHA has also identified local agencies to partner with in areas where we can help domestic violence programs.

To date we have worked closely with community partners like Transitions for Women, SNAP, Spokane Mental Health, and YWCA.

In addition we use County and City agencies, including the various law enforcement agencies and for cases with a cases of Domestic Violence issues.

At other governmental levels including the state—we participated in special funding VAWA type programs that involve our clients like the Washington State Fair Housing Commission, HUD, and specific state agencies like the Commerce Department.

In summary we follow the VAWA program policies and regulations with the underlining goal of providing safeguards for the families falling under the VAWA related program requirements and refer households, as needed, to local domestic violence service provider partners.