

8.3	Capital Fund Financing Program (CFFP). <input checked="" type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. Copy of original CFFP annual report attached.
9.0	Housing Needs. 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.

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type:			
<input checked="" type="checkbox"/> Public Housing			
	# of families	% of total families	Annual Turnover
Waiting list total	395		36
Extremely low income <=30% AMI	328	83%	
Very low income (>30% but <=50% AMI)	58	15%	
Low income (>50% but <80% AMI)	9	2%	
Families with children	201	51%	
Elderly families	20	5%	
Families with Disabilities	69	17%	
Race/ethnicity-White	340	86%	
Race/ethnicity-Black	40	10%	
Race/ethnicity-Hispanic	4	1%	
Race/ethnicity-Asian/Pacific American Indian	3 8	1% 2%	

Characteristics by Bedroom Size (Public Housing Only)			
1BR and 0 BR	194	49%	
2 BR	149	38%	
3 BR	27	7%	
4 BR	23	6%	
5 BR	2	1%	
5+ BR	0	0%	

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: <input checked="" type="checkbox"/> Section 8 tenant-based assistance			
	# of families	% of total families	Annual Turnover
Waiting list total	947		137
Extremely low income <=30% AMI	760	80%	
Very low income (>30% but <=50% AMI)	173	18%	
Low income (>50% but <80% AMI)	14	2%	
Families with children	485	51%	
Elderly families	29	3%	
Families with Disabilities	99	10%	
Race/ethnicity-White	827	87%	
Race/ethnicity-Black	76	8%	
Race/ethnicity-Amer Indian	20	2%	
Race/ethnicity-Hispanic	17	2%	
Asian Pacific	7	1%	
Other	0	0%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			

9.1	<p>Strategy for Addressing Housing Needs. 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. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by: Employing effective maintenance and management policies that have historically experienced very low vacancy rates, and continuing to do those things to assure the vacancy rates stay low. Continuing to strive for the lowest possible turn-around time for vacated public housing units. Continuing to take whatever measures possible to ensure access to affordable housing among families assisted by the Housing Authority regardless of unit size. Continuing keeping HCVP lease up rates as high as possible within the funding available.</p> <p>Strategy 2. Increase the number of affordable units by: Applying for additional HCV units whenever available, and pursuing housing resources other than public housing or HCV whenever funding or potential funding sources are available.</p> <p>Strategy 3. Target available assistance to families with special needs by: Applying for and maintaining funding for assistance through programs like Family Unification, Shelter Plus Care and Medicaid Waiver programs such as Assisted Living for the elderly population. Continuing to purchase and maintain housing for persons with disabilities like developmental disabilities.</p>
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10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(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. Progress on goals and objectives of previous 5-year plan: WMHA has been able to expand the supply of assisted housing to the extent funding is available to provide rental assistance to families. An adequate supply of rental properties has been developed through marketing and building relationships with owners and landlords. WMHA has continued to find ways to assist families in all programs to maximize their participation in housing assistance programs. WMHA has continued to administer a HCV Homeownership program and has 40 closings to date and only one foreclosure action on a participant after more than seven years. WMHA continues to operate Community Housing Improvement Programs under contract with the City of Wooster and with Wayne County. Components of those programs are improving housing opportunities through rehabilitation of rental units and assisting eligible homebuyers with down payment assistance.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p style="padding-left: 40px;">a. Substantial Deviation from the 5-Year Plan Any change that would affect the mission of the Housing Authority, would significantly reduce the number of clients served, or would significantly reduce the funds available to serve clients would be considered a Substantial Deviation from the 5-Year Plan.</p> <p style="padding-left: 40px;">b. Significant Amendment or Modification to the Annual Plan Any addition or deletion of a major federal award program that would have a drastic affect on the number of clients served or how the Housing Authority serves its clients or any single budget revision to a Capital Fund Program that exceeded 30 percent of the total award would be considered a Significant Amendment or Modification to the Annual Plan.</p>
11.0	<p>Required Submission for HUD Field Office Review. 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. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

Attachments:

- oh036b01 Performance & Evaluation Report (form HUD-50075.1) for CFP 501(10)
- oh036c01 Performance & Evaluation Report (form HUD-50075.1) for CFP 501(11)
- oh036d01 Initial Budget (form HUD-50075.1) for CFP 501(12)
- oh036e01 CFP 5-Year Capital Plan (form HUD-50075.2)
- oh036f01 Original Annual Report for CFFP
- oh036g01 VAWA Statement
- oh036h01 Form HUD-50077 PHA Plans Certification w/ scanned signature
- oh036i01 Form HUD-50077-CR Civil Rights Certification
- oh036j01 Form HUD-50070 Certification of a Drug-Free Workplace w/ scanned signature
- oh036k01 Form HUD-50071 Certification of Payments to Influence Federal Transactions w/ scanned signature
- oh036l01 Form SF-LLL Disclosure of Lobbying Activities w/ scanned signature
- oh036m01 Resident Advisory Board Activity (comments)

Annual Statement / Performance and Evaluation Report
 Capital Fund Program and 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:

Wayne Metropolitan Housing Authority

Grant Type and Number

Capital Fund Program Grant 0412P03650110

Replacement Housing Factor Grant No: _____

Date of CFFP: _____

Federal FY of Grant:

2010

FFY of Grant Approval:

2010

Type of Grant

Original Annual Statement

Reserve for Disasters/Emergencies

Performance and Evaluation Report for Period Ending

09/08/2011

Revised Annual Statement (revision no. _____)

2

)

Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised ²	Obligated	Expended ¹
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21)	35,000.00	52,304.00	52,304.00	43,070.00
3	1408 Management Improvements	-	-	-	-
4	1410 Administration	27,000.00	27,000.00	27,000.00	18,450.00
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	5,000.00	5,000.00	500.00	70.00
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	33,123.00	40,123.00	-	-
10	1460 Dwelling Structures	100,953.00	93,953.00	54,500.00	42,335.01
11	1465.1 Dwelling Equipment - Nonexpendable	7,100.00	7,100.00	6,920.00	6,897.00
12	1470 Non-dwelling Structures	-	-	-	-
13	1475 Non-dwelling Equipment	17,304.00	-	-	-
14	1485 Demolition	-	-	-	-
15	1492 Moving to Work Demonstration	-	-	-	-
16	1495.1 Relocation Costs	-	-	-	-
17	1499 Development Activities	-	-	-	-

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

Annual Statement / Performance and Evaluation Report
 Capital Fund Program and 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: **Wayne Metropolitan Housing Authority**

Grant Type and Number: **Capital Fund Program Grant N^o OH12P03650110**

Replacement Housing Factor Grant No.: **2**

Federal FY of Grant: **2010**

FY of Grant Approval: **2010**

Type of Grant: Original Annual Statement Reserve for Disasters/Emergencies

Performance and Evaluation Report for Period Ending: **09/08/2011**

Revised Annual Statement (revision no. **2**) Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA	90,000.00	90,000.00	90,000.00	72,351.92	
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)	\$ 315,480.00	\$ 315,480.00	\$ 231,224.00	\$ 183,173.93	
21	Amount of line 20 Related to LBP Activities	-	-	-	-	
22	Amount of line 20 Related to Section 504 Compliance	-	-	-	-	
23	Amount of line 20 Related to Security - Soft Costs	-	-	-	-	
24	Amount of line 20 Related to Security - Hard Costs	-	-	-	-	
25	Amount of line 20 Related to Energy Conversation Measures	-	-	-	-	
Signature of Executive Director		Date		Signature of Public Housing Director		Date
		9/28/2011				

- 1 To be completed for the Performance and Evaluation Report.
- 2 To be completed for the Performance and Evaluation Report or a Revised Annual Statement
- 3 PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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Annual Statement / Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	CFPP: <input type="checkbox"/> Yes <input type="checkbox"/> No OH12P03650110	Federal FY of Grant: 2010	Total Estimated Cost		Total Actual Cost		Status of Work
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Original	Revised 1	Funds Obligated 2	Funds Expended 2		
AMP									
OH0360000-10P									
OH036-001	M10-01								
Madison Hts	Selective Carpet Replacements	1460.00	3	3,000.00	3,000.00				
	M10-02								
	Selective Appliance Replacement	1465.10	2	1,000.00	1,000.00	1,000.00			
	M10-03								
	Selective Shed Door Replacement	1460.00	2	1,000.00	1,000.00				
OH036-004	M10-04								
Northgate	Selective Carpet Replacement	1460.00	3	3,000.00	3,000.00	2,500.00	1,416.16		
Apartments									
	M10-05								
	Selective Appliance Replacement	1465.10	2	1,000.00	1,000.00	1,000.00	820.00		

- 1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
- 2 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
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No:	CHFP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Federal FY of Grant: 2010	Status of Work	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Funds Obligated 2	Funds Expended 2
M10-06	Selective Shed Door Replacement	1460.00	2	1,000.00		
OH036-005	Selective Carpet Replacement	1460.00	1	1,000.00		
M10-08	Selective Appliance Replacement	1465.10	1	350.00	350.00	
M10-09	Exterior Siding @ Palmer & Park	1460.00	2	16,953.00		
OH036-008	Selective Carpet Replacement	1460.00	3	3,000.00	3,000.00	1,522.68
M10-11	Selective Appliance Replacement	1465.10	2	1,000.00	1,000.00	1,343.00

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

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

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OH12P03650110 Replacement Housing Factor Grant No:		CEFP: <input type="checkbox"/> Yes <input type="checkbox"/> No		Federal FY of Grant: 2010		Status of Work	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Original	Revised 1	Funds Obligated 2	Funds Expended 2		
M10-18	Selective Shed Door Replacement	1460.00	2	1,000.00	1,000.00				
AMP-WTDE	Fees and Costs including A&E and UFCS Inspections	1430.00		2,500.00	2,500.00	250.00	35.00		
M10-20	Management Improvements	1408.00		2,500.00	-				
M10-21	Transfer to Operations	1406.00		17,500.00	26,152.00	26,152.00	21,535.00		
M10-22	Replacement of Specific Non-Dwelling Equipment including maintenance vehicle & hand tools	1475.00		8,652.00	-				
Total for AMP 10P				74,205.00	78,705.00				

- 1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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Annual Statement / Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority		Grant Type and Number	Capital Fund Program Grant No:	OH12P03650110	CFPP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Federal FY of Grant:	2010	Status of Work
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Original	Revised 1	Funds Obligated 2	Funds Expended 2
AMP								
OH0360000-11P								
OH036-003	M10-23							
Townview Terrace Apartments	Selective Carpet Replacement	1460.00	3	3,000.00	3,000.00	3,000.00	3,000.00	2,139.91
	M10-24							
	Selective Appliance Replacement	1465.10	2	1,000.00	1,000.00	1,000.00	1,000.00	820.00
	M10-25							
	Chiller Pump & Control Upgrade	1460.00	1	11,000.00	7,500.00	2,500.00	2,500.00	1,203.00
	M10-26							
	Water Heater Replacement	1460.00		3,000.00	-	-		

- 1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
- 2 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
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Wayne Metropolitan
 Housing Authority
 Grant Type and Number: Capital Fund Program Grant No: OH12P03650110
 Replacement Housing Factor Grant No: Yes No
 CFFP: Yes No
 Federal FY of Grant: 2010

Development Number/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
OH036-006								
M10-27	Selective Carpet Replacement	1460.00	3	3,000.00	3,000.00	3,000.00	1,627.17	
Rittman Towne Manor								
M10-28	Selective Appliance Replacement	1465.10	2	1,000.00	1,000.00	820.00	820.00	
M10-29	Chiller Pump & Control Upgrade	1460.00	1	11,000.00	7,500.00			
M10-30	Water Heater Replacement	1460.00		3,000.00	-			
M10-31	Parking Lot Expansion	1450.00	1	33,123.00	33,123.00			
M10-31A	Balance of Window Replacement	1460.00	20	-	35,000.00	35,000.00	32,588.96	

- 1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
- 2 To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages

PHA Name:	Wayne Metropolitan Housing Authority	Grant Type and Number	Capital Fund Program Grant No:	OH12P03650110	CEFP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Federal FY of Grant:	2010	Total Actual Cost	Status of Work
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Original	Revised 1	Funds Obligated 2	Funds Expended 2				
AMP-WIDE	M10-32 Fees and Costs including A&E and UPCS Inspections	1430.00		2,500.00	2,500.00	250.00	35.00				
	M10-33 Management Improvements	1408.00		2,500.00	-						
	M10-34 Transfer to Operations	1406.00		17,500.00	26,152.00	26,152.00	21,535.00				
	M10-35 Replacement of Specific Non-Dwelling Equipment including maintenance vehicle & hand tools	1476.00		8,652.00	-						
Total for AMP 11P				100,275.00	119,775.00						

1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement
 2 To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report
 Capital Fund Program and 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: **Wayne Metropolitan Housing Authority**

Grant Type and Number: **Capital Fund Program Grant QH2P03650111**
 Replacement Housing Factor Grant No: _____
 Date of CFFP: _____

Federal FY of Grant: **2011**
 FY of Grant Approval: **2011**

Type of Grant: Original Annual Statement Reserve for Disasters/Emergences
 Performance and Evaluation Report for Period Ending **09/08/2011** Revised Annual Statement (revision no. **A**)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Revised ²	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21)	44,580.00	-	-	-
3	1408 Management Improvements	-	-	-	-
4	1410 Administration	27,000.00	-	-	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	5,000.00	-	-	-
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	10,400.00	-	-	-
10	1460 Dwelling Structures	76,600.00	-	2,000.00	1,471.46
11	1465.1 Dwelling Equipment - Nonexpendable	9,500.00	-	9,500.00	820.00
12	1470 Non-dwelling Structures	-	-	-	-
13	1475 Non-dwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1492 Moving to Work Demonstration	-	-	-	-
16	1495.1 Relocation Costs	-	-	-	-
17	1499 Development Activities	-	-	-	-

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

Annual Statement / Performance and Evaluation Report
 Capital Fund Program and 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: **Wayne Metropolitan Housing Authority**

Grant Type and Number: **Capital Fund Program Grant No. QH12P03650111**
 Replacement Housing Factor Grant No: _____
 Date of CFFP: _____

Federal FY of Grant: **2011**
 FY of Grant Approval: **2011**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	90,000.00	-	-	-
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)	\$ 263,080.00	-	\$ 11,500.00	\$ 2,291.46
21	Amount of line 20 Related to LBP Activities	-	-	-	-
22	Amount of line 20 Related to Section 504 Compliance	-	-	-	-
23	Amount of line 20 Related to Security - Soft Costs	-	-	-	-
24	Amount of line 20 Related to Security - Hard Costs	-	-	-	-
25	Amount of line 20 Related to Energy Conversation Measures	-	-	-	-
Signature of Executive Director		Date	Signature of Public Housing Director	Date	
		9/28/2011			

- 1 To be completed for the Performance and Evaluation Report.
- 2 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
- 3 PHAs with under 250 units in management may use 100% of CFP Grants for operations.
- 4 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

Part II: Supporting Pages

PHA Name : Wayne Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OH12P03650111		CFPP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Federal FY of Grant: 2011	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Funds Obligated	Funds Expended	Status of Work
AMP				Original	Revised 1		
OH036000-10P							
OH036-001	M11-01	1460.00	3	4,000.00			
Madison Hts	Selective Carpet Replacements						
	M11-02						
	Selective Appliance Replacement	1465.10	2	1,000.00	1,000.00	820.00	
OH036-004	M11-03						
Northgate	Brick old A/C openings	1460.00	0	-			
Apartments							
	M11-04						
	Selective Carpet Replacement	1460.00	4	5,000.00			
	M11-05						
	Selective Appliance Replacement	1465.10	3	1,500.00	1,500.00		

1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 2 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
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority		Grant Type and Number	CEFP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Federal FY of Grant: 2011		Status of Work			
Development Number Name/HA-Wide Activities		Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost			
					Original	Revised 1	Funds Obligated 2	Funds Expended 2	
OH036-009	M11-11								
	Had capped	Selective Roof Replacement	1460.00	3	9,000.00				
	Scattered								
	Site								
	M11-12								
		Selective Carpet Replacement	1460.00	2	2,000.00				
OH036-012	M11-13								
	Scattered	Selective Carpet Replacement	1460.00	4	5,000.00				
	Sites								
	M11-14								
		Selective Appliance Replacement	1465.10	2	1,000.00		1,000.00		
	M11-15								
		Selective Roof Replacement	1460.00	0	-				
	M11-16								
		Selective Shed Door Replacement	1460.00	3	1,500.00				

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 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
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Housing Authority	Wayne Metropolitan	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	OH12P03650111	CFPP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Federal FY of Grant: 2011	Total Actual Cost		Status of Work
				Funds Obligated 2	Funds Expended 2				
Development Number/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Original	Revised 1	Funds Obligated 2	Funds Expended 2		
	M11-17								
	Septic System Upgrade	1450.00	1	3,000.00					
AMP-WTDE	M11-18								
	Fees and Costs which is limited to Architect/Engineering fees and contracted annual UPCS Inspection / Fixed Asset fees.	1430.00		2,500.00					
	M11-19								
	Transfer to Operations	1406.00		22,290.00					
	M11-20								
	Replacement of Specific Non-Dwelling Equipment including a maintenance vehicle, mower, carpet extractor, vacuum & salt spreader	1475.00							
Total For AMP 10P				70,190.00	-				

- 1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
- 2 To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages

PHA Name: Wayne Metropolitan

Housing Authority

Grant Type and Number

Capital Fund Program Grant No: OH12P03650111

CHFP: Yes No

Replacement Housing Factor Grant No:

Federal FY of Grant: 2011

Development Number / HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
AMP								
OH0360000-11P								
OH036-003	M11-21							
Townview Terrace Apartments	Selective Carpet Replacement	1460.00	5	6,000.00		2,000.00	1,471.46	
	M11-22							
	Selective Appliance Replacement	1465.10	2	1,000.00		1,000.00		
	M11-23							
	Common Area Lighting Upgrade	1460.00	6	10,000.00				
	M11-23a							
	Water heater replacement	1460.00	3	15,000.00				
	M11-24							
	Replace Buiting Signage	1460.00	1	1,000.00				

- 1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement
- 2 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
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name : Wayne Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OH12P03650111 Replacement Housing Factor Grant No:		CFPP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Federal FY of Grant: 2011		Status of Work	
Development Number/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Funds Obligated 2	Funds Expended 2			
OH036-006	M11-25			Original					
Rittman Towne Manor	Selective Carpet Replacement	1460.00	3	3,000.00					
	M11-26			Revised 1					
	Selective Appliance Replacement	1465.10	8	4,000.00	4,000.00				
	M11-27								
	Common Area Lighting Upgrade	1460.00	3	6,000.00					
	M11-28								
	Boiler Replacement	1460.00	0						
	M11-29								
	Replace Building Signage	1450.00	1	1,000.00					
	M11-30								
	Paint Exterior Siding, Roofs, and light poles	1460.00	20	4,100.00					

- 1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
- 2 To be completed for the Performance and Evaluation Report.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

Office of Public and Indian Housing
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OH12P03650111 Replacement Housing Factor Grant No:		CEFP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Federal FY of Grant: 2011		Status of Work
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Revised 1	Funds Obligated 2	Funds Expended 2	
AMP-WIDE	M11-31 Fees and Costs which is limited to Architect/Engineering fees and contracted annual UPCS Inspection / Fixed Asset fees.	1430.00	3	2,500.00				
	M11-32 Transfer to Operations	1406.00		22,290.00				
	M11-33 Replacement of Specific Non-Dwelling Equipment including a maintenance vehicle, mower, carpet extractor, vacuum & salt spreader	1475.00						
Total for AMP IIP				75,890.00	-			

- 1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
- 2 To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report
 Capital Fund Program and 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:	Grant Type and Number	Capital Fund Program Grant	Federal FY of Grant:
		OH12P03650112	2012
		Replacement Housing Factor Grant No:	FY of Grant Approval:
		Date of CFPP:	2012

Type of Grant

- Original Annual Statement
 Performance and Evaluation Report for Period Ending _____
- Reserve for Disasters/Emergencies

- Revised Annual Statement (revision no. _____)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised ²	Obligated	Expended ¹
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21)	59,357.00		-	-
3	1408 Management Improvements			-	-
4	1410 Administration	27,000.00		-	-
5	1411 Audit	-		-	-
6	1415 Liquidated Damages	-		-	-
7	1430 Fees and Costs	5,000.00		-	-
8	1440 Site Acquisition	-		-	-
9	1450 Site Improvement	9,223.00		-	-
10	1460 Dwelling Structures	66,000.00		-	-
11	1465.1 Dwelling Equipment - Nonexpendable	6,500.00		-	-
12	1470 Non-dwelling Structures	-		-	-
13	1475 Non-dwelling Equipment	-		-	-
14	1485 Demolition	-		-	-
15	1492 Moving to Work Demonstration	-		-	-
16	1495.1 Relocation Costs	-		-	-
17	1499 Development Activities	-		-	-

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

Annual Statement / Performance and Evaluation Report
 Capital Fund Program and 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

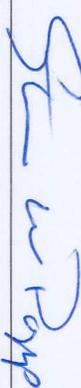
PHA Name: **Wayne Metropolitan Housing Authority**

Grant Type and Number: **Capital Fund Program Grant No. OH12P03650112**
 Replacement Housing Factor Grant No:

Federal FY of Grant: **2012**
 FFY of Grant Approval: **2012**

Type of Grant: Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no. **A**) Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Revised	Obligated	Total Actual Cost	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	90,000.00	-	-	-	-
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)	\$ 263,080.00	-	\$ -	\$ -	-
21	Amount of line 20 Related to LBP Activities	-	-	-	-	-
22	Amount of line 20 Related to Section 504 Compliance	-	-	-	-	-
23	Amount of line 20 Related to Security - Soft Costs	-	-	-	-	-
24	Amount of line 20 Related to Security - Hard Costs	-	-	-	-	-
25	Amount of line 20 Related to Energy Conversation Measures	-	-	-	-	-

Signature of Executive Director: 

Date: 9/28/2011

Signature of Public Housing Director: _____

Date: _____

- 1 To be completed for the Performance and Evaluation Report.
- 2 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
- 3 PHAs with under 250 units in management may use 100% of CFP Grants for operations.
- 4 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

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OH12P03650112 Replacement Housing Factor Grant No:		CFEP: <input type="checkbox"/> Yes <input type="checkbox"/> No		Federal FY of Grant: 2012		Status of Work
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Funds Obligated	Funds Expended		
OH036-005	M12-05							
Rehab	Selective Carpet Replacement	1460.00	1	1,000.00				
	M12-06							
	Selective Appliance Replacement	1465.10	1	500.00				
OH036-008	M12-07							
Perkins Manor	Selective Carpet Replacement	1460.00	3	3,000.00				
	M12-08							
	Selective Appliance Replacement	1465.10	2	1,000.00				

1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 2 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
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name : Wayne Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OH12PP03650112 Replacement Housing Factor Grant No:		CEFP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Federal FY of Grant: 2012		Status of Work
Development Number Name/HA-Wide Activities	Categories	Development Account No.	Quantity	Total Estimated Cost	Funds Obligated 2	Funds Expended 2		
M12-09				Original				
Replace Gutters and Downspouts		1460.00	4	3,000.00				
OH036-009								
M12-10								
Hadi capped		1460.00	8	5,500.00				
Scattered								
M12-11								
Scattered		1460.00	2	5,500.00				
Site								
OH036-012								
M12-12								
Scattered		1460.00	3	3,000.00				
Scattered Sites								
M12-13								
Scattered		1465.10	2	1,000.00				

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 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
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Housing Authority	Wayne Metropolitan	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	CEFP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No OH12P03650112	Federal FY of Grant: 2012	Total Actual Cost		Status of Work
					Funds Obligated 2	Funds Expended 2	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Original	Revised 1	Funds Obligated 2	Funds Expended 2
M12-14	Selective Shed Door Replacement	1460.00	8	5,500.00			
M12-15	Water Treatment Upgrade	1460.00	3	18,000.00			
M12-16	Selective Roof Replacements	1460.00	2	5,500.00	-		
M12-17	Septic System Upgrade	1450.00	1	4,223.00			
AMP-WTDE	M12-18 Fees and Costs which is limited to Architect/Engineering fees and contracted annual UPCS Inspection / Fixed Asset fees.	1430.00		2,500.00			

- 1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
- 2 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
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority		Grant Type and Number		CRFP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Federal FY of Grant: 2012					
Development Number Name/H/A-Wide Activities		Development Account No.		Quantity		Total Estimated Cost		Total Actual Cost		Status of Work	
General Description of Major Work Categories		Development Account No.		Quantity		Original		Revised 1		Funds Obligated 2	Funds Expended 2
M12-22											
Sprinkler System / Fire Alarm upgrades		1460.00		1		2,500.00					
M12-23											
Parking Lot Catch Basin Replacement		1450.00		1		5,000.00					
OH036-006											
M12-24											
Riftman		1460.00		2		2,000.00					
Towine											
Manor											
M12-25											
Selective Appliance Replacement		1465.10		1		500.00					

- 1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
- 2 To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages

PHA Name: Wayne Metropolitan Housing Authority		Grant Type and Number		CEFP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Federal FY of Grant: 2012					
Development Number Name/HA-Wide Activities		Development Account No.		Quantity		Total Estimated Cost		Total Actual Cost		Status of Work	
						Original		Revised 1		Funds Obligated 2	Funds Expended 2
	M12-26										
	Sprinkler System / Fire Alarm upgrades	1460.00		1		2,500.00					
	M12-27										
	Fees and Costs which is limited to Architect/Engineering fees and contracted annual UPCS Inspection / Fixed Asset fees.	1430.00				2,500.00					
	M12-28										
	Transfer to Operations	1406.00				29,678.50					
	Total for AMP 11P					48,678.50					

- 1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
- 2 To be completed for the Performance and Evaluation Report.

Part I: Summary						
PHA Name/Number		Wayne MHA	OH036	Locality (City/County & State)		Wooster, OH
				<input checked="" type="checkbox"/> Original 5-Year Plan		<input type="checkbox"/> Revision No: 1
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
B.	Physical Improvements Subtotal	Annual Statement	97,000.00	97,300.00	93,300.00	94,100.00
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		27,000.00	27,000.00	27,000.00	27,000.00
F.	Other		5,000.00	5,000.00	5,000.00	5,000.00
G.	Operations		44,080.00	43,780.00	47,780.00	46,980.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing - Debt Service		90,000.00	90,000.00	90,000.00	90,000.00
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		263,080.00	263,080.00	263,080.00	263,080.00

Part I: Summary (Continuation)						
PHA Name/Number Wayne MHA		OH036	Locality (City/County & State) Wooster, OH		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:1
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2012</u>	Work Statement for Year 2 FFY <u>2013</u>	Work Statement for Year 3 FFY <u>2014</u>	Work Statement for Year 4 FFY <u>2015</u>	Work Statement for Year 5 FFY <u>2016</u>
		Annual Statement				
	OH036000010 Northgate Apts		\$ 112,790.00	\$ 92,090.00	\$ 45,490.00	\$ 53,090.00
	OH036000011 Townview Terrace		33,290.00	53,990.00	100,590.00	92,990.00
	OH036000099 Central Office CC		117,000.00	117,000.00	117,000.00	117,000.00
	Totals		263,080.00	263,080.00	263,080.00	263,080.00

**Annual Statement /
Performance and Evaluation Report**
Part I: Summary
Capital Funds Program (CFP)

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

HA Name WAYNE METROPOLITAN HOUSING AUTHORITY	Capital Funds Project Number CFPP Financing Proceeds	FFY of Approval 2004
--	--	--------------------------------

Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement/Revision Number # Performance and Evaluation Report for Program Year Ending:-----

Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original Revision #	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 20% of line 20 for PHAs with 250 or more Units)	\$0	\$0	\$0	\$0
3	1408 Management Improvements (May not exceed 20% of line 20)	\$0	\$0	\$0	\$0
4	1410 Administration (May not exceed 10% of line 20)	\$0	\$0	\$0	\$0
5	1411 Audit	\$0	\$0	\$0	\$0
6	1415 Liquidated Damages	\$0	\$0	\$0	\$0
7	1430 Fees and Costs	\$0	\$0	\$0	\$0
8	1440 Site Acquisition	\$545,000	\$545,000	\$545,000	\$545,000
9	1450 Site Improvement	\$26,534	\$26,534	\$26,534	\$26,534
10	1460 Dwelling Structures	\$0	\$0	\$0	\$0
11	1465.1 Dwelling Equipment - Nonexpendable	\$0	\$0	\$0	\$0
12	1470 Nondwelling Structures	\$553,466	\$553,466	\$553,466	\$553,466
13	1475 Nondwelling Equipment	\$0	\$0	\$0	\$0
14	1485 Demolition	\$0	\$0	\$0	\$0
15	1490 Replacement Reserve	\$0	\$0	\$0	\$0
16	1492 Moving to Work Demonstration	\$0	\$0	\$0	\$0
17	1495.1 Relocation Costs	\$0	\$0	\$0	\$0
18	1499 Mod Used for Development Activities	\$0	\$0	\$0	\$0
19	1501 Collateralization or Debt Service	\$0	\$0	\$0	\$0
20	1502 Contingency (may not exceed 8% of line 20)	\$0	\$0	\$0	\$0
21	Amount of CFFP Proceeds (Sum of lines 2 - 19)	\$1,125,000.00	\$1,125,000.00	\$1,125,000.00	\$1,125,000.00
22	Amount of line 20 Related to LBP Activities				
23	Amount of line 20 Related to Section 504 Compliance				
24	Amount of line 20 Related to Security				
25	Amount of line 20 Related to Energy Conservation Measures				

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date
 01/24/2010

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

RECATES TO BLI 1501 ON 2004 AND SUBSEQUENT CFP YEARS. Draft - Version 2.0
Subject to Change without Notice

Development Number / Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
OH12P036-003	Acquisition & Rehab of Admin Building							
	1408 Management Improvements	1408		\$0.00	\$0.00	\$0.00	\$0.00	
	1410 Administration	1410		\$0.00	\$0.00	\$0.00	\$0.00	
	1411 Audits	1411		\$0.00	\$0.00	\$0.00	\$0.00	
	1415 Liquidated Damages	1415		\$0.00	\$0.00	\$0.00	\$0.00	
	1430 Fees and Cost	1430		\$0.00	\$0.00	0.00	0.00	
	1440 Site Acquisition	1440		\$545,000.00	\$545,000.00	\$545,000.00	\$545,000.00	
	Purchase of Building and Land							
	Total 1440			\$545,000.00	\$545,000.00	\$545,000.00	\$545,000.00	
	1450 Site Improvements	1450		\$26,533.51	\$26,533.51	\$26,533.51	\$26,533.51	
	Landscaping							
	Total 1450			\$26,533.51	\$26,533.51	\$26,533.51	\$26,533.51	
	1460 Dwelling Structure	1460						
	1465 Dwelling Equipment	1465						
	1470 Non-Dwelling Structures	1470						
	Demo, exterior and general construction			\$214,632.40	\$214,632.40	\$214,632.40	\$214,632.40	
	Plumbing			\$1,516.80	\$1,516.80	\$1,516.80	\$1,516.80	
	HVAC			\$94,813.30	\$94,813.30	\$94,813.30	\$94,813.30	
	Flooring			\$34,472.00	\$34,472.00	\$34,472.00	\$34,472.00	
	Electrical			\$171,004.63	\$171,004.63	\$171,004.63	\$171,004.63	
	Key/Lock hardware and fixture relocations			\$6,227.36	\$6,227.36	\$6,227.36	\$6,227.36	
	Painting			\$30,800.00	\$30,800.00	\$30,800.00	\$30,800.00	
	Total 1460			\$553,466.49	\$553,466.49	\$553,466.49	\$553,466.49	
	Total Cost for 036-003			\$1,125,000.00	\$1,125,000.00	\$1,125,000.00	\$1,125,000.00	

Statement Regarding VAWA

The Wayne Metropolitan Housing Authority adopted revisions to its Public Housing Admissions and Continued Occupancy Policy and its Section 8 Housing Choice Voucher Administrative Plan to address the requirement of the Violence Against Women Act. Those revisions were adopted by Resolution of the Board of Commissioners of the Wayne Metropolitan Housing Authority on September 27, 2006.

The Wayne Metropolitan Housing Authority notified residents of the Public Housing Program and the Section 8 Housing Choice Voucher Program through written mail of the requirements of the Violence Against Women Act in May of 2007, and also incorporated that information in its Housing Choice Voucher briefings and Public Housing lease signing. All staff working with clients of the Public Housing Program and Section 8 Housing Choice Voucher Program were given training and all necessary information regarding the Act. Periodic recurrent training will be scheduled as appropriate.

The Wayne Metropolitan Housing Authority does not offer any “activities, services or programs” that are intended to specifically help child or adult victims of domestic violence, dating violence, or stalking other than that required by law or regulation. The Wayne Metropolitan Housing Authority always makes appropriate referrals when victims of domestic violence, dating violence, or stalking are identified.

The Wayne Metropolitan Housing Authority has a working relationship with Every Woman’s House, a local domestic violence shelter, that provides 24-hour services to child and adult victims of domestic violence, dating violence, sexual assault, and bullying. They provide a full range of crisis intervention, treatment, counseling, prevention and support services to individuals and families impacted by domestic violence and/or sexual assault. All services available through Every Woman’s House are also available to male victims.

**PHA Certifications of Compliance
with PHA Plans and Related
R e g u l a t i o n s**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 08/30/2011

**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 _X_ Annual PHA Plan for the PHA fiscal year beginning January 1, 2012, 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.

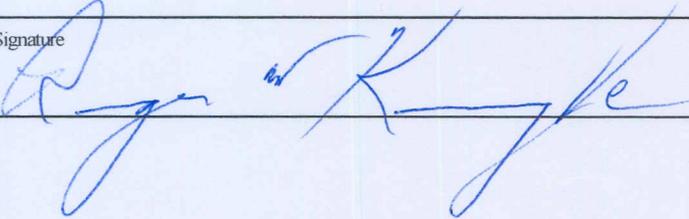
Wayne Metropolitan Housing Authority
 PHA Name

OH036
 PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 - 20

Annual PHA Plan for Fiscal Year 2012

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Roger W. Kienzle	Title Chairman
Signature 	Date 10-5-11 10/05/2011

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 08/30/2011

Civil Rights Certification

Annual Certification and Board Resolution

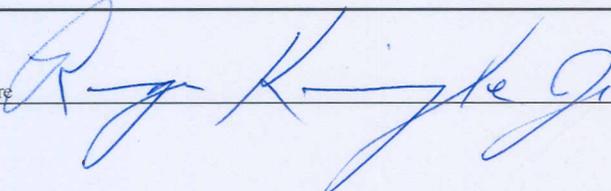
Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification 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.

Wayne Metropolitan Housing Authority
PHA Name

OH036
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 Roger W. Kienzle, Jr.	Title Chairman
Signature 	Date 10/05/2011

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Wayne Metropolitan Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Fund and Capital Fund and Section 8 Housing Choice Voucher Program

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

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

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

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

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

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

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

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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

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

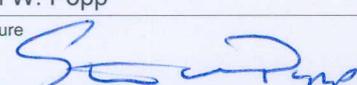
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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

See Attached List

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 Stan W. Popp	Title Executive Director
Signature 	Date 10/05/2011

Wayne Metropolitan Housing Authority

DEVELOPMENT SITES

Attachment to Form HUD-50070 (2.)

- OH12P036-001 MADISON HEIGHTS (15)** 1354, 1353 & 1369 Perkins Avenue
Wooster, Wayne County, OH 44691
- OH12P036-003 WOOSTER TOWNVIEW TERRACE (70)** 200 South Market Street
Wooster, Wayne County, OH 44691
- OH12P036-004 NORTHGATE APARTMENTS (30)** 940 Northgate Drive
Wooster, Wayne County, OH 44691
- OH12P036-005 REHAB - SCATTERED SITES: (5)** 219 Palmer, 515 & 515 1/2 West Liberty
236 Spink Street, 429 Park Street
Wooster, Wayne County, OH 44691
- OH12P036-006 RITTMAN TOWNE MANOR (50)** 155 East Sunset
Rittman, Wayne County, OH 44270
- OH12P036-008 PERKINS MANOR (19)** 1180, 1181, & 1197 Perkins Avenue
1701/1703 Normandy & 1636/1640 Secrest Road
Wooster, Wayne County, OH 44691
- OH12P036-009 HANDICAP - SCATTERED SITES (15)**
673 McKinley Street 13 Wilers Grove
966 & 978 Concord Dr. 174 Milton Road
2143 & 2203 Cleveland Rd 69 Strawberry Hill
Wooster, Wayne County, OH 44691 2 & 10 Pebble Cove
Rittman, Wayne County, OH 44270
- 822 Beaver Street 325 & 327 N. Prospect
834 McGill Street Shreve, Wayne County, OH 44676
933 Jefferson
Orrville, Wayne County, OH 44667
- OH12P036-012 SCATTERED SITES (20)**
3342A-C Mt. Eaton Road 237A-B Partridge Street
3384A-C Mt. Eaton Road Apple Creek, Wayne Count, OH 44606
Orville, Wayne County, OH 44667
- 1171A-C Hometown Road 4255A-C Fox Lake Road
2080A-C McCoy Road 4221A-C Fox Lake Road
Wooster, Wayne County, OH 44691 Smithville, Wayne County OH 44677
- TRAINING & CONFERENCE CENTER / MAINTENANCE FACILITY** 1273 West Old Lincoln Way
Wooster, Ohio 44691
- ADMINISTRATION BUILDING** 345 North Market Street
Wooster, Ohio 44691

Certification of Payments to Influence Federal Transactions

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

OMB Approval No. 2577-0157 (Exp. 01/31/2014)

Applicant Name

Wayne Metropolitan Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Fund and Capital Fund and Section 8 Housing Choice Voucher Program

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

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

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

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

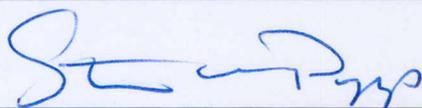
Name of Authorized Official

Stan W. Popp

Title

Executive Director

Signature



Date (mm/dd/yyyy)

10/05/2011

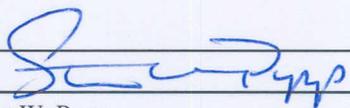
DISCLOSURE OF LOBBYING ACTIVITIES

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

(See reverse for public burden disclosure.)

Approved by OMB

0348-0046

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: WAYNE METROPOLITAN HOUSING AUTHORITY 345 N. MARKET ST. WOOSTER, OH 44691 Congressional District, if known: 16	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: U.S. Department of Housing and Urban Development	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>Stan W. Popp</u> Title: <u>Executive Director</u> Telephone No.: <u>330-264-2727</u> Date: <u>10/05/2011</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Resident Advisory Board Activity

PHA Annual Plan FY-2012

The Resident Advisory Board for the Wayne Metropolitan Housing Authority met twice in 2011 during development and review of the Annual Plan as follows:

Tuesday, August 23, 2011 at 3:30 PM at the offices of the Housing Authority:

All twelve members were sent a written invitation to participate in the meeting. Two residents attended the general overview and development stage of the Plan. There were no comments relative to the Plan.

Tuesday, September 20, 2011 at 3:30 PM at the offices of the Housing Authority:

All twelve members were sent a written invitation to participate in the meeting. No residents attended. The Plan was reviewed in its entirety with staff in attendance. There were no comments relative to the Plan.