PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011

1.0 PHA Information

PHA Name: Central Falls Housing Authority PHA Code: RI004

PHA Type: ☐ Small ☒ High Performing ☐ Standard ☐ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY): 10/01/2012

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: 327 Number of HCV units: 523

3.0 Submission Type

☒ 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia ☐ 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	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.

5.1 Mission. 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:

The Mission of the Central Falls Housing Authority is to provide safe, decent and affordable housing and to establish programs that will educate, enhance and empower all the people in the community we serve.

5.2 Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

The Central Falls Housing Authority is committed to high standards of public accountability and continuous improvements based on specific goals and objectives designed and implemented through management excellence, professional development and customer satisfaction.

See PHA Plans 2011 attachments doc.

6.0 PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: See PHA Plans 2010 Attachments. doc

(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. For a complete list of PHA Plan elements, see Section 6.0 f the instructions. All elements identified in Section 6.0 including attachments can reviewed by residents, staff and general public at the Main Administrative Office as well as each development (Wilfrid Manor, Forand Manor) management office.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. *Include statements related to these programs as applicable.*

8.0 Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing.

8.2 Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* 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.

8.3 Capital Fund Financing Program (CFFP).

☐ 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.

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.

9.1	**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.**
10.0	**Additional Information.** Describe the following, as well as any additional information HUD has requested. (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. See PHAPLans 2011 Attachments.doc (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" See PHA Plans 2011 attachments doc.

11.0	**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. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. 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. (g) Challenged Elements (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

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

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

Instructions form HUD-50075

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

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

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

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

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

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

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

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

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

(a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.

(b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central off ice of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

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

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.

3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.

4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.

5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.

6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.

7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**

8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.

10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.

12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

13. **Violence Against Women Act (VAWA).** A description of: **1)** Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; **2)** Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and **3)** Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

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

(a) **Hope VI or Mixed Finance Modernization or Development.** **1)** A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and **2)** A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm

(b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: **(1)** A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and **(2)** A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent **that approved and/or pending** demolition and/or disposition has changed.

(c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: **1)** A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert; **2)** An analysis of the projects or buildings required to be converted; and **3)** A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/conversion.cfm

(d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.

(e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

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

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

(a) To submit the initial budget for a new grant or CFFP;

(b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and

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

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

1. At the end of the program year; **until** the program is completed or all funds are expended;

2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and

3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

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

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

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

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

(b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

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

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

(a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*

(b) Form HUD-50070, *Certification for a Drug-Free Workplace* **(PHAs receiving CFP grants only)**

(c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* **(PHAs receiving CFP grants only)**

(d) Form SF-LLL, *Disclosure of Lobbying Activities* **(PHAs receiving CFP grants only)**

(e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* **(PHAs receiving CFP grants only)**

(f) Resident Advisory Board (RAB) comments.

(g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.

(h) Form HUD-50075.1, ***Capital Fund Program Annual Statement/Performance and Evaluation Report*** **(Must be attached electronically for PHAs receiving CFP grants only).** See instructions in 8.1.

(i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* **(Must be attached electronically for PHAs receiving CFP grants only).** See instructions in 8.2.

PHA Name: Central Falls Housing Authority PHA Code: RI004
PHA Type: Standard
PHA Fiscal Year Beginning: 10/2010

5.2 – Goals and Objectives

Goal – Increase the availability of decent, safe, and affordable housing
- Reduce public housing vacancies
- Leverage private and other public funds to create additional housing opportunities (we currently have a 4 unit (3 bedrooms each) attached town house setup for homeownership training along with a two unit ranch house)
- Develop a Marketing Strategy that may require the development of an Allocation Plan to improve the continuity and occupancy levels of elderly/handicap developments.

Goal – Improve the quality of assisted housing
- Improve public housing management (PHAS score)
- Concentrate efforts to improve specific management functions
- Renovate/modernize public housing units

Goal – Increase assisted housing choices
- Implement public housing site-based waiting lists (we currently have three waiting lists for Public Housing. One list for Wilfrid Manor, one list for Forand/Forand Annex Manor and a combined list for both manors)

Goal – Provide an improved living environment
- Implement public housing security improvements (with our 2006 CFP monies we installed a 170 camera CCTV system along with building access improvements at both developments tied together through WIFI capabilities. When responding to an emergency both the police and fire departments can get access to the system)

Goal – Promote Self-Sufficiency and asset development of families and individuals
- Increase the number and percentage of employed persons in assisted families (utilizing grants and other partnerships we have over 100 participants receiving job training and employment. We also have 42 participating families currently in our FSS program. Since its inception some 10 years ago the FSS five year program has successfully graduated at least 71 participants families who are completely off assistance, are working and in some cases have bought homes)
- Provide and attract supportive services to improve participants employability
- Provide and attract supportive services to increase independence for the elderly or families with disabilities (we have done this through our Resident Services Coordinator as well as staff assistance where possible)

Goal – Ensure equal opportunity in housing for all individuals
- Utilize affirmative measures to ensure access to assisted housing regardless of race, color religion, national origin, sex, familial status and disability
- Utilize affirmative measures to provide a suitable living environment for families/individuals living in assisted housing regardless of race, color religion, national origin, sex, familial status and disability
- Utilize affirmative measures to ensure accessible housing to persons/families with all varieties of disabilities regardless of unit size requirements
- Provide Voucher mobility counseling
- Conduct outreach efforts to potential voucher landlords

Goal –Maintain a balance on Budget Utilization
- Maintain Payment Standards according to area market
- Maintain an up to date available units list on the internet
- Perform periodic landlord outreach meetings
- Ensure continuous monitoring of the budget to avoid the pendulum effect.

Goal –Improve uniformity in job procedures
- Review the Section 8 Administration Policy and ACOP
- Provide more training opportunities for all staff in PH and Section 8
- Timely dissemination of program regulation changes to all appropriate staff

Goal –Research availability of grants and funds to landlords for home improvements and weatherization
- Contact state housing agencies for collaboration of current and future funding availability
- Connect with local action programs for services available
- Survey landlords interests and needs

Goal – Smoke- Free Policy
- Monitor the a smoke-free policy
- Tenants must comply with Authority's smoke-free regulations
- Smoke-free policy designated in all areas including dwelling units, common areas, yards, hallways, and parking areas
- This policy will expressively preclude the use of marijuana, regardless of a valid prescription for such use, and any and all CFHA properties

6.0 (a) Element # 2:

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
1. **Federal Grants (FY 2011 grants)**		
a) Public Housing Operating Fund	510,751	
b) Public Housing Capital Fund	337,388	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	4,707,913	

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants	0	
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
RI43P004501-09		
RI42P004501-10	206,915	
	328642	
3. Public Housing Dwelling Rental Income	1,100,481	PH Operations
4. Other income (list below)		
Portables Admin.	12,600	HCV Operations
Rooftop Antenna Leases	130,318	PH Operations
Excess Utilities	25,000	PH Operations
Interest on General Fund	6,000	PH Operations
4. Non-federal sources (list below)		
State Dept. of Elderly Affairs		Security
Component Units Revenue	98,897	Component Units
Total resources		

6.0 (a) Element # 6:

Designation of Public Housing Activity Description
1a. Development name:
1b. Development (project) number:
2. Designation type: Occupancy by only the elderly ☐ Occupancy by families with disabilities ☐ **Occupancy by only elderly families and families with disabilities** ☐
3. Application status (select one) Approved; included in the PHA's Designation Plan ☐ **Submitted, pending approval** ☐ Planned application ☐
4. Date this designation approved, submitted, or planned for submission: **Planned Revised Resubmission October/November 2010 Time Frame**
5. If approved, will this designation constitute a (select one) ☐ **New Designation Plan** ☐ Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) ☐ **Part of the development** ☐ Total development

Designation of Public Housing Activity Description
1a. Development name:
1b. Development (project) number:
2. Designation type: Occupancy by only the elderly ☐ Occupancy by families with disabilities ☐ **Occupancy by only elderly families and families with disabilities** ☐
3. Application status (select one) Approved; included in the PHA's Designation Plan ☐ **Submitted, pending approval** ☐ Planned application ☐
4. Date this designation approved, submitted, or planned for submission: **Planned revised resubmission October/November 2010 Time Frame**
5. If approved, will this designation constitute a (select one)

☐ **New Designation Plan** ☐ Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) ☐ **Part of the development** ☐ Total development

6.0 (a) Element # 7:

PHA Goal: To continue seeking additional funding through ROSS, FSS Grants and other public and private sources to expand programs in meeting the mission of the Central Falls Housing Authority

Objectives: **(Goal Achieved - received 3 year Grant, hired RSC)**

- Hired a resident service coordinator to coordinate health and social services for the elderly and disabled population
- To expand family self sufficiency programming for employment opportunities

6.0 (a) Element # 13:

Violence Against Women Act (VAWA)

The PHA has implemented and instructed the Resident Services Coordinator and the Building Managers in each of the two developments in the proper use of HUD Form 91066 – Certificate of Domestic Violence, Dating Violence or Stalking. In addition we have a designated police officer assigned to our developments. He coordinates with the above mentioned staff members in the reporting, investigating and prosecuting of any violations.

9.1 Strategies

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	25.9%	5	5	5	5	N/A	N/A
Income >30% but <=50% of AMI	29%	5	5	5	5	N/A	N/A
Income >50% but <80% of AMI	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Elderly	15%	5	5	5	5	N/A	N/A
Families with Disabilities	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						

Source of Information for the above chart – City of Central Falls Consolidated Plan 2007 – We will also take advantage of the 2010 U.S. Census dataset (CHAS – Comprehensive Housing Affordability Strategy) when it becomes available next year.

Housing Needs of Families on the Waiting List			
Waiting list type: Public Housing Site-Based waiting list: Forand Manor – List is not closed			
	# of families	% of total families	Annual Turnover
Waiting list total	95		
Extremely low income <=30% AMI	87	92%	
Very low income (>30% but <=50% AMI)	7	7.16%	
Low income (>50% but <80% AMI)	1	3%	
Families with children	23	8%	
Elderly families	23	29%	
Families with Disabilities	53	63%	
Race/ethnic. White	70	76.8%	
Race/ethnic. Hisp.	17	17%	
Race/ethnic. Black	6	8.42%	
Race/ethnicity		52%	
Characteristics by Bedroom Size (Public Housing Only)			
0BR	10	7%	
1 BR	40	38%	
2 BR	42	52%	
3 BR	2	1.74%	

Housing Needs of Families on the Waiting List			
4 BR	1	1.59%	
5+ BR			

Housing Needs of Families on the Waiting List			
Waiting list type: Public Housing Site-Based waiting list: Wilfrid Manor – List is not closed			
	# of families	% of total families	Annual Turnover
Waiting list total	92		
Extremely low income <=30% AMI	84	90.3%	
Very low income (>30% but <=50% AMI)	7	7.5%	
Low income (>50% but <80% AMI)	1	1%	
Families with children	17	29%	
Elderly families	27	31%	
Families with Disabilities	68	40%	
Race/ethnic. White	6	83%	
Race/ethnic. Black	4	9%	
Race/ethnic. Hisp.	14	66%	
Race/ethnic. Non-H.	0	34%	
Characteristics by Bedroom Size (Public Housing Only)			
0BR	11	7.6%	
1 BR	48	50%	
2 BR	33	40%	
3 BR	1	1.7%	
4 BR			
5+ BR			

Note: Some families from both lists above also sign up for the combined waiting list for both developments which is also not closed.

Housing Needs of Families on the Waiting List			
Waiting list type: Section 8 tenant-based assistance – List has been closed for the past twelve (12) months			
	# of families	% of total families	Annual Turnover
Waiting list total	391		
Extremely low income <=30% AMI	320	82%	
Very low income (>30% but <=50% AMI)	65	17%	
Low income (>50% but <80% AMI)	6	1%	
Families with children	254	65%	
Elderly families	41	10.5%	
Families with Disabilities	79	20.2%	
Race/ethnic. Hisp.	264	67.5%	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size **(Public Housing Only)**	Already completed		
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			

Note: The Section 8 Tenant-based assistance waiting list is based on bedroom size needs.
Strategy for addressing needs – using current resources:

- Employ effective strategies/policies to minimize the number of units off-line
- Reduce turnover time for vacated housing units (average time from move out to move in is 30 to 60 days)
- Reduce time to renovate public housing units (average time of less than 30 days from turnover to maintenance to return to leasing and occupancy)
- Maintain/increase Section 8 lease-up rates by establishing payment standards that allow families to rent throughout the jurisdiction
- Ensure access to affordable housing among assisted families, regardless of unit size required
- Ensure access to affordable housing among families with disabilities

10.0 Additional Information

10.0 (a) Progress in Meeting Mission and Goals – See 5.2 Goals and Objectives above

10.0 (b) Significant Amendment and Substantial Deviation/Modification

- Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Central Falls Housing Authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

Central Falls Housing Authority

Annual Plan

Fiscal Year 10/01/2012 – 09/30/20013

Required Attachment: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board : Resident volunteers were solicited to serve on the RAB Board

FORAND MANOR TENANT'S

Claire Vilandre	Apt. # A71	401-725-7356
Jenny Cardova	Apt. #214	401-721-5516
Maria Isaza	Apt. # 810	401-335-3452
Cecilia Duque	Apt. # 812	401-725-3807
Gertrudis Valdez	Apt. # A81	401-721-0735
Dorothy Arcisz	Apt.#701	401-724-5060
Michael Arcisz	Apt.#916	
Theresa Cartier	Apt.#A74	401-663-0096

WILFRID MANOR TENANT'S

Mary Ross	Apt. # 511	401-726-3396
Stella Sweet	Apt. # 303	401-726-2459
Bob Winders	Apt. # 705	401-723-8079
Ed Ross	Apt.# 217	
Fran Ross	Apt. #217	

Resident Advisory Board Meeting

The meeting is held on April 12, 2012, at 2pm in the Forand Manor Community Room.

RAB Meeting -Agenda
4-12-2012

HISTORY:

- **FORAND - Sealing Caulking..Brick work on entire building..Completed - 2010**
- **FORAND – New domestic Hot Water - started 2008 and Completed 2009**
- **WILFRID, FORAND– Generator - Completed 2010**
- **ANNEX –New Boiler System – Completed - 2011**
- **FORAND – Windows – Completed 2012**
- **FORAND AND WILFRID – Lot resurfacing - Completed 2011**
- **WILFRID,FORAND,ANNEX - Concrete – Completed 2011**

Present–:

- **WILFRID - Sliders community room (board approval)**
- **FORAND - Balcony sliders 2nd to 10th floors(board approval)**
- **WILFRID, FORAND AND ANNEX - new trash compactors – A&E bidding**
- **WILFRID – new circular pumps – A&E bidding**
- **FORAND – reseal tubs – board approval (20 per year based on survey)**
- **WILFRID – envelope repair; wash, paint, caulking, sealant and other masonry work on outside of building - ongoing**

FUTURE DEPENDING ON HUD FUNDING:

- **FORAND - landscaping around generator and front of building – this summer**
- **FORAND - cement slab near smoking hut for picnic table**
- **FORAND, WILFRID - lobby stairwells at exit doors**
- **ANNEX , WILFRID: Hot water boilers**
- **WILFRID - heat boiler system**
- **ANNEX – renovate kitchens**
- **ANNEX – new lock system**
- **FORAND – replace refrigerators**
- **FORAND, WILFRID – all halls/ lobbies-installing new Flooring**
- **ANNEX – wash/paint, seal**

RAB Meeting
Minutes
4-12-2012 - 2pm – 3pm

Attendance – CFHA: Bill Aunchman, Maria Dumont, Sharon King, Bridgette Duquette, Forand: Claire Vilandre, , Jenny Cardoza, Maria Isaza, Cecilia Duque, Dorothy Arcisz, Michael Arcisz, Theresa Cartier,
Wilfrid: , Fran Ross, Ed Ross
Absent: Gertrudis Valdez, Bob Winders, Stella Sweet, Mary Ross

- **Passed out public notice, 5 year plan and agenda**

- **Passed out list of committee**..took attendance

- Went over a list of projects completed, in operation now, projects in process of getting quotes, projects to be completed in future based on funding

- Bridgette explained the financing structure of the plan and potential HUD cuts in funding

- **Bill explained projects and answered specific questions re the projects**- every project was explained specifically and all had a chance to ask questions

- RAB was given the opportunity for concerns /questions/input:
  -RAB explained the need to replace tubs with walk in showers for easy accessibility and perhaps a handicap installed seat in shower

  -RAB mentioned that the balcony sliders/screens are a safety hazard and if we were to install something new we should consider a safety bar or some type of safety feature because of the dangers of people, especially children having an accident

  -RAB mentioned that unless the new key lock system has very sturdy swipe cards, from her experience in the swipe cards in Forand break very easily.

  -RAB asked if they would still have regular keys for their mailbox if it was changed to card..the answer was yes.

-RAB asked when Forand will be getting new windows

-RAB asked if residents wanted t to donate shrubs for the outside of their building, can they? and will maintenance put them in and care for them?

***It was clearly defined at the beginning of the meeting that the RAB is a forum for the Authority to receive input from the members regarding our project plans and that all comments and requests will be brought back to the Executive Director and the team of senior staff to take all into sincere consideration.**

PUBLIC NOTICE

A DRAFT copy of the Central Falls Housing Authority's (CFHA) Public Housing Agency Plan will be available for public inspection from Monday, April 3, 2012 until Tuesday, May 22, 2012 at the Administrative Office of the Authority at 30 Washington Street, between the hours of 9:00A.M. and 4:00 P.M. This Plan will advise the Department of Housing and Urban Development (HUD), CFHA residents and members of the public, of the Central Falls Housing Authority's mission for serving the needs of low-income and very low-income families, and the Housing Authority's strategy for addressing those needs.

You are invited to make comments on the Plan at a Public Hearing to be held on Tuesday. May 22th 2012 at 2:00 P.M. in the Forand Manor Community Room, 30 Washington Street, Central Falls, Rhode Island. Written comments may be sent to:

Agency Plan Comments
Central Falls Housing Authority
30 Washington Street
Central Falls, Rhode Island 02863

•

Requests for interpreter services for the hearing impaired must be made in writing, to the Authority, at the above address, no later than forty-eight (48) hours prior to the hearing.

Central Falls Housing Authority
Tina Marie Sullivan,
Executive Director

Equal Housing Opportunity

Central Falls Housing Authority Move-in/Move-out Policy

MOVE-IN

Congratulations!

You are eligible and have been accepted for residence at the Central Falls Housing Authority. We take pride in the property and ask that you do as well. You have received handbooks, information, many rules and regulations, keys and a signed lease. Moving into your apartment can be a stressful, time consuming and sometimes a costly endeavor. However, The CFHA feels that once you have accomplished the move, you will feel comfortable and safe within the environment.

We request that you adhere to the rules of "move in" listed below:

- After completion of the orientation, "move in" interview and lease signing, tenant will receive their keys. At that time tenant is ready to move their belongings into the apartment._____(initials)

- Do not bring into the building any items that may cause damages or health/sanitary issues. Do not bring in large quantities of items that may not fit into your unit._____(initials)

- Move-in times are Monday – Friday 8:30am- 4:30pm and extended hours on Wednesday until 6:00pm. Please be advised that these are the Authority's office hours and "move-ins" can ONLY take place during these hours. **There will be no move-ins at night or on the weekend.** Please make arrangements accordingly._____(initials)

- When moving in, please do so from the **back entrance Forand Manor using only the Forand Manor padded elevator or the Wilfrid Manor Hunt St. entrance using the padded elevator only** . This rule is extremely important to follow and we trust that you will abide by our request._____(initials)

- You may use a moving company and they must follow the same schedule and process. When moving, please do not drag your items to cause scratches on the floors. Please be certain that all items are brought into your unit safely and no damages are caused to the property during this time. If damages occur, the cost of the damages will be incurred by the tenant utilizing the tenant charge process. _____(initials)

We request that you adhere to the rules of "move out" listed below:

MOVE-OUT

- A thirty day written notice must be provided when moving out of the Authority. The notice must be sent or delivered to the main office Housing Manager/clerk._____(initials)

- All belongings must be taken with the tenant or disposed of properly and the unit must be cleaned appropriately (all rooms) including cabinets, refrigerator and stove._____(initials)

- Move-out times are Monday – Friday 8:30am- 4:30pm and extended hours on Wednesday until 6:00pm. Please be advised that these are the Authority's office hours, and "move-outs" can ONLY take place during these hours. **There will be no move-outs at night or on the weekend.** Please make arrangements accordingly._____(initials)

- When moving out, please do so from the **back entrance Forand Manor using the Forand Manor padded elevator only or the Wilfrid Manor Hunt St. entrance using the padded elevator only**. This rule is extremely important to follow and we trust that you will abide by our request._____(initials)

- Tenant may use a moving company and they must follow the same schedule and process. When moving, please do not drag your items to cause scratches on the floors. Please be certain that all items are brought out of your unit safely and no damages are caused to the property during this time. _____(initials)

- **ALL keys** are to be turned in to the Housing manager/clerk during office hours. A forwarding address must be given to the Authority staff in order to send any deposit or information to tenant._____(initials)

- A move-out inspection will take place by Authority staff to determine any damages._____(initials)

- If damages or any owed money to the Authority occur, the cost will be incurred by the tenant utilizing the security deposit. _____(initials)

TENANT STATEMENT OF CERTIFICATION

I,_____, certify that I have read and understand the roles and responsibilities(CFHA and tenant) as stated above and agree to perform them in order to successfully move in and/or move out of The Central Falls Housing Authority Public Housing Program.

December 13, 2011

CENTRAL FALLS HOUSING AUTHORITY
BED BUG POLICY

It is the goal of the Central Falls Housing Authority to promote safe, decent, quality housing to our residents. While CFHA has not encountered serious problems with bed bugs, we take all tenant concerns regarding this issue very seriously. Bed bugs are a growing national problem, and as a result, this policy has been created for the Public Housing Program at Forand/Annex and Wilfrid Manors. The purpose of this policy is to set forth the roles and responsibilities of the residents and the CFHA in minimizing the potential for bed bugs. It is imperative that all parties work together toward a common goal, extermination and elimination. Left untreated, bed bugs can spread through the unit apartments affecting current and future tenants and staff.

PUBLIC HOUSING PROGRAM

CFHA Tenant Responsibilities:

- Tenants MUST report to Housing Authority staff immediately if there are any signs of beg bugs and/or any such pests or infestation. (Please read your attached handout on the "Facts of Bed Bugs"). Reporting can be done by calling or coming down to the main office and speaking to the Housing Manager, Housing Clerk or Administration._____(initials)
- Tenant must allow the professional pest control company and a CFHA staff to enter and do a pre-inspection. The tenant can remain in their apartment while the inspection takes place._____(initials)
- If the Pest Control Company determines that there is a bed bug and/or pest infestation issue, there will be a scheduled treatment cycle of the unit. The tenant is responsible to allow the Company and CFHA staff to enter the unit and conduct all necessary treatments.
- The tenant is responsible to prepare their unit according to the standards of bed bug preparation. Prior to preparation the tenant will receive a full guide which will assist you in treatment preparation._____(initials)
- When a tenant unit is found to have bed bugs, this policy indicates that ALL surrounding units must be inspected and treated accordingly as a precautionary measure and for the health and welfare of the residents. **All surrounding units are mandated to be treated**. An inspection and treatment will be scheduled for those units in a timely fashion and a guide to assist in preparation for treatment will be provided to the tenant._____(initials)
- Every tenant that had an initial treatment will undergo at least two additional treatments thereafter. Those of which do not require the initial preparation but do require the tenant to allow the Pest Control and CFHA staff into their unit for both remaining treatments; 30 days after the first treatment and again 30 days after the second treatment for a total of three treatments._____(initials)
- If the initial treatment has been scheduled and the pest control professional determines that the tenant has not fully performed the above stated treatment preparation, the professional pest control treatment may be cancelled and, if cancelled, the tenant will be held financially responsible for all costs incurred from the pest control company. A tenant's failure to fully cooperate with this process may result in the termination of the tenant's lease with the Authority at CFHA's discretion._____(initials)
- If after the professional treatments have been completed and tenant's unit is found to have bed bugs again within six months of the last treatment the cost of the inspection and additional treatments will be the tenant's responsibility. If the tenant refuses treatment and cost thereof, the tenant lease may be terminated at the CFHA's discretion._____(initials). After the six month period it will be the responsibility of the Authority.

CFHA Staff Responsibilities:

- Immediately upon receiving notice of a problem with bed bugs/and/or such pests, an inspection will be scheduled by the CFHA Building Manager. Soon thereafter, a treatment will be scheduled if need be. A letter of notification will be delivered to tenant of when the inspection will be and what will take place during the inspection.
- If after the inspection it is found that a treatment is needed, a letter of notification along with a guide for preparation before treatment will be delivered. This notification will also provide the tenant with the date and approximate time of the treatment.

The guide is a detailed description of "how to prepare a unit apartment prior treatment". The letter and guide is written in English and Spanish.

- The CFHA will incur the cost of inspections and treatments for the infested unit and the surrounding units. THE CFHA will not incur the cost of inspections and/or treatments if tenant responsibilities are not fulfilled (see above responsibilities).
- Upon discretion of the CFHA, assistance in preparation may occur if deemed necessary.

TENANT STATEMENT OF CERTIFICATION

I,_____, certify that I have read and understand the roles and responsibilities(CFHA and tenant) as stated above and agree to perform them in order to successfully eliminate the presence of bed bugs and/or other such pests.

February, 2012

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

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

Part I: Summary

PHA Name: RI004	**Grant Type and Number** Capital Fund Program Grant No: RI43P00450109 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 4)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]				
3	1408 Management Improvements	10400.00	10400.00	10400.00	10400.00
4	1410 Administration (may not exceed 10% of line 21)	40733.00	40733.00	40733.00	40733.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	7420.38	6050.09	6050.09	7420.38
8	1440 Site Acquisition				
9	1450 Site Improvement	19579.62	21537.00	21537.00	21537.00
10	1460 Dwelling Structures	314401.00	316226.06	316226.06	310724.27
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	14800.00	12387.85	12387.25	14800.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				

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

Part I: Summary

PHA Name: RI004	**Grant Type and Number** Capital Fund Program Grant No: RI43P00450109 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2009** **FFY of Grant Approval:**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 4)**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **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				
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)	407,334.00	407,334.00	407,334.00	405,614.65
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director Tina-Marie Sullivan **Date** 6/22/12

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.

Part II: Supporting Pages

PHA Name: RI004	**Grant Type and Number** Capital Fund Program Grant No: RI43P00450109 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
COCC	Administration	1410		40733.00	40733.00	40733.00	40733.00	Complete
						0	0	
RI004000001	Concrete Repair and Replacement	1450		8000.00	7189.00	7189.00	7189.00	Complete
RI004000001	Mgt Improvments Software Upgrade	1408		3900.00	3900.00	3900.00	3900.00	Complete
RI004000001	A&E Fees and Costs	1430		1370.29	0.00	0	1370.29	
RI004000001	Building Envelope Repairs	1460		0.00	105196.16	105196.16	99694.37	
RI004000001	Computer Hardware Upgrade	1475		5000.00	5000.00	5000.00	5000.00	Complete
RI004000001	Replacement of Maintenance Equipment Stripping Machine (2)	1475		4000.00	1824.92	1824.92	1824.92	Complete
RI004000001	Replacement of Tractor	1475		0.00	2335.20	2335.20	2335.20	Complete
RI004000002	Mgt Improvements Software Upgrade	1408		6500.00	6500.00	6500.00	6500.00	Complete
RI004000002	A&E Fees and Costs	1430		6050.09	6050.09	6050.09	6050.09	Complete
RI004000002	Dwelling Generator Upgrade	1460		117211.00	90611.00	90611.00	90611.00	Complete
RI004000002	Concrete Repair and Replacement	1450		9579.62	14348.00	14348.00	14348.00	Complete
RI004000002	Computer Hardware Upgrade	1475		5000.00	3227.73	3227.73	3227.73	Complete
RI004000002	Maintenance Equipment Replacement	1475		800.00	0.00	0.00	2412.15	
						0	0	
RI004000004	Dwelling Boiler Replacement	1460		197190.00	120418.90	120418.90	120418.90	Complete
RI004000004	Concrete Repari and Replacement	1450		2000.00	0.00	0.00	0.00	

[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: RI004	**Grant Type and Number** Capital Fund Program Grant No: RI43P00450109 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
						0	0	
						0	0	
						0	0	
						0	0	

[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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name: RI004					**Federal FFY of Grant: 2009**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
	9/14/2011	9/14/2011	9/14/2013		

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: RI004					**Federal FFY of Grant: 2009**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

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

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

Part I: Summary

PHA Name: RI004	**Grant Type and Number** Capital Fund Program Grant No: RI43004501010 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2010** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no:4)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]				
3	1408 Management Improvements	10,000.00	2,469.64	2,469.64	2,469.64
4	1410 Administration (may not exceed 10% of line 21)	39,000.00	40,659.00	39,000.00	39,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35,000.00	41,944.11	41,944.11	17,286.88
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	287,000.00	282,601.13	211,243.43	75,939.59
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	35,590.00	38,916.12	38,916.12	35,501.92
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				

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

Part I: Summary

PHA Name: RI004	**Grant Type and Number** Capital Fund Program Grant No: RI43004501010 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2010** **FFY of Grant Approval:**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 4)**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **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				
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)	406,590.00	406,590.00	333,575.30	170,198.03
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
Tina-Marie Sullivan	6/22/12		

[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.

Part II: Supporting Pages

PHA Name: RI004	**Grant Type and Number** Capital Fund Program Grant No: RI43004501010 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
COCC	Administration	1410		39,000.00	40,659.00	39,000.00	39,000.00	Complete
RI004000001	Mgt Improvements Software Upgrade	1408		5,000.00	373.88	373.88	373.88	Complete
RI004000001	A & E - Fees and Costs	1430		12,000.00	25,615.39	25,615.39	14,120.36	In Process
RI004000001	Dwelling Circulator Pump Replacement	1460		43,000.00	0.00	0.00	0.00	
RI004000001	Dwelling Trash Compactors Replacement	1460		10,000.00	28,000.00	0.00	0.00	In RFP process
RI004000001	Dwelling Building Envelope	1460		175,130.51	135,303.84	135,303.84		100% Obligate
RI004000001	Non-Dwelling Maintenance Equipment Replacement -Plow	1475		5,000.00	3,945.00	3,945.00	3,945.00	Complete
RI004000002	Mgt Improvments Software Upgrades	1408		5,000.00	2,095.76	2,095.76	2,095.76	Complete
RI004000002	A & E Fees and Costs	1430		12,000.00	14825.10	14825.10	0.00	In Process
RI004000002	Dwelling Trash Compactors Replacement	1460		10,000.00	28,000.00	0.00	0.00	In RFP process
RI004000002	Dwelling Resurfacing Tubs	1460		15,000.00	0.00	0.00	0.00	
RI004000002	Non-Dwelling Computer Hardware Upgrade	1475		5,000.00	8,614.12	8,614.12	5,199.92	In Process
RI004000002	Non-Dwelling New Maintenance Vehicle	1475		25,590.00	26357.00	26,357.00	26357.00	Complete
RI004000004	A & E Fees and Costs	1430		11,000.00	1,503.62	1,503.62	1,503.62	Complete
RI004000004	Non Dwelling Trash Compactors Replacment	1460		10,000.00	15,357.70	0.00	0.00	In RFP Process
RI004000004	Dwelling Boiler Replacement	1460		23,869.49	75,939.59	75,939.59	75,939.59	Complete

[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: RI004	**Grant Type and Number** Capital Fund Program Grant No: RI43004501010 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	

[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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name: RI004 Central Falls Housing Authority					**Federal FFY of Grant: 2010**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
	07/14/2012		07/14/2014		

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					**Federal FFY of Grant: 2010**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

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

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

Part I: Summary

PHA Name: RI004	**Grant Type and Number** Capital Fund Program Grant No: RI43E00450111 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2011** **FFY of Grant Approval: 2011**

Type of Grant
☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost [1]**	
		Original	**Revised[2]**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	$54,875.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				

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

Part I: Summary

PHA Name: RI004	**Grant Type and Number** Capital Fund Program Grant No: RI43E00450111 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2011** **FFY of Grant Approval: 2011**

Type of Grant

☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **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				
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)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
Tina-Marie Sullivan	6/22/12		

[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.

Part II: Supporting Pages

PHA Name: RI004	**Grant Type and Number** Capital Fund Program Grant No: RI43E00450111 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2011**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
Forand 4/4	Upgrade (50) Key Lock Systems	1460		$54,875				

[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: RI004	**Grant Type and Number** Capital Fund Program Grant No: RI43E00450111 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2011**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	

[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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name: RI004					**Federal FFY of Grant: 2011**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
Forand 4/4	3/21/2013		3/21/2014		

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: RI004					**Federal FFY of Grant: 2011**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

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

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

Part I: Summary

PHA Name: RI004	**Grant Type and Number** Capital Fund Program Grant No: RI43004501011 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2011** **FFY of Grant Approval: 2011**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no:1)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	40,848.00	0		
3	1408 Management Improvements	10,000.00	0		
4	1410 Administration (may not exceed 10% of line 21)	37,584.00	37,458.00	37458.00	37458.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	27,000.00	26,040.00	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	61,994.00	0	0	0
10	1460 Dwelling Structures	83,824.00	307,043.94	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	103,334.00	0		
12	1470 Non-dwelling Structures	10,000.00	4,042.06	0	0
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				

[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
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Expires 4/30/2011

Part I: Summary

PHA Name: RI004	**Grant Type and Number** Capital Fund Program Grant No: RI43004501011 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2011** **FFY of Grant Approval:**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 1)**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **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				
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)	374,584.00	374,584.00	37458.00	37458.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
Tina-Marie Sullivan	6/22/12		

[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.

Part II: Supporting Pages

PHA Name: RI004	**Grant Type and Number** Capital Fund Program Grant No: RI43004501011 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2011**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
COCC	Administration	1410		37,584.00	37,458.00	0	0	
RI004000001	A&E Services	1430		10,000.00	23,700.00			
RI004000001	Replace Heat Boiler System	1460			280,436.64	0	0	
RI004000001	Replace Computer Hardware	1475		5,000.00	1,000.00	0	0	
						0	0	
RI004000002	A&E Services	1430		11,000.00	2,340.00	0	0	
RI004000002	Reseal Tubs (15)	1460			13,965.00	0	0	
RI004000002	Replace Computer Hardware	1475		5,000.00	1,042.06	0	0	
RI004000002	Replace Maintenance Equipment	1475			2,000.00			
						0	0	
RI004000004	Replace Trash Compactors	1460			12,642.30	0	0	
						0	0	
COCC	Operations	1406		40.848.00	0	0	0	
RI004000001	Computer Software Upgrade	1408		4,000.00	0	0	0	
RI004000002	Computer Software Upgrade	1408		6,000.00	0	0	0	
RI004000004	A&E Services	1430		6,000.00	0	0	0	
RI004000001	Parking Lot Repair	1450		61,994.00	0			
RI004000001	Wash Paint Seal Envelope	1460		83,824.00				

[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: RI004	**Grant Type and Number** Capital Fund Program Grant No: RI43004501011 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2011**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
RI004000001	Replace Ceiling Fans	1465		38,000.00	0	0	0	
RI004000002	Replace Ceiling Fans	1465		45,334.00	0	0	0	
RI004000004	Replace Ceiling Fans	1465		20,000.00	0	0	0	
						0	0	

[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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: RI004					**Federal FFY of Grant: 2011**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
	08/02/2012		08/02/2015		

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: RI004					**Federal FFY of Grant: 2011**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

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

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

Part I: Summary

PHA Name: RI004	Grant Type and Number Capital Fund Program Grant No: RI43P00450112 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2012 FFY of Grant Approval:

Type of Grant
☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☒ Revised Annual Statement (revision no:2)
☐ Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	50,000.00	0		
3	1408 Management Improvements	10,000.00	0		
4	1410 Administration (may not exceed 10% of line 21)	33,738.00	33,738.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	27,000.00	16,875.00		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	216,650.00	198,775.00		
11	1465.1 Dwelling Equipment—Nonexpendable	0	58,000.00		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	0	30,000.00		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				

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

Part I: Summary

PHA Name: RI004	**Grant Type and Number** Capital Fund Program Grant No: RI43P00450112 Replacement Housing Factor Grant No: Date of CFFP: 02/16/2012	**FFY of Grant:2012** **FFY of Grant Approval:**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 2)**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **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				
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)	337,388.00	337,388.00		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director Tina-Marie Sullivan **Date** 6/22/12

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.

Part II: Supporting Pages

PHA Name: RI004	**Grant Type and Number** Capital Fund Program Grant No: RI43P00450112 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2012**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
COCC	Operations	1406		50,000.00		0	0	
COCC	Administration	1410		33,738.00	33,738.00	0	0	
RI004000001	A&E Fees	1430		10,000.00				
RI004000001	Software & Training	1408		4,000.00		0	0	
RI004000001	Replace Circular Pumps	1460		0	75,000.00	0	0	
RI004000002	A&E Fees	1430		11,000.00		0	0	
RI004000002	Wash Paint Oustide of Building	1460		132,334.00		0	0	
RI004000002	Software & Training	1408		6,000.00		0	0	
RI004000002	Reseal Tubs	1460		0	76,200.00	0	0	
RI004000004	A&E Fees	1430		6,000.00	16,875.00			
RI004000004	Wash Paint Seal Envelope	1460		84,316.00		0	0	
						0	0	
RI004000001	Replace Heat Boiler System	1460		0	47,575.00	0	0	
RI004000001	Replace Doors in Lobby and Stairwells	1465		0	8,000.00	0	0	
RI004000001	Replace Community Room Sliders	1465		0	8,000.00	0	0	
RI004000002	Replace Doors in Lobby and Stairwells	1465		0	12,000.00	0	0	
RI004000002	Replace Balcony Sliding Doors	1465		0	30,000.00	0	0	
RI004000002	Replace Maintenance Vehicle	1475		0	30,000.00			

[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.

Part II: Supporting Pages

PHA Name: RI004	**Grant Type and Number** Capital Fund Program Grant No: RI43P00450112 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2012**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
						0	0	
						0	0	
						0	0	
						0	0	

[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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name: RI004					**Federal FFY of Grant: 2012**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
	03/11/2014		03/11/2016		

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Central Falls Housing Authority					**Federal FFY of Grant: 2012**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

Part I: Summary

PHA Name/Number Central Falls Housing Authority RI004			Locality (City/County & State) Central Falls, RI 02863		☒ **Original 5-Year Plan** ☐ **Revision No:**	
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~~				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		33,738.00	33,738.00	33,738.00	33,738.00
F.	Other		26,250.00	16,875.00		
G.	Operations					
H.	Demolition					
I.	Development		277,400.00	286,775.00	303,650.00	303,650.00
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		$337,388.00	$337,388.00	$337,388.00	$337,388.00

Part I: Summary (Continuation)

PHA Name/Number Central Falls Housing Authority RI004			Locality (City/county & State) Central Falls, RI 02863		☒**Original 5-Year Plan** ☐**Revision No:**	
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____
		Annual Statement				

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 10/1/2012-09/30/2013	Work Statement for Year 2 FFY 10/1/2013-9/30/2014			Work Statement for Year: 3 FFY 10/1/2014-9/30/2015		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	RI004000001/Wilfrid A&E Services		11,250.00	RI004000001/Wilfrid Replace Flooring Lobby-Floor 8		100,000.00
Annual Statement						
	RI004000002/Forand A&E Services		15,000.00	RI004000002/Forand A&E Services		16,875.00
	RI004000002/Forand Replace Refrigerators		52,400.00	RI004000002/Forand Replace Flooring Lobby –Floor 10		186,775.00
	RI004000004/Annex Renovate Kitchens		225,000.00			
	COCC Administration		33,738.00	COCC Administration		33,738.00
	Subtotal of Estimated Cost		$337,388.00	Subtotal of Estimated Cost		$337,388.00

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 10/1/2012-09/30/2013	Work Statement for Year 4 FFY 10/1/2015-09/30/2016			Work Statement for Year: 5 FFY 10/1/2016-09/30/2017		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	COCC Administration		33,738.00	COCC Administration		33,738.00
	RI004000002/Forand Renovate Kitchens		303,650.00	RI004000002/Forand Renovate Kitchens		303,650.00
	Subtotal of Estimated Cost		$337,388.00	Subtotal of Estimated Cost		$337,388.00

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	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				
	Subtotal of Estimated Cost	$	Subtotal of Estimated Cost	$

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	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				
	Subtotal of Estimated Cost	$	Subtotal of Estimated Cost	$

PHA Certifications of Compliance with PHA Plans and Related Regulations

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 X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 10/1/2012, 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.

CENTRAL FALLS HOUSING AUTHORITY	**RI004**
PHA Name	PHA Number/HA Code

__X__ 5-Year PHA Plan for Fiscal Years 2012 - 2016

__X__ Annual PHA Plan for Fiscal Years 2012 - 2016

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: **Cornelius Flynn**	Title: **Chairman**
Signature: Cornelius Flynn	Date: 6/1/12

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.

Central Falls Housing Authority	RI004
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: Cornelius Flynn	Title: Chairman
Signature: Cornelius Flynn	Date: 6/1/12

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, Gayle A. Corrigan the Chief of Staff certify that the Five Year and Annual PHA Plan of the Central Falls Housing Authority is consistent with the Consolidated Plan of The City of Central Falls prepared pursuant to 24 CFR Part 91.

4/24/2012

Signed / Dated by Appropriate State or Local Official

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Central Falls Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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

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

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

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

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

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

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

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

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

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

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

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

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

Forand Manor, 30 Washington Street, Central Falls, RI 02863
Wilfrid Manor, 466 Hunt Street, Central Falls, RI 02863

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	Title
Tina-Marie Sullivan	Executive Director
Signature X Tina-Marie Sullivan	Date 6/22/12

OMB Approval No. 2577-0157 (Exp. 3/31/2010)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Central Falls Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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

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

(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	Title
Tina-Marie Sullivan	Executive Director

Signature	Date (mm/dd/yyyy)
Tina-Marie Sullivan	6/22/2012

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:	2. Status of Federal Action:	3. Report Type:
[A] a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	[B] a. bid/offer/application b. initial award c. post-award	[A] a. initial filing b. material change **For Material Change Only:** year _____ quarter _____ date of last report _____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
[x] Prime [ ] Subawardee Tier _____, *if known*: **Congressional District**, *if known*: 4c	**Congressional District**, *if known*:
6. Federal Department/Agency: Housing Authority	**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: Tina-Marie Sullivan

Print Name: Tina-Marie Sullivan

Title: Executive Director

Telephone No.: 401-727-9090 Date: 6/22/12

Federal Use Only:

Authorized for Local Reproduction
Standard Form LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).

11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.