

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Woodruff Housing Authority, PO Box 715 Woodruff, SC 29388

Program/Activity Receiving Federal Grant Funding

Low Rent Public Housing

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.)

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)

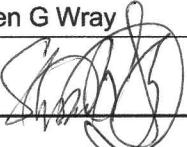
Name of Authorized Official

Stephen G Wray

Title

Executive Director

Signature



Date

4/23/2012

X

Certification of Payments to Influence Federal Transactions

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

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

Applicant Name

Woodruff Housing Authority, PO Box 715, Woodruff, SC 29388

Program/Activity Receiving Federal Grant Funding

Low Rent Public Housing

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

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

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

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

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

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

Name of Authorized Official

Stephen G Wray

Title

Executive Director

Signature



Date (mm/dd/yyyy)

04/23/2012

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		FFY of Grant: 2009	
PHA Name: Woodruff Housing Authority		FFY of Grant Approval: 2009	
Grant Type and Number Capital Fund Program Grant No: SC16P040501-09 Replacement Housing Factor Grant No: Date of CFFP:			

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/12	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
			Total Estimated Cost Revised ²	Total Actual Cost ¹ Expended
1	Total non-CFP Funds			
2	1406 Operations (may not exceed 20% of line 21) ³		16000	16000
3	1408 Management Improvements			
4	1410 Administration (may not exceed 10% of line 21)		6500	0
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs		10000	10000
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures			
11	1465.1 Dwelling Equipment—Nonexpendable		100000	100000
12	1470 Non-dwelling Structures		16616	16616
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		FFY of Grant: 2009	
PHA Name: Woodruff Housing Authority	Grant Type and Number Capital Fund Program Grant No: SC16P040501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 8/30/2011		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
Line	Original	Revised²	Obligated
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)	7500	7500
20	Amount of Annual Grant:: (sum of lines 2 - 19)	156616	156616
21	Amount of line 20 Related to IBP 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	100000	100000
Signature of Executive Director		Date 03/31/2012	Signature of Public Housing Director
			Date

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

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

Part I: Summary		FFY of Grant: 2010	
PHA Name: Woodruff Housing Authority		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: SC16PO4050110 Replacement Housing Factor Grant No: Date of CFFP:			

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2012	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
				Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³			20000		20000	19965
3	1408 Management Improvements			7500		7500	7500
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit			3000		3000	0
6	1415 Liquidated Damages						
7	1430 Fees and Costs			15000		15000	10110
8	1440 Site Acquisition						
9	1450 Site Improvement			10000		10000	9546
10	1460 Dwelling Structures			80000		80000	80000
11	1465.1 Dwelling Equipment—Nonexpendable			7000		7000	7000
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment			5000		5000	5000
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

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

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

Part I: Summary		FFY of Grant: 2010	
PHA Name: Woodruff Housing Authority	Grant Type and Number Capital Fund Program Grant No: SC16P040501010 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2012 <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Type of Grant			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Revised²
		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)	6789	6789
20	Amount of Annual Grant:: (sum of lines 2 - 19)	154289	154289
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	80000	80000
Signature of Executive Director		Date 3/31/12	Signature of Public Housing Director
			Date

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary		PHA Name: Woodruff Housing Auth		Grant Type and Number Capital Fund Program Grant No: SC16P040501-11 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval: 2011	
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2012	Summary by Development Account	Original	Revised Annual Statement (revision no:) <input type="checkbox"/> Revised Cost <input type="checkbox"/> Final Performance and Evaluation Report		Obligated	Total Actual Cost ¹
				Total Estimated	Expended		
1		Total non-CFP Funds					
2		1406 Operations (may not exceed 20% of line 21) ³	12201			0	0
3		1408 Management Improvements	7500			0	0
4		1410 Administration (may not exceed 10% of line 21)					
5		1411 Audit	3000			0	0
6		1415 Liquidated Damages					
7		1430 Fees and Costs	12000			0	0
8		1440 Site Acquisition					
9		1450 Site Improvement					
10		1460 Dwelling Structures	80000			0	0
11		1465.1 Dwelling Equipment—Nonexpendable	8000			0	0
12		1470 Non-dwelling Structures					
13		1475 Non-dwelling Equipment	8500			0	0
14		1485 Demolition					
15		1492 Moving to Work Demonstration					
16		1495.1 Relocation Costs					
17		1499 Development Activities ⁴					

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

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

Part I: Summary		FFY of Grant: 2011	
PHA Name: Woodruff Housing Authority	Grant Type and Number Capital Fund Program Grant No: SC16FP04050111 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2011	

<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2012		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
Line		Original	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)	131201	0
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	6300	
Signature of Executive Director		Date 3/31/2012	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.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: SC16P040501-12 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2012 FFY of Grant Approval: 2012	
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Line	Summary by Development Account	Type of Grant		Revised Annual Statement (revision no:)		Total Actual Cost ¹
		<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:)	<input type="checkbox"/> Final Performance and Evaluation Report	
		Original		Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	15000			0	0
3	1408 Management Improvements	5000			0	0
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit	3000			0	0
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition	10000			0	0
9	1450 Site Improvement					
10	1460 Dwelling Structures	66120			0	0
11	1465.1 Dwelling Equipment—Nonexpendable	8000			0	0
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	8500			0	0
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

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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		FFY of Grant: 2012	
PHA Name: Woodruff Housing Authority	Grant Type and Number Capital Fund Program Grant No: SC16P04050112 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2012	

<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2012		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
Line	Description	Original	Revised²
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)	115620	0
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 3/31/2012	Signature of Public Housing Director
			Date

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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.

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary Woodruff Housing Authority

PHA Name/Number SC 040		Locality (City/County & State)		Woodruff/Spartanburg, SC		Original 5-Year Plan 2012 Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY	Work Statement for Year 3 FFY	Work Statement for Year 4 FFY	Work Statement for Year 5 FFY	
B.	Physical Improvements Subtotal	Annual Statement 162500		174000	162000	160000	
C.	Management Improvements	18000		7000	5000	7000	
D.	PHA-Wide Non-dwelling Structures and Equipment						
E.	Administration	7000		7000	5000	5000	
F.	Other Audit	3000		3000	3000	3000	
G.	Operations	10000		8000	7500	7000	
H.	Demolition						
I.	Development						
J.	Capital Fund Financing - Debt Service						
K.	Total CFP Funds	211500		199000	182500	182000	
L.	Total Non-CFP Funds						
M.	Grand Total	211500		199000	182500	182000	

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.

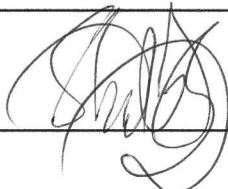
Woodruff Housing Authority

SC 040

 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		Stephen G Wray		Title		Executive Director	
Signature				Date		04/23/2012	

**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, Stephanie Monroe the City Manager certify that the Five Year and
Annual PHA Plan of the Woodruff Housing Authority is consistent with the Consolidated Plan of
Click to Enter Jurisdiction Name prepared pursuant to 24 CFR Part 91.

Stephanie Monroe Tillman 5/17/12

Signed / Dated by Appropriate State or Local Official

WOODRUFF Housing Authority

PO Box 715 110 Miller Drive Woodruff, South Carolina 29388
Voice 864-476-7043 Facsimily 864-476-8969 whaadmin@att.net

There were no comments received on our five year plan. We are planning on implementing it as is.



Steve Wray

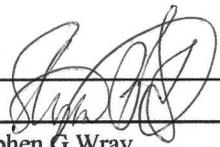
Executive Director

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> A b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> A b. initial award c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input checked="" type="checkbox"/> A b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4th SC 4 th	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: Department of Housing and Urban Development	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known: SC16P04050112	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): NONE	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): 	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: <u>Stephen G Wray</u> Title: <u>Executive Director</u> Telephone No.: <u>864-4576-7043</u> Date: <u>4/23/2012</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

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

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

Part I: Summary

PHA Name: Woodruff Housing Authority	Grant Type and Number Capital Fund Program Grant No: SC16P040501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/12	Summary by Development Account	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹	
				Original	Total Estimated Cost 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					
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					

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 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: **Woodruff Housing Authority**
 Grant Type and Number: **Capital Fund Program Grant No: SC16P040501-09**
 Replacement Housing Factor Grant No:
 Date of CFFP:

FFY of Grant: **2009**
 FFY of Grant Approval:

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending: 8/30/2011
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹	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)	7500			5442	
20	Amount of Annual Grant:: (sum of lines 2 - 19)	156616			148058	
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	100000			100000	
Signature of Executive Director		Date 03/31/2012		Signature of Public Housing Director		Date

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

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

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

Part I: Summary		PHA Name: Woodruff Housing Authority		Grant Type and Number Capital Fund Program Grant No: SC16PO4050110 Replacement Housing Factor Grant No: Date of CFFP:		FY of Grant: 2010 FY of Grant Approval:	
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2012	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report	Summary by Development Account	Original	Revised Annual Statement (revision no:) <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹
					Total Estimated Cost	Revised ²	
1			Total non-CFP Funds				
2			1406 Operations (may not exceed 20% of line 21) ³	20000		20000	19965
3			1408 Management Improvements	7500		7500	7500
4			1410 Administration (may not exceed 10% of line 21)				
5			1411 Audit	3000		3000	0
6			1415 Liquidated Damages				
7			1430 Fees and Costs	15000		15000	10110
8			1440 Site Acquisition				
9			1450 Site Improvement	10000		10000	9546
10			1460 Dwelling Structures	80000		80000	80000
11			1465.1 Dwelling Equipment—Nonexpendable	7000		7000	7000
12			1470 Non-dwelling Structures				
13			1475 Non-dwelling Equipment	5000		5000	5000
14			1485 Demolition				
15			1492 Moving to Work Demonstration				
16			1495.1 Relocation Costs				
17			1499 Development Activities ⁴				

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

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

Part I: Summary		FY of Grant: 2010	
PHA Name: Woodruff Housing Authority	Grant Type and Number Capital Fund Program Grant No: SC16P040501010 Replacement Housing Factor Grant No: Date of CFFP:	FY of Grant Approval:	

Type of Grant Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 3/31/2012 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	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)	6789			6789		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	154289			154289		132022
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	80000			80000		80000
Signature of Executive Director		Date 3/31/12		Signature of Public Housing Director		Date	

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

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

Part I: Summary		PHA Name: Woodruff Housing Auth		Grant Type and Number Capital Fund Program Grant No: SC16P040501-11 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval: 2011	
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2012	Summary by Development Account	Original	Revised Annual Statement (revision no:) <input type="checkbox"/> Revised Annual Statement and Evaluation Report <input type="checkbox"/> Final Performance and Evaluation Report		Obligated	Total Actual Cost ¹
				Total Estimated Cost	Revised ²		
1		Total non-CFP Funds					
2		1406 Operations (may not exceed 20% of line 21) ³	12201			0	0
3		1408 Management Improvements	7500			0	0
4		1410 Administration (may not exceed 10% of line 21)					
5		1411 Audit	3000			0	0
6		1415 Liquidated Damages					
7		1430 Fees and Costs	12000			0	0
8		1440 Site Acquisition					
9		1450 Site Improvement					
10		1460 Dwelling Structures	80000			0	0
11		1465.1 Dwelling Equipment—Nonexpendable	8000			0	0
12		1470 Non-dwelling Structures					
13		1475 Non-dwelling Equipment	8500			0	0
14		1485 Demolition					
15		1492 Moving to Work Demonstration					
16		1495.1 Relocation Costs					
17		1499 Development Activities ⁴					

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

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

Part I: Summary		FFY of Grant: 2011	
PHA Name: Woodruff Housing Authority	Grant Type and Number Capital Fund Program Grant No.: SC16P04050111 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2011	

<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2012		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
Line		Original	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)	131201	0
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	6300	
Signature of Executive Director		Date 3/31/2012	Signature of Public Housing Director
			Date

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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		Grant Type and Number Capital Fund Program Grant No: SC16F040501-12 Replacement Housing Factor Grant No: Date of CFFP:		FY of Grant: 2012 FY of Grant Approval: 2012	
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Line	Summary by Development Account	Type of Grant		Revised Annual Statement (revision no:)		Total Actual Cost ¹	
		<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:)	<input type="checkbox"/> Final Performance and Evaluation Report	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³	15000		0		0	0
3	1408 Management Improvements	5000		0		0	0
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit	3000		0		0	0
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition	10000		0		0	0
9	1450 Site Improvement						
10	1460 Dwelling Structures	66120		0		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	8000		0		0	0
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment	8500		0		0	0
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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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		FFY of Grant: 2012	
PHA Name: Woodruff Housing Authority	Grant Type and Number Capital Fund Program Grant No: SC16P04050112 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2012	

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)	115620	0	0	0
21	Amount of line 20 Related to IBP 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 3/31/2012	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.
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⁴ RHF funds shall be included here.

