

**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:*

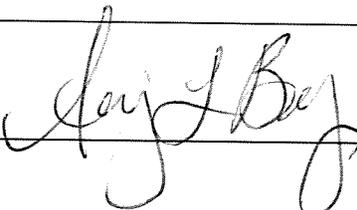
The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Housing Authority of McColl

SC048

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 <b>Anthony Bollinger</b>	Title <b>Chairman</b>
Signature 	Date <b>23 May 2012</b>

Attachment SC048b01  
**Certification for  
 a Drug-Free Workplace**

U.S. Department of Housing  
 and Urban Development

Applicant Name

Housing Authority of McColl

Program/Activity Receiving Federal Grant Funding

Capital Funds

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 ---

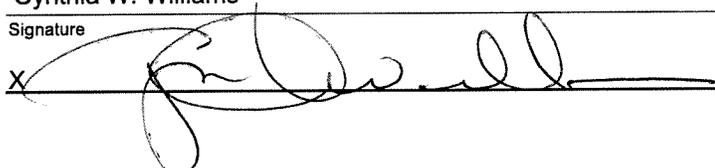
- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing, within ten calendar days after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

East Crest Apartment  
 205-35 Gilchrist Avenue  
 McColl, SC 29570  
 (Marlboro County)

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 Cynthia W. Williams	Title Executive Director
Signature 	Date 5/29/12

# Certification of Payments to Influence Federal Transactions

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

Attachment SC048c01

Applicant Name

Housing Authority of McColl

Program/Activity Receiving Federal Grant Funding

Capital Fund

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

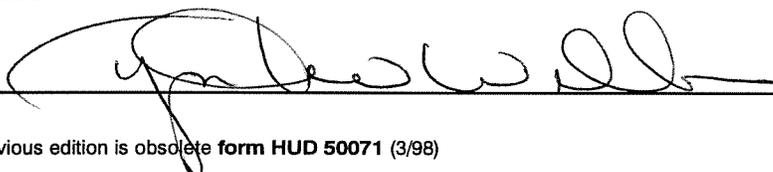
Cynthia W. Williams

Title

Executive Director

Signature

Date (mm/dd/yyyy)

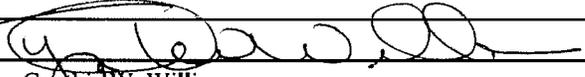


5/29/12

**DISCLOSURE OF LOBBYING ACTIVITIES**

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

(See reverse for public burden disclosure.)

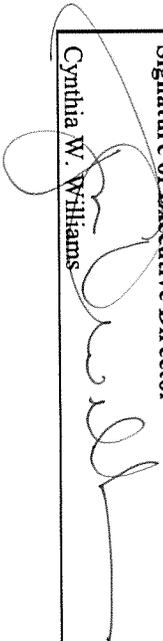
<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Housing Authority of McColl 205-35 Gilchrist Avenue McColl, SC 29570  <b>Congressional District, if known: 4c</b>	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   <b>Congressional District, if known:</b>	
<b>6. Federal Department/Agency:</b>  Public Housing	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: <u>Cynthia W. Williams</u> Title: <u>Executive Director</u> Telephone No.: <u>843-669-4163</u> Date: <u>5/29/12</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

**Part I: Summary**

<b>PHA Name:</b> Housing Authority of McColl	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P04850112 Date of CFFP _____	<b>FFY of Grant:</b> 2012 <b>FFY of Grant Approval:</b> 2012
Replacement Housing Factor Grant No:		

Line No.	Summary by Development Account	Original	Revised	Obligated	Expended
		Total Estimated Cost		Total Actual Cost	
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	\$1,500			
4	1410 Administration	\$4,367			
5	1411 Audit	\$2,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$5,750			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$27,400			
11	1465.1 Dwelling Equipment--Nonexpendable	\$3,500			
12	1470 Non-Dwelling Structures				
13	1475 Non-Dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
18a	1501 Collateralization or Debt Service paid by the PHA				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant. (sum of lines 2-19)	\$44,517			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security--Soft Costs				
24	Amount of line 20 Related to Security--Hard Costs	\$1,500			
25	Amount of line 20 Related to Energy Conservation Measures	\$3,500			

Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Part I: Summary		FFY of Grant:
PHA Name: Housing Authority of McColl	Grant Type and Number Capital Fund Program Grant No: SC16P04850112 Date of CFFP _____	2012
<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"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report		FFY of Grant Approval: 2012
Signature of Executive Director  Cynthia W. Williams	Date June 28, 2012	Signature of Public Housing Director
		Date

**Part II: Supporting Pages**

PHA Name:

Housing Authority of McColl

Grant Type and Number

Capital Fund Program Grant No: SC16P04850112  
 Replacement Housing Factor Grant No:

CFPP (Yes/No): No

FFY of Grant:

2012

Development Number/PHA-Wide Activities	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Management	Security Patrols	1408	1 Officer	\$1,500				
HA Wide Administration	1) IFB/RFP Advertising Costs	1410	N/A	\$867				
	2) CFP Management Fee	1410	N/A	\$3,500				
HA Wide Audit	CFP Audit Costs	1411	4 Years	\$2,000				
HA Wide Fees/Costs	1) Annual UPCC Inspections	1430	1 Firm	\$350				
	2) Construction Inspection Costs	1430	2 Staff	\$5,400				
48-1 Eastcrest	Gutters & Downspouts	1460	16 Bldgs	\$27,400				
HA Wide Dwelling Equip.	Appliances	1465	6 Units	\$3,500				













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 3/31/2014

<b>Part I: Summary</b>		<b>FFY of Grant:</b> 2011	
PHA Name: Housing Authority of McColl	Grant Type and Number Capital Fund Program Grant No: SC16P04830111 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval:</b> 2011	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2012	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: / <input type="checkbox"/> Final Performance and Evaluation Report		Obligated	Total Actual Cost <sup>1</sup>	
			Original	Revised <sup>2</sup>		Expended	
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		\$4,500	\$4,500	\$4,500	0	0
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)		\$5,040	\$5,040	\$5,040	\$5,040	\$5,040
5	1411 Audit		\$2,000	\$2,000	\$2,000	0	0
6	1415 Liquidated Damages						
7	1430 Fees and Costs		\$5,750	\$5,697	\$5,697	\$1,017	\$1,017
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures		\$30,100	\$30,153	\$20,778	\$20,778	\$20,778
11	1465.1 Dwelling Equipment—Nonexpendable		\$3,500	\$3,500	0	0	0
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

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

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

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

Part I: Summary

PHA Name: Housing Authority of McCall	Grant Type and Number Capital Fund Program Grant No: SC116P04850111 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval: 2011
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Type of Grant  
 Original Annual Statement  
 Reserve for Disasters/Emergencies

Performance and Evaluation Report for Period Ending: 3/31/2012

Revised Annual Statement (revision no: 1)  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of lines 2 - 19)		\$50,890	\$50,890		\$38,015	\$26,834
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		\$3,500	\$3,500		0	0

Signature of Executive Director  
 Cynthia W. Williams  
 Date: April 1, 2012

Signature of Public Housing Director  
 Eric A. Bickley  
 Director  
 Public Housing Program Center

Date: 6/26/12

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 II: Supporting Pages

PHA Name:  
 Housing Authority of McCall

Grant Type and Number  
 Capital Fund Program Grant No: SC16P04850111  
 CFPP (Yes/ 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide Operations	Operations	1406	N/A	\$4,500	\$4,500	\$4,500	0	N/A
HA Wide Administration	1) IFB/RFP Advertising Costs	1410	N/A	\$540	\$540	\$540	\$540	Complete
	2) CFP Management Fee	1410	N/A	\$4,500	\$4,500	\$4,500	\$4,500	Complete
HA Wide Audit	CFP Audit Costs	1411	4 Years	\$2,000	\$2,000	\$2,000	0	Contract Signed
HA Wide Fees & Costs	1) Annual UPICS Inspections	1430	1 Firm	\$350	\$297	\$297	0	Contract Signed
	2) Construction Inspection Costs	1430	2 Staff	\$5,400	\$5,400	\$5,400	\$1,017	Ongoing Expenditure
48-1 Eastrest	1) Interior Doors & Hardware	1460	34 Units	\$30,100	\$20,778	\$20,778	\$20,778	Complete
	2) Gutters & Downspouts	1460	16 Bldgs	0	\$9,375	0	0	Shift From 5-Year Plan
HA Wide Dwelling Equipment	Appliances	1465	6 Units	\$3,500	\$3,500	0	0	Preparing IFB

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

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

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

Part III: Implementation Schedule for Capital Fund Financing Program  
 PHA Name: Housing Authority of McColl

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
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide Operations	8/2/2013	9/30/2011	8/2/2015		
HA Wide Administration	8/2/2013	3/31/2012	8/2/2015	3/31/2012	
HA Wide Audit	8/2/2013	9/30/2011	8/2/2015		
HA Wide Fees & Costs	8/2/2013	3/31/2012	8/2/2015		
48-1 Eastcrest	8/2/2013		8/2/2015		
HA Wide Dwelling Equipment	8/2/2013		8/2/2015		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1957, 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: Housing Authority of McColl

Grant Type and Number  
 Capital Fund Program Grant No: SC16P04850110  
 Date of CFFP

Replacement Housing Factor Grant No:

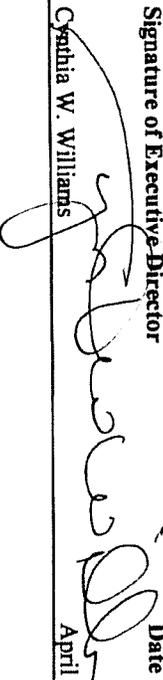
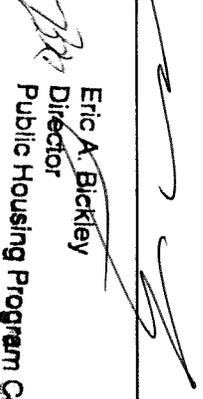
FFY of Grant: 2010  
 FFY of Grant Approval: 2010

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$4,500		\$4,500	\$4,500
3	1408 Management Improvements				
4	1410 Administration	\$5,920		\$5,920	\$5,920
5	1411 Audit	\$2,000		\$2,000	\$500
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$5,697		\$5,697	\$5,697
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$41,183		\$41,183	\$41,183
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				
18a	1501 Collateralization or Debt Service paid by the PHA				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$59,300		\$59,300	\$57,800
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security—Soft Costs				
24	Amount of line 20 Related to Security—Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

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

Part I: Summary

PHA Name: Housing Authority of McColl		Grant Type and Number Capital Fund Program Grant No: SC16P04850110 Replacement Housing Factor Grant No: Date of CFFP _____		FFY of Grant: 2010
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		FFY of Grant Approval: 2010
<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		
Signature of Executive Director  Cynthia W. Williams		Date April 1, 2012		
		Signature of Public Housing Director 		Date 6/26/12

Eric A. Bickley  
 Director  
 Public Housing Program Center





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

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

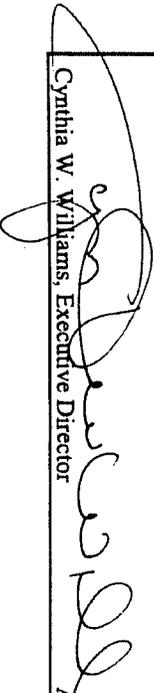
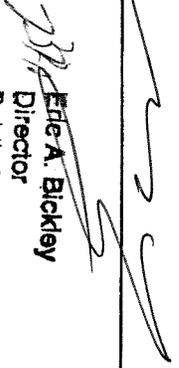
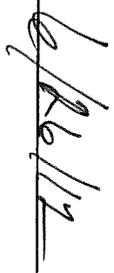
**Part I: Summary**

PHA Name: Housing Authority of McColl	Grant Type and Number Capital Fund Program Grant No: SC16F04850109 Date of CFFP _____	Replacement Housing Factor Grant No:	FFY of Grant: 2009
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2012 <input type="checkbox"/> Final Performance and Evaluation Report			FFY of Grant Approval: 2009

Line No.	Summary by Development Account	Original Total Estimated Cost	Revised	Obligated Total Actual Cost	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$1,382		\$1,382	\$1,382
3	1408 Management Improvements	\$1,700		\$1,700	0
4	1410 Administration	\$5,700		\$5,700	\$5,700
5	1411 Audit	\$2,000		\$2,000	\$1,500
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$5,884		\$5,884	\$5,884
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$40,500		\$40,500	\$40,500
11	1465.1 Dwelling Equipment—Nonexpendable	\$3,300		\$3,300	\$3,300
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				
18a	1501 Collateralization or Debt Service paid by the PHA				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)		\$60,466	\$60,466	\$58,266
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security—Soft Costs				
24	Amount of line 20 Related to Security—Hard Costs		\$1,700	\$1,700	0
25	Amount of line 20 Related to Energy Conservation Measures		\$3,470	\$3,470	\$3,470

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

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

<b>Part I: Summary</b>		<b>FFY of Grant:</b> 2009
<b>PHA Name:</b> Housing Authority of McCoil	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P04850109 Date of CFFP _____	<b>FFY of Grant Approval:</b> 2009
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no.): _____ <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2012 <input type="checkbox"/> Final Performance and Evaluation Report		
<b>Signature of Executive Director</b>	<b>Date</b>	<b>Signature of Public Housing Director</b>
 Cynthia W. Williams, Executive Director	April 1, 2012	 Eric A. Bickley Director Public Housing Program Center
		

Annual Statement/Performance and Evaluation Report  
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 Expires 4/30/2011

**Part II: Supporting Pages**

PHA Name: **Housing Authority of McColl** Grant Type and Number: **Capital Fund Program Grant No: SC16P04850109** CFFP (Yes/No): **No** FFY of Grant: **2009**  
 Replacement Housing Factor Grant No:

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Operations	1406	N/A	\$1,382		\$1,382	\$1,382	Complete
HA Wide Management	Security Patrols	1408	1 Officer	\$1,700		\$1,700	0	Contract Signed
HA Wide Administration	CFP Management Fee	1410	N/A	\$5,700		\$5,700	\$5,700	Complete
HA Wide Audit	CFP Audit Costs	1411	4 Years	\$2,000		\$2,000	\$1,500	Ongoing Expenditure
HA Wide Fees/Costs	1) Annual UPCS Inspections 2) Energy Audit (5 Year) 3) Construction Inspection Costs	1430	1 Firm	\$314		\$314	\$314	Complete
		1430	1 Firm	\$170		\$170	\$170	Complete
		1430	2 Staff	\$5,400		\$5,400	\$5,400	Complete
48-1 Eastcrest	Roofing	1460	16 Bldgs.	\$40,500		\$40,500	\$40,500	Complete
HA Wide Dwelling Equip.	Appliances	1465	5 Units	\$3,300		\$3,300	\$3,300	Complete

