

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 8/31/2011

Part I: Summary
 PHA Name: **Arkansas Pass Housing Authority**
 Grant Type and Number: **CFG TXS9P31350112**
 Capital Fund Program Grant No:
 Replacement Housing Factor Grant No:
 Date of CFPP: 03/12/12

FFY of Grant: **2012-13**
 FFY of Grant Approval:
03/12/12

Line	Type of Grant	Original	Total Estimated Cost		Obligated	Total Actual Cost ¹	
			Revised ²	Revised ²		Expended	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³	10,000			-0-		-0-
3	1408 Management Improvements	10,000			-0-		-0-
4	1410 Administration (may not exceed 10% of line 21)	10,000			-0-		-0-
5	1411 Audit	6,000					
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition				64,666		-0-
9	1450 Site Improvement	72,666			-0-		-0-
10	1460 Dwelling Structures	10,000			-0-		-0-
11	1465.1 Dwelling Equipment—Nonexpendable	15,000					
12	1470 Non-dwelling Structures				-0-		-0-
13	1475 Non-dwelling Equipment	3,000					
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 in

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Part I: Summary

PHA Name: **Aransas Pass Housing Authority**
 Grant Type and Number: **CFG TX59P31350112**
 Capital Fund Program Grant No:
 Replacement Housing Factor Grant No:
 Date of CFP: **03/12/12**

FFY of Grant: **2012-13**
 FFY of Grant Approval: **03/12/12**

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

Revised Annual Statement (revision no:)
 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)	136,666		64,666	
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 <i>[Signature]</i>		Date 03/21/12	Signature of Public Housing Director		Date

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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2012-13				
PHA Name: Aransas Pass Housing Authority		CFR TX 59P31350112						
		Capital Fund Program Grant No:						
		CFPP (Yes/No):						
		Replacement Housing Factor Grant No:						
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		
TX313 HA Wide				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	Operations	1406		10,000				
	Mngmt. Improvements	1408		10,000				
	Administration	1410		10,000				
	Audit	1411		6,000				
	Site Improvements	1450		8,000				
	Landscaping			48,000		48,000		
	Water Taps			16,666		16,666		
	Security Lighting							
	Dwelling Structures	1460		6,000				
	Kitchen/Bath Upgrades			2,000				
	Storage Closet Repairs			2,000				
	Interior Paint							
	Dwelling Equipment	1465.1		15,000				
	Range/Refrigerators/Hot Water Heaters							
	Non Dwelling Equipment	1475		3,000				
	Lawn and Garden							

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.

2012 Capital Fund

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

Capital Fund Program
(CFP) Amendment
To The Consolidated Annual Contributions

Contract (Form HUD-53012)

Whereas, (Public Housing Authority) Arkansas Pass Housing Authority (TX313) (herein called the "PHA") and the United States of America, Secretary of Housing and Urban Development (herein called "HUD") entered into Consolidated Annual Contributions Contracts (ACCs) Numbers(s) 4004 dated 1/31/1996

Whereas, HUD has agreed to provide CFP assistance, upon execution of this Amendment, to the PHA in the amount to be specified below for the purpose of assisting the PHA in carrying out capital and management activities at existing public housing developments in order to ensure that such developments continue to be available to serve low-income families. HUD reserves the right to provide additional CFP assistance in this FY to the PHA. HUD will provide a revised ACC Amendment authorizing such additional amounts.

\$ 136,656.00 for Fiscal Year 2012 to be referred to under Capital Fund Grant Number TX59P3135012
DUNS Number: On File
PHA Tax Identification Number (TIN): On File

Whereas, HUD and the PHA are entering into the CFP Amendment Number

Now Therefore, the ACC(s) is (are) amended as follows:
1. The ACC(s) is (are) amended to provide CFP assistance in the amount specified above for capital and management activities of PHA developments. This amendment is a part of the ACC(s).

2. The capital and management activities shall be carried out in accordance with all HUD regulations and other requirements applicable to the Capital Fund Program.

3. (Check one)

a. For Non-qualified PHAs:

(i) In accordance with the HUD regulations, the Annual PHA Plan has been adopted by the PHA and approved by HUD, and may be amended from time to time. The capital and management activities shall be carried out as described in the CFP Annual Statement/Performance and Evaluation Report (HUD-50075.1).

OR
(ii) If the Annual PHA Plan has not been adopted by the PHA and approved by HUD, the PHA may use its CFP assistance under this contract for work items contained in its CFP Five-Year Action Plan (HUD-50075.2), before the Annual PHA Plan is approved.

b. For Qualified PHAs:

(i) The CFP Annual Statement/Performance and Evaluation Report (HUD-50075.1) has been adopted by the PHA and verified by HUD. The capital and management activities shall be carried out as described therein.

(ii) If the CFP Annual Statement/Performance and Evaluation Report has not been adopted by the PHA and/or verified by HUD, the PHA may use its CFP assistance under this contract for work items contained in its approved CFP 5-Year Action Plan (HUD-50075.2), before the CFP Annual Statement/Performance and Evaluation Report is adopted by the PHA and verified by HUD.

For cases where HUD has approved a Capital Fund Financing Amendment to the ACC (CFP Amendment attached), HUD will deduct the payment for amortization scheduled payments from the grant immediately on the effective date of this CFP Amendment. The payment of CFP funds due per the amortization schedule will be made directly to a designated trustee (Trustee Agreement attached) within 3 days of the due date.

Regardless of the selection above, the 24 month time period in which the PHA must obligate this CFP assistance pursuant to section 90(1) of the United

The parties have executed this Agreement, and it will be effective on March 12, 2012. This is the date on which CFP assistance becomes available to the PHA for obligation.

U.S. Department of Housing and Urban Development	By	Title
Date: 3/21/12	PHA Executive Director	Executive Director

Witness your Honoring Authority

The Resident Mr. Board for
No Arguments but please what
is being done.

Certification of Payments to Influence Federal Transactions

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

Arkansas Pass Housing Authority
Applicant Name

Arkansas Pass Housing Authority
Program/Activity Receiving Federal Grant Funding

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

Title

LAURA SIMIANKO

Executive Director

Signature

Date (mm/dd/yyyy)

Laura Simianko

3/23/12

Civil Rights Certification

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

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

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

Arkansas Pass Housing Authority
PHA Name

TX 313
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	Title
<u>Ann P. Melton</u>	<u>Board Chairman</u>
Signature	Date
<u>Ann P. Melton</u>	<u>3/29/12</u>

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: <u>Aransas Pass</u> PHA Code: <u>TX313</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2012</u>																											
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>117</u> Number of HCV units: <u>211</u>																											
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																											
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																											
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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:						
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 Aransas Pass Housing Authority is aggressively seeking to serve the low, very low and extremely low income families, the elderly and disabled in our community with decent, safe, and affordable living quarters.																											
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. In the next five years, we hope to be able to serve more of the growing number of elderly and disabled individuals who are being forced out of their homes by our spiraling economy. We also have set a goal of reaching, and maintaining, 95% or greater occupancy. Another of our goals is to hire a Self Sufficiency Coordinator to implement and coordinate programs we have begun in the areas of adult literacy, positive parenting, cooking nutritious meals, and additional educational classes for GED and English As A Second Language.																											
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: There have been no revisions (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. 254 N. 13th St. Aransas Pass, Texas 78336																											
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> We have none of these programs																											
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 <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. In 2010, with the cooperation of the Aransas Pass Police Dept. A Neighborhood Watch Program was established and has continued to function in a positive and effective manner. We have made a substantial modification in use of the CFG in order to better service the residents of the complex.																											

8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	Capital Fund Financing Program (CFPP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
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. The housing needs in our community and surrounding area are becoming more serious each month. Many elderly and young families are losing their homes due to the spiraling economy. The supply of Public Housing is nowhere near what is needed to meet their needs Our public housing is accessible to many but not to all due to the need to be able to keep up with paying the utilities. Even if their income based rent is only a few dollars, they still have the high rising costs of utilities. More and more we are seeing grown children moving back into their parent's homes to help each other with the ever increasing costs of electricity, gas, water and other needs. Families are co-habituating now much as almost 100 years ago when we were primarily an agricultural society. Our Section 8 waiting list has been closed and will remain closed until further notice.
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. We measure our progress in the attitude of the residents. Our residents have formed a Neighborhood Watch and a Resident Association that has become very active in helping the Housing Community. We have encouraged them to encourage their neighbors to come to the various self help classes we have recently offered. We have residents who moved out of the PHA, wanting to apply to move back in now that it is cleaned up and they see progress being made. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Significant amendment is defined as changing the use of the funds from the designated to another deferent category, "Substantial deviation modification is when the modification represents 50 % or more of the whole.
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, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (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, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

Aransas Pass Housing Authority
 Operations Budget 2012-2013
 Based on 95% Occupancy

Description of Account	Public Housing	Section 8
INCOME		
Gross Potential Rent Revenue	\$153,120	
Late Fees/ Lease Violations	7,000	
Total Rent Revenue Potential	160,120	
Operating Subsidy	219,000	
Capital Fund Grant	160,000	605,196
TOTAL GROSS POTENTIAL INCOME	539,120	605,196
EXPENSES		
Conventions/Meetings	\$ 10,000	3,000
Employer Contributions	30,000	7,000
Adv./Marketing	2,500	
Office Supplies	2,500	2,500
Office Salaries	68,885	80,325
Staff training/travel	6,000	4,000
Adm. Contracts	20,000	
Publications/Dues	4,000	
Legal Expenses	2,000	
Audit Expenses	8,000	
Postage	1,500	1,500
Tenant Services	2,000	
Miscel.	4,000	
TOTAL ADM. EXPENSES	161,383	97,825
UTILITIES		
Electricity	20,000	20,000
Water/Sewer	2,000	2,000
Natural Gas	500	500
Phones(Office/Cells, cable, internet)	2,100	2,100
TOTAL UTILITIES	24,600	24,600
OPERATING/MAINTENANCE EXP.		
Payroll	103,480	
Employer Contributions	25,000	
Supplies/Materials	70,000	
Contracts	30,000	
Garbage/Trash removal	13,000	
TOTAL OPERATING/MAINT. EXP	241,480	
TAXES/INSURANCE		
PILOT (Real Estate)	7,500	
Property/Liability/Hazard	5,000	
Workman's Comp	1,800	
Health/Other Employee Ins.	25,000	
TOTAL TAXES/INSURANCE	39,300	
TOTAL COST OF OPERATIONS	466,763	122,425
APPROVED Jan 5, 2012		
RESOLUTION 12-11-157		

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: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: <u>27</u>	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Laura Simank</u> Print Name: <u>LAURA Simank</u> Title: <u>Executive Director</u> Telephone No.: <u>(361) 758-3032</u> Date: <u>3/23/12</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

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
OMB# 2577-0226
Expires 08/30/2011

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

I, Tommy Knight the Mayor certify that the Five Year and
Annual PHA Plan of the ARANSAS PASS Housing Auth is consistent with the Consolidated Plan of
ARANSAS PASS, TX prepared pursuant to 24 CFR Part 91.

 3/23/12

Signed / Dated by Appropriate State or Local Official

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Aransas Pass Housing Authority

Program/Activity Receiving Federal Grant Funding

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.)

*254 N. 13th St.
250 S. 13th St
1304 W. Lott* } *ARANSAS PASS, TX
78336*

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 <i>Laura Simank</i>	Title <i>Executive Director</i>
Signature <i>Laura Simank</i>	Date <i>3/23/12</i>