

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 8/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Housing Authority of the City of Reno</u> PHA Code: <u>NV001</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2012</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>758</u> Number of HCV units: <u>2,493</u>				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
					PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> 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:  <b>The mission of the Housing Authority of the City of Reno is to provide and facilitate the development of affordable quality housing that offers self-sufficiency opportunities for low-income citizens of Reno, Sparks and Washoe County.</b>				
<b>5.2</b>	<b>Goals and Objectives.</b> 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.				
<b>6.0</b>	<b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <b>There have been no significant plan revisions since the last Annual Plan submission.</b> (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. <b>The public may obtain copies of the 5-Year and Annual Plan at the main administrative office of the PHA, PHA development management offices, and on the PHA's website.</b>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i> <b>Please see Attachment 1.</b>				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> 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. <b>See attached 50075.1 for open grants.</b>				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> 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. <b>See attached 50075.2.</b>				
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <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.				
<b>9.0</b>	<b>Housing Needs.</b> 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. <b>Please see Attachment 2.</b>				

9.1	<p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. Please see Attachment 3.</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. <b>Please see Attachment 4.</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” <b>Please see Attachment 5.</b></p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

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# **Attachment 1**

## Section 7.0

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

*Include statements related to these programs as applicable.*

#### Homeownership programs:

Strategy 1: Implement a rent-to-own program in Neighborhood Stabilization Program 2 target areas and/or \$1 Good Neighbor Houses.

Strategy 2: Utilize the Neighborhood Stabilization Programs and the \$1 Good Neighbor Program to provide more homeownership opportunities for low to moderate income families through notification of available programs and properties to Public Housing and Housing Choice Voucher participants and through work with FSS participants.

#### Project-based Vouchers:

The Housing Authority is seeking Project Based Voucher approval for up to 100 single family foreclosed homes purchased by private investors. This will bring in the private sector to improve the outcomes for NSP2.

Seek Project Based Housing Choice Voucher designation for the Neighborhood Stabilization Program 1, Neighborhood Stabilization Program 2, and Good Neighbor properties acquired for rental for families below 50% of the area median income.

Utilize Project Based Housing Choice Vouchers for special populations in conjunction with non-profit agencies.

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

<b>Part I: Summary</b>		
<b>PHA Name: Housing Authority of the City of Reno</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: NV39-P001-50110 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: 5 )  
 Performance and Evaluation Report for Period Ending:       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	54,309	54,309	6,705	6,705
4	1410 Administration (may not exceed 10% of line 21)	107,691	107,691	15,077	15,077
5	1411 Audit	3,000	3,000	3,000	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	100,000	100,000	23,238	23,238
8	1440 Site Acquisition				
9	1450 Site Improvement	551,683	528,117	382,162	101,842
10	1460 Dwelling Structures	214,227	237,793	86,186	17,286
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	46,000	46,000	0	0
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.

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<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 5 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	1,076,910	1,076,910	516,368	164,148
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	391,223	447,408	236,453	568
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<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.

<b>ANNUAL STATEMENT/ PERFORMANCE AND EVALUATION REPORT</b>									
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>									
<b>Part II: Supporting Pages</b>									
<b>PHA Name:</b> Housing Authority of the City of Reno			<b>Grant Type and Number</b> Capital Fund Program Grant No: NV39P00150110 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 2010		
Development Number Name	General Description Proposed Work Categories	Develop. Account Number		Total Estimated Cost			Total Actual Cost		Status of Proposed Work
				Original	Difference	Revised	Funds Obligated	Funds Expended	
<b>NV39-P001-001</b> <b>MINERAL MANOR</b>	Landscape Improvements	1450	conserve	206,223	0	206,223	114,000	0	
	Water Submeter Install	1450		60,460	964	61,424	61,424	61,424	
	Water Conservation	1450	conserve	50,000	(15,489)	34,511	34,511	0	
	Appliances	1465	10773	0	0	0	0	0	
	<b>PROJECT TOTAL</b>				<b>316,683</b>	<b>(14,525)</b>	<b>302,158</b>	<b>209,935</b>	<b>61,424</b>
<b>NV39-P001-002</b> <b>TOM SAWYER</b>	Concrete Improvements	1450		0	0	0	0	0	
	Water Conservation	1450	conserve	45,000	(13,694)	31,306	31,874	568	
	<b>PROJECT TOTAL</b>			<b>45,000</b>	<b>(13,694)</b>	<b>31,306</b>	<b>31,874</b>	<b>568</b>	
<b>NV39-P001-003</b> <b>SILVERADA MANOR</b>	Backflow Prevention	1450		45,000	(5,150)	39,850	39,850	39,850	
	Closet Door Replacement	1460		0	0	0	0	0	
	Water Conservation	1450		60,000	(15,565)	44,435	44,435	0	
	<b>PROJECT TOTAL</b>			<b>105,000</b>	<b>(20,715)</b>	<b>84,285</b>	<b>84,285</b>	<b>39,850</b>	
<b>NV39-P001-006</b> <b>STEAD MANOR</b>	Security Improvements	1460		8,635	0	8,635	8,635	8,635	
	Water Conservation	1450	conserve	40,000	0	40,000	40,000	0	
	Bathroom Remodel	1460		85,000	0	85,000	70,393	1,493	
	Appliances	1465		0	0	0	0	0	
	<b>PROJECT TOTAL</b>			<b>133,635</b>	<b>0</b>	<b>133,635</b>	<b>119,028</b>	<b>10,128</b>	
<b>NV39-P001-007</b> <b>HAWK VIEW APARTMENTS</b>	Concrete Repairs	1450		0	0	0	0	0	
	Water Conservation	1450	conserve	35,000	(18,932)	16,068	16,068	0	
	Appliances	1465		0	0	0	0	0	
	<b>PROJECT TOTAL</b>			<b>35,000</b>	<b>(18,932)</b>	<b>16,068</b>	<b>16,068</b>	<b>0</b>	
<b>NV39-P001-009</b> <b>ESSEX MANOR</b>	Security Improvements	1460		36,434	(36,434)	0	0	0	TO 2009
	Floor Replacement	1460		35,000	0	35,000	0	0	
	Appliances	1465		0	0	0	0	0	
	Water Conservation	1450	conserve	0	44,300	44,300	0	0	FROM 2013
	Water Heater Replacement	1460	conserve	0	60,000	60,000	0	0	FROM 2011
	<b>PROJECT TOTAL</b>			<b>71,434</b>	<b>67,866</b>	<b>139,300</b>	<b>0</b>	<b>0</b>	

<i>NV39-P001-010</i> <i>MYRA BIRCH MANOR</i>	Gutter Replacement	1460		37,000	0	37,000	0	0	
	Appliances	1465		0	0	0	0	0	
	<b>PROJECT TOTAL</b>			<b>37,000</b>	<b>0</b>	<b>37,000</b>	<b>0</b>	<b>0</b>	
<i>NV39-P001-018</i> <i>McGRAW COURT</i>	Security Improvements	1460		7,158	0	7,158	7,158	7,158	
	Landscape Improvements	1450	conserve	10,000	0	10,000	0	0	
	Attic Insulation	1460	conserve	5,000	0	5,000	0	0	
	<b>PROJECT TOTAL</b>			<b>22,158</b>	<b>0</b>	<b>22,158</b>	<b>7,158</b>	<b>7,158</b>	
<b>PHYSICAL IMPROVEMENTS TOTAL</b>				<b>765,910</b>	<b>0</b>	<b>765,910</b>	<b>468,348</b>	<b>119,128</b>	
		1450		<b>551,683</b>	<b>(23,566)</b>	<b>528,117</b>	<b>382,162</b>	<b>101,842</b>	
		1460		<b>214,227</b>	<b>23,566</b>	<b>237,793</b>	<b>86,186</b>	<b>17,286</b>	
		1465		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Development No/ Name	General Description Proposed Work Item	Develop. Account Number	Total Estimated Cost			Total Actual Cost		Status of Proposed Work	
			Original	Difference	Revised	Funds Obligated	Funds Expended		
<i>NV39-P001-PHA WIDE</i>	<b>FEES AND COSTS</b>	1430							
	<b>FEES &amp; COSTS TOTAL</b>			<b>100,000</b>	<b>0</b>	<b>100,000</b>	<b>23,238</b>	<b>23,238</b>	
<i>NV39-P001-PHA WIDE</i>	<b>ADMINISTRATION</b>	1410							
	<b>ADMINISTRATION TOTAL</b>			<b>107,691</b>	<b>0</b>	<b>107,691</b>	<b>15,077</b>	<b>15,077</b>	
	<b>MANAGEMENT IMPROVEMENTS</b>	1408							
	MISCELLANEOUS			27,309	0	27,309	0	0	
	UPCS INSPECTIONS			7,000	0	7,000	6,705	6,705	
	Upgrade Computer Systems			20,000	0	20,000	0	0	
	<b>MANAGEMENT IMPROVEMENTS TOTAL</b>			<b>54,309</b>	<b>0</b>	<b>54,309</b>	<b>6,705</b>	<b>6,705</b>	
<i>NV39-P001-PHA WIDE</i>	<b>NON DWELLING EQUIPMENT</b>	1475.1							
	Maintenance Equip.			26,000	0	26,000	0	0	
	Computers / Telecommunications			20,000	0	20,000	0	0	
	<b>NON DWELLING EQUIPMENT TOTAL</b>			<b>46,000</b>	<b>0</b>	<b>46,000</b>	<b>0</b>	<b>0</b>	
<i>NV39-P001-PHA WIDE</i>	<b>OTHER COSTS</b>								
	Audit Costs	1411		3,000	0	3,000	3,000	0	
	<b>OTHER COSTS TOTAL</b>			<b>3,000</b>	<b>0</b>	<b>3,000</b>	<b>3,000</b>	<b>0</b>	
<b>TOTAL COSTS</b>			<b>1,076,910</b>	<b>0</b>	<b>1,076,910</b>	<b>516,368</b>	<b>164,148</b>		

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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<b>Part I: Summary</b>		
<b>PHA Name: Housing Authority of the City of Reno</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: NV39-P001-50111 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval:</b>

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	97,000	97,000	0	0
4	1410 Administration (may not exceed 10% of line 21)	94,150	94,150	0	0
5	1411 Audit	3,000	3,000	0	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	105,850	105,850	612	612
8	1440 Site Acquisition				
9	1450 Site Improvement	66,217	66,217	0	0
10	1460 Dwelling Structures	395,500	395,500	65,595	0
11	1465.1 Dwelling Equipment—Nonexpendable	90,000	90,000	0	0
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	71,000	71,000	0	0
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.

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<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	922,717	922,717	66,271	676
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				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

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**ANNUAL STATEMENT PERFORMANCE AND EVALUATION REPORT**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Housing Authority of the City of Reno		Grant Type and Number Capital Fund Program Grant No: NV39P00150111 Replacement Housing Factor Grant No:			Federal FY of Grant: 2011				
Development Number Name	General Description Proposed Work Categories	Develop. Account Number		Total Estimated Cost			Total Actual Cost		Status of Proposed Work
				Original	Difference	Revised	Funds Obligated	Funds Expended	
<b>NV39-P001-001</b> <b>MINERAL MANOR</b>	Appliance Replacement	1465		40,000	0	40,000	0	0	
	<b>PROJECT TOTAL</b>			<b>40,000</b>	<b>0</b>	<b>40,000</b>	<b>0</b>	<b>0</b>	
<b>NV39-P001-002</b> <b>TOM SAWYER</b>	Bathroom Exhaust Fan	1460		35,000	0	35,000	0	0	
	<b>PROJECT TOTAL</b>			<b>35,000</b>	<b>0</b>	<b>35,000</b>	<b>0</b>	<b>0</b>	
<b>NV39-P001-003</b> <b>SILVERADA MANOR</b>	Carpent Replacement	1460		20,000	0	20,000	0	0	
	Exterior Painting	1460		50,000	0	50,000			
	Security Improvements	1460		30,000	0	30,000			
	Medicine Cabinet Addition	1460		67,500	0	67,500	65,595	0	
	<b>PROJECT TOTAL</b>			<b>167,500</b>	<b>0</b>	<b>167,500</b>	<b>65,595</b>	<b>0</b>	
<b>NV39-P001-006</b> <b>STEAD MANOR</b>	Appliance Replacement	1465		15,000	0	15,000			
	Sewer Line	1450		66,217	0	66,217			
	<b>PROJECT TOTAL</b>			<b>81,217</b>	<b>0</b>	<b>81,217</b>	<b>0</b>	<b>0</b>	
<b>NV39-P001-007</b> <b>HAWK VIEW APARTMENTS</b>	Appliance Replacement	1465		15,000	0	15,000	0	0	
				0	0	0	0	0	
	<b>PROJECT TOTAL</b>			<b>15,000</b>	<b>0</b>	<b>15,000</b>	<b>0</b>	<b>0</b>	
<b>NV39-P001-009</b> <b>ESSEX MANOR</b>	Water Heater Replacement	1460		18,000	(18,000)	0	0	0	<b>TO 2010</b>
	Appliance Replacement	1465		10,000	0	10,000	0	0	
	Solar Install - Comm Bldg	1460		25,000	0	25,000	0	0	
	<b>PROJECT TOTAL</b>			<b>53,000</b>	<b>(18,000)</b>	<b>35,000</b>	<b>0</b>	<b>0</b>	
<b>NV39-P001-010</b> <b>MYRA BIRCH MANOR</b>	Roof Replacement	1460		150,000	18,000	168,000	0	0	
	Appliance Replacement	1465		10,000	0	10,000			
	<b>PROJECT TOTAL</b>			<b>160,000</b>	<b>18,000</b>	<b>178,000</b>	<b>0</b>	<b>0</b>	

<b>NV39-P001-018</b> <b>McGRAW COURT</b>				0	0	0	0	0	
				0	0	0	0	0	
	<b>PROJECT TOTAL</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
	<b>PHYSICAL IMPROVEMENTS TOTAL</b>			<b>551,717</b>	<b>0</b>	<b>551,717</b>	<b>65,595</b>	<b>0</b>	
		1450		<b>66,217</b>	<b>0</b>	<b>66,217</b>	<b>0</b>	<b>0</b>	
		1460		<b>395,500</b>	<b>0</b>	<b>395,500</b>	<b>65,595</b>	<b>0</b>	
		1465		<b>90,000</b>	<b>0</b>	<b>90,000</b>	<b>0</b>	<b>0</b>	
Development No/ Name	General Description Proposed Work Item	Develop. Account Number	Total Estimated Cost			Total Actual Cost		Status of Proposed Work	
			Original	Difference	Revised	Funds Obligated	Funds Expended		
<b>NV39-P001-PHA WIDE</b>	<b>FEES AND COSTS</b>	1430				612	612		
	<b>FEES &amp; COSTS TOTAL</b>		<b>105,850</b>	<b>0</b>	<b>105,850</b>	<b>612</b>	<b>612</b>		
<b>NV39-P001-PHA WIDE</b>	<b>ADMINISTRATION</b>	1410							
	<b>ADMINISTRATION TOTAL</b>		<b>94,150</b>	<b>0</b>	<b>94,150</b>	<b>64</b>	<b>64</b>		
	<b>MANAGEMENT IMPROVEMENTS</b>	1408							
	Upgrade Computer Systems		0	0	0	0	0		
			0	0	0	0	0		
			0	0	0	0	0		
	<b>MANAGEMENT IMPROVEMENTS TOTAL</b>		<b>97,000</b>	<b>0</b>	<b>97,000</b>	<b>0</b>			
<b>NV39-P001-PHA WIDE</b>	<b>NON DWELLING EQUIPMENT</b>	1475.1							
	Maintenance Equip.		35,000	0	35,000	0	0		
	Computers / Telecommunications		36,000	0	36,000	0	0		
	<b>NON DWELLING EQUIPMENT TOTAL</b>		<b>71,000</b>	<b>0</b>	<b>71,000</b>	<b>0</b>			
<b>NV39-P001-PHA WIDE</b>	<b>OTHER COSTS</b>	1411							
	Audit Costs		3,000	0	3,000	0	0		
	<b>OTHER COSTS TOTAL</b>		<b>3,000</b>	<b>0</b>	<b>3,000</b>	<b>0</b>			
<b>TOTAL COSTS</b>			<b>922,717</b>	<b>0</b>	<b>922,717</b>	<b>66,271</b>	<b>676</b>		

<b>Part I: Summary</b>									
<b>PHA Name: Housing Authority of the City of Reno</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><b>Grant Type and Number</b></td> <td><b>FFY of Grant: 2012</b></td> </tr> <tr> <td>Capital Fund Program Grant No: NV39-P001-50112</td> <td><b>FFY of Grant Approval:</b></td> </tr> <tr> <td>Replacement Housing Factor Grant No:</td> <td></td> </tr> <tr> <td>Date of CFFP:</td> <td></td> </tr> </table>	<b>Grant Type and Number</b>	<b>FFY of Grant: 2012</b>	Capital Fund Program Grant No: NV39-P001-50112	<b>FFY of Grant Approval:</b>	Replacement Housing Factor Grant No:		Date of CFFP:	
<b>Grant Type and Number</b>	<b>FFY of Grant: 2012</b>								
Capital Fund Program Grant No: NV39-P001-50112	<b>FFY of Grant Approval:</b>								
Replacement Housing Factor Grant No:									
Date of CFFP:									

<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report	
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Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	97,000			
4	1410 Administration (may not exceed 10% of line 21)	81,870			
5	1411 Audit	3,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	100,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	465,826			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	71,000			
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.

<b>Part I: Summary</b>					
<b>PHA Name: Housing Authority of the City of Reno</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: NV39-P001-50112 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2012</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	818,696			
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				
<b>Signature of Executive Director</b>			<b>Date</b>	<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<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.

<b>Part II: Supporting Pages</b>								
PHA Name: : Housing Authority of the City of Reno		<b>Grant Type and Number</b> Capital Fund Program Grant No: NV39-P001-50112 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2012</b>			
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>	
NV39-P001-003: Silverada Manor	Soffit Support Installation		100%	100,000				
NV39-P001-006: Stead Manor	Sewer Line Replacement		35%	88,696				
NV39-P001-010: Myra Birch Manor	HVAC replacement		100%	243,130				
NV39-P001-018: McGraw Court	Exterior Trim Replacement		100%	34,000				

<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.

**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

<b>Part I: Summary</b>						
PHA Name/Number Housing Authority of the City of Reno NV001		Locality (City/County & State) Reno/Washoe County, NV			<b>Original 5-Year Plan</b> <b>Revision No:1</b>	
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
B.	Physical Improvements Subtotal	<b>Annual Statement</b>	\$603,000	\$579,500	\$552,680	\$12,603,954
C.	Management Improvements		\$97,000	\$97,000	\$97,000	\$200,000
D.	PHA-Wide Non-dwelling Structures and Equipment		\$71,000	\$71,000	\$71,000	\$100,000
E.	Administration		\$86,000	\$94,500	\$91,520	\$200,000
F.	Other		\$103,000	\$103,000	\$103,000	\$698,000
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$860,000	\$945,000	\$915,200	\$13,801,954
L.	Total Non-CFP Funds					
M.	Grand Total		\$960,000	\$945,000	\$915,200	\$13,801,954

**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 4/30/2011

<b>Part I: Summary (Continuation)</b>						
PHA Name/Number Housing Authority of the City of Reno/NV001		Locality (City/county & State) Reno/Washoe County, NV		Original 5-Year Plan		Revision No: 1
Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016	
NV39-P001-001: MINERAL MANOR	Annual Statement	\$20,000	0	\$267,680	\$3,170,500	
NV39-P001-002: TOM SAWYER VILLAGE		\$31,000	0	\$180,000	\$1,424,900	
NV39-P001-003: SILVERADA MANOR		\$138,000	0	0	\$2,456,000	
NV39-P001-006: STEAD MANOR		0	\$256,000	0	\$851,500	
NV39-P001-007: HAWK VIEW APTS.		\$65,000	0	\$25,000	\$2,682,000	
NV39-P001-009: ESSEX MANOR		\$349,000	\$323,500	\$80,000	\$1,623,054	
NV39-P001-010: MYRA BIRCH MANOR		0	0	0	\$224,500	
NV39-P001-018: MCGRAW COURT		0	0	0	\$171,500	





<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY <u>2012</u>	Work Statement for Year <u>5</u> FFY <u>2016</u>			Work Statement for Year: <u>5</u> FFY <u>2016</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	<b>NV39-P001-002: TOM SAWYER VILLAGE</b>			<b>NV39-P001-002: TOM SAWYER VILLAGE</b>		
	Appliance Repl.	50%	30,000	Water Heater Repl.	50%	50,000
	Asphalt Repairs & Sealing	60%	10,000	Water submeter installation	100%	100,000
	Bathroom Vanity Replacement	100%	20,000	<b>NV39-P001-003: SILVERADA MANOR</b>		
	Cable Outlet Install.	100%	25,500	Accessible showers/tubs	100%	450,000
	Clubhouse kitchen remodel	100%	12,000	Appliance Repl.	40%	41,000
	Concrete Repl.	40%	200,000	Asphalt Repairs & Sealing	90%	10,000
	Electrical Upgrades	100%	200,000	Attic insulation	100%	38,000
	Exterior Painting	30%	60,000	Broadleaf Repavement	100%	250,000
	Garbage Disposal	100%	30,000	Carpet Repl.	65%	100,000
	Interior lighting upgrades	100%	5,000	Concrete Repl.	40%	280,000
	Landscape Improvements	40%	20,000	Electrical Outlet on Porch Install.	100%	15,000
	Parking Lot Repairs	20%	42,400	Electrical System Upgrades	100%	225,000
	Parking lot light upgrades	100%	115,000	Entry Door Repl.	100%	66,000
	Roof Coating	100%	15,000	Exterior Painting	31%	35,000
	Security Improvements	25%	30,000	Interior Door Repl.	80%	126,000
	Shower faucet upgrades	100%	100,000	Interior Lighting Improvements	100%	25,000
	Thermostat Repl.	100%	10,000	Kitchen Sink Repl.	100%	35,000
	Wall insulation	100%	350,000	Landscape Improvements	50%	100,000
	Subtotal of Estimated Cost		\$1,274,900	Subtotal of Estimated Cost		\$1,946,000









## Attachment 2

Housing needs in the PHA area:

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	1086		
Extremely low income <=30% AMI	808	74	
Very low income (>30% but <=50% AMI)	224	21	
Low income (>50% but <80% AMI)	54	5	
Families with children	628	58	
Elderly families	140	13	
Families with Disabilities	345	32	
Race/ethnicity – White ( <b>Hispanic indicated in bold</b> )	753/213	69/20	
Race/ethnicity – Black ( <b>Hispanic indicated in bold</b> )	266/6	25/0	
Race/ethnicity – American Indian/Alaskan ( <b>Hispanic indicated in bold</b> )	24/4	2/0	
Race/ethnicity – Asian/Pacific Islander ( <b>Hispanic indicated in bold</b> )	43/2	4/0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

## Attachment 2 continued

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	2204		
Extremely low income <=30% AMI	1874	85	
Very low income (>30% but <=50% AMI)	273	12	
Low income (>50% but <80% AMI)	57	3	
Families with children	1103	50	
Elderly families	316	14	
Families with Disabilities	695	32	
Race/ethnicity – White <b>(Hispanic indicated in bold)</b>	1671/ <b>529</b>	76/ <b>24</b>	
Race/ethnicity – Black <b>(Hispanic indicated in bold)</b>	348/ <b>10</b>	16/ <b>0</b>	
Race/ethnicity – American Indian/Alaskan <b>(Hispanic indicated in bold)</b>	84/ <b>18</b>	4/ <b>0</b>	
Race/ethnicity – Asian/Pacific Islander <b>(Hispanic indicated in bold)</b>	101/ <b>5</b>	5/ <b>0</b>	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	902	41	
2 BR	917	42	
3 BR	330	15	
4 BR	55	2	
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

## Attachment 2 continued

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction: <b>Stead Manor</b>			
	# of families	% of total families	Annual Turnover
Waiting list total	365		
Extremely low income <=30% AMI	309	85	
Very low income (>30% but <=50% AMI)	46	13	
Low income (>50% but <80% AMI)	10	3	
Families with children	321	88	
Elderly families	8	2	
Families with Disabilities	46	13	
Race/ethnicity – White <b>(Hispanic indicated in bold)</b>	282/98	77/27	
Race/ethnicity – Black <b>(Hispanic indicated in bold)</b>	58/3	16/0	
Race/ethnicity – American Indian/Alaskan <b>(Hispanic indicated in bold)</b>	10/0	3/0	
Race/ethnicity – Asian/Pacific Islander <b>(Hispanic indicated in bold)</b>	17/1	5/0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	N/A	N/A	
2 BR	267	73	
3 BR	98	27	
4 BR	N/A	N/A	
5 BR	N/A	N/A	
5+ BR	N/A	N/A	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

## **Attachment 3**

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.

The PHA plans to:

- Maximize the number of affordable units available to the PHA within its current resources by keeping turnover time for vacated public housing units to a minimum
- Maintain or increase Section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Apply for additional Section 8 units should they become available
- Pursue housing resources other than Public Housing or Section 8 tenant-based assistance.
- Complete expenditures under the Neighborhood Stabilization Program 1 for the Washoe County HOME Consortium in three designated target areas and the purchase and rehab of foreclosed properties for long-term rental for families under 50% of AMI or sale to families between 50% and 120% of AMI.
- Complete expenditures under the Oliver Montello EDI Grants for the City of Reno
- Purchase additional properties through HUD's \$1 Good Neighbor Program throughout Reno, Sparks, and Washoe County.
- Develop plans for new housing on vacant land acquired in Northeast Reno
- Purchase single family homes, land, and/or multifamily housing units that could be developed or utilized for affordable housing.
- Administer the Neighborhood Stabilization Program 2 grant for the Consortium headed by RHA to purchase foreclosed properties for purchase for families between 50% and 120% of AMI or long-term rental for families under 50% of AMI.
- Obtain Moving to Work status for the Authority
- Explore additional options for utilizing S8 Project Based Housing Choice Vouchers for special populations in conjunction with non-profit agencies.
- Seek Project Based Housing Choice Voucher designation for the Neighborhood Stabilization Program 1, Neighborhood Stabilization Program 2, and Good Neighbor properties acquired for rental for families below 50% of the area median income.
- Work with private owners to encourage the purchase, rehabilitation, and rental of foreclosed homes in the Neighborhood Stabilization Program 2 target areas through use of project based vouchers.
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Apply for special-purpose vouchers targeted to homeless populations (should they become available) and implement in collaboration with appropriate community organizations providing adequate supportive services
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations

## **Attachment 4**

The goals and objectives met which were described in the previous 5-year plan are as follows:

- The Authority completed construction of nine new townhouse units and these were sold to new first time homebuyer, meeting an important goal for the period.
- The goal of using Housing Choice Vouchers in conjunction with the Pilgrim Rest Baptist Church, part of the Friendship Lane redevelopment Project, was achieved with the execution of a HAP contract with the Pilgrim Rest Baptist Church effective December 1, 2008.
- Public Housing vacancies were kept to a minimum.
- PHAS high performer status was maintained.
- SEMAP high performance status was maintained
- On-going voucher mobility counseling briefings were held.
- Other Homeownership efforts were continued with FSS, IDA and IDEA grants.
- Security cameras were installed in all Public Housing complexes.
- Many programs for RHA youth were continued through collaboration with local programs and funding sources.
- Funding was received from the Nevada Division of Aging Services for services designed to assist elderly persons to remain in their dwelling units.
- Funding was received from Home Care Plus for volunteers for the elderly.
- Efforts to ensure Equal Opportunity and affirmatively further Fair Housing were continued.
- An energy audit was conducted.
- A review of Admissions and Occupancy policy and vouchers for both Public Housing and Section 8 Rental Assistance Program was conducted and revisions made.
- Received a HUD award for 2008 PHA of the Year, Larger Division, for the Northern California and Nevada region.
- RHA was designated to administer HUD's \$1 Good Neighbor Program in the City of Reno, City of Sparks, and Washoe County, and twelve houses have been acquired.
- RHA was designated to administer most funding under the Neighborhood Stabilization Program for the Washoe County HOME Consortium
- RHA was designated to administer two Oliver Montello EDI Grants for the City of Reno
- RHA is the lead agency for a consortium that was awarded an NSP2 competitive grant for \$20,995,000 to purchase and rehabilitate up to 200 homes in four target areas composed of six census tracts.

## **Attachment 5**

### Significant Amendment or Modification to the Annual Plan:

After submitting the five-year plan or annual plan to HUD, RHA may amend or modify any policy, rule, regulation or other aspect of the plan. Each significant amendment or modification to a plan submitted to HUD is subject to the requirements of §§ 903.13, 903.15, and 903.17. If the amendment or modification is a significant amendment or modification, RHA:

1. May not adopt the amendment or modification until RHA has duly called a meeting of its Board of Commissioners and the meeting, at which the amendment or modification is adopted, is open to the public; and
2. May not implement the amendment or modification until notification of the amendment or modification is provided to HUD and approved by HUD in accordance with HUD's plan review procedures, as provided in § 903.23.

The following items will be considered as significant amendments or modifications to the annual plan and, accordingly, will require the above process prior to adoption:

- Substantial alterations in rental policy
- Changes in admissions preferences
- Additions of non-emergency work items (items not included in the current Annual Statement or Five Year Action Plan) under the Capital Fund
- Any change with regard to proposed public housing demolition or disposition, designation, conversion activities, or ownership of public housing units.

Exceptions to these definitions will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements or other mandated regulatory changes such as building codes, health codes, etc.; such changes will not be considered significant amendments by HUD.

### Substantial Deviation from the 5-Year Plan

Substantial deviation relates to changes in the annual plan, which causes substantial deviation from the five-year plan. RHA defines substantial deviation as: significant amendments or modifications to the annual plan, which materially impact the goals and objectives of the five-year plan. This would include any changes in the mission statement or a major revision or abandonment of one or more of the goals in the five-year plan. It would not include a delay in the implementation of any particular component caused by business needs or deviations based on emergencies or circumstances out of RHA's control.

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

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

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the \_\_\_ 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 07/2012, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Housing Authority of the City of Reno  
 PHA Name

NV001  
 PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 - 20

Annual PHA Plan for Fiscal Years 2012 - 2013

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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)

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Name of Authorized Official  Dick Scott	Title  Chairperson
Signature	Date

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

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.)

Check here  if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Title

Signature

Date

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

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

Signature

Date (mm/dd/yyyy)

# 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.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<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 type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, <i>if known</i> :  <b>Congressional District, if known:</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>	<b>7. Federal Program Name/Description:</b>  CFDA Number, <i>if applicable</i> : _____	
<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> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<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: _____ Title: _____ Telephone No.: _____ Date: _____	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Approved by OMB  
0348-0046

Reporting Entity: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

**Resident Advisory Board comments**

DRAFT

## **Challenged elements**

DRAFT

**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, \_\_\_\_\_ the \_\_\_\_\_ certify that the Five Year and  
Annual PHA Plan of the \_\_\_\_\_ is consistent with the Consolidated Plan of  
\_\_\_\_\_ prepared pursuant to 24 CFR Part 91.

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Signed / Dated by Appropriate State or Local Official