

PHA Plans

Streamlined Annual Version

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

OMB No. 2577-0226
(exp. 08/31/2009)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined Annual PHA Plan for Fiscal Year: 2009 (ia015v04)

PHA Name: Low Rent Housing Agency of Burlington, Iowa

Submissions history:

- ia015v01: submitted on October 15, 2008, but was not acted upon by HUD due to a one year suspension of the process.**
- ia015v02: submitted on May 11, 2009 to document the activities that are proposed under the Capital Fund Recovery Grant Program (CFRG).**
- ia015v03: submitted on June 17, 2009 to include various adjustments that are necessitated by the CFRG.**
- ia015v04: submitted on July 8, 2009 to make additional changes in the Capital Fund elements of the plan.**

Streamlined Annual PHA Plan Agency Identification

PHA Name: Low Rent Housing Agency of Burlington, Iowa

PHA Number: IA015

PHA Fiscal Year Beginning: 01/01/2009

PHA Programs Administered:

Public Housing and Section 8

Section 8 Only

Public Housing Only

Number of public housing units: 193

Number of S8 units:

Number of public housing units:

Number of S8 units: 277

PHA Consortia: (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

PHA Plan Contact Information:

Name: Marshal S. Walz

Phone: 319-753-2142

TDD:

Email: lrhaburl@mchsi.com

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

PHA's main administrative office PHA's development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection. Yes No.

If yes, select all that apply:

Main administrative office of the PHA

PHA development management offices

Main administrative office of the local, county or State government

Public library PHA website Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

Main business office of the PHA PHA development management offices

Other (list below)

Streamlined Annual PHA Plan
Fiscal Year 2009
[24 CFR Part 903.12(c)]

Table of Contents
[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

A. PHA PLAN COMPONENTS

- 1. Site-Based Waiting List Policies
903.7(b)(2) Policies on Eligibility, Selection, and Admissions
- X 2. Capital Improvement Needs
903.7(g) Statement of Capital Improvements Needed
- X 3. Section 8(y) Homeownership
903.7(k)(1)(i) Statement of Homeownership Programs
- 4. Project-Based Voucher Programs
- 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
- X 6. Supporting Documents Available for Review
- X 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- X 8. Capital Fund Program 5-Year Action Plan
- X 9. VAWA Statement
- X 10. form HUD-50075.1 for 2009 CFRG (attachment)

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

Form HUD-50070, Certification for a Drug-Free Workplace;

Form HUD-50071, Certification of Payments to Influence Federal Transactions; and

Form SF-LLL & SF-LLLa, Disclosure of Lobbying Activities.

1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4. Yes No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

B. Site-Based Waiting Lists – Coming Year

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

1. How many site-based waiting lists will the PHA operate in the coming year?
2. Yes No: Are any or all of the PHA’s site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?

3. Yes No: May families be on more than one list simultaneously
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- PHA main administrative office
 - All PHA development management offices
 - Management offices at developments with site-based waiting lists
 - At the development to which they would like to apply
 - Other (list below)

2. Capital Improvement Needs

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Capital Fund Program

1. X Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2. Yes X No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

1. Yes X No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).
2. Status of HOPE VI revitalization grant(s):

HOPE VI Revitalization Grant Status
a. Development Name:
b. Development Number:

c. Status of Grant:

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

3. Yes X No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name(s) below:
4. Yes X No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:
5. Yes X No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1. X Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to the next component; if “yes”, complete each program description below (copy and complete questions for each program identified.)

2. Program Description:

a. Size of Program

- X Yes No: Will the PHA limit the number of families participating in the Section 8 homeownership option?

If the answer to the question above was yes, what is the maximum number of participants this fiscal year? Board previously allocated 5 Vouchers for the HVP. 4 projects were completed between 2006 and 2008 leaving 1 slot to be filled. It is anticipated that the Board will expand the goal to 10 units overall if the current goal is accomplished.

b. PHA-established eligibility criteria

- X Yes No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?
If yes, list criteria:
1) Use “initial selection criteria” to rank applications.

2) Prioritize coupling of Community Rehabilitation and Ownership Program (CROP) to HVP. This will entail that those projects comply with HOME rules as established by IDED as well as HUD rules.

- c. What actions will the PHA undertake to implement the program this year (list)?
- 1) Administer Section 8 component of HOME grant that was obtained in April 2008.
 - 2) Continue direct marketing campaign.
 - 3) Conduct group and individual training.
 - 4) Meet with financial institutions and GSEs on behalf of the program and HVP clients.
 - 5) Coordinate with the other CROP partners, particularly Christian Action, Inc., the grantee and lead agency.

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner down payment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- Demonstrating that it has other relevant experience (list experience below):

4. Use of the Project-Based Voucher Program

Intent to Use Project-Based Assistance

Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1. Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
 - low utilization rate for vouchers due to lack of suitable rental units
 - access to neighborhoods outside of high poverty areas
 - other (describe below):
2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

5. PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: State of Iowa
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
 - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
 - Other: (list below)
3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

6. Supporting Documents Available for Review for Streamlined Annual PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
X	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. X Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. X Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. X Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any policies governing any Section 8 special housing types X Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. X Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing	Annual Plan: Designation of

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	(Designated Housing Plans).	Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program (Section 15 of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs X Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
X	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). X Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
X	Other supporting documents (optional) (list individually; use as many lines as necessary) Budget for IA05S01550109 Program	(specify as needed) Attachment to Capital Needs
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Low Rent Housing Agency of Burlington, Iowa			Grant Type and Number Capital Fund Program Grant No: IA015P01550106 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 5) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	20,600	20,600	20,600.00	20,600.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	13,347	13,347	12,418.72	12,418.72
10	1460 Dwelling Structures	55,026	55,026	38,266.44	38,266.44
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	100,000	100,000	109,697.73	109,697.73
13	1475 Nondwelling Equipment	67,886	67,886	75,876.11	75,876.11
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	256,859	256,859	256,859.00	256,859.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs		1,500	1,500	1,500
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Low Rent Housing Agency of Burlington, Iowa			Grant Type and Number Capital Fund Program Grant No: IA05P01550106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
IA015001 Autumn Heights				Original	Revised	Funds Obligated	Funds Expended	
1.	Complete h/r Community Room kitchen remodel	1460	1	20,000.00	10,000.00	280.00	280.00	Completed
2.	Remodel kitchens and baths	1460	193	17,000.00	0.00	---	---	Reschedule
3.	Soundproof L/R corridors	1460	5	15,000.00	14,478.30	14,478.30	14,478.30	Completed
4.	New backhoe	1475	1	40,000.00	60,037.00	59,999.99	59,999.99	Completed
5.	Equipment storage building	1470	1	50,000.00	50,000.00	50,000.00	50,000.00	Completed
6.	Complete storage building	1470	1	50,000.00	50,000.00	59,697.73	59,697.73	Completed
7.	Tree removal	1450	3	1,050.00	1,050.00	1,050.00	1,050.00	Completed
8.	Fire test head	1460	1	1,500.00	1,500.00	1,500.00	1,500.00	Completed
9.	Complete pond	1450 1460	1	4,672.00	3,672.00	3,623.94	2,743.72/ 880.22	Completed
10.	Replace sidewalk	1450	3,000 sf	15,000.00	8,625.00	8,625.00	8,625.00	Completed
11.	Color printer	1475	1	2,000.00	1,999.00	1,999.00	1,999.00	Completed
12.	General administration	1410	1 Program	20,600.00	20,600.00	20,600.00	20,600.00	Completed
13.	P-TAC air conditioners	1460	11 units	---	9,085.14	9,085.14	9,085.14	Completed
14.	Spreader	1475	1	---	2,650.00	2,650.00	2,650.00	Completed
15.	Replace salon equipment	1460 1475	1	---	2,275.00	2,275.00	1726.00/ 549.00	Completed
16.	Complete painting and redecorating	1460 1475	5 L/R Buildings	---	17,687.56	17,804.90	10,316.78/ 7,488.12	Completed
17.	Floor scrubber	1475	1	---	3,200.00	3,190.00	3,190.00	Completed

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implementation Schedule							
PHA Name: Low Rent Housing Agency of Burlington, Iowa			Grant Type and Number Capital Fund Program No: IA05P01550106 Replacement Housing Factor No:				Federal FY of Grant: 2006
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
IA015001 Autumn Heights	Original	Revised	Actual	Original	Revised	Actual	
1.	06/30/2008		05/06/2008	09/30/2009		05/06/2008	
2.	06/30/2008		---	09/30/2009		---	
3.	06/30/2008		03/06/2007	09/30/2009		03/26/2007	
4.	06/30/2008		04/20/2007	09/30/2009		08/02/2007	
5.	06/30/2008		08/21/2007	09/30/2009		11/20/2007	
6.	06/30/2008		08/21/2007	09/30/2009		11/20/2007	
7.	06/30/2007		05/01/2006	09/30/2007		10/26/2007	
8.	12/31/2006		09/14/2006	06/30/2007		01/26/2007	
9.	10/31/2007		11/28/2007	11/30/2007		12/28/2007	Design, weather and punch list items extended process.
10.	06/30/2008		08/06/2008	09/30/2009		08/06/2008	The start of the project was delayed.
11.	06/30/2007		12/26/2006	07/31/2007		01/09/2007	
12.	06/30/2008		08/05/2008	09/30/2009		08/06/2008	An unrealistic obligation date was used.
13.	12/31/2007		02/12/2007	12/31/2008		03/06/2007	
14.	12/31/2007		01/29/2007	12/31/2008		03/06/2007	
15.	12/31/2007		03/27/2007	12/31/2008		06/05/2007	
16.	12/31/2007		09/28/2006	12/31/2008		07/23/2007	
17.	06/20/2007		06/21/2007	12/31/2007		06/25/2007	The selection was very slightly delayed.

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Low Rent Housing Agency of Burlington, Iowa			Grant Type and Number Capital Fund Program Grant No: IA015P01550107 Replacement Housing Factor Grant No:		Federal FY of Grant: 2007
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no: 5) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 05/29/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	20,000.00	20,000.00	20,000.00	20,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	126,029.67	134,199.67	135,251.11	134,199.67
10	1460 Dwelling Structures	367.20	367.20	367.20	367.20
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	63,688.00	55,188.00	55,188.00	51,883.52
13	1475 Nondwelling Equipment	21,169.13	23,669.13	22,617.69	22,617.69
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	233,424.00	233,424.00	233,424.00	229,068.08
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs	28,538.80	21,668.75	20,617.36	20,617.36
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Low Rent Housing Agency of Burlington, Iowa			Grant Type and Number Capital Fund Program Grant No: IA05P01550107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
1.	Complete storage building	1470	1	58,688.00	55,188.00	55,188.00	51,883.52	In Progress
2.	Construct second means of access	1450	1	59,660.87	67,830.87	67,830.87	67,830.87	Completed
3.	Storm sewer for new access	1450	1	25,000.00	25,000.00	25,000.00	25,000.00	Completed
4.	Water hydrant for fire protection	1450	1	11,368.80	13,168.75	13,168.75	13,168.75	Completed
5.	Widen East-West driveway	1450	1	30,000.00	28,200.05	29,251.49	21,948.72	In Progress
6.	Replace L/R air conditioners	1460	10	367.20	367.20	367.20	367.20	Completed
7.	Repair gazebo	1470	1	5,000.00	0.00	---	---	Reschedule
8.	General administration	1410	1	20,000.00	20,000.00	20,000.00	20,000.00	Completed
9.	Walkie talkies	1475 2	5	1,628.00	1,628.00	1,628.00	1,628.00	Completed
10.	Security cameras	1475 3	10	15,000.00	8,500.00	7,448.61	7,448.61	In Progress
11.	Flammable storage	1475 2	1	1,392.13	1,392.13	1,392.08	1,392.08	Completed
12.	Bar code scanner	1475 4	1	2,250.00	2,250.00	2,250.00	2,250.00	Completed
13.	Smoke detectors	1460	200	2,170.00	0.00	---	---	Reschedule
14.	Printer	1475 4	1	899.00	899.00	899.00	899.00	Completed
15.	Sewer Equipment	1475 2	1	---	9,000.00	9,000.00	9,000.00	Completed

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Low Rent Housing Agency of Burlington, Iowa			Grant Type and Number Capital Fund Program No: IA05P01550107 Replacement Housing Factor No:				Federal FY of Grant: 2007
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
1.	06/30/2009		01/22/2009	06/30/2010			
2.	06/30/2009		01/22/2009	06/30/2010		02/04/2009	
3.	06/30/2009		01/22/2009	06/30/2010		02/04/2009	
4.	06/30/2009		04/30/2009	06/30/2010		05/09/2009	
5.	06/30/2009		09/26/2008	06/30/2010			
6.	06/30/2009		10/09/2007	06/30/2010		10/09/2007	
7.	06/30/2009		N/A	06/30/2010		N/A	
8.	06/30/2009		07/23/2008	06/30/2010		08/06/2008	
9.	06/30/2009		01/31/2008	06/30/2010		02/21/2008	
10.	06/30/2009		04/15/2009	06/30/2010			
11.	06/30/2009		01/30/2008	06/30/2010		04/07/2008	
12.	06/30/2009		03/14/2008	06/30/2010		04/07/2008	
13.	06/30/2009		N/A	06/30/2010		N/A	
14.	06/30/2009		03/02/2008	06/30/2010		03/05/2008	
15.	08/01/2008		07/14/2008	10/01/2008		09/05/2008	

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Low Rent Housing Agency of Burlington, Iowa			Grant Type and Number Capital Fund Program Grant No: IA015P01550108 Replacement Housing Factor Grant No:		Federal FY of Grant: 2008
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 4) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 05/29/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	20,000	20,000	20,000.00	7,693.04
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	56,056	159,333	158,952.90	155,507.35
10	1460 Dwelling Structures	95,000	34,000	16,161.17	8,025.47
11	1465.1 Dwelling Equipment—Nonexpendable	55,000	30,000	30,149.62	30,149.62
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	25,000	7,723	7,722.46	6,755.67
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	251,056	251,056	232,469.18	208,131.15
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs	25,000	19,000	647.20	647.20
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Low Rent Housing Agency of Burlington, Iowa			Grant Type and Number Capital Fund Program Grant No: IA05P01550108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IA015001 Autumn Heights				Original	Revised	Funds Obligated	Funds Expended	
1.	Powder-coat heat registers and fan grills	1460	1	10,000	---	---	---	Reschedule
2.	Complete street access projects (retainers)	1450	1	15,000	70,493	78,030.59	70,493.00	In Progress
3.	Replace central fire alarm system	1460	1	25,000	19,000	647.20	647.20	In Progress
4.	Replace drapes	1475 1 1465 1	200 200	55,000 55,000	55,000 30,000	30,149.62	30,149.62	Completed
5.	Upgrade computers	1475 4	8	15,000	5,000	15,387.76	4,033.21	In Progress
6.	Replace sidewalks	1450	200 lf	21,056	58,840	58,840.00	58,840.00	Completed
7.	Replace/expand landscaping	1450	Site	20,000	10,000	10,000.00	6,557.45	In Progress
8.	Caulk H/R exterior	1460	1	40,000	---	---	---	Reschedule
9.	Benches	1475 3	12	10,000	---	---	---	Reschedule
10.	Remodel H/R community room	1460	1	20,000	---	----	---	Reschedule
11.	General administration	1410		20,000	20,000	20,000.00	7,693.04	In Progress
12.	Replace bridge	1450	1	---	20,000	19,619.90	19,619.90	In Progress
13.	Sewer equipment	1475 2	1	---	2,723	2,722.46	2,722.46	Completed
14.	Force account labor	1460		---	10,000	10,000.00	1,864.30	In Progress
15.	Complete AC	1460	5	---	5,000	5,658.47	5,658.47	Completed

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Low Rent Housing Agency of Burlington, Iowa			Grant Type and Number Capital Fund Program No: IA05P01550108 Replacement Housing Factor No:			Federal FY of Grant: 2008	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IA015001 Autumn Heights							
1.	06/30/2010		N/A	06/30/2011		N/A	
2.	06/30/2010		10/07/2008	06/30/2011			
3.	06/30/2010			06/30/2011			
4.	06/30/2010		08/26/2008	06/30/2011		03/06/2009	
5.	06/30/2010			06/30/2011			
6.	06/30/2010		10/07/2008	06/30/2011		02/04/2009	
7.	06/30/2010			06/30/2011			
8.	06/30/2010		N/A	06/30/2011		N/A	
9.	06/30/2010		N/A	06/30/2011		N/A	
10.	06/30/2010		N/A	06/30/2011		N/A	
11.	05/31/2011			06/30/2011			
12.	06/30/2010			06/30/2011			
13.	06/30/2010		06/13/2008	06/30/2011		09/05/2008	
14.	06/30/2010			06/30/2011			
15.	06/30/2010		01/23/2009	06/30/2011		03/24/2009	

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Low Rent Housing Agency of Burlington, Iowa			Grant Type and Number Capital Fund Program Grant No: IA015P01550109 Replacement Housing Factor Grant No:		Federal FY of Grant: 2009
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	250,000			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

ARRA Competitive Grant:

The PHA intends to apply for assistance under the ARRA. The submission is preferred to be in the first round, but may be delayed based on the requirement to have leveraged funds. The PHA will apply for one of the items listed in the 5-Year Action Plan. It is currently anticipated that funding for an emergency (electrical) generator will be sought.

Fungible Items Not Assigned by Year

1. Operations	100,000
2. Replace front-mount mower	27,000
3. Replace “Gator”	15,500
4. Add mezzanine and storage in equipment storage building	25,000
5. Power washer	3,000
6. Caulk high-rise exterior	40,000
7. Benches	10,000
8. Powder-coat heat registers and fan grills	10,000
9. Repair/replace gazebo	15,000
10. Fire hydrants	30,000
11. Continue CCTV security improvements	15,000
12. Replace sidewalks/drives	50,000
13. Replace beauty salon equipment	5,000
14. Complete set of hand tools	5,000
15. Add electric outlets in apartments	20,000
16. Complete lighting in apartments	20,000
17. Replace drapes	10,000
18. General administration	100,000
19. Construct shelter house	40,000
20. Security improvements	17,500
21. Remodel/continue to remodel kitchens and bathrooms	1,200,000
22. Install canopies over main entry and east entry	110,000
23. Maintenance trailer	750
24. Landscaping equipment including, but not limited to: power rake and box scraper	5,000
25. Replace door locks	30,000

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

26. Paint apartment interiors	50,000
27. Refuse collecting equipment	2,000
28. Replace elevator hoisting, motors and electronic drive units and remodel cars	60,000
29. Replace van	25,000
30. Replace pick up	25,000
31. Sod lawns	5,000
32. Replace site lighting	25,000
33. Rewire TV system	50,000
34. Sidewalk and paving	50,000
35. Level slab floors	150,000
36. Improve access	200,000
37. Replace patios	20,000
38. Replace TV	1,500
39. Replace audio equipment	2,000
40. Replace PA equipment	2,000
41. Replace copiers	10,000
42. Replace gator	10,000
43. Emergency electrical generator	235,000
44. Upgrade computers and computer software	20,000
45. Replace smoke detectors	10,000
46. Landscaping: trees, shrubs, decorative plants, lawns	25,000
47. Replace office furniture	10,000
48. Decorate offices	10,000
49. Replace exterior doors (low-rise)	15,000
50. Install back-flow device in standing pipe	3,000
51. General administration of CFP	20,000
52. Replace AC	25,000
53. Repair/replace sanitary sewers and add clean-outs	10,000
54. Replace boilers	100,000
55. Install air curtain (h/r)	10,000
56. Add parking	50,000
57. Construct administrative office	500,000

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

58. Reconfigure/consolidate apartments to create larger-sized units	25,000
59. Solar panels	100,000
60. Wind generation of electrical power	1,000,000
61. Replace floor tile throughout	50,000
62. Remodel offices	20,000

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name: Low Rent Housing Agency of Burlington, Iowa					<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2010 PHA FY: 2011	Work Statement for Year 3 FFY Grant: 2011 PHA FY: 2012	Work Statement for Year 4 FFY Grant: 2012 PHA FY: 2013	Work Statement for Year 5 FFY Grant: 2013 PHA FY: 2014
	Annual Statement				
IA015001 Autumn Heights		250,000	250,000	250,000	250,000
CFP Funds Listed for 5-year planning		250,000	250,000	250,000	250,000
Replacement Housing Factor Funds					

8. Capital Fund Program Five-Year Action Plan

Note:

Procedures require that any activities intended under the CFRG be included within the *Capital Fund Five-Year Action Plan*, covering the four years after the annual year, 2009. The intent seems to be to reduce the backlog of current, high priority, deferred maintenance. The procedures also require that the budget be prepared on form HUD-50075.1. The information provided below meets the former requirement and attachment ia015a04 meets the latter requirement for IA05S01550109.

9. Violence Against Women Reauthorization Act of 2005 Statement

The Low Rent Housing Agency of Burlington, Iowa incorporated the requirements of VAWA into its Public Housing Admissions and Continued Occupancy Policy by a series of updates through December 17, 2008 and the Section 8 Administrative Plan in the same manner through April 15, 2009. The PHA has no programs or priority for victims of domestic violence, but will provide referral services to appropriate 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 4/30/2011

Part I: Summary	
PHA Name: Low Rent Housing Agency of Burlington, Iowa	Grant Type and Number Capital Fund Program Grant No: IA05S01550109 Replacement Housing Factor Grant No: Date of CFFP: 03/17/2009
FFY of Grant: 2009 FFY of Grant Approval: 2009	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	317,787			
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	257,787			
10	1460 Dwelling Structures	60,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

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

Part I: Summary						
PHA Name: Low Rent Housing Agency of Burlington, Iowa		Grant Type and Number Capital Fund Program Grant No: IA05S01550109 Replacement Housing Factor Grant No: Date of CFFP: 03/17/2009			FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
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)	317,787				
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 Marshal S. Walz			Signature of Public Housing Director		Date	
Date 05/29/2009						

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Low Rent Housing Agency of Burlington, Iowa				Federal FFY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
IA015001- Autumn Heights Apartments					
1.	03/17/2010		03/17/2012		
2.	03/17/2010		03/17/2012		
3.	03/17/2010		03/17/2012		
4.	03/17/2010		03/17/2012		
5.	03/17/2010		03/17/2012		

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

