

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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ANNUAL PHA PLAN FOR FISCAL YEAR: 2009

PHA NAME: LOWELL HOUSING AUTHORITY

	<p>Loss of Ross Grant (\$100,000/yr) and new approach needed <i>Received funding for 3 years through the 2005 ROSS Grant.</i></p> <p>Reduction in HCV funds & reserves <i>Maintaining Program numbers – Monitoring Market.</i></p> <p>Slow payment of McKinney monies <i>Not applicable</i></p> <p>Increase the availability of decent, safe, and affordable housing - preservation. Progress through May 31 2009</p> <p>Demolish and dispose of obsolete housing <i>LHA studying use of Section 32 Program for sale of scattered site units.</i></p> <p>Re-examine termination/eviction system to ensure more success at terminating residents who are not law abiding in a timely manner <i>Property Managers are cracking down on late rent payments. On-site remote scanning machines will provide better control.</i></p> <p>More police on every site <i>No action taken.</i></p> <p>Tougher screening of tenants <i>LHA has utilized the CORI and Triple III to improve screening process.</i></p> <p>More special activities for residents <i>ROSS program has provided on-site programs ie. meals, café, beauty & cosmetology, resident store, music therapy, health screenings. Field trips for culture and education.</i></p> <p>Need more youth facilities <i>In February 2009 the LHA hired two (2) part-time Youth Services Program Managers to provide better youth activities at North Common Village and George Flanagan facilities.</i></p> <p>More surveillance cameras <i>LHA has installed surveillance cameras at Francis Gatehouse Development.</i></p> <p>Convert State housing to Federal or other <i>No action being taken on this</i></p>
5.2	<p>Implement the HUD mandated resident screening committee with the additional authority to address problems relating to undesirable tenants. <i>RAB Board recommended to LHA to not continue this committee in 2007.</i></p> <p>Increase the availability of decent, safe, and affordable housing – production. Progress through May 31 2009</p> <p>Replace obsolete housing which has been removed <i>LHA is working with the City of Lowell on this process.</i></p> <p>Increase home ownership opportunities <i>The River's Edge complex is in process and has increased homeownership opportunities with eleven homeowners to date.</i></p> <p>Develop Project Based and other housing for mentally ill (400 people under 65 yrs old and 100 over 65 yrs old in LHA in 2005) and connect with services <i>12 Units are currently allocated for disabled singles at the Lowell Transitional Living Center.</i></p> <p>Establish affordable assisted living facilities <i>LHA has not proceeded on establishing assisted living facilities.</i></p> <p>Improve community quality of life and economic vitality Progress through May 31 2009</p> <p>Continue the increase in the number of employed residents in public housing and HCV program (2003 – 14% - 2004 – 19%) <i>The Family Self-Sufficiency Program has worked with residents on referrals for job search assistance, Middlesex Community College Work Readiness Program, Resume Development and Interview Preparation and Employment referrals.</i></p>

	<p>Lobby government to increase minimum wage <i>Federal and State of Mass minimum wages increased in 2008 and federal will increase in 2009.</i></p> <p>More Section 8 vouchers for working HHs <i>No action taken.</i></p> <p>Promote self-sufficiency and asset development of families and individuals Progress through May 31 2009</p> <p>Improve housing stock to make it marketable to higher income HHs <i>A complete Rehab of North Common Village walk-up units is in process and the rehab of Father Norton is scheduled to begin.</i></p> <p>Continue unit care and responsibility training for all new tenants <i>A new Orientation Packet for new tenants was implemented in September 2009.</i></p> <p>More basic jobs from government <i>Increased labor positions beginning in April 2009 with Stimulus funding.</i></p> <p>New attitude to working and non-working tenants alike <i>Implemented Fair Housing training in October 2008.</i></p> <p>Implement an IDA Program <i>IDA program was discontinued.</i></p> <p>Remove or modify the re-sale restrictions on HCV homeownership <i>No action taken.</i></p> <p>Ensure Equal Opportunity in Housing for all Americans Progress through May 31 2009</p> <p>Increase % of employed tenants <i>The Family Self-Sufficiency Program has worked with residents on referrals for job search assistance, Middlesex Community College Work Readiness Program, Resume Development, Interview Preparation and Employment referrals to improve the percentage of employed tenants.</i></p> <p>Diversify the Operational Base of the Authority Progress through May 31 2009</p> <p>Build more units for college students, especially low income students <i>LHA has not pursued this venture.</i></p> <p>More care about who become tenants <i>LHA has pursued tougher screening with CORI and Triple III checks.</i></p>
5.2	<p>Other Goals the LHA should pursue Progress through May 31 2009</p> <p>Address and eliminate fraud <i>Property Managers have vigorously acted upon reports of fraud.</i></p> <p>Develop Authority wide snow removal system <i>Snow removal system is in place in LHA developments.</i></p> <p>Address the issue of tenants with cars who do not pay their taxes and their parking on LHA property <i>No action has been taken on this.</i></p> <p>Get HUD to keep their promises <i>No action has been taken on this.</i></p> <p>Uniform pet policy (family and elderly – Fed and State) with new enforcement plan <i>A uniform pet policy has been put in place for family and elderly.</i></p> <p>Re-caulk and wash windows annually <i>A review to privatize this process was undertaken but found to be cost prohibitive. Alternative ways are under consideration.</i></p> <p>Review accessibility at Francis Gatehouse at ramp and from basement apartments</p>

	<p><i>LHA completed work in Spring 2008.</i></p> <p>Rebuild or replace elevators <i>Elevator work at Francis Gatehouse completed. Elevator work at Father Norton is in process.</i></p> <p>Review Tenant Transfer policy especially for overcrowded units <i>LHA revised the Transfer Policy in March 2008.</i></p> <p>Total Replacement of Heating and Hot Water systems in Nth Common <i>Completed work in 2008.</i></p> <p>Removal of internal gutter systems in hi-rises in Nth Common <i>Several buildings have been completed.</i></p> <p>Seal exterior walls, replace windows and tubs in Nth Common <i>Started work on several buildings.</i></p> <p>Replace gas lines, stoves, water lines, mats in entry halls in Nth Common <i>Included in future CFP.</i></p> <p>Remodel all units cabinets, stoves, sinks etc. in Nth Common, Flanagan, Francis Gatehouse, Bishop Markham <i>Started units at the North Common Village Development MA 1-1.</i></p> <p>Tear down Nth Common hi-rises and build SF ownership homes <i>No action taken.</i></p> <p>Redesign or reconfigure Adams Street <i>No action taken.</i></p> <p>More emphasis on safety <i>LHA Employee Safety Handbook is offered to all staff to encourage and emphasize safety. Hoisting License training was offered to all maintenance staff.</i></p> <p>Reduce favoritism and nepotism in the Authority <i>No action has been taken on this.</i></p> <p>Appoint one person to be responsible for monitoring regulatory and other rule changes and inform all staff promptly and clearly <i>Executive Administrator informs staff of rule changes, etc.</i></p> <p>Develop standard letters for residents authority wide <i>LHA is in process of developing standard letters.</i></p> <p>Have property managers and site maintenance staff more involved in rehab and construction work from design to construction <i>Property management staff participate in the process of identifying capital needs.</i></p> <p>Staffing has not kept up with demands - understaffing <i>Budgetary constraints have limited the hiring of additional staff.</i></p> <p>Communication within the agency needs to be upgraded <i>LHA has regular meetings conducted with Property Managers, Assistant Property Managers, and Housing Technicians.</i></p> <p>Get all residents employed full-time <i>The Family Self-Sufficiency Program has worked with residents on referrals for job search assistance, Middlesex Community College Work Readiness Program, Resume Development and Interview Preparation and Employment referrals.</i></p> <p>How to protect new homeowners if income drops <i>Section 8 Homeownership – covers this situation by adjusting S8 payment.</i></p>
5.2	<p>Elderly caregivers should be able to live in with elderly <i>LHA reviews each request on a case by case basis.</i></p> <p>New software management program <i>Elite software program was implemented including modules for Section 8, Low Rent Public Housing, Mass/State Public Housing and Procurement.</i></p> <p>Need for more productivity through better tools <i>Equipment and tool upgrades and modernizing are ongoing to improve productivity.</i></p> <p>Review of inappropriate job descriptions <i>Job descriptions still under review.</i></p> <p>Analyze work orders more usefully such as what are the most common/most expensive ‘failures’ <i>Work orders have been reviewed to determine if they are routine or capital improvement items.</i></p> <p>Introduce more cross-training</p>

	<p><i>No action taken.</i> How can staff 'burn-out' be managed? <i>No action taken.</i> Merit based pay raises <i>No action taken.</i> Privatize operations wherever possible <i>No action taken.</i></p>
6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (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.</p> <p>(a) Elements revised since 2008 are as follows:</p> <ul style="list-style-type: none"> • Operating Budget • Capital Improvement plans • Deconcentration analysis • Site based waiting list demographic analysis • RAB membership list <p>(b) Specific locations to obtain or view the annual plan for 2009-2010 are:</p> <ul style="list-style-type: none"> • Main office • Library • Website: www.lowellhousing.org
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p><u>Homeownership Program</u> The Lowell Housing Authority plans for any and all of these programs and described in last year's PHA Plan [2008] have not been changed. The Lowell Housing Authority has a strong Homeownership Program that is offered to all qualified Section 8 Participants. At the present time we have 11 families who are participating in this program and many families are working toward loan qualification. Four participants own Condominiums and seven own single family homes. We are very pleased that all purchased newly constructed properties and have been successful with making monthly payments. There is one staff person who closely monitors the program and assists with any issues that should arise. We hope to build on our current number of homeowners in the coming year.</p> <p><u>Project Based Section 8 Program</u> The Lowell Housing Authority currently has 98 units contracted under the Section 8 Project based Program. These apartments are located in all areas of the city. Many of the units were newly constructed and provide a nice living environment for our clients. We are looking to increase the number of project based units in the coming year.</p>
<u>8.0</u>	<u>Capital Improvements.</u>
<u>8.1</u>	<p><u>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the Capital Fund Program Annual Statement/Performance and Evaluation Report, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</u></p> <p><u>See attachment A</u></p>

8.2

Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan*, 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.

See attachment B

8.3

Capital Fund Financing Program (CFFP).

Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.

9.0

Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

HOUSING NEEDS TABLE						
				Household Type	% of HH	# of HH
Household Income <= 30% of MFI	RENTER	Elderly	Total No. of HH	100.0%	1,886	
			Any Hsg. Problem	55.7%	1,051	
			Cost Burden > 30%	54.4%	1,026	
			Cost Burden > 50%	35.9%	678	
		Sm. Related	Total No. of HH	100.0%	2,265	
			Any Hsg. Problem	74.0%	1,675	
			Cost Burden > 30%	70.0%	1,585	
			Cost Burden > 50%	47.7%	1,080	
		Lg. Related	Total No. of HH	100.0%	865	
			Any Hsg. Problem	90.2%	780	
			Cost Burden > 30%	78.6%	680	
			Cost Burden > 50%	48.0%	415	
	Other	Total No. of HH	100.0%	2,084		
		Any Hsg. Problem	67.4%	1,404		
		Cost Burden > 30%	64.7%	1,349		
		Cost Burden > 50%	48.9%	1,020		
	OWNER	Elderly	Total No. of HH	100.0%	828	
			Any Hsg. Problem	78.4%	649	
			Cost Burden > 30%	78.4%	649	
			Cost Burden > 50%	55.0%	455	
Sm. Related		Total No. of HH	100.0%	310		
		Any Hsg. Problem	90.3%	280		
		Cost Burden > 30%	90.3%	280		
		Cost Burden > 50%	72.6%	225		
Lg. Related	Total No. of HH	100.0%	59			

				Any Hsg. Problem	93.2%	55
				Cost Burden > 30%	86.4%	51
				Cost Burden > 50%	72.9%	43
			Other	Total No. of HH	100.0%	175
				Any Hsg. Problem	80.0%	140
				Cost Burden > 30%	80.0%	140
				Cost Burden > 50%	68.6%	120
9.0 Cont	Household Income >30% <=50% of MFI	RENTER	Elderly	Total No. of HH	100.0%	632
				Any Hsg. Problem	50.2%	317
				Cost Burden > 30%	49.5%	313
				Cost Burden > 50%	7.8%	49
			Sm. Related	Total No. of HH	100.0%	1,460
				Any Hsg. Problem	61.0%	890
				Cost Burden > 30%	52.7%	770
				Cost Burden > 50%	5.1%	75
			Lg. Related	Total No. of HH	100.0%	659
				Any Hsg. Problem	72.7%	479
				Cost Burden > 30%	31.0%	204
				Cost Burden > 50%	1.5%	10
		Other	Total No. of HH	100.0%	1,105	
			Any Hsg. Problem	73.8%	815	
			Cost Burden > 30%	68.8%	760	
			Cost Burden > 50%	17.2%	190	
		OWNER	Elderly	Total No. of HH	100.0%	884
				Any Hsg. Problem	19.1%	169
				Cost Burden > 30%	18.7%	165
				Cost Burden > 50%	11.3%	100
			Sm. Related	Total No. of HH	100.0%	447
				Any Hsg. Problem	74.3%	332
				Cost Burden > 30%	73.4%	328
				Cost Burden > 50%	33.3%	149
Lg. Related	Total No. of HH		100.0%	163		
	Any Hsg. Problem		75.5%	123		
	Cost Burden > 30%		73.0%	119		
	Cost Burden > 50%		11.7%	19		
Other	Total No. of HH	100.0%	243			
	Any Hsg. Problem	71.2%	173			
	Cost Burden > 30%	71.2%	173			
	Cost Burden > 50%	46.5%	113			
9.0 Cont	Household Income >50% <= 80% of MFI	RENTER	Elderly	Total No. of HH	100.0%	318
				Any Hsg. Problem	13.5%	43
				Cost Burden > 30%	13.5%	43
				Cost Burden > 50%	0.0%	0

			OWNER	Sm. Related	Total No. of HH	100.0%	1,663
					Any Hsg. Problem	17.0%	283
					Cost Burden > 30%	10.7%	178
					Cost Burden > 50%	0.6%	10
				Lg. Related	Total No. of HH	100.0%	580
					Any Hsg. Problem	62.9%	365
					Cost Burden > 30%	4.3%	25
					Cost Burden > 50%	0.0%	0
				Other	Total No. of HH	100.0%	1,554
					Any Hsg. Problem	21.5%	334
					Cost Burden > 30%	18.0%	280
					Cost Burden > 50%	0.6%	10
			OWNER	Elderly	Total No. of HH	100.0%	862
					Any Hsg. Problem	17.6%	152
					Cost Burden > 30%	15.9%	137
					Cost Burden > 50%	3.9%	34
				Sm. Related	Total No. of HH	100.0%	938
					Any Hsg. Problem	46.7%	438
					Cost Burden > 30%	46.3%	434
					Cost Burden > 50%	9.6%	90
Lg. Related	Total No. of HH	100.0%		560			
	Any Hsg. Problem	53.6%		300			
	Cost Burden > 30%	40.2%		225			
	Cost Burden > 50%	1.8%		10			
Other	Total No. of HH	100.0%	435				
	Any Hsg. Problem	60.9%	265				
	Cost Burden > 30%	60.9%	265				
	Cost Burden > 50%	8.0%	35				

9.0 Cont	Median Family Income	Total Households	Households with Any Housing Problem	% with Any Housing Problems	Disproportionate Need Threshold	
	< 30% MFI	8,472	6,032	71.20%	81.20%	
	31 - 50% MFI	5,593	3,300	59.00%	69.00%	
	51 - 80% MFI	6,910	2,177	31.50%	41.50%	
	> 81% MFI	16,861	1,821	10.80%	20.80%	
	BLACK NON-HISPANIC HOUSEHOLDS					
	< 30% MFI	228	148	64.90%	No	
	31 - 50% MFI	205	135	65.90%	No	
	51 - 80% MFI	258	95	36.80%	No	
	> 81% MFI	487	78	16.00%	No	
	ASIAN NON-HISPANIC HOUSEHOLDS					
	< 30% MFI	940	740	78.70%	No	
	31 - 50% MFI	580	440	75.90%	Yes	
	51 - 80% MFI	800	365	45.60%	Yes	
	> 81% MFI	1,855	501	27.00%	Yes	

HISPANIC HOUSEHOLDS				
< 30% MFI	1,694	1,215	71.70%	No
31 - 50% MFI	864	530	61.30%	No
51 - 80% MFI	789	299	37.90%	No
> 81% MFI	959	185	19.30%	No

Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.**

The following are the strategies prioritized in the 5 Year Plan Goals for Year 5 [October 2009-September 2010].

Changes Facing the Agency	Priority	Year to be Addressed
More training for all employees, especially in the maintenance trades	High	3-5
Rotate staff periodically to different jobs and locations	Low	3-5
Staff need a lot more training including communication, demeanor and management of relationships with other staff	Low	3-5
Reduced resources requires a different approach to staff utilization, discipline and leadership	Low	3-5

Increase the availability of decent, safe, and affordable housing - preservation.	Priority	Year to be Addressed
More police on every site	High	3-5
More surveillance cameras	High	3-5

Increase the availability of decent, safe, and affordable housing – production.	Priority	Year to be Addressed
Increase home ownership opportunities	High	3-5
Develop Project Based and other housing for mentally ill (400 people under 65 yrs old and 100 over 65 yrs old in LHA in 2005) and connect with services	High	3-5

Improve community quality of life and economic vitality	Priority	Year to be Addressed
Continue the increase in the number of employed residents in public housing and HCV program (2003 – 14%, 2004 – 19%, 2005 – 20%, 2006-34%)	High	3-5
More Section 8 vouchers for working HHs	Low	3-5

Promote self-sufficiency and asset development of families and individuals	Priority	Year to be Addressed
Improve housing stock to make it marketable to higher income HHs	Low	3-5
Continue unit care and responsibility training for all new tenants	Low	3-5
Get all residents employed full-time	Medium	3-5
Implement an IDA Program with CDBG funds	High	5

9.1

9.1 Cont	Ensure Equal Opportunity in Housing for all Americans	Priority	Year to be Addressed
	Diversify the Operational Base of the Authority	Priority	Year to be Addressed
	More care about who become tenants	Low	3-5
	Other Goals the LHA should pursue	Priority	Year to be Addressed
	Make work fun	Low	3-5
	Re-caulk and wash windows annually	Medium	3-5
	Rebuild or replace elevators	High	3-4
	Total Replacement of Heating and Hot Water systems in Nth Common	High	3-4
	Remodel all units cabinets, stoves, sinks etc. in Nth Common, Flanagan, Francis Gatehouse, Bishop Markham	High	3-4
	Redesign or reconfigure Adams Street for improved parking and travel using CDBG Funds	High	4
	Removal of internal gutter systems in hi-rises in Nth Common	High	3-4
	Have property managers and site maintenance staff more involved in rehab and construction work from design to construction	High	3-5
	Need for more productivity through better tools	Low	3-5
	Analyze work orders more usefully such as what are the most common/most expensive 'failures'	Low	3-5
	Reduce favoritism and nepotism in the Authority	Low	3-5
	Staffing has not kept up with demands - understaffing	Low	3-4
	Communication within the agency needs to be upgraded	High	3-4
	How can staff 'burn-out' be managed?	Low	3-5
	Introduce more cross-training	Low	3-5
	Continue privatization of operations wherever possible	Medium	3-5
9.1 Cont	Reasons for Selecting Strategies		
	Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:		
	<input checked="" type="checkbox"/>	Funding constraints	
	<input checked="" type="checkbox"/>	Staffing constraints	
	<input checked="" type="checkbox"/>	Extent to which particular housing needs are met by other organizations in the community	
	<input checked="" type="checkbox"/>	Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA	
	<input checked="" type="checkbox"/>	Influence of the housing market on PHA programs	
	<input checked="" type="checkbox"/>	Community priorities regarding housing assistance	
	<input checked="" type="checkbox"/>	Results of consultation with local or state government	
	<input checked="" type="checkbox"/>	Results of consultation with residents and the Resident Advisory Board	
<input checked="" type="checkbox"/>	Results of consultation with advocacy groups		
<input checked="" type="checkbox"/>	Other: (list below)		
	<input checked="" type="checkbox"/> Specialized housing studies		

<p>10.0</p>	<p>Additional Information. 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.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>(A) PROGRESS REPORT 10/2008-9/2009 SEE SECTION 5.1 ABOVE.</p> <p>(B) SUBSTANTIAL DEVIATION</p> <p>The LHA has determined that a significant amendment or modification will only occur if a formal vote of the Board of Commissioners is required for any changes to the Capital Fund Plan which has a budgetary consequence greater than 25% and which requires a vote of the Board of Commissioners. In addition, any plan to implement a decision to demolish or dispose of a development or to designate a development as elderly only or disabled only, which already requires a hearing and Board approval process as well as HUD approval, will be considered a significant amendment or modification to the PHA Plan.</p>
<p>11.0</p>	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</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>© 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>
	<p>Attachments</p> <p>A. Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i></p> <p>B. Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i></p> <p>C. RAB Comments</p> <p>D. Challenged Elements</p> <p>E. Certifications</p>

ATTACHMENTS

A. Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development

Capital Fund Program, Capital Fund Program Replacement Housing Factor and

Office of Public and Indian Housing

Capital Fund Financing Program

OMB No. 2577-0226

Expires 4/30/2011

Part I: Summary					
PHA Name: LOWELL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P00150105 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2005 FFY of Grant Approval: 08/18/2005
Type of Grant <input 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 checked="" type="checkbox"/> 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				
2	1406 Operations (may not exceed 20% of line 21) ³	135,000	135,000	135,000	135,000
3	1408 Management Improvements	494,800	494,800	494,800	494,800
4	1410 Administration (may not exceed 10% of line 21)	307,359	307,359	307,359	307,359
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,264	50,264	50,264	50,264
8	1440 Site Acquisition				
9	1450 Site Improvement	970,751	970,751	970,751	970,751
10	1460 Dwelling Structures	710,217	710,217	710,217	710,217
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	405,200	405,200	405,200	405,200
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

A. Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development

Part I: Summary						
PHA Name: LOWELL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P00150105 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2005 FFY of Grant Approval: 08/18/2005	
Type of Grant						
<input 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 checked="" 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)	3,073,591	3,073,591	3,073,591	3,073,591	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director			Date	Signature of Public Housing Director		
				Date		

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

Part II: Supporting Pages								
PHA Name: LOWELL HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MA06P00150105 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2005		
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 ¹	Funds Obligated ²	Funds Expended ²	
HA-WIDE	OPERATIONS	1406	ALL	135,000	135,000	135,000	135,000	COMPLETED
HA-WIDE	MANAGEMENT IMPROVEMENTS	1408	ALL	494,800	494,800	494,800	494,800	COMPLETED
HA-WIDE	ADMINISTRATION	1410	ALL	307,359	307,359	307,359	307,359	COMPLETED
HA-WIDE	A/E FEES	1430	ALL	50,264	50,264	50,264	50,264	COMPLETED
HA-WIDE	NON ROUTINE VACANCY PREP AT MA 1-1,MA 1-2,MA 1-3,MA 1-6	1460	ALL	64,833	64,833	64,833	64,833	COMPLETED
HA-WIDE	NON ROUTINE PREVENTIVE MAINT. REPAIRS	1460	ALL	71,384	71,384	71,384	71,384	COMPLETED
MA 1-1	LANDSCAPING WALKS, YARDS, LIGHTING, HANCOCK ST TO GARRIN TERR.	1450	506	375,948	375,948	375,948	375,948	COMPLETED
MA 1-1	LANDSCAPING PHASE 2 COMMON AVE TO ADAMS ST	1450	506	463,601	463,601	463,601	463,601	COMPLETED
MA 1-2	REPLACED ELECTRIC TRANSFORMER	1450	166	5,850	5,850	5,850	5,850	COMPLETED
MA 1-3	LANDSCAPING PARKING LOTS WALKS,FENCING, PLANTINGS	1450	399	62,022	62,022	62,022	62,022	COMPLETED
MA 1-5	NEW CURBING FOR PARKING LOT,EXTERIOR CABLING FOR CAMERAS	1450	112	5,070	5,070	5,070	5,070	COMPLETED
MA 1-6	FRONT ENTRANCE	1450	189	28,030	28,030	28,030	28,030	COMPLETED

Part II: Supporting Pages								
PHA Name: LOWELL HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MA06P00150105 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2005		
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 ¹	Funds Obligated ²	Funds Expended ²	
	DRIVEWAY,LIGHTING,BENCHES,CURBING							
MA 1-6	ELEVATOR UPGRADE COMPLETE	1470	189	405,200	405,200	405,200	405,200	COMPLETED

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: LOWELL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P00150105 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2005		
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 ¹	Funds Obligated ²	Funds Expended ²	
MA 1-11	REPLACE DOMESTIC WATER LINES FOR BUILDING	1450	90	17,750	17,750	17,750	17,750	COMPLETED
MA 1-12	REHAB OF UINTS AND COMMON AREAS	1460	45	574,000	574,000	574,000	574,000	COMPLETED
MA 1-14	REPAVED PARKING LOT AT LINCOLN ST	1450	60	12,480	12,480	12,480	12,480	COMPLETED

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: LOWELL HOUSING AUTHORITY				Federal FFY of Grant: 2005	
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	
HA-WIDE 1406	08/17/2007	08/17/2007	08/17/2009	03/31/2009	
HA-WIDE 1408	08/17/2007	08/17/2007	08/17/2009	03/31/2009	
HA-WIDE 1410	08/17/2007	08/17/2007	08/17/2009	03/31/2009	
HA-WIDE 1430	08/17/2007	08/17/2007	08/17/2009	03/31/2009	
HA-WIDE 1450	08/17/2007	08/17/2007	08/17/2009	03/31/2009	
HA-WIDE 1460	08/17/2007	08/17/2007	08/17/2009	03/31/2009	
HA-WIDE 1470	08/17/2007	08/17/2007	08/17/2009	03/31/2009	
HA-WIDE 1475	08/17/2007	08/17/2007	08/17/2009	03/31/2009	

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.

Part I: Summary					
PHA Name: LOWELL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P00150106 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2006 FFY of Grant Approval: 07/18/2006
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2009 <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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	125,000	125,000	125,000	125,000
3	1408 Management Improvements	479,940	524,581	524,581	524,581
4	1410 Administration (may not exceed 10% of line 21)	285,555	285,556	285,556	285,556
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	250,000	363,734	363,734	363,734
10	1460 Dwelling Structures	1,467,042	1,506,185	1,506,185	1,502,784
11	1465.1 Dwelling Equipment—Nonexpendable	28,019	28,019	28,019	28,019
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	220,000	22,481	22,481	22,481
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

Part I: Summary						
PHA Name: LOWELL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P00150106 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2006 FFY of Grant Approval: 07/18/2006	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2009 <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)	2,855,556	2,855,556	2,855,556	2,852,154	
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			100%		
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

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

Part II: Supporting Pages								
PHA Name: LOWELL HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MA06P00150106 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006		
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 ¹	Funds Obligated ²	Funds Expended ²	
HA-WIDE	OPERATIONS	1406	ALL	125,000	125,000	125,000	125,000	COMPLETED
HA-WIDE	MANAGEMENT IMPROVEMENTS SECURITY CAMERAS AND EQUIPMENT	1408	ALL	479,940	524,581	524,581	524,581	COMPLETED
HA-WIDE	ADMINISTRATION	1410	ALL	285,556	285,556	285,556	285,556	COMPLETED
NORTH COMMON VILLAGE MA 1-1	SITE WORK WALKWAYS STEPS AND REPOINTING	1450	526	0	18,000	18,000	18,000	COMPLETED
NORTH COMMON VILLAGE MA 1-1	HEATING UPGRADE AND CONVERSION	1460	526	394,150	394,726	394,726	394,726	COMPLETED
NORTH COMMON VILLAGE MA 1-1	REHAB OF UNITS KIT., BATHS ,WINDOWS ,WALLS FLOORS	1460	330	438,972	472,361	472,361	468,960	ON GOING
GEORGE FLANAGAN MA 1-2	SITE IMPROVEMENTS WALKS STEPS REPIONT BUILDINGS	1450	166	0	15,000	15,000	15,000	COMPLETED
	REPLACED STORM DOORS	1460	166	0	2,256	2,256	2,256	COMPLETED

Part II: Supporting Pages								
PHA Name: LOWELL HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MA06P00150106 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006		
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 ¹	Funds Obligated ²	Funds Expended ²	
	ON ALL UNITS FRONT AND BACK							
BISHOP MARKHAM VILLAGE MA 1-3	SITE WORK REPAIRS TO STEPS CANOPIES WALKS	1450	399	0	17,000	17,000	17,000	COMPLETED

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: LOWELL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P00150106 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2006		
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 ¹	Funds Obligated ²	Funds Expended ²	
FAULKNER ST MA 1-4	INSTALLED NEW HANDRAILS ON ALL EXTERIOR STEPS	1450	28	7,225	7,225	7,225	7,225	COMPLETED
FATHER NORTON MANOR MA 1-5	NEW STOVES AND STOVE CONNECTORS	1465.1	112	28,019	28,019	28,019	28,019	COMPLETED
DEWEY ARCHAMBAULT TOWERS MA 1-6	FRONT ENTRANCE DRIVEWAY,LIGHT POSTS, BENCHES	1450	189	20,729	20,729	20,729	20,729	COMPLETED
FRANCIS GATEHOUSE MA 1-11	REPOINTED EXTERIOR BRICK AND INTERIOR WALLS	1450	90	191,095	204,829	204,829	204,829	COMPLETED
FRANCIS GATEHOUSE MA 1-11	ELEVATOR UPGRADE	1475	90	220,000	22,481	22,481	22,481	COMPLETED
SCATTERED SITES MA 1-12 WESTFORD ST	WALL, FENCE, WALKS	1450	45	30,951	80,951	80,951	80,951	COMPLETED
MA 1-12 SCATTERED SITES	WINDOWS/REHAB UNITS	1460	45	301,621	301,621	301,621	301,621	COMPLETED
MA 1-14	WUBDOWS/REHAB UNITS	1460	60	332,299	335,221	335,221	335,221	COMPLETED

Part II: Supporting Pages								
PHA Name: LOWELL HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MA06P00150106 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006		
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 ¹	Funds Obligated ²	Funds Expended ²	
SCATTERED SITES								

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: LOWELL HOUSING AUTHORITY				Federal FFY of Grant: 2006	
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	
1460 OPERATIONS	09/30/2008	03/31/2008	09/30/2010	03/31/2009	
1408 MANAGEMENT IMPROVEMENTS	09/30/2008	03/31/2008	09/30/2010	03/31/2009	
1410 ADMINISTRATION	09/30/2008	03/31/2008	09/30/2010	03/31/2009	
1430 FEES AND COSTS	09/30/2008	03/31/2008	09/30/2010	03/31/2009	
1470 NON-DEWLLING STRUCTURES	09/30/2008	03/31/2008	09/30/2010	03/31/2009	
1460 DEWLLING STRUCTURES	09/30/2008	03/31/2008	09/30/2010	09/30/2010	
1465.1 DEWLLING EQUIPMENT	09/30/2008	03/31/2008	09/30/2010	09/30/2009	
1475 NON-DEWLLING EQUIPMENT	09/30/2008	03/31/2008	09/30/2010	09/30/2009	

Part I: Summary					
PHA Name: LOWELL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P00150206 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2006 FFY of Grant Approval: 05/04/2007
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2009 <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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	50,000	50,000	50,000	50,000
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	24,160	24,160	24,160	24,160
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	110,186	106,508	106,508	106,508
10	1460 Dwelling Structures	45,000	58,678	58,678	58,678
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	2,254	2,254	2,254	2,254
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

Part I: Summary					
PHA Name: LOWELL HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MA06P00150206 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2006 FFY of Grant Approval: 05/04/2007			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2009				<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)	241,600	241,600	241,600	114,889
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities			100%	
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director			Date	Signature of Public Housing Director	
				Date	

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

Part II: Supporting Pages								
PHA Name: LOWELL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P00150206 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006			
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 ¹	Funds Obligated ²	Funds Expended ²	
HA-WIDE OPERATIONS	1406	1406	ALL	50,000	50,000	50,000	50,000	COMPLETED
HA-WIDE ADMINISTRATION	1410	1410	ALL	24,160	24,160	24,160	24,160	COMPLETED
NORTH COMMON VILLAGE MA 1-1	LANDSCAPING COMMON AVE AREA AND PARKING	1450	506	110,186	106,508	106,508	3,957	ON-GOING
NORTH COMMON VILLAGE MA 1-1	CONVERSION OF UNITS FROM ONE BR. TO TWO BR.	1460	2	45,000	58,678	58,678	58,678	COMPLETED
FRANICS GATEHOUSE MA 1-11	ELEVATOR UPGRADE	1475	90	12,254	2,254	2,254	2,254	COMPLETED

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: LOWELL HOUSING AUTHORITY					Federal FFY of Grant: 2006
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	
1406 OPERATIONS	05/04/2009	05/04/2009	05/04/2011	03/31/2009	
1410 ADMINISTRATION	05/04/2009	05/04/2009	05/04/2011	03/31/2009	
1450 SITE IMPROVEMENT	05/04/2009	05/04/2009	05/04/2011	05/04/2010	
1460 DWELLING STRUCTURES	05/04/2009	05/04/2009	05/04/2011	03/31/2009	
1475 NON-DWELLING EQUIPMENT	05/04/2009	05/04/2009	05/04/2011	03/31/2009	

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.

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: LOWELL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P00150107 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2007 FFY of Grant Approval: 09/13/2007
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2009 <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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	123,273	123,273	123,273	123,273
3	1408 Management Improvements	200,000	146,633	146,633	146,633
4	1410 Administration (may not exceed 10% of line 21)	300,932	300,932	300,932	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	200,000	52,930	52,930	52,930
8	1440 Site Acquisition				
9	1450 Site Improvement	100,000	175,895	10,352	10,352
10	1460 Dwelling Structures	1,171,720	1,598,432	1,598,432	1,598,432
11	1465.1 Dwelling Equipment—Nonexpendable	45,382	0	0	0
12	1470 Non-dwelling Structures	125,000	11,670	11,670	11,670
13	1475 Non-dwelling Equipment	693,008	599,550	599,550	363,282
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	50,000	0	0	0
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

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

Part I: Summary						
PHA Name: LOWELL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P00150107 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2007 FFY of Grant Approval: 09/13/2007	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2009				<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)	3,009,315	3,009,315	2,843,772	2,306,572	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities			94%		
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director			Date	Signature of Public Housing Director		
				Date		

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: LOWELL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P00150107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007			
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 ¹	Funds Obligated ²	Funds Expended ²	
HA-WIDE OPERATIONS	1406	1406	ALL	123,273	123,273	123,273	123,273	COMPLETED
HA-WIDE DWELLING EQUIPMENT	1465.1	1465.1	ALL	45,382	0	0	0	DEFERRED
HA-WIDE MANAGEMENT IMPROVEMENTS	1408 SECURITY CAMERAS	1408	ALL	200,000	146,633	146,633	146,633	COMPLETED
HA-WIDE NON-ROUTINE VACANCY PREP.	1460	1460	ALL	65,000	0	0	0	DEFERRED
HA-WIDE ADMINISTRATION	1410	1410	ALL	300,932	300,932	300,932	0	ON-GOING
HA-WIDE NON-ROUTINE PREVENTIVE MAINT.	1460	1460	ALL	65,000	0	0	0	DEFERRED
HA-WIDE FEES AND COSTS	A AND E FEES 1430	1430	ALL	200,000	52,930	52,930	52,930	COMPLETED
HA-WIDE RELOCATION COSTS	1495.1	1495.1	ALL	50,000	0	0	0	DEFERRED
NORTH COMMON VILLAGE MA1-1	1450 LANDSCAPING	1450	506	100,000	175,895	10,352	10,352	ON-GOING
NORTH COMMON	1460 HEATING AND	1460	506	316,720	241,717	241,717	241,717	COMPLETED

Part II: Supporting Pages								
PHA Name: LOWELL HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MA06P00150107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
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 ¹	Funds Obligated ²	Funds Expended ²	
VILLAGE MA 1-1	ELECTRIAL UPGRADES							
NORTH COMMON VILLAGE MA 1-1	1460 REHAB OF UNITS KIT. BATHS WINDOWS PLUMBING	1460	330	500,000	1,274,976	1,274,976	1,274,976	COMPLETED FOR THIS BUDGET
GEORGE FLANAGAN MA -1-2	REPLACED ALL STORM DOORS FRONT AND BACK	1460	166	125,000	45,473	45,473	45,473	COMPLETED
BISHOP MARKHAM MA 1-3	ELEVATOR UPGRADE	1475	399	80,008	0	0	0	DEFERRED
FATHER NORTON MANOR MA 1-5	ELEVATOR UPGRADE 2-CARS	1475	112	413,000	413,000	413,000	176,732	ON-GOING
FRANCIS GATEHOUSE MA 1-11	BUILDING EXTERIOR FENCING	1460	90	0	1,504	1,504	1,504	COMPLETED
FRANCIS GATEHOUSE MA1-11	INTERIOR COMMON AREA HALLWAY PAINTING AND FLOORS	1470	90	125,000	11,670	11,670	11,670	COMPLETED
FRANCIS GATEHOUSE MA1-11	ELEVATOR UPGRADE ONE CAR	1475	90	200,000	186,550	186,550	186,550	COMPLETED
SCATTERED SITES MA 1-14	REPAIRS TO EXTERIOR OF BUILDINGS ENTRANCE DOORS AND WALKS ,DRIVEWAYS	1460	60	100,000	34,762	34,762	34,762	COMPLETED

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: LOWELL HOUSING AUTHORITY					Federal FFY of Grant: 2007
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	
HA-WIDE OPERATIONS 1406	09/11/2009	03/31/2009	09/11/2011	03/31/2009	
HA-WIDE MANAGEMENT IMPROVEMENTS 1408	09/11/2009	03/31/2009	09/11/2011	03/31/2009	
HA-WIDE ADMINISTRATION 1410	09/11/2009	09/11/2009	09/11/2011		
HA-WIDE A/E FEES 1430	09/11/2009	03/31/2009	09/11/2011	03/31/2009	
HA-WIDE SITE IMPROVEMENTS 1450	09/11/2009	09/11/2009	09/11/2011		
MA 1-1 HEATING UPGRADE 1460	09/11/2009	03/11/2009	09/11/2011	03/11/2009	
MA 1-1 KIT. AND BATHS REHAB 1460	09/11/2009	03/31/2009	09/11/2011	03/31/2009	
MA 1-2 STORM DOORS 1460	09/11/2009	03/31/2009	09/11/2011	03/31/2009	
MA 1-12 AND MA 1-14- 1460	09/11/2009	03/31/2009	09/11/2011	03/31/2009	
MA 1-11 HALLWAYS AND PAINTING 1470	09/11/2009	03/31/2009	09/11/2011	03/31/2009	
MA 1-11 FENCING AND WALKS	09/11/2009	03/31/2009	09/11/2011	03/31/2009	
MA 1-11 ELEVATOR UPGRADE 1475	09/11/2009	03/31/2009	09/11/2011	03/31/2009	

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: LOWELL HOUSING AUTHORITY					Federal FFY of Grant: 2007
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	
MA 1-5 ELEVATOR UPGRADE 1475	09/11/2009	03/31/2009	09/11/2011		

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.

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: LOWELL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P00150108 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2008 FFY of Grant Approval: 06/13/2008
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2009 <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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	18,025	18,025	18,025	18,025
3	1408 Management Improvements	200,000	200,000	0	0
4	1410 Administration (may not exceed 10% of line 21)	297,892	297,892		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	100,000	100,000	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	178,000	178,000	0	0
10	1460 Dwelling Structures	1,830,000	1,830,000	138,537	138,537
11	1465.1 Dwelling Equipment—Nonexpendable	70,000	70,000	0	0
12	1470 Non-dwelling Structures	25,000	25,000	13,200	13,200
13	1475 Non-dwelling Equipment	250,000	250,000	0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	10,000	10,000		
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.

Part I: Summary					
PHA Name: LOWELL HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MA06P00150108 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2008 FFY of Grant Approval: 0613/2008	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2009				<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)	2,978,917	2,978,917		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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

Part II: Supporting Pages								
PHA Name: LOWELL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P00150108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008			
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 ¹	Funds Obligated ²	Funds Expended ²	
HA-WIDE 1406	OPERATIONS	1406	ALL	18,025	18,025	18,025	18,025	COMPLETED
HA-WIDE MANAGEMENT IMPROVEMENTS	SECURITY CAMERAS AND ISTALATION	1408	ALL	200,000	200,000	0	0	ON-GOING
HA-WIDE ADMINISTRATION	1410	1410	ALL	297,892	297,892	0	0	ON-GOING
HA-WIDE A/E FEES	1430	1430	ALL	100,000	100,000	0	0	ON-GOING
HA-WIDE RELOCATION	1495.1	1495.1	ALL	10,000	10,000	0	0	ON-GOING
AMP-1 SITE IMPROVEMENTS	WALKS, LANDSCAPING	1450	506	50,000	50,000	0	0	ON-GOING
AMP-1	ROOF REPAIRS	1460	506	115,000	115,000	62,500	62,500	ON-GOING
AMP-1	REMOVAL OF OBSOLETE BOILERS	1460	506	10,000	10,000	8,500	8,500	COMPLETED
AMP-1	UNIT REHAB KIT. AND BATHS	1460	330	550,000	550,000	550,000	1,756	ON-GOING
AMP-1	DWELLING EQUIPMENT	1465	506	20,000	20,000	0	0	ON-GOING
AMP-2	SITE IMPROVEMENTS	1450	300	91,000	91,000	0	0	ON-GOING
AMP-2	SIDING AT MA 1-2 AND	1460	205	200,000	200,000	21,780	21,780	ON-GOING

Part II: Supporting Pages								
PHA Name: LOWELL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P00150108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008			
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
	UNIT REHAB AT MA 1-12							

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: LOWELL HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MA06P00150108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
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 ¹	Funds Obligated ²	Funds Expended ²	
AMP-2	DWELLING EQUIPMENT	1465	300	37,000	37,000	0	0	ON-GOING
AMP-2	NON-DWELLING STRUCTURE	1470	166	25,000	25,000	13,200	13,200	COMPLETED
AMP-3	SITE IMPROVEMENTS	1450	427	15,000	15,000	0	0	ON-GOING
AMP-3	HANDICAPPED UNIT REHAB	1460	1	25,000	25,000	23,021	23,021	ON-GOING
AMP-3	NON-DWELLING EQUIP. GENERATOR	1475	100	150,000	150,000	0	0	ON-GOING
AMP-4	SITE IMPROVEMENTS	1450	391	22,000	22,000	0	0	ON-GOING
AMP-4	MA1-5 PAINTING EXTERIOR OF BUILDING-MA1-6 REPAIRS TO EXTERIOR CANOPY-MA1-11 HANDICAPPED UNIT REHAB-MA1-11 REPOINT BRICK ON EXTERIOR OF BUILDING-MA1-5 CONNECT SPRINKLER SYSTEM TO COMMON HALLWAYS	1460	391	920,000	920,000	20,979	20,979	ON-GOING
AMP-4	DWELLING EQUIPMENT	1465	391	11,000	11,000	0	0	ON-GOING
AMP-4	NON-DWELLING EQUIPMENT GENERATOR	1475	90	100,000	100,000	0	0	ON-GOING

Part II: Supporting Pages							
PHA Name: LOWELL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P00150108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
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

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: LOWELL HOUSING AUTHORITY				Federal FFY of Grant: 2008	
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	
HA-WIDE OPERATIONS	06/12/2010		06/12/2012		
HA-WIDE MANAGEMENT IMPROVEMENTS	06/12/2010		06/12/2012		
HA-WIDE ADMINISTRATION	06/12/2010		06/12/2012		
HA-WIDE A/E FEES	06/12/2010		06/12/2012		
HA-WIDE 1450	06/12/2010		06/12/2012		
HA-WIDE 1460	06/12/2010		06/12/2012		
HA-WIDE 1465	06/12/2010		06/12/2012		
MA-12 1470	06/12/2010		06/12/2012		
MA-1-11	06/12/2010		06/12/2012		
MA-1-3	06/12/2010		06/12/2012		
HA-WIDE 1495	06/12/2010		06/12/2012		

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

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

Part I: Summary					
PHA Name: LOWELL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06500150109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 03/18/2009
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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	377,072			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	422,928			
10	1460 Dwelling Structures	2,970,720			
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.

Part I: Summary					
PHA Name: LOWELL HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MA06500150109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval: 03/18/09			
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)	3,770,720			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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

Part II: Supporting Pages								
PHA Name: LOWELL HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MA06500150109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
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 ¹	Funds Obligated ²	Funds Expended ²	
AMP-1 MA.1-1	LANDSCAPING PHASE 3 ADAMS ST.	1450		422,928				
	FROM 402 ADAMS TO 360 ADAMS ST. PLANS WERE IN DESIGN. GOING OUT TO BID WITHIN 60 DAYS.							
AMP-1 MA.1-1	WINDOW REPLACEMENT IN ROW HOUSES 176 UNITS. WORK TO BE DONE WITH FORCED LABOR ACCOUNT	1460		510,000				
AMP-2 MA.1-2	REPLACE SIDING ON 23 BUILDINGS. WORK TO BE DONE WITH FORCED LABOR ACCOUNT.	1460		1,010,720				
AMP-3 MA.1-3	REPLACE ROOFS AT 50 SUMMER ST. ROOF WORK IN DESIGN GOING OUT TO BID WITHIN 45 DAYS.	1460		350,000				
AMP-3 MA.1-3	REPLACE WINDOWS IN ALL UNITS 399. WORK TO BE	1460		1,100,000				

Part II: Supporting Pages								
PHA Name: LOWELL HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MA06500150109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
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 ¹	Funds Obligated ²	Funds Expended ²	
	DONE WITH FORCED LABOR ACCOUNT.							
	TOTAL				3,393,648			
	TOTAL	3,393,648						

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: LOWELL HOUSING AUTHORITY				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	
AMP-1 MA.1-1-1450	03/17/2010		03/17/2012		
AMP-1 MA.1-1-1460	03/17/2010		03/17/2012		
AMP-2 MA.1-2-1460	03/17/2010		03/17/2012		
AMP-3 MA.1-3-1460	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.

Part I: Summary						
PHA Name: LOWELL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval:	
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	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	25,000				
3	1408 Management Improvements	125,000				
4	1410 Administration (may not exceed 10% of line 21)	297,892				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	50,000				
8	1440 Site Acquisition					
9	1450 Site Improvement	213,382				
10	1460 Dwelling Structures	1,358,469				
11	1465.1 Dwelling Equipment—Nonexpendable	5,000				
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs	19,174				
17	1499 Development Activities ⁴					

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary					
PHA Name: LOWELL HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval:	
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	885,000			
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	2,978,917			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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

Part II: Supporting Pages								
PHA Name: LOWELL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
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 ¹	Funds Obligated ²	Funds Expended ²	
HA-WIDE	NON-ROUTINE VACANCY PREP.	1460	ALL	5,000				
HA-WIDE	NON-ROUTINE PM REPAIRS	1460	ALL	5,000				
HA-WIDE	DWILLING EQUIPMENT	1465.1	ALL	5,000				
HA-WIDE	RELOCATION FOR REHAB	1495.1	ALL	19,174				
AMP-1 MA 1-1	SITE IMPROVEMENTS	1450	506	100,000				
AMP-1 MA.1-1	DEBT SERVICE REHAB OF UNITS	9000	330	885,000				
AMP-2 MA 1-2	SITE IMPROVEMENTS	1450	300	75,000				
AMP-2 MA.1-2	KIT.AND BATH REHAB	1460	166	1,102,942				
AMP-3 MA 1-3	SITE IMPROVEMENTS	1450	427	20,000				
AMP-3 MA.1-3	KIT.AND BATH REHAB PHASE -1	1460	399	245,527				
AMP-4 MA 1-5,1-6,1-11	SITE IMPROVEMENTS	1450	391	18,382				
	TOTAL							

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: LOWELL HOUSING AUTHORITY				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	
HA-WIDE 1406	06/01/11		06/01/13		
HA-WIDE 1408	06/01/11		06/01/13		
HA-WIDE 1410	06/01/11		06/01/13		
HA-WIDE 1430	06/01/11		06/01/13		
HA-WIDE 1450	06/01/11		06/01/13		
AMP-1-9000-MA.1-1	06/01/11		06/01/13		
AMP-2-1460-MA.1-2	06/01/11		06/01/13		
AMP-3-1460-MA.1-3	06/01/11		06/01/13		

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.

B. Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan*

PART I: SUMMARY						
PHA Name/Number LOWELL HOUSING AUTHORITY MA101			Locality (City/County & State)		<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name LOWELL HOUSING AUTHORITY	Work Statement for Year 1 FFY _2009_____	Work Statement for Year 2 FFY __2010_____	Work Statement for Year 3 FFY _2011_____	Work Statement for Year 4 FFY 2012_____	Work Statement for Year 5 FFY 2013 _____
B.	Physical Improvements Subtotal	Annual Statement	638,383	600,000	735,000	1,225,000
C.	Management Improvements		200,000	250,000	250,000	100,000
D.	PHA-Wide Non-dwelling Structures and Equipment		692,642	200,000	525,000	375,000
E.	ADMINISTRATION		297,892	297,892	297,892	297,892
F.	Other		195,000	658,383	237,642	101,025
G.	Operations		100,000	117,642	53,383	25,000
H.	Demolition					
I.	Development				25,000	
J.	Capital Fund Financing – Debt Service		855,000	855,000	855,000	855,000
K.	Total CFP Funds		2,978,917	2,978,917	2,978,917	2,978,917
L.	Total Non-CFP Funds					
M.	Grand Total		2,978,917	2,978,917	2,978,917	2,978,917

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2009____	Work Statement for Year _2010_____ FFY 2011			Work Statement for Year: _2011_____ FFY 2012		
	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	AMP 1			AMP 1		
ANNUAL	DEBT SERVICE REHAB OF UNITS AT 1-1 - 1460	330	855,000	DEBT SERVICE REHAB OF UNITS AT 1-1- 1460	330	855,000
Statement						
	AMP 2			AMP 2		
	KIT. AND BATH REHAB 1460	166	638,383	UNIT REHAB 1460	105	100,000
	AMP 3			AMP 3		
	ELEVATOR UPGRADE 1470	399	200,000	ELEVATOR UPGRADES 1470	399	200,000
	AMP 1,2,3,4			AMP 4		
	SITE IMPROVEMENTS 1450	1641	492,642	KIT AND BATH REHAB 1460	90	500,000
				AMP 1,2,3,4		
				SITE IMPROVEMENTS 1450	1641	338,383
	Subtotal of Estimated Cost		\$2,186,025	Subtotal of Estimated Cost		\$1,993,383

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2009 ____	Work Statement for Year _2012_____ FFY 2013			Work Statement for Year: __2013_____ FFY 2014		
	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	AMP 1			AMP 1		
ANNUAL	DEBT SERVICE FOR UNIT REHEB AT 1-1	330	855,000	DEBT SERVICE UNIT REHAB AT 1-1 1460	330	855,000
Statement	ROOF REPAIRS 1460	330	125,000	SITE IMPROVEMENT 1450	526	50,000
	UNIT CONVERSION FROM ONE BR TO TWO BR. 1460	28	100,000			
	SITE IMPROVEMENTS 1450	506	225,000	AMP 2		
				UNIT REHAB 1460	166	400,000
	AMP 2			SITE IMPROVEMENT 1450	300	50,000
	STORM DOORS 1460	166	100,000			
	UNIT REHAB 1460	166	250,000	AMP 3		
	TRANSFORMERS 1470	166	100,000	HALLWAYS 1460	399	100,000
	SITE IMPROVEMENTS 1450	166	125,000	COMPACTORS 1470	399	100,000
				ROOFS 1460	399	100,000
	AMP 3			SITE IMPROVEMENTS	399	40,000

Part II: Supporting Pages – Physical Needs Work Statement(s)						
				1450		
	WINDOW REPLACEMENT 1460	28	100,000			
	SITE IMPROVEMENTS 1450	427	25,000	AMP 4		
				INTERIOR DOORS 1460	112	200,000
	AMP 4			PORCHES 1460	112	350,000
	HALLWAY CARPETS 1460	90	60,000	HALL CARPET 1460	189	75,000
	SITE IMPROVEMENT 1450	391	50,000	SITE IMPROVEMENTS 1450	391	135,000
	Subtotal of Estimated Cost		\$2,115,000	Cost	Subtotal of Estimated Cost	
					\$2,455,000	

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year <u>2010</u> FFY 2011		Work Statement for Year: <u>2011</u> FFY 2012	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE	HA-WIDE MANAGEMENT IMPROVEMENTS	200,000	HA-WIDE MANAGEMENT IMPROVEMENTS	
ANNUAL	1408		1408	250,000
Statement				
	ADMIN. 1410	297,892	ADMIN. 1410	297,892
	FEES/COSTS 1430	175,000	FEES/COSTS 1430	200,000
	OPERATIONS 1406	100,000	OPERATIONS 1406	117,642
	1465.1 DWELLING EQUIPMENT	5,000	1465.1 DWELLING EQUIPMENT	100,000
	1495.1 RELOCATION	5,000	1495.1 RELOCATION	10,000
	1460 NON-ROUTINE P.M. REPAIRS	5,000	1460 NON-ROUTINE P.M. REPAIRS	5,000
	1460 NON-ROUTINE VACANCY REPAIRS	5,000	1460 NON-ROUTINE VACANCY REPAIRS	5,000
	Subtotal of Estimated Cost	\$ 792,892	Subtotal of Estimated Cost	\$985,534

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year 2012 <u>FFY 2013</u>		Work Statement for Year: <u>2013</u> <u>FFY 2014</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
<i>SEE</i>	HA-WIDE MANAGEMENT IMPROVEMENT		HA-WIDE MANAGEMENT IMPROVEMENTS	
<i>ANNUAL</i>	1408	250,000	1408	100,000
<i>Statement</i>				
	ADMIN. 1410	297,892	ADMIN. 1410	297,892
	FEES/COSTS 1430	125,000	FEES/COSTS 1430	75,000
	OPERATIONS 1406	53,383	OPERATIONS 1406	25,000
	1475 NON-DWELLING EQUIPMENT	102,642	1460 NON-ROUTINE P.M. REPAIRS	5,000
	1499 DEVELOPMENT	25,000	1460 NON-ROUTINE VACANCY REPAIRS	5,000
	1460 NON-ROUTINE P.M. REPAIRS	5,000	1495.1 RELOCATION	10,000
	1460 NON-ROUTINE VACANCY REPAIRS	5,000	1465.1 DWELLING EQUIPMENT	6,025
	Subtotal of Estimated Cost	\$792,892	Subtotal of Estimated Cost	\$523,917

C. RAB COMMENTS

**MINUTES OF PUBLIC HEARING
PUBLIC HOUSING AGENCY'S
ANNUAL PLAN FOR FISCAL YEAR 2009
WEDNESDAY, JUNE 10, 2009
4:00 P.M.**

This Public Hearing was advertised in the Lowell Sun on April 23, 2009 and was communicated to each resident council, the RAB, LHA staff and Commissioners.

Public Hearing Meeting opened at 4:10 p.m.

In attendance at this hearing were:

Phillip Mayfield, OKM Associates, Inc. - LHA Consultant

Gary K. Wallace, LHA Executive Director

MaryAnn Maciejewski, Executive Administrator

Maria G. Rodriguez, Executive Secretary

William W. Duggan, Deputy Director/Facilities

William D. Sheehan, Director of Public Housing Programs

Mr. Mayfield stated the reasons for the Public Hearing.

Meeting adjourned at 4:15 p.m.

RESIDENT ADVISORY BOARD MEETING HELD ON
FRIDAY, FEBRUARY 13, 2009
1:00 PM

Phillip Mayfield of OKM Associates, Inc. explained the PHA Plan and changes for this year.

1. **Resident Comment:** Pam Miller, Resident at George Flanagan Development, stated that the residents are starting to get involve, they raised concern about the kitchens, bathrooms and the exterior siding.

Bill Duggan stated that these issues will be addressed in the near future.

2. Residents from Francis Gatehouse Mills are very happy with the elevator renovations at this development. They raised concerns about the kitchens and bathrooms and surveillance cameras for the parking lot.
3. Resident Comment: Angel Vega raised concern relative to the renovations of units at North Common Village (currently taking place). He stated that the residents are not happy with the bedroom size being too small and bathrooms to big.

Phillip Mayfield explained that all comments will be taken under advisement. A copy of the Plan will be available for public review and comments starting April 21. The public hearing will be held on June 10, 2009. It will be submitted to the Board for their approval.

Meeting adjourned: 2:30 p.m.

D. CHALLENGED ELEMENTS.

No elements of the Plan were challenged

CERTIFICATIONS

**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 2009, 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 PHH 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.

LOWELL HOUSING AUTHORITY
PHA Name

MA001
PHA Number/HA Code

 5-Year PHA Plan for Fiscal Years 20 - 20
 Annual PHA Plan for Fiscal Years 2009 - 2010

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
MARK A. PATON	CHAIRMAN
Signature	Date
	June 10, 2009

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Civil Rights Certification

Annual Certification and Board Resolution

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

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

LOWELL HOUSING AUTHORITY

MA 001

PHA Name

PHA Number/HA Code

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

Name of Authorized Official

MARK A. PATON

Title

CHAIRMAN, BOARD OF COMMISSIONERS

Signature

Mark A. Paton

Date

6/10/09

form HUD-50077-CR (1/2009)
OMB Approval No. 2577-0226

**Certification for
a Drug-Free Workplace**

U.S. Department of Housing
and Urban Development

Applicant Name

LOWELL HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

PHA PLAN

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 Federal agency 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.)

ALL PHA PROPERTIES

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 GARY K. WALLACE		Title Executive Director
Signature 		Date 6/10/09

form HUD-5007D (3/08)
ref. Handbooks 7417.1, 7475.1B, 7486.1 & .G

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0048

1. Type of Federal Action: <input checked="checked" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input checked="checked" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input checked="checked" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input checked="checked" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Lowell Housing Authority PO Box 60 Lowell, MA 01853 Congressional District, if known: 5th			5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: n/a Congressional District, if known:		
6. Federal Department/Agency: Department of Housing & Urban Development			7. Federal Program Name/Description: MA001000001-4,MA001VO,MA001DV CFDA Number, if applicable: PHA Plan		
8. Federal Action Number, if known: N/A			9. Award Amount, if known: \$ N/A		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):		
<small>11. Information requested through this form is authorized by the 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which no other will be placed by the law unless when the 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.</small>			Signature: <u><i>Gary K. Wallace</i></u> Print Name: <u>Gary K. Wallace</u> Title: <u>Executive Director</u> Telephone No.: <u>978-364-5314</u> Date: <u>06/10/2009</u>		
Federal Use Only:					Authorized for Local Reproduction Standard Form LLL (Rev. 7-07)

**Certification of Payments
to Influence Federal Transactions**

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

Applicant Name

LOWELL HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

PHA PLAN

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 subrecipients 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
GARY K. WALLACE	EXECUTIVE DIRECTOR
Signature	Date (mm/dd/yyyy)
	06/10/2009

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

Lowell Housing Authority

350 Moody Street • PO Box 60 • Lowell, Massachusetts 01853-0060 • (978) 937-3500
Fax: (978) 937-5758 • TDD: 1-800-545-1833 Ext. 178 • www.lluma.org



Gary K. Wallace
Executive Director

Mark A. Paton
Chairman
Walter J. Flynn, Jr.
Vice Chairman
James P. Hull
Rosaline Willie-Bonglo
Michael G. Zaim
Commissioners

CERTIFICATE

I, the undersigned, duly appointed, qualified and Secretary of the Lowell Housing Authority, do hereby certify:

THAT the attached extract from the minutes of a Regular Meeting of the members of the Lowell Housing Authority, held on **Wednesday, June 10, 2009**, is a true and correct copy of the original minutes of said meeting on file and of record, insofar as said original minutes relate to the matter set forth in said attached extract; and

THAT on the date of the meeting, each member present and voting was a resident of the City of Lowell, Massachusetts;

THAT notice of meeting was duly filed more than forty-eight hours prior thereto with the Clerk of the City of Lowell, Massachusetts, in accordance with the requirements of Section 23A, Chapter 39 of the General Laws, as amended. (Chapter 626, Acts 1958)

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said Authority this 11th day of June 2009.


Secretary

SEAL

"A STRONG COMMITMENT TO RESIDENT INITIATIVES"



**EXTRACT FROM THE MINUTES OF A SPECIAL MEETING HELD
ON WEDNESDAY, JUNE 10, 2009**

A Regular Meeting of the members of the Lowell Housing Authority was held on this date, **Wednesday, June 10, 2009**, in the Armand P. Mercier Multi-Service Center Conference Room, 21 Salem Street, Lowell, Massachusetts. The meeting was called to order at 5:00 P.M. by Chairman Mark A. Paton.

Upon direction of the Chairman, the Secretary called the roll of membership, which resulted as follows:

Present: Mr. Zaim, Mr. Flynn, Mr. Paton

Absent: Mrs. Willie-Bonglo, Mr. Hall

The Chairman declared a quorum present and the meeting opened for the transaction of business.

LHA AGENCY'S ANNUAL PLAN FOR FISCAL YEAR 2009

A motion was made Mr. Zaim and seconded by Mr. Flynn to adopt Resolution approving submittal of the LHA Annual Plan for fiscal year 2009.

A roll call vote was taken with the following results:

Yeas Mr. Zaim, Mr. Flynn, Mr. Paton

Nays: None

Absent: Mrs. Willie-Bonglo, Mr. Hall

The Chairman declared the motion carried and the vote adopted.