

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <b>Housing and Redevelopment Authority of Virginia, MN</b> PHA Code: <b>MN007</b> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <b>04/2009</b>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <b>274</b> Number of HCV units: <b>525</b>				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <b>None</b> (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <b>The 5-year and Annual PHA Plan is available at the main administrative office at 442 Pine Mill Court, Virginia, MN (AMP 1) and at 600 N. Third Avenue, Virginia, MN (AMP 2).</b>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <b>See Attachment "A" - 2008 Annual Statement/Performance and Evaluation Report</b>				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <b>See Attachment "B" - 2009 Annual Statement/Performance and Evaluation Report and annual update of Five-Year Action Plan</b>				
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				

**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.

Statistics of the Consolidated Plan and HRA Waiting lists are as follows:

	<u>ST. LOUIS COUNTY CONSOLIDATED PLAN</u>	<u>SECTION 8 HAP HCV WAIT LIST</u>	<u>PUBLIC HOUSING WAIT LIST</u>	<u>PH ANNUAL TURNOVER</u>
• Less than 30% AMI	1,800	540-88%	166-87%	
• 30% to 50% AMI	1,260	66-11%	22-12%	
• 50% to 80% AMI	1,450	6- 1%	2- 1%	
• Total	6,900	612	190	68
• Families with children		216-35%	80-42%	
• Elderly families	2,390	22- 4%	22-12%	
• Families with Disabilities		235-38%	82-43%	
• Race/ethnicity: Hispanic		8- 1%	0	
• Race/ethnicity: White		510-83%	156-82%	
• Race/ethnicity: American Asian		44- 7%	16- 8%	
• Race/ethnicity: American Indian		51- 8%	16- 8%	
• Race/ethnicity: Mixed		2- .33%	2- 1%	
<b>Total by Bedroom Size:</b>				
• 1 BR		327-53%	140-74%	27
• 2 BR		171-28%	24-13%	28
• 3 BR		94-15%	17- 9%	6
• 4 BR		18- 3%	7- 4%	1
• 5 BR		1- .02%	1- 1%	
• 5+ BR		1- .02%	1- 1%	

By comparison St. Louis County is a very large County (2000 square miles). This agency's Section 8 HAP HCV program encompasses the Northern half of the County. The Duluth HRA Section 8 HAP HCV program encompasses the Southern half of the County. Duluth and the surrounding area is the most populated area of the County. The Virginia HRA administers 525 Section 8 Housing Choice Vouchers while the Duluth HRA administers approximately 1500 Housing Choice Vouchers.

The Public Housing program is located within the city limits of the city of Virginia only. On an ongoing basis the HRA renovates as many Public Housing units as possible via the Capital Fund Program in order to modernize units and continue their viability as quality yet affordable housing for the low income population. The Pine Mill Court 110 unit family complex is centrally located and within walking distance to the schools, Community Colleges, and businesses making it convenient for residents pursuing Family Self Sufficiency goals. An on-site Day Care Center was developed for residents who are pursuing educational or work opportunities and are in need of affordable child care services.

9.0

9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p><b>The HRA continues to partner with the following local service agencies to provide a range of housing programs to serve the housing needs as well as the service needs across the spectrum of low-income and very low-income families to the maximum extent possible as follows:</b></p> <ul style="list-style-type: none"> <li>• <b>Family Self Sufficiency Programs (Public Housing and Section 8 HAP program)</b></li> <li>• <b>St. Louis County Social Services (Public Housing and Section 8 HAP program – on-site financial worker)</b></li> <li>• <b>Homes, Inc. (Public Housing – provide services to developmentally disabled clients to learn living skills)</b></li> <li>• <b>Day Care Center (Public Housing-serving families in need of affordable day care services to allow the parents to pursue education and/or work opportunities)</b></li> <li>• <b>Family Investment Center (Public Housing - on-site service center to help clients pursue educational and job opportunities, on-site Depression Support Group and AA meetings)</b></li> <li>• <b>Computer Center (Public Housing – computer lab with 10 computers and lab monitor for resident access to computers and printers)</b></li> <li>• <b>Shelter Plus Care voucher programs (3), Range Mental Health (Section 8 HAP program vouchers)</b></li> <li>• <b>BRIDGES Program (Section 8 HAP program)</b></li> <li>• <b>Single Resident Occupancy (SRO) program – Arrowhead Economic Opportunity Agency (Section 8 HAP program vouchers)</b></li> <li>• <b>Homeless Shelter – Arrowhead Economic Opportunity Agency(Serving homeless clients up to 90 days)</b></li> <li>• <b>Youth FOYER program – Arrowhead Economic Opportunity Agency (Section 8 HAP program vouchers)</b></li> </ul>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p><b>On an ongoing basis the HRA continues to strive for excellence in providing decent, safe, and affordable housing in parallel with the management and administration of Public Housing and Section 8 HAP voucher programs to serve low-income, very low income, and extremely low-income families in a professional, efficient, and productive manner. The HRA accomplishes its mission and goals proficiently by the modernization of units through the Capital Fund Program to improve the quality of assisted housing, the administration and promotion of self-sufficiency through the Self Sufficiency Programs to improve the quality of life for residents, and the coordination with all local service agencies allowing for a broad spectrum of services to ensure that resident needs are being met to the greatest extent possible.</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p><b>A Significant Amendment and/or Substantial Deviation/Modification in the mission and/or goals of the authority would be necessary if in fact HUD funds for Public Housing subsidy, Capital Fund Program funds, Family Self-Sufficiency funds, or Section 8 HAP HCV funds were to be drastically reduced or eliminated.</b></p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) <b>(mn007d09)</b></p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) <b>(mn007d09)</b></p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) <b>(mn007d09)</b></p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) <b>(mn007d09)</b></p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) <b>(NA)</b></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. <b>(No Resident Advisory Board Comments were received)</b></p> <p>(g) Challenged Elements – <b>(None)</b></p> <p>(h) Form HUD-50075.1, 2008 <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)<b>(mn007a09)</b></p> <p>(i) Form HUD-50075.1, 2009 <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)<b>(mn007b09)</b></p> <p>(j) Form HUD-50075.2, 2009 <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) <b>(mn007a09, mn007b09, mn007c09)</b></p>

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
				<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input 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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
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 <sup>4</sup>				
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)				
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				

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

<b>Part I: Summary</b>				
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Replacement Housing Factor Grant No: _____ Date of CFFP: _____		<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input 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				
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated      Expended</b>
<b>Signature of Executive Director</b>		<b>Date</b>	<b>Signature of Public Housing Director</b>	
			<b>Date</b>	









<b>Part I: Summary</b>					
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				<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input 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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
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 <sup>4</sup>				
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)				
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				

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

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









*Part I: Summary*

PHA Name/Number <b>Virginia HRA – MN007</b>		Locality (City/County & State)			<b>Original 5-Year Plan Revision No: 1</b>	
A.	Development Number and Name	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	244,000	279,000	279,000	279,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		5,000			
E.	Administration		43,550	43,550	43,550	43,550
F.	Other		55,850	25,850	25,850	25,850
G.	Operations		87,100	87,100	87,100	87,100
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		435,500	435,500	435,500	435,500
L.	Total Non-CFP Funds					
M.	Grand Total		435,500	435,500	435,500	435,500

**Part II: Supporting Pages – Physical Needs Work Statement(s)**

Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010			Work Statement for Year: 3 FFY 2011		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual	<b>MN007001 PMC</b>			<b>MN007001 PMC</b>		
Statement	Unit Renovations	One building (4 units)	239,000	Unit Renovations	One building (4 units)	259,000
	Replace Maintenance		30,000	Plumbing Repair	10 units	5,000
	Truck/plow					
	<b>MN007001 Duplexes</b>			<b>MN007001 Duplexes</b>		
	Replace Siding	1 unit	5,000	Replace Rain Gutters	8 units	5,000
	<b>MN007002-Columbia</b>			<b>MN007002-Columbia</b>		
	Blacktop Driveway	1	5,000	Replace Lobby Carpet	1	10,000

**Part II: Supporting Pages – Physical Needs Work Statement(s)**

Work Statement for Year 1 FFY 2009	Work Statement for Year 4 FFY 2012			Work Statement for Year: 5 FFY 2013		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual						
Statement	<b>MN007001 PMC</b>			<b>MN007001 PMC</b>		
	Unit Renovations	One building (4 units)	256,000	Unit Renovations	One building (4 units)	259,000
				Replace Flooring	4 units	10,000
	<b>MN007001 Duplexes</b>					
	Replace Rain Gutters	8 units	5,000	<b>MN007002-Columbia</b>		
				Roof Repair	1	5,000
	<b>MN007002-Rouchleau</b>					
	Replace Lobby Carpet	1	10,000	<b>MN007002-Rouchleau</b>		
	Domestic Water Heater	1	4,000	Roof Repair	1	5,000
	<b>MN007002-Columbia</b>					
	Domestic Water Heater	1	4,000			
	Subtotal of Estimated Cost		\$279,000	Subtotal of Estimated		\$279,000





**Part III: Supporting Pages – Management Needs Work Statement(s)**

Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual				
Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$



**Part III: Supporting Pages – Management Needs Work Statement(s)**

Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual				
Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

