

<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: <u>Housing Authority of the City of Jefferson</u> PHA Code: <u>MO0009</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2009</u>					
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>317</u> Number of HCV units: <u>231</u> Baseline (funding 209)					
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input 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:  To serve our community's housing needs using all resources available. To provide affordable housing for all residents through creative partnerships with public and private collaborators. Our Mission is to provide quality housing opportunities to improve the lives of the citizens who are in need. To provide safe, decent, affordable housing for eligible residents of the City of Jefferson. To Provide affordable housing that is in good repair, to be stewards of public funds and trust, and to serve all customers with respect. To do good by doing good business in offering a variety of housing opportunities for the community's citizens.					

**Goals and Objectives.** Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

**Goals and Objectives:**

To provide improved living conditions for very low and low income families while maintaining their rent payments at an affordable level. To operate a socially and financially sound public housing agency that provides decent, safe and sanitary housing within a drug free, suitable living environment for tenants and their families. To avoid concentration of economically and socially deprived families in any one or all of the PHA's public housing developments.

The Authority continues to offer low income families affordable housing. It works closely with local police to keep the neighborhoods drug free and to avoid crime in the area. The Authority tries to attract a variety of families of various socio-economic backgrounds to each of its public housing developments.

**Progress in Meeting Our Mission and Goals**

The turnaround time for vacant units has increased this year. We rented several units at 90-03 and 90-05 that had been vacant for over a year. It was averaging about 52 days and now averaging 139 days, several days of which are consumed by our screening process and updated verifications. The vacancy rate has increased averaging 14.93%.

We have completed the rehabilitation process for a 116 unit Section 8 202 and converted it to a Low-income Housing Tax Credits Project. We are currently rehabilitating 13 units in MO 9005.

For the past several years JCHA and the Jefferson City Public Schools have been building single family homes for sale to low income families. We are continuing this program. We have three homes for sale and are building another. We have sold one home to a Section 8 resident using the homeownership program.

We are also closely monitoring our PHAS and SEMAP scores.

We are using CGP to continue to improve the units, reduce vacancies, improve amenities for the residents and improve security.

De-concentration is monitored by the staff. Most of our residents are at 30% or lower of medium income.

5.2

We have signed an agreement with the Division of Family Services to provide support to our families. The Head-start program and The Jefferson City Daycare are housed in our buildings. The Boys and Girls Club also provides youth activities for the neighborhood in one of our buildings.

The Section 8 Voucher program is fully utilized, with 209 vouchers issued.

The Jefferson City Housing Authority staff closely monitors all programs to ensure access to assisted housing regardless of race, color, religion, national origin, sex, or familial status and to ensure accessible housing to persons with all types of disabilities regardless of the unit size required.

**PROHIBITION AGAINST TERMINATING TENANCY OF VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, AND STALKING [Pub.L. 109-162 and 109-271]**

The Violence against Women Reauthorization Act of 2005 (VAWA), provides that “criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, shall not be cause for termination of the tenancy or occupancy rights, if the tenant or immediate family member of the tenant’s family is the victim or threatened victim of that abuse.” VAWA further provides that incidents of actual or threatened domestic violence, dating violence, or stalking may not be construed either as serious or repeated violations of the lease by the victim of such violence or as good cause for terminating the tenancy or occupancy rights of the victim of such violence.

VAWA does not limit the PHA’s authority to terminate the tenancy of any tenant if the PHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property.

**Victim Documentation**PHA Policy

When a tenant family is facing lease termination because of the actions of a tenant, household member, guest, or other person under the tenant’s control and a tenant or immediate family member of the tenant’s family claims that she or he is the victim of such actions and that the actions are related to domestic violence, dating violence, or stalking, the PHA will require the individual to submit documentation affirming that claim.

The documentation must include two elements:

A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking

One of the following:

A police or court record documenting the actual or threatened abuse

A statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The required certification and supporting documentation must be submitted to the PHA within 14 business days after the individual claiming victim status receives a request for such certification. The PHA, owner or manager will be aware that the delivery of the certification form to the tenant in response to an incident via mail may place the victim at risk, e.g., the abuser may monitor the mail. The PHA may require that the tenant come into the office to pick up the certification form and will work with tenants to make delivery arrangements that do not place the tenant at risk. This 14-day deadline may be extended at the PHA’s discretion. If the individual does not provide the required certification and supporting documentation within 14 business days, or the approved extension period, the PHA may proceed with assistance termination.

The PHA also reserves the right to waive these victim verification requirements and accept only a self-certification from the victim if the PHA deems the victim’s life to be in imminent danger.

Once a victim has completed certification requirements, the PHA will continue to assist the victim and may use bifurcation as a tool to remove a perpetrator from assistance. Owners will be notified of their legal obligation to continue housing the victim, while using lease bifurcation to remove the perpetrator from a unit. The PHA will make all best efforts to work with victims of domestic violence before terminating the victim's assistance.

In extreme circumstances when the PHA can demonstrate an actual and imminent threat to other participants or those employed at or providing service to the property if the participant’s (including the victim’s) tenancy is not terminated, the PHA will bypass the standard process and proceed with the immediate termination of the family’s assistance.

**Terminating or Evicting a Perpetrator of Domestic Violence**

Although VAWA provides protection from termination for victims of domestic violence, it does not provide protection for perpetrators. In fact, VAWA gives the PHA the explicit authority to bifurcate a lease, or to remove a household member from a lease, “in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant.” This authority supersedes any local, state, or other federal law to the contrary. However, if the PHA chooses to exercise this authority, it must follow any procedures prescribed by HUD or by applicable local, state, or federal law for eviction, lease termination, or termination of assistance [Pub.L. 109-271].

PHA Policy

When the actions of a tenant or other family member result in a determination by the PHA to terminate the family’s lease and another family member claims that the actions involve criminal acts of physical violence against family members or others, the PHA will request that the victim submit the above required certification and supporting documentation in accordance with the stated time frame. If the certification and supporting documentation are submitted within the required time frame or any approved extension period, the PHA will bifurcate the lease and evict or terminate the occupancy rights of the perpetrator. If the victim does not provide the certification and supporting documentation, as required, the PHA will proceed with termination of the family’s lease.

If the PHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if the tenant’s tenancy is not terminated, the PHA will bypass the standard process and proceed with the immediate termination of the family.

**PHA Confidentiality Requirements**

All information provided to the PHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared data base nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

5.2

6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>(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>There have been no revisions of the Plan elements since the last submission. The Public may obtain copies of the 5-Year and Annual PHA Plan at the Housing Authority's administrative office and from its web site.</p>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b></p> <p>The Housing Authority does not have a Hope VI grant.</p> <p>In March 2010 the Housing Authority plans to submit an application for demolition of 76 units of Public Housing in MO0009001. If plans are approved, the work would begin June 2010. Currently the Authority is performing major renovations on 8 units of Public Housing in MO009005. This includes new wiring, drywall, floors, bathrooms and kitchens.</p> <p>The Housing Authority does not have plans for Conversion of Public Housing.</p> <p>The Housing Authority has a Section 8 Homeownership Program with fewer than 25 participants. Participants must:</p> <ul style="list-style-type: none"> <li>Meet minimum income requirements.</li> <li>Be a first time homebuyer.</li> <li>Have acceptable credit ratings or the ability to correct credit ratings.</li> <li>Participate in credit counseling programs before purchase of the home.</li> <li>Participate in home buying training and counseling courses before purchase of the home.</li> <li>Have no history of property destruction or criminal behavior.</li> <li>Have no history of drug or alcohol abuse within the last five years</li> <li>Have sufficient income to support home ownership including house payment, utilities, taxes, insurance and upkeep.</li> </ul> <p>The Housing Authority has 24 units with Project-based Vouchers. These Project -based Voucher units are located at 1012 Linden Way and were previously part of Public Housing. These vouchers help to keep the units within the means of persons in need of affordable housing. The Authority also manages 206 units of Tax Credit Property with Project-based Section 8 funding. The Tax Credit Properties are at 12 Jackson Street, 522 East Elm Street, 1303 Edmonds Street, 1210 Linden Way and 1310 Linden Drive.</p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><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.</p> <p>See Attached</p>
8.2	<p><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.</p> <p>See Attached</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><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.</p>

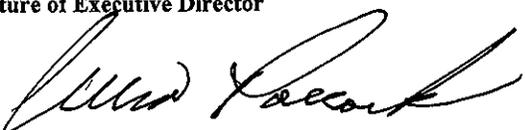
<p>9.0</p>	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The Housing Authority has determined that the most important factors for the families in its jurisdiction are affordability, supply and quality of housing. Families without an elderly or disabled member feel that accessibility and size are moderately important and location is relatively unimportant. However, families with elderly or disabled members do place importance their home's proximity to public transportation, schools, employment and shopping centers.</p> <p>Currently the Public Housing Waiting List has 160 families on it. Half of these families have children. The majority of families on the waiting list are small with, 80 families qualifying for one bedroom units and 43 qualifying for two bedroom units. Only one elderly family and no disabled families are on the list. 93% of the families on the Public Housing Waiting list have incomes under 30% of AMI.</p> <p>The Section 8 Waiting List has 443 families on it. 93% of these families have incomes under 30% of AMI. 59% of the families have children. Three families have disabled members and one elderly family are on the Section 8 Waiting List.</p>
<p>9.1</p>	<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>The Housing Authority will continue to meet the needs of the local population, by providing affordable, safe and well-maintained apartments to anyone who qualifies. It will continue to work closely with the Jefferson City Police to keep crime rates low. All of its units are within two blocks of the city bus lines and several are accessible for persons with disabilities.</p> <p>It will:</p> <ul style="list-style-type: none"> <li>Employee effective policies to minimize the number of units off-line.</li> <li>Reduce turnover time for vacant units</li> <li>Market the Section 8 program to new landlords</li> <li>Market the Section 8 program to landlords outside areas of poverty/minority concentration</li> </ul>

<p><b>10.0</b></p>	<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) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p><b>Progress in Meeting Our Mission and Goals</b>  The turnaround time for vacant units has increased this year. We rented several units at 90-03 and 90-05 that had been vacant for over a year. It was averaging about 52 days and now averaging 139 days, several days of which are consumed by our screening process and updated verifications. The vacancy rate has increased averaging 14.93%.</p> <p>We have completed the rehabilitation process for a 116 unit Section 8 202 and converted it to a Low-income Housing Tax Credits Project. We are currently rehabilitating 13 units in MO 9005.</p> <p>For the past several years JCHA and the Jefferson City Public Schools have been building single family homes for sale to low income families. We are continuing this program. We have three homes for sale and are building another. We have sold one home to a Section 8 resident using the homeownership program.</p> <p>We are also closely monitoring our PHAS and SEMAP scores.</p> <p>We are using CGP to continue to improve the units, reduce vacancies, improve amenities for the residents and improve security.</p> <p>De-concentration is monitored by the staff. Most of our residents are at 30% or lower of medium income.</p> <p>We have signed an agreement with the Division of Family Services to provide support to our families. The Head-start program and The Jefferson City Daycare are housed in our buildings. The Boys and Girls Club also provides youth activities for the neighborhood in one of our buildings.</p> <p>The Section 8 Voucher program is fully utilized, with 209 vouchers issued.</p> <p>The Jefferson City Housing Authority staff closely monitors all programs to ensure access to assisted housing regardless of race, color, religion, national origin, sex, or familial status and to ensure accessible housing to persons with all types of disabilities regardless of the unit size required.</p> <p><b>Substantial Deviation from the 5-Year Plan or Significant Amendments or Modifications:</b>  Substantial deviations or significant amendments or modifications are defined as discretionary changes in plans or policies of the Housing Authority of the City of Jefferson that fundamentally change the mission, goals, objectives, or plans of the authority and which require formal approval by the Board of Commissioners.</p>
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<p><b>11.0</b></p>	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>
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<b>Part I: Summary</b>		<b>Grant Type and Number</b>		<b>FFY of Grant:</b> 2007	
<b>PHA Name:</b> Jefferson city Housing Authority P.O. Box 1029 Jefferson City, Missouri 65102-1029 Phone: 573-635-6163 Fax: 573-635-9680 E-Mail: jjenkins@embarqmail.com		Capital Fund Program Grant No: MO36-P009-501-07 Replacement Housing Factor Grant No:		<b>FFY of Grant Approval:</b> 2007	
		Date of CFFP _____			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08 <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21)	51,780.00	0.00	0.00	0.00
3	1408 Management Improvements	5,000.00	4,230.00	4,230.00	4,230.00
4	1410 Administration (may not exceed 10% of line 21)	51,780.00	34,000.00	33,515.67	10,870.50
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,000.00	97,654.73	94,364.30	69,032.37
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	209,249.00	303,062.68	233,588.72	165,820.67
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	100,000.00	78,861.59	78,861.59	78,861.59
13	1475 Non-dwelling Equipment	70,000.00	0.00	0.00	0.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
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)	517,809.00	517,809.00	444,560.28	328,815.13
21	Amount of line 20 Related to LBP Activities	517,809.00	517,809.00	444,560.28	328,815.13
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				

- 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.

<b>Part I: Summary</b>					
PHA Name: Jefferson city Housing Authority P.O. Box 1029 Jefferson City, Missouri 65102-1029 Phone: 573-635-6163 Fax: 573-635-9680 E-Mail: jfjenkins@embarqmail.com		<b>Grant Type and Number</b>  Capital Fund Program Grant No: MO36-P009-501-07      Replacement Housing Factor Grant No:  Date of CFFP _____			<b>FFY of Grant:</b> _____ 2007 _____  <b>FFY of Grant Approval:</b> _____ 2007 _____
<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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08 <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</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
<b>Signature of Executive Director</b>  			<b>Date</b>  December 10, 2008	<b>Signature of Public Housing Director</b>  _____	
				<b>Date</b>  _____	

<b>Part II: Supporting Pages</b>								
PHA Name : Housing Authority of the City of Jefferson		<b>Grant Type and Number</b> Capital Fund Program Grant No:MO36-P009-501-07 Replacement Housing Factor Grant No:				<b>Federal FFY of Grant:</b> <b>2007</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MO 9-1	Renovate Public Housing Units	1460	145 units	116,000.00	116,000.00	116,000.00	51,396.16	44% Complete
Elizabeth & E. Elm St.	Renovate Main Office	1470	1 bldg	100,000.00	78,861.59	78,861.59	78,861.59	100% Complete
	Replace ton truck	1475	1 each	25,000.00	0.00	0.00	0.00	Deleted
	Subtotal 9-1			241,000.00	194,861.59	194,861.59	130,257.75	
MO 9-3	Renovate Public Housing Units	1460	5 units	6,000.00	6,000.00	6,000.00	3,605.79	100% Complete
Dulle Towers	Upgrade Camera/Recording Equip	1475		45,000.00	0.00	0.00	0.00	Deleted
	Subtotal 9-3			51,000.00	6,000.00	6,000.00	3,605.79	
MO 9-5	Renovate Public Housing Units	1460	4 units	87,249.00	181,062.68	111,588.72	110,818.72	61% Complete
Linden Court								
	Subtotal 9-5			87,249.00	181,062.68	111,588.72	110,818.72	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part II: Supporting Pages</b>									
PHA Name : Housing Authority of the City of Jefferson		Grant Type and Number Capital Fund Program Grant No:MO36-P009-501-07 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: <b>2007</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
HA-Wide	Operations	1406	10%	51,780.00	0.00	0.00	0.00	Deleted	
	Upgrade Computer Software	1408	100%	5,000.00	4,230.00	4,230.00	4,230.00	100% Complete	
	Inspector's Administrative Assistant	1410	100%	29,000.00	34,000.00	33,515.67	10,870.50	32% Complete	
	Inspector	1430	100%	15,000.00	67,654.73	67,654.73	42,322.80	63% Complete	
	Employee Benefits	1410	100%	7,780.00	0.00	0.00	0.00	Deleted	
	A/E Services	1430	100%	30,000.00	30,000.00	26,709.57	26,709.57	89% Complete	
	<b>Subtotal HA-wide</b>			138,560.00	135,884.73	132,109.97	84,132.87		
	<b>Subtotal</b>	1406		51,780.00	0.00	0.00	0.00		
		1408		5,000.00	4,230.00	4,230.00	4,230.00		
		1410		51,780.00	34,000.00	33,515.67	10,870.50		
		1430		30,000.00	97,654.73	94,364.30	69,032.37		
		1460		209,249.00	303,062.68	233,588.72	165,820.67		
		1470		100,000.00	78,861.59	78,861.59	78,861.59		
		1475		70,000.00	0.00	0.00	0.00		
	<b>Total Capital Fund</b>			517,809.00	517,809.00	444,560.28	328,815.13		

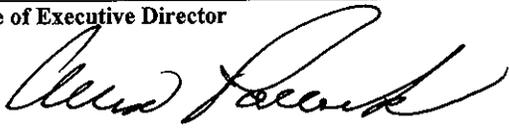
<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report



<b>Part I: Summary</b>		<b>Grant Type and Number</b>		<b>FFY of Grant:</b>	
PHA Name: Jefferson city Housing Authority P.O. Box 1029 Jefferson City, Missouri 65102-1029 Phone: 573-635-6163 Fax: 573-635-9680 E-Mail: jfjenkins@embarqmail.com		Capital Fund Program Grant No: MO36-P009-501-08 Replacement Housing Factor Grant No: Date of CFFP _____		2008 FFY of Grant Approval: 2008	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08 <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21)	99,112.00	0.00	0.00	0.00
3	1408 Management Improvements	10,000.00	0.00	0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)	49,556.00	0.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,000.00	0.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	82,500.00	0.00	0.00	0.00
10	1460 Dwelling Structures	224,391.00	0.00	0.00	0.00
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				
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)	495,559.00	0.00	0.00	0.00
21	Amount of line 20 Related to LBP Activities	495,559.00	0.00	0.00	0.00
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				

- 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.

<b>Part I: Summary</b>					
PHA Name: Jefferson city Housing Authority P.O. Box 1029 Jefferson City, Missouri 65102-1029 Phone: 573-635-6163 Fax: 573-635-9680 E-Mail: jfjenkins@embarqmail.com	<b>Grant Type and Number</b>  Capital Fund Program Grant No: MO36-P009-501-08      Replacement Housing Factor Grant No:  Date of CFFP _____		FFY of Grant: <u>2008</u>  FFY of Grant Approval: <u>2008</u>		
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: 09/30/08 <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</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
Signature of Executive Director  			Date  December 10, 2008	Signature of Public Housing Director  Date	

<b>Part II: Supporting Pages</b>								
PHA Name : Housing Authority of the City of Jefferson		Grant Type and Number Capital Fund Program Grant No:MO36-P009-501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: <b>2008</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MO 9-5	Replace/Repair Sidewalks	1450	2,100 SF	21,000.00	0.00	0.00	0.00	0%
Linden Court	Replace parking/drives	1450	450 SF	9,000.00	0.00	0.00	0.00	0%
	Correct Drainage Problem	1450	1 site	50,000.00	0.00	0.00	0.00	0%
	Complete Rehabilitation of units	1460	8 units	226,891.00	0.00	0.00	0.00	0%
	Subtotal 9-5			306,891.00	0.00	0.00	0.00	
HA-Wide	Inspector's Administrative Assistant	1410	1	25,276.00	0.00	0.00	0.00	0%
	Inspector	1410	1	15,000.00	0.00	0.00	0.00	0%
	Employee Benefits	1410	100%	5,236.00	0.00	0.00	0.00	0%
	Sundry	1410	100%	4,044.00	0.00	0.00	0.00	0%
	Vacancy Rate Reduction	1408	3 or 4 units	10,000.00	0.00	0.00	0.00	0%
	A/E Services	1430	100%	30,000.00	0.00	0.00	0.00	0%
	Operations	1406	20%	99,112.00	0.00	0.00	0.00	0%
	Subtotal HA Wide			188,668.00	0.00	0.00	0.00	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part II: Supporting Pages</b>								
PHA Name : Housing Authority of the City of Jefferson		<b>Grant Type and Number</b> Capital Fund Program Grant No:MO36-P009-501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant:</b>  <b>2008</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Subtotal	1406		99,112.00	0.00	0.00	0.00	
		1408		10,000.00	0.00	0.00	0.00	
		1410		49,556.00	0.00	0.00	0.00	
		1430		30,000.00	0.00	0.00	0.00	
		1460		226,891.00	0.00	0.00	0.00	
		1450		80,000.00	0.00	0.00	0.00	
		1475		0.00	0.00	0.00	0.00	
	Total Capital Fund			495,559.00	0.00	0.00	0.00	

<sup>1</sup>To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup>To be completed for the Performance and Evaluation Report



<b>Part I: Summary</b>					
<b>PHA Name:</b> Jefferson city Housing Authority P.O. Box 1029 Jefferson City, Missouri 65102-1029 Phone: 573-635-6163 Fax: 573-635-9680 E-Mail: jfjenkins@embarqmail.com		<b>Grant Type and Number</b>  Capital Fund Program Grant No: _____ Replacement Housing Factor Grant No: MO36-R009-501-08  Date of CFFP _____		<b>FFY of Grant:</b> <u>2008</u> <b>FFY of Grant Approval:</b> <u>2008</u>	
<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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21)				
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	27,014.00	0.00	0.00	0.00
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)	27,014.00	0.00	0.00	0.00
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				

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.

<b>Part I: Summary</b>					
PHA Name: Jefferson city Housing Authority P.O. Box 1029 Jefferson City, Missouri 65102-1029 Phone: 573-635-6163 Fax: 573-635-9680 E-Mail: jjenkins@embarqmail.com	<b>Grant Type and Number</b>  Capital Fund Program Grant No: _____ Replacement Housing Factor Grant No: MO36-R009-501-08  Date of CFFP _____		FFY of Grant: <u>2008</u>  FFY of Grant Approval: <u>2008</u>		
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: 09/30/08 <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</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
Signature of Executive Director  		Date  December 10, 2008	Signature of Public Housing Director  Date		



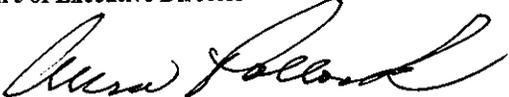
<b>Part II: Supporting Pages</b>								
PHA Name : Housing Authority of the City of Jefferson		Grant Type and Number Capital Fund Program Grant No:MO36-P009-501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: <b>2008</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Subtotal	1499		27,014.00				
		1408		0.00				
		1410		0.00				
		1430		0.00				
		1460		0.00				
		1450		0.00				
		1475		0.00				
	Total Replacement Housing Factor			27,014.00				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report



<b>Part I: Summary</b>		<b>Grant Type and Number</b>		<b>FFY of Grant:</b> 2009	
<b>PHA Name:</b> Jefferson city Housing Authority P.O. Box 1029 Jefferson City, Missouri 65102-1029 Phone: 573-635-6163 Fax: 573-635-9680 E-Mail: jjenkins@embarqmail.com		Capital Fund Program Grant No: MO36-P009-501-079      Replacement Housing Factor Grant No:		<b>FFY of Grant Approval:</b> 2009	
		Date of CFFP _____			
<b>Type of Grant</b> <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	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21)	99,112.00	0.00	0.00	0.00
3	1408 Management Improvements	10,000.00	0.00	0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)	29,320.00	0.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,236.00	0.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	226,891.00	0.00	0.00	0.00
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				
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)	495,559.00	0.00	0.00	0.00
21	Amount of line 20 Related to LBP Activities	495,559.00	0.00	0.00	0.00
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				

- 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.

<b>Part I: Summary</b>				FFY of Grant: _____ 2009 _____	
PHA Name: Jefferson city Housing Authority P.O. Box 1029 Jefferson City, Missouri 65102-1029 Phone: 573-635-6163 Fax: 573-635-9680 E-Mail: jjenkins@embarqmail.com		<b>Grant Type and Number</b>  Capital Fund Program Grant No: MO36-P009-501-09      Replacement Housing Factor Grant No:  Date of CFFP _____		FFY of Grant Approval: _____ 2009 _____	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____ ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised :</b>	<b>Obligated</b>	<b>Expended</b>
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
		December 10, 2008			

<b>Part II: Supporting Pages</b>								
PHA Name : Housing Authority of the City of Jefferson		Grant Type and Number Capital Fund Program Grant No:MO36-P009-501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: <b>2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended	
MO 9-5 Linden Court	Complete Rehabilitation of units	1460	8 units	306,891.00				
	Subtotal 9-5			306,891.00				
HA-Wide	Inspector' Administrative Assistant	1410	1	25,276.00				
	Inspector	1430	1	20,236.00				
	Sundry	1410	100%	4,044.00				
	Vacancy Rate Reduction	1408	3 or 4 units	10,000.00				
	A/E Services	1430	100%	30,000.00				
	Operations	1406	20%	99,112.00				
	Subtotal HA Wide			188,668.00				

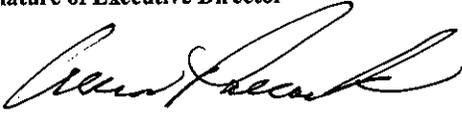
<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.







<b>Part I: Summary</b>					
PHA Name: Jefferson city Housing Authority P.O. Box 1029 Jefferson City, Missouri 65102-1029 Phone: 573-635-6163 Fax: 573-635-9680 E-Mail: jjenkins@embarqmail.com	<b>Grant Type and Number</b>  Capital Fund Program Grant No: _____ Replacement Housing Factor Grant No: MO36-R009-501-09  Date of CFFP _____		FFY of Grant: <u>2009</u>  FFY of Grant Approval: <u>2009</u>		
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					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b> <b>Expended</b>	
<b>Signature of Executive Director</b>  		<b>Date</b>  December 10, 2008	<b>Signature of Public Housing Director</b>  _____		<b>Date</b>  _____



<b>Part II: Supporting Pages</b>								
PHA Name : Housing Authority of the City of Jefferson		Grant Type and Number Capital Fund Program Grant No:MO36-P009-501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: <b>2009</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Subtotal	1499		27,014.00				
		1408		0.00				
		1410		0.00				
		1430		0.00				
		1460		0.00				
		1450		0.00				
		1475		0.00				
	Total Replacement Housing Factor			27,014.00				

<sup>1</sup>To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup>To be completed for the Performance and Evaluation Report



# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of the City of Jefferson

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Sidsidy

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

- Site AC MO9-1 Elm Street, 50 units
  - Site AB MO9-1 Elizabeth, Buena Vista, 120 units
  - MO9-4 Dulle Street, Buena Vista, 30 units
  - MO9-5 Linden Court, 35 units
  - MO9-7 1012 Linden Way, 24 units
  - MO9-3 Dulle Towers, #10 Jackson Street 88 units
- 1040 Myrte Ave  
Cole County  
Jefferson City, Missouri 65102

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 Allen Pollock, PE	Title Executive Director
Signature 	Date January 10, 2009

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of the City of Jefferson

Program/Activity Receiving Federal Grant Funding

Public Housing, Section 8, Capital Grant

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

Allen Pollock, PE

Signature



Title

Executive Director

Date (mm/dd/yyyy)

January 10, 2009

**Capital Fund Program—Five-Year Action Plan**

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

<b>Part I: Summary</b>						
PHA Name/Number		Locality (City/County & State)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name MO36-P501 MO36-R501	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	0.00	0.00	0.00	0.00
C.	Management Improvements		10,000	10,000	10,000	10,000
D.	PHA-Wide Non-dwelling Structures and Equipment		0.00	0.00	0.00	0.00
E.	Administration		31,355	31,355	31,355	31,355
F.	Other		48,201	48,201	48,201	48,201
G.	Operations		99,112	99,112	99,112	99,112
H.	Demolition		0.00	0.00	0.00	0.00
I.	Development Replacement Housing		306,891 27,014	306,891 27,014	306,891 27,014	306,891 27,014
J.	Capital Fund Financing – Debt Service		0.00	0.00	0.00	0.00
K.	Total CFP Funds		495,559	495,559	495,559	495,559
L.	Total Non-CFP Funds		27,014	27,014	27,014	27,014
M.	Grand Total		522,573	522,573	522,573	522,573

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2009	Work Statement for Year 2010 FFY 2010			Work Statement for Year: 2011 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
	<b>MO9-5 Linden Court</b>			<b>MO9-5 Linden Court</b>		
	Remove/repair and replace flooring	8 units	95,000.00	Remove/repair and replace flooring	7 units	83,160.00
	Patch & Paint interiors	8 units	22,000.00	Patch & Paint interiors	7 units	19,250.00
	Replace Light Fixtures	8 units	8,000.00	Replace Light Fixtures	7 units	7,000.00
	Replace Cabinets and counters	8 units	69,099.00	Replace Cabinets and counters	7 units	60,462.00
	New Decks	1 decks	4,000.00	Replace heating and cooling	7 units	28,000.00
	Replace heating and cooling	8 units	32,000.00	Electrical Panel move and add circuits	7 units	21,000.00
	New bath room fixtures	2 units	15,000.00	Replace closet doors and ext doors	7 units	10,500.00
	Electrical Panel move and add circuits	8 units	24,000.00	Add Appliances	7 units	4,200.00
	Replace closet doors and ext doors	8 units	12,000.00	Connect downspouts to drainage	20 downspouts	21,000.00
	Add Appliances	8 units	4,792.00	Replace sidewalk	2100 SF	21,000.00
	Connect downspouts to drainage	20 downspouts	21,000.00	Work on major drainage system	2100 LF	31,319.00
	Subtotal MO 9-5		306,891.00	Subtotal MO 9-5		306,891.00
	<b>HA-Wide Operations</b>	20%	99,112.00	<b>HA-Wide Operations</b>	20%	99,112.00
	<b>HA-Wide Management Improvements</b>			<b>HA-Wide Management Improvements</b>		
	Vacancy Rate Reduction	3 or 4 units	10,000.00	Vacancy Rate Reduction	3 or 4 units	10,000.00
	<b>HA-Wide Administration</b>			<b>HA-Wide Administration</b>		
	Administrative Assistants	1	31,355.00	Administrative Assistants	1	31,355.00
	A/E Services	100%	48,201.00	A/E Services	100%	48,201.00
	<b>Development Activities</b>			<b>Development Activities</b>		
	Build a new unit in MO9-1	1	27,014.00	Build a new unit in MO9-1	1	27,014.00
	<b>Total Replacement Housing Factor</b>		27,014.00	<b>Total Replacement Housing Factor</b>		27,014.00
	Subtotal of Estimated Cost CFP		\$495,559.00	Subtotal of Estimated Cost		\$495,559.00

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY _____ 2009	Work Statement for Year _____ 2012			Work Statement for Year: _____ 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
	<b>MO9-5 Linden Court</b>			<b>MO9-3 Dulle Towers</b>		
	Replace Sidewalks	3000 LF	75,000.00	Replace cabinets and counters	15 units	75,000.00
	Replace Sidewalks light fixtures	10 fixtures	15,000.00	Replace floor tile in units	15 units	90,000.00
	Replace nurse call system and wire	35 units	45,000.00	Add new light fixtures	15 units	45,000.00
	Replace gutters and downspouts	35 units	35,000.00	Remodel bathrooms	15 units	75,000.00
	Replace park benches	15 benches	7,500.00	Add Appliances	15 units	21,891.00
	Replace privacy fences	35 fences	10,000.00			
	Replace roofs	12 bldings	72,000.00			
	Drainage Line	3000 LF	47,391.00			
	Subtotal MO 9-5		306,891.00	Subtotal MO9-3		306,891.00
	<b>HA-Wide Operations</b>	20%	99,112.00	<b>HA-Wide Operations</b>	20%	99,112.00
	<b>HA-Wide Management Improvements</b>			<b>HA-Wide Management Improvements</b>		
	Vacancy Rate Reduction	3 or 4 units	10,000.00	Vacancy Rate Reduction	3 or 4 units	10,000.00
	<b>HA-Wide Administration</b>			<b>HA-Wide Administration</b>		
	Administrative Assistants	1	31,355.00	Administrative Assistants	1	31,355.00
	A/E Services	100%	48,201.00	A/E Services	100%	48,201.00
	<b>Development Activities</b>			<b>Development Activities</b>		
	Build a new unit in MO9-1	1	27,014.00	Build a new unit in MO9-1	1	27,014.00
	<b>Total Replacement Housing Factor</b>		27,014.00	<b>Total Replacement Housing Factor</b>		27,014.00
	Subtotal of Estimated Cost		\$495,559.00	Subtotal of Estimated Cost		\$495,559.00

**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 XX 5-Year and/or XX Annual PHA Plan for the PHA fiscal year beginning 04 - 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 PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Housing Authority of the City of Jefferson

M00009

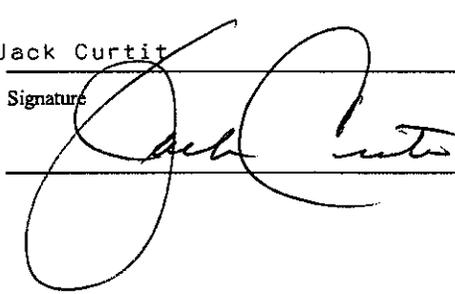
PHA Name

PHA Number/HA Code

XX 5-Year PHA Plan for Fiscal Years 20<sup>05</sup> - 20<sup>09</sup>

XX Annual PHA Plan for Fiscal Years 20<sup>09</sup> - 20<sup>10</sup>

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  Jack Curtit	Title  Chairman
Signature 	Date  January 10, 2009

The Resident Advisory Board made no comments regarding the PHA plan.

The PHA Plan had no challenged elements.

**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB  
0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input 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	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____ if known:  Jefferson City Housing Authority P.O. Box 1029/1040 Myrtle Ave. Jefferson City, MO 65102  <b>Congressional District, if known:</b>	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>     <b>Congressional District, if known:</b>	
<b>6. Federal Department/Agency:</b>  U.S. Department of Housing and Urban Development	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: <u>14.872</u>	
<b>8. Federal Action Number, if known:</b>  MO36-P009-501-06	<b>9. Award Amount, if known:</b>  \$	
<b>10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</b>  None	<b>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):</b>  N/A	
<b>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and 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 that \$10,000 and not more than \$100,000 for each such failure.</b>	Signature:  Print Name: <u>Allen Pollock, PE</u> Title: <u>Executive Director</u> Telephone No.: <u>573-635-6163 ext 216</u> Date: <u>01/10/09</u>	
<b>Federal Use Only:</b>	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

PRINT

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.