

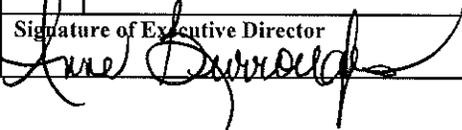
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction 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.</p> <p>MHA is a high-performer and therefore not required to complete on annual submission.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification".</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(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>

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

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

Part I: Summary					
PHA Name: Housing Authority of Marion		Grant Type and Number Capital Fund Program Grant No: SC16P021501-06 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2006 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	5000.00	1128.59	1128.59	1128.59
4	1410 Administration (may not exceed 10% of line 21)	2500.00	1717.79	1717.79	1717.79
5	1411 Audit	3000.00	3000.00	3000.00	3000.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	2500.00	2500.00	2500.00	2500.00
8	1440 Site Acquisition				
9	1450 Site Improvement	25000.00	25000.00	25000.00	25000.00
10	1460 Dwelling Structures	493,650.00	513762.96	513762.96	513762.96
11	1465.1 Dwelling Equipment—Nonexpendable	30000.00	30000.00	30000.00	30000.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	30000.00	14540.66	14540.66	14540.66
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)	591650.00	591650.00	591650.00	591650.00
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.

Part I: Summary					
PHA Name: Housing Authority of Marion		Grant Type and Number Capital Fund Program Grant No: SC16P021501-06 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2006 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
Signature of Executive Director 		Date 07/17/2009	Signature of Public Housing Director		Date

Part II: Supporting Pages								
PHA Name: Housing Authority of Marion			Grant Type and Number Capital Fund Program Grant No: SC16P021501-06 CFFP (Yes/No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide	Management Improvements	1408		5000.00	1128.59	1128.59	1128.59	
	Administration	1410		2500.00	1717.79	1717.79	1717.79	
	Audit	1411		3000.00		3000.00	3000.00	
	Fees and Costs	1430		2500.00		2500.00	2500.00	
	Site Improvements	1450		25000.00		25000.00	25000.00	
	Dwelling Structures	1460		493650.00	513762.96	513762.96	513762.96	
SC21-2	Cabinets & plumbing							Completed
SC21-2	Started roofs 2 story bldgs.							Completed
SC21-5	closet Doors							
SC21-1,2,5,11	Dwelling Equipment	1465.1		30000.00		30000.00	30000.00	
	refrigerators							
	Non-Dwelling Equipment	1475.		30000.00	14540.66	14540.66	14540.66	

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of Marion					Federal FFY of Grant: 2006
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	7/17/08		7/17/2010		
SC21-1,2,5,11	7/17/08		7/17/2010		

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

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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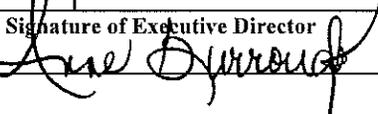
U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary						
PHA Name: Housing Authority of Marion		Grant Type and Number Capital Fund Program Grant No: SC16P021501-07 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2007	FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/09 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	3000.00				
3	1408 Management Improvements	10000.00				
4	1410 Administration (may not exceed 10% of line 21)	2500.00				
5	1411 Audit	2000.00				
6	1415 Liquidated Damages					
7	1430 Fees and Costs	45875.00		45875.00	45611.25	
8	1440 Site Acquisition					
9	1450 Site Improvement	16500.00		15524.21	15524.21	
10	1460 Dwelling Structures	481700.00		457325.69	438382.74	
11	1465.1 Dwelling Equipment—Nonexpendable	20000.00		11350.10		
12	1470 Non-dwelling Structures				11350.10	
13	1475 Non-dwelling Equipment	7500.00				
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					
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)	589075.00		530075.00	510868.30	
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					

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

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
 Expires 4/30/2011

Part I: Summary				
PHA Name: Housing Authority of Marion		Grant Type and Number Capital Fund Program Grant No: SC16P021501-07 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2007 FFY of Grant Approval:
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: 6/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated Expended
	Signature of Executive Director 	Date 7/17/2009	Signature of Public Housing Director	Date

Part II: Supporting Pages								
PHA Name: Housing Authority of Marion		Grant Type and Number Capital Fund Program Grant No: SC16P021501-07 CFFP (Yes/No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide	Operations	1406		3000.00				
	Management Improvements	1408		10000.00				
	Administration	1410		2500.00				
	Audit	1411		2000.00				
	Fees and Costs	1430		45875.00		45875.00	45611.25	
	Site Improvements	1450		16500.00		15524.21	15524.21	
	Equipment	1465.1		20000.00		11350.10	11350.10	
	Dwelling Structures	1460		481700.00		457325.69	438382.74	
SC21-1,2,5,II	Install new outside lights/house numbers - meet 911 code		375					complete
SC21-1	enclose hot water heaters							complete
	install new floor tile		100					complete
SC21-5	Add overhead lights in L/R		110					complete
SC21-1,2	cycle painting							in progress

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of Marion					Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	9/12/09		9/12/11		
SC21-1,2,5,11	9/12/09		9/12/11		

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

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

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

Part I: Summary					
PHA Name: Housing Authority of Marion		Grant Type and Number Capital Fund Program Grant No: SC16P021501-08 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2008 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	2000.00			
3	1408 Management Improvements	10000.00		262.08	262.08
4	1410 Administration (may not exceed 10% of line 21)	2000.00		1906.94	1906.94
5	1411 Audit	2000.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	45000.00	43424.16	43424.16	32699.16
8	1440 Site Acquisition				
9	1450 Site Improvement	15000.00			
10	1460 Dwelling Structures	555328.00		509750.00	106978.00
11	1465.1 Dwelling Equipment—Nonexpendable	10000.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	15000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)	656328.00	43424.16	555343.18	141846.18
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.

Part I: Summary				
PHA Name: Housing Authority of Marion		Grant Type and Number Capital Fund Program Grant No: SC16P021501-08 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2008 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated Expended
Signature of Executive Director <i>Aime Durbin</i>		Date 07/17/2009	Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Housing Authority of Marion		Grant Type and Number Capital Fund Program Grant No: SC16P021501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide	Operations	1406		2000.00				
	Management Improvements	1408		10000.00		262.08	262.08	
	Administration	1410		2000.00		1906.94	1906.94	
	Audit	1411		2000.00				
	Fees and Costs	1430		45000.00		43424.16	32699.16	
	Site Improvements	1450		15000.00				
	Equipment	1465.1		10000.00				
	Non-Dwelling Equipment	1475.1		15000.00				
	Dwelling Structures	1460		555,328.00		509750.00	106978.00	
SC21-1,5	Replace Floor Tile							in progress
SC21-1	Reroofing 11 2 story units							in progress
SC21-2	floor tile							in progress
SC21-2	remodeling bathrooms							in progress

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of Marion					Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	6/12/2010		6/12/2012		
SC21-1,2,5,11	6/12/2010		6/12/2012		

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

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

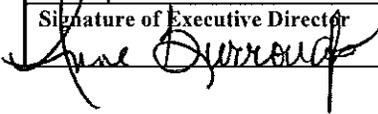
U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of Marion		Grant Type and Number Capital Fund Program Grant No: SC16P021501-09 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2009 FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	3500.00			
5	1411 Audit	2500.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	46000.00			
8	1440 Site Acquisition	10500.00			
9	1450 Site Improvement				
10	1460 Dwelling Structures	593828.00			
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 ⁴				
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)	656328.00			
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.

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
 Expires 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of Marion		Grant Type and Number Capital Fund Program Grant No: SC16P021501-09 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2009 FFY of Grant Approval: _____
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
	Signature of Executive Director 	Date 7/17/2009	Signature of Public Housing Director		Date

Part II: Supporting Pages								
PHA Name: Housing Authority of Marion			Grant Type and Number Capital Fund Program Grant No: SC16P021501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide	Administration	1410		3500.00				
	Audit	1411		2500.00				
	Fee & Costs	1430		46000.00				
	Site Acquisition	1440		10500.00				
	Dwelling Structures	1460						
SC21-5	Reroof units		110	221,375.00				
	Replace Fascia/soffit/gable floor tile/wood baseboard		110	119,891.00				
	repair upstairs floors		55	152,814.00				
SC21-2	new floor tile/baseboard		20					
			44	99,748.00				

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of Marion					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	9/2011		9/2013		
SC21-2,5	9/2011		9/2013		

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

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/20011

Part I: Summary						
PHA Name/Number Housing Authority of Marion SC021		Locality: Marion/Marion, South Carolina			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY :10/2011	Work Statement for Year 3 FFY: 10/2012	Work Statement for Year 4 FFY: 10/2013	Work Statement for Year 5 FFY: 10/2014
B.	Physical Improvements Subtotal	Annual Statement	571328	571328	571328	571328
C.	Management Improvements		25000	25000	25000	25000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		60000	60000	60000	60000
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		656328	656328	656328	656328

Part I: Summary (Continuation)						
PHA Name/Number		Locality (City/county & State)			<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
	HA-Wide	Annual Statement	Administration	Administration	Administration	Administration
	HA-Wide		A&E Fees	A&E Fees	A&E Fees	A&E Fees
			Upgrades software	Computer upgrade	printers	Office Equipment/Furn.
	SC21,1,2,5		Renovations to apartments	Renovations to apartments	Upgrade security system	Apartment renovations
	SC21-1		Site Improvements	Site Improvements	Site Improvements	Site improvements

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011**

	Subtotal of Estimated Cost	\$		Subtotal of Estimated Cost	\$	

RESIDENTS ADVISORY BOARD MEETING

CLARETHA CONNERSTRAWBERRY STREET

MOSES SPRY..... JONES AVENUE

JUANITA SHAW.....JONES AVENUE

The Residents Advisory Board meeting was held at the Housing Authority Office at 826 Walnut Street on March 17, 2009, to review the Annual Plan. The above listed members attended. Also present was Anne Burroughs, Executive Director.

Comments were as follows

Request- To pave city streets serving housing complexes. The streets belong to the City of Marion. The City presently does not have funding to resurface streets. The state patches potholes; however this is a temporary fix.

Request – Dryer hookups – Most of the units do not have space to accommodate a dryer; in addition, the units do not have amps necessary to operate a dryer. This will be considered in future years.

Resident Advisory Board pleased with progress being made and upcoming projects.