

<b>PHA 5-Year and Annual Plan 2009</b> <b>TN079v01 Final</b> <b>Dickson, Tennessee</b>	<b>U.S. Department of Housing and Urban Development</b> <b>Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226</b> <b>Expires 4/30/2011</b>
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1.0	<b>PHA Information</b> PHA Name: <u>Dickson Housing Authority</u> PHA Code: <u>TN079</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2009</u>
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2.0	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>125</u> Number of HCV units: <u>624</u>
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3.0	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only
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4.0	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.) <b>Not Applicable</b>
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	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
					PH	HCV
	PHA 1:					
	PHA 2:					
	PHA 3:					

5.0	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update. <b>Not Applicable. Required only in 5-Year Plan.</b>
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5.1	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <b>Not Applicable. Required only in 5-Year Plan.</b>
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5.2	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <b>Not Applicable. Required only in 5-Year Plan.</b>
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6.0	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <ul style="list-style-type: none"> <li><b>Financial Resources Element: the DHA Financial Statement including PHA Operating and Capital Fund, Section 8 Funds, Rental Income, Investments etc. change on an annual basis. The DHA maintains this information on file and makes it available for HUD and public review at the DHA Administration Office</b></li> <li><b>Grievance Procedures: the only change to this policy is the list of grievance hearing officers. The DHA Grievance Procedure Policy, as well as the list of current officers, is available for review at the DHA Administration Offices.</b></li> <li><b>Fiscal Year Audit: The DHA's most recent Audit is on file at the DHA Administration Office and is available for HUD and public review.</b></li> <li><b>Violence Against Women Act (VAWA): The DHA has completed the required VAWA Policy and will be presenting it to the DHA Board of Commissioners for approval.</b></li> </ul> (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <b>Dickson Housing Authority Administration Office</b>
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7.0	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i> <b>The DHA is not proposing any of the above listed activities.</b>
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8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.
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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><b>See attached form HUD-50075.1 for FY2009 and all open CFP Grants.</b></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><b>See attached form HUD-50075.2 for 5-Year CFP.</b></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><b>Not Applicable.</b></p>
9.0	<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><b>Not Applicable. PHA is a High Performer and a Small PHA, therefore this component is required only in 5-Year Plan.</b></p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p><b>Not Applicable. PHA is a High Performer and a Small PHA, therefore this component is required only in 5-Year Plan.</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p><b>Not Applicable. PHA is a High Performer and a Small PHA, therefore this component is required only in 5-Year Plan.</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p><b>Not Applicable. PHA is a High Performer and a Small PHA, therefore this component is required only in 5-Year Plan.</b></p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</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>

## ATTACHMENTS:

### Resident Advisory Board (RAB) Comments:

The Dickson Housing Authority staff discussed the FY 2009 Agency Plan and the detailed list of proposed FY 2009 and 5-Year capital fund improvements with the DHA Resident Advisory Board (RAB) members and other tenants present at the July 7, 2009 RAB Meeting and Formal Public Hearing. The RAB and participants supported the proposed improvements. The following physical needs comments and/or suggestions were made:

- **Replace kitchen cabinets.** *Staff will consider new cabinets in future CFP budgets, although actual replacement will be dependent on funding levels.*
- **Landscaping/Drainage issues.** *Staff responded that the elevations in the area of concern are such that it will be difficult to make any significant modifications.*

### Challenged Elements:

None

### Violence Against Women Act PHA Statement/Policy:

**Dickson Housing Authority  
333 Martin Luther King Jr. Blvd.  
Dickson, Tennessee 37055**

#### **3-III.F. PROHIBITION AGAINST DENIAL OF ASSISTANCE TO VITIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, AND STALKING (Pub.L. 109-162)**

The Violence against Women Reauthorization Act of 2005 (VAWA) prohibits denial of admission to an otherwise qualified applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking. Specifically, Section 607(2) of VAWA adds the following provision to Section 6 of the U.S. Housing Act of 1937, which lists contract provisions and requirements for the public housing program;

Every contract for contributions shall provide that...the public housing agency shall not deny admission to the project to any applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking if the applicant otherwise qualifies for assistance or admission, and that nothing in this section shall be construed to supersede any provision of any Federal, State, or local law that provides greater protection than this section for victims of domestic violence , dating violence, or stalking.

#### **Definitions**

As used in VAWA:

- The term *domestic violence* includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim., by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.
- The term *dating violence* means violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim; and where the existence of such a relationship shall be determined based on a consideration of the following factors:

- ✓ The length of the relationship
  - ✓ The type of relationship
  - ✓ The frequency of interaction between the persons involved in the relationship
- The term *stalking* means:
    - ✓ To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or
    - ✓ To place under surveillance with the intent to kill, injure, harass or intimidate another person; and
    - ✓ In the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (1) that person, (2) a member of the immediate family of the person, or (3) the spouse or intimate partner of that person.
  - The term *immediate family* means, with respect to a person:
    - ✓ A spouse, parent, brother, or sister, or child of that person, or an individual to whom that person stands in the position or place of a parent; or
    - ✓ Any other person living in the household of that person and related to that person by blood or marriage.

## **Notification and Victim Documentation**

### PHA Policy

The PHA acknowledges that a victim of domestic violence, dating violence, or stalking may have an unfavorable history that would warrant denial under the PHA's policies. Therefore, if the PHA makes a determination to deny admission to an applicant family on the basis of an unfavorable history, the PHA will include in its notice of denial a statement of the protection against denial provided by VAWA and will offer the applicant the opportunity to provide documentation affirming that the cause of the unfavorable history is that a member of the applicant family is or has been a victim of domestic violence, dating violence, or stalking.

The documentations must include two elements:

1. 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.
2. One of the following:
  - A police or court record documenting the actual or threatened abuse, or
  - 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 applicant must submit the required documentation with her or his request for an informal hearing (see Section 14-I.B) or must request an extension in writing at that time. If the applicant so requests, the PHA will grant an extension of 10 business days, and will postpone scheduling the applicants in formal hearing until after it has received the documentation or the extension period has elapsed. If after reviewing the documentation provided by the applicant the PHA determines the family is eligible for assistance, no informal hearing will be scheduled and the PHA will proceed with admission of the applicant family.

## **Perpetrator Removal or Documentation of Rehabilitation**

### PHA Policy

In cases where an applicant family includes the perpetrator as well as the victim of domestic violence, dating violence, or stalking, the PHA will proceed as above but will require, in addition, either (a) that the perpetrator

be revoked from the applicant household and not reside in the public housing unit or (b) that the family provide documentation that the perpetrator has successfully completed, or is successfully undergoing rehabilitation or treatment.

If the family elects the second option, the documentation must be signed by an employee or agent of a domestic violence service provider or by a medical or other knowledgeable professional from whom the perpetrator has sought or is receiving assistance in addressing the abuse. The signer must attest under penalty of perjury to his or her belief that the rehabilitation was successfully completed or is progressing successfully, the victim and perpetrator must also sign or attest to the documentation.

This additional documentation must be submitted within the same time frame as the documentation required above from the victim.

**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 database 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.

**Part I: Summary**

<b>PHA Name:</b> Dickson Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN43P07950109</b> Replacement Housing Factor Grant No: Date of CFFP: _____	<b>FFY of Grant:</b> 2009 <b>FFY of Grant Approval:</b> 2009
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Original Annual Statement     
  Reserve for Disasters/ Emergencies     
  Revised Annual Statement (revision no:    )

Performance and Evaluation Report for Period Ending:     
  Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	-			
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$187,785.00			
3	1408 Management Improvements	-			
4	1410 Administration (may not exceed 10% of line 21)	-			
5	1411 Audit	-			
6	1415 Liquidated Damages	-			
7	1430 Fees and Costs	-			
8	1440 Site Acquisition	-			
9	1450 Site Improvement	-			
10	1460 Dwelling Structures	-			
11	1465.1 Dwelling Equipment—Nonexpendable	-			
12	1470 Non-dwelling Structures	-			
13	1475 Non-dwelling Equipment	-			
14	1485 Demolition	-			
15	1492 Moving to Work Demonstration	-			
16	1495.1 Relocation Costs	-			
17	1499 Development Activities <sup>4</sup>	-			
18a	1501 Collateralization or Debt Service paid by the PHA	-			
18b	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)	\$187,785.00			
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	-			

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

<b>Part I: Summary</b>					
PHA Name: <b>Dickson Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43P07950109</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2009</b> FFY OF Grant Approval: <b>2009</b>	
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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director		Date	Signature of Public Housing Director		Date





<b>Part I: Summary</b>						
<b>PHA Name:</b> Dickson Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN43S07950109</b> Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:</b> <b>ARRA</b> <b>FFY of Grant Approval:</b> <b>ARRA 2009</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: 3/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds	-		-	-	
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	-		-	-	
3	1408 Management Improvements	-		-	-	
4	1410 Administration (may not exceed 10% of line 21)	-		-	-	
5	1411 Audit	-		-	-	
6	1415 Liquidated Damages	-		-	-	
7	1430 Fees and Costs	-		-	-	
8	1440 Site Acquisition	-		-	-	
9	1450 Site Improvement	-		-	-	
10	1460 Dwelling Structures	\$237,698.00		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 <sup>4</sup>	-		-	-	
18a	1501 Collateralization or Debt Service paid by the PHA	-		-	-	
18b	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)	\$237,698.00		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	-		-	-	

<sup>1</sup> To be completed for the Performance and Evaluation Report

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations

<sup>4</sup> RHF funds shall be included here

<b>Part I: Summary</b>						
PHA Name: <b>Dickson Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43S07950109</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>ARRA</b> FFY OF Grant Approval: <b>ARRA 2009</b>	
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: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

Part II Supporting Pages								
PHA Name: <b>Dickson Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43S07950109</b> CFFP (Yes/No): Replacement Housing Factor Grant No:				Federal FFY of Grant: <b>ARRA 2009</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Replace all exterior doors with new steel doors, hinges, locksets, viewers and necessary hardware.	1460	250 Doors	\$220,093.00		0.00	0.00	
PHA-Wide	Install windows/glass inserts in new exterior door openings	1460	250 Doors	\$17,605.00		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 III: Implementation Schedule for Capital Fund Program</b>					
PHA Name: <b>Dickson Housing Authority</b>					Federal FY of Grant: <b>ARRA 2009</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
PHA-Wide	03/18/10		03/18/12		

<sup>1</sup> 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 – 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 <b>Dickson Housing Authority / TN079</b>		Locality (City/County & State) <b>Dickson / Dickson Co., Tennessee</b>			<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 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	187,785.00	187,785.00	187,785.00	62,785.00
C.	Management Improvements		-	-	-	34,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		-	-	-	76,000.00
E.	ADMINISTRATION		-	-	-	-
F.	Other		-	-	-	-
G.	Operations		-	-	-	15,000.00
H.	Demolition		-	-	-	-
I.	Development		-	-	-	-
J.	Capital Fund Financing – Debt Service		-	-	-	-
K.	Total CFP Funds		187,785.00	187,785.00	187,785.00	187,785.00
L.	Total Non-CFP Funds		0.00	0.00	0.00	0.00
M.	Grand Total		\$187,785.00	\$187,785.00	\$187,785.00	\$187,785.00



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

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
SEE						
ANNUAL	<b>PHA-Wide:</b>			<b>PHA-Wide:</b>		
Statement	Attic access doors (41 of 100 total needed)	41	16,335.00	Attic access doors (Balance of 100 total needed)	59	23,500.00
	<b>TN079-1:</b>			DHA Office building front entrance addition and interior renovations	LS	28,000.00
	Install tankless water heaters	75	93,750.00	Paint/repair all exterior metal railings, fence & posts	LS	20,000.00
	Crawl space metal access doors	38	15,200.00	Tree trimming/site improvements	LS	12,785.00
	<b>TN079-4:</b>			<b>TN079-1:</b>		
	Install tankless water heaters	50	62,500.00	Bathroom exhaust fans	80	16,000.00
				Extend fresh air piping in attic	150 EA	11,250.00
				Kitchen countertops replacement	75 DU	30,000.00
				Preventative maintenance of HVAC coils, compressors and systems	75 DU	7,500.00
				Bathroom vanities in elderly units	25	8,750.00
				Replace flex duct sections in attics/other duct repairs	30	30,000.00
			187,785.00			187,785.00





