



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>The biggest need in this jurisdiction is for families with children with Extremely Low Income, needing 3 bedroom housing. There is also a need for elderly and near elderly housing.</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>We maximize units availability by employing maintenance and management to minimize units off-line and work to reduce turnover time to 15 days. We have adopted rent policies to support and encourage work which targets families at or below 30% of AMI. We give preferences to families who are working to target families at or below 50% of AMI.</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>The Van Buren Housing Authority has continuously worked to provide affordable, safe housing while making continuous upgrades to units that has bettered the living conditions for our residents. We continually work with other agencies to better our management skills to improve on customer satisfaction. We keep an active waiting list for elderly, disabled and families. By doing so we have someone ready to move in to a vacant unit as soon as the repairs are done. We have recently upgraded the bathrooms in some of our elderly units.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>The Van Buren Housing Authority will consider the following to be changes in its Agency Plan necessary and sufficient to require a full review by the Resident Advisory Board before a corresponding change in the Agency Plan can be adopted:</p> <ol style="list-style-type: none"> <li>1. Any alteration of the PHA's Mission Statement</li> <li>2. Any change or amendment to a stated Strategic Goal</li> <li>3. Any change or amendment to a stated Strategic Objective except in a case where the change results from the objective having been met.</li> <li>4. Any introduction of a new Strategic Goal or a new Strategic Objective.</li> <li>5. Any alteration in the Capital Fund Program that affects an expenditure greater than twenty percent of the CFP Annual Budget for that year.</li> </ol>
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>

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the  5-Year and/or  Annual PHA Plan for the PHA fiscal year beginning 07/2010, 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.

Van Buren Housing Authority

AR029

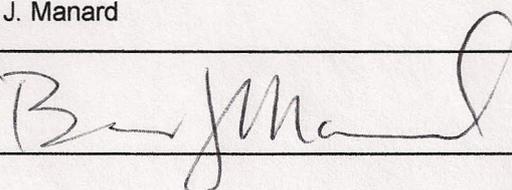
PHA Name

PHA Number/HA Code

X 5-Year PHA Plan for Fiscal Years 20<sup>10</sup> - 20<sup>14</sup>

X Annual PHA Plan for Fiscal Years 20<sup>10</sup> - 20<sup>11</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	Title
Bernie J. Manard	Chairman, Board of Commissioners
Signature: 	Date
	04-13-10

## 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 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 type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input 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 type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<b>11.</b> 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 available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Patricia L. Free</u> Print Name: <u>Patricia L. Free</u> Title: <u>Executive Director</u> Telephone No.: <u>479-474-6901</u> Date: <u>4/13/10</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Van Buren Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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

Patricia L. Free

Title

Executive Director

Signature

*Patricia Free*

Date (mm/dd/yyyy)

04-13-10

**Civil Rights Certification**

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

**Civil Rights Certification**

**Annual Certification and Board Resolution**

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

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

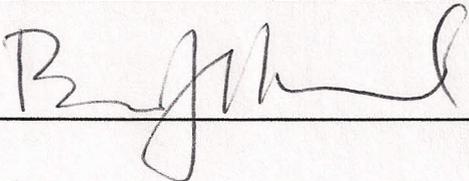
Van Buren Housing Authority

AR029

PHA Name

PHA Number/HA Code

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

Name of Authorized Official	Bernie J. Manard	Title	Chairman, Board of Commissioners
Signature		Date	04-13-10

**Certification by State or Local Official of PHA Plans Consistency with  
the Consolidated Plan**

I, Basil Julian the Grants Division Director certify  
that the Five Year and Annual PHA Plan of the Van Buren Housing Authority is  
consistent with the Consolidated Plan of State of Arkansas prepared  
pursuant to 24 CFR Part 91.

  
Signed / Dated by Appropriate State or Local Official

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Van Buren Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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.)

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

Patricia L. Free

Title

Executive Director

Signature

X *Patricia Free*

Date

04-13-10

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Van Buren Housing Authority 1701 Chestnut Street Van Buren, AR 72956		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P02950110    Replacement Housing Factor Grant No: Date of CFFP: _____		<b>FFY of Grant:</b> 2010 <b>FFY of Grant Approval:</b>	
<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 <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	35,000.00			
4	1410 Administration (may not exceed 10% of line 21)	12,500.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	27,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	40,000.00			
10	1460 Dwelling Structures	75,500.00			
11	1465.1 Dwelling Equipment—Nonexpendable	100,000.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	10,000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	300,000.00			
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.

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**

<b>Part I: Summary</b>					
PHA Name: Van Buren Housing Authority 1701 Chestnut Street Van Buren, AR 72956		Grant Type and Number Capital Fund Program Grant No: AR37P02950110    Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2010 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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director <i>Patricia Free</i>		Date 4/9/10	Signature of Public Housing Director		Date

Part II: Supporting Pages								
PHA Name: Van Buren Housing Authority 1701 Chestnut Street		Grant Type and Number Capital Fund Program Grant No: AR37P02950110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010			
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>	
	Management Improvements							
AR-WIDE	Resident Coordinator	1408.01		25,000.00				
AR-WIDE	Staff/Board Training	1408.02		10,000.00				
	Administration							
AR-WIDE	Modernization Coordinator	1410.01		10,000.00				
AR-WIDE	Employee Benefits	1410.09		2,500.00				
	Fees & Costs							
AR-WIDE	A&E Cost	1430.01		7,000.00				
AR-WIDE	Bldg Inspector/Compliance Officer	1430.02		20,000.00				
	Site Improvements							
AR-WIDE	Landscaping	1450.01		15,000.00				
AR-WIDE	Force Labor/Grounds	1450.02		25,000.00				

<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.

Part II: Supporting Pages								
PHA Name: Van Buren Housing Authority 1701 Chestnut Street			Grant Type and Number Capital Fund Program Grant No: AR37P02950110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
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 <sub>2</sub>	Funds Expended <sub>2</sub>	
	Dwelling Structures							
AR029-002	Bathroom Rehab	1460.01		40,000.00				
AR029-002	Kitchen Rehab	1460.02		35,500.00				
	Dwelling Equipment							
AR-WIDE	Replace Heat & Air Units	1465.01		100,000.00				
	Non-Dwelling Equipment							
AR-WIDE	Computer Upgrade	1475.01		5,000.00				
	Maintenance Tools/Equipment	1475.02		5,000.00				

<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.



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: Van Buren Housing Authority 1701 Chestnut Street Van Buren, AR 72056		Grant Type and Number Capital Fund Program Grant No: AR37P02950111    Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2011 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 <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	35,000.00			
4	1410 Administration (may not exceed 10% of line 21)	12,500.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	27,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	130,000.00			
10	1460 Dwelling Structures	85,500.00			
11	1465 1 Dwelling Equipment--Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	10,000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495 1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	300,000.00			
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.

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: Van Buren Housing Authority 1701 Chestnut Street Van Buren AR 72956		Grant Type and Number Capital Fund Program Grant No. AR37P02950111    Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2011 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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director <i>Patricia Jue</i>		Date <i>4/9/10</i>		Signature of Public Housing Director _____ Date _____	

Part II: Supporting Pages								
PHA Name: Van Buren Housing Authority 1701 Chestnut Street		Grant Type and Number Capital Fund Program Grant No: AR37P02950111 CFFP (Yes/No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011			
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>	
	Management Improvements							
AR-WIDE	Resident Coordinator	1408.01		25,000.00 ✓				
AR-WIDE	Staff/Board Training	1408.02		10,000.00 ✓				
	Administration							
AR-WIDE	Modernization Coordinator	1410.01		10,000.00 ✓				
AR-WIDE	Employee Benefits	1410.09		2,500.00 ✓				
	Fees & Costs							
AR-WIDE	A&E Cost	1430.01		7,000.00 ✓				
AR-WIDE	Bldg Inspector/Compliance Officer	1430.02		20,000.00 ✓				

<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.

Part II: Supporting Pages								
PHA Name: Van Buren Housing Authority 1701 Chestnut Street			Grant Type and Number Capital Fund Program Grant No: AR37P02950111 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011		
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 <sub>2</sub>	Funds Expended <sub>2</sub>	
	Site Improvement							
AR-WIDE	Landscaping	1450.01		15,000.00				
AR-WIDE	Force Labor/Grounds	1450.02		25,000.00				
AR029-001	Sidewalk Repair	1450.03		45,000.00				
AR029-002	Handicap Ramps	1450.04		45,000.00				
	Dwelling Structures							
AR029-002	Outside Storage	1460.01		50,000.00				
AR029-003	Outside Storage	1460.02		35,500.00				
	Non-Dwelling Equipment							
AR-WIDE	Computer Upgrade	1475.01		5,000.00 ✓				
AR-WIDE	Maintenance Tools/Equipment	1475.02		5,000.00 ✓				

<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 Financing Program</b>					
PHA Name: Van Buren Housing Authority; 1701 Chestnut Street; Van Buren, AR 72956					Federal FFY of Grant: 2011
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 Expenditure End Date	Actual Expenditure End Date	
AR029-001	09/30/13		09/30/15		
AR029-002	09/30/13		09/30/15		
AR029-003	09/30/13		09/30/15		

<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, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Van Buren Housing Authority 1701 Chestnut Street Van Buren, AR 72956		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P02950112    Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:</b> 2012 <b>FFY of Grant Approval:</b>
<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 <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	35,000.00			
4	1410 Administration (may not exceed 10% of line 21)	12,500.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	27,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	40,000.00			
10	1460 Dwelling Structures	130,500.00			
11	1465.1 Dwelling Equipment—Nonexpendable	35,000.00			
12	1470 Non-dwelling Structures	10,000.00			
13	1475 Non-dwelling Equipment	10,000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	300,000.00			
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.

Part I: Summary					
<b>PHA Name:</b> Van Buren Housing Authority 1701 Chestnut Street Van Buren, AR 72956		<b>Grant Type and Number</b> Capital Fund Program Grant No. AR37P02950112 Replacement Housing Factor Grant No: Date of CFFP: _____		<b>FFY of Grant:</b> 2012 <b>FFY of Grant Approval:</b>	
<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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director		Date		Signature of Public Housing Director	
<i>Patricia Jee</i>		<i>4/9/10</i>			

Part II: Supporting Pages								
PHA Name: Van Buren Housing Authority 1701 Chestnut Street		Grant Type and Number Capital Fund Program Grant No: AR37P02950112 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2012			
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>	
	Management Improvements							
AR-WIDE	Resident Coordinator	1408.01		25,000.00				
AR-WIDE	Staff/Board Training	1408.02		10,000.00				
	Administration							
AR-WIDE	Modernization Coordinator	1410.01		10,000.00				
AR-WIDE	Employee Benefits	1410.09		2,500.00				
	Fees & Costs							
AR-WIDE	A&E Cost	1430.01		7,000.00				
AR-WIDE	Bldg Inspector/Compliance Officer	1430.02		20,000.00				
	Site Improvements							
AR-WIDE	Landscaping	1450.01		15,000.00				
AR-WIDE	Force Labor/Grounds	1450.02		25,000.00				

<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.

Part II: Supporting Pages								
PHA Name: Van Buren Housing Authority 1701 Chestnut Street			Grant Type and Number Capital Fund Program Grant No: AR37P02950112 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2012		
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 <sub>2</sub>	Funds Expended <sub>2</sub>	
	Dwelling Structures							
AR029-003	New Siding	1460.01		66,000.00				
AR029-003	Replace Lighting	1460.02		8,000.00				
AR029-003	Replace Flooring	1460.03		56,500.00				
	Dwelling Equipment							
AR029-003	Replace Appliances	1465.01		35,000.00				
	Non-Dwelling Structure							
AR029-003	Picnic Pavilion	1470.01		10,000.00				
	Non-Dwelling Equipment							
AR-WIDE	Computer Upgrade	1475.01		5,000.00				
AR-WIDE	Maintenance Tools/Equipment	1475.02		5,000.00				

<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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Van Buren Housing Authority; 1701 Chestnut Street; Van Buren, AR 72956				Federal FFY of Grant: 2012	
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 Expenditure End Date	Actual Expenditure End Date	
AR029-001	09/30/14		09/30/16		
AR029-002	09/30/14		09/30/16		
AR029-003	09/30/14		09/30/16		

<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, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Van Buren Housing Authority 1701 Chestnut Street Van Buren, AR 72956		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P02950113    Replacement Housing Factor Grant No: Date of CFFP: _____		<b>FFY of Grant:</b> 2013 <b>FFY of Grant Approval:</b>	
<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 <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	35,000.00			
4	1410 Administration (may not exceed 10% of line 21)	12,500.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	27,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	40,000.00			
10	1460 Dwelling Structures	155,500.00			
11	1465.1 Dwelling Equipment—Nonexpendable	20,000.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	10,000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	300,000.00			
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.

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				
<b>PHA Name:</b> Van Buren Housing Authority 1701 Chestnut Street Van Buren, AR 72956		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P02950113      Replacement Housing Factor Grant No: Date of CFFP: _____		<b>FFY of Grant:</b> 2013 <b>FFY of Grant Approval:</b>
<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 <sup>1</sup>
		Original	Revised <sup>2</sup>	Obligated      Expended
Signature of Executive Director: <i>Patricia Free</i>		Date: <i>4/9/10</i>	Signature of Public Housing Director	
			Date	

Part II: Supporting Pages								
PHA Name: Van Buren Housing Authority 1701 Chestnut Street		Grant Type and Number Capital Fund Program Grant No: AR37P02950113 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2013			
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>	
	Management Improvements							
AR-WIDE	Resident Coordinator	1408.01		25,000.00				
AR-WIDE	Staff/Board Training	1408.02		10,000.00				
	Administration							
AR-WIDE	Modernization Coordinator	1410.01		10,000.00				
AR-WIDE	Employee Benefits	1410.09		2,500.00				
	Fees & Costs							
AR-WIDE	A&E Cost	1430.01		7,000.00				
AR-WIDE	Bldg Inspector/Compliance Officer	1430.02		20,000.00				
	Site Improvements							
AR-WIDE	Landscaping	1450.01		15,000.00				
AR-WIDE	Force Labor/Grounds	1450.02		25,000.00				

<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.

Part II: Supporting Pages								
PHA Name: Van Buren Housing Authority 1701 Chestnut Street			Grant Type and Number Capital Fund Program Grant No: AR37P02950113 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2013		
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>	
	Dwelling Structures							
AR029-001	Bathroom Rehab	1460.01		100,000.00				
AR029-002	Replace Lighting	1460.02		20,000.00				
AR029-002	Replace Flooring	1460.03		35,500.00				
	Dwelling Equipment							
AR029-002	Replace Appliances	1465.01		20,000.00				
	Non-Dwelling Equipment							
AR-WIDE	Computer Upgrade	1475.01		5,000.00				
AR-WIDE	Maintenance Tools/Equipment	1475.02		5,000.00				

<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 Financing Program</b>					
PHA Name: Van Buren Housing Authority; 1701 Chestnut Street; Van Buren, AR 72956					Federal FFY of Grant: 2013
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 Expenditure End Date	Actual Expenditure End Date	
AR029-001	09/30/15		09/30/17		
AR029-002	09/30/15		09/30/17		
AR029-003	09/30/15		09/30/17		

<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, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Van Buren Housing Authority 1701 Chestnut Street Van Buren, AR 72956		<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P02950114    Replacement Housing Factor Grant No: Date of CFFP: _____		<b>FFY of Grant:</b> 2014 <b>FFY of Grant Approval:</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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	35,000.00			
4	1410 Administration (may not exceed 10% of line 21)	12,500.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	27,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	40,000.00			
10	1460 Dwelling Structures	115,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	60,500.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	10,000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	300,000.00			
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.

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

<b>Part I: Summary</b>				
PHA Name: Van Buren Housing Authority 1701 Chestnut Street Van Buren, AR 72956		Grant Type and Number Capital Fund Program Grant No: AR37P02950114    Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2014 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				
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b> <b>Expended</b>
Signature of Executive Director <i>Patricia Free</i>		Date <i>4/9/10</i>	Signature of Public Housing Director _____ Date _____	

Part II: Supporting Pages								
PHA Name: Van Buren Housing Authority 1701 Chestnut Street		Grant Type and Number Capital Fund Program Grant No: AR37P02950114 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2014			
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>	
	Management Improvements							
AR-WIDE	Resident Coordinator	1408.01		25,000.00				
AR-WIDE	Staff/Board Training	1408.02		10,000.00				
	Administration							
AR-WIDE	Modernization Coordinator	1410.01		10,000.00				
AR-WIDE	Employee Benefits	1410.09		2,500.00				
	Fees & Costs							
AR-WIDE	A&E Cost	1430.01		7,000.00				
AR-WIDE	Bldg Inspector/Compliance Officer	1430.02		20,000.00				
	Site Improvements							
AR-WIDE	Landscaping	1450.01		15,000.00				
AR-WIDE	Force Labor/Grounds	1450.02		25,000.00				

<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.

Part II: Supporting Pages								
PHA Name: Van Buren Housing Authority 1701 Chestnut Street			Grant Type and Number Capital Fund Program Grant No: AR37P02950114 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2014		
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>	
	Dwelling Structures							
AR029-003	Replace Front Screen Doors	1460.01		100,000.00				
AR029-001	Replace Lighting	1460.02		15,000.00				
	Dwelling Equipment							
AR029-001	Replace Appliances	1465.01		15,000.00				
AR029-002	Sheetrock in Hot Water Tank Area	1465.02		8,000.00				
AR029-WIDE	Replace Hot Water Tanks	1465.03		37,500.00				
	Non-Dwelling Equipment							
AR-WIDE	Computer Upgrade	1475.01		5,000.00				
AR-WIDE	Maintenance Tools/Equipment	1475.02		5,000.00				

<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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Van Buren Housing Authority; 1701 Chestnut Street; Van Buren, AR 72956					Federal FFY of Grant: 2014
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 Expenditure End Date	Actual Expenditure End Date	
AR029-001	09/30/16		09/30/18		
AR029-002	09/30/16		09/30/18		
AR029-003	09/30/16		09/30/18		

<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.

<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 AR029 Van Buren Housing Authority	Work Statement for Year 1 FFY 2010	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
B.	Physical Improvements Subtotal	Annual Statement	215,500.00	205,500.00	215,500.00	215,500.00
C.	Management Improvements		35,000.00	35,000.00	35,000.00	35,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		10,000.00	20,000.00	10,000.00	10,000.00
E.	Administration		12,500.00	12,500.00	12,500.00	12,500.00
F.	Other		27,000.00	27,000.00	27,000.00	27,000.00
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total					

<b>Part I: Summary (Continuation)</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 AR029 Van Buren Housing Authority	Work Statement for Year 1 FFY 2010	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
		Annual Statement				
	AR029-WIDE		Landscaping	Landscaping	Landscaping	Landscaping
			Sidewalk Repair	Siding	Lighting	Front Screen Doors
			Handicap Ramps	Lighting	Bathroom Rehab	Lighting
			Outside Storage	Flooring	Flooring	Appliances
				Appliances	Appliances	Hot Water Tanks
				Picnic Pavilion		Sheetrock H/W Tank Ares







