

# PHA 5-Year and Annual Plan

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

OMB No. 2577-0226  
Expires 4/30/2011

1.0	<b>PHA Information</b> PHA Name: The Housing Authority of the City of Hartford _____ PHA Code: CT003 PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 01/2010				
2.0	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 1165 Number of HCV units: 2018				
3.0	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:	CT003			PH HCV
	PHA 2:				
	PHA 3:				
5.0	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
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:  See attached				
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.  See attached				
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: See attached (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. At the Central Office located at 180 Overlook Terrace, Hartford, CT 06103 and website hartfordhousing.org				
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>  See attached				
8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
8.1	<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.  See attached				
8.2	<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.  See attached				
8.3	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				

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>See attached</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>See attached</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. See attached (include Board of Commissioner's Resolution)</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Not applicable</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: Faxed copies of these documents will not be accepted by the Field Office.</b></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>

# SECTION 5.1

## MISSION

It is the mission of the Housing Authority of the City of Hartford (HACH) to be a fiscally sound agency that provides safe, decent, and affordable high quality housing and homeownership choices. The HACH strives to become closer to our resident and community partners while being a positive catalyst for the creation of economic opportunities and independence in diverse communities. The HACH will provide a positive work environment for our employees and value-added supportive services to all of our residents.

## 5.2 GOALS & OBJECTIVES/PROGRESS REPORT

The City of Hartford has a fully staffed public housing authority, the Housing Authority of the City of Hartford (HACH) which operates all of the public housing complexes in the city. The City and HACH cooperate and collaborate on mutual interests and goals. For example, the City assisted HACH with the relocation of residents of the former Charter Oak Terrace housing complex and with other public housing projects that have undergone substantial reconfiguration and redevelopment.

During Year Three, the City made Appraisal Gap Financing Assistance available to homebuyers of some of the redeveloped complexes that have been demolished and replaced with approximately 50 affordable single-family homes. As with Charter Oak Terrace, priority was given to former public housing tenants in the purchase of the new homes.

Year Three's main strategic goal was: Build families in their quest for economic self-sufficiency, self-respect, and homeownership.

The following objectives were accomplished during 2009:

- HACH encourages, as a condition of providing housing, that all public housing residents accessed services that supported economic opportunity and improved quality of life. In 2010, we will continue to provide opportunities via community business and service agencies to promote and support personal, financial, and educational achievement and advancement.
- HACH assisted a larger number of families to voluntarily move from assisted to unassisted housing through homeownership opportunities. During 2009 homeownership opportunities continued, and will continue in 2010 with the Dutch Point development offering 2, 3, and 4 bedroom units for purchase by low income families, as part of a mixed income development plan for Dutch Point.
- HACH, as a part of the HOPE VI Dutch Point Project, continued to incorporate additional acquired units to be used as homeownership. The development of rental units has ended, with Phase 1 and 2 Rental Program completed. These phases are 100 percent occupied. The units are low maintenance and utilize the most recent technology for energy conservation and cost effectiveness. The community center has opened as planned. The center includes a computer and business center program.
- HACH's assisting a number of families to move from renting to leasing with the Option-to-Purchase or Homeownership will continue. The HACH has stepped up its advertising and information campaign to increase interest and participation among community families and service organizations
- HACH started the Final Phase of Stowe Village Redevelopment. This project includes 26 units of replacement housing in 13 duplex style homes.

- HACH has also seen the completion of a major lobby renovation at Betty Knox Apartments. Enhancements were made to increase security and a new two point fob entrance will eliminate unwanted guests. Also a full time around-the-clock security office was built. Other improvements include new public bathrooms, a fully renovated Community Room, and a new handicap, two-bedroom residential unit were all completed as part of this renovation.
- HACH continued its efforts in modernizing its elderly developments. Elevator modernization and upgrades were completed at Betty Knox Apartments and Kent Apartments.
- HACH is also working with several Architectural and Engineering firms to develop plans and specifications for several additional projects. This would include: Fire Alarm Modernization and upgrades to Mary Shepard Place, Window Replacement to Mary Shepard Place and Scattered Sites, and Roof Replacement at Betty Knox Apartment and Mary Mahoney Village.

**6A: PHA Plan Elements**

1. Eligibility, Selection and Admissions Policies, including Deconcentration and Wait Lit Procedures.

**Revised**

2. Financial Resources

**Revised**

3. Rent Determination

**No Revision**

4. Operation and Management

**No Revision**

5. Grievance Procedures

**No Revision**

6. Designated Housing for Elderly and Disabled Families

**No Revision**

7. Community Service and Self-Sufficiency

**No Revision**

8. Safety and Crime Prevention

**No Revision**

9. Pets

**Revised**

10. Civil Rights Certification

**No Revision**

11. Fiscal Year Audit

**Revised**

12. Asset Management

**No Revisions**

13. Violence Against Women Act (VAWA)

**Revised**

## **6 B POSTING OF PHA PLAN**

The Housing Authority of the City of Hartford  
180 Overlook Terrace  
Hartford, CT 06106

Mary Shepard Place  
15 Pavilion Street  
Hartford, CT 06120

Betty Knox Apartments  
141 Woodland Street  
Hartford, CT 06105

Percival C. Smith Tower  
80 Charter Oak Avenue  
Hartford, CT 06106

Mary Mahoney Village  
73 Vine Street  
Hartford, CT 06105

Kent Apartments  
188 Sigourney Street  
Hartford, CT 06105

REF:phaplan.post

## 7.0 DEMOLITION AND DISPOSITION

### Demolition/Disposition Activity Description

- 1a. Development name and address:  
Nelton Court, Hartford, CT 06101
- 1b. Development (project) Number: CT-003-001
2. Activity Type: Demolition
3. Application Status: Submitted, pending approval
4. Date application approved, submitted, or planned for submission:  
The application was submitted 6/4/2008
5. Number of Units Affected: 121
6. Coverage of Action: Total Development
7. Timeline for Activity:
  - a. Action or Projected start date of activity: May 1, 2010
  - b. Projected end date of activity: December 1, 2010

REF:demolition.disposition

## 9. Statement of Housing Needs

### A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	16,042	5	4	4	4	4	5
Income >30% but <=50% of AMI	8,289	4	3	3	3	4	5
Income >50% but <80% of AMI	6,893	3	2	2	3	3	4
Elderly	7,478	5	4	3	2	2	3
Families with Disabilities	11,966	5	4	3	5	4	4
White/Non Hisp	21,677	NFA	NFA	NFA	NFA	NFA	NFA
BLK/Non Hisp	43,775	NFA	NFA	NFA	NFA	NFA	NFA
Hispanic	49,260	NFA	NFA	NFA	NFA	NFA	NFA
Other-Non Hisp	6,866	NFA	NFA	NFA	NFA	NFA	NFA

Code 1-5: One being no impact, five being severe impact.

\* No Information Available – NFA

## 9.1 Strategy for Addressing Housing Needs

The City of Hartford has a fully staffed public housing authority, the Housing Authority of the City of Hartford (HACH), which operates all of the public housing complexes in the City. The City and the HACH cooperate and collaborate on mutual interests and goals. For example, The City assisted the HACH with the relocation of residents of the former Charter Oak Terrace housing complex and with other public housing projects that have undergone substantial reconfiguration and redevelopment.

The City previously contributed \$800,000 in Urban Development Action Grant (UDAG) funds for the construction of a new road at the redeveloped Stowe Village housing project, which was formerly a public housing rental complex, and now consists of duplex housing consisting of both homeownership and rental housing.

During Program Years 2003-2004 the City committed the following funds in association with the HOPE VI funds for the conversion of the Dutch Point housing project:

- HOME funds: At least \$600,000 per year has and will be provided for development eligible homeownership, rental housing, and down payment and closing cost loans for buyers of Dutch Point homes.
- CDBG funds: \$1 million over five years (FY 2003-2007); \$200,000 per year, for eligible community and supportive public services to Dutch Point residents in the NRSA.
- UDAG repayment funds: \$600,000 for eligible infrastructure improvements. These funds were expended in Year 2.

In Year 5, the City will continue to make Appraisal Gap Financing Assistance available to homebuyers of some of the redeveloped complexes that have been demolished, including Dutch Point. As with Charter Oak Terrace, priority is given to former public housing tenants in the purchase of new homes.

HACH's main strategic goal is to build families in their quest for economic self-sufficiency, self-respect, and homeownership. To that end, and in partnership with the City of Hartford, the first homeownership unit at Dutch Point is scheduled to close by June 1, 2009.

### Year Five Objectives:

With the continued demolition and rebuilding of the HACH's oldest public housing developments, the Housing Authority of the City of Hartford is focusing its attention on Nelton Court, Westbrook Village, and Bowles Park, and providing the approximately 500 families with the following:

- Opportunities for work. The HACH will expect that any developer chosen will provide job opportunities for the residents of each of the development's properties.
- The HACH will encourage, as a condition of providing housing, that all public housing residents access the services that support economic opportunity and quality of life, including actively participating in job/work incentives, and opportunities created by the development of new public housing units.
- During the new cycle, the HACH shall continue to assist a larger number of families to move from renting to homeownership as the units are developed.

- The HACH, as a part of the HOPE VI Dutch Point Project, will continue to incorporate additional acquired units to be used first as homeownership (approximately 58 units) then, as appropriated, units for rental. These units are low maintenance and utilize the most recent technology for energy conservation and cost effectiveness.
- The HACH will continue to work with the City of Hartford in its efforts to identify properties to develop additional public housing units for public housing families to replace units that were demolished in Charter Oak Terrace, Stowe Village, and Bellevue Square. Additionally, the HACH will identify and develop, as necessary, rental units for those families displaced by the demolition of Nelton Court. The HACH continues with the construction of 56 units of Replacement Housing on Scattered Sites and on Napper Lane. The remaining units, approximately 20, should be completed by December 2009.
- The HACH shall continue its efforts to identify and locate partners, non-profit or for-profit, locally or nationally based. These partners will work with the Authority on the acquisition, improvement and/or development of additional housing opportunities for public housing income-eligible families in a mixed financing model. We anticipate working closely with the possibly partnering with the City of Hartford to create opportunities utilizing the Neighborhood Stabilization Program, and other Federal Stimulus package program.
- The HACH will continue to work cooperatively with the City of Hartford and the U. S. Department of Labor to ensure full utilization of the newly built Job Corps Center by public housing, for income-eligible public housing residents. The HACH is currently awaiting word from the Department of Labor regarding an application for Youth Build, to provide educational and job opportunities for youth residing in our public housing, specifically around the Nelton Court development. Job training and support will be part of the development plan for 2009-2010.
- The HACH continues to explore the possibilities of developing or co-developing a non-profit 501(c)(3) elderly and family property management company that will focus on providing supportive housing services along with traditional property manage functions. This organization will manage HACH owned properties a non-HACH held properties, including private developments.
- The HACH continues to explore the possibilities of creating a private maintenance contracting service entity. The primary purpose of this operation is to provide repairs, construction improvements, and grounds service to HACH homeowners at a discounted rate and engage in private market business, as well.

## 10 a GOALS & OBJECTIVES/PROGRESS REPORT

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# Compliance with the Violence Against Women's Act (VAWA)

## Domestic Violence:

In accordance with the Violence Against Women and Justice Department Reauthorization Act, the Authority has adopted a preference that recognizes and protects tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them. The Authority has also adopted an admission preference for individuals that are residing in a situation of domestic violence and that are displaced as a result of their situation. The family must provide evidence that documents the domestic violence by providing a police report that verifies their claim.

The following also applies:

- The domestic violence must be recent and individual must provide evidence of an established pattern either by utilizing HUD Form 50066, Certification of Domestic Violence, Dating Violence, or Stalking or local police record or court record, documentation signed and attested to by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance.
- Must provide evidence of an established relationship along with a lease agreement confirming co-habitation.
- The family must agree to sign a restraining order against the offender.
- The family must certify that the person who resides with them that engages in such domestic violence will not reside with the family upon placement. If the family is admitted the Authority may deny or terminate assistance to the family for breach of this certification.
- The family will be required to sign a document stating they will not release the location of their new residence to the party responsible for the abuse and threats.
- The Authority will require that the family sign a Memorandum of Agreement (MOA), to participate in a Social Service Program for Domestic Violence.

If the family is determined eligible for the aforementioned "Domestic Violence Preference" and is housed, the family will not be eligible for a transfer into another Authority unit if it is determined that the family was responsible for the release of their whereabouts to the offender, as it will result in a financial burden to the Authority. A current family in residence with the Authority will only be entitled to one transfer.

Furthermore, the Authority will not evict a tenant for criminal activity relating to verified incidents of actual or threatened domestic violence, dating violence, or stalking.

The Authority may request a tenant under such threat of eviction to certify that the incidents in question are bona fide incidents of abuse by producing either (1) a Federal, State, tribal, territorial, or local police or court record or (2) a sworn statement, also signed by the tenant, from (a) a victim service provider; (b) an attorney; or (c) a medical

professional verifying the validity of the incidents. If the certification is not received by the Authority within 14 days, the Authority may proceed with the eviction. The Authority, however, has the discretion of extending the 14-day period.

All information provided to the Authority in such certification shall be retained in confidence, except to the extent disclosure is (i) requested or consented to by the tenant in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

If it is verified that the tenant is a victim of actual or threatened domestic violence, dating violence, or stalking engaged in by a member of the tenant's household, or any guest or other person under the tenant's control, the Authority may bifurcate the lease in order to evict **only** the tenant or lawful occupant engaging in these criminal acts, without evicting or otherwise penalizing the victim who is also a tenant or lawful occupant.

**10 b. Significant Amendment and Substantial Deviation/Modification.**

*Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Housing Authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.*

**11 a.b.c. & d.**

See Attached

**11 f:**

No Resident Advisory Comments

**11 g:**

No Challenged Elements

**11 h:**

Capital Fund Annual Statements and Performance and Evaluation Reports Attached

**11 i:**

Capital Fund Program 5-Year Action Plan Attached

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 : Housing Authority of the City of Hartford		Locality (Hartford, CT.)			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
A.	Development Number and Name	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	\$1,902,296.00	\$1,872,296.00	\$1,967,296.00	\$1,942,296.00
C.	Management Improvements		\$40,000.00	\$40,000.00	\$15,000.00	\$40,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		\$40,000.00	\$70,000.00	0.00	0.00
E.	Administration		\$266,537.00	\$266,537.00	\$266,537.00	\$266,537.00
F.	Other		\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00
G.	Operations		\$266,537.00	\$266,537.00	\$266,537.00	\$266,537.00
H.	Demolition		0.00	0.00	0.00	0.00
I.	Development		0.00	0.00	0.00	0.00
J.	Capital Fund Financing – Debt Service		0.00	0.00	0.00	0.00
K.	Total CFP Funds		\$2,665,370.00	\$2,665,370.00	\$2,665,370.00	\$2,665,370.00
L.	Total Non-CFP Funds		0.00	0.00	0.00	0.00
M.	Grand Total		\$2,665,370.00	\$2,665,370.00	\$2,665,370.00	\$2,665,370.00











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

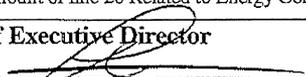
U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26P003501-10 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2010 FFY of Grant Approval: 2010	

Type of Grant  
 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>	\$441,537.00			
3	1408 Management Improvements	\$40,000.00			
4	1410 Administration (may not exceed 10% of line 21)	\$266,537.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$100,550.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$150,000.00			
10	1460 Dwelling Structures	\$1,626,746.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	\$40,000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<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: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26P003501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval: 2010	
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	
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)	\$2,665,370.00				
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					
Signature of Executive Director		Date		Signature of Public Housing Director		
		2/9/2010				

<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 II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Hartford			Grant Type and Number Capital Fund Program Grant No: CT26P003501-10 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>	
AMP 1	Operations	1406		\$90,000.00				
AMP 6	Operations	1406		\$108,310.00				
AMP 15	Operations	1406		\$243,227.00				
PHA Wide	Management Improvements. Emphasys Conversion and Staff Training	1408		\$40,000.00				
PHA Wide	Central Office Management Fees	1410		\$266,537.00				
AMP 6: Smith Tower,	A&E Fees for Common Area Improvements	1430		\$35,000.00				
AMP 1 and AMP 15Adams St. Scattered Sites I,II,III	A& E Fees for Window Replacement	1430		\$40,000.00				
AMP 24: Mary Shepard Place	A& E Fees for Landscaping, Sidewalks, parking, fencing and exterior lighting	1430		\$25,550.00				

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Hartford		<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P003501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 6 Mary Shepard Place	Completion of landscaping, sidewalks, parking, fencing and exterior lighting	1450		\$150,000.00				
AMP 1, AMP 15:Adams St. Scattered Sites I,II,III,	Window Replacement	1460		\$1,376,746.00				
AMP 6 Smith Tower,	Common Area Improvements. Interior Hallways and Lobby	1460		\$250,000.00				
AMP 1	Non Dwelling Equipment	1475		\$10,000.00				
AMP 6	Non Dwelling Equipment	1475		\$10,000.00				
AMP 15	Non Dwelling Equipment	1475		\$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.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of the City of Hartford				<b>Federal FFY of Grant: 2010</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 Expenditure End Date	Actual Expenditure End Date	
PHA Wide	8/17/2012		8/17/2014		
AMP 1,	8/17/2012		8/17/2014		
AMP 6	8/17/2012		8/17/2014		
AMP 15	8/17/2012		8/17/2014		
AMP 24	8/17/2012		8/17/2014		

<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: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26P003501-09 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval: 2009	

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending: 12/31/09       Revised Annual Statement (revision no: 1)  
 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>		\$266,537.00	\$266,537.00	
3	1408 Management Improvements	\$533,074.00	\$45,000.00	\$45,000.00	
4	1410 Administration (may not exceed 10% of line 21)	\$266,537.00	\$266,537.00	\$266,537.00	\$232,190.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		\$150,000.00		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$1,865,759.00	\$937,296.00	\$309,480.00	
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition		\$1,000,000.00	\$1,000,000.00	
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<b>Part I: Summary</b>							
PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26P003501-09 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval: 2009		
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <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		
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)	\$2,665,370.00	\$2,665,370.00	\$1,887,554.00	\$232,190.00		
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						
Signature of Executive Director 		Date 2/9/2010		Signature of Public Housing Director  		Date  	

<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 II: Supporting Pages								
PHA Name: Housing Authority of the City of Hartford			Grant Type and Number Capital Fund Program Grant No: CT26P003501-09 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 1 Nelton Court	Operations	1406		\$40,000.00	\$40,000.00	\$40,000.00		
AMP 6 Elderly	Operations	1406		\$26,537.00	\$26,537.00	\$26,537.00		
AMP 15 SS, I, II, III	Operations	1406		\$200,000.00	\$200,000.00	\$200,000.00		
PHA Wide	Management Improvements. Emphasys Conversion and Staff Training	1408		\$45,000.00	\$45,000.00	\$45,000.00		
PHA Wide	Central Office Management Fees	1410		\$266,537.00	\$266,537.00	\$266,537.00		
AMP 1, and AMP 15, Adams St. Scattered Sites I, II, III,	Fees and costs for A&E work	1430		\$90,000.00	\$90,000.00			
AMP 6:	Fees and costs for A&E work	1430		\$60,000.00	\$60,000.00			

<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: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26P003501-09 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 24, Mary Shepard Place	Fire Alarm Upgrades	1460		\$309,480.00	\$272,574.00	\$272,574.00		
AMP 24, Mary Shepard Place	Window Replacement	1460		\$627,816.00	\$627,816.00			
AMP 6: Smith Tower	Elevator Repairs	1460		\$0.00	\$36,906.00	\$36,906.00		
AMP 1, Nelton Court	Nelton Court	1485		\$1,000,000.00	\$1,000,000.00	\$1,000,000.00		

<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: Housing Authority of the City of Hartford				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 <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	9/15/2011	10/15/09	9/15/2013		
AMP 1, 6, 15 Operations	9/15/2011	10/15/09			
AMP 24: Mary Shepard Place: Fire Alarm Upgrade	9/15/2011	11/17/2009	9/15/2013		
AMP 24: Mary Shepard Place: Window Repalcement	9/15/2011				
AMP 1 and 15 SS, I, II, III	9/15/2011		9/15/2013		
AMP 6 Elderly	9/15/2011	12/31/09	9/15/2013		
AMP 1 Nelton Court:Demolition	9/15/2011	10/15/09	9/15/2013		

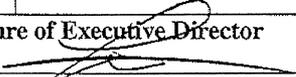
<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<b>Part I: Summary</b>	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26P003501-08 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2008 FFY of Grant Approval: 2008	

Type of Grant  
 Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no:1 )  
 Performance and Evaluation Report for Period Ending: 12/31/09     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>		\$232,190.00	\$232,190.00	
3	1408 Management Improvements	\$464,380.00	\$45,000.00	\$45,000.00	
4	1410 Administration (may not exceed 10% of line 21)	\$232,190.00	\$232,190.00	\$232,190.00	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		\$75,000.00		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$1,625,330.00	\$990,520.00	\$990,520.00	\$168,993.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition		\$275,000.00	\$275,000.00	
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs		\$472,000.00	\$472,000.00	
17	1499 Development Activities <sup>4</sup>				

<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: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26P003501-08 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2008 FFY of Grant Approval: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <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	
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)	\$2,321,900.00	\$2,321,900.00	\$2,246,900.00	\$168,993.00	
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					
Signature of Executive Director		Date		Signature of Public Housing Director		
		2/9/2010				

<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 II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Hartford			<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P003501-08 CFPP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 1 Nelton Court	Operations	1406		\$53,335.00		\$53,335.00		
AMP 6 Elderly	Operations	1406		\$13,335.00		\$13,335.00		
AMP 15	Operations	1406		\$165,520.00		\$165,520.00		
PHA Wide	Management Improvements. Emphasys Conversion and Staff Training	1408		\$45,0000.00		\$45,0000.00		
PHA Wide	Central Office Management Fees	1410		\$232,190.00		\$232,190.00		
AMP 6	A&E Fees and Costs	1430		\$50,000.00				
AMP 24	A&E Fees and Costs	1430		\$25,000.00				
AMP 15, AMP 24 Scattered Sites II,III/ Mary Shepard Place	Masonry Restoration	1460		\$700,000.00		\$700,000.00	\$168,993.00	

<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: Housing Authority of the City of Hartford				<b>Federal FFY of Grant: 2008</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 Expenditure End Date	Actual Expenditure End Date	
AMP 1 Nelton Court	6/12/2010	10/15/09	6/12/2012		
AMP 6 Elderly	6/12/2010		6/12/2012		
AMP 15 SS, I, II, III	6/12/2010		6/12/2012		
PHA Wide	6/12/2010	6/12/08	6/12/2012		
AMP 24, Mary Shepard Place	6/12/2010	11/7/09	6/12/2012		

<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: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26P003501-07 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2007 FFY of Grant Approval: 2007	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <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>	\$208,679.00	\$208,679.00	\$208,679.00	\$208,679.00
3	1408 Management Improvements	\$45,000.00	\$45,000.00	\$45,000.00	
4	1410 Administration (may not exceed 10% of line 21)	\$208,679.00	\$208,679.00	\$208,679.00	\$208,679.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$194,436.00	\$194,436.00	\$194,436.00	\$61,402.75
8	1440 Site Acquisition				
9	1450 Site Improvement	\$550,000.00	\$100,000.00	\$100,000.00	
10	1460 Dwelling Structures	\$840,000.00	\$1,290,000.00	\$1,290,000.00	\$1,118,945.29
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	\$40,000.00	\$40,000.00	\$40,000.00	
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<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: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26P003501-07 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2007 FFY of Grant Approval: 2007	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <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
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)	\$2,086,794.00	\$2,086,794.00	\$2,086,794.00	\$1,597,706.04
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				
Signature of Executive Director		Date		Signature of Public Housing Director	
		2/9/2010			

<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 II: Supporting Pages								
PHA Name: Housing Authority of the City of Hartford			Grant Type and Number Capital Fund Program Grant No: CT26P003501-07 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 1 Nelton Court	Operations	1406		\$41,740.00	\$41,740.00	\$41,740.00	\$41,740.00	
AMP 6	Operations	1406		\$77,212.00	\$77,212.00	\$77,212.00	\$77,212.00	
AMP 15	Operations	1406		\$89,727.00	\$89,727.00	\$89,727.00	\$89,727.00	
PHA Wide	Management Improvements. Emphasys Conversion and Staff Training	1408		\$45,0000.00	\$45,0000.00	\$45,0000.00		
PHA Wide	Central Office Management Fees	1410		\$208,679.00	\$208,679.00	\$208,679.00	\$208,679.00	
PHA Wide	Fees for Davis Bacon Review	1430		\$96,000.00	96,000.00	\$10,350.00	\$10,350.00	
AMP 24 Stowe Village	Fees for Testing	1430		\$12,571.79	\$12,571.79	\$12,571.79	\$12,571.79	
PHA Wide	Fees for Advertising Bids	1430		\$12,523.79	\$12,523.79	\$12,523.79	\$12,523.79	
AMP 1 Nelton Court	A&E Fees for Environmental Review with Fuss and O'Neil	1430		\$2,800.00	\$2,800.00	\$2,800.00	\$2,800.00	
AMP 6 Mary Mahoney Village, Betty Knox.	A&E Fees for Roof Replacement	1430		\$19,550.00	\$19,550.00	\$19,550.00	\$7,550.00	
AMP 6 Mary Mahoney Village.	A&E Fees for Sidewalk Replacement	1430		\$8,990.00	\$8,990.00	\$8,990.00	\$8,990.00	
AMP 15 Scattered Sites II,III	A&E Fees for Wadsworth Street Structural Review	1430		\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	
AMP 15 Scattered Sites II,III	A&E Fees for Site Plan	1430		\$30,700.42	\$30,700.42	\$30,700.42	\$2,117.17	
AMP 6, Kent Apartments	A&E Fees for Roof Replacement	1430		\$6,800.00	\$6,800.00	\$6,800.00		

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

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Hartford			Grant Type and Number Capital Fund Program Grant No: CT26P003501-07 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 6 Mary Mahoney Village.	Replace Common Sidewalks	1450		\$550,000.00	\$100,000.00	\$100,000.00		
AMP 15,AMP 24, Scattered Sites II,III Mary Shepard Place	Masonry Restoration	1460		\$190,000.00	\$348,341.40	\$348,341.40	\$348,341.40	
AMP 1, AMP 6, AMP 15, AMP 24 Mary Shepard Place, Smith Tower, Mary Mahoney Village, Betty Knox, Kent Apartments	Vacancy Preparation	1460		\$100,000.00	\$150,000.00	\$150,000.00	\$150,000.00	
AMP 6: Betty Knox Apartments.	Lobby Renovation and Upgrades	1460		\$550,000.00	\$730,881.90	\$730,881.90	\$620,603.89	
PHA Wide	Non Dwelling Equipment	1475		40,000.00	40,000.00	40,000.00		

<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>					Federal FFY of Grant: 2007
PHA Name: Housing Authority of the City of Hartford					
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	
AMP 1 Nelton Court	9/12/09	9/1/09	9/12/2011	9/1/09	
AMP 6 Elderly	9/12/09	11/15/08	9/12/2011	2/1/10	
AMP 15 SS I, II, III	9/12/09	5/15/09	9/12/2011	11/15/09	
AMP 24	9/12/09	5/15/09	9/12/2011		
PHA Wide	9/12/09	9/12/07	9/12/2011	9/12/07	

<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.

Part I: Summary					
PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26P003501-06 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2006 FFY of Grant Approval: 2006
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1 ) <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>	\$46,700.00	\$430,320.00	\$430,320.00	\$430,320.00
3	1408 Management Improvements	\$73,721.00	\$180,000.00	\$180,000.00	\$111,820.41
4	1410 Administration (may not exceed 10% of line 21)	\$239,067.00	\$239,067.00	\$239,067.00	\$239,067.00
5	1411 Audit		\$33,400.00	\$33,400.00	\$33,400.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$195,100.00	\$159,800.00	\$159,800.00	\$150,519.45
8	1440 Site Acquisition				
9	1450 Site Improvement	\$0.00	\$180,000.00	\$180,000.00	\$175,478.90
10	1460 Dwelling Structures	\$1,816,081.00	\$1,068,082.00	\$1,068,082.00	\$786,277.92
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	\$20,000.00	\$20,000.00	\$20,000.00	\$19,520.00
13	1475 Non-dwelling Equipment		\$80,000.00	\$80,000.00	\$68,544.83
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

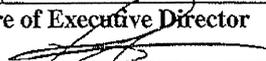
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>						
PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26P003501-06 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2006 FFY of Grant Approval: 2006	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <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	
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)	\$2,390,669.00	\$2,390,669.00	\$2,390,669.00	\$2,014,948.51	
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					
Signature of Executive Director		Date		Signature of Public Housing Director		
		2/9/2010				

<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 II: Supporting Pages								
PHA Name: Housing Authority of the City of Hartford			Grant Type and Number Capital Fund Program Grant No: CT26P003501-06 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Operations	1406		\$46,700.00	\$430,320.00	\$430,320.00	\$430,320.00	Completed
PHA Wide	Management Improvements.	1408		\$73,721.00	\$180,000.00	180,000.00	\$111,820.41	Active
PHA Wide	Administration Fees	1410		\$239,067.00	\$239,067.00	\$239,067.00	\$239,067.00	Completed
PHA Wide	Audit	1411			\$33,400.00	\$33,400.00	\$33,400.00	Completed
CT3-11 Betty Knox	A&E Fees for Betty Knox Lobby Design	1430		\$9,365.72	\$5,835.72	\$5,835.72	\$5,835.72	Completed
CT3-15 Scattered Sites I	A&E Fees for Window Replacement	1430		\$28,030.00	\$24,500.00	\$24,500.00	\$24,500.00	Active
CT3-003 Mary Shepard Place..	A&E Fees for Fire Alarm Replacement	1430		\$35,820.55	\$32,290.55	\$32,290.55	\$27,000.00	Active
CT3-003 Mary Shepard Place, CT3- 10,15,16,17Adams St. Scattered Sites I,II,III	A&E Fees for Masonry Restoration	1430		\$51,516.30	\$47,986.30	\$47,986.30	\$47,986.30	Active
CT3-003 Mary Shepard Place, CT3-008 Smith Tower, CT3-006 Mary Mahoney Village, CT3-11 Betty Knox, CT3-007 Kent Apartments	Fees for Advertising bids	1430		\$13,935.43	\$10,405.43	\$10,405.43	\$10,405.43	Completed

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

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Hartford			Grant Type and Number Capital Fund Program Grant No: CT26P003501-06 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
CT3-006 Mary Mahoney Village,	A&E Fees for Sidewalk Replacement	1430		\$14,020.00	\$10,490.00	\$10,490.00	\$10,490.00	Completed
CT3-003 Mary Shepard Place, CT3-008 Smith Tower, CT3-006 Mary Mahoney Village, CT3-11 Betty Knox, CT3-007 Kent Apartments, CT003000001 Nelton Court	Fees for Environmental Review	1430		\$15,530.00	\$12,000.00	\$12,000.00	\$12,000.00	Completed
CT3-11 Betty Knox, CT3-007 Kent Apartments	A&E Fees for Elevator Design	1430		\$4,355.00	\$825.00	\$825.00	\$825.00	
CT3-008 Smith Tower,	A&E Fees for Smith Tower Parking Lot Redesign	1430		\$13,030.00	\$9,500.00	\$9,500.00	\$9,500.00	Completed
CT3-16,17 Scattered Sites II,III	A&E Fees for Wadsworth Street Structural Review/Study/Scope Development	1430		\$9,035.00	\$5,505.00	\$5,505.00	\$5,505.00	Completed
CT003000024 Stowe Village	Fees for Permits	1430		\$462.00	\$462.00	\$462.00	\$462.00	Completed
CT3-008 Smith Tower	Parking Lot Rehabilitation	1450			\$29,600.00	\$29,600.00	\$29,600.00	Completed
CT3-10,15,16,17 Adams St. Scattered Sites I,II,III,	Sidewalk Rehabilitation/Site Improvements/Landscaping/Paving	1450			\$94,725.90	\$94,725.90	\$94,725.90	Completed
CT3-006 Mary Mahoney Village	Sidewalk Improvements/Tree Removal	1450			\$55,674.10	\$55,674.10	\$51,153.00	Active
CT3-11 Betty Knox, CT3-007 Kent Apartments	Elevator Modernization/Asbestos Abatement	1460		\$1,596,081.00	\$936,681.96	\$936,681.96	\$654,877.88	Active
CT3-008 Smith Tower,	Replace Heat Exchanger	1460		\$75,000.00	\$39,789.04	\$39,789.04	\$39,789.04	Completed
CT3-007 Kent Apartments	Kent Apartments Roof Repair	1460			\$5,400.00	\$5,400.00	\$5,400.00	Completed

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

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

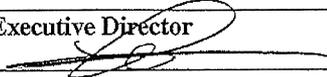
<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Hartford			<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P003501-06 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2006</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
CT3-003 Mary Shepard Place,	Reroof Mary Shepard Place Admin Building	1460		\$30,000.00	\$23,804.00	\$23,804.00	\$23,804.00	Completed
CT3-008 Smith Tower	Replace Trash Compactor/Elevator Maintenance	1460		\$40,000.00	\$27,462.00	\$27,462.00	\$27,462.00	Completed
CT3-10,15,16,17 Adams St. Scattered Sites I,II,III.	Electrical/Mechanical Upgrades	1460		\$75,000.00	\$34,945.00	\$34,945.00	\$34,945.00	Completed
PHA Wide	Agency Vehicle	1470		\$20,000.00	\$20,000.00	\$20,000.00	\$19,520.00	Active
PHA Wide	Lawn Mowers/ Bobcat/Sander	1475			\$49,622.00	\$49,622.00	\$38,166.83	Active
PHA Wide	Vehicle	1475			\$30,378.00	\$30,378.00	\$30,378.00	Active

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of the City of Hartford					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 <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
CT003000001 Nelton Court	7/17/08	7/16/08	7/17/2010		
CT3-003 Mary Shepard Place, CT3-008 Smith Tower, CT3-006 Mary Mahoney Village, CT3-11 Betty Knox, CT3-007 Kent Apartments	7/17/08	6/26/08	7/17/2010		
CT3-15,16,17 Adams St. Scattered Sites I,II,III,	7/17/08	7/16/08	7/17/2010	10/20/08	
PHA Wide	7/17/08	7/16/08	7/17/2010	7/16/08	
CT003000001 Nelton Court	7/17/08	7/16/08	7/17/2010	7/16/08	
CT3-003 Mary Shepard Place, CT3-008 Smith Tower, CT3-006 Mary Mahoney Village, CT3-11 Betty Knox, CT3-007 Kent Apartments	7/17/08	7/16/08	7/17/2010	5/30/08	
CT3-16,17 Scattered Sites II,III,	7/17/08	7/16/08	7/17/2010	7/16/08	

<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: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003501-09 Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	\$377,924.00		\$377,924.00	

<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>				FFY of Grant:2009 FFY of Grant Approval: 2009	
PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003501-09 Date of CFFP:			
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
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)	\$377,924.00		\$377,924.00	
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				
Signature of Executive Director		Date		Signature of Public Housing Director	
		2/9/2010			

<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.







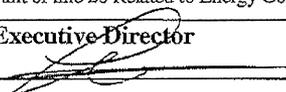


<b>Part I: Summary</b>	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-09 Date of CFFP:
	FFY of Grant: 2009 FFY of Grant Approval: 2009

Type of Grant  
 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>				
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>	\$1,078,882.00			

<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: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-09 Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
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)	\$1,078,882.00				
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					
Signature of Executive Director		Date		Signature of Public Housing Director		
		2/19/2010				

<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 CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.







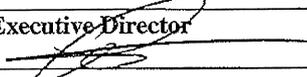


<b>Part I: Summary</b>	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003501-08 Date of CFFP:
FFY of Grant: 2008 FFY of Grant Approval: 2008	

Type of Grant  
 Original Annual Statement     Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending:     Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	\$233,620.00			

<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: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003501-08 Date of CFFP:		FFY of Grant:2008 FFY of Grant Approval: 2008	
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 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
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)	\$233,620.00			
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				
Signature of Executive Director		Date		Signature of Public Housing Director	
		2/9/2010			

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









<b>Part I: Summary</b>		<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>
PHA Name: Housing Authority of the City of Hartford	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-08 Date of CFFP:	

Type of Grant  
 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-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	\$1,442,073.00			

<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 CFF 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  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-07 Date of CFFP:
FFY of Grant: 2007 FFY of Grant Approval: 2007	

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending:       Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	\$3,863,626.00		\$3,863,626.00	

<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.







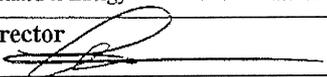


<b>Part I: Summary</b>	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-06 Date of CFFP:
FFY of Grant: 2006 FFY of Grant Approval: 2006	

Type of Grant  
 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>				
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>	\$3,697,239.00		\$3,697,239.00	

<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: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-06 Date of CFFP:		FFY of Grant:2006 FFY of Grant Approval: 2006	
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
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)	\$3,697,239.00		\$3,697,239.00	
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				
Signature of Executive Director		Date		Signature of Public Housing Director	
		2/9/2010			

<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: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-05 Date of CFFP:
	FFY of Grant: 2005 FFY of Grant Approval: 2005

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending:       Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	\$2,952,824.00		\$2,952,824.00	

<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.







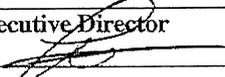


<b>Part I: Summary</b>	
PHA Name: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-04 Date of CFFP:
FFY of Grant: 2004 FFY of Grant Approval: 2004	

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending:       Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	\$3,189,406.00		\$3,189,406.00	

<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: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-04 Date of CFFP:			FFY of Grant:2004 FFY of Grant Approval: 2004		
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		
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)	\$3,189,406.00		\$3,189,406.00			
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						
Signature of Executive Director 		Date 2/9/2010		Signature of Public Housing Director  		Date  	

<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: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R003502-03 Date of CFFP:
FFY of Grant: 2003 FFY of Grant Approval: 2003	

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending:       Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	\$2,725,563.00		\$2,725,563.00	

<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  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>						
PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26S003501-09 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <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)	\$506,016.00	\$506,016.00			
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	\$317,147.00	\$100,000.00			
8	1440 Site Acquisition					
9	1450 Site Improvement	\$300,000.00	\$1,560,000.00			
10	1460 Dwelling Structures	\$3,762,000.00	\$2,894,147.00			
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>					

<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: Housing Authority of the City of Hartford	Grant Type and Number Capital Fund Program Grant No: CT26S003501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09		<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
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)	\$5,060,163.00	\$5,060,163.00		
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				
Signature of Executive Director		Date 2/9/2010		Signature of Public Housing Director	
				Date	

<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 II: Supporting Pages								
PHA Name: Housing Authority of the City of Hartford		Grant Type and Number Capital Fund Program Grant No: CT26S003501-09 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Central Office Management Fees	1410		\$506,016.00	\$506,016.00			
AMP 1, AMP 15, SS. I, II, III	Design Services for the preparation of plans, specs and CA work for SS, I, II and III Exterior and Site Improvements	1430		\$317,147.00	\$50,000.00			
AMP 1, AMP 15, SS. I, II, III	Construction Management fees	1430		0.00	\$50,000.00			
AMP 15, SS I, II, III	Vacancy Preparation	1460		\$335,000.00	\$275,000.00			
AMP 6 Betty Knox, Mary Mahoney Village, Kent Apartment, Smith Tower	Vacancy Preparation	1460		\$220,000.00	\$60,000.00			
AMP 24 Mary Shepard Place	Vacancy Preparation	1460		\$220,000.00	\$40,000.00			
AMP 6 Mary Mahoney Village	Roof Replacement	1460		\$400,000.00	\$260,000.00			
AMP 6 Betty Knox Apartments	Roof Replacement	1460		\$225,000.00	\$300,000.00			

<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: Housing Authority of the City of Hartford			Grant Type and Number Capital Fund Program Grant No: CT26S003501-09 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 6/Kent Apartments	Roof Replacement	1460		0.00	\$190,000.00			
AMP 15/Scattered Sites II, III	Exterior Improvements/Boiler Replacements	1460		\$1,901,000.00	\$1,554,147.00			
AMP 6: Betty Knox Apartments	Masonry Repairs and Improvements	1460		\$361,000.00	\$0.00			
AMP 1, Scattered Sites I	Boiler Replacement	1460		0.00	\$215,000.00			
AMP 1, Scattered Sites I	Site Improvements	1450		0.00	\$500,000.00			
AMP 15/Scattered Sites II, III	Site Improvements	1450		\$0.00	\$910,000.00			
AMP 6 Mary Mahoney Village	Sidewalk Replacements	1450		\$100,000.00	\$150,000.00			
AMP 6: Mary Shepard Place	Completion of Exterior Improvements	1450		\$150,000.00	\$0.00			
AMP 6: Betty Knox Apartments	Site and Lighting Improvements	1450		\$150,000.00	\$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.

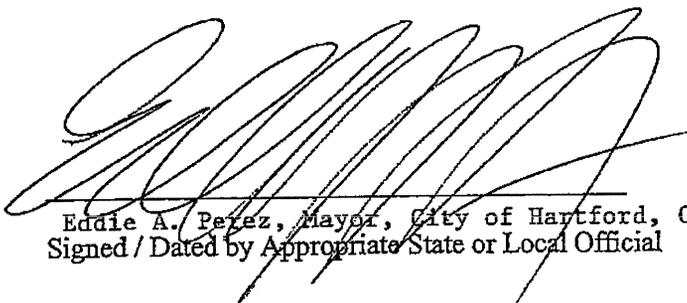
<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of the City of Hartford				Federal FFY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	3/17/10		3/17/12		
AMP 24 Mary Shepard Place	3/17/10		3/17/12		
AMP 1, AMP 15, SS. I, II, III	3/17/10		3/17/12		
AMP 6 Elderly	3/17/10		3/17/12		

<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.



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

I, Eddie A. Perez the Mayor certify  
that the Five Year and Annual PHA Plan of the Hartford Housing Authority is  
consistent with the Consolidated Plan of the City of Hartford, Connecticut prepared  
pursuant to 24 CFR Part 91.



Eddie A. Perez, Mayor, City of Hartford, CT  
Signed / Dated by Appropriate State or Local Official

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

HARTFORD HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

AGENCY PLAN & 5-YEAR PLAN

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 Federal agency 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

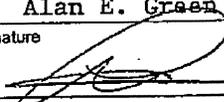
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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 Alan E. Green	Title Executive Director
Signature 	Date 10/15/09

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

HARTFORD HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

AGENCY PLAN &amp; FIVE YEAR PLAN

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

Alan E. Green

Title

Executive Director

Signature

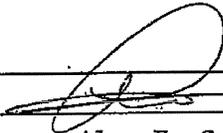
Date (mm/dd/yyyy)

10/13/09

# DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB  
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: First	<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> U.S. Department of Housing & Urban Development	<b>7. Federal Program Name/Description:</b> Hartford Housing Authority (CT003) Agency Plan 2010 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> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<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:  Print Name: <u>Alan E. Green</u> Title: <u>Executive Director</u> Telephone No.: <u>860-723-8420</u> Date: <u>10/15/09</u>	
<b>Federal Use Only:</b>	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

**PHA Certifications of Compliance  
with PHA Plans and Related  
Regulations**

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

**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 January 1, 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.

Housing Authority of the City of Hartford

CT-003

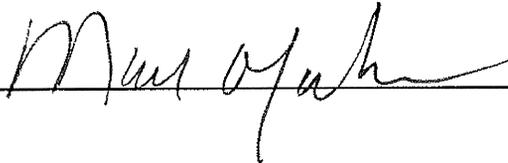
PHA Name

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>10</sup>

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

Name of Authorized Official Mark E. Ojakian	Title Chairman - Board of Commissioners
Signature 	Date February 16, 2010