

# 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: <u>Housing Authority of Franklin</u> PHA Code: _____ PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>09/2010</u>																											
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>106</u> Number of HCV units: _____																											
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.)																											
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:						
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																				
		PH	HCV																									
PHA 1:																												
PHA 2:																												
PHA 3:																												
5.0	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																											
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: <i>The PHA's mission is to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.</i>																											
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.																											
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: (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.																											
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> Include statements related to these programs as applicable. <i>N/A</i>																											
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. <i>SEE ATTACHED</i>																											
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. <i>SEE ATTACHED</i>																											
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. <i>N/A</i>																											
9.0	<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. <i>SEE ATTACHED</i>																											

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>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

## 5.2) Goals and Objectives:

1. Expand the supply of assisted housing by leveraging private and other public funds to create additional housing opportunities.
  - We intend to construct up to four single-family dwellings to replace units we consolidated over the past four years. We intend to establish a working partnership with the City Commission to demolish the old hospital building downtown and establish an elderly apartment complex convenient to downtown.
2. Improve the quality of assisted housing by increasing customer satisfaction. We would accomplish this by closely monitoring the units and keeping the units maintained. We will renovate those units in a state of disrepair, demolish those units deemed obsolete and provide replacement public housing where available.
  - Our primary goal is to modernize and improve the existing apartments using new energy-saving appliances, lighting and heating/air units.
  - We will establish maintenance records for each apartment, tracking work orders, age of appliances and improvements made.
  - We inspect the apartments at least quarterly, as part of the pest control inspection. We look for cleanliness and potential problems created by poor-housekeeping habits. Those needing improvement will be inspected weekly and monitored until habits change or they move.
  - We will offer classes on proper housekeeping techniques, cooking classes and personal hygiene to the tenants as part of their orientation.
3. We will continue to improve the residential environment by improving the security through the complex.
  - We are planning additional cameras throughout both entrances to the complex. Security is active and present in the evening hours, especially during the warm weather months so tenants can feel secure. Security staff files daily reports with the office reporting activity on their shift.
  - We have started a neighborhood watch program during the day to aid in security and alert the office for potential problem behavior.
4. We will promote self-sufficiency and helps to households by providing support services to move the public housing residents toward home-ownership. We will provide or attract supportive services to increase independence for the elderly or families with disabilities.
  - As part of meeting our Section 3 requirements, we intend to offer self-improvement opportunities for our tenants. Our plan is to extend classes for budgeting, public speaking, reading and writing, math and computer classes.
  - Another area is skills training. We need to develop a group of mentors to teach a variety of skills from construction to lawn mowing. We are mandated to provide work opportunities for the low and extremely low income residents. In order to accomplish this, we have to offer opportunities to learn trade skills they can use to find permanent employment.
  - Both these areas can be measured by numbers of participants and the results yielded from the offerings.

5. We will continue to undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability.
  - Our purpose is to provide a stable environment for our tenants, then transition them out of Public Housing into functioning neighborhoods. Through a series of steps from orientation through classes and work opportunities, we intend to accomplish this objective. We have a long waiting list of families requesting public housing. Training them to meet their needs, then moving them into the next level of housing, benefits them individually and provides us opportunities to support additional families.
6. We have implemented the **Violence Against Women Act** as part of our ACOP and lease. We support the intent of “VAWA” and have implemented the precautions in considering evictions. The notification paperwork is given to tenants and reviewed with them at the time they sign the lease.

### **Progress made in meeting the goals from the previous 5-year plan**

We partnered with Homeland Inc. to construct 56-Section 8 units. The project was completed in April 2009. During this project, we demolished several public housing units deemed obsolete and replaced them with new housing.

Meanwhile, we have performed renovations to all of the 106 public housing units, providing new appliances, bathroom and kitchen improvements as well as heating and air units.

We have continued our maintenance program to keep our units good shape. This is reflected in our inspection scores we received which are consistently in the high 90's.

We have a security program where we monitor the complex from 5pm until 3am daily. We monitor the visitors, residential activity, and lighting for the complex. Our security program has reduced the number of police calls and reportable incidents within the complex.

- 6.0) Copies of the 5-Year and Annual Plan can be obtained at the Central Office at 1301 Crestmore Drive Franklin KY 42134.

### **9.0 PHA Plan Elements**

1. We continue to use two preferences for applicants. They are the local and working preferences. Applicants living or working in Franklin are considered local and applicants with a working family member receive the working preference (senior and disabled applicants automatically get this preference). We have an aggressive screening policy for our public housing to ensure to the best of our ability that new

admissions will be good neighbors. Our screening practices will meet all fair housing requirements. We have established a minimum rent of \$50 with a hardship exemption policy. We have also established ceiling rents. Our residents may also choose a flat rent that is not income-based. Our ACOP was amended to include the process our Agency will utilize Upfront Income Verification and the standards used in the verification of income.

**2. Housing Needs**

- **Waiting list total**                    **36**
- **Extremely low income**            **6**
- **Very low income**                    **17**
- **Low income**                            **13**
- **Families with children**           **28**
- **Elderly families**                    **3**
- **Families with disabilities**       **7**
- **Black**                                    **9**
- **Hispanic**                               **1**
- **Annual Turnover**                    **28**

**3. Housing needs of families on the PHA waiting list**

- **1BR**                                    **7**
- **2BR**                                    **12**
- **3BR**                                    **13**
- **4BR**                                    **4**
- **5BR**                                    **0**

**Section 10.0 Additional Information**

**Definitions of Amendments/Modifications to the Plan**

- **Conversion Activities.**
- **Emergency situations resulting in the elimination of active units.**
- **Significant reduction in Capital Funds available for improvements.**
- **Change in activities under direction of the Board of Directors away from the original five-year plan.**
- **Changes regarding demolition or designation of existing units effecting rent or admissions.**
- **Changes in the Admission Policy or changes to rent.**

## **9.1 Strategy for addressing housing needs**

Our Agency has a need for two or three bedroom units that are one-level structures. All our family units are townhouses. We will employ the working preference and adopt policies to encourage work. Income exclusions will be given to residents that qualify. Ceiling rents and flat rents will be an option to families as their incomes increase. Our Agency will work with our residents to help keep them in adequate housing and meet their needs.

### **Strategies:**

- 1. Maximize the number of affordable units available:** Continue to provide excellent maintenance to minimize the number of units off-line. Construct new units as funds are available or purchase already constructed homes on the market if prices are reasonable. Purchase or assume management responsibility of Section 8 Housing when it becomes available.
- 2. Meeting the needs of specific family types:**
  - Employ admissions preferences aimed at families with economic hardships, and adopt rent policies to support and encourage work. We can work with Community Education to offer GED classes and skills training opportunity through our community college.
  - We need to develop a strategy to move families through the different levels of housing. The ultimate goal is for them to eventually realize home ownership. We can offer training programs to help the learn to care for a house, manage their money and encourage savings, child care and dependent care training, home economics and other resources to give them a stronger self-image.

### **Reasons for selecting strategies:**

- Funding constraints
- Staffing constraints
- Limited available sites for assisted living
- Influence of the housing market on PHA programs
- Results of consultation with local government
- Results of consultation with community service organizations

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

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

Part I: Summary						
PHA Name: Housing Authority of Franklin		Grant Type and Number Capital Fund Program Grant No: KY36P099-501(09) Replacement Housing Factor Grant No: Date of CFFP: 2009			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 type="checkbox"/> Revised Annual Statement (revision no: ) <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>	40,000.00				
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)	500.00				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	11,775.00				
8	1440 Site Acquisition					
9	1450 Site Improvement	15,000.00				
10	1460 Dwelling Structures	100,779.00				
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.

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  
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 OMB No. 2577-0226  
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<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of Franklin	<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36P099-501(09) Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<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)	168,,074.00			
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				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<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.  
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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  
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Part I: Summary						
PHA Name: Housing Authority of Franklin		Grant Type and Number Capital Fund Program Grant No: KY36S099-501(09) Replacement Housing Factor Grant No: Date of CFFP: 2009			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:01 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)	500.00	0.00	0.00	0.00	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	25,570.00	14,903.50	14,903.50	10,428.40	
8	1440 Site Acquisition					
9	1450 Site Improvement	15,000.00	5,000.00			
10	1460 Dwelling Structures	132,022.00	166,123.90	157,314.37	157,314.37	
11	1465.1 Dwelling Equipment—Nonexpendable	40,000.00	27,064.60	20,000.00	10,526.82	
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.

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>		FFY of Grant:2009 FFY of Grant Approval: 2009			
PHA Name: Housing Authority of Franklin	Grant Type and Number Capital Fund Program Grant No: KY36S099-501(09) Replacement Housing Factor Grant No: Date of CFFP:				
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
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)	213,092.00	213,092.00	192,217.87	178,269.59
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 <i>Dee W. Journey</i>		Date 1/11/10		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 II: Supporting Pages</b>		<b>Grant Type and Number</b>		<b>Federal FFY of Grant: 2009</b>				
PHA Name: Housing Authority of Franklin		Capital Fund Program Grant No: KY36S099-501(09) CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Advertising and Printing	1410	LS	500.00	0.00	0.00	0.00	
	A/E Fees	1430	LS	12,785.00	2,117.50	2,117.50	2,117.50	
	Consulting Fees	1430	LS	12,785.52	12,786.00	12,786.00	8,310.90	
	Landscaping	1450	LS	15,000.00	5,000.00	0.00	0.00	
	Water Saving Shower Heads	1460	106	6,360.00	6,360.00	0.00	0.00	
	Programmable Thermostats	1460	106	5,300.00	3,511.98	3,511.98	3,511.98	
	Countertops /Backsplash (Family Units)	1460	70	17,500.00	83,951.92	83,951.92	81,502.39	
	Bathroom Renovations (Elderly Units)	1460	36	54,000.00	62,800.00	62,800.00	62,800.00	
	Insulate End Walls of Family Buildings	1460	15	48,862.00	9,500.00	9,500.00	9,500.00	
	Ranges and Refrigerators	1465	60	40,000.00	27,064.60	20,000.00	10,526.82	

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



# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name:  <b>Housing Authority of Franklin</b>	<b>Grant Type and Number</b> Capital Fund Program: <b>KY36P099-501(08)</b> Capital Fund Program Replacement Housing Factor Grant No.	Federal FY of Grant:  <b>2008</b>
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<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no: )
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009	<input type="checkbox"/> Final Performance and Evaluation	

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	40,000.00		40,000.00	40,000.00
3	1408 Management Improvements				
4	1410 Administration	1,000.00		1,000.00	300.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16,835.00		10,200.00	5,814.00
8	1440 Site Acquisition				
9	1450 Site Improvement	110,511.00		0.00	0.00
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495-1 Relocation Costs				
18	1498 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	<b>168,346.00</b>		<b>51,200.00</b>	<b>46,114.00</b>
22	Amount of Line 20 Related to LBP Activities				
23	Amount of Line 20 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 20 Related to Energy Conservation Measures				

Signature of Executive Director  <p style="text-align: center;"><b>Melodie Lunsford</b></p>	Date:
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# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name:  <b>Housing Authority of Franklin</b>	<b>Grant Type and Number</b> Capital Fund Program: <b>KY36P099-501 (07)</b> Capital Fund Program Replacement Housing Factor Grant No.	Federal FY of Grant:  <b>2007</b>
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<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no: )
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009	<input type="checkbox"/> Final Performance and Evaluation	

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	40,000.00		40,000.00	40,000.00
3	1408 Management Improvements				
4	1410 Administration	1,000.00		\$ 1,000.00	1,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000.00		15,000.00	8,838.40
8	1440 Site Acquisition				
9	1450 Site Improvement	85,419.00		85,419.00	43,800.90
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	15,000.00		15,000.00	8,429.01
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495-1 Relocation Costs				
18	1498 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	<b>156,419.00</b>	<b>0.00</b>	<b>156,419.00</b>	<b>102,068.31</b>
22	Amount of Line 20 Related to LBP Activities				
23	Amount of Line 20 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 20 Related to Energy Conservation Measures				

Signature of Executive Director **Melodie Lunsford**

Date:





Capital Fund Program—Five-Year Action Plan

Part I: Summary		Locality <u>FRANKLIN KY</u>		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:	
PHA Name/Number <u>HA of FRANKLIN KY 099</u>		Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year 2 FFY <u>2010</u>	Work Statement for Year 3 FFY <u>2011</u>	Work Statement for Year 4 FFY <u>2012</u>	Work Statement for Year 5 FFY <u>2013</u>
A.	Development Number and Name					
B.	Physical Improvements Subtotal	Annual Statement	115740	115740	115,740	115740
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		500	500	500	500
F.	Other		11760	11760	11760	11760
G.	Operations		40,000	40,000	40,000	40,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		168,000	168000	168000	168000
L.	Total Non-CFP Funds					
M.	Grand Total		168000	168000	168000	168000











# Instructions for Preparation of Form HUD-50075.2, Capital Fund Program – Five-Year Action Plan

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Prepare a separate Form HUD-50075.2 for each annual formula grant, describing the activities, which are planned to be undertaken with the current year's Capital Fund Program Grant and Capital Fund Financing Program (CFFP) financing. Submit this form to HUD electronically as part of each Annual Plan submission. On an as-needed basis, submit a revised form when there are significant deviation or significant amendment/modifications to the approved CFP Five-Year Action Plan.

### Natural disasters and emergencies:

Prepare a separate Form HUD-50075.2 for each funding request from the reserve for natural disasters and emergencies.

### Report Submission For the CFP Five-Year Action Plan.

At the end of the PHA's fiscal year end, complete the sections as delineated. Submit the form(s) to HUD electronically together with other required documents. Continue reporting at the end of each program year, until the program is completed or all funds are expended.

**Revisions to the Capital Fund Program – Five-Year Action Plan**, which are not significant deviation or significant amendment/modifications to the PHA Plan. (e.g. expenditures for emergency work, revisions resulting from the PHA's application of fungibility) shall be reported on the Capital Fund Program – Five-Year Action Plan.

Upon completion or termination of the activities funded in a specific grant year, complete the Capital Fund Program – Five-Year Action Plan and submit to HUD with the next Annual Plan submission.

### Part I: Summary.

PHA Name/Number	Enter the Name and PHA number
Locality	Enter City or County and State
Original Five-Year Plan/Revision Number	Check the appropriate box. Consecutively number each revision submitted.
Row A: Development Number/Name (PHA Wide)	Group the planned capital projects by development first. List the PHA-wide projects last.
Work Statement for Year 1	Enter the Federal Fiscal Year (FFY) only. Do not enter any other information on Year 1. That information is already available on the Annual Statement.
Work Statement for Years 2-5	Enter the FFY for Years 2-5.
Row B: Physical Improvements subtotal	Total the planned capital projects for each individual development by the corresponding year.
Row C: Management Improvements	Total the planned management projects for each individual development by the corresponding year.
Row D: PHA-Wide Non-dwelling Structures and Equipment	Total the planned PHA-wide non-dwelling structures and equipment costs by the corresponding year.
Row E: Administration	Total the planned administration costs by the corresponding year.
Row F: Other	Total the planned other costs by the corresponding year.
Row G: Operations	Total the planned operations costs by the corresponding year
Row H: Demolition	Total the planned demolition costs by the corresponding year

Row I: Development	Total the planned development costs by the corresponding year
Row J: Capital Fund Financing-Debt Service	Total the planned debt service costs by the corresponding year
Row K: Total CFP Funds (estimated)	Enter the total Capital Fund Program funding estimated for Years 2-5.
Row L: Total Non-CFP Funds	Enter the total non-capital funds anticipated for Years 1-5.
Row M: Grand Total	Total the grand total from rows B-K for Years 2-5.

**Part I: Summary (Continuation for PHA-wide activities). See instructions above under Part I, Summary**

**Part II: Supporting Pages – Physical Needs Work Statements.**

Work Statement for Year 1 FFY	Enter the Federal Fiscal Year (FFY) only. Do not enter any other information on Year 1. That information is already available on the Annual Statement.
Work Statement for Years 2-5	Enter the corresponding Years 2-5 and add FFY years.
Development Number/Name	Enter the name and number of the developments with planned activities.
Major Work Categories	Identify the planned major work categories by Development for Years 2-5. (Example: install new exterior doors, replace windows, etc.)
Quantity	List the number of planned work items such as replace 100 exterior doors, etc.
Estimated Cost	Enter the estimated costs for work activities for Years 2-5.
Subtotal of Estimated Cost.	A subtotal amount must be entered for all work items listed.

**Part III: Supporting Pages – Management Needs Work Statements.**

Work Statement for Year 1 FFY	Enter the Federal Fiscal Year (FFY) only. Do not enter any other information on Year 1. That information is already available on the Annual Statement.
Work Statement for Years 2-5	Enter the corresponding Years 2-5 and add FFY years.
Development Number/Name	Enter the name and number of the developments with planned activities.
Major Work Categories	Identify the planned major work categories by Development for Years 2-5. (Example: provide staff computer training; computer purchase, etc.)
Quantity	List the number of planned work items such as replace 10 desktop computers, etc.
Estimated Cost	Enter the estimated costs for work activities for Years 2-5.
Subtotal of Estimated Cost.	A subtotal amount must be entered for all work items listed.

**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 X 5-Year and/or      Annual PHA Plan for the PHA fiscal year beginning 4-1-2010 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 Franklin  
PHA Name

KY099  
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2009 - 2013

Annual PHA Plan for Fiscal Years 20\_\_ - 20\_\_

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

Name of Authorized Official	Title
<u>MARY CUMMINGS</u>	<u>BOARD CHAIRPERSON</u>
Signature	Date
<u>Mary R. Cummings</u>	<u>3/12/2010</u>

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

*Housing Authority of Franklin*

Program/Activity Receiving Federal Grant Funding

*PUBLIC HOUSING*

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

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

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

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

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

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

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

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

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

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

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

*1301 CRESTMORE DRIVE  
FRANKLIN KY 42134*

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

*Mary Cummings*

Title

*BOARD CHAIRMAN*

Signature

*Mary R Cummings*

Date

*3/14/2010*

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

*HOUSING AUTHORITY OF FRANKLIN*

Program/Activity Receiving Federal Grant Funding

*Public Housing*

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

Title

*Mary Cummings*

*Board Chairman*

Signature

Date (mm/dd/yyyy)

*Mary K. Cummings*

*3/12/2010*

Previous edition is obsolete

# 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 type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award <div style="text-align: center; font-size: 2em; font-family: cursive;">N/A</div>	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  <div style="text-align: center; font-size: 2em; font-family: cursive;">N/A</div> Congressional District, if known:	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>  <div style="text-align: center; font-size: 2em; font-family: cursive;">N/A</div>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>  <div style="text-align: center; font-size: 2em; font-family: cursive;">N/A</div>	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Mary K. Cummings</u> Print Name: <u>Mary Cummings</u> Title: <u>Boards Chairman</u> Telephone No.: <u>(270) 586-8500</u> Date: <u>3/12/2010</u>	
<b>Federal Use Only:</b>	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	