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 PHA Information

PHA Name: **Brainerd Housing and Redevelopment Authority**

PHA Code: **MN032**

PHA Type: ☒ Small ☐ High Performing ☐ Standard ☒ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY) **01/2010**

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: **199** Number of HCV units: **320**

3.0 Submission Type

☒ 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia ☐ 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	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.

5.1 Mission. 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:

The mission of the Brainerd HRA is to provide housing and redevelopment programs and services to the City of Brainerd. The Brainerd HRA also provides some programs and services throughout Crow Wing County.

5.2 **Goals and Objectives.** 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.

The Brainerd HRA will continue over the next five years to renovate and modernize all three Public Housing Developments; North Star Apartments, Scattered Sites and Valley Trail. The Brainerd HRA will also continue marketing strategies to keep vacancies down.
By implementing the Public Housing Asset Management System, it has given the Brainerd HRA a more precise monthly detail of tracking all the various categories to be successful in managing the developments. The categories include; 1. Property Narrative: 2. Physical Occupancy: The Brainerd HRA has 1, 2, 3 and 4 bedroom units. 3. Customer Traffic: The Brainerd HRA keeps track of how many applications are requested, mailed, received, returned as incomplete, denied and placed on the waiting lists. 4. Waiting List: The waiting list is updated with how many applicants were notified, screened and denied. 5. Move-Ins and Move Outs: Along with the move-ins and move-outs this category also includes evictions. 6. List of Vacant Units and Unit Status: This category lists the unit address, bedroom size, anticipated leasing date and applicant approved status. 7. Re-certifications: Re-certifications are monitored monthly on any out-standings at the start of the month, due to be completed that month, completed for the month and ending backlog. 8. Annual Unit Inspections: This category keeps track of the total units to be inspected for the year, number completed at the start of the month, number inspected for the month, number completed year-to-date, total left to be inspected for the year and have all building system inspections been completed. 9. Lease Enforcements: Lease warnings/violations issued along with 30 day lease terminations are tracked. 10. Evictions: This category tracks any evictions, the reason for the eviction, summons date and judgment actions. 11. Non-Emergency Work Orders: The Brainerd HRA has 1 Maintenance Supervisor and 2 Maintenance Specialists that track and complete work orders on a daily basis. The tracking includes the months beginning balance, work orders received and closed, the ending balance, total completed work orders for the month and total work orders completed for the year. 12. Emergency Work Orders: Emergency work orders are handled immediately and completed within a 24 hour period. 13. Rent Collections: This category tracks all rent and other charges collected. Also in this category is Accounts Receivable which tracks current tenant accounts receivable, current rent charges, current rent collections, accounts receivable rate, collection rate, prior tenant accounts receivable, prior rent charges and the collection rate. All data collected from the above categories is compiled into a "Monthly Property Performance Report" and shared with staff.

By using the Capital Fund Recovery Grant (CFRG) along with the Capital Fund Program (CFP) funding from years 2007 and 2008, the Brainerd HRA is able to fully complete the 1st and 2nd floors remodeling project at the North Star Apartments. This project is anticipated to be completed by the end of December, 2009. This project has been in the making for several years. The goal is to update and modernize the 2 floors. The North Star Apartments was built in 1969 and many of the fixtures are the originals. The extensive project includes replacement of all ceiling tiles, floor coverings which includes asbestos abatement, wall coverings, electrical lighting fixtures, plumbing fixtures, window treatments, install 5 ventilator HVAC units. Upgrade current bathrooms and install 2 new handicap accessible bathrooms. The Brainerd HRA will complete capital improvements to its main office. Interior work will include: the entry door of the vestibule will consist of automatic door openers that will be all ADA compliant, public toilet reconfiguration for accessibility, reconfiguration for the reception area, waiting room, workroom area and conference room, one of the HVAC units will be replaced and completely re-done for proper ventilation with ducts and heating and cooling controls, security cameras will be installed at the front entrance of the office and the main reception/waiting room areas, window repair, replace flooring and painting. The exterior work includes: prep and paint the stucco, install a gate and rail at the side of the stairs and landscaping. An Assessment was completed by the Brainerd HRA staff; Maintenance Supervisor, Fiscal Director, Assistant Director, along with an Architecture and Engineering Company to fully evaluate/update and modernize the 1st and 2nd floors of the North Star Apartments and the Brainerd HRA office.

Over the last 5 years the capital improvements to the developments has made a very positive impact on vacancies. In reviewing the last PHA 5 year Plan (2005-2009) the North Star Apartments (160 units) has updated the security system with more cameras and multiplexors, extensive duct cleaning was completed to the 12 story building, refrigerators have been replaced on an on-going basis, the parking lot was completely renovated, extensive landscape was completed to finish the appearance of the parking lot. The Scattered Site development (16-3 bedroom single/duplex units) received exterior painting, replacement of roofs, gutters, windows, exterior doors and interior closet doors. Valley Trail development (25-2, 3 and 4 bedroom single/duplex units) received the replacement of roofs, gutters, garage doors, and exterior screen doors. HUD approved emergency items; the hot water heater bundle and the replacement of the boiler 3-way valves at the North Star Apartments and the Brainerd HRA office building required shingles to be replaced on the roof.

PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:
Please see attached the Brainerd HRA's Admissions and Continued Occupancy Policy (ACOP) that was revised September, 2009. The elements revised; screening criteria, pet policy and added a no smoking policy.

(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan.
The Brainerd HRA's 5 Year and Annual PHA Plan are located at the Brainerd HRA office located at 324 East River Road Brainerd MN 56401. The Brainerd HRA has 3 developments with one AMP grouping. The Brainerd HRA's website is being updated at this time which will include the approved PHA Plan.

1. A universal waiting list is maintained at the office. When a unit becomes vacant, the Housing Compliance Specialist notifies applicants at the top of the list for the specified unit size. The applicants are screened and, if appropriate according to the screening criteria the prospective resident is offered a unit. There is no site-based waiting list.
2. Please see attached Section 6.2 regarding "Financial Resources."
3. Residents can either mail their rent payments to the office, place them in a drop box located at the office, or bring their payments to the office during business hours. Residents of the North Star Apartments also have a drop box located on the 2nd floor of that building. All rents are processed by the Housing Specialist and Assistant Director. If a resident is late paying his/her rent, the Housing Specialist addresses the issue with the resident.
4. Please see Section 5.2 (Goals and Objectives) of the PHA Plan regarding Operation and Management. The Brainerd HRA contracts with Plunkets Pest Control Company for prevention or eradication of pest infestation including cockroaches. Plunkets inspect on a monthly basis and are notified of any pest situation.
5. The Brainerd HRA has a 5 page Grievance Procedure Policy that is part of the (ACOP) that is made available to the resident or applicant. Any grievance can be presented orally or in writing to the Housing Authority. The grievance must be presented within a reasonable time frame. The purpose of the informal initial contact is to discuss and hopefully resolve any grievances without the necessity of a formal hearing.
6. The Brainerd HRA does not designate housing for just elderly and disabled families.
7. Families are given a list of areas that can be used for the Community Service component. Areas include: school, child care centers, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, community clean up programs, beautification programs, assisting in the kitchen at the North Star Apartment with the Lutheran Social Services Food Program. The Brainerd HRA has a successful FSS program where participants have received their escrow accounts to enhance their economic self sufficiency.

6.0

8. The Brainerd HRA works very closely with the Brainerd Police Departments Crime Specialist. The Brainerd HRA's Housing Compliance Specialist attends monthly Landlord meetings in Crow Wing County. Caretakers are at each of the Public Housing developments and are crucial in reporting any unsafe situations regarding the residents. The North Star Apartments is a secured building and security cameras are installed throughout the building. The Brainerd Police Department has a list of all the Public Housing units the Brainerd HRA owns and manages. The Brainerd HRA is very fortunate to have a great rapport with the Police and Sheriffs Departments.
9. Residents must have prior approval of the Housing Authority before moving a pet into their unit. Residents must sign a Pet Agreement before the Housing Authority will approve the request for a pet. The Brainerd HRA will allow only domesticated dogs, cats, birds or fish in aquariums in units. All dogs and cats must be neutered and spayed. Only 1 pet per unit is allowed. Any animal deemed to be potentially harmful to the health or safety of others; including attack or fight trained dogs will not be allowed. No animal may exceed 20 pounds in weight unless it is a guide animal. All pets must be inoculated against rabies and other conditions prescribed by local ordinances.
10. The Brainerd HRA does review/examine its programs and proposed programs regarding any impediments to fair housing. The agency's Admissions and Continued Occupancy Policies (ACOP), lease, website, advertising, etc, are always taken into consideration regarding "Affirmatively Furthering Fair Housing." The Brainerd HRA's Annual Plan is consistent with any applicable Consolidated Plan for its jurisdiction. The Brainerd HRA works with many service providers and resources in the area including: Crow Wing County Social Services, Lutheran Social Services, Advocates Against Domestic Abuse, etc. to assist residents and potential residents with being treated fairly.
11. Please see attached Section 6.11 regarding "Fiscal Year Audit."
12. The Brainerd HRA will continue to implement the Asset Management System by monitoring the developments on a monthly basis. Capital Fund money will be used to update and modernize the developments.
13. The Brainerd HRA works directly in partnership with the organization "Advocates Against Domestic Abuse" (AADA). A Memorandum of Understanding was signed on February 15, 2007 between (AADA) and the Brainerd HRA to work together in providing services through (AADA) and providing housing needs through the Brainerd HRA. In collaboration we have successfully assisted many families that are victims of domestic violence, dating violence, sexual assault and stalking. The Brainerd HRA also works with Women's Center of Mid Minnesota, Lutheran Social Services and Crow Wing Count Social Services regarding VAWA.

7.0	**Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.** *Include statements related to these programs as applicable.* (a) The Brainerd HRA receives no funding under the "HOPE VI or Mixed Finance Modernization or Development." (b) The Brainerd HRA does not plan on any "Demolition and/or Disposition" to any of the Public Housing units. (c) The Brainerd HRA does not plan on any "Conversion" regarding the Public Housing units. (d) The Brainerd HRA will continue to encourage families to participate in the "Homeownership Program." We have not put a limit on the number of families we will serve through the Homeownership Program, and feel we will be assisting an average of 2 to 5 families each year with reaching their dream of homeownership through this program. Our Housing Choice Voucher Homeownership Program has provided assistance to 14 families to date. There were 2 families that entered into the program for 2009. We will continue to monitor and market the program to the Voucher recipients. (e) The Brainerd HRA does not participate in "Project Based Vouchers."
8.0	**Capital Improvements.** Please complete Parts 8.1 through 8.3, as applicable. Please see Section 5.2 (Goals and Objectives) describing the capital improvements necessary to ensure long-term physical and social viability for the Public Housing developments that the Brainerd HRA manages.
8.1	**Capital Fund Program Annual Statement/Performance and Evaluation Report.** As part of the PHA 5-Year and Annual Plan, annually complete and submit **t**he *Capital Fund Program Annual Statement/Performance and Evaluation Report*, form HUD-50075.1, for each current and open CFP grant and CFFP financing. Please see the attached Section 8.1 The Capital Fund Program Annual Statement/Performance and Evaluation Report, form HUD-50075.1 for open CFP grant years 2007, 2008, 2009 and 2009 CFRG.
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan*, 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. Please see the attached Section 8.2 The Capital Fund FiveYear Action Plan, form HUD-50075.2 .
8.3	**Capital Fund Financing Program (CFFP).** ☐ 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	**Housing Needs**. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. The identification of housing needs includes: market HRA housing to elderly households, people with disabilities and services providers. The Brainerd HRA contracts with Good Neighbor Home Care Agency to assist the elderly, and people with disabilities at the North Star Apartments 24 hours per day. Rent will be based on their income. The accessibility, safety, unit size and location are accessed at the time of the initial screening.

9.1	**Strategy for Addressing Housing Needs**. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.** The Brainerd HRA provides a suitable living environment for families living in assisted housing regardless of race, color, religion, national origin, sex, familial status and disability.
10.0	**Additional Information**. Describe the following, as well as any additional information HUD has requested. (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. The progress in meeting the Mission and Goals for the Brainerd HRA will be to review and monitor monthly the Asset Management System implemented within the agency, budgets, leasing, vacancies, physically inspecting the units for any Capital Improvements (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Substantial Deviation from the 5-Year Plan: A Substantial Deviation is a decision made by the Board of Commissioners to change the PHA's mission statement, goals, or objectives identified in the 5-Year Plan. It is also when goals or objectives are changed that affect the residents or have significant impact to the PHA's financial situation. Significant Amendment or Modification to the Annual Plan: A significant Amendment or modification is a change in PHA plans or policies that require formal approval by the Board of Commissioners.

11.0	**Required Submission for HUD Field Office Review**. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only) (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. (g) Challenged Elements (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

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 12.68 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

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information
Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory
Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type
Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia
Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan
Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan**.**

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

(a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.

(b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central off ice of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.

3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.

4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.

5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.

6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1**) development name and number; **2**) designation type; **3**) application status; **4**) date the designation was approved, submitted, or planned for submission, and; **5**) the number of units affected.

7. **Community Service and Self-Sufficiency.** A description of: (**1**) Any programs relating to services and amenities provided or offered to assisted families; (**2**) Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**

8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.

10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.

12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

13. **Violence Against Women Act (VAWA).** A description of: **1)** Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; **2)** Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and **3)** Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

(a) Hope VI or Mixed Finance Modernization or Development. **1)** A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and **2)** A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm

(b) Demolition and/or Disposition. With respect to public housing projects owned by the PHA and subject to ACCs under the Act: **(1)** A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and **(2)** A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent **that approved and/or pending** demolition and/or disposition has changed.

(c) Conversion of Public Housing. With respect to public housing owned by a PHA: **1)** A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert; **2)** An analysis of the projects or buildings required to be converted; and **3)** A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/conversion.cfm

(d) Homeownership. A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.

(e) Project-based Vouchers. If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

(a) To submit the initial budget for a new grant or CFFP;

(b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and

(c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;

2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and

3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at: http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note:** Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note:** Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

(a) Progress in Meeting Mission and Goals. PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan**. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

(b) Significant Amendment and Substantial Deviation/Modification. PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

(c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

(a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*

(b) Form HUD-50070, *Certification for a Drug-Free Workplace* **(PHAs receiving CFP grants only)**

(c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* **(PHAs receiving CFP grants only)**

(d) Form SF-LLL, *Disclosure of Lobbying Activities* **(PHAs receiving CFP grants only)**

(e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* **(PHAs receiving CFP grants only)**

(f) Resident Advisory Board (RAB) comments.

(g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.

(h) Form HUD-50075.1**, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (Must be attached electronically for PHAs receiving CFP grants only).** See instructions in 8.1.

(i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* **(Must be attached electronically for PHAs receiving CFP grants only).** See instructions in 8.2.

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: Brainerd Housing and Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: MN46P03250110 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2010** **FFY of Grant Approval:**

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 [1]**	
		Original	**Revised[2]**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	$66,000			
3	1408 Management Improvements	$12,000			
4	1410 Administration (may not exceed 10% of line 21)	$18,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$15,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	$139,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				

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

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

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

Part I: Summary

PHA Name: Brainerd Housing and Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: MN46P03250110 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2010** **FFY of Grant Approval:**

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 [1]**	
		Original	**Revised [2]**	**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)	$250,000			
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**	**Date**

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

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

PHA Name: Brainerd Housing and Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: MN46P03250110 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 [1]	Funds Obligated[2]	Funds Expended[2]	
MN032001	Operations	1406	Lump Sum	$66,000				
MN032001	CFP/Fiscal Training	1408	Lump Sum	$12,000				
MN032001	Staff Salaries to Manage this Grant	1410	Lump Sum	$18,000				
MN032001	Hire A & E for Roof Replacement	1430	Lump Sum	$15,000				
MN032001	PNA/Environmental Review	1430	Lump Sum	$10,000				
MN032001 North Star Apartments	Roof Replacement	1460	1 Roof	$60,000				
MN032001 Scattered Sites	Unit Renovation; painting, flooring, cabinets, lighting,	1460	4 Units	$69,000				

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Brainerd Housing and Redevelopment Authority					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MN032001					

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

Part I: Summary

PHA Name/Number **Brainerd Housing & Redevelopment Authority MN032**			Locality (City/County & State) Brainerd, Crow Wing, MN		☒**Original 5-Year Plan** ☐**Revision No:**	
A.	Development Number and Name **Brainerd Housing and Redevelopment Authority MN032**	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	$139,000	$139,000	$139,000	$139,000
C.	Management Improvements		$12,000	$12,000	$12,000	$12,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		$18,000	$18,000	$18,000	$18,000
F.	Other Fees and Costs A & E		$15,000	$15,000	$15,000	$15,000
G.	Operations		$66,000	$66,000	$66,000	$66,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		$250,000	$250,000	$250,000	$250,000
L.	Total Non-CFP Funds					
M.	Grand Total		$250,000	$250,000	$250,000	$250,000

Part I: Summary (Continuation)

PHA Name/Number **Brainerd Housing and Redevelopment Authority MN032**			Locality (City/county & State) **Brainerd, Crow Wing, MN**		☒**Original 5-Year Plan** ☐**Revision No:**	
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**
		Annual Statement				

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

Work Statement for Year 1 FFY **2010**	Work Statement for Year: **2** **FFY 2011**			Work Statement for Year: **3** **FFY 2012**		
	Development Number/Name General Description of Major Work Categories	Quanity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual	MN032001 North Star Apartments Boiler Upgrades/ Replacements	3 Boilers	$80,000	MN032001 North Star Apartments Rehab Replace Hallway Carpet Wall-coverings	Floors 3-12	$130,000
Statement	HC Accessible office	1	$120,000	Repair Parking Lot	2 Lots	$40,000
	MN032001 Scattered Sites Unit Renovation	2 Units	$50,000	MN032001 Scattered Sites Unit Renovation	3 Units	$80,000
	MN032001 Valley Trail	0	$0	MN032001 Valley Trail	0	$0
	Subtotal of Estimated Cost		$250,000	Subtotal of Estimated Cost		$250,000

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

Work Statement for Year 1 FFY **2010**	Work Statement for Year: **4** **FFY 2013**			Work Statement for Year: **5** **FFY 2014**		
	Development Number/Name General Description of Major Work Categories	Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual	MN032001 North Star Apartments Repair/Replace Elevators	2	$70,000	MN032001 North Star Apartments Repair Parking Lot/Landscape	1	$50,000
Statement	Replace Toilets, Showers, Vanities	80 Units	$80,000	Appliances	40	$30,000
	Update Computers, Software & Hardware		$20,000	Boiler Upgrades Replacements	3	$70,000
	Update Phone System		$15,000	Office Parking Lots Repair or Replace	2	$50,000
	Update Office Equipment		$20,000			
	MN032001 Scattered Sites Repair/Replace Driveways	16	$20,000	MN032001 Scattered Sites Landscape	16	$20,000
	MN032001 Valley Trail Repair/Replace Driveways	25	$25,000	MN032001 Valley Trail	25	$30,000

	Subtotal of Estimated Cost		$250,000	Subtotal of Estimated Cost		$250,000

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual				
Statement				
	Subtotal of Estimated Cost	$	Subtotal of Estimated Cost	$

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual				
Statement				
	Subtotal of Estimated Cost	$	Subtotal of Estimated Cost	$

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Brainerd Housing and Redevelopment Authority	Grant Type and Number Capital Fund Program Grant No: MN46P03250107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no:** 2)
☒ **Performance and Evaluation Report for Period Ending: 10/31/09** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	$78,275	$78,275	$78,275	$78,275
3	1408 Management Improvements	$6,000	$0	$0	$0
4	1410 Administration	$18,000	$7,653	$7,653	$7,653
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs ($25,000 from CFRG)	$15,000	$69,500	$70,280	$70,280
8	1440 Site Acquisition				
9	1450 Site Improvement	$30,100	$0	$0	$0
10	1460 Dwelling Structures	$94,000	$85,947	$85,167	$17,262
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	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	$241,375	$241,375	$241,375	$173,470
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Brainerd Housing and Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: MN46P03250107 Replacement Housing Factor Grant No:	**Federal FY of Grant: 2007**

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☒**Revised Annual Statement (revision no:** 2)
☒**Performance and Evaluation Report for Period Ending: 10/31/09** ☐**Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Brainerd Housing and Redevelopment Authority		**Grant Type and Number** Capital Fund Program Grant No: MN46P03250107 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406	Lump Sum	$78,275	$78,275	$78,275	$78,275	Complete
	CFP/Fiscal Training	1408	Lump Sum	$6,000	$0	$0	$0	
	Staff Salaries to administer this grant	1410	Lump Sum	$18,000	$7,653	$7,653	$7,653	Complete
	Hire A & E for 1st and 2nd floor rehab	1430	Lump Sum	$15,000	$70,280	$70,280	$70,280	Progress Billing
MN032001								
North Star Apartments	Rehab common areas on 1st and 2nd floors. Includes: Replace ceiling tiles, floor coverings, wall coverings, electrical-lighting fixtures, plumbing fixtures, window treatments, install 5 ventilator HVAC units. Upgrade current bathrooms and install 2 new handicap accessible bathrooms.	1460	1	$69,000	$85,167	$85,167	$17,262	Progress Billing

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Brainerd Housing and Redevelopment Authority		**Grant Type and Number** Capital Fund Program Grant No: MN46P03250107 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MN032002 Scattered Sites	16 Units Driveways	1460	16	$25,000	$0	$0	$0	
	Landscaping	1450	16	$10,000	$0	$0	$0	
MN032004 Valley Trail	Landscaping	1450	25	$20,100	$0	$0	$0	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Brainerd Housing and Redevelopment Authority	**Grant Type and Number** Capital Fund Program No: MN46P03250107 Replacement Housing Factor No:	**Federal FY of Grant:** 2007

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	9/12/09		7/27/09	9/12/11			
MN032001 North Star Apartments	9/12/09			9/12/11			
MN032002 Scattered Sites	9/12/09			9/12/11			
MN032004	9/12/09			9/12/11			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Brainerd Housing and Redevelopment Authority	**Grant Type and Number** Capital Fund Program No: MN46P03250107 Replacement Housing Factor No:	**Federal FY of Grant:** 2007

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA N		MN46P03250108	2008
	Brainerd Housing and Redevelopment Authority		

___ Original Annual Statement
__X_ Performance and Evaluation Report for Period Ending:__9/30/09_____

___Reserve for Disasters/Emergencies __X__Revised Annual Statement (revision no:)1___ ____Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revision #1	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	66,000	66,000	66,000	66,000
3	1408 Management Improvements	12,000	12,000	0	0
4	1410 Administration	18,000	18,000	7,524	7,524
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000	15,000	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	123,763	123,763	0	0
11	1465.1 Dwelling Equip-nonexpendable	20,000	20,000	0	0
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	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	**Amount of Annual Costs (sum of lines 2-19)**	**254,763**	**254,763**	**73,524**	**73,524**
22	Amount of line 21 related to LBP Activities				
23	Amount of Line 21 related to Sec. 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 21 related to enery conservation measures				

Annual Statement/Performance and Evaluation ReportCapital Fund Program
Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

Brainerd Housing and Redevelopment Authority		**MN46P03250108**				**2008**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406	Lump Sum	66,000	66,000	66,000	66,000	
	CFP/Fiscal Training	1408	Lump Sum	12,000	12,000			
	Staff Salaries to Manage this Grant	1410	Lump Sum	18,000	18,000	7,524	7,524	
	Hire A & E for Office Rehab	1430	Lump Sum	15,000	15,000			
MN032001 North Star Apartments	Refrigerators	1465	1	20,000	20,000			
	Rehab 1st and 2nd Floors Exterior, Front Entrances and Interior Painting, Flooring, Fixtures, Upgrade Bathrooms	1460	1	84,763	0			
MN032001 HRA Office Building	Remodel Interior: Replace doors and glazing at entry including automatic door openers for handicap accessibility, public toilet reconfiguration for accessibility and ventilation, reception/waiting/workroom area reconfiguration, HVAC upgrades, install security system with cameras and keyless or push button entry, update and relocate electrical fixtures, paint, carpet and tile flooring, new window treatments, waiting room furniture, ceiling fans, Remodel Exterior: Landscape and remove existing plantings and irrigation/install rock and landscape bushes, install gate and railings at the side stairs, prep and paint the stucco, relpace glazing at windows that have condensation, deck needs miscellaneous hardware, repair parking lot.	1460	1	0	84,763			
MN032002 Scattered Sites	2 Units Rehab Painting, Flooring, Kitchen Cabinets	1460	2	39,000	39,000			
MN032004 Valley Trail	0							
			TOTALS	**254,763**	**254,763**	**73,524**	**73,524**	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

Brainerd Housing and Redevelopment Auth	**MN46P03250108**	**2008**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	6/13/2010			6/12/2012			
N032001 North Star Apartme	6/13/2010			6/12/2012			
MN032002 Scattered Sites	6/13/2010			6/12/2012			
MN032004 Valley Trail	6/13/2010			6/12/2012			

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: Brainerd Housing and Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: MN46P03250109 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval:**

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 [1]**	
		Original	**Revised[2]**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	66,000			
3	1408 Management Improvements	12,000			
4	1410 Administration (may not exceed 10% of line 21)	18,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	89,082			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	35,000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				

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

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

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

Part I: Summary

PHA Name: Brainerd Housing and Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: MN46P03250109 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2009** **FFY of Grant Approval:**

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 [1]**	
		Original	**Revised [2]**	**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)	235,082			
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**	**Date**

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

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

PHA Name: Brainerd Housing and Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: MN46P03250109 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
HA-Wide	Operations	1406	Lump Sum	66,000				
	CFP/Fiscal Training	1408	Lump Sum	12,000				
	Update Computers Software & Hardware	1475	Lump Sum	20,000				
	Update Phone System	1475	Lump Sum	7,500				
	Update Office Equipment	1475	Lump Sum	7,500				
	Staff Salaries to Manage this Grant	1410	Lump Sum	18,000				
	Hire A&E for Scattered Site Unit Renovation	1430	Lump Sum	15,000				
MN032001 Scattered Sites	Unit Renovation Painting, Flooring, Cabinets, Lighting	1460	12 Units	89,082				

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

[2] To be completed for the Performance and Evaluation Report.

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 II: Supporting Pages

PHA Name: Brainerd Housing and Redevelopment Authority	**Grant Type and Number** Capital Fund Program Grant No: MN46P03250109 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	

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

form **HUD-50075.1** (4/2008)

[2] To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
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Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Brainerd Housing and Redevelopment Authority					**Federal FFY of Grant: 2009**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA-Wide	9/14/2011		9/14/2013		
MN032001 North Star Apartments	9/14/2011		9/14/2013		
MN032001 Scattered Sites	9/14/2011		9/14/2013		
MN032001 Valley Trail	9/14/2011		9/14/2013		

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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