

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Bloomfield Housing Authority</u> PHA Code: <u>MO 019</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2010</u>																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>46</u> Number of HCV units: <u>0</u>																										
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input checked="" type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:35%;">Participating PHAs</th> <th rowspan="2" style="width:8%;">PHA Code</th> <th rowspan="2" style="width:15%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width:15%;">Programs Not in the Consortia</th> <th colspan="2" style="width:29%;">No. of Units in Each Program</th> </tr> <tr> <th style="width:14.5%;">PH</th> <th style="width:14.5%;">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:																											
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<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:  The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.																										
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.  See attached Goals and Objectives																										
<b>6.0</b>	<b>PHA Plan Update</b> N/A for Qualified Housing Authority (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.																										
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										
<b>8.1</b>	<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. <b>See attached 2010 Annual Statement, 2009 Stimulus Performance and Evaluation Report; 2009 Performance and Evaluation Report; 2008 Performance and Evaluation Report; and 2007 Performance and Evaluation Report.</b>																										
<b>8.2</b>	<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. <b>See attached 2010-2014 Capital Fund Program Five-Year Action Plan</b>																										
<b>8.3</b>	<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. N/A																										
<b>9.0</b>	<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. N/A for Qualified Housing Authority																										

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> N/A for Qualified Housing Authority</p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. N/A for Qualified Housing Authority</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” N/A for Qualified Housing Authority</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>

- (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan.  
No comments
- (g) Challenged Elements  
No elements of the plan were challenged.

## 5.2 Goals and Objectives.

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

**BHA Goal: Expand the supply of assisted housing**

Objective:

Reduce public housing vacancies:

**BHA Goal: Improve the quality of assisted housing**

Objectives:

- Increase customer satisfaction:
- Renovate or modernize public housing units:

**HUD Strategic Goal: Improve community quality of life and economic vitality**

**BHA Goal: Provide an improved living environment**

Objectives:

- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

**BHA Goal: Promote self-sufficiency and asset development of assisted households**

Objective:

- Increase the number and percentage of employed persons in assisted families:

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

**BHA Goal: Ensure equal opportunity and affirmatively further fair housing**

Objectives:

- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:

**Progress the BHA has made in meeting the goals and objectives described in the previous 5-Year Plan.**

The BHA has been able to maintain its mission to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination through the utilization of Capital Funds and the proper application of our public housing policies. Capital Funds have been utilized to provide modernization of our property and our fiscal year 2010 application will continue this effort.

We are continuing to address public housing vacancies very aggressively and our PHAS scores indicate that other operational issues are being positively addressed.

We are confident that the BHA will be able to continue to meet and accommodate all our goals and objectives for 2010.

Bloomfield Housing Authority has adopted a policy (VAWA POLICY) to implement applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162 – VAWA). Our goals, objectives and policies enable Bloomfield Housing Authority to serve the needs of child and adult victims of domestic violence, dating violence and stalking, as defined in VAWA, and as stated in Bloomfield Housing Authority's Violence Against Women Policy, a copy of which is included in our Plan documents.

In addition:

A) The following activities, services, or programs are provided by BHA, directly or in partnership with other service providers, to child and adult victims of domestic violence, dating violence, sexual assault or stalking. NONE

B) The following activities, services, or programs are provided by BHA to help child and adult victims of domestic violence, dating violence, sexual assault or stalking maintain housing.

NONE

C) The following activities, services, or programs are provided by BHA to prevent domestic violence, dating violence, sexual assault and stalking, or to enhance victim safety in assisted families.

NONE

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: Bloomfield Housing Authority	Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>MO36P019501-10</u>	Replacement Housing Factor Grant No:	FFY of Grant: <u>2010</u> FFY of Grant Approval:
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Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending:       Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	5,068.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	200.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	44,266.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	4,000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2-19)	56,534.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director <i>Sina Hobbs</i>	Date <i>7/12/10</i>	Signature of Public Housing Director	Date
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<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.

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BLOOMFIELD HOUSING

07/12/2010 09:04 FAX 568 4204

<b>Part II: Supporting Pages</b>								
PHA Name: Bloomfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P019501-10 Replacement Housing Factor Grant No:			CFFP (Yes/ No): No		Federal FFY of Grant: <b>2010</b>	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sub>2</sub>	Funds Expended <sub>2</sub>	
HA Wide	Housing operations	1406	9%	5,068.00				
Operations	<b>Sub total</b>			<b>5,068.00</b>				
HA Wide	Housing Administration	1410		200.00				
	<b>Sub total</b>			<b>200.00</b>				
HA Wide	Fees and Costs	1430		3,000.00				
	<b>Sub total</b>			<b>3,000.00</b>				
MO 19-1	Replace HVAC units	1460	12 Units	44,266.00				
	<b>Sub total</b>			<b>44,266.00</b>				
HA Wide	A. Replace copier	1475	1 EA	3,000.00				
Non-dwelling Equipment	B. Upgrade computer hardware	1475	1 Sys	1,000.00				
	<b>Sub total</b>			<b>4,000.00</b>				
	<b>Grand Total</b>			<b>56,534.00</b>				

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Bloomfield Housing Authority, MO36P019501-10					Federal FFY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	7/15/2012		7/15/2014		
MO 19-1	7/15/2012		7/15/2014		

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

**Capital Fund Program—Five-Year Action Plan**

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

<b>Part I: Summary</b>						
PHA Name/Number Bloomfield Housing Authority/MO 19		Locality (City/County & State) Bloomfield/Stoddard County/Missouri			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> 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
B.	Physical Improvements Subtotal	Annual Statement	52,000.00	52,000.00	47,000.00	42,500.00
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					4,500.00
E.	Administration					
F.	Other					
G.	Operations		4,534.00	4,534.00	9,534.00	9,534.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		56,534.00	56,534.00	56,534.00	56,534.00
L.	Total Non-CFP Funds					
M.	Grand Total		56,534.00	56,534.00	56,534.00	56,534.00

**Part I: Summary (Continuation)**

PHA Name/Number Bloomfield Housing Authority/MO 19		Locality (City/County & State) Bloomfield/Stoddard County/Missouri			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> 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				
	MO 19-1		52,000.00	52,000.00	47,000.00	42,500.00
	HA Wide Non-dwelling					4,500.00









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

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

07/12/2010 09:05 FAX 568 4204 BLOOMFIELD HOUSING 003

Part I: Summary					
PHA Name: Bloomfield Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>MO36S019501-09</u>		Replacement Housing Factor Grant No:  FFY of Grant: <u>2009</u> FFY of Grant Approval: <u>2009</u>	
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: <u>3/31/2010</u> <input checked="" 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-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,500.00		4,500.00	4,500.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	67,970.00		67,970.00	67,970.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
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)	72,470.00		72,470.00	72,470.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>Anna Gibbs</i>		Date <u>7/12/10</u>		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 CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.



Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Bloomfield Housing Authority MO36S019501-09					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	3/17/2010	3/31/2009	3/17/2012	9/30/2009	
MO 19-1	3/17/2010	3/31/2009	3/17/2012	9/30/2009	

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

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

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

Part I: Summary					
PHA Name: Bloomfield Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>MO36P019501-09</u>		Replacement Housing Factor Grant No:  FFY of Grant: <u>2009</u> FFY of Grant Approval: <u>2009</u>	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2010 <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" 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>	4,815.00	57,068.00	57,068.00	57,068.00
3	1408 Management Improvements	4,500.00	0.00	0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000.00	0.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	5,993.00	0.00	0.00	0.00
10	1460 Dwelling Structures	27,760.00	0.00	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	9,000.00	0.00	0.00	0.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2-19)	57,068.00	57,068.00	57,068.00	57,068.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>Alma Hobbs</i>			Date <i>7/12/10</i>	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.

07/12/2010 09:05 FAX 568 4204 BLOOMFIELD HOUSING 004

<b>Part II: Supporting Pages</b>									
PHA Name: Bloomfield Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MO36P019501-09 Replacement Housing Factor Grant No:				<b>Federal FFY of Grant:</b> <b>2009</b>			
Development Number Name/PHA-Wide Activities		General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised <sup>1</sup>	Funds Obligated <sub>2</sub>	Funds Expended <sup>2</sup>	
HA Wide	Housing operations	1406	9%	4,815.00	57,068.00	57,068.00	57,068.00	Completed	
Operations	<b>Sub total</b>			<b>4,815.00</b>	<b>57,068.00</b>	<b>57,068.00</b>	<b>57,068.00</b>		
HA Wide	Staff training	1408	2	4,500.00	0.00	0.00	0.00	Deleted	
Mgt Improvements	<b>Sub total</b>			<b>4,500.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
HA Wide	Mod Coordinator	1430	100%	5,000.00	0.00	0.00	0.00	Deleted	
Fees & Cost	<b>Sub total</b>			<b>5,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
MO 19-1	A. Replace sewer lines	1450	120 LF	5,993.00	0.00	0.00	0.00	Deleted	
	B. Replace gutters & downspouts	1460	6 Bldg	8,000.00	0.00	0.00	0.00	Deleted	
	C. Expand apt patios	1460	2 Units	2,800.00	0.00	0.00	0.00	Deleted	
	D. Replace flooring	1460	5 Units	12,360.00	0.00	0.00	0.00	Deleted	
	E. Replace interior lighting	1460	4 Units	4,600.00	0.00	0.00	0.00	Deleted	
	<b>Sub total</b>			<b>33,753.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
HA Wide	Replace office equipment	1475	2	9,000.00	0.00	0.00	0.00	Deleted	
Non-dwelling	<b>Sub total</b>			<b>9,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
	<b>Grand Total</b>			<b>57,068.00</b>	<b>57,068.00</b>	<b>57,068.00</b>	<b>57,068.00</b>		

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Bloomfield Housing Authority MO36P019501-09					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	9/30/2011	1/31/2010	9/30/2013	1/31/2010	
MO 19-1	9/30/2011	N/A	9/30/2013	N/A	

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

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

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

**Part I: Summary**

PHA Name: Bloomfield Housing Authority	Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>MO36P019501-08</u>	Replacement Housing Factor Grant No:	FFY of Grant: <u>2008</u> FFY of Grant Approval: <u>2008</u>
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Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 3/31/2010       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-CFFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	17,415.00		17,415.00	17,415.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	39,838.00		39,838.00	39,838.00
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
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)	57,253.00		57,253.00	57,253.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director <i>[Signature]</i>	Date 7/12/10	Signature of Public Housing Director	Date
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<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 CFFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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<b>Part II: Supporting Pages</b>									
PHA Name: Bloomfield Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MO36P019501-08 CFFP (Yes/ No): No Replacement Housing Factor Grant No:				<b>Federal FFY of Grant:</b> <b>2008</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised <sup>1</sup>	Funds Obligated <sub>2</sub>	Funds Expended <sup>2</sup>		
HA Wide	Housing operations	1406	9%	17,415.00		17,415.00	17,415.00	Completed	
Operations	<b>Sub total</b>			<b>17,415.00</b>		<b>17,415.00</b>	<b>17,415.00</b>		
MO 19-1	Heat/AC Replace	1460	6 Units	39,838.00		39,838.00	39,838.00	Completed	
	<b>Sub total</b>			<b>39,838.00</b>		<b>39,838.00</b>	<b>39,838.00</b>		
	<b>Grand Total</b>			<b>57,253.00</b>		<b>57,253.00</b>	<b>57,253.00</b>		

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

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



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

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

<b>Part I: Summary</b>	
PHA Name: Bloomfield Housing Authority	Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>MO36P019501-07</u> Replacement Housing Factor Grant No: FFY of Grant: <u>2007</u> FFY of Grant Approval: <u>2007</u>

Type of Grant  
 Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 3/31/2010  
 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>	1,650.77		1,650.77	1,650.77
3	1408 Management Improvements	4,300.00		4,300.00	4,300.00
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	45,893.29		45,893.29	45,893.29
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	2,400.00		2,400.00	2,400.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2-19)	54,244.06		54,244.06	54,244.06
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>[Signature]</i>	Date 7/12/10	Signature of Public Housing Director	Date
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<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.

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<b>Part II: Supporting Pages</b>								
PHA Name: Bloomfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P019501-07 Replacement Housing Factor Grant No:			CFFP (Yes/ No): No <b>Federal FFY of Grant: 2007</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Housing operations	1406		1,650.77		1,650.77	1,650.77	Completed
	Mgmt Improvements	1408		4,300.00		4,300.00	4,300.00	Completed
MO 19-1	Replace exterior doors	1460	46 Units	45,893.23		45,893.23	45,893.23	Completed
HA Wide Non dwelling equipment	Replace maintenance equipment	1475	LS	2,400.00		2,400.00	2,400.00	Completed
	<b>Grand Total</b>			<b>54,244.00</b>		<b>54,244.00</b>	<b>54,244.00</b>	

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Bloomfield Housing Authority MO36P019501-07					Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	9/12/2009	9/30/2008	9/12/2011	10/31/2008	
MO 19-1	9/12/2009	9/30/2008	9/12/2011	10/31/2008	

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.

**Bloomfield Housing Authority****Violence Against Women Act Policy****Resolution #301****Adopted November 8, 2006**

The Bloomfield Housing Authority recognizes there are families experiencing domestic violence and stalking that may have special needs. The Housing Authority works to prevent discrimination, denying access to or eviction from housing to women or families who are victims of domestic violence or stalking.

The Bloomfield Housing Authority has adopted the following policy in compliance with the Violence Against Women Act of 2005.

1. The Bloomfield Housing Authority shall deny no person housing or have his or her housing assistance terminated because that person has been a victim of domestic violence or stalking.
2. In the event that one member of a household engages in domestic violence or stalking, only that person shall be denied housing or have his or her assistance terminated. The remainder of the household shall not otherwise be excluded from assistance or terminated for assistance by the Bloomfield Housing Authority.
3. If a person vacates a unit in order to protect the safety of a victim of domestic violence, that act shall not constitute abandonment under terms of the lease of the Bloomfield Housing Authority.
4. The Bloomfield Housing Authority reserves the right to require proof that an individual is a victim of domestic violence or stalking. The resident shall be afforded 14 business days to provide documentation, including one or more of the following: certification from an attorney, domestic violence service provider or medical professional or police or court record.