

PHA 5-Year and Annual Plan TN028v01	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: Manchester Housing Authority Code: <u>TN 028</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>04/2010</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>70</u> Number of HCV units: _____																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	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 PHA is to promote adequate and affordable housing, economic opportunity and a suitable living environment free of discrimination.																										
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. Past five year accomplishments (See Attachment D) 1/ Continue to achieve High Performer designation. 2/ Continue to maintain a 98% or higher occupancy rate. 3/ Keep turnover days to twenty or less which helps address the housing needs of the community. 4/ Continue improving the properties to insure achieving a high REAC inspection score that will also provide a higher quality of living for our residents. 5/ Maintain a 100% PIC Form 50058 reporting rate. 6/ Respond to resident initiated work orders within five business days and respond to all emergency work orders within twenty-four hours. 7/ Continue to support and expand the Summer Feeding and after -school program. 8/ Build a Community Room.																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: 1/ Financial Resources Element: the Manchester Housing Authority Financial Information including Operating Subsidy, Capital Fund, Rental Income, Investment Income, etc. change on an annual basis. The MHA maintains this information on file and makes it available for HUD and Public Review at the MHA Administrative Office. (See Attachment A for an estimate of the 2010 Income). 2/ Fiscal Year Audit: the Manchester Housing Authority's most recent audit is on file at the MHA Administrative Office and is available for HUD and Public Review. 3/ Violence Against Women Act (VAWA): The MHA has completed the required VAWA Policy. (See Attachment B) (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. Manchester Housing Authority Administrative Office.																										
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. There are no plans to demolish existing units.																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.																										
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 the Capital Fund Program Annual Statement/Performance and Evaluation Report, form HUD-50075.1, for each current and open CFP grant and CFFP financing.																										

8.2	<p>Capital Fund Program Five-Year Action Plan. 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.</p>
8.3	<p>Capital Fund Financing Program (CFFP).</p> <p><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.</p>
9.0	<p>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.</p> <p>(See Attachment C)</p>
9.1	<p>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.</p> <p>The goal is to continue to improve the current maintenance practices and maintain the current occupancy rate of 98% will help address the community housing needs. MHA will also continue to manage two Tax Credit development's .</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The Housing Authority has completed the installation of (22) new energy efficient HVAC units and has awarded the contract and work has been started for replacing the roofs on (46) apartments. Planning for the 2010 feed the children and after school programs.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>The Manchester Housing Authority will consider a "Substantial Deviation" to be a change in the Mission, Goals, and Objectives of the PHA Plans. These could be changes to rent or admissions policies or organization of the waiting list; additions of non-emergency work items (items not included in the current Annual Statement or Five Year Action Plan) or change in the use of replacement reserve funds under the Capital Fund; any change with regard to demolition or disposition, designation, homeownership programs or conversion activities; or any other change that is duly determined by the Board of Commissioners and the Resident Advisory Board to be a deviation from the latest approved plans. If any of the above are required the change will be considered a "Substantial Deviation" and amendments or modification will be submitted to HUD using the same approval procedure requirements as the original plans.</p>
11.0	<p>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.</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>

ATTACHMENTS:

Resident Advisory Board Comments:

The Manchester Housing Authority staff discussed the FY 2010-2014 Agency Plan and the detailed list of proposed FY 2010 and Five Year capital fund improvements with the four (3) MHA Resident Advisory Board (RAB) members present at the November 16, 2009 RAB meeting. The meeting lasted approximately one hour and the RAB members were in complete support of the proposed expenditures.

Suggestions included: 1/ All RAB members requested a Community Center that could be used for adult and child programs that would include a computer education center that could be used for all the tenants. 2/ All RAB members expressed the need for improved landscaping that would include, increased lighting, benches, beautification, drainage and additional leisure areas. The RAB members thought these would make the developments more attractive and the additional lighting would make the developments safer. 3/ The need for additional parking was expressed by two of the members. 4/ The need for an office sign, improved mailboxes and improved patios was also expressed.

Authority response: 1/ The need for a Community Center is included in the plan and is a high priority. 2/ Improved landscaping is included in the plan. 3/ The need for additional parking will be considered by the housing authority. 4/ The office sign, mailboxes and improved patios will also be considered by the housing authority.

Estimate of 2010 Income (Attachment A)

HUD Operating Subsidy	\$ 142,700
Capital Fund Program 2010	98,635
ARRA Funds	135,304
Dwelling Rental Income	93,000
Interest and Other Income	<u>8,000</u>
Total Estimated Income	\$ 477,639

Violence Against Women Act (VAWA) Policy (Attachment B)

The Manchester Housing Authority adopted the following VAWA Policy on April 7, 2009.

MANCHESTER HOUSING AUTHORITY

Violence Against Women Act (VAWA) PHA Policy

BACKGROUND

The Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA) provides protection for residents and family members of residents who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on such acts of violence against them.

In general, the law provides, in part, that criminal activity directly relating to domestic violence, dating violence or stalking, engaged in by a member of a resident's household, or any guest or other persons under the resident's control, shall not be cause for termination of assistance, tenancy or occupancy rights of the resident or immediate family member if the resident's family is the victim or threatened victim of the abuse.

The law provides that an incident or incidents of actual or threatened domestic violence, dating violence or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim of that violence, and will not be "good cause" for termination of assistance, tenancy, or occupancy rights of a victim of such violence.

Furthermore, the law allows a PHA to "bifurcate" a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to the lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a resident or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a resident or lawful occupant.

The VAWA also allows PHAs to request an individual to certify that the individual is a victim of abuse and that the incidences of abuse are bona fide. The certification must include the name of the perpetrator, and any other statutorily required information. The victim must provide the certification within 14 business days after the individual receives a request for such a certification from the PHA.

DEFINITIONS

The following definitions were incorporated into the United States Housing Act and apply to this policy:

Domestic Violence: Includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with, or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or

family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Dating Violence: Violence committed by a person:

who is or has been in a social relationship of a romantic or intimate nature with the victim; and

where the existence of such a relationship shall be determined based on a consideration of the following factors: 1) the length of the relationship; 2) the type of relationship, and 3) the frequency of interaction between the persons involved in the relationship.

Stalking: To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to 1) that person; 2) a member of the immediate family of that person, or 3) the spouse or intimate partner of that person.

Immediate Family Member: A spouse, parent, brother or sister, or child of the person, or an individual to whom that person stands in loco parentis (in place of a parent); or any other person living in the household of that person and related to that person by blood or marriage.

POLICY

The following policy amends the *Admissions and Occupancy Policy (ACOP)* and the Dwelling Lease by reference. Appropriate language will be added to the ACOP and Dwelling Lease at the next revision dates of each.

A copy of this policy is available at the main office of the housing authority. A copy will be made available on request.

Admissions and Occupancy and Termination of Assistance

Being a victim of domestic violence, dating violence, or stalking, will not be considered by the Manchester Housing Authority (MHA) to be a basis for denial of assistance, or admission to public housing if the applicant otherwise qualifies for assistance or admission.

Incidents or threats of abuse will not be construed by the MHA as serious or repeated violations of the lease or other "good cause" for termination of the assistance, tenancy, or occupancy rights of a victim of abuse.

Criminal activity directly relating to abuse, engaged in by a member of a resident's household or any guest or other person under the resident's control, shall not be cause for termination of assistance, tenancy or occupancy rights if the resident or an immediate family member of the resident's family is the victim or threatened victim of the abuse.

Rights of the Manchester Housing Authority

The MHA may bifurcate a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to the lease, in order to evict, remove, terminate occupancy rights or terminate assistance to any individual who is a resident or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a resident or lawful occupant, and such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by federal, state and local law for the termination of leases, or assistance under HUD's Public Housing Program.

Certification of Abuse and Confidentiality

The MHA will require that an individual certify that he/she is a victim of abuse and that the incidences of abuse are bona fide. The certification must include the name of the perpetrator, and any other statutorily required information. The victim must provide the certification to the MHA within 14 business days after the individual receives a request from the MHA. The individual may utilize the attached *Form HUD 50066, Certification of Domestic Violence, Dating Violence, or Stalking* to certify the abuse to the MHA.

In lieu of Form HUD 50066, the individual may provide the MHA with documentation signed by an employee, agent, volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking, or the affects of the abuse, in which the professional attests (under penalty of perjury (28 U.S.C. 1746) to the professionals belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation. In cases where the individual does not submit the required certification, the MHA may terminate assistance.

Notification to Residents

The MHA will provide notice to all residents and applicants of their rights under Section 6 of the United States Housing Act of 1937 as amended by the Violence Against Women Act of 2005. These rights include the residents' right to confidentiality and the limits thereof, the availability of Form HUD 50066, and that the resident may not be evicted solely on the basis that they are a victim of domestic violence. A sample notice is included with this policy.

Confidentiality

All information provided to the MHA relating to the incident(s) of domestic violence, including the fact that the individual is a victim of domestic violence, dating violence, or stalking will be retained in confidence by the MHA and will not be entered into any shared database nor provided to a related entity, except to the extent that the disclosure is (a) requested or consented by the individual in writing; (b) required for use in an eviction proceeding or termination of assistance; or, (c) otherwise required by applicable law.

Housing Needs (Attachment C)

Housing Needs of Families in the Jurisdiction By Family Type

	<u>Current MHA Waiting List</u>
Income <= 30% of AMI	30
Income > 30% but <= 50% of AMI	39
Income > 50% but < 80% of AMI	1
Elderly	22
Race - White	67
Race – Black	5
Race – Hispanic	1
Race – Other	0

Prior Five Year Accomplishments (Attachment D)

- 1/ The MHA attained “High Performer” status four out of the past five years.
- 2/ .Completely remodeled eighteen units.
- 3/ Maintained a superior occupancy rate of 98 to 99%.
- 4/ Installed twenty-four energy efficient HVAC systems in the elderly/disabled units.
- 5/ Installed a picnic area on Oakdale.
- 6/ Installed a playground on Raven Street.
- 7/ Maintain and manage ninety-six tax credit apartments.
- 8/ Started a children’s feeding and after school program.
- 9/ Installed Twenty-Four Secure Energy Star external doors in the elderly disabled units.

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

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

Part I: Summary									
PHA Name: Manchester Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P02850110 Date of CFFP:		Replacement Housing Factor Grant No:			FFY of Grant:2010 FFY of Grant Approval:2010		
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		Revised Annual Statement (revision no:)			Total Actual Cost ¹		
Line	Summary by Development Account	Original	Revised ²	Obligated	Expended				
1	Total non-CFP Funds	0	0	0	0				
2	1406 Operations (may not exceed 20% of line 21) ³	98,635	0	0	0				
3	1408 Management Improvements	0	0	0	0				
4	1410 Administration (may not exceed 10% of line 21)	0	0	0	0				
5	1411 Audit	0	0	0	0				
6	1415 Liquidated Damages	0	0	0	0				
7	1430 Fees and Costs	0	0	0	0				
8	1440 Site Acquisition	0	0	0	0				
9	1450 Site Improvement	0	0	0	0				
10	1460 Dwelling Structures	0	0	0	0				
11	1465.1 Dwelling Equipment--Nonexpendable	0	0	0	0				
12	1470 Non-dwelling Structures	0	0	0	0				
13	1475 Non-dwelling Equipment	0	0	0	0				
14	1485 Demolition	0	0	0	0				
15	1492 Moving to Work Demonstration	0	0	0	0				
16	1495.1 Relocation Costs	0	0	0	0				
17	1499 Development Activities ⁴	0	0	0	0				
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0				
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$ 98,635	\$ 0	\$ 0	\$ 0				
21	Amount of line 20 Related to LBP Activities	0	0	0	0				
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0				
23	Amount of line 20 Related to Security -- Soft Costs	0	0	0	0				
24	Amount of Line 20 Related to Security -- Hard Costs	0	0	0	0				
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0				

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
 Expires 4/30/2011

Part I: Summary		Grant Type and Number		Federal FY of Grant:	
PHA Name: Manchester Housing Authority		Capital Fund Program Grant No: TN43P02850110 Replacement Housing Factor Grant No:		2010 FFY OF Grant Approval: 2010	
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies			
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Revised*	Obligated	Expended
Signature of Executive Director		Signature of Public Housing Director			
Maury Huddleston		Date 1/5/2010			

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

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

PART I: SUMMARY

PHA Name/Number Manchester Housing Authority		Locality (City/County & State) City of Manchester, Coffee County, TN		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
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	Statement	23,000	63,635	73,635	71,000
C. Management Improvements					
D. PHA-Wide Non-dwelling Structures and Equipment		40,635	2,000	3,000	1,000
E. ADMINISTRATION		25,000	25,000	12,000	15,000
F. Other		10,000	8,000	10,000	1,635
G. Operations					10,000
H. Demolition					
I. Development					
J. Capital Fund Financing -- Debt Service					
K. Total CFP Funds		0	0	0	0
L. Total Non-CFP Funds		0	0	0	0
M. Grand Total		\$ 98,635	\$ 98,635	\$ 98,635	\$ 98,635

Work Statement for Year 1 FFY 2010	Work Statement for Year 2013 FFY 2013				Work Statement for Year: 2014 FFY 2014			
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost		
SEE ANNUAL STATEMENT	PHA-WIDE	Operating Funds	10,000	PHA-WIDE	Operating Funds	10,000		
	PHA-WIDE	A&E, Mod. Coordinator, Energy Audits, Utility Allowance, LBP/Asbestos Monitoring & Testing, Agency Plan, etc.	12,000	PHA-WIDE	A&E, Mod. Coordinator, Energy Audits, Utility Allowance, LBP/Asbestos Monitoring & Testing, Agency Plan, etc.	10,000		
	PHA-WIDE	Drainage, Landscaping, Walks, Drives, Parking, Fencing, Lighting, Water/Sewer Lines, etc.	5,000	PHA-WIDE	Drainage, Landscaping, Walks, Drives, Parking, Fencing, Lighting, Water/Sewer Lines, etc.	2,000		
	PHA-WIDE	Maintenance Tools & Equipment	3,000	PHA-WIDE	Maintenance Tools & Equipment	1,000		
	TN028-02	Interior/Exterior Renovations: Windows, HVAC, Plumbing, Electrical, Flooring, Cabinets, Drywall, Bath Renovations, etc. (4 DU)	68,635	PHA-WIDE	Interior Painting/Patching (5 DU)	6,000		
				PHA-WIDE	Resident Relocation	1,635		
				PHA-WIDE	Kitchen Renovations	6,000		
				PHA-WIDE	Bath Renovations	6,000		
				PHA-WIDE	Security Screens	2,000		
				PHA-WIDE	Interior/Exterior Doors & Hdwr.	5,000		
				PHA-WIDE	Computers, Printers, Copier, Etc	5,000		
				PHA-WIDE	Replace Flooring	5,000		
				PHA-WIDE	Electrical Upgrades (inc. Lighting)	5,000		
				PHA-WIDE	Plumbing Upgrades (inc. Fixtures)	5,000		
				PHA-WIDE	Misc. Siding	5,000		
			TN028-04	Roofing (7 Bldgs)	26,000			
	Subtotal of Estimated Cost		\$98,635	Subtotal of Estimated Cost	\$98,635			

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

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

Part I: Summary		Grant Type and Number	Replacement Housing Factor Grant No:	FFY of Grant:2009	
PHA Name:		Capital Fund Program Grant No: TN43S0280109	FFY of Grant Approval:2009	"ARRA"	
Date of CFFP:		Reserve for Disasters/ Emergencies	Revised Annual Statement (revision no:)		
Original Annual Statement		Final Performance and Evaluation Report	Total Estimated Cost	Total Actual Cost ¹	
Line	Summary by Development Account	Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 21) ³	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration (may not exceed 10% of line 21)	0	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	8,000	13,500	13,500	4,500
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	10,000	0	0	0
10	1460 Dwelling Structures	117,304	121,804	82,619	82,619
11	1465.1 Dwelling Equipment--Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities ⁴	0	0	0	0
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$ 135,304	\$ 135,304	\$ 96,119	\$ 87,119
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security -- Soft Costs	0	0	0	0
24	Amount of line 20 Related to Security -- Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	\$ 77,000	\$ 82,609	\$ 82,609	\$ 82,609

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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

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 Expires 4/30/2011

Part I: Summary		Federal FY of Grant:	
PHA Name: Manchester Housing Authority		2009	
Grant Type and Number		FFY OF Grant Approval:	
Capital Fund Program Grant No: TN43S02850109		2009	
Replacement Housing Factor Grant No:			
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: 03/31/09 <input type="checkbox"/> Final Performance and Evaluation Report			
Summary by Development Account		Total Actual Cost¹	
	Total Estimated Cost	Obligated	Expended
	Original	Revised²	
Signature of Executive Director		Date	
Nancy Muddert		1/5/2010	
Signature of Public Housing Director			

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Manchester
PHA Name

TN028
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 10 - 20 14

Annual PHA Plan for Fiscal Years 20 10 - 20 14

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

Name of Authorized Official	Title
<u>Wilbert Eppenger</u>	<u>Chairman</u>
Signature	Date
<u>Wilbert Eppenger Sr.</u>	<u>1/5/2010</u>

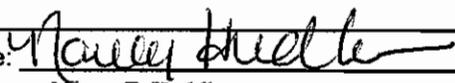
DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> N/A a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> N/A a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> N/A a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: N/A Congressional District, if known:	
6. Federal Department/Agency: U. S. Department of Housing & Urban Development	7. Federal Program Name/Description: N/A CFDA Number, if applicable: _____	
8. Federal Action Number, if known: N/A	9. Award Amount, if known: \$ N/A	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): N/A	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): N/A	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>Nancy T. Huddleston</u> Title: <u>Executive Director</u> Telephone No.: <u>(931) 728-2596</u> Date: <u>1/05/2010</u>	
Federal Use Only:	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Manchester Housing Authority TN028

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Nancy T. Huddleston

Title

Executive Director

Signature

Nancy Huddleston

Date (mm/dd/yyyy)

1/05/2010

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Manchester Housing Authority TN028

Program/Activity Receiving Federal Grant Funding

Conventional Public Housing/Capital Fund Program

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

All low-rent housing owned and operated by the Manchester Housing Authority including all streets, dwellings and non-dwelling units contained thereon.

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Nancy T. Huddleston

Title

Executive Director

Signature

Nancy Huddleston

Date

1/05/2010

X