

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
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1.0	PHA Information PHA Name: <u>COLUMBIA HOUSING AUTHORITY</u> PHA Code: <u>TN046</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2010</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>296</u> Number of HCV units: _____				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" 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.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	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 Columbia Housing Authority mission is to provide affordable housing that is safe and attractive while offering outstanding services to improve the quality of life for our residents and the community.				
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.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: NONE (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. COLUMBIA HOUSING AUTHORITY 201 DYER STREET COLUMBIA, TENNESSEE 38401				
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. NONE				
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 <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. SEE ATTACHMENT B				
8.2	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. SEE ATTACHMENT B				
8.3	Capital Fund Financing Program (CFFP). <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. NONE				
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. SEE ATTACHMENT A				

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. SEE ATTACHMENT A</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <ul style="list-style-type: none"> (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. SEE ATTACHMENT A (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” SEE ATTACHMENT A
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> <ul style="list-style-type: none"> (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) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (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, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

ATTACHMENT A
TO 2009 PHA PLAN IN ACCORDANCE WITH
INSTRUCTIONS FOR PHA PLAN TEMPLATE form HUD-50075

8.0 CAPITAL IMPROVEMENTS:

8.1 HUD 50075.1 Capital Fund Program Annual Statement Report: See attachment (b)

8.2 HUD 50075.2 Capital Fund Program Five-Year Action Plan: See attachment (c)

8.3 Capital Fund Financing Program (CFFP): None

9.0 HOUSING NEEDS

The CHA current waiting list for public housing contains 50 families (8/01/09).

The greatest demand is for small to medium bedroom units (1 and 2 bedroom units). CHA public housing developments are primarily located in the southeast quadrant of the City of Columbia, Tennessee and as of 9/01/09, CHA has an occupancy rate of 99% for the entire portfolio.

CHA is working to expand its portfolio of housing to meet this growing demand. Columbia/Maury County has experienced a high demand for facilities and services to accommodate homeless persons to include families with children.

The CHA has plans to seek the designation of a housing development for elderly and disabled persons. The strategies will be developed in the near future as new funding and housing development opportunities are identified.

9.1 STRATEGY FOR ADDRESSING HOUSING NEEDS

CHA has engaged Knoxville Community Development Corporation (KCDC) and other consulting agencies to conduct a portfolio analysis of all PIH properties for the purpose of developing strategies for decision making regarding capital investment, acquisition, demolition, disposition, and redevelopment activities to position CHA properties to best meet the housing needs of the community. This would include creation of new designated elderly housing, repositioning of aging properties, acquisition/rehabilitation and modernization/revitalization of family housing.

10.0 ADDITIONAL INFORMATION

Progress in Meeting Goals and Objectives

The goals and objectives adopted by the COLUMBIA HOUSING AUTHORITY are:

GOAL ONE: BECOME CHOICE PROVIDER OF AFFORDABLE HOUSING

CHA is rapidly becoming the choice provider of affordable housing. The reason is three-fold: a new management team committed to quality service and performance, greater resident services that focus on improving the housing and individual quality of life of our residents; and a firm commitment to transform our neighborhoods into safe and attractive communities by upgrading our properties and expanding housing opportunities.

Strategic Objectives:

1. Implement a Property Based Management System for all CHA Properties (completed January 1, 2009)
2. Improve Agency Performance Status by increasing our Public Housing Assessment System (PHAS) score as measured by HUD using standardized industry measures: Maintenance, financial controls, physical conditions, rental collections, internal organizational and construction management
(CHA has either maintained or increased its current PHAS score of 80 the past two years)
3. Transform Properties through visible building improvements and energy efficient upgrades (CHA has transformed the Northridge and Northridge Annex communities in 2008-2009. All CHA properties have received energy efficient upgrades with CHA realizing a 25% decrease in utility costs).
4. Improve the Community Image and Perception of CHA
(CHA has received numerous positive newspaper articles and is highly commended by the Mayor, Police Chief, City Council, and other community agencies for its great work improving CHA for the benefit of the residents and the City of Columbia. CHA has a waiting list of over 50 persons and the current occupancy rate is 99%.)

GOAL TWO: Improve Long-Term Financial Control

CHA is identifying and managing operational costs to offset funding cuts by HUD. It is important that all resident and maintenance services remain viable and cost efficient to allow CHA to continue its quest to improve our agency's financial status. Several strategies will be used so that we comply with the Property Based Financial Management system being implemented by HUD to help agencies streamline key operations on a property based level.

Strategic Objectives:

1. Increase PHAS scores in financial assessment by increasing reserves and reducing routine expenses.
(CHA increased our FASS score by two points in 2008.)
2. Implement Energy Performance Contract with Honeywell to save over \$100,000 annually.
(CHA is currently realizing an annual savings of \$60,000-\$70,000 since 2007.)
3. Investigate entrepreneurial activities through non-profit partners and resident owned businesses
(CHA received a \$500,000 grant through Federal Home Loan Bank of Atlanta for Northridge renovation.)

GOAL THREE: ADVANCE WORKFORCE DEVELOPMENT AND PERFORMANCE STANDARDS

CHA's ability to accomplish all proposed strategies is non-existent and impossible without its valuable Board of Commissioners and employees. This specific strategy addresses our obligation to improve individual employees' knowledge, skills, and abilities; recruit, select, and retain the right people with the right skills doing the right job for CHA; and a systematic method of measuring employee performance through monthly objectives. Also, to remain committed to providing pertinent and necessary information to the Board of Commissioners and staff so that valuable communication can be achieved by all the appropriate levels of our great organization.

Strategic Objectives: (progress in this area is ongoing with training and monthly progress meetings with CHA staff)

1. Strengthen internal communication and value teamwork through the agency among departments
2. Strengthen employee skill sets through training and analyzing job performance
3. Evaluate relevant trends observed by employees to increase operational efficiency by CHA

Significant Amendment and Substantial Deviation/Modification:

The CHA and HUD will consider the following actions to be significant amendments or modifications:

1. Changes to rent or admissions policies or organization of the waiting list.
2. Addition of non-emergency work, items (items not included in the Annual Statement or 5-Year Action Plan) or a change in the use of replacement reserve funds under the Capital Fund.
3. Any change with regard to demolition or disposition, designation, or homeownership programs or conversion activities.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements.

11.0 REQUIRED SUBMISSION FOR HUD FIELD OFFICE REVIEW

- (a) Form HUD-50077, PHA Certifications for Compliance with the PHA Plans and Related Regulations
- (b) Form HUD-50070, Certification for a Drug-Free Workplace
- (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions
- (d) Form SF-LLL, Disclosure of Lobbying Activities
- (e) Form SF-LL-A, Disclosure of Lobbying Activities Continuation Sheet
- (f) Resident Advisory Board (RAB) comments
- (g) Challenged Elements
- (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report
- (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan

**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.

Columbia Housing Authority TN046
 PHA Name PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20__ - 20__
 Annual PHA Plan for Fiscal Years 2010 - 2011

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>Jane Eve Rayburn</u>	<u>Board Chairperson</u>
Signature	Date
<u>Jane Eve Rayburn</u>	<u>09-30-09</u>

Civil Rights Certification

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

Civil Rights Certification**Annual Certification and Board Resolution**

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 Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

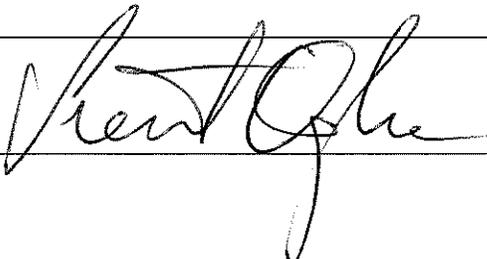
The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Columbia Housing Authority

TN046

PHA Name

PHA Number/HA Code

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	Trent Ogilvie	Title	Executive Director
Signature		Date	9/28/09

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Columbia Housing Authority

Program/Activity Receiving Federal Grant Funding

Operating Fund and 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;

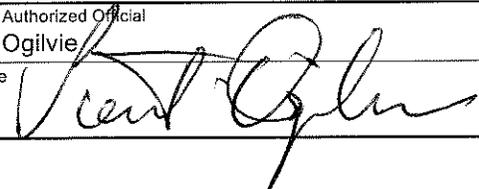
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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 activities are performed at Columbia Housing Authority.
 Main office location:
 Columbia Housing Authority
 201 Dyer Street
 Columbia, Tennessee 38401

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 Trent Ogilvie	Title Executive Director
Signature 	Date 9/28/09

X

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Columbia Housing Authority

Program/Activity Receiving Federal Grant Funding

Operating Fund/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)

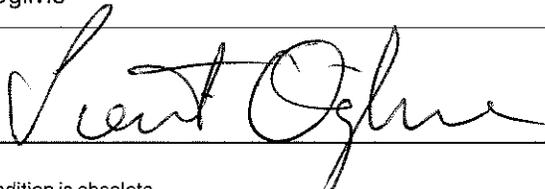
Name of Authorized Official

Trent Ogilvie

Title

Executive Director

Signature



Date (mm/dd/yyyy)

09/28/2009

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> 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: Columbia Housing Authority 201 Dyer Street Columbia, TN 38401 Congressional District, if known: 8th	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: U.S. Department of Housing and Urban Development	7. Federal Program Name/Description: HUD/Capital Fund CFDA Number, if applicable: _____	
8. Federal Action Number, if known: TN046-001-09	9. Award Amount, if known: \$ 473,469	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
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>Trent Ogilvie</u> Title: <u>Executive Director</u> Telephone No.: <u>931-388-5203</u> Date: <u>9/28/09</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

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

I, Terri Jaynes the Planning Coordinator certify
that the Five Year and Annual PHA Plan of the Columbia Housing Authority is
consistent with the Consolidated Plan of State of Tennessee prepared
pursuant to 24 CFR Part 91.

This project is consistent with the state of Tennessee Consolidated Plan because it does not contain any provision for demolition of viable units or conversion of larger bedroom units to smaller ones. In the event such provisions are requested a separate certification of consistency is required.


Signed / Dated by Terri Jaynes 9/9/09
Appropriate State or Local Official

2009 Agency Plan Submission

Resident Advisory Board Comments

The Columbia Housing Authority held a public hearing with 19 residents and the community on September 17, 2009. The specific resident comments are listed below:

1. Will CHA ever create parking off the street?

This may be a consideration in future Capital needs planning. However, there are no plans or determinations made for the feasibility of this investment.

2. Would like to find a way to preserve the trees that CHA is cutting down.

CHA is only cutting down dead trees or those whose limbs may cause physical damage if they fall. This is a safety concern and is not being done to negatively affect the beauty of CHA property. There are still many mature trees and beautiful landscaping that remain at CHA. Our maintenance staff will continue to monitor lawn care and any overgrown vegetation that needs to be addressed.

3. Very small children are playing in street (East Willow) and not being supervised.

CHA is aware of this situation and the parents of these children have been notified. Parental supervision is required anytime children are left unattended especially when it is close to a roadway. There are designated play areas for the children. Also, residents are encouraged to slow down and observe the speed limit when driving through CHA neighborhoods. Any speeding violations or suspicious activities should be reported to the police immediately.

4. Would like to see more activities at the Creekside Community Center.

There are more activities scheduled for Creekside in the upcoming months through community partnerships.

5. Paul Craft needs a play area for the kids.

Presently, there is a basketball court in the area and one swing. We hope to add a community center and additional recreational equipment as funding allows.

6. The McBride fenced in area could become a rental facility for picnics, parties, weddings, etc. Playground equipment needs repair/replaced. Need something for small children.

We have plans to install new recreational equipment and one shelter in the Northridge community in the Spring of 2010.

Part I: Summary					
PHA Name: Columbia Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43S04650110 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2010 FFY of Grant Approval:
Type of Grant Original Annual Statement Performance and Evaluation Report for Period Ending:		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:) Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
<u>1</u>	<u>Total non-CFP Funds</u>				
2	1406 Operations (may not exceed 20% of line 21) ³	80,000.00			
3	1408 Management Improvements	20,000.00			
4	1410 Administration (may not exceed 10% of line 21)	20,000.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	40,000.00			
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	20,000.00			
10	1460 Dwelling Structures	250,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	20,000.00			
12	1470 Non-dwelling Structures	0.00			
13	1475 Non-dwelling Equipment	20,000.00			
14	1485 Demolition	0.00			
15	1492 Moving to Work Demonstration	0.00			
16	1495.1 Relocation Costs	3,469.00			
17	1499 Development Activities ⁴				
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)	473,469.00			
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	50,000.00			

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

Part I: Summary						
PHA Name: Columbia Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43S04650110 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	
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

Part II: Supporting Pages										
PHA Name: Columbia Housing Authority		Grant Type and Number Capital Fund Program Grant No. TN43S04650110 Replacement Housing Factor Grant No:			CFPP (Yes/ 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			
PHA Wide	Operations	1406		80,000.00						
PHA Wide	Management Improvements	1408		20,000.00						
PHA Wide	Administration	1410		20,000.00						
PHA Wide	Pay cost of A/E preparation plans/specs	1430		10,000.00						
PHA Wide	Pay cost of modernization inspections	1430		10,000.00						
PHA Wide	Clerk of Works	1430		20,000.00						
PHA Wide	Sidewalks/landscaping/rec equipment	1450		20,000.00						
TN046-002	Exterior Improvements	1460		50,000.00						
TN046-002	Install new roofing	1460	74	200,000.00						
PHA Wide	Energy Star Appliances	1465.1		20,000.00						
TN046-002	Resident relocation	1495		3,469.00						

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: Columbia Housing Authority					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 ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	9/15/11		9/15/13		

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.

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

Part I: Summary						
PHA Name/Number Columbia Housing Authority / TN046		Locality (Columbia/Maury County, Tennessee)			<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 <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
B.	Physical Improvements Subtotal	Annual Statement	300,000	300,000	300,000	300,000
C.	Management Improvements		25,000	25,000	25,000	25,000
D.	PHA-Wide Non-dwelling Structures and Equipment		30,000	30,000	30,000	30,000
E.	Administration		20,000	20,000	20,000	20,000
F.	Other		18,469	18,469	18,469	18,469
G.	Operations		80,000	80,000	80,000	80,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		473,469	473,469	473,469	473,469

Part I: Summary (Continuation)						
PHA Name/Number Columbia Housing Authority/TN046		Locality (City/county & State) Columbia/Maury County, Tennessee			<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				
	PHA Wide		173,469	173,469	273,469	173,469
	TN046-1			300,000	100,000	100,000
	TN046-2		300,000		100,000	100,000
	TN046-4					
	TN046-5					
	TN046-6					100,000

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	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	PHA Wide	<i>Transfer of modernization funds to pay operating expenses</i>	50,000.00	PHA Wide	<i>Transfer of modernization funds to pay operating expenses</i>	50,000.00
Annual	PHA Wide	<i>Pay the cost of A/E preparation modernization plans and specs</i>	25,000.00	PHA Wide	<i>Pay the cost of A/E preparation modernization plans and specs</i>	25,000.00
Statement	PHA Wide	<i>Pay the cost of AE inspection of modernization activities</i>	25,000.00	PHA Wide	<i>Pay the cost of AE inspection of modernization activities</i>	25,000.00
	TN046-002	Replace roofing and other building items	265,000.00	PHA Wide	Water/Sewer Line Replacement	300,000.00
	TN046-002	Site improvements/landscaping/drainage	20,000.00	PHA Wide	Site improvements/landscaping/drainage	30,000.00
	TN046-002	Exterior building improvements (shutters, porches, columns, fascia, siding, soffits, gutters and misc.)	50,000.00	PHA Wide	Exterior building improvements (shutters, porches, columns, fascia, siding, soffits, gutters and misc.)	43,469.00
	PHA-Wide	Purchase agency vehicles	15,000.00			
	PHA-Wide	Purchase energy efficient appliances	23,469.00			
	Subtotal of Estimated Cost		\$473,469	Subtotal of Estimated Cost		\$473,469

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year 4 FFY 2013			Work Statement for Year: 5 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	PHA Wide	<i>Transfer of modernization funds to pay operating expenses</i>	50,000.00	PHA Wide	<i>Transfer of modernization funds to pay operating expenses</i>	50,000.00
Annual	PHA Wide	<i>Pay the cost of A/E preparation modernization plans and specs</i>	25,000.00	PHA Wide	<i>Pay the cost of A/E preparation modernization plans and specs</i>	25,000.00
Statement	PHA Wide	<i>Pay the cost of AE inspection of modernization activities</i>	15,000.00	PHA Wide	<i>Pay the cost of AE inspection of modernization activities</i>	15,000.00
	TN046-001	Site Improvements	25,000.00	TN046-002	Site Improvements	30,000.00
	TN046-001	Interior Modernization	180,000.00	TN046-002	Interior Modernization	200,000.00
	TN046-001	Renovate Main Office building (interior/exterior)	50,000.00	TN046-002	Renovate Creekside Community Center/ Add Parking Area	30,000.00
	TN046-001	Landscaping	20,000.00	TN046-002	Landscaping	10,000.00
	PHA Wide	Exterior building improvements (shutters, columns, porches, fascia, soffits, gutters and misc.)	35,000.00	TN046-002	Exterior building improvements (shutters, columns, porches, fascia, soffits, gutters and misc.)	40,000.00
	PHA-Wide	Water and sewer line replacement	73,469.00	PHA-Wide	Water and sewer line replacement	73,469.00
	Subtotal of Estimated Cost		\$473,469.00	Subtotal of Estimated Cost		\$473,469.00

Part I: Summary		AMERICAN RECOVERY AND REINVESTMENT ACT GRANT			
PHA Name: Columbia Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43S046501-09 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 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 ¹	
		Original	Revised ²	Obligated	Expended
<u>1</u>	<u>Total non-CFP Funds</u>				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	30,000.00			
4	1410 Administration (may not exceed 10% of line 21)	20,000.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	55,000.00			
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	5,000.00			
10	1460 Dwelling Structures	400,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	20,000.00			
12	1470 Non-dwelling Structures	0.00			
13	1475 Non-dwelling Equipment	15,000.00			
14	1485 Demolition	0.00			
15	1492 Moving to Work Demonstration	0.00			
16	1495.1 Relocation Costs	13,832.00			
17	1499 Development Activities ⁴				
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)	558,832.00			
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	83,824.80			

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

Part I: Summary						
PHA Name: Columbia Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43S04650109 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	
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

Part II: Supporting Pages								
PHA Name: Columbia Housing Authority		Grant Type and Number Capital Fund Program Grant No. TN43S04650109 Replacement Housing Factor Grant No:			CFPP (Yes/ 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	
PHA Wide	Management Improvements	1408		30,000.00				
PHA Wide	Administration	1410		20,000.00				
PHA Wide	Pay cost of A/E preparation plans/specs	1430		10,000.00				
PHA Wide	Pay cost of modernization inspections	1430		10,000.00				
PHA Wide	Clerk of Works	1430		35,000.00				
PHA Wide	Sidewalks/parking/landscaping	1450		5,000.00				
PHA Wide	Force Account Labor	1460		20,000.00				
TN046-005	Roofing	1460		50,000.00				
TN046-006	Roofing	1460		50,000.00				
TN046-005	Install new HVAC	1460	40	140,000.00				
TN046-006	Install new HVAC	1460	50	175,000.00				
TN046-005	Resident relocation	1495		13,832.00				

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 I: Summary					
PHA Name: Columbia Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P04650109 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2009 FFY of Grant Approval:
Type of Grant Original Annual Statement Performance and Evaluation Report for Period Ending:		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:) Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
<u>1</u>	<u>Total non-CFP Funds</u>				
2	1406 Operations (may not exceed 20% of line 21) ³	90,000.00			
3	1408 Management Improvements	10,000.00			
4	1410 Administration (may not exceed 10% of line 21)	20,000.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	50,000.00			
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	20,000.00			
10	1460 Dwelling Structures	240,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	20,000.00			
12	1470 Non-dwelling Structures	0.00			
13	1475 Non-dwelling Equipment	20,000.00			
14	1485 Demolition	0.00			
15	1492 Moving to Work Demonstration	0.00			
16	1495.1 Relocation Costs	3,469.00			
17	1499 Development Activities ⁴				
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)	473,469.00			
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	50,000.00			

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

Part I: Summary					
PHA Name: Columbia Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43S04650109 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
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

Part II: Supporting Pages										
PHA Name: Columbia Housing Authority		Grant Type and Number Capital Fund Program Grant No. TN43S04650109 Replacement Housing Factor Grant No:			CFPP (Yes/ 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			
PHA Wide	Operations	1406		90,000.00						
PHA Wide	Management Improvements	1408		10,000.00						
PHA Wide	Administration	1410		20,000.00						
PHA Wide	Pay cost of A/E preparation plans/specs	1430		10,000.00						
PHA Wide	Pay cost of modernization inspections	1430		10,000.00						
PHA Wide	Clerk of Works	1430		20,000.00						
PHA Wide	Sidewalks/landscaping/rec equipment	1450		25,000.00						
PHA Wide	Force Account Labor	1460		20,000.00						
TN046-004	Cabinets	1460		50,000.00						
TN046-005	Install new HVAC	1460	20	76,000.00						
TN046-006	Install new HVAC	1460	25	114,000.00						
PHA Wide	Energy Star Appliances	1465.1		25,000.00						
TN046-005	Resident relocation	1495		3,469.00						

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 and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I:
Summary**

PHA Name: Columbia Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN43P04650108 Replacement Housing Factor Grant No:	Federal FY of Grant: FY 2008
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 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	0.00			
2	1406 Operations	50,000.00	50,000.00	50,000.00	50,000.00
3	1408 Management Improvements	10,000.00	0.00	0.00	0.00
4	1410 Administration	0.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	25,000.00	5,128.91	5,128.91	5,128.91
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	20,000.00	0.00	0.00	0.00
10	1460 Dwelling Structures	311,485.00	372,198.26	372,198.26	372,198.26
11	1465 Dwelling Equipment—Nonexpendable	2,500.00	14,157.83	14,157.83	14,157.83
12	1470 Nondwelling Structures	10,000.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	12,500.00	0.00	0.00	0.00
14	1485 Demolition	0.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495 Relocation Costs	0.00			
18	1499 Development Activities	0.00			
19	1501 Collateralization or Debt Service	0.00			
20	1502 Contingency	0.00			
21	Amount of Annual Grant: (sum of lines 2 – 20)	441,485.00	441,485.00	441,485.00	441,485.00
22	Amount of line 21 Related to LBP Activities	0.00			
23	Amount of line 21 Related to Section 504 compliance	0.00			
24	Amount of line 21 Related to Security – Soft Costs	0.00			
25	Amount of Line 21 Related to Security – Hard Costs	0.00			
26	Amount of line 21 Related to Energy Conservation	212,500.00			

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

PHA Name: Columbia Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P04650108 Replacement Housing Factor Grant No:				Federal FY of Grant: 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 Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Transfer of modernization to pay operating expenses	1406		50,000.00	50,000	50,000	50,000	100%
PHA Wide	Management Improvements	1408		10,000.00	0.00	0.00	0.00	100%
PHA Wide	Pay the cost of A/E preparation modernization plans and specifications	1430		15,000.00	5,218.91	5,218.91	5,218.91	100%
PHA Wide	Pay the cost of A/E inspection of modernization activities	1430		10,000.00	0.00	0.00	0.00	100%
PHA-Wide	Sidewalks/parking/landscaping/rec. equipment	1450		20,000.00	0.00	0.00	0.00	100%
PHA-Wide	Force Account Labor	1460		50,000.00	0.00	0.00	0.00	100%
TN046-004	Interior painting and replace flooring as needed	1460	25	30,000.00	30,000.00	30,000.00	30,000.00	100%
TN046-004	Install new interior cabinets, bathroom fixtures,	1460	50	200,000.00	300,000.00	300,000.00	300,000.00	100%
TN046-004	Roofing	1460	20	31,485.00	42,198.26	42,198.26	42,198.26	100%
PHA-Wide	Ranges and refrigerators	1465		2,500.00	14,157.83	14,157.83	14,157.83	100%
PHA-Wide	Recreation Equipment	1470		10,000.00	0.00	0.00	0.00	100%
PHA-Wide	Non Dwelling Equipment	1475		12,500.00	0.00	0.00	0.00	100%

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

PHA Name: Columbia Housing Authority		Grant Type and Number Capital Fund Program No: TN43P04650108 Replacement Housing Factor No:					Federal FY of Grant: FY 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		
PHA Wide	9/30/10		8/1/08	6/30/12		12/31/08		
TN046-004	9/30/10		8/1/08	6/30/12		12/31/08		

Annual Statement/Performance and Evaluation Report

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

PHA Name: Columbia Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN43P04650107 Replacement Housing Factor Grant No:	Federal FY of Grant: FY 2007
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending:
 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	0.00			
2	1406 Operations	65,000.00	65,000.00		
3	1408 Management Improvements	22,000.00	14,345.00		
4	1410 Administration	0.00	0.00		
5	1411 Audit	0.00	0.00		
6	1415 Liquidated Damages	0.00	0.00		
7	1430 Fees and Costs	35,000.00	35,000.00		
8	1440 Site Acquisition	0.00	0.00		
9	1450 Site Improvement	20,000.00	20,000.00		
10	1460 Dwelling Structures	265,174.00	300,829.00		
11	1465 Dwelling Equipment—Nonexpendable	2,500.00	0.00		
12	1470 Nondwelling Structures	10,000.00	0.00		
13	1475 Nondwelling Equipment	5,000.00	0.00		
14	1485 Demolition	0.00	0.00		
15	1490 Replacement Reserve	0.00	0.00		
16	1492 Moving to Work Demonstration	0.00	0.00		
17	1495 Relocation Costs	10,500.00	0.00		
18	1499 Development Activities	0.00			
19	1501 Collateralization or Debt Service	0.00			
20	1502 Contingency	0.00			
21	Amount of Annual Grant: (sum of lines 2 – 20)	435,174.00	435,174.00		
22	Amount of line 21 Related to LBP Activities	0.00			
23	Amount of line 21 Related to Section 504 compliance	0.00			
24	Amount of line 21 Related to Security – Soft Costs	0.00			
25	Amount of Line 21 Related to Security – Hard Costs	0.00			
26	Amount of line 21 Related to Energy Conservation	212,500.00			

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

PHA Name: Columbia Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P04650107 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	
PHA Wide	Transfer of modernization to pay operating expenses	1406		65,000.00	65,000.00			
PHA Wide	Management Improvements	1408		22,000.00	14,345.00			
PHA Wide	Pay the cost of A/E preparation modernization plans and specifications	1430		20,000.00	20,000.00			
PHA Wide	Pay the cost of A/E inspection of modernization activities	1430		10,000.00	10,000.00			
PHA Wide	Clerk of the Works	1430		5,000.00	5,000.00			
PHA-Wide	Sidewalks/parking/landscaping/rec. equipment	1450		20,000.00	20,000.00			
PHA-Wide	Force Account Labor	1460		10,000.00	10,000.00			
TN046-004	Interior painting	1460		5,000.00	5,000.00			
TN046-004	Install new HVAC	1460	50	215,174.00	285,829.00			
TN046-004	Upgrade electrical	1460	50	50,000.00	0.00			
TN046-004	Resident relocation	1495	10	10,500.00	0.00			
PHA-Wide	Ranges and refrigerators	1465		2,500.00	0.00			
PHA-Wide	Recreation Equipment	1470		10,000.00	0.00			

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

PHA Name: Columbia Housing Authority		Grant Type and Number Capital Fund Program No: TN43P04650107 Replacement Housing Factor No:					Federal FY of Grant: FY 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		
PHA Wide	9/30/09		12/01/2007	6/30/11		05/30/08		
TN046-002	9/30/09		12/01/2007	6/30/11		05/30/08		

Annual Statement/Performance and Evaluation Report

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

PHA Name: Columbia Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN43P04650106 Replacement Housing Factor Grant No:	Federal FY of Grant: FY 2006
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: 3)
 Performance and Evaluation Report for Period Ending:
 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	0.00			
2	1406 Operations	86,478.00	86,478.00	86,478.00	86,478.00
3	1408 Management Improvements	0.00	12,775.00	12,775.00	12,775.00
4	1410 Administration	0.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	26,000.00	26,000.00	26,000.00	26,000.00
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	15,000.00	32,000.00	32,000.00	32,000.00
10	1460 Dwelling Structures	285,000.00	260,000.00	260,000.00	260,000.00
11	1465 Dwelling Equipment—Nonexpendable	7,020.00	15,020.00	15,020.00	15,020.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	12,892.00	12,892.00	12,892.00	12,892.00
14	1485 Demolition	0.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00			
19	1501 Collateralization or Debt Service	0.00			
20	1502 Contingency	0.00			
21	Amount of Annual Grant: (sum of lines 2 – 20)	432,390.00	445,165.00	445,165.00	445,165.00
22	Amount of line 21 Related to LBP Activities	0.00			
23	Amount of line 21 Related to Section 504 compliance	0.00			
24	Amount of line 21 Related to Security – Soft Costs	0.00			
25	Amount of Line 21 Related to Security – Hard Costs	0.00			
26	Amount of line 21 Related to Energy Conservation	216,200.00	216,200.00	216,200.00	216,200.00

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

PHA Name: Columbia Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P04650106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
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	
PHA Wide	Transfer of modernization to pay operating expenses	1406		86,478.00	86,478.00	86,478.00	86,478.00	100%
PHA Wide	Pay for computer software upgrades	1408		0	12,775.00	12,775.00	12,775.00	100%
PHA Wide	Pay the cost of A/E preparation modernization plans and specifications	1430		14,000.00	14,000.00	14,000.00	14,000.00	100%
PHA Wide	Pay the cost of A/E inspection of modernization activities	1430		7,000.00	7,000.00	7,000.00	7,000.00	100%
PHA Wide	Clerk of the Works	1430		5,000.00	5,000.00	5,000.00	5,000.00	100%
PHA-Wide	Sidewalks/parking/landscaping/rec. equipment	1450		15,000.00	32,000.00	32,000.00	32,000.00	100%
PHA-Wide	Force Account Labor	1460		20,000.00	20,000.00	20,000.00	20,000.00	100%
TN046-001	Roofing	1460		4,000.00	4,000.00	4,000.00	4,000.00	100%
TN046-002	Install new HVAC	1460	40	200,000.00	200,000.00	200,000.00	200,000.00	100%
TN046-002	Upgrade electrical	1460	40	40,000.00	40,000.00	40,000.00	40,000.00	100%
TN046-002	Construct mechanical closet for heat equipment	1460	10	10,000.00	10,000.00	10,000.00	10,000.00	100%
TN046-002	Interior wall/ceiling painting	1460		5,000.00	5,000.00	5,000.00	5,000.00	100%
TN046-002	Resident relocation	1495.1		11,412.00	0.00	0.00	0.00	100%
PHA-Wide	Ranges and refrigerators	1465		2,500.00	15,020.00	15,020.00	15,020.00	100%
PHA-Wide	Exterior Building Improvements	1460		7,000.00	7,000.00	7,000.00	7,000.00	100%
PHA-Wide	Purchase tools and equipment for Maintenance Department	1475		5,000.00	12,892.00	12,892.00	12,892.00	100%

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

PHA Name: Columbia Housing Authority		Grant Type and Number Capital Fund Program No: TN43P04650106 Replacement Housing Factor No:					Federal FY of Grant: FY 2006	
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		
PHA Wide	9/30/08	4/30/08	4/30/08	6/30/10	02/29/08	02/29/08		
TN046-002	9/30/08	4/30/08	4/30/08	6/30/10	02/29/08	02/29/08		