

PHA 5-Year and Annual Plan 2010 Tn061v01	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: Lenoir City Housing Authority PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard PHA Fiscal Year Beginning: (MM/YYYY): 10/2010 PHA Code: TN061 <input type="checkbox"/> HCV (Section 8)																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 138 Number of HCV units: 0																										
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 NA <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">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 Lenoir City Housing Authority is to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.																										
5.2	<p>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.</p> <p>FY 2010-2014 GOALS AND OBJECTIVES</p> <p>HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.</p> <p><input type="checkbox"/> PHA Goal: Expand the supply of assisted housing Objectives:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Apply for additional rental vouchers: <input type="checkbox"/> Reduce public housing vacancies: <input type="checkbox"/> Leverage private or other public funds to create additional housing opportunities: <input type="checkbox"/> Acquire or build units or developments <input type="checkbox"/> Other (list below) <p><input checked="" type="checkbox"/> PHA Goal: Improve the quality of assisted housing Objectives:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Improve public housing management: (PHAS score) <input type="checkbox"/> Improve voucher management: (SEMAP score) <input checked="" type="checkbox"/> Increase customer satisfaction: <input type="checkbox"/> Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) <input checked="" type="checkbox"/> Renovate or modernize public housing units: <input type="checkbox"/> Demolish or dispose of obsolete public housing: <input type="checkbox"/> Provide replacement public housing: <input type="checkbox"/> Provide replacement vouchers: <input type="checkbox"/> Other: (list below) <p><input type="checkbox"/> PHA Goal: Increase assisted housing choices Objectives:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide voucher mobility counseling: <input type="checkbox"/> Conduct outreach efforts to potential voucher landlords <input type="checkbox"/> Increase voucher payment standards <input type="checkbox"/> Implement voucher homeownership program: <input type="checkbox"/> Implement public housing or other homeownership programs: <input type="checkbox"/> Implement public housing site-based waiting lists: 																										

- Convert public housing to vouchers:
- Other: (list below)

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

- PHA Goal: Provide an improved living environment
Objectives:
 - Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
 - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
 - Implement public housing security improvements:
 - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
 - Other: (list below)

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

- PHA Goal: Promote self-sufficiency and asset development of assisted households
Objectives:
 - Increase the number and percentage of employed persons in assisted families:
 - Provide or attract supportive services to improve assistance recipients' employability:
 - Provide or attract supportive services to increase independence for the elderly or families with disabilities.
 - Other: (list below)

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

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:
 - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
 - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
 - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
 - Other: (list below)

Other PHA Goals and Objectives: (list below)

PHA Goal: Promote energy efficiency practices and products when performing rehabilitation, repair and replacement in public housing developments.

Objective: Incorporate, when applicable, Energy Star Program qualified products and practices.

VAWA Goals and Objectives:

PHA Goal: VAWA activities, services or programs provided or offered by an agency, either directly or in partnership with other service providers, to child and adult victims of domestic violence, dating violence, sexual assault or stalking.

Objective: In elderly care abusive situations, the LCHA will call the Adult Protective Services through the Department of Human Services. In the case of women or men in abusive or domestic violence situations, the LCHA will have the resident contact the local police department to file a report or to get an order of protection, if needed. The LCHA then refers the tenants to the Family Resource Center, an agency offering support for victims of domestic violence and sexual assault. The Family Resource Center provides shelter, a crisis hot line, counseling, information and referral, legal and systems advocacy and support groups. The Family Resource Center also refers their clients to the LCHA for housing. Additionally, the LCHA requests that individuals certify that they are 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.

PHA Goal: VAWA activities, services or programs provided or offered by a public housing agency that helps child and adult victims of domestic violence, dating violence, sexual assault or stalking to obtain or maintain housing.

Objective: The LCHA makes diligent efforts to counsel tenants relative to their problems and refers them to the appropriate agencies listed above to obtain any necessary counseling. Additionally, the Authority's VAWA Policy permits victims of violence to maintain their current housing while evicting a household member who has engaged in the criminal act of physical violence.

PHA Goal: VAWA activities, services or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault and stalking or to enhance victim safety in assisted families.

Objective: The LCHA's policies are set to promote stability and a secure safe environment for their families. The definition of family is: Two or more persons sharing residency whose income and resources are available to meet the family's needs and who are either related by blood, adoption or marriage and have evidenced a stable family relationship for a minimum of six (6) months. (Includes an adult and foster child or a person living alone during the temporary absence of a family member who will later return and live regularly in the unit of the family.); Single pregnant women with no other family members. However, pregnancy must be verified when it is the sole basis for determining eligibility; An elderly family; The remaining member of a tenant family; A displaced person; and, any other single person who is not 62 years or older, disabled, handicapped or displaced. This allows the LCHA to control who legally stays in the apartments. Boyfriends or girlfriends are not allowed to move in and out of apartments, which could lead to violence or domestic

	<p>violence situations. Domestic violence victims often follow a pattern of allowing the same violent person to come and go in the household. When the LCHA becomes aware of a violent situation or a potential violent situation, the LCHA enforces their Trespass Policy. This allows the LCHA to ban anyone from the Lenoir City Housing Authority property who have made threats of violence or have committed violent crimes. The LCHA conducts police checks on all adult applicants which includes any adults applying to be added to a tenant household. They are not added to the lease until their application has been processed and police reports checked.</p> <p>STATEMENT OF PROGRESS IN MEETING GOALS AND OBJECTIVES</p> <p>Objective: Increase customer satisfaction: The LCHA is attempting to keep residents better informed of LCHA policies and programs as well as overall Authority information through quarterly newsletters.</p> <p>Objective: Renovate or modernize public housing units: The LCHA has continually upgraded its public housing units through the Comprehensive Grant Program as well as the Capital Funds Program. All modernization activities are addressed in accordance with need as well as residents' requests in all developments.</p> <p>Objective: Implement public housing security improvements: The LCHA is currently looking into the feasibility of installing security cameras in each development to improve security for their residents. Additionally, The LCHA also has a "one strike" and "criminal trespass" policy as well as performs strict screening of applicants.</p> <p>Objective: Increase the number and percentage of employed persons in assisted families: Under the Authority's ACOP, the LCHA has adopted rent policies to support and encourage work. These rent policies include "flat rents", which are an incentive for families to work without the burden of paying high rents.</p> <p>Objective: Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: The LCHA continues to operate its public housing program to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability.</p> <p>Objective: Undertake affirmative measures to provide a suitable living environment for families living in assisted housing regardless of race, color, religion, national origin, sex, familial status and disability: The LCHA continues to operate its public housing program in order to provide a suitable living environment for families living in assisted housing regardless of race, color, religion, national origin, sex, familial status and disability. The LCHA's operations and management, inspections, maintenance and modernization programs are spread equally among all developments.</p> <p>Objective: Promote energy efficiency practices and products when performing rehabilitation, repair and replacement in public housing developments: The LCHA will incorporate, when applicable, Energy Star Program qualified products and practices when performing rehabilitation, repair and replacement in their public housing developments.</p>
6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>Financial Resources: The LCHA Financial Statement including PHA Operating and Capital Funds, Rental Income, Investments etc. change on an annual basis. The LCHA maintains this information on file and makes it available for HUD and public review at the LCHA Administration Office.</p> <p>Operation and Management: The LCHA adopted an ARRA Procurement Policy for implementing the stimulus funds as recommended by HUD. This policy also includes a clause relative to the "Buy American" requirement.</p> <p>Fiscal Year Audit: The LCHA's most recent Audit is on file at the LCHA Administration Office and is available for HUD and public review.</p> <p>Violence Against Women Act (VAWA): The LCHA has completed the required VAWA Policy which is attached along with a description on how the LCHA serves the needs of child and adult victims of domestic violence, dating violence, sexual assault or stalking.</p> <p>(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.</p> <p>Lenoir City Housing Authority Administration Office, 101 Oakwood Drive, Lenoir City, Tennessee 37771</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>Not Applicable: The LCHA is not participating in any of the above listed programs.</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>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.</p> <p>See attached Forms HUD 50075.1 for FFY 2010 and all open CFP Grants.</p>
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>

	See attached Form HUD 50075.2 for Five-Year CFP.
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. Not Applicable

9.0

Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

The LCHA has consulted with the State of Tennessee 2005-2010 Consolidated Plan for Housing and Community Development (developed by the THDA) in an effort to identify specific housing needs. Housing needs data for the LCHA and this Agency Plan has also been developed from the 2000 Census and the LCHA current public housing waiting list. See tables below:

Family Type	Overall*	Afford-ability	Supply	Quality	Access-ibility	Size	Location
Income <= 30% of AMI	212	3	3	2	1	NA	NA
Income >30% but <=50% of AMI	232	2	2	2	1	NA	NA
Income >50% but <80% of AMI	320	1	2	2	1	NA	NA
Elderly	172	1	2	2	1	NA	NA
Families with Disabilities	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity/White	1,059	NA	NA	NA	NA	NA	NA
Race/Ethnicity/Black	40	NA	NA	NA	NA	NA	NA
Race/Ethnicity/Hispanic	50	NA	NA	NA	NA	NA	NA
Race/Ethnicity/	NA	NA	NA	NA	NA	NA	NA

*Source: CHAS Data, City of Lenoir City, Tennessee Jurisdiction Area, 2000 Census

Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total:	44		44
Extremely low income <=30% AMI	44	100%	
Very low income(>30% but <=50% AMI)	0	0%	
Low income(>50% but <80% AMI)	0	0%	
Families with children	39	89%	
Elderly families	4	9%	
Families with Disabilities	1	2%	
Race/ethnicity White	41	93%	
Race/ethnicity Black	0	0%	
Race/ethnicity Hispanic	3	7%	
Race/ethnicity Other	0	0%	
Characteristics by Bedroom Size (Public Housing Only)			
0 BR	0	0%	0
1 BR	20	45%	4
2 BR	18	41%	23
3 BR	1	2%	17
4 BR	5	12%	0
5 BR	0	0%	0
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? NA			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

*Source: Lenoir City Housing Authority Public Housing Waiting List

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 LCHA will continue its efforts to meet the specific needs of residents within the jurisdiction of the LCHA as identified above. Although the LCHA will meet the needs of all of our residents, special emphasis will be directed towards the highest percentage needs such as the provision of smaller size bedroom units (1 & 2 bedroom sizes) for families with children, elderly and individuals with disabilities. In addition, the LCHA will continue to employ effective management and maintenance policies to minimize vacancies and turnover time.</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>As discussed in Section 5.2 of this form, the Lenoir City Housing Authority continues its ongoing efforts to meet the Mission and Goals identified in our most recent 5-Year Agency Plan. The LCHA is diligent in providing safe, decent and affordable housing; creating opportunities for our resident’s self-sufficiency and economic independence; and assure fiscal integrity in all public housing programs. Our staff is continually striving to improve our management and service delivery efforts, as well as maintain the physical appearance and function of our dwelling units, grounds and facilities.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>LCHA’s definition of “Significant Amendment or Substantial Deviation”:</p> <ol style="list-style-type: none"> 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. <p>An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements.</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) ATTACHED</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) NA</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. ATTACHED</p> <p>(g) Challenged Elements NONE</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) ATTACHED</p>

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

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN37P06150110	Replacement Housing Factor Grant No:	FFY of Grant: 2010
PHA Name: Lenoir City Housing Authority		FFY of Grant Approval: 2010		
<input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report		
Summary by Development Account		Total Estimated Cost		
Line		Original	Revised²	Total Actual Cost¹ Obligated Expended
1	Total non-CFP Funds	0		
2	1406 Operations (may not exceed 20% of line 20) ³	10,744		
3	1408 Management Improvements	18,500		
4	1410 Administration (may not exceed 10% of line 20)	1,000		
5	1411 Audit	0		
6	1415 Liquidated Damages	0		
7	1430 Fees and Costs	28,500		
8	1440 Site Acquisition	0		
9	1450 Site Improvement	0		
10	1460 Dwelling Structures	70,000		
11	1465.1 Dwelling Equipment—Nonexpendable	0		
12	1470 Non-dwelling Structures	0		
13	1475 Non-dwelling Equipment	73,000		
14	1485 Demolition	0		
15	1492 Moving to Work Demonstration	0		
16	1495.1 Relocation Costs	0		
17	1499 Development Activities ⁴	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
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN37P06150110 Replacement Housing Factor Grant No:		Federal FY of Grant: 2010 FFY OF Grant Approval: 2010	
PHA Name: Lenoir City Housing Authority					
<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		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Total Estimated Cost	
Line	Summary by Development Account	Original	Revised²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0			
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0			
19	1502 Contingency (may not exceed 8% of line 20)	0			
20	Amount of Annual Grant: (sum of lines 2 – 19)	201,744			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Activities	0			
23	Amount of line 20 Related to Security – Soft Costs	0			
24	Amount of Line 20 Related to Security – Hard Costs	73,000			
25	Amount of line 20 Related to Energy Conservation Measures	0			
Signature of Executive Director <i>Debbie Ford</i>		Signature of Public Housing Director		Date 7/15/2010	

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⁴ RHF funds shall be included here

Part I: Summary									
PHA Name: Lenoir City Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P06150109 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2009 FFY of Grant Approval: 2009				
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		Revised Annual Statement (revision no:)					
Summary by Development Account		Total Estimated Cost		Revised ²		Total Actual Cost ¹			
Line		Original	Revised ²	Obligated	Expended				
1	Total non-CFP Funds	0	0	0	0				
2	1406 Operations (may not exceed 20% of line 20) ³	14,425	34,482	34,482	34,482				
3	1408 Management Improvements	18,500	18,500	18,500	18,500				
4	1410 Administration (may not exceed 10% of line 20)	1,000	1,000	1,000	1,000				
5	1411 Audit	0	0	0	0				
6	1415 Liquidated Damages	0	0	0	0				
7	1430 Fees and Costs	28,500	46,500	46,500	46,500				
8	1440 Site Acquisition	0	0	0	0				
9	1450 Site Improvement	15,000	0	0	0				
10	1460 Dwelling Structures	125,000	101,943	101,943	101,943				
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				

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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

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

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

Part I: Summary		Grant Type and Number		Federal FY of Grant:	
PHA Name: Lenoir City Housing Authority		Capital Fund Program Grant No: TN37P06150109 Replacement Housing Factor Grant No:		2009 FFY OF Grant Approval: 2009	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Summary by Development Account		Total Estimated Cost		Total Actual Cost¹	
Line		Original	Revised²	Obligated	Expended
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)	202,425	202,425	202,425	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
Signature of Executive Director		Signature of Public Housing Director		Date	
<i>Debbie Goodman</i>		<i>[Signature]</i>		07/15/2010	

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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

Part II Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2009		
PHA Name:		Capital Fund Program Grant No:		CFPP (Yes/No):		
Lenoir City Housing Authority		TN37P06150109		No		
Development Number/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Status of Work
				Original	Revised ¹	
				Funds Obligated ²	Funds Expended ²	
TN061-001 Oakwood	Sidewalks/Step Repairs Roofing Mechanical Room	1450 1460 1460	Dev-wide Dev-wide Dev-wide	5,000 40,000 5,000	0 0 0	Deleted Deleted Deleted
TN061-003 Sunset	Sidewalks/Step Repairs Roofing Mechanical Room	1450 1460 1460	Dev-wide Dev-wide Dev-wide	5,000 40,000 5,000	0 93,943 0	Deleted In Progress Deleted
TN061-008 Oakwood Addition	Sidewalks/Step Repairs Roofing Mechanical Room	1450 1460 1460	Dev-wide Dev-wide Dev-wide	5,000 30,000 5,000	0 0 8,000	Deleted Deleted In Progress
PHA-WIDE Operations	Operating Expense	1406	1	14,425	34,482	In Progress
PHA-WIDE Management Improvements	VISTA Worker Computer Upgrades Resident Services	1408 1408 1408	1 1 1	13,000 5,000 500	13,000 5,000 500	In Progress In Progress In Progress
PHA-WIDE Administration	Advertising Expense	1410	1	1,000	1,000	In Progress
PHA-WIDE Fees and Costs	A/E Fees Consultant Fees for Env. Review Consultant Fees for PHA Plans Clerk of the Works Management Fees Physical Needs Assessment	1430 1430 1430 1430 1430 1430	1 1 1 1 1 1	20,000 1,000 2,500 5,000 0 0	30,000 1,000 2,500 5,000 0 3,000	In Progress In Progress In Progress In Progress In Progress In Progress

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

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN37S06150109 Replacement Housing Factor Grant No: _____		FFY of Grant: ARRA FFY of Grant Approval: 2009	
PHA Name: Lenoir City Housing Authority		Date of CFFP: _____			
<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: 03/31/10		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost¹	
		Original	Revised²	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 20) ³	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration (may not exceed 10% of line 20)	25,500	513	513	513
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	28,000	28,717	28,717	21,299
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	10,000	0	0	0
10	1460 Dwelling Structures	194,075	228,345	228,345	7,958
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

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

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

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

Part I: Summary		Grant Type and Number		Federal FY of Grant:	
PHA Name: Lenoir City Housing Authority		Capital Fund Program Grant No: TN37S06150109 Replacement Housing Factor Grant No:		ARRA FFY OF Grant Approval: 2009	
Type of Grant		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Final Performance and Evaluation Report			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10					
Summary by Development Account		Total Estimated Cost		Total Actual Cost¹	
Line		Original	Revised²	Obligated	Expended
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)	257,575	257,575	257,575	29,770
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
Signature of Executive Director <i>Debbie Goodma</i>		Signature of Public Housing Director		Date	
				07/15/2010	

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

Part II Supporting Pages									
PHA Name: Lenoir City Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37S06150109 CFFP (Yes/No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: ARRA			
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 ¹	Funds Obligated ²	Funds Expended ²		
TN061-001 Oakwood	Roofing	1460	Dev-wide	0	127,340	127,340	0	In Progress	
TN061-008 Oakwood Addition	HVAC Electrical Upgrades Mechanical Room	1460 1460 1460	Dev-wide Dev-wide Dev-wide	77,500 85,575 31,000	90,000 4,800 6,205	90,000 4,800 6,205	7,958 0 0	In Progress In Progress In Progress	
PHA-Wide Dwelling Structures	Sidewalks	1450	PHA-wide	10,000	0	0	0	Deleted	
PHA-Wide Administration	Advertising Expense Technical/Non-Technical Salaries	1410 1410	1 1	500 25,000	513 0	513 0	513 0	Complete Deleted	
PHA-Wide Fees & Costs	AVE Fees Management Fees Physical Needs Assessment	1430 1430 1430	1 1 1	20,000 5,000 3,000	28,717 0 0	28,717 0 0	21,299 0 0	In Progress Deleted Deleted	

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

² To be completed for the Performance and Evaluation Report.

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

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

Part I: Summary		Grant Type and Number		FFY of Grant:	
PHA Name:		Capital Fund Program Grant No: TN37P06150108		2008	
Lenoir City Housing Authority		Replacement Housing Factor Grant No:		FFY of Grant Approval:	
Date of CFFP: _____				2008	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		Revised Annual Statement (revision no:) Final Performance and Evaluation Report	
Summary by Development Account		Total Estimated Cost		Total Actual Cost ¹	
Line		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 20) ³	24,488	0	0	0
3	1408 Management Improvements	18,500	0	0	0
4	1410 Administration (may not exceed 10% of line 20)	1,000	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	28,500	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	69,000	203,488	203,488	0
11	1465.1 Dwelling Equipment—Nonexpendable	30,000	0	0	0
12	1470 Non-dwelling Structures	30,000	0	0	0
13	1475 Non-dwelling Equipment	2,000	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

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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

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

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

Part I: Summary		Grant Type and Number		Federal FY of Grant:		
PHA Name: Lenoir City Housing Authority		Capital Fund Program Grant No: TN37P06150108 Replacement Housing Factor Grant No:		2008 FFY OF Grant Approval: 2008		
Type of Grant		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10		<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost	Original	Revised²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0	0
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	203,488	203,488	203,488	203,488	0
21	Amount of line 20 Related to LBP Activities	0	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0	0	0	0
24	Amount of Line 20 Related to Security – Hard Costs	0	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0	0
Signature of Executive Director		Signature of Public Housing Director		Date		
<i>Debbie Dodson</i>		<i>Debbie Dodson</i>		07/15/2010		

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

Part II Supporting Pages										
PHA Name: Lenoir City Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P06150108 CFFP (Yes/No): No								
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 ¹	Funds Obligated ²	Funds Expended ²	
TN061-001 Oakwood	Roofing			1460	Dev-wide	0	57,647	57,647	0	In Progress
TN061-003 Sunset	Roofing			1460	Dev-wide	0	145,841	145,841	0	In Progress
TN061-008 Oakwood Addition	HVAC Exterior Doors/Security Doors (50%) Appliances			1460 1460 1465.1	Dev-wide Dev-wide Dev-wide			38,000 31,000 30,000	0 0 0	Deleted Deleted Deleted
PHA-WIDE Operations	MMC Renovations Operating Expense			1470 1406	1 1			30,000 24,488	0 0	Deleted Deleted
PHA-WIDE Management Improvements	VISTA Worker Computer Upgrades Resident Services			1408 1408 1408	1 1 1			13,000 5,000 500	0 0 0	Deleted Deleted Deleted
PHA-WIDE Administration	Advertising Expense			1410	1			1,000	0	Deleted
PHA-WIDE Fees and Costs	A/E Fees Consultant Fees for Env. Review Consultant Fees for PHA Plans Clerk of the Works			1430 1430 1430 1430	1 1 1 1			20,000 1,000 2,500 5,000	0 0 0 0	Deleted Deleted Deleted Deleted

Part I: Summary		Grant Type and Number		FFY of Grant:		
PHA Name: Lenoir City Housing Authority		Capital Fund Program Grant No: TN37P06150107 Replacement Housing Factor Grant No: _____		2007		
Date of CFFP: _____		Revised Annual Statement (revision no: _____)		FFY of Grant Approval: 2007		
<input type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: 03/31/10		<input type="checkbox"/> Reserve for Disasters/ Emergencies				
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost			Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds	0	0	0	0	0
2	1406 Operations (may not exceed 20% of line 20) ³	15,000	10,102	10,102	10,102	10,102
3	1408 Management Improvements	0	0	0	0	0
4	1410 Administration (may not exceed 10% of line 20)	0	0	0	0	0
5	1411 Audit	0	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0	0
7	1430 Fees and Costs	22,000	8,957	8,957	8,957	8,957
8	1440 Site Acquisition	0	0	0	0	0
9	1450 Site Improvement	103,203	33,203	33,203	33,203	33,203
10	1460 Dwelling Structures	35,148	155,582	155,582	155,582	35,148
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0	0
12	1470 Non-dwelling Structures	32,493	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0	0
14	1485 Demolition	0	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0	0
17	1499 Development Activities ⁴	0	0	0	0	0

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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

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

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

Part I: Summary		Grant Type and Number		Federal FY of Grant:	
PHA Name: Lenoir City Housing Authority		Capital Fund Program Grant No: TN37P06150107 Replacement Housing Factor Grant No:		2007 FFY OF Grant Approval: 2007	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10		<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
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)	207,844	207,844	207,844	87,410
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
Signature of Executive Director		Signature of Public Housing Director		Date	
<i>Debbie Woodman</i>		<i>Debbie Woodman</i>		07/15/2010	

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

Part II Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2007		
PHA Name:		Capital Fund Program Grant No:		CFPP (Yes/No):		
Lenoir City Housing Authority		TN37P06150107		No		
Development Number/HA-Wide Activities		General Description of Major Work Categories		Quantity		
		Dev. Acct No.		Total Estimated Cost		
				Original		
				Revised ¹		
				Funds Obligated ²		
				Funds Expended ²		
				Total Actual Cost		
				Status of Work		
TN061-001	Sidewalks/Step Repairs	1450	Dev-wide	0	0	Deleted
	Landscaping	1450	Dev-wide	0	0	Deleted
	Additional Parking	1450	Dev-wide	70,000	0	Deleted
	Gable Vents	1460	Dev-wide	14,590	14,590	Complete
	Roofing	1460	Dev-wide	120,434	0	In Progress
	MMC Renovations	1470	PHA-wide	26,493	0	Deleted
	MMC Alarm Upgrades	1470	PHA-wide	3,000	0	Deleted
	MMC Phone Upgrades	1470	PHA-wide	3,000	0	Deleted
TN061-003	Sidewalks/Step Repairs	1450	Dev-wide	33,203	33,203	Complete
	Landscaping	1450	Dev-wide	0	0	Deleted
	Electrical Upgrades	1460	Dev-wide	16,151	16,151	Complete
TN061-008	Sidewalks/Step Repairs	1450	Dev-wide	0	0	Deleted
	Landscaping	1450	Dev-wide	0	0	Deleted
	Exterior Doors/Security Doors	1460	Dev-wide	4,407	4,407	Complete
	AC Installation @ Office	1475	1	0	0	Deleted
PHA-WIDE	Operating Expense	1406	1	15,000	10,102	Complete
PHA-WIDE	VISTA Worker	1408	1	0	0	Deleted
	Computer Upgrades	1408	1	0	0	Deleted
	Resident Services	1408	1	0	0	Deleted
PHA-WIDE	Advertising Expense	1410	1	0	0	Deleted

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 Authority/TN061	Development Number and Name	Work Statement for Year 1 FFY 2010	Locality (City/County & State) Lenoir City/Loudon County Tennessee			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
			Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	
B.	Physical Improvements Subtotal	Appraisal Statement	140,000	140,000	140,000	140,000
C.	Management Improvements		18,500	18,500	18,500	18,500
D.	PHA-Wide Non-dwelling Structures and Equipment		2,000	2,000	2,000	2,000
E.	Administration		1,000	1,000	1,000	1,000
F.	Other (1430)		28,500	28,500	28,500	28,500
G.	Operations		11,744	11,744	11,744	11,744
H.	Demolition		0	0	0	0
I.	Development		0	0	0	0
J.	Capital Fund Financing – Debt Service		0	0	0	0
K.	Total CFP Funds		201,744	201,744	201,744	201,744
L.	Total Non-CFP Funds		0	0	0	0
M.	Grand Total		201,744	201,744	201,744	201,744

**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 10/01/2010, 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.

Lenoir City Housing Authority

TN 061

PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20~~10~~¹⁰ - 20~~14~~¹⁴ *DM*

Annual PHA Plan for Fiscal Years 20~~10~~¹⁰ - 20~~12~~¹² *DM*

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
Deloris McAmis	Board Chair Person
Signature	Date
<i>Deloris McAmis</i>	July 8, 2010

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.

Lenoir City Housing Authority

TN061

 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)

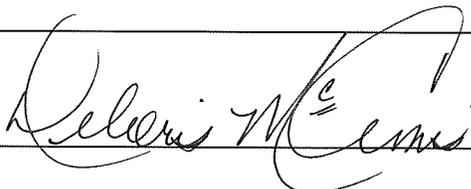
Name of Authorized Official

Deloris McAmis

Title

Board Chairperson

Signature



Date

7/8/2010

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Lenoir City Housing Authority

Program/Activity Receiving Federal Grant Funding

FFY 2010 Five Year and Annual Agency Plan

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.)

TN061-001 Oakwood; TN061-003 Sunset; TN061-008 Oakwood Addition

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

Debbie Goodman

Title

Executive Director

Signature

X



Date

7/15/10

form HUD-50070 (3/98)

ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

**Certification of Payments
to Influence Federal Transactions**

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

Applicant Name

Lenoir City Housing Authority

Program/Activity Receiving Federal Grant Funding

FFY 2010 Five Year and Annual Agency Plan

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 Debbie Goodman	Title Executive Director
Signature 	Date (mm/dd/yyyy) 07/15/2010

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"/> 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 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 <u>NA</u> quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Lenoir City Housing Authority 101 Oakwood Drive Lenoir City, Tennessee 37771 Congressional District, if known:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: NA Congressional District, if known:	
6. Federal Department/Agency: U.S. Department of Housing and Urban Development	7. Federal Program Name/Description: FFY 2010 Five Year and Annual Agency Plan CFDA Number, if applicable: _____	
8. Federal Action Number, if known: NA	9. Award Amount, if known: \$ 201,744	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): NA	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): NA	
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>Debbie Goodman</u> Print Name: <u>Debbie Goodman</u> Title: <u>Executive Director</u> Telephone No.: <u>(865) 986-8707</u> Date: <u>07/15/10</u>	
Federal Use Only:	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

Comments of Resident Advisory Board

The Lenoir City Housing Authority (LCHA) conducted its Resident Advisory Board (RAB) Meeting on May 13, 2010 at the LCHA Community Room. The purpose of the meeting was to discuss the FY 2010 PHA Agency Plan with the Board and to receive their comments and recommendations relative to the contents of both the Five Year Plan and Annual Plan. A thorough explanation of the contents of the PHA Plan was discussed with the Board as well as how the LCHA arrived with the information. The Board showed favorable consideration to the FY 2010 PHA Agency Plan and only had comments relative to capital improvements. It was noted that the improvements the RAB would like to see undertaken have been included in the Plan.

LENOIR CITY HOUSING AUTHORITY

**101 Oakwood Drive
Lenoir City, Tennessee 37771**

VIOLENCE AGAINST WOMEN ACT PHA STATEMENT

The Lenoir City Housing Authority (LCHA) provides or offers referrals, training and information to anyone being abused. This includes child or adult victims of domestic violence, dating violence, sexual assault or stalking.

Our local Police Department also provides training for our residents at our Community Centers on domestic violence and self defense.

We are in contact with local social services agencies such as Family Resource Center, DHS and the women's abuse center "Iva's Place" often during a month.

We provide the VAWA Notice to all applicants and tenants of their rights under VAWA together with the HUD 50066 form. This notice includes the Domestic Violence hotline number and web address in addition to other information.

We are in the process of amending our lease to include additional language that clearly specifies our right to bifurcate the lease to evict the perpetrator while protecting the victims from domestic violence.

LENOIR CITY HOUSING AUTHORITY

101 Oakwood Drive
Lenoir City, Tennessee 37771

VIOLENCE AGAINST WOMEN ACT PHA POLICY

BACKGROUND

The Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA) provides protection for tenants and family members of tenants 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 tenant's household, or any guest or other persons under the tenant's control, shall not be cause for termination of assistance, tenancy or occupancy rights of the tenant or immediate family member if the tenant'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 tenant 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 tenant 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 Apartment Lease by reference. Appropriate language will be added to the ACOP and Apartment 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 Lenoir City Housing Authority (LCHA) to be a basis for denial of assistance, or admission to public housing if the application otherwise qualifies for assistance or admission.

Incidents or threats of abuse will not be construed by the LCHA 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 tenant’s household or any guest or other person under the tenant’s control, shall not be cause for termination of assistance, tenancy or occupancy rights if the tenant or an immediate family member of the tenant’s family is the victim or threatened victim of the abuse.

Rights of the Lenoir City Housing Authority

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

Notification to Residents

The LCHA 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 LCHA 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 LCHA 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

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

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

**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 Lenoir City Housing Authority is consistent with the Consolidated Plan of
State of Tennessee prepared pursuant to 24 CFR Part 91.

Terri Jaynes 7/8/10

Signed / Dated by Appropriate State or Local Official